

## Chapter 2: Organisational responsibilities

1. The previous chapter set out the need for organisations, working together, to take a coordinated approach to ensure effective safeguarding arrangements. This is supported by the duty on local authorities under section 10 of the Children Act 2004 to make arrangements to promote cooperation to improve the well-being of all children in the authority's area.
2. In addition, a range of individual organisations and professionals working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm.

### Section 11 of the Children Act 2004

**Section 11 of the Children Act 2004** places duties on a range of organisations 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.

Various other statutory duties apply to other specific organisations working with children and families and are set out in this chapter.

3. Section 11 places a duty on:
  - 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, including the NHS England and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;
  - 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;<sup>22</sup>
  - Governors/Directors of Prisons and Young Offender Institutions;
  - Directors of Secure Training Centres;

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<sup>22</sup> The section 11 duty is conferred on the Community Rehabilitation Companies by virtue of contractual arrangements entered into with the Secretary of State.

- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and procedures to be followed if anyone has any concerns about a child's safety or welfare; and
  - all professionals should have regular reviews of their own practice to ensure they improve over time.
- clear policies in line with those from the LSCB 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; or
    - behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

5. 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 coordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people that 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 such a 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.

6. Local authorities should put in place arrangements to provide advice and guidance on how to deal with allegations against people who work with children to employers and voluntary organisations. Local authorities should also ensure that there are appropriate arrangements in place to effectively liaise with the police and other 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.

7. Employers 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 allegation against people who work with children should be reported immediately to a senior manager within the organisation. The designated officer, or team of officers,

17. Within the NHS:<sup>33</sup>

- **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 health care services in the under-18 secure estate and in police custody. NHS England also leads and defines improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for LSCBs and health and well-being boards to raise concerns about the engagement and leadership of the local NHS;
- **clinical commissioning groups (CCGs)** are the major commissioners of local health services and are responsible for safeguarding quality assurance through contractual arrangements with all provider organisations. CCGs should employ, or have in place, a contractual agreement to secure the expertise of designated professionals, i.e. designated doctors and nurses for safeguarding children and for looked after children (and designated paediatricians for unexpected deaths in childhood). In some areas there will be more than one CCG per local authority and LSCB area, and CCGs may consider 'lead' or 'hosting' arrangements for their designated professional team, or a clinical network arrangement. Designated professionals, as clinical experts and strategic leaders, are a vital source of advice to the CCG, NHS England, the local authority and the LSCB, and of advice and support to other health professionals; and
- **all providers of NHS funded health services** including NHS Trusts, NHS Foundation Trusts and public, voluntary sector, independent sector and social enterprises should identify a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding. In the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead and deputy lead for safeguarding, who should work closely with named GPs. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.<sup>34</sup>

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<sup>33</sup> Further guidance on accountabilities for safeguarding children in the NHS is available in [Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework](#) (2013).

<sup>34</sup> Model job descriptions for designated and named professional roles can be found in the intercollegiate document [Safeguarding Children and Young People: roles and competences for health care staff](#) and [Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for General Practice, RCGP](#) (2014).