

Contents

STATUTORY DUTIES	PAGE 5
INFRASTRUCTURE & GOVERNANCE TO DELIVER SAFEGUARDING RESPONSIBILITIES	PAGE 7
INFORMATION SHARING, CONFIDENTIALITY & CONSENT	PAGE 8
<u>Justification for Sharing</u>	
<u>Relevant Law</u>	PAGE 9
<u>Common Law</u>	
<u>European Convention on Human Rights</u>	PAGE 10
<u>The Caldicott Standard</u>	PAGE 11
<u>The Children, Schools & Families Act 2010</u>	
<u>Overall Legal Position</u>	
PARENTAL RESPONSIBILITY	PAGE 12
RECORDING	PAGE 13
SHARED RESPONSIBILITIES	
<u>Common Assessment Framework (CAF)</u>	PAGE 14
<u>Safeguarding and Specialist Services Eligibility Criteria</u>	
<i>Children in Need of Protection</i>	
<i>Children in Need</i>	
MEMBERS OF THE COMMUNITY	
THE AGENCIES	PAGE 15
<u>Children & Young People’s Service</u>	
<u>Safeguarding and Specialist Services</u>	
<u>County Durham Family Pathfinder Teams</u>	PAGE 16
<u>Emergency Duty Team and Other Specialist Support Services</u>	PAGE 17

Disabled Children and Their Families Team

Responsibility for s47 Enquiries

Secure Children's Homes

[PAGE 18](#)

Services for Looked After Children & Care Leavers

Youth Services

County Durham Youth Offending Service

[PAGE 19](#)

Children & Young People's Service – Achievement Services

[PAGE 20](#)

Schools & Colleges

Designated Members of Staff

[PAGE 21](#)

Children with Special Needs

Use of Physical Intervention in Educational Establishments

[PAGE 22](#)

Racism

School Governors & Governing Bodies

Countywide Services

School Attendance Enforcement Officers (SAEOs)/Education Welfare Officers (EWOs)

Educational Support Services

[PAGE 23](#)

Independent Schools & Non-Durham Education Maintained Schools

Further Education Institutions & Governing Bodies

[PAGE 24](#)

Adult, Wellbeing & Health

Library Services

[PAGE 25](#)

Other Durham County Council Services

Corporate & Legal Services

Housing Services

Environmental Health Officers

[PAGE 26](#)

Registered Social Landlords

Leisure Services

Health Services

[PAGE 27](#)

The Care Quality Commission & Registration Requirements

[PAGE 28](#)

Monitor

Strategic Health Authority

[PAGE 29](#)

Primary Care Trust Commissioners

General Principles for all provider services

[PAGE 31](#)

NHS Trusts, NHS Foundation Trusts and PCT Provider Services

[PAGE 33](#)

North East Ambulance NHS Trust

[PAGE 34](#)

Independent sector, third sector and social enterprises

[PAGE 35](#)

GP Practices

Roles of different health services

Universal Services

General Practitioners

[PAGE 36](#)

Health Visitors

[PAGE 37](#)

School Nurses

Maternity Services

[PAGE 38](#)

Child & Adolescent Mental Health Service

Adult Mental Health Service

[PAGE 39](#)

Visiting of Psychiatric Patients by Children

[PAGE 40](#)

Alcohol & Drug Services

Designated Professionals

Named Professionals

Paediatricians

[PAGE 41](#)

Dental Practitioners & Dental Care Professionals (DCPs)

Other Health Professionals

[PAGE 42](#)

Criminal Justice Organisations

Crown Prosecution Service

Police

Police Safeguarding Units [PAGE 43](#)

Durham Tees Valley Probation Trust [PAGE 44](#)

The Prison Service [PAGE 45](#)

The Secure Estate for Children and Young People [PAGE 46](#)

The United Kingdom Border Agency [PAGE 47](#)

UKBA and Trafficking of Persons including children [PAGE 48](#)

Other Services

Cafcass

The Armed Services [PAGE 50](#)

Within UK

Army

Royal Air Force

Royal Navy/Royal Marines [PAGE 51](#)

Overseas

Movement of Children between the UK & Overseas [PAGE 52](#)

Enquiries about Children of Ex-Service Families

The Voluntary Sector

The NSPCC [PAGE 53](#)

Sports Clubs

Faith Communities [PAGE 54](#)

Specific Considerations [PAGE 55](#)

Ofsted

Department for Education [PAGE 56](#)

County Durham & Darlington Fire and Rescue Service [PAGE 57](#)

STATUTORY DUTIES

- 2.1 Durham County Council, NHS Bodies (Strategic Health Authority, PCTs, NHS Foundation Trust), the Police (including British Transport Police), Probation, Prison Services, Hassockfield Secure Training Centre, and the Youth Offending Service all have a duty under Section 11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.
- 2.2 Durham County Council has a duty to carry out their function under the Education Act with a view to safeguarding and promoting the welfare of children under Section 175 of the Education Act 2002. In addition maintained (state) schools and Further Education (FE) institutions, including 6th Form Colleges also have a duty under s175 to exercise their functions with a view to safeguarding and promoting the welfare of their pupils (and students under the age of 18 in the case of FE institutions). The same duty applies to Independent Schools by regulations made under s157 of the 2002 Act. In addition under s87 of the Children Act 1989 independent schools that provide accommodation for pupils have a duty to safeguard and promote the welfare of those children.
- 2.3 Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage, under which providers are required to take necessary steps to safeguard and promote the welfare of young children.
- 2.4 The Child and Family Court Welfare Advisory and Support Service (Cafcass) also has a duty under s12 (1) of the Criminal Justice and Court Services Act 2000 to safeguard and promote the welfare of children involved in family proceedings.
- 2.5 The United Kingdom Border Agency (UKBA) is required under section 55 of the Borders, Citizenship and Immigration Act 2009 to carry out its functions having regard to the need to safeguard and promote the welfare of children who are in the UK. The UKBA instruction *Arrangements to Safeguard and Promote Children's Welfare in the United Kingdom Border Agency* sets out the key principles to be taken into account in all Agency activities. Section 55 is intended to have the same effect as section 11 of the Children Act 2004. Statutory guidance on this duty, which mirrors the statutory guidance to other agencies, has been issued to the UKBA jointly by the Home Office and Department for Education (DfE).
- 2.6 All organisations must ensure they have in place safe recruitment policies and practices, including enhanced Criminal Records Bureau (CRB) checks for all staff, including agency staff, students and volunteers, working with children. It is an offence knowingly to employ a person who has been barred by the Independent Safeguarding Authority (ISA) from working in posts which involve caring for or treating children. Information about whether a person is barred will be given on an enhanced CRB check.
- 2.7 An overview of the duties mentioned above and the structure of children's services under the Children Act 2004 are set out in Appendix 1 – Legal Framework.
- 2.8 It is the responsibility of providers of services to children and young people and their families to ensure that appropriate single-agency procedures and training are available to all staff.

2.9 The primary duty of all staff, whatever their nominated role, is to protect children from significant harm.

2.10 Achieving good outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action.

2.11 Effective collaborative working requires professionals and agencies to be clear about:

- their roles and responsibilities for safeguarding and promoting the welfare of children;
- the purpose of their activity, what decisions are required at each stage of the process and what are the intended outcomes for the child and their family members;
- the legislative basis for the work;
- the protocols and procedures to be followed, including the way in which information will be shared across professional boundaries and within agencies and recorded;
- which agency, team or professional has lead responsibility, and the precise roles of everyone else who is involved, including the way in which the children and other family members will be involved;
- any timescales set down in regulations or guidance which govern the completion of assessments, making of plans and timing of reviews.

2.12 All specified agencies and professionals must:

- comply with these procedures.
- ensure that any additional internal procedures or inter-agency protocols are consistent with these procedures.
- ensure safe staff, carer and volunteer recruitment practices.
- maintain accurate records of decision-making and actions.
- ensure sensitivity to needs arising from race, culture, religion or linguistic background.
- work in partnership with families.
- respect confidentiality of information about individuals.
- share information between agencies to the extent that is required to assess and meet the needs of the child.
- provide and monitor uptake and effectiveness of regular mandatory child protection training for staff, carers and volunteers.

2.13 If a professional has any concerns about a child/children who is suffering, or at risk of suffering, significant harm, s/he should refer to the relevant section of these procedures.

2.14 Further guidance on information sharing, confidentiality and consent is outlined in “HM Government information sharing guidance” DCSF, 2008.

INFRASTRUCTURE & GOVERNANCE TO DELIVER SAFEGUARDING RESPONSIBILITIES

2.15 To fulfil their commitment to safeguard and promote the welfare of children all organisations need to have in place:

- clear priorities for safeguarding and promoting the welfare of children explicitly stated in key policy documents and commissioning strategies;
- a clear commitment by senior management to the importance of safeguarding and promoting children’s welfare through both the commissioning and provision of services;
- a culture of listening to and engaging in dialogue with children – seeking their views in ways appropriate to their age and understanding, and taking accounts of those both in individual decisions and the establishment or development and improvement of services;
- a clear line of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children and young people;
- recruitment and human resources management procedures and commissioning process, including contractual arrangements, that take account of the need to safeguard and promote the welfare of children and young people, including arrangements for appropriate checks on new staff and volunteers and adoption of best practice in the recruitment of new staff and volunteers;
- a clear understanding of how to work together to help keep children and young people safe online by being adequately equipped to understand, identify and mitigate the risk of new technology;
- procedures for dealing with allegations of abuse against members of staff and volunteers or for commissioners, contractual arrangements with providers that ensure these procedures are in place;
- arrangements to ensure that all staff undertake appropriate training to equip them to carry out their responsibilities effectively and keep this up to date by refresher training at regular intervals; and that all staff, including temporary staff and volunteers who work with children, are made aware of both the establishment’s arrangements and their responsibilities for safeguarding and promoting the welfare of children;
- policies for safeguarding and promoting the welfare of children (for example, pupils/students), including a child protection policy, effective complaints procedures

and procedures that are in accordance with guidance from the Local Authority and locally agreed inter-agency procedures;

- arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information; *and*
- appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

INFORMATION SHARING, CONFIDENTIALITY AND CONSENT

2.16 Refer to the County Durham Protocol for Working Together in the Delivery of Services to Adults and Children (2010) and "HM Government Information Sharing Guidance" DCSF, 2008.

Justification for Sharing

2.17 Research and experience has demonstrated that to keep children safe from harm it is essential that professionals maximise the potential for safe partnership with parents and share relevant information across geographical and professional boundaries.

2.18 Information relevant to child protection will be about:

- health and development of a child and his/her exposure to possible harm;
- a parent/carer who is unable to care adequately for a child;
- other individuals who may present a risk of harm to a child.

2.19 The consent of a person under the age of 18 is as significant as that of an adult where he/she is the subject of information, provided he/she has sufficient understanding to provide it. If a member of staff is in doubt about a child's competence he/she should seek legal advice.

2.20 Where a child does not have capacity to consent, it should be sought, if it does not place him/her at additional risk, from a person with Parental Responsibility for that child.

2.21 It is the duty of professionals, whether they are providing services to adults or children, to place the needs of the child first.

2.22 Each case will depend on its own facts and legal advice should always be sought from agencies' own legal advisers where the professional is concerned about the legality of sharing information.

Relevant Law

2.23 The main sources of relevant law with respect to information sharing and confidentiality in child protection are the:

- Common Law Duty of Confidence.
- European Convention on Human Rights (via its introduction into English law in the Human Rights Act 1998).
- Data Protection Act 1998.
- Crime and Disorder Act 1998.
- Children Act 1989.
- Adoption and Children Act 2002.
- Children Act 2004.
- Education Act 2002.
- Caldicott Standards (applicable to Health and Children and Young People's Service).
- Children, Schools and Families Act 2010.

Common Law

2.24 The 'Common Law Duty of Confidence' arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential, e.g. a contact or a patient-doctor relationship.

2.25 Working Together to Safeguard Children confirms that personal information about children and families kept by professionals and agencies should not **generally** be disclosed without the consent of the subject.

2.26 The duty of confidence is **not** absolute and disclosure **can** be justified if:

- the information is not confidential in nature, e.g. it is trivial or readily available elsewhere (DoH guidance offers the example of a social worker seeking confirmation from a school of a child's attendance that day);
- the person to whom the duty of confidence is owed has 'expressly' authorised disclosure (orally or in writing) or 'implicitly' authorised it (if a referrer of an allegation of abuse to Safeguarding & 'Specialist Services would expect the information to be shared on a 'need to know' basis).

2.27 The key factor in deciding whether or not to disclose confidential information is **proportionality**, i.e. is the proposed disclosure a proportionate response to the need to protect the child's welfare. The amount of confidential information disclosed and the number of people to whom it is disclosed should be no more than is necessary to meet the public interest in protecting the health and wellbeing of the child.

2.28 The approach to confidential information should be the same whether any proposed disclosure is internally within an organisation, e.g. within a school or Safeguarding & Specialist Services or between agencies, e.g. teacher to a social worker.

European Convention on Human Rights

2.29 Article 8 of the above Convention states that:

- everyone has the right to respect for his/her private and family life, home and correspondence;
- there shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder and crime, protection of health or morals or for the protection of rights and freedom of others;
- it is necessary for the purposes of legitimate interests pursued by the person sharing the information (except where it is unwarranted by reason of prejudice to the rights and freedoms or legitimate interests of the data subject).

2.30 Many of the above conditions, especially the latter one offer a justification for sharing information (mindful of the proportionality principle).

2.31 If the information being shared is 'sensitive personal data', e.g. racial or ethnic origin, religious beliefs or political opinions, trade union membership, sexual life, criminal offences, one of the following additional conditions of Schedule 3 must be met:

- The subject has explicitly consented;
- It is necessary to protect his/her vital interests or those of another person where the subject's consent cannot be given or is unreasonably withheld or cannot reasonably be expected to be obtained;
- It is necessary to establish, exercise or defend legal rights;
- It is necessary for the exercise of any statutory function; *and*
- It is in the substantial public interest and necessary to prevent or detect an unlawful act and obtaining express consent would prejudice those purposes.

2.32 Defence of a child's 'legal rights' under the Human Rights Act 1998 or exercise of a statutory function in connection with s17 assessment or a s47 enquiry may offer justification for information sharing.

2.33 For more detailed information see [The Information Commissioner's Office](#) website.

The Caldicott Standards

- 2.34 For NHS and Councils with social services responsibilities, the Caldicott principles and processes provide a framework of quality standards for the management of confidentiality and access to personal information under the leadership of a Caldicott Guardian.
- 2.35 This includes 'Safe Haven' principles on the secure storage and transfer of confidential information.
- 2.36 These standards have applied to NHS organisations for a number of years and have now been extended into Councils with social services responsibilities in order to provide an effective framework to operationalise the Data Protection Act 1998 and underpin appropriate information sharing.
- 2.37 Health and Children & Young People's Service must ensure that their information sharing arrangements are compliant with their own local procedures based on the Caldicott Standards (see *Health Service Circular/LAC circular HSC 2002/2003/LAC (2002) 2 'Implementing the Caldicott Standard into Social Care'*).
- 2.38 Health and Children & Young People's Service have their own Caldicott Guardian who is able to provide advice and guidance as required.

The Children, Schools & Families Act 2010

- 2.39 The Children, Schools and Families Act 2010 reinforces the legal position that if the Local Safeguarding Children Board, in discharging its duty, requests a person or body to supply information, then the request must be complied with provided that the request is made for the purpose of enabling or assisting the Board to perform its functions and that the request is made to a person or body whose functions or activities are considered likely to have relevant information.

Overall Legal Position

- 2.40 In general, the law does not prevent individual sharing information with other practitioners if:
- those likely to be affected consent;
 - the public interest in safeguarding the child's welfare overrides the need to keep information confidential;
 - disclosure is required under a court order or other legal obligation.

PARENTAL RESPONSIBILITY

2.41 A person with Parental Responsibility for a child has rights and obligations for that child. Parental Responsibility is defined as “all the rights, duties, powers, responsibilities and authority, which by law a parent of a child has in relation to the child and his property” (Section 3(1) 1989 Children Act).

2.42 Parental Responsibility is acquired by:

- the mother at birth.
- the father if he is married to the mother, at the point of the birth or subsequent marriage.
- the father, if not married, by formal written agreement with the mother or through a court order. A court can grant a father Parental Responsibility despite the mother’s objections.
- the father if he was registered as the child's father and if the registration took place after 1 December 2003 (amended by the 2005 Adoption and Children Act).
- adoptive parents at adoption.
- a third party, e.g. grandparents, relatives, foster carers as a result of a Residence Order (prior to the Adoption and Children Act 2005).
- a Local Authority where a Care Order or Interim Care Order is granted by the court.
- family or friend carer with a Special Guardianship Order and Parental Responsibility is shared by carer and parents.

2.43 Consideration must be given to the involvement of parents with or without Parental Responsibility. Legal advice should be sought as to the involvement.

2.44 Whilst a parent who does not have Parental Responsibility does not have the same rights and responsibilities as a parent with Parental Responsibility, legal advice should be sought from the Local Authority solicitor where clarification is required.

2.45 When a child is accommodated by the Local Authority under Section 20 of the 1989 Children Act, the Local Authority holds no Parental Responsibility for that child. Parental Responsibility is retained by the person who held Parental Responsibility prior to the child being accommodated.

2.46 When a child is ‘in the care’ of the Local Authority by virtue of a Care Order, including an Interim Care Order, then Parental Responsibility is shared between the Local Authority and the person(s) who held Parental Responsibility immediately before the Order was made.

2.47 Where there is no Parental Responsibility, advice should be sought from the Local Authority solicitor. For out of hours, this can be sought via the Emergency Duty Team.

RECORDING

- 2.48 All professionals must be aware of the importance of record keeping and confidentiality issues. All professionals who are involved in any aspect of a child protection enquiry and any subsequent action should ensure that information is recorded in full immediately. This recording should include details of the alleged/suspected abuse, circumstances of the abuse, actions and decisions taken, interviews and discussions, and any other relevant information. Information must be recorded with dates, times, names, designations and signatures. A distinction must be made between fact and opinion.
- 2.49 Durham LSCB has been proactive in the development and training in the use of "[Chronologies](#)" across partner agencies, which, when used effectively, accurately summarise agency involvement with families and their children.
- 2.50 The records may subsequently be required to inform a s47 investigation or child protection conference, in addition to any family or criminal proceedings.
- 2.51 Agencies should refer to their own professional codes with regards to recording.

SHARED RESPONSIBILITIES

This section should be read in conjunction with Section 5 of these procedures, individual agency child protection procedures and national and regional guidance.

- 2.52 All professionals and members of the community within County Durham have a duty to consider the safety and wellbeing of children. In discharging this duty, these procedures emphasise the importance of seeing the situation from the child's perspective and experience; to see and speak to the children; to listen to what they have said and to take serious account of their views.
- 2.53 Those agencies and professionals whose primary responsibility is to provide services to adults should always consider the safety and welfare of any children in the household or any children (including unborn) who are in contact with those adults.
- 2.54 The Local Authority has a general duty under the Children Acts 1989 and 2004 to safeguard and promote the welfare of children who are in need and, so far as it is consistent with that duty, to promote the upbringing of such children by their families.
- 2.55 The Local Authority is also obliged to ensure that children in its area are protected from significant harm and any child at risk of significant harm is invariably a child in need.

Common Assessment Framework (CAF)

- 2.56 The CAF is a tool to enable early and effective assessment of children and young people who need additional services or support from more than one agency. It is a holistic consent-based needs assessment framework which records, in a single place and in a structured and consistent way, every aspect of a child's life, family and environment.
- 2.57 The Children's Trust Board should have clear arrangements in place for implementing CAF locally. This includes ensuring that the whole children and young people's workforce are aware of it and how it is used, and that there are enough people in the local area with the necessary skills, training and support to undertake a CAF. These arrangements should reflect that **the CAF form is not a referral form, although it may be used to support a referral or specialist assessment.** The absence of a CAF should not be a barrier to accessing services.

Safeguarding & Specialist Services Eligibility Criteria

Children in Need of Protection

- 2.58 The Children Act 1989 states the Local Authority has a duty to investigate when they "have reasonable cause to suspect a child who lives, or is found, in their area is suffering, or is likely to suffer significant harm". (s47, Children Act 1989)

Children in Need

- 2.59 All referrals to Safeguarding & Specialist Services are referrals of Children in Need and Safeguarding & Specialist Services undertake assessments of children, under Children in Need procedures, where a child's health or development is being impaired or there is a high risk of impairment without services (s17, Children Act 1989).

MEMBERS OF THE COMMUNITY

- 2.60 It is important that all members of the community understand that safeguarding children is a concern for everyone and that effectiveness of professional agencies will depend on the awareness and support of the public.
- 2.61 If any member of the public is concerned that a child may be at risk of abuse or neglect they should either telephone:
- Initial Response Team 0845 850 50 10 and ask to speak to the duty officer.
 - Police.
 - NSPCC National Child Protection Helpline.
 - NSPCC Asian Child Protection Helpline, which provides advice in Punjabi, Hindi, Urdu, Gujarati, Bengali and Sylheti.

THE AGENCIES

Children & Young People's Services

2.62 As part of exercising statutory responsibilities, and in order to ensure that specialist services are commissioning effectively, it is important that Local Authorities work through the Children's Trust Board and wider co-operation arrangements to agree, in consultation with the LSCB:

- governance arrangements and systems to support commissioning of specialist services between relevant partners;
- a strategic approach to understanding needs, including a sophisticated analysis of data and effective engagement with children, young people and families;
- a strategic approach to understanding the effectiveness of current services, and identifying priorities for change – including where services need to be improved, reshaped or developed;
- integrated and effective arrangements for ensuring that priorities for change are delivered through the Children and Young People's Plan by the Children's Trust partners; *and*
- integrated and effective approaches to understanding the impact of specialist services on outcomes for children, young people and families, and using this understanding to constructively challenge progress and drive further improvement.

2.63 Local authorities have responsibilities for ensuring appropriate arrangements to safeguard and promote the welfare of children are in place for all children residing within their area, including:

- children excluded from school/receiving alternative provision;
- home educated children; and
- those placed in custody

Safeguarding & Specialist Services

2.64 The agency with lead responsibility for child protection is Durham County Council through the Children & Young People's Services (Safeguarding & Specialist Services).

2.65 Safeguarding & Specialist Services have the following responsibilities:

- Assess, plan and provide support to children in need, including those suffering or likely to suffer significant harm.
- Make enquiries under s47 of the Children Act 1989 wherever there is reason to suspect that a child in its area is at risk of significant harm.
- Maintain the Child Protection List.
- Provide a Lead Social Worker for every child subject to a Child Protection Plan.

- Ensure that the agencies who are party to the Child Protection Plan co-ordinate their activities to protect the child.
- Undertake a Core Assessment in relation to each child subject to a Child Protection Plan, ensuring that other agencies contribute as necessary to the assessment and that assessments take account of key issues, e.g. domestic abuse.
- Convene regular reviews of the child's progress through both Core Groups and Review Child Protection Conferences.
- Instigate legal proceedings where required.

2.66 The primary duty of all staff, whatever their nominated role, is to protect children from significant harm.

County Durham Family Pathfinder Teams

2.67 The Family Pathfinder Teams are multi-disciplinary, with practitioners from a range of backgrounds from both adult's and children's services. Workers will have skills in providing high level, intensive support to families and will work with between 10-15 families at any one time.

2.68 All team members will work in line with the 'Think Family' approach to provide support to the whole family – supporting parents to parent their children more effectively and improving outcomes for children.

2.69 The team aim to support families 'at risk'. This term is used to describe families who face multiple, complex problems such as domestic abuse, parental mental health or parental substance misuse issues often leading to issues of neglect for the children. The teams will work with and support families where the issues that parents face are affecting the outcomes for their children in this way.

2.70 The Family Pathfinder is not currently available Countywide. Teams will cover three localities within County Durham – Easington, Derwentside and Sedgefield. The teams will have a central base in the locality but will be mostly delivering to families in their homes and local communities.

2.71 All requests for services will come directly to the Team Manager of the Family Pathfinder Teams. Initial Response Service will not take referrals for these new teams and families will not be able to refer themselves directly.

2.72 A critical trigger for the involvement of the Family Pathfinder Teams is that the issues a parent is facing are impacting on the child (ren) and their development, so there must be an assessment of the needs of the child including a causal link to issues the parent is facing and their parenting capacity. In accordance with Children's Trust arrangements this assessment would usually be a CAF.

2.73 If the practitioner is not trained to complete a CAF there is a process in place to ensure the child(ren) can be assessed by someone who is trained. Practitioners should contact the Information Sharing and Assessment (ISA) programme team in County Hall on 0191 383 3640 to find out whether a CAF already exists and the name of the Lead Professional. The practitioner can then contact the Lead Professional to share their concerns and discuss whether to request services from the Pathfinder. If a CAF does not already exist the ISA programme team will be able to refer the practitioner to a local contact to arrange for a CAF to be carried out.

2.74 Therefore before requesting services from the Pathfinder Teams, it is expected that practitioners would have carried out an assessment of the child(ren)'s needs – this may be in addition to or as a result of an assessment of the parent's needs.

Emergency Duty Team (EDT) and other specialist support services

2.75 Staff working in EDT (sometimes referred to as “out of hours” service) and other specialist support services must distinguish carefully, often on the basis of inadequate and/or unreliable information:

- what immediate action may be required to ensure the immediate and longer term safety of a child; *and*
- what further responses may be best left to daytime staff.

2.76 EDT staff and staff in other specialist support services should ensure that all relevant information obtained and actions taken out of office hours are transmitted without delay to the relevant sections within Safeguarding & Specialist Services and other agencies as appropriate.

Disabled Children and Their Families Team

2.77 The Disabled Children and Their Families Team work with children and young people who are disabled, that is a child/young person under the age of 18 with:

- a significant and long term physical or sensory impairment.
- a severe learning disability.
- a life threatening or life-limiting medical condition.
- a severe communication disorder.

Responsibility for s47 enquiries

2.78 All Initial Assessments for disabled children are undertaken by the Disabled Children and Their Families Team.

2.79 If there are safeguarding issues in regard to a disabled child the Team Manager will make a decision whether to undertake a s47, which will be undertaken by the Disabled Children and Their Families Team Social Worker. The Disabled Children and Their Families Team Manager will Chair the Strategy Meeting and the social worker will be responsible for the case throughout the child protection process.

2.80 If the safeguarding issues are in regard to a family where there are disabled child/children and non-disabled child/ren then discussions will take place between Team Manager - Safeguarding Team and Team Manager - Disabled Children and Their Families Team and a clear recorded decision made regarding who will conduct the Strategy Meeting and be responsible for investigation. Co-working will take place with the Disabled Children and Their Families Team taking case responsibility for the disabled child/children and working closely with the Safeguarding Team.

Secure Children's Homes

2.81 Local Authority Secure Children's Homes provide care and accommodation for young people placed under a secure welfare order for the protection of themselves or others, and for those placed under criminal justice legislation by the Youth Justice Board. Secure Children's Homes, like all children's homes, are registered and inspected and must comply with the Children's Homes Regulations 2001 and meet the Children's Homes National Minimum Standards, both of which cover a range of issues including child protection.

Services for Looked After Children and Care Leavers

2.82 Where a member of staff encounters a situation where abuse is observed or suspected s/he must inform the Team Manager or equivalent Line Manager. In his/her absence, inform the covering manager and consult regarding appropriate action to be taken. Consultation may take place with Initial Response Service.

2.83 There may be ongoing involvement of the referring worker in supporting the child and family and in informing the assessment.

Youth Services

2.84 Youth and Community Workers have close contact with children and young people and should be aware of signs of abuse and neglect and how to act upon concerns about a child's welfare. Local Authority Youth Services should be given written instructions consistent with "What to do if you are worried a child may be being abused¹" and Durham Local Safeguarding children Board (LSCB) procedures on when Youth and Community Workers should consult colleagues, line manager, and other statutory authorities about concerns they may have about a child or young person.

2.85 Where Durham County Council funds local voluntary youth organisations or other providers through grants or contract arrangements, they will ensure that arrangements to safeguard children and young people are in place, this should form part of the agreement for the grant or contract. The organisations may seek advice on how to do so from their national bodies or the Durham Local Safeguarding Children Board.

¹ <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00182/>

County Durham Youth Offending Service (CDYOS)

2.86 The context for the Youth Offending Service's policy with respect to child protection is provided by the Mission Statement for the Service:

“County Durham Youth Offending Service prevents offending by helping young people achieve their full potential as active members of their communities.”

2.87 In order to achieve this the Youth Offending Service:

- works with under 19's and victims of youth crime;
- targets young people at risk of social exclusion and crime;
- targets young people who have admitted/been convicted of an offence.

2.88 The primary purpose of the Youth Offending Service is the prevention of youth offending. This requirement is defined by statute, the 1998 Crime and Disorder Act. This Act was also the statutory vehicle for the establishment of multi-agency Youth Offending Teams across England and Wales.

2.89 When any young person is allocated on an individual basis to a YOS Officer an Asset assessment of his/her needs will be undertaken. This provides a generic assessment of risk and need. This is one example of where YOS staff will need to be vigilant in their work with young people, families, carers and communities and take immediate appropriate action should they have concerns over the safety of children and young people. Once these concerns are raised YOS staff must work in partnership with any investigation or any of the other processes, including attendance at Strategy Meetings and Child Protection Conferences.

2.90 Where YOS is working with a young person who has harmed other young people, YOS staff must undertake the relevant assessments, work in partnership with investigations into allegations concerning that young person and any subsequent child protection procedures, as well as work within Multi-Agency Public Protection Arrangements (MAPPA) procedures.

Children and Young People’s Service – Achievement Services

- 2.91 The Government have recently introduced legislation to strengthen and make more explicit the child protection related responsibilities of education staff.
- 2.92 Achievement Services must nominate a lead officer with responsibility for co-ordinating policy and action on child protection across schools and non-school services maintained by the authority, and for providing advice to them. (*Safeguarding Children and Safer Recruitment in Education*’ DfES 2007).
- 2.93 Achievement Services should ensure that guidance on child protection is sent to all Head Teachers in maintained and non-maintained schools in the County.
- 2.94 Achievement Services should keep up to date lists of designated staff and support and encourage appropriate training.
- 2.95 If a pupil is placed in a school outside of the County, the Local Authority should ensure it has adequate child protection policies and guidance.

Schools & Colleges

- 2.96 Through their daily contact with children, teachers and other staff in maintained, foundation, voluntary aided and independent schools, sixth form and further education colleges are well placed to observe signs of abuse, changes in behaviour or a failure to develop.
- 2.97 Schools should contribute to child protection through the:
- provision of a safe environment for children;
 - use of the curriculum to understand what is and what is not acceptable behaviour, how to speak up regarding their concerns and how to become (as an adult) safe and effective parents;
 - recognition of significant harm and possible offences against children and referral to Safeguarding & Specialist Services and the Police.
- 2.98 All schools must have policies and procedures which reflect the roles of staff and parents regarding:
- child protection;
 - the use of force to control or restrain pupils;
 - identification and response to bullying;
 - identification and response to racism.

Designated Members of Staff

- 2.99 All schools and colleges must have a designated member of staff with responsibility for child protection, usually the Head Teacher or another senior member of staff and it may be useful to nominate a deputy designated member of staff to cover absences.
- 2.100 Both the designated member of staff and his/her deputy (where applicable) should be provided with relevant ongoing training.
- 2.101 The designated member of staff is responsible for:
- arranging training for colleagues;
 - producing internal child protection procedures for staff which should conform to and supplement these procedures and be freely available to all staff including any volunteers;
 - keeping all staff updated with current procedures, ensuring that new and temporary staff are familiar with protection responsibilities (staff in this situation, includes secretarial staff, midday supervisors, caretakers, school helpers, etc.);
 - provision of advice and support to staff;
 - referring any concerns as soon as they arise to Safeguarding & Specialist Services;
 - monitoring attendance and development of children whose names are currently on the Child Protection List and informing Safeguarding & Specialist Services of proposed or actual change of school;
 - ensuring that all relevant information about a child is disseminated to appropriate staff within the school;
 - ensuring complete records are sent to receiving schools, whether a child changes as a natural progression or for any other reason;
 - maintaining accurate and secure child protection records.

Children with Special Needs

- 2.102 When a child has special educational needs, or is disabled, schools will have important information about the child's level of understanding and the most effective means of communicating with the child. They may well be invaluable in assisting communication during an investigation. They will also be well placed to give a view on the impact of treatment or intervention on the child's care or behaviour.

Use of Physical Intervention in Educational Establishments

- 2.103 All schools and colleges must have a policy and procedure in place regarding the use of physical intervention. The use of physical intervention must always be a last resort. All other strategies must be used to avoid physical intervention being implemented.
- 2.104 Any use of physical intervention must be recorded in line with the school's policy.
- 2.105 The parent (person with Parental Responsibility) must be informed at the earliest opportunity.

Racism

- 2.106 All schools and colleges must have a system in place to deal with and try to prevent incidents of racism.

School Governors & Governing Bodies

- 2.107 Governing bodies and proprietors of non-maintained establishments must ensure that appropriate child protection procedures are in place, seeking advice as necessary from the Children & Young People's Services.
- 2.108 It may be useful for governing bodies to nominate one of its members and ensure that opportunities are provided for his/her training.
- 2.109 **The Chair of Governors has a specific contribution to make when allegations are made against a Head Teacher.**

Countywide Services

School Attendance Enforcement Officers (SAEOs)/Education Welfare Officers (EWOs)

- 2.110 In their direct welfare work with families, SAEOs/EWOs who recognise child protection issues must refer them to Safeguarding & Specialist Services.
- 2.111 SAEOs/EWOs should assist the Designated Teacher in monitoring children whose names appear on the Child Protection List.
- 2.112 SAEOs/EWOs are able to provide advice and support to other education staff on child protection matters.

Educational Support Services

- 2.113 **Educational Support Services** work with schools in relation to a range of potentially vulnerable pupils to ensure they have access to appropriate education. **This** includes the Pupil Referral Unit, Behaviour Support Service, Home and Hospital Support Service, Sensory Support Service, Ethnic, Minority and Traveller Achievement Service and Learning Difficulties and Disabilities Inclusion Service, the Autism Spectrum Disorders Support and Development Service and **the** Educational Psychology Service. If a teacher and/or Learning Support Assistant has a concern about a child who is/or likely to be at risk of significant harm they should consult with the designated professional in the child's school and if this is not possible the designated professional in their own service and make a referral to Safeguarding & Specialist Services if this is required.
- 2.114 Educational Psychologists work with pupils who exhibit learning and behavioural difficulties of varying kinds. Most of these children will have no additional needs outside of the school context, but some may be failing to make the necessary progress at school due to problems that affect them socially and emotionally, including neglect and abuse. Educational Psychologists are trained to identify indicators of abuse and have an important role in informing co-professionals of problems that need to be addressed on an inter-agency basis.
- 2.115 If an Educational Psychologist has a concern about a child who is, or is likely to be at risk of significant harm, s/he should consult with the designated professional in their organisation and make a referral to Safeguarding & Specialist Services if this is judged to be required.

Independent Schools & Non-Durham Education Maintained Schools

- 2.116 The role of an Independent and Non-Durham Education Maintained School in relation to child protection is the same as that of any other school. The same pastoral responsibilities apply and schools should adopt the principles and pursue the objectives contained within this guidance. It is particularly important that independent and non-Durham education maintained schools establish a route of communication with the local Safeguarding Teams, Durham LSCB and Achievement Services so that children requiring support receive prompt attention and that any allegation of abuse can be properly investigated.
- 2.117 Where medical and nursing care is provided, the School should ensure their medical and nursing staff have appropriate training and access to advice on child protection and safeguarding and promoting the welfare of children.
- 2.118 Children & Young People's Service and Durham LSCB offer the same level of support and advice to Independent Schools in matters of child protection as they do to maintained schools.

Further Education Institutions and Governing Bodies

- 2.119 The above responsibilities (with appropriate modification) must be in place in respect of all students studying in further education below the age of 18 years.
- 2.120 Further Education institutions may enter into agreement to purchase services such as advice support and training but have no obligation to do so. The college/institution must, however, ensure that these services are in place.

Adult, Wellbeing & Health

- 2.121 Those who work with adults in Adult, Wellbeing & Health must consider the implications of service users' behaviour for the safety and wellbeing of any dependent children and/or children with whom those adults are in contact.
- 2.122 Practitioners should also refer to the document County Durham Protocol for Working Together in the Delivery of Services to Adults and Children, which aims to provide a framework to facilitate collaborative working practices between and across services.
- 2.123 In particular, child protection issues may arise amongst parents, carers, or pregnant women who are in receipt of the following:
- Community Mental Health Services.
 - Substance Misuse Services.
 - Learning Disability services.
 - Support services for victims of domestic abuse.
- 2.124 Children & Young People's Service must establish and maintain systems so that:
- managers within Adult, Wellbeing & Health can monitor those cases which involve dependent children;
 - there is regular, formal and recorded consideration of such cases between managers in both Adults' and Children's Services;
 - where both Adult, Wellbeing & Health and Safeguarding & Specialist Services are providing services to a family, staff communicate with each other and agree interventions.
- 2.125 Once action is taken under child protection procedures (and regardless of whether the work is undertaken jointly or separately) Safeguarding & Specialist Services become responsible for its co-ordination.

Library Services

- 2.126 Library staff have a great deal of informal contact with children and parents using their services, which provides opportunities for recognising those who are experiencing difficulties.
- 2.127 If young children are left unattended within the library for lengthy periods of time, staff should approach parents and inform Safeguarding & Specialist Services if concerns are not allayed.
- 2.128 Through the facility for homework helpers and holiday groups, some library staff have direct unsupervised contact with children and all must be familiar and comply with child protection procedures.
- 2.129 Because libraries provide opportunities for anonymous access to the internet, staff must be aware and take reasonable precautions to prevent access to pornography and chatrooms in which children may be drawn into risky relationships.

Other Durham County Council Services

Corporate & Legal Services

- 2.130 Durham County Council employ a team of solicitors who are available to advise Safeguarding & Specialist Services staff on all aspects of legislation relating to children, including child protection and care proceedings.
- 2.131 The solicitor will consider whether the grounds exist to issue care proceedings and/or Emergency Protection Orders and must be involved in discussion with relevant staff before the decision is made to commence proceedings. This will involve the solicitor in discussing the proposed Child Protection Plan for the child, as this will have an impact on whether care proceedings are necessary to protect the child.
- 2.132 As a representative of the Director of Corporate & Legal Services, who is the County Council's Monitoring Officer, the solicitor is responsible for taking steps to avoid unnecessary complaints being made against the County Council, including applications for judicial law.

Housing Services

- 2.133 Housing authorities/associations (including Registered Social Landlords (RSL)) and others with a front line role such as Environmental Health Officers, have an obligation to:
- share information relevant to safeguarding children with Safeguarding & Specialist Services and contribute to assessments under s17 and s47 of the 1989 Children Act including verbal or written information, attendance at Child Protection Conferences and other inter-agency planning meetings in the interests of the child.
 - promote a child's health, development and safety by helping to locate suitable housing.

- be alert to concerns about children's welfare and safety and making referrals to Safeguarding & Specialist Services when concerns arise.
- be alert to safeguarding children when dealing with reports of anti-social behaviour by young people, which might reflect parental neglect or abuse.
- respond to the housing needs of a parent and children who have experienced domestic abuse.
- assist in the management of dangerous offenders by the provision of suitable accommodation and participating in the inter-agency risk management protocol.
- ensure that wherever possible homeless families are provided with temporary accommodation within their home area.
- share with relevant agencies the address of a family which is transferred outside of the Local Authority area.
- ensure that all homeless families with child/ren subject to s47 enquiries and/or subject to a Child Protection Plan are offered temporary accommodation within their home area, unless alternative arrangements are consistent with the Protection Plan.
- provide references to Ofsted about potential childminders.

Environmental Health Officers

2.134 Environmental Health Officers inspecting conditions in private rented housing may become aware of conditions that impact adversely on children. Under Part 1 of the Housing Act 2004 authorities will take account of the impact of health and safety hazards in housing on vulnerable occupants including children when deciding the action to be taken by landlords to improve conditions.

Registered Social Landlords

2.135 The Housing Corporation supports the principle of Registered Social Landlords working in partnership with a range of organisations to promote social inclusion, and its Regulatory Code states that Housing Associations must work with Local Authorities to enable the latter to fulfil their duties to the vulnerable and those covered by the Government's Supporting People Policy.

Leisure Services

2.136 Children are intensive users of the Leisure Services, including parks, swimming pools, leisure centres and theatres. Leisure Services also organise courses for young children, e.g. cycling proficiency.

2.137 In addition to their shared responsibility to provide staff with child protection training, Leisure Services must ensure that managers take responsibility for briefing casual and temporary members of staff of the need to be aware of child protection issues.

2.138 Working practices should be adopted which minimise unobserved contact with children.

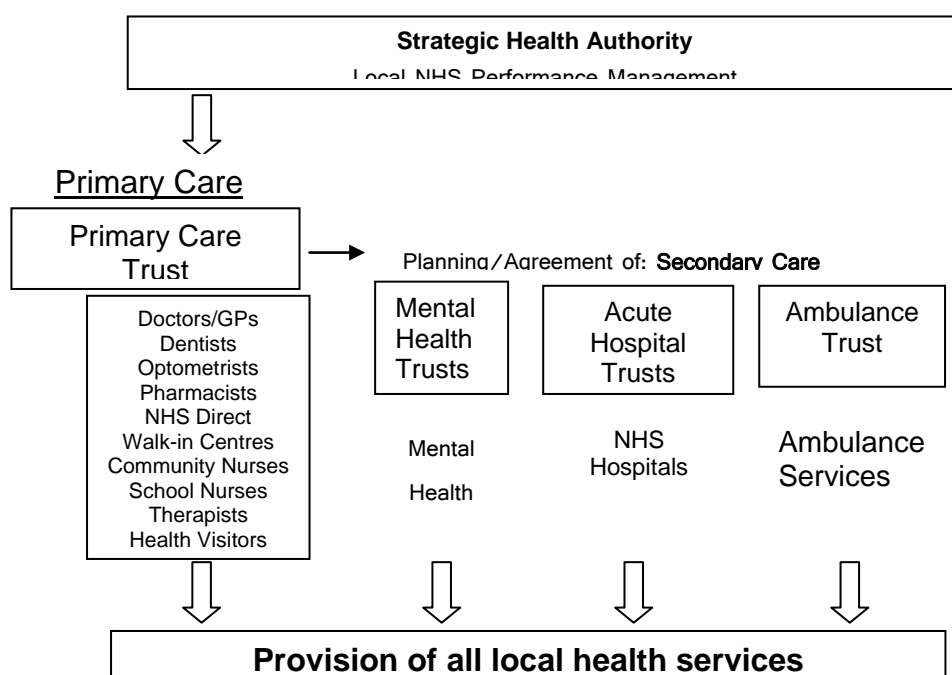
2.139 Leisure Services must also ensure that any organisations contracting to use leisure premises have adequate child protection procedures and codes of practice (such as those issued by national governing bodies of sport, the Health & Safety Executive or the Local Authority).

2.140 It may be useful to identify a member of staff who can take a lead role for child protection.

Health Services

Health Service

2.141 The ‘Health Service’ is complex, being made up of many different sectors:



2.142 Health agencies in County Durham consist of:

- North East Strategic Health Authority
- NHS County Durham & Darlington
- County Durham & Darlington NHS Foundation Trust
- North Tees and Hartlepool NHS Foundation Trust
- Tees, Esk & Wear Valley NHS Foundation Trust
- General Practitioners, Dental Practitioners, Optometrists and Pharmacists
- NHS Direct
- North East Ambulance Service NHS Trust²
- Independent Health Providers

² <http://www.neambulance.nhs.uk/>

- 2.143 All health professionals in the NHS, private sector and other agencies play an essential role in ensuring children and families receive the care, support and services they need in order to promote children's health and development. Due to the universal nature of health provision, health professionals are often the first to be aware that families are experiencing difficulties in looking after their children.
- 2.144 The Children Act 2004 places a duty on Strategic Health Authorities, Designated Special Hospitals, Primary Care Trusts, NHS Trusts and NHS Foundation Trusts to make arrangements to ensure that in discharging their functions they have regarding the need to safeguard and promote the welfare of children.
- 2.145 All health agencies have a duty under s27 of the Children Act 1989 to comply with a request for help from the Local Authority in relation to safeguarding a child, provided that the request is compatible with the health agency's own statutory or other duties and does not unduly prejudice the carrying out of its work.
- 2.146 **All staff** working in health settings must follow the procedures in the County Durham & Darlington NHS Safeguarding Children Procedures and related Guidance for all Health Care Staff, including “ Responding to Domestic Abuse: A Handbook for Health Professionals”, DoH 2005 if they have concerns about a child.

The Care Quality Commission & Registration Requirements

- 2.147 The Care Quality Commission (CQC) is the independent regulator of safety and quality for all health services. From April 2010, NHS trusts and NHS foundation trusts need to be registered with the CQC. The Commission has a range of statutory independent enforcement actions to use where care does not meet the essential levels of safety and quality that users are entitled to expect.
- 2.148 GP practices and high street dental practices will be required to register with the CQC, regardless of whether they provide wholly private or wholly NHS services, or a mix of both and will be subject to a consistent set of quality standards. Registration of primary dental care providers will start from 2011 and primary medical care providers from 2012.
- 2.149 Any enforcement action being considered by the CQC, including possible deregistration, should include, where appropriate, arrangements in partnership with the relevant PCT to re-provide services for children as quickly and safely as possible

Monitor

- 2.150 NHS foundation trusts are regulated by Monitor, an independent regulator, which has authority to hold them to account for meeting their responsibilities under the Children Acts. This is unlike NHS trusts, which are overseen by Strategic Health Authorities. However, NHS foundation trusts are assessed by the CQC in the same way as other providers

Strategic Health Authority

- 2.151 The Strategic Health Authority has a monitoring and performance management role in relation to Primary Care Trust and other NHS Trusts. This means that they are responsible for making sure that local NHS organisations are of a high quality and are performing well.

Primary Care Trust Commissioners

- 2.152 PCTs are responsible for improving the health and wellbeing of their local population, including children and young people. To achieve this, they are under a legal duty to work with the local authority to assess what kind of health services people need.
- 2.153 PCTs can commission services from a range of different organisations and generally hold the providers of these services to account via contracts. PCTs can ask the regulators to step in if the providers are not meeting the expected standards. PCTs should have a collaborative, multi-agency approach to commissioning and should work with local authorities to commission and provide co-ordinated and, wherever possible, integrated services, in particular through Children's Trust co-operation arrangements.
- 2.154 PCTs should identify a senior lead for children and young people to ensure that their needs are at the forefront of local planning and service delivery. PCTs should also identify a board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children. This might be the same person.
- 2.155 Designated professionals should work closely with, and be performance managed and supported in their role by, this board executive lead as part of the board lead's portfolio of responsibilities. If this person is not the board level lead for clinical governance and clinical professional leadership, the designated professional will also need to work closely with this lead person.
- 2.156 There should be a named public health professional who addresses issues related to children in need as well as children in need of protection. The Joint Strategic Needs Assessment should include these needs which in turn should inform the Children and Young People's Plan and the LSCB business plan. When considering commissioning services for the health and wellbeing of children in need in their area, PCTs should ensure this includes those who are temporarily resident in the area, such as children held in secure settings.
- 2.157 PCT Chief Executives have responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCTs' commissioning arrangements. PCTs should ensure that all their staff are alert to the need to safeguard and promote the welfare of children. Each PCT is responsible for identifying a senior paediatrician and senior nurse to undertake the role of designated professionals for safeguarding children in commissioning services across the health economy.

- 2.158 PCTs should ensure that all providers from whom they commission services– including organisations in the public sector, independent sector, third sector and social enterprises – have comprehensive and effective single and multi-agency policies and procedures to safeguard and promote the welfare of children. These should be in line with, and informed by, LSCB procedures, and easily accessible for staff at all levels within each organisation.
- 2.159 PCTs are expected to ensure that safeguarding and promoting the welfare of children are integral to clinical governance and audit arrangements. Service specifications drawn up by PCT commissioners should include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedures. Section 4A and schedule 11 part 5 of the national contracts provide the means to prescribe the requirements for safeguarding children. By monitoring the service standards of all providers, PCTs will assure themselves that the required safeguarding standards are being met. Where practice-based commissioners undertake commissioning of services, this should be done in partnership with PCTs, who need to ensure their safeguarding duties are fulfilled.
- 2.160 PCTs should ensure GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding and promoting the welfare of children. PCTs will wish to consider how they support GP practices, for instance by assistance with protected time for, and access to, training in child protection.
- 2.161 PCTs are responsible for planning integrated GP out-of-hours services in their local area, and staff working within these services should know how to access advice from designated and named professionals within the PCT and LSCB. Each GP and member of the Primary Health Care Team should have access to a copy of the LSCB's procedures.
- 2.162 PCTs are encouraged to bring together commissioning expertise on sexual violence services, to form a local Sexual Assault Referral Services (SARS) care pathway for children and young people. All SARS for children and young people, including services provided through Sexual Assault Referral Centres (SARCs), should comply with the standards for paediatric forensic medical services Service Specification for the Clinical Evaluation of Children and Young People who may have been sexually abused (RCPCH, 2009), the Children's NSF and the You're Welcome quality criteria: Making health services young people friendly. PCTs should ensure that staff know their local services and be clear about the different agencies' roles and responsibilities, so that they are not hesitant about responding appropriately. A Resource for Developing Sexual Assault Referral Centres, jointly published by the Department of Health, Home Office and the Association of Chief Police Officers (ACPO) in October 2009, sets out the minimum elements essential for providing high quality SARCs services for adults and children who are victims of sexual assault.

2.163 PCTs must co-operate with the local authority in the establishment and operation of the LSCB and, as partners, must share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children. Representation on the Board should be at an appropriate level of seniority. PCTs are also responsible for providing and/or ensuring the availability of appropriate expertise and advice and support to the LSCB, in respect of a range of specialist health functions – for example, primary care, mental health (adult, adolescent and child) and sexual health – and for co-ordinating the health component of Serious Case Reviews. They should notify the SHA and the CQC of all Serious Case Reviews. The PCT must also ensure that all health organisations, including those in the third sector, independent healthcare sector and social enterprises with whom they have commissioning arrangements, have links with a specific LSCB and are aware of LSCB policies and procedures. This is particularly important where providers' boundaries/ catchment areas (including Ambulance Trusts and NHS Direct services) are different from those of LSCBs. The PCT should also ensure that health agencies work in partnership in accordance with their agreed LSCB plan, including in secure settings such as Young Offenders Institutions, Secure Children's Homes/Training Centres (where relevant) and Youth Offending Teams in the community.

General principles for all provider services

2.164 These principles apply to all NHS health services and health service providers in both the NHS and independent healthcare settings. The aim is to ensure that all children and young people receive appropriate and timely early intervention and therapeutic interventions.

2.165 All health professionals working directly with children and young people should ensure that safeguarding and promoting their welfare forms an integral part of all elements of the care they offer. Other health professionals who come into contact with children, parents and carers in the course of their work also need to be fully informed about their responsibility to safeguard and promote the welfare of children and young people. This is important as even though a health professional may not be working directly with a child, they may be seeing their parent, carer or other significant adult and have knowledge which is relevant to a child's safety and welfare. A National Institute for Health and Clinical Excellence (NICE) clinical guideline, When to suspect child maltreatment, is a resource to help healthcare practitioners who are not specialists in child protection.

2.166 All health professionals who work with children, young people and families should be able to:

- understand risk factors and recognise children and young people in need of support and/or safeguarding;
- recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help and use the CAF to access support as appropriate for them;
- recognise the risks of abuse or neglect to an unborn child;
- communicate effectively with children and young people and stay focused on the child's safety and welfare;
- liaise closely with other agencies, including other health professionals, and share information as appropriate;

- assess the needs of children and the capacity of parents/carers to meet their children's needs, including the needs of children who display sexually harmful behaviours;
- plan and respond to the needs of children and their families, particularly those who are vulnerable;
- contribute to child protection conferences, family group conferences and strategy discussions;
- contribute to planning and commissioning support for children who are suffering, or likely to suffer, significant harm, for example, children living in households with domestic abuse or parental substance misuse;
- help ensure that children who have been abused or neglected and parents under stress have access to services to support them;
- be alert to the strong links between adult domestic abuse and substance misuse and child abuse and recognise when a child is in need of help, services or at potential risk of suffering significant harm;
- where appropriate, play an active part, through the child protection plan, in keeping the child safe;
- as part of generally safeguarding children and young people, provide ongoing promotional and preventative support, through proactive work with children, families and expectant parents; and
- contribute to Child Death and Serious Case Reviews and implementation of the lessons learned.

2.167 The above should all be undertaken with reference to the core processes set out in this document (summarised in What to do if you're worried a child is being abused), Responding to domestic abuse: A handbook for health professionals, and Improving safety, Reducing Harm: Children, young people and domestic abuse; a practical toolkit for front line practitioners. Also see Section 5 of these procedures. It is essential that all health professionals and their teams have access to advice and support from named and designated child safeguarding professionals, clinical supervision and undertake regular safeguarding training and updating.

2.168 All health professionals working with children will commonly complete CAFs, which should be the responsibility of all concerned with child welfare. This includes GPs, health visitors, school nurses and other community health professionals and should not be dependent on grade or position, but rather on competence and degree of involvement with, and knowledge of, the child or young person.

2.169 The cross-government guidance Information Sharing: Guidance for practitioners and managers and associated training materials provides advice on when and how practitioners can share information legally and professionally.

NHS trusts, NHS foundation trusts and PCT provider services

- 2.170 NHS trusts, NHS foundation trusts and PCT provider services are responsible for providing health services in hospital and community settings. They must co-operate with the local authority in the establishment and operation of the LSCB and, as statutory partners, share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children. They should have a board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children and works closely with the named health professionals.
- 2.171 Representation on the LSCB should be at an appropriate level of seniority. A wide range of their staff will come into contact with children and parents in the course of their normal duties. All these staff should be trained in how to safeguard and promote the welfare of children, be alert to potential indicators of abuse or neglect in children, and know how to act on their concerns in line with LSCB procedures.
- 2.172 All NHS trusts, NHS foundation trusts and PCT provider services should identify a named doctor and a named nurse – and a named midwife where they provide maternity services – for child protection.
- 2.173 Staff working in urgent care settings should be able to recognise abuse or neglect and have a thorough knowledge of local procedures for making enquiries to find out whether a child is the subject of a child protection plan. Staff in urgent care settings should also be alert to the need to safeguard the welfare of children when treating parents or carers of children, and be alert to parents and carers who seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries. Specialist paediatric advice should be available at all times to A&E departments and all units where children receive care. If a child – or children from the same household – presents repeatedly, even with slight injuries, in a way that doctors, nurses or other staff find worrying, they should act upon their concerns in accordance with Section 5 of this guidance (the key processes are summarised in What to do if you're worried a child is being abused). Children and families should be actively and appropriately involved in these processes, unless this could result in an increased risk of harm to the child.
- 2.174 In most circumstances, the relevant child's GP should be notified of visits by children to all urgent care settings. Children and young people or, where they lack competency, their parents, should be informed about this information sharing; where they object, and clinicians agree that it would not be in their best interests for information to be shared with their GP (for example, where a young person is seeking contraceptives) then a disclosure should not take place.

- 2.175 Where the child or young person is not registered with a GP, the appropriate contact in the PCT is to be notified for arranging registration. Consent should be sought from the child, young person or their family, as appropriate, for relevant information to be disclosed to the PCT, health visitor, school nurse or other health professional. It is important to strike an appropriate balance between protecting the confidentiality of individuals and allowing appropriate information sharing between professionals; any decision to share information without seeking consent or to override a refusal to provide consent should therefore only take place when it is in the public interest to do so. Where there is a clear risk either of a child suffering significant harm, or serious harm to an adult, the public interest test will almost certainly be satisfied. There will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action. In these cases the information shared should be proportionate. All decisions to share or not share information about a child or young person should be fully documented, and information sharing should be explained to the child, young person or family, as appropriate, unless this could increase the risk of harm to the child.
- 2.176 In addition to the accountability arrangements for NHS foundation trusts, NHS foundation trusts are accountable to the PCTs that commission services from them and to their local populations through a board of governors. National standards and the legal framework for the NHS apply to NHS foundation trusts just as they do to other parts of the NHS.

North East Ambulance Service NHS Trust

- 2.177 North East Ambulance Service NHS Trust recognises that Ambulance crew will often be the first professional to arrive at an incident/accident and that their actions and recording of information may be crucial to subsequent enquiries. The Trust has in place child protection procedures that provide guidance for crews when they suspect that a child may have been abused or neglected. These procedures detail that in addition to providing any necessary paramedical attention, Ambulance crews should:
- carefully record the child's overall physical condition, clothing and the environment in which they were found;
 - compare the injury/observed condition with any explanation provided by parent/carer;
 - provide a confidential patient report to senior staff at the A&E Department;
 - pass on any concerns to the **Duty Manager** in the **Contact Centre** to be forwarded to Safeguarding & Specialist Services/Police.
- 2.178 The procedures advise that should a parent/carer refuse to allow the Ambulance crew to convey the child to hospital they should contact the **Duty Manager in the Contact Centre**. The procedure also alerts Trust staff to the recognition and significance of domestic abuse.

Independent sector, third sector and social enterprises

- 2.179 Independent sector, third sector and social enterprise providers contracted to provide NHS services should comply with the requirements in this document with respect to safeguarding and promoting the welfare of children, including the requirement to notify the local authority of children who are, or are likely to be, accommodated for at least three months (Section 85, Children Act 1989). This will be included in their contract with the commissioning PCT, and PCTs should ensure that they apply the same standards and requirements as for NHS providers.
- 2.180 All providers of healthcare, whether operating in the NHS or independently are subject to registration requirements set out under the Health and Social Care Act 2008 and administered by the CQC. Independent, third sector and social enterprise providers should enable access for staff to regular safeguarding training and supervision as appropriate, and should have proportionate coverage of named professionals, and access to designated professionals for complex issues or where concerns may have to be escalated and involve social services. Clinical networks can provide a further opportunity for sharing highly specialised resources across teams and geographical areas and PCTs should facilitate these where appropriate.

GP practices

- 2.181 The family doctor or general practitioner (GP) is the first point of contact with the health service for most people. Most people are registered with a GP practice and have an ongoing relationship with that practice. In addition to maintaining their own professional skills in safeguarding and promoting the welfare of children, GPs have an important role to play as employers in ensuring staff whom they employ are trained in safeguarding and promoting the welfare of children (see Chapter 4).

Roles of different health services

Universal services

- 2.182 Universal child and family health services are provided by a range of professionals and their teams working within general practice or other provider organisations. There are many common responsibilities although specific arrangements may be different within community health services to those within general practice. While GPs and other health practitioners have responsibilities to all their patients, children may be particularly vulnerable and their welfare is paramount.
- 2.183 The Healthy Child Programme, 0-5 years and 5-19 years, provides a framework to ensure the promotion of the health and wellbeing of children and young people. It is delivered by multi-agency support services involved with children and young people.
- 2.184 As part of the Programme, regular health reviews are undertaken which provide the opportunity to identify risk factors that make children more likely to experience poorer outcomes later in life, including family and environmental factors. This enables professionals to put together a package of support or referral to specialist services to address the issues raised. All professionals need to be alert to concerns and the requirements to safeguard children. More support should be targeted to children and families who are vulnerable or those with complex needs.

- 2.185 If concerns arise during an assessment that may require support from another agency it will be important for the professionals involved to work in partnership and share relevant information as required, in accordance with the Government's information sharing guidance.
- 2.186 All professionals delivering universal services have key roles to play both in the identification of children who may have been abused or neglected and those who are likely to be; and in subsequent intervention and protection from harm. Surgery consultations, home visits, treatment room sessions, child health clinic attendance, drop-in centres and information from staff such as health visitors, midwives, children's centre staff, school health team staff and practice nurses may all help to build up a picture of the child's situation and can alert the appropriate professional if there is a concern.
- 2.187 All professionals delivering primary care should know when it is appropriate to refer a child or young person to children's social care for help as a 'child in need', and know how to act on concerns that a child may be suffering, or likely to suffer, significant harm through abuse or neglect.
- 2.188 GPs, their staff and community health practitioners such as health visitors and school nurses are also well placed to recognise when a parent or other adult has problems that may affect their capacity as a parent or carer, or that may mean they pose a risk of harm to a child. When GPs and other health professionals have concerns that an adult's illness or behaviour may be causing, or putting a child at risk of, suffering significant harm, they should follow the procedures set out in Section 5 of this guidance.
- 2.189 GPs, practice staff, and other community health practitioners have an important role in all stages of the child protection process and should have a clear means of identifying in records those children (together with their parents and siblings) who are the subject of a child protection plan. This will enable them to be recognised by the partners of the practice and any other doctor, nurse or health visitor who may be involved in the care of those children. There should be good communication between GPs, health visitors, school nurses (and the wider School Health Team), practice nurses and midwives in respect of all children and their families about whom there are concerns.
- 2.190 GPs and other community health practitioners, such as health visitors and school nurses, have key roles in appropriate information sharing with children's social care when enquiries are being made about a child. They will also contribute to assessments and be involved in a child protection plan, as appropriate. GPs, community health practitioners, other primary care professionals and practice staff should make available to child protection conferences relevant information about a child and family, whether or not they are able to attend.

General practitioners

- 2.191 All GPs have a duty to maintain their skills in the recognition of abuse and neglect, and to be familiar with the procedures to be followed if abuse or neglect is suspected. GPs should take part in training about safeguarding and promoting the welfare of children, and have regular updates as part of their post-graduate educational programme (Good Medical Practice (GMC)).

Health visitors

- 2.192 The specialist skills of the health visitor are crucially important in protecting children. Health visitors contribute to all stages of the child protection process, including Serious Case Reviews. They support the work of the LSCB through the delivery of multi-agency training programmes and membership of working and task sub-groups.
- 2.193 Health visitors are trained to recognise risk factors, triggers of concern and signs of abuse and neglect. Through their preventative work, they are frequently the first to recognise children who are being or are likely to be abused or neglected and therefore when safeguarding procedures need to be initiated. Knowledge of the family and their circumstances, as well as the child, probably gathered during home visits, enables the health visitor to recognise signs and symptoms of a worsening environment, lack of progress to improve the child's circumstances, or actual harm being suffered by the child.
- 2.194 Health visitors must have time to maintain effective contact with the child and family, to establish and develop a successful working relationship so they can consider the situation objectively. Where formal safeguarding procedures are in place, health visitors need ongoing contact with families so that they continue to receive preventative health interventions both during the crisis, and in the future.
- 2.195 Health visitors should liaise with other professionals and agencies so that a full picture of risk factors and progress is obtained. A recurring theme in Serious Case Reviews has been inadequate sharing of information about vulnerable children. Health visitors should use professional judgement about what, and when, information is shared with others such as children's social care services, police and children's centres.
- 2.196 Health visitors should also consider the competence of those in their team, guiding them and ensuring they understand their own roles, responsibilities and relevant policies and procedures, as well as the legislative framework for safeguarding and promoting the welfare of children. Health visitors must have access to regular proactive child protection supervision to ensure good practice (see [Chapter 4](#)).

School nurses

- 2.197 School nurses have a crucial role to play in safeguarding. They have regular contact with children aged 5-19 who spend a significant proportion of their time in school and are commonly the lead professional for CAFs. School nurses are educated in child health and development and have a prominent role in delivering the Healthy Child Programme. They have opportunities for periodic, anticipatory health assessments of this group of children as part of universal services. They lead public health actions, implement health education programmes and deliver enhanced services according to assessment of individual or group needs. They may be the first to identify the needs of specific children and instigate preventative interventions, and/or safeguarding procedures.

- 2.198 In their care and treatment of vulnerable children, school nurses may work with parents or carers, referring to, and liaising with specialists and can be instrumental in securing extra resources or support for families to increase their capacity for appropriate parenting.
- 2.199 The position of school nurses at the heart of caring about health and wellbeing within the school environment, alongside the personal care they offer, enables them to establish trusting relationships with children so they are the frequent recipient of confidences, which can lead to earlier intervention.

Maternity services

- 2.200 The Healthy Child Programme starts in pregnancy. Midwives are the primary health professionals likely to be working with and supporting women and their families throughout pregnancy. However, other health professionals – including maternity support workers, health visitors and, where applicable, specialist key workers – may also be directly engaged in providing support. The close relationship they foster with their clients provides an opportunity to observe attitudes towards the developing baby and identify potential problems during pregnancy, birth and the child's early care.
- 2.201 It is estimated that a third of domestic abuse starts or escalates during pregnancy. All health professionals working with pregnant women should understand that vulnerable women are more likely to delay seeking care, to fail to attend antenatal clinics regularly and to deny and minimise abuse. It is important to provide a supportive and enabling environment, where the issue of abuse is raised with every pregnant woman, with the provision of information about specialist agencies, thus enabling disclosure should a woman so choose (Maternity Section Children's NSF, 2004). The Department of Health issued revised guidance, Responding to Domestic Violence: a Handbook for Health Professionals, in 2006.

Child and Adolescent Mental Health Services (CAMHS)

- 2.202 Standard 9 of the NSF is devoted to the 'Mental Health and Psychological Wellbeing of Children and Young People'. The importance of effective partnership working is emphasised, and this is especially applicable to children and young people who have mental health problems as a result of abuse and/or neglect. Some forms of emotional distress may, however, fall short of being an identifiable mental health issue. It is also important that the more general need to promote emotional wellbeing among children and young people is not neglected as an essential component of safeguarding.
- 2.203 In the course of their work, child and adolescent mental health professionals will therefore want to identify as part of assessment and care planning whether child abuse or neglect, or domestic abuse, are factors in a child's mental health problems, and ensure that this is addressed appropriately in their treatment and care. If they think a child is currently affected, they should follow local child protection procedures. Consultation, supervision and training resources should be available and accessible in each service (see Section 4).

- 2.204 Child and adolescent mental health professionals have a role in the initial assessment process in circumstances where their specific skills and knowledge are helpful. In addition, assessment and treatment services may need to be provided to young people with mental health problems or with other emotional difficulties who offend. The assessment of children with significant learning difficulties, a disability or sensory and communication difficulties may require the expertise of a specialist learning disability service or CAMHS.
- 2.205 CAMHS also have a role in the provision of a range of psychiatric and psychological assessment and treatment services for children and families. Services that may be provided, in liaison with local authority children's social care services, include the provision of reports for court, and direct work with children, parents and families. Services may be provided either within general or specialist multi-disciplinary teams, depending on the severity and complexity of the problem. In addition, consultation and training may be offered to services in the community – including, for example, social care schools, primary healthcare professionals and nurseries.

Adult Mental Health Services

- 2.206 Adult mental health services – including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability services – have a responsibility in safeguarding children when they become aware of, or identify, a child suffering or likely to suffer significant harm. This may be as a result of a service's direct work with those who may be mentally ill, a parent, a parent-to-be, or a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk to a child or young person. Adult mental health staff need to be especially aware of the risk of neglect, emotional abuse and domestic abuse to children. Staff should be able to consider the needs of any child in the family of their patient or client and to refer to other services or support for the family as necessary and appropriate, in line with local child protection procedures. Consultation, supervision and training resources should be available and accessible in each service.
- 2.207 In order to safeguard children of patients, mental health practitioners should routinely record details of patients' responsibilities in relation to children, and consider the support needs of patients who are parents and of their children, in all aspects of their work, using the Care Programme Approach. Mental health practitioners should refer to Royal College of Psychiatrists policy documents, including Patients as Parents and Child Abuse and Neglect: the Role of Mental Health Services and SCIE Guide 30 (Think child, think parent, think family: a guide to parental mental health and child welfare, 2009 SCIE Guide 30.)
- 2.208 Close collaboration and liaison between adult mental health services and children's social care services are essential in the interests of children. It is similarly important that adult mental health liaise with other health providers, such as health visitors and general practitioners. This may require sharing information to safeguard and promote the welfare of children or to protect a child from significant harm. The expertise of substance misuse services and learning disability services may also be required. The assessment of parents with significant learning difficulties, a disability, or sensory and communication difficulties, may require the expertise of a specialist psychiatrist or clinical psychologist from a learning disability service or adult mental health service.

- 2.209 From April 2010, under section 131A of the Mental Health Act 1983, there is a duty on hospital managers to ensure that if a child or young person under the age of 18 is admitted to hospital for mental health treatment, the environment in the hospital is suitable having regard to their age. Managers of adult services must consult with a person who can provide appropriate advice on CAMHS who would need to be involved in decisions about accommodation, care and facilities for education in hospital.

Visiting of psychiatric patients by children

- 2.210 All inpatient mental health services must have policies and procedures relating to children visiting inpatients, as set out in the Guidance on the Visiting of Psychiatric Patients by Children to NHS trusts. Additional guidance has been provided for high-security hospitals. Mental health practitioners must consider the needs of children whose parent or relative is an inpatient – whether formal or informal – in a mental health unit, and make appropriate arrangements for them to visit if this is in the child's best interests.

Alcohol and Drug Services

- 2.211 A range of services are provided by health and voluntary organisations to respond to the needs of both adults and children who misuse substances. These services are linked to other agencies at local level through the Co Durham Drug & Alcohol Action Team (DAAT). It is important that arrangements are in place to ensure referrals are made to safeguard and promote the welfare of children.

Designated Professionals

- 2.212 There is one Designated Nurse and one Designated Doctor responsible for County Durham.
- 2.213 These Designated Professionals provide a strategic and professional lead on all aspects of the Health Service contribution to safeguarding children.
- 2.214 The Designated Professionals are members of Durham LSCB.
- 2.215 Designated Professionals provide advice, expertise and support to the Named Professionals in each Trust.

Named Professionals

- 2.216 Each Trust in County Durham has identified a Named Doctor (or Named GP in the case of the Primary Care Trust) and a Named Nurse Safeguarding Children. There is also a Named Nurse Safeguarding Children for County Durham & Darlington NHS Foundation Trust and a Named Nurse Safeguarding Children for Tees, Esk and Wear Valleys NHS Foundation Trust.

- 2.217 Named Nurses Safeguarding Children and GPs are allocated proportionate to the local resident population. Therefore, although there is now one PCT, there are five Named Nurses Safeguarding Children and five Named GPs, one for each locality within County Durham. County Durham and Darlington NHS Foundation Trust has identified two Named Midwives, one for University Hospital of North Durham and one for Bishop Auckland General Hospital. The Named Nurse Safeguarding Children function for the Easington area of North Tees and Hartlepool NHS Foundation Trust is provided by the Named Nurse Safeguarding Children in Easington.
- 2.218 These Named Professionals provide a lead in operational child protection issues within their Trusts. They have a key role in promoting good professional practice within their Trust and provide advice and expertise for professionals.

Paediatricians

- 2.219 Paediatricians, wherever they work, will come into contact with child abuse or neglect in the course of their work. All paediatricians need to maintain their skills in the recognition of abuse, and be familiar with the procedures to be followed if abuse and neglect is suspected. Consultant paediatricians, in particular, may be involved in difficult diagnostic situations, differentiating those where abnormalities may have been caused by abuse from those that have a medical cause. In their contacts with children and families, they should be sensitive to clues suggesting the need for additional support or enquiries.
- 2.220 Where paediatricians undertake forensic medical examination, they must ensure they are competent to do so, or work together with a colleague, such as a forensic medical examiner, who has the necessary complementary skills
- 2.221 Paediatricians are sometimes required to provide reports for child protection investigations, civil and criminal proceedings, and to appear as witnesses to give oral evidence. They must always act in accordance with guidance from the General Medical Council (GMC) and professional bodies, ensuring their evidence is accurate. The Academy of Royal Colleges also issued guidance for those undertaking expert witness work in 2005 (Medical Expert Witness: Guidance from the Academy of Medical Royal Colleges (2005)).

Dental practitioners and dental care professionals (DCPs)

- 2.222 Dental practitioners and dental care professionals (dental therapists, dental hygienists, dental nurses, etc.) may see vulnerable children, both within healthcare settings and when undertaking domiciliary visits. They are likely to identify injuries to the head, neck, face, mouth and teeth, as well as potentially identifying other child welfare concerns. From April 2011, primary dental practitioners will be required to register with the CQC and comply with the regulations for safeguarding.
- 2.223 The dental team, irrespective of the healthcare setting in which they work, should therefore be included within the child protection systems and training within the local trust. Child protection and the Dental Team – an introduction to safeguarding children in dental practice is available as guidance for all dental practice staff. Dentists should have access to these procedures.

- 2.224 The dental team should have the knowledge and skills to identify concerns regarding a child's welfare. They should know how to refer to children's social care and who to contact for further advice, including the local named and designated professionals.

Other health professionals

- 2.225 All other health professionals, including those not specifically covered in the preceding sections, and staff who provide help and support to promote children's health and development should have knowledge of the LSCB procedures and how to contact named professionals for advice and support. They should receive the training and supervision they need to recognise and act on child welfare concerns and to respond to the needs of children.

Criminal Justice Organisations

Crown Prosecution Service (CPS)

- 2.226 The Crown Prosecution Service (CPS) is the Government Department responsible for prosecuting people in England and Wales who have been charged by the Police with a criminal offence. Created by the Prosecution of Offences Act 1985, the CPS is an independent body that works closely with the Police.
- 2.227 The CPS is the principal prosecuting authority in England and Wales. They are responsible for advising the Police on cases for possible prosecution, reviewing cases submitted by the Police, preparing cases for court and the presentation of cases at court. The role of the service is to prosecute cases firmly, fairly and effectively when there is sufficient evidence to provide a realistic prospect of conviction and when it is in the public interest to do so.

Police

- 2.228 All Police Forces have Safeguarding Units and they normally take primary responsibility for investigating child abuse cases.
- 2.229 Safeguarding children is not solely the role of Safeguarding Unit Officers – it is a fundamental part of the duties of all police officers. Beat officers attending domestic abuse incidents, for example, should be aware of the effect of such violence on any children normally resident within the household.
- 2.230 Children and young people also come into contact with the Police as part of the criminal justice process, when arrested or taken to a police station for questioning or when asked to give evidence as a witness. The Police have a duty to safeguard and promote the welfare of children in their care/custody at all stages of the process.
- 2.231 The Police hold important information about children who may be suffering, or likely to suffer significant harm, as well as those who cause such harm, which they should share with other organisations where this is necessary to protect children for example, the family court. This includes a responsibility to ensure that those officers representing the Police at a child protection conference are fully informed about the case, as well as being trained and experienced in risk assessment and the decision making process.

2.232 See Section 5 which guides both the Police and the Local Authority in deciding how s47 enquiries should be conducted and, in particular, the circumstances in which joint enquiries are appropriate.

2.233 In addition to their duty to investigate criminal offences, the Police have emergency powers to enter premises and ensure the immediate protection of children believed to be suffering, or likely to suffer, significant harm. In such circumstances, the Police should inform the child (if he or she appears competent to understand) and take such steps that are reasonable practicable to ascertain the child's wishes and feelings. Police emergency powers should be used only when necessary, the principle being that, wherever possible, the decision to remove a child from a parent or carer should be made by a court. Home Office Circular 017/2008 gives detailed guidance on this.

Police Safeguarding Units

2.234 The Units work in the fields of adult, child and public protection and domestic abuse. They provide a service that includes:

- protecting life and prevent/detect crime.
- investigating (often serious) crimes against children.
- instigating criminal proceedings, (in conjunction with the Crown Prosecution Service) provided there is sufficient evidence and that it is in the public interest to do so.
- sharing information within, and where necessary outside of the Police service to protect children.
- making decisions and undertake risk assessments.
- undertaking emergency protection of abused or neglected children and the use of powers of entry and removal where necessary.
- sharing information about sex offenders for Multi-Agency Public Protection Arrangements (MAPPA) and also sharing information about Potentially Dangerous Persons (PDP).

2.235 The Safeguarding Units Terms of Reference include investigating possible offences which occur involving:

- a child under the age of 18 who has been or is alleged to have been the victim of sexual or physical abuse by a relative, carer or other professional, including someone who is known to the child but is not a family member (i.e. neighbour, babysitter or family friend);
- the welfare or neglect of a child is of such concern that it is likely to constitute an offence under Section 1 of the Child & Young Persons Act 1933;
- a person who is a risk to children has moved into a household where there are children;

- any circumstances where a Strategy Meeting and/or Discussion should be held in accordance with the supervisor or senior officer suggests that there are underlying concerns that the child is or continues to be at risk of significant harm;
- a child under the age of 18 who has been or is alleged to have been the victim of sexual abuse perpetrated by another child where the circumstances of the abuse amount to a criminal offence or in any case where the alleged abuse gives rise to concern regarding the child's behaviour;
- a girl under the age of 16 has had sexual intercourse with a male. (Safeguarding Unit staff will **not** routinely investigate cases involving consensual sexual intercourse where the girl is aged over 13 but under 16 unless the circumstances are exceptional).

2.236 Investigations falling within the above Terms of Reference will be conducted by the Safeguarding Unit covering the area where the child lives.

2.237 Officers will deal with investigations outside the Safeguarding Unit's Terms of Reference, (to the same standard,) from the police station, which covers the area in which the offence occurred.

Durham Tees Valley Probation Trust

2.238 The key aims of Durham Tees Valley Probation Trust are:

- Protecting the public.
- Reducing re-offending.
- Proper punishment of offenders in the community.
- Ensuring offenders' awareness of the affects of crime on victims and the public.
- Rehabilitation of offenders.

2.239 Probation staff work predominantly with offenders aged 18 years and over.

2.240 The service also provides information and consultation to the victims (including child victims) of serious sexual and violent offenders.

2.241 Probation staff may become involved with cases relevant to child protection:

- In the course of preparing reports to the criminal courts.
- As a result of their responsibility for the supervision of offenders (including those convicted of offences against children).
- Where an offender had been subjected to abuse as a child.
- Where a 16 or 17 year old offender is or has been the subject of abuse.
- Where a court requests a bail hostel placement for a single carer.
- When a single carer is remanded or sentenced to custody.

2.242 All offenders referred to the Probation Service are assessed in terms of their risk level and needs by use of a standard assessment tool (OASys). Those assessed as high or very high risk are dealt with by means of Multi-Agency Public Protection Arrangements (MAPPA).

- 2.243 The Probation Service Victim Liaison Officer should consult Safeguarding & Specialist Services in cases where the victim is a child.
- 2.244 Probation staff have both statutory and non-statutory contact with sex offenders following release from prison and work with a range of offenders with less serious convictions against children.
- 2.245 When working with any member of a family where child abuse is known, or thought to have occurred and where the child remains in the care of, or has contact with the abuser, the Probation Officer must liaise closely with Safeguarding & Specialist Services and any other relevant agencies. (The exception is where a child has been removed and has no planned contact).
- 2.246 Accurate and up to date records should be kept of all communications and information about the abuse or suspected abuse.

The Prison Service

- 2.247 Governors of prisons (or, in the case of contracted prisons, their Directors) also have a duty to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children and young people, not least those who have been committed to their custody by the courts.
- 2.248 In particular, Governors/Directors of women's establishments that have Mother and Baby Units must ensure that staff working on the units are prioritised for child protection training, and that there is always a member of staff on duty in the unit who is proficient in child protection, health and safety and first aid/child resuscitation. Each baby must have a childcare plan, setting out how the best interests of the child will be maintained and promoted during the child's time of residence on the unit.
- 2.249 Governors/Directors of all prison establishments must have in place arrangements that protect the public from prisoners in their care. This includes having effective processes in place to ensure prisoners are not able to cause harm to the public, particularly children. Restrictions are placed on prisoner communications (visits, telephone and correspondence) that are proportionate to the risk they present. As a response to incidents where prisoners have attempted to 'condition and groom' future victims, all prisoners who have been identified as presenting a continued risk of harm to children are not allowed contact with children, unless a favourable risk assessment has been undertaken. This assessment takes into consideration information held by the police, probation, prison and children's social care services.
- 2.250 The wishes and feelings of the child or young person are an important element of the assessment. When seeking the views of the parent or carer (person with parental responsibility) regarding contact, it is important that the child's wishes and feelings are sought. In the letter to the child's parent or carer, it should be emphasised that the child's wishes and feelings should be taken into account. If a child or young person is able to make an informed choice, these wishes and feelings must be given due consideration. Local authority children's social care services will ascertain the views of the child or young person during the home visit.

2.251 Governors should ensure that any staff working directly with the children of offenders are trained in child protection

The Secure Estate for Children and Young People

2.252 The Children Act 1989 applies to children and young people in the secure estate and the local authority continues to have responsibilities towards them in the same way as they do for other children in need. LSCBs will have oversight of the safeguarding arrangements within secure settings in their area.

2.253 The Youth Justice Board (YJB) has a statutory responsibility for the commissioning and purchasing of all secure accommodation for children and young people who are sentenced or remanded by the courts. It does not deliver services directly to young people but is responsible for setting standards for the delivery of those services.

2.254 There are three types of secure accommodation in which a young person can be placed, which together make up the secure estate for children and young people:

- Young Offender Institutions (YOIs) – YOIs are facilities run by both the Prison Service and the private sector and accommodate 15 to 17 year olds. Young people serving Detention and Training Orders can be accommodated beyond the age of 17 subject to child protection considerations. The majority of YOIs accommodate male young people, although there are four dedicated female units;
- Secure Training Centres (STCs) – STCs are purpose-built centres for young offenders up to the age of 17. STCs can accommodate both male and female young people who are held separately. They are run by private operators under contracts, which set out detailed operational requirements. There are four STCs in England; and
- Secure Children's Homes (SCHs) – Most SCHs are run by local authority children's social care. They can also be run by private or voluntary organisations. They accommodate children and young people who are placed there on a secure welfare order for the protection of themselves or others, and for those placed under criminal justice legislation. SCHs are generally used to accommodate young offenders aged 12 to 14, girls up to the age of 16, and 15 to 16 year old boys who are assessed as vulnerable.

2.255 All these establishments have a duty to effectively safeguard and promote the welfare of children and young people, which should include:

- protection of harm from self;
- protection of harm from adults; *and*
- protection of harm from peers.

2.256 Local authorities, LSCBs, YOTs and secure establishments should have agreed protocols setting out how they will work together and share information to safeguard and promote the welfare of children and young people in secure establishments.

2.257 All members of staff working in secure establishments have a duty to promote the welfare of children and young people and ensure that they are safeguarded effectively. In addition, Governors, Directors and senior managers have a duty to ensure that appropriate procedures are in place to enable them to fulfil their safeguarding responsibilities. These procedures should include, but not be limited to, arrangements to respond to:

- child protection allegations;
- incidents of self-harm and suicide; *and*
- incidents of violence and bullying.

2.258 All staff working within secure establishments should understand their individual safeguarding responsibilities and should receive appropriate training to enable them to fulfil these duties. Appropriate recruitment and selection processes should be in place to ensure staff's suitability to work with children and young people. These procedures should cover any adult working within the establishment, whether or not they are directly employed by the Governor/Director.

The UK Border Agency (UKBA)

2.259 The primary duties of the UKBA are to maintain a secure border, to detect and prevent border tax fraud, smuggling and immigration crime, and to ensure controlled, fair migration that protects the public and that contributes to economic growth and benefits the country.

2.260 The UKBA does not directly provide services to children and young people but it does play a part in identifying and acting upon concerns about the welfare of children with whom it comes into contact. Under section 55 of the Borders, Citizenship and Immigration Act 2009, the UKBA has a duty to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children. Its main contributions to safeguarding and promoting the welfare of children include:

- ensuring good treatment and good interactions with children throughout the immigration, detention (where appropriate) and customs process;
- applying laws and policies that prevent the exploitation of children throughout and following facilitated illegal entry and trafficking; *and*
- detecting at the border any material linked to child exploitation through pornography.

2.261 Other elements of the UKBA's contribution include:

- exercising vigilance when dealing with children with whom staff come into contact and identifying children who may be likely to suffer harm; *and*
- making timely and appropriate referrals to agencies that provide ongoing care and support to children.

UKBA and Trafficking of Persons, including Children

- 2.262 Since 1 April 2009, the UK has been bound by the Council of Europe Convention on Acting against Trafficking in Human Beings. All UKBA staff at operational and case working grades complete training on how to identify potential victims of trafficking, and this includes specific sections on features of child trafficking. Where a child is identified as vulnerable as a result of a suspicion of trafficking, details of the case are referred simultaneously to the relevant Local Authority and to specially trained 'competent authority' teams based in the UKBA and the UK Human Trafficking Centre.
- 2.263 These 'competent authority' teams consider all relevant information, including any provided by Safeguarding & Specialist Services, in determining whether a case meets the threshold for trafficking set out in the Convention. A positive decision will lead to an extendable 45-day reflection period during which the victim will have access to support and will not be removed from the UK. Following this they may be eligible for a residence permit under current immigration policy. This is a significant safeguarding role for all UKBA staff and a major contribution by the Agency to the wider safeguarding of children.

Other Services

Children and Family Courts Advisory and Support Service (Cafcass)

- 2.264 Cafcass has the responsibility to advise the courts on the needs and interests of children who are the subject of family court proceedings, on issues such as applications for Residence or Contact Orders, adoption and disputes about specific issues such as preventing a child being taken abroad.
- 2.265 Staff employed by Cafcass undertake the roles of children's guardian; reporting officer; children and family reporter; and parental order reporter.
- 2.266 The functions of the service in respect of family proceedings in which the welfare of children is or may be in question, are to:
- safeguard and promote the welfare of children;
 - give advice to any court about any application made to it in such proceedings;
 - make provision for the children to be represented in such proceedings;
 - provide information, advice and other support for the children and their families.
- 2.267 Cafcass Officers have different roles in private and public law proceedings. These roles are denoted by different titles:
- Children's Guardians, who are appointed to safeguard the interests of a child who is the subject of specified proceedings under the Children Act 1989, or who is the subject of adoption proceedings;
 - Parental Order Reporters, who are appointed to investigate and report to the court on circumstances relevant under the Human Fertilisation and Embryology Act 1990; and

- Children and Family Reporters, who prepare welfare reports for the court in relation to applications under Section 8 of the Children Act 1989 (private law proceedings, including applications for residence and contact). Increasingly they also work with families at the stage of their initial application to the court.

- 2.268 Cafcass Officers can also be appointed to provide support under a Family Assistance Order under the Children Act 1989 (local authority officers can also be appointed for this purpose).
- 2.269 The Cafcass Officer has a statutory right in public law cases to access and take copies of local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised body (for example, the NSPCC) that relate to that child.
- 2.270 Where a Cafcass Officer has been appointed by the court as Children’s Guardian and the matter before the court relates to specified proceedings (specified proceedings include public law proceedings; applications for contact; residence, specific issue and prohibited steps orders that have become particularly difficult can also be specified proceedings) they should be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after, child protection conferences, and relevant Adoption Panel meetings. The conference chair should ensure that all those attending such meetings, including the child and any family members, understand the role of the Cafcass Officer.
- 2.271 Cafcass staff should be informed of any s47 enquiries or domestic abuse incidents, on cases in which they have an involvement, and be kept informed of and, where appropriate, invited to Strategy Discussions and/or Meetings, Child Protection Conferences and child care reviews.
- 2.272 Cafcass staff should also report any concerns without delay to Safeguarding & Specialist Services.
- 2.273 Proforma requests from Cafcass seeking information in private law matters about a child or family known to Safeguarding & Specialist Services should be responded to promptly.
- 2.274 Where necessary, a summary report indicating the extent of Safeguarding & Specialist Services involvement and any ongoing welfare concerns about a child and/or adults should be provided.

The Armed Services

- 2.275 Responsibility for the welfare of Armed Forces families is vested in the employing services and specifically in the Commanding Officer.
- 2.276 The frequency of moves makes it imperative that Armed Forces authorities are fully aware of any child deemed at risk.
- 2.277 All three Services provide professional welfare support to augment that provided by the Local Authority. When Service personnel (or civilians working with the Armed Forces) are based overseas, the Service responsibility is widened to include the protection of their children.
- 2.278 The Service authorities should co-operate with statutory agencies and support Service families where child abuse or neglect occurs or is suspected.
- 2.279 The information they hold on any family can help in the assessment and review of child protection cases.
- 2.280 Service authorities may also hold information on ex-Service families, which may help with current enquiries.

Within United Kingdom

- 2.281 Service authorities, through their internal instructions, are made aware that the primary responsibility for the protection of children is with the Local Authority and that assistance should be given to enable it to fulfil its statutory obligations.
- 2.282 Incidents of child abuse and neglect, indicating serious harm or injury, should be referred to Safeguarding & Specialist Services for enquiries to be undertaken.

Army

- 2.283 The provision of secondary welfare support to Army families in the UK is the responsibility of the Army Welfare Service (AWS).
- 2.284 Where a child from an Army family is subject of a child protection enquiry, contact should be made immediately with the local AWS Personal Support.

Royal Air Force (RAF)

- 2.285 The Station's Personnel Department, usually the Officer Commanding Personnel Management Squadron (OCPMS), generally manages welfare support in the RAF.
- 2.286 The Department liaises and works closely with the Soldiers, Sailors, Airmen and Families Association – Forces Help (SSAFA-FH) social work assistant, and a professionally qualified social work adviser.
- 2.287 In the event of a child protection enquiry Safeguarding & Specialist Services liaison should be with the OCPMS and the SSAFA-FH social work adviser for the area.

Royal Navy/Royal Marines

- 2.288 All child protection matters are handled by the Naval Personal and Family Service (NPFS) - the Royal Navy's own social work department.
- 2.289 In the event of a child protection enquiry Safeguarding & Specialist Services liaison should be with the NPFS, who are able to discuss and facilitate service action on behalf of families.

Overseas

- 2.290 Local Authorities should ensure that SSAFA is made aware of any Service child subject to a Child Protection Plan whose family is about to move overseas.
- 2.291 SSAFA can confirm the existence of appropriate resources in the proposed overseas location to meet identified needs. Full documentation should be provided to SSAFA.
- 2.292 SSAFA-FH provides, at the request of the Ministry of Defence (MOD) a qualified social work and health visiting service to families of all Services overseas.
- 2.293 Procedures exist in all three Services for the monitoring of the protection of children, and the usual rules of confidentiality are observed.
- 2.294 When it appears a child is in need of emergency protection a designated person may make an application for a Protection Order (ss. 19-22 Armed Forces Act 1991) to a Commanding Officer. This Order may last up to a maximum of 28 days, subject to review every seven days by a senior officer.
- 2.295 If a Child Protection Conference decides, whilst the Order is in force, that it is not in the child's best interests to return to his/her parents, the child will be removed to the care of an appropriate Local Authority In the UK.
- 2.296 Assistance will be given to parents to return to the UK so they can be involved with all proceedings and decisions affecting their child.
- 2.297 The Protection Order, made in the overseas command, remains in effect for 24 hours following the arrival of the child in the UK. During this period the Local Authority must decide whether to apply to the UK court for an Emergency Protection Order (EPO).
- 2.298 When a Service family with a child in need of protection is about to return to the UK, SSAFA or the NPFS is responsible for informing the relevant Local Authority and for ensuring that full documentation is provided to assist in the management of the case.

Movement of Children between the United Kingdom and Overseas

2.299 Local Authorities should ensure that SSAFA-FH, the British Forces Social Work Service (Overseas), for the NPFS for RN families, is made aware of any service child who is the subject of a Child Protection Plan whose family is about to transfer overseas. In the interests of the child, SSAFA-FH, the British Forces Social Work Service (Overseas) or NPFS can confirm appropriate resources exist in the proposed location to meet identified needs. Full documentation should be provided which will be forwarded to the relevant overseas Command. All referrals should be made to the Director of Social Work, HQ SSAFA-FH or Area Officer, NPFS (East) as appropriate. Comprehensive reciprocal arrangements exist for the referral of child protection cases to appropriate UK authorities on the temporary or permanent relocation of such children to the UK from overseas.

Enquiries about Children of Ex-Service Families

2.300 Where a Local Authority believes that a child is subject of current child protection processes is from an ex-Service family, NPFS, AWS or SSAFA-FH can be contacted to establish whether there is existing information which might help with enquiries. Such enquiries should be addressed to NPFS, AWS or the Director of Social Work, SSAFA-FH

The Voluntary and Private Sectors

2.301 All voluntary agencies and groups (some of which undertake work commissioned by Local Authorities) should be encouraged and supported by Local Authorities to develop child protection procedures consistent with these procedures.

2.302 The agency/group should ensure that all staff and volunteers:

- have been checked for suitability for working with children and understand the extent and limits of the volunteers role;
- are sensitive to the possibility of child abuse and neglect in all environments in which they have responsibility for children;
- have access to training opportunities to promote their knowledge;
- know how to report any concerns they have about possible abuse or neglect;
- are vigilant about their own actions so they cannot be misinterpreted.

2.303 The agency/group should:

- have guidelines about the care of children in the absence of parents, which respect the rights of the child and the responsibilities of the adults towards them;
- have guidelines about safe caring practices, e.g. not being alone with children without alerting others to the reason, ensuring all allegations, however minor, are reported to the agency/group manager/leader;
- nominate a senior member of staff to take responsibility for drawing up and maintaining policy for child protection;
- promote and maintain links with local statutory agencies in relation to both general and specific child protection matters.

2.304 Where independent agencies have a formal relationship with statutory ones, e.g. subject to registration and inspection or contracted to provide services, the statutory agencies may reasonably be expected to provide clear advice and assistance.

The NSPCC

2.305 The (NSPCC) is a National Charity with a duty to protect children from abuse and neglect and has the statutory power to bring care proceedings in its own right. The NSPCC operates a national 24-hour child protection helpline, which accepts referrals and passes the information to the relevant Safeguarding & Specialist Services or Police Force.

2.306 The NSPCC may also be commissioned to undertake specific child protection related work, including s47 enquiries and, 'special investigations'.

2.307 The NSPCC also provides services direct to children and families and has the same responsibilities in this respect as other voluntary agencies (see below).

Sports Clubs

2.308 Many children regularly attend sports clubs and all such organisations should have their own child protection procedures and training for relevant staff and volunteers.

2.309 The NSPCC Child Protection in Sport (CPSU) works in partnership with Sport England and other major sports organisations to develop safeguards for children in sport.

2.310 In partnership with Ladbrokes, the NSPCC has issued a free leaflet and checklist of questions (*Have Fun Be Safe*) that parents and carers should be asking for, from organisations offering sports activities for children (available from NSPCC and Ladbrokes shops).

2.311 The Football Association (FA), for example has its own child protection policy and procedures and provides mandatory training for coaches, referees and volunteers involved in local football clubs.

2.312 The child protection procedures instruct individuals to seek advice or make referral to the NSPCC helpline, Safeguarding & Specialist Services or the Police.

2.313 Where suspected abuse occurs within a football setting, the FA Head of Education & Child Protection should be informed of the concerns and will provide information for any child protection enquiries and Strategy Discussions and/or Meetings.

Faith Communities

2.314 Faith communities have an important role to play in child protection, which reflects children's:

- attendance at religious services and ceremonies.
- participation in study groups/lessons.
- involvement in crèches.
- attendance at youth clubs.
- use, either alone or with parent/s of available counselling, mentoring and confessional services.
- involvement in groups using faith community premises, e.g. halls.
- all faith communities should, with support from nominated individuals in Durham Local Safeguarding Children Board, develop and maintain their own child protection procedures, consistent with those in these procedures.

2.315 Faith communities should ensure that all clergy, staff and volunteers who have regular contact with children:

- have been checked for suitability in working with children and understand the extent and limits of the volunteers role;
- are sensitive to the possibility of child abuse and neglect;
- have access to training opportunities to promote their knowledge;
- know how to report any concerns about possible abuse or neglect;
- are vigilant about their own actions so they cannot be misinterpreted.

2.316 Faith communities should:

- nominate an individual to take responsibility for drawing up and maintaining policy for child protection in line with *What to do if you are worried a child is being abused* and these procedures.
- have guidelines about the care of children in the absence of parents, which respect the rights of the child and the responsibilities of the adults towards them.
- have guidelines about safe caring practices e.g. not being alone with children without alerting others to the reason, ensuring all allegations, however minor, are reported to the agency/group manager/leader.
- ensure that any organisations who hire premises e.g. playgroups have child protection procedures in place.
- promote and maintain links with the statutory agencies in relation to both general and specific child protection matters.

2.317 Whenever there is concern that a child has been abused or neglected the concern should be referred, without delay, to Safeguarding & Specialist Services for the area in which the child lives.

2.318 Safeguarding & Specialist Services may also be contacted for consultation.

Specific considerations

- 2.319 As appropriate, churches, other places of worship and faith organisations should report all allegations against people who work with children to the Local Authority Designated Officer (LADO), and notify the Independent Safeguarding Authority (ISA) of any relevant information so that those who pose a risk to vulnerable groups can be identified and barred. In addition where they are a charity all serious incidents need reporting to the Charity Commission.
- 2.320 It is essential that faith communities have in place effective arrangements for working with sexual and violent offenders who wish to worship and be part of their religious community. This should include a contract of behaviour stipulating the boundaries an offender would be expected to keep. Faith communities should consult the MAPPA Guidance (2009) issued by the National Offender Management Service Public Protection Unit which specifically addresses 'Offenders and Worship'.

Office for Standards in Education (Ofsted)

- 2.321 Registered childminders and day care providers must satisfy explicit criteria in order to meet the national standard with respect to child protection (Standard 13). Ensuring that they do so is the responsibility of Ofsted.
- 2.322 Ofsted requires that:
- all childminders and day care staff have knowledge of child protection, including the signs and symptoms of abuse and what to do if abuse or neglect is suspected;
 - those who are entrusted with the day care of children or who childmind have the personal capacity and skills to ensure children are looked after in a nurturing and safe manner.
- 2.323 Ofsted will seek to ensure that day care providers:
- ensure the environment in which children are cared for is safe;
 - have child protection training policies and procedures in place, which are consistent with these procedures;
 - be able to demonstrate that their procedures have been followed when an allegation is made.
- 2.324 Ofsted must be informed when a child protection referral is made to Safeguarding & Specialist Services about:
- a person who works as a childminder; *or*
 - a person who works in day care for children; *or*
 - any service regulated by Ofsted's Early Years Directorate.

- 2.325 Ofsted must be invited to any Strategy Meeting where an allegation might have implications for other users of the day care service and/or the registration of the provider.
- 2.326 Ofsted must seek to cancel registration if children are at risk of significant harm by being looked after in childminding or day care settings.
- 2.327 Where warranted Ofsted will bring civil proceedings or criminal proceedings against registered or unregistered day care providers.

Department for Education (formerly the Department for Children, Schools & Families) (DCSF)

- 2.328 The Department for Education (DfE) brings together the inspection, regulation and review of all social care services into one organisation. In County Durham, DfE:
- registers private and voluntary care services, which are required to meet national standards.
 - inspects, assesses and reviews all care services.
 - inspects boarding schools, residential special schools and further education colleges with residential students under 18 years.
 - publishes an inspection report.
 - provides details of the number and quality of private and voluntary care services.
 - deals with complaints about care service providers.
 - takes enforcement action when services do not meet minimum standards.
- 2.329 DfE will require such providers to meet national standards with respect to child protection, relevant to the service they offer.
- 2.330 Providers will also be expected to have knowledge of child protection, including signs and symptoms and what to do if abuse or neglect is suspected.
- 2.331 DfE must be informed when a child protection referral is made to Safeguarding & Specialist Services regarding, a person who works in any of the services regulated by the DfE.
- 2.332 DfE should be invited to any Strategy Meetings convened due to concerns or allegations about staff or carers in regulated settings.

County Durham and Darlington Fire and Rescue Service

- 2.333 County Durham Fire and Rescue Service provides a range of youth engagement programmes aimed at providing life skills and fire safety behaviour as well as delivering programmes to address fire dangerous behaviour.
- 2.334 County Durham Fire and Rescue Service recognises that the protection and safety of children and young people is everyone's responsibility and ensures through guidance and training that staff are alert to the possibility of having to deal with the children who are the subject of suspected abuse or neglect. There is an agreed policy and good practice guide, which establishes the roles and responsibilities of staff in relation to the protection of children, with whom they come into contact through their work.
- 2.335 Staff must follow these procedures if they suspect or believe that a child may be at risk of abuse, is being or has been abused either by:
- a member of staff;
 - a family member;
 - any other person, including another child.
- 2.336 The guidance produced by the Service identifies that designated officers within the Community Safety Department should be consulted if concerns are identified.