



Halton Clinical Commissioning Group



Cheshire
Constabulary



Halton Safer Children Partnership

Organisational Responsibilities

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Section 11 of the Children Act 2004

Places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Organisations and agencies who are not named in the relevant agency regulations, whilst not under a statutory duty, should nevertheless co-operate and collaborate with **Halton Children and Young People Safeguarding Partnership (HCYPSP)**, particularly as they may have duties under [Sections 10 and 11 of the Children Act 2004](#).

Section 11 duty:

Individuals, organisations and agencies that work with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm. The duty applies to:

- Local authorities and district councils that provide children's and other types of services including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
- NHS organisations and agencies and the independent sector, including NHS England and clinical commissioning groups, NHS Trusts, NHS Foundation Trusts and General Practitioners;
- The police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London;
- The British Transport Police;
- The National Probation Service and Community Rehabilitation Companies;
- Governors/Directors of Prisons and Young Offender Institutions (YOIs);
- Directors of Secure Training Centres (STCs);
- Principals of Secure Colleges;
- Youth Offending Teams/Services (YOTs).

These organisations/agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children and young people, including:

- Clear lines of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children;
- Senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisations or agencies safeguarding arrangements;
- A culture of listening to children and taking account of their wishes and feelings both in individual decisions and the development of services;
- Clear whistleblowing procedures, which reflect the principles in [Sir Robert Francis' Freedom to Speak Up Review](#) and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed;
- Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies;

- Arrangements which set out clearly the processes for sharing information, with other practitioners and safeguarding partners;
- A designated practitioner (or, for health commissioning and health provider organisations/agencies, designated and named practitioner) for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively;
- Safe recruitment processes and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children and young people, including policies on when to obtain a criminal record check;
- Appropriate supervision and support for staff, including undertaking safeguarding training
- Creating a culture of safety, equality and protection within the services they provide

In addition:

- Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and young people. Creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role;
- Staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child/young person's safety or welfare;
- All practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time.

People in positions of trust

Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.

An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicated they may pose a risk of harm to children.

County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a co-ordinated manner. Local authorities should, in addition, have designate a particular officer, or team of officers (either as part of local multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people who work with children. Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example,

qualified social workers. Any new appointments to this role, other than current or former designated officers moving between local authorities, should be qualified social workers.

Arrangements should be put in place to ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay.

Local authorities should put in place arrangements to provide advice and guidance to employers and voluntary organisations and agencies on how to deal with allegations against people who work with children. Local authorities should also ensure that there are appropriate arrangements in place to liaise effectively with the police and other organisations and agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

Employers, school governors, trustees and voluntary organisations should ensure that they have clear policies in place setting out the process, including timescales for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegations against people who work with children should be reported immediately to a senior manager within the organisation or agency. The designated officer, or team of officers, should also be informed within one working day of all allegations that come to an employers' attention or that are made directly to the police.

If an organisation or agency removed an individual (paid worker or unpaid volunteer) from work in regulated activity with children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation or agency must make a referral to the Disclosure and Barring Service (DBS) to consider whether to add the individual to the barred list.

This applies irrespective of whether a referral has been made to local authority children's social care and/or the designated officer or team of officers. It is an offence to fail to make a referral without good reason.

For further information see:

- HCYPSP Procedures for managing allegations against people who work with children
- [DBS Barring Referral Guidance](#)
- [Disclosure and Baring Services](#)

Individual Organisational Responsibilities

In addition to these section 11 duties, which apply to a number of named organisations/agencies (**List of Relevant Agencies**), further safeguarding duties are also placed on individual organisations and agencies through other statutes. The key duties that fall on each individual organisation are set out below.

Schools/Academies, Colleges and other Educational Providers

The following have duties in relation to safeguarding and promoting the welfare of children:

- Governing bodies of maintained schools (including maintained nursery schools), further education colleges and sixth-form colleges;
- Proprietors of academy schools, free schools, alternative provision academies and non-maintained special schools;
- Proprietors of independent schools;
- Management committee of pupil referral units.

This guidance applies in its entirety to all schools.

Schools/academies, colleges and other educational settings must also have regard to statutory guidance [Keeping Children Safe in Education](#), which provides further guidance on how they should fulfil their duties in respect of safeguarding and promoting the welfare of children in their care.

Early Years and Childcare

Early years and childcare providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the early years foundation stage (EYFS). Early years providers must ensure that:

- They are alert to any issues of concern in the child's life;
- They have and implement a policy and procedures to safeguard children. This must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff. The policy must also cover the use of mobile phones and cameras in the setting, that staff complete safeguarding training that enable them to understand their safeguarding policy and procedures, have up to date knowledge of safeguarding issues and recognise signs of potential abuse and neglect;
- They have a practitioner who is designated to take the lead responsibility for safeguarding children within each early years setting and who must liaise with local statutory children's services as appropriate. This lead must also complete child protection training.

Health

Clinical Commissioning Groups (CCGs) are one of the three safeguarding partners as set out in [Working Together to Safeguard Children 2018](#). NHS organisations and agencies are subject to the section 11 duties as set out above. Health practitioners are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating and sharing information effectively with children and families, liaising with other organisations and agencies, assessing needs and capacity responding to those needs and contributing to multi-agency assessments and reviews.

A wide range of health practitioners have a critical role to play in safeguarding and promoting the welfare of children including: GPs, primary care practitioners, paediatricians, nurses, health visitors, midwives, school nurses, allied health practitioners, those working in maternity, child and adolescent mental health, youth custody establishments, adult mental health, sexual, alcohol and drug services for both adults and children, unscheduled and emergency care settings, highly specialised services and secondary and tertiary care.

All staff working in healthcare settings, including those who predominantly treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.

Within the NHS:

- **NHS England** is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. It is also accountable for the services it directly commissions, including primary care and healthcare services in the under-18 secure estate (for police custody settings). NHS England (NHSE) also leads and defines improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for safeguarding partners and Health and wellbeing boards to raise concerns about the engagement and leadership of the local NHS. Each NHSE region should have a safeguarding lead to ensure regional collaboration and assurance through convening safeguarding forums.
- CCGs are the major commissioners of local health services. They are responsible for the provision of effective clinical, professional and strategic leadership to child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all providers and agencies, including from independent providers.

Designated Health Professionals

CCGs should employ or have in place, a contractual agreement to secure the expertise of designated practitioners; such as dedicated doctors and nurses for safeguarding children and dedicated designated doctors and nurses for looked after children (and designated doctor or paediatrician for unexpected deaths in childhood).

In some areas, there will be more than one CCG per local authority, and they may consider 'lead' or 'hosting' arrangements with the number of Designated Doctors and Nurses for child safeguarding equating to the size of the child population. Designated doctors and nurses,

as senior professionals, clinical experts and strategic leaders, are a vital source of safeguarding advice and expertise for all relevant organisations and agencies but particularly the CCG, NHS England, and the local authority, and for advice and support to other health practitioners across the health economy. The NHS commissioners and providers should ensure that designated professionals are given sufficient time to be fully engaged, involved and included in the new safeguarding arrangements.

All providers of NHS funded health services including NHS Trusts and NHS Foundation Trusts should identify a dedicated named doctor and a named nurse (and a named midwife if the organisation or agency provides maternity services) for safeguarding children. In the case of ambulance trusts and independent providers, this should be a named practitioner. Named practitioners have a key role in promoting good professional practice within their organisation and agency, providing advice and expertise for fellow practitioners, and ensuring safeguarding training is in place. They should work closely with their organisations/agency's safeguarding lead on the executive board, designated health professionals for the health economy and other statutory safeguarding partners.

CCGs should employ a named GP to advise and support GP safeguarding practice leads. GPs should have a lead and deputy lead for safeguarding, who should work closely with the named GP based in the CCG.

Other public, voluntary and independent sector organisations, agencies and social enterprises providing NHS services to children and families should ensure that they follow this guidance.

Public Health England

Public Health England (PHE) is an executive agency of the Department of Health and Social Care which has operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. PHE's mission is 'to protect and improve the nation's health and to address inequalities', and was established in 2013 following the Health and Social Care Act 2012. PHE's Chief Nurse provides advice and expertise in their capacity as the government's professional advisor (Public Health Nursing), which in the context of children's health includes health visitors and school nurses.

Police

The police are one of the three statutory partners as set out in [Working Together to Safeguard Children 2018](#) and are subject to the section 11 duties set out above.

Under section 1(8)(h) of the Police Reform and Social Responsibility Act 2011, the Police and Crime Commissioner (PCC) must hold the Chief Constable to account for the exercise of the latter's duties in relation to safeguarding children under Sections 10 and 11 of the Children Act 2004.

All police officers, and other police employees such as Police Community Support Officers, are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by criminal law. In

addition to identifying when a child may be a victim of a crime, police officers should be aware of the effects of other incidents which may pose safeguarding risks to children and where officers should pay particular attention. For example, an officer attending a domestic abuse incident should be aware of the effect of such behaviour on any child in the household. Children who are encountered as offenders, or alleged offenders, are entitled to the same safeguards protection as any other child and due regard should be given to their safety and welfare at all times. For example, children who apprehended in possession of Class A drugs may be victims of exploitation through county lines drug dealing.

The police will hold important information about children who may be suffering, or likely to suffer, significant harm, as well as those who cause such harm. They should always share this information with other organisations and agencies where this is necessary to protect children. Similarly, they can expect other organisations and agencies to share information to enable the police to carry out their duties. All police forces should have officers trained in child abuse investigations.

The police have a power to remove a child to suitable accommodation under Section 46 of the Children Act 1989, if they have reasonable cause to believe that the child would otherwise be likely to suffer significant harm. Statutory powers to enter premises can be used with this Section 46 power, and in circumstances to ensure the child's immediate protection. Police powers can help in emergency situations, but should be used only when necessary and, where possible, the decision to remove a child from a parent or carer should be made by a court.

Restrictions and safeguards exist in relation to the circumstances and periods for which children may be taken to or held in police stations. PCCs are responsible for ensuring health commissioning in police custody settings and should always ensure that this meets the needs of individual children.

Adult Social Care

Local authorities provide services to adults who are themselves responsible for children who may be in need. These services are subject to section 11 duties set out above. When staff are providing services to adults they should ask whether there are any children in the family and consider whether the children need help or protection from harm. Children may be at greater risk of harm or be in need of additional help in families where the adults have mental health problems, misuse drugs or alcohol, are in a violent relationship, have complex needs or have learning difficulties.

Adults with parental responsibilities for disabled children have a right to a separate parent carers needs assessment under Section 97 Children and Families Act 2014. Adults who do not have parental responsibility, but are caring for a disabled child, are entitled to an assessment on their ability to provide, or continue to provide, care for that disabled child under the Carer (Recognition and Services) Act 1995. That assessment must also consider whether the carer works or wishes to work, or whether they wish to engage in any education, training or recreational activities.

Adult Social Care services should liaise with Children's Social Care services to ensure that there is a joined-up approach when carrying out such assessments.

Housing Services

Housing and homelessness services in local authorities and others such as environmental health organisations are subject to the section 11 duties set out above. Practitioners working in these services may become aware of conditions that could have or are having an adverse impact on children. Under Part 1 of the Housing Act 2004, authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants, including children, when deciding on the action to be taken by landlords to improve conditions. Housing authorities also have an important role to play in safeguarding vulnerable young people, including young people who are pregnant, leaving care or a secure establishment.

British Transport Police

The British Transport Police (BTP) is subject to the section 11 duties set out above. In its role as the national police for the railways, the BTP can play an important role in safeguarding and promoting the welfare of children, especially in identifying and supporting children who have run away, are truanting from school or who are being exploited by gangs to move drugs and money.

The BTP should carry out its duties in accordance with its legislative powers. This includes removing a child to a suitable place using their police protection powers under the Children Act 1989 and the protection of children who are truanting from school using powers under the Crime and Disorder Act 1998. This involves, for example, the appointment of an independent officer in the instance of a child taken into police protection.

Prison Service

The Prison Service is subject to the section 11 duties set out above. It also has a responsibility to identify prisoners who are potential or confirmed ‘persons posing a risk to children’ (PPRC) and through assessment establish whether the PPRC presents a continuing risk to children whilst in prison custody. Where an individual has been identified as a PPRC, the relevant prison establishment:

- Should inform the local authority children’s social care services of the offender’s reception to prison, subsequent transfers, release on temporary license and of release date and of the release address of the offender
- Should notify the relevant probation service provider of the PPRC status. The police should also be notified of the release date and address.
- May prevent or restrict a prisoner’s contact with children. Decisions on the level of contact, if any, should be based on a multi-agency risk assessment. The assessment should draw on relevant risk information held by police, the probation service provider and the prison service. The relevant local authority children’s social care should contribute to the multi-agency risk assessment by providing a report on the child’s best interests. The best interests of the child will be paramount in the decision-making process.

A prison is also able to monitor an individual's communication (including letters and telephone calls) to protect children where it is proportionate and necessary to the risk presented.

Governors/Directors of women's prisons which have Mother and Baby Units (MBUs) should ensure that:

- There is at all times a member of staff allocated to the MBU, who as a minimum, is trained in first aid, whilst within the prison there is always a member of staff on duty who is trained in paediatric first aid (including child/adult resuscitation) who can be called to the MBU if required;
- There is a contingency plan/policy in place for child protection, first aid including paediatric first aid and resuscitation, which should include advice for managing such events, and which provides mothers with detailed guidance as to what to do in an emergency;
- Each baby has a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence in the unit.

This also applied to MBUs which form part of the secure estate for children.

Probation Service

Probation Services are provided by the National Probation Service (NPS) and 21 Community Rehabilitation Companies (CRCs). The NPS and CRCs are subject to the section 11 duties set out above. They are primarily responsible for working with adult offenders both in the community and in the transition from custody to community to reduce reoffending and improve rehabilitation. During the course of their duties, probation staff come into contact with offenders who:

- Have offended against a child;
- Pose a risk of harm to children even though they have not been convicted of an offence against a child;
- Are parents and/or carers of children;
- Have regular contact with a child for whom they do not have caring responsibility.

They are, therefore, well placed to identify offenders who pose a risk of harm to children, as well as children who may be at a heightened risk of involvement in, or exposure to, criminal or anti-social behaviour and of other poor outcomes due to the behaviour and/or home circumstances of their parent/carer(s).

They should ask an offender at the earliest opportunity whether they live with, have caring responsibilities for, are in regular contact with, or are seeking contact with children. Where this applies, a check should be made with the local authority children's services at the earliest opportunity on whether the child/children is/are known to them and, if they are, the nature of their involvement.

Where an adult offender is assessed as presenting a risk of serious harm to children, the offender manager should develop a risk management plan and supervision plan that contains a specific objective to manage and reduce the risk of harm to children. The risk

management plan should be shared with other organisations and agencies involved in the risk management.

In preparing a sentence plan, offender managers should consider how planned interventions might bear on parental responsibilities and whether the planned interventions could contribute to improved outcomes for children known to be in an existing relationship with an offender.

Children's Homes

The registered person of a children's home must have regard to the Guide to the Children's Home Regulations, including the quality standards (April 2015), in interpreting and meeting the regulations. The Guide covers the quality standards for children's homes which set out the aspirational and positive outcomes that we expect homes to achieve, including the standard for the protection of children. The registered person is responsible for ensuring that staff continually and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day to day basis.

In addition to the requirements of this standard, the registered person has specific responsibilities under regulation 34 to prepare and implement policies setting out: arrangements for the safeguarding of children from abuse or neglect; clear procedures for referring child protection concerns to the placing authority or local authority where the home is situated if appropriate and specific procedures to prevent children going missing and take action if they do.

Each home should work with their local safeguarding partners to agree how they will work together and with the placing authority, to make sure that the needs of the individual children are met.

The secure estate for children

Governors, managers, directors and principals of the following secure establishments are subject to the section 11 duties set out above.

- A secure training centre;
- A young offender institution;
- A secure college/school.

Each centre holding those aged under 18 should have in place an annually-reviewed safeguarding children policy. The policy is designed to promote and safeguard the welfare of children and should cover all relevant operational areas as well as key supporting processes, which will include issues such as child protection, risk of harm, restraint, separation, staff recruitment and information sharing. A manager should be appointed and will be responsible for implementation of this policy.

Each centre should work with their local safeguarding partners to agree how they will work together and, with the relevant YOT and placing authority (the Youth Custody Service) to make sure that the needs of individual children are met.

Youth Offending Teams – YOTs (Youth Justice Services)

YOT's are subject to the section 11 duties as set out above. YOTs are multi-agency teams responsible for the supervision of children subject to pre-court interventions and statutory court disposals. They are therefore well placed to identify children known to relevant organisations and agencies as being most at risk of offending and the contexts in which they may be vulnerable to abuse, and to undertake work to prevent them offending or protect them from harm. YOTs should have a lead officer responsible for ensuring safeguarding is embedded in their practice.

Under section 38 of the Crime and Disorder Act 1998, local authorities must, within the delivery of youth justice services, ensure the ‘provision of persons to act as appropriate adults to safeguard the interests of children detained or questioned by police officers’.

UK Visas and Immigration, Immigration Enforcement and the Border Force

Section 55 of the Borders, Citizenship and Immigration Act 2009 places upon the Secretary of State a duty to make arrangements to take account of the need to safeguard and promote the welfare of children in discharging functions relating to immigration, asylum, nationality and customs. These functions are discharged on behalf of the Secretary of State by UK Visas and Immigration, Immigration Enforcement and the Border Force, which are part of the Home Office. The statutory guidance Arrangements to Safeguard and Promote Children’s Welfare and other guidance relevant to the discharge of specific immigration functions set out these arrangements.

Children and Family Court Advisory and Support Service

The responsibility of the Children and Family Court Advisory and Support Service (Cafcass), as set out in the Children Act 1989, is to safeguard and promote the welfare of individual children who are the subject of family court proceedings. This is through the provision of independent social work advice to the court.

A Cafcass officer has a statutory right in public law cases to access local authority records relating to the child concerned and any application under the Children Act 1989. That power has also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised organisation that relate to that child.

Where a Cafcass officer has been appointed by the court as a child’s guardian and the matter before the court related to 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.

Armed Services

Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the children of service families in the UK. In discharging these responsibilities:

- Local authorities should ensure that the Ministry of Defence, soldiers, sailors, airmen and Families Association Forces Help, the British Forces Social Work Service or the Naval Personal and Family Service is made aware of any service child who is the subject of a child protection plan and whose family is about to move overseas;
- Each local authority with a United States (US) base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be explained clearly to the US authorities, so that the local authority can fulfil its statutory duties.

Multi-Agency Public Protection Arrangements

Many of the agencies subject to the section 11 duty are members of the Multi-Agency Public Protection Arrangements (MAPPA), including the police, prison and probation services. MAPPA should work together with duty to co-operate (DTC) agencies to manage the risks posed by violent and sexual offenders living in the community in order to protect the public and should work closely with the safeguarding partners over services to commission locally.

Voluntary, charity, social enterprise, faith-based organisations and private sectors

Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies play an important role in safeguarding children through the services they deliver. Some of these will work with particular communities, with different races and faith communities and delivering in health, adult social care, housing, prisons and probation services. They may as part of their work provide a wide range of activities for children and have an important role in safeguarding children and supporting families and communities.

Like other organisations and agencies who work with children, they should have appropriate arrangements in place to safeguard and protect children from harm. Many of these organisations and agencies as well as many schools, children's centres, early years and childcare organisations, will be subject to charity law and regulated either by the Charity Commission or other 'principal regulators'. Charity trustees are responsible for ensuring that those benefitting from, or working with, their charity, are not harmed in any way through contact with it.

Whilst some may be part of a large national charity, others will be more local and therefore have a much smaller local reach. Some may be run by volunteers, deliver youth services and/or delivering statutory services.

All practitioners working in these organisations and agencies, who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer.

Every VCSE, faith-based organisation and private sector organisation or agency should have policies in place to safeguard and protect children from harm. These should be followed and systems should be in place to ensure compliance in this. Individual practitioners, whether paid or volunteer, should be aware of their responsibilities for safeguarding and protecting children from harm, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police if necessary. They should be aware of how they need to work with the safeguarding partners in a local area. Charities (within the meaning of section 1 Charities Act 2011), religious organisations (regulation 34 and schedule 3 to School Admissions) and any person involved in the provision, supervision or oversight of sport or leisure are included within the relevant agency regulations. This means if the safeguarding partners name them as a relevant partner they must co-operate. Other VCSE, faith-based and private sector organisations not on the list or relevant agencies can also be asked to cooperate as part of the local arrangements and should do so.

Sports Clubs/Organisations

There are many sports clubs and organisations including voluntary and private sector providers that deliver a wide range of sporting activities to children. Some of these will be community amateur sports clubs, some will be charities. All should have the arrangements described above in place and should collaborate to work effectively with the safeguarding partners as required by any local safeguarding arrangements. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police if necessary.

All National Governing Bodies of Sport, that receive funding from either Sports England or UK Sport, must aim to meet the Standards for Safeguarding and Protecting Children in Sport.