



# **Surrey Safeguarding Children Board**

## **Section 11 Audit Report 2016**

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## 1. Introduction

Section 11 of the Children Act 2004 requires each person or body to which the duties apply to have regard to any guidance given to them by the Secretary of State and places a statutory requirement on organisations and individuals to ensure they have arrangements in place to safeguard and promote the welfare of children.

Working Together to Safeguard Children 2015 states the following as Section 11 standards:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- A senior board level to take leadership responsibility for the organisation's 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. Arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Children Board (LSCB)
- A designated professional lead (or, for health provider organisations, named professionals) for safeguarding
- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check
- Appropriate supervision and support for staff, including undertaking safeguarding training
- Clear policies in line with those from the LSCB for dealing with allegations against people who work with children

Working Together to Safeguard Children 2015 states that one of the key functions of a Local Safeguarding Children Board is:

“Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;”

The Surrey Safeguarding Children Board (SSCB) assesses the effectiveness of local safeguarding arrangements in various ways, including Section 11 safeguarding self-assessments. The Section 11 Audit is carried out in a two-year cycle. The partner agencies who participated in the 2016 section 11 audit were:

- Health - including clinical commissioning groups, acute hospitals and community providers including Surrey and Borders Partnership and South East Ambulance Service
- Surrey County Council services including Children's Services, Adult Services, Youth Support Services, Early Years, Public Health and Public Health Commissioned Services
- Boroughs and Districts – including Mole Valley, Reigate and Banstead, Tandridge, Epsom and Ewell, Elmbridge, Spelthorne, Guildford, Waverley, Surrey Heath, Woking, Runnymede
- Criminal Justice organisations – including Police, Office of Police and Crime Commissioner (OPCC), HMP Bronzefield, National Probation Service (NPS) and Kent Surrey and Sussex Community Rehabilitation Company (KSS CRC)

This report sets out the details of the Section 11 Audit carried out in 2016. It summarises and analyses agency responses by identifying strengths and areas for improvement.

## 2. SSCB S11 Audit Development

The audit has been developed this year in consultation with the SSCB Quality Assurance and Evaluation group. The format of the template was derived from a Greater Manchester Safeguarding Partnership Section 11 template. The questions cover all the standards outlined in Working Together to Safeguard Children 2015 and include new safeguarding standards questions and references to some recent priorities of the Surrey Safeguarding Children Board (SSCB), including: Early Help, Child Sexual Exploitation (CSE) and Quality Assurance and Outcome Measurement.

A new online tool has also been introduced. The tool has been developed and improved further based on the feedback from those who are responsible for completing the audit whilst the audit was live. The final version of the tool has received positive feedback from auditors. As the tool is completed, ratings and action plans are automatically generated by the online reporting for each organisation as well as for all organisations.

## 3. Methodology

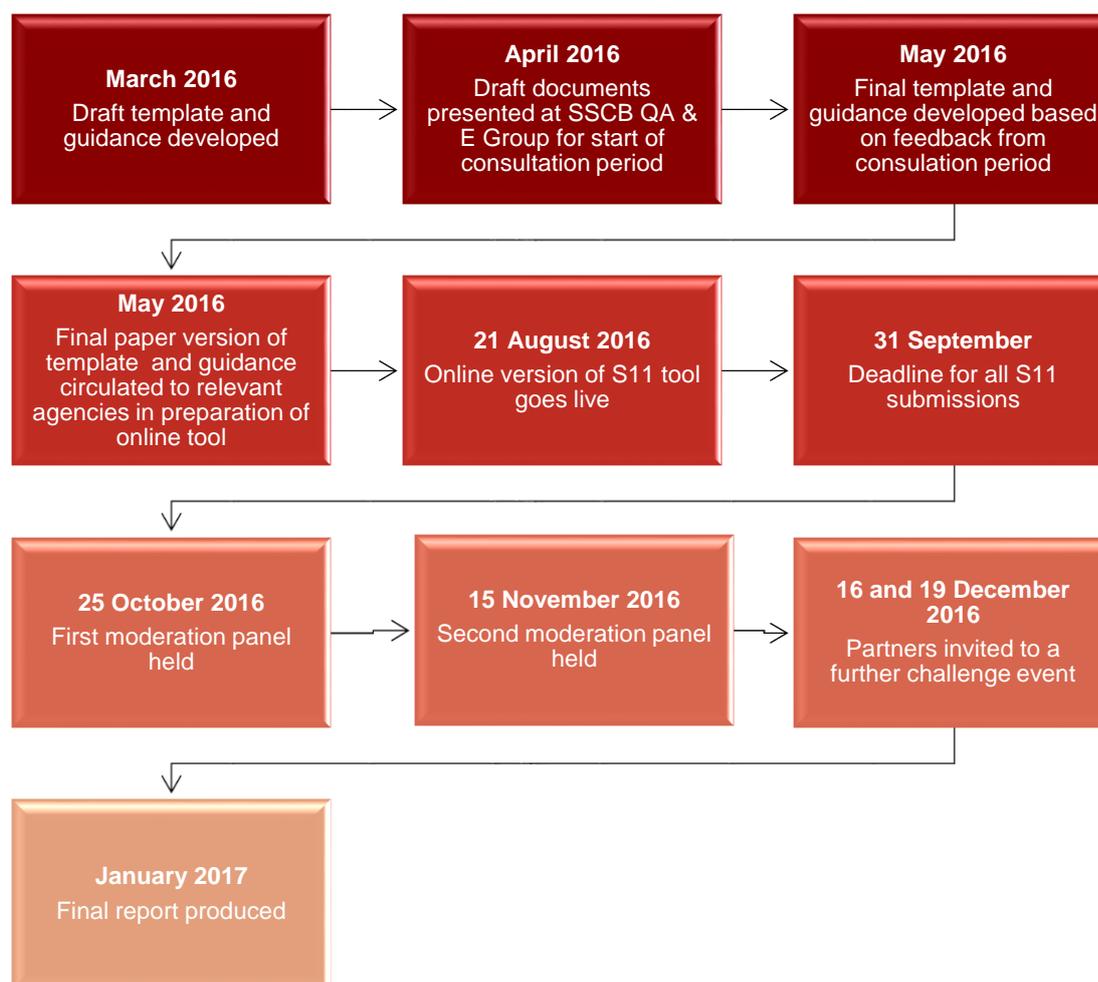
The assessment comprised of 10 sections. Participants were asked to rate themselves against 45 questions (Appendix 1). All agencies are asked to allocate a Red/Amber/Green/Blue grade to each question bases on the guidance provided. Please refer to Appendix 1 for full guidance.

<b>RED</b>	Indicates that processes are lacking and need to be developed as a matter of urgency in order to meet minimum requirements for a specific standard.
<b>AMBER</b>	Indicates that processes are in place but they need to be reviewed or further improved for a specific standard.
<b>GREEN</b>	Indicates that the agency meets the standard fully with all processes in place and up to date, at least to the required minimum.
<b>BLUE</b>	Indicates that the agency meets the standard fully with all processes in place and up to date, with evidence of achieving excellence.

A new scrutiny process was introduced by the Independent Chair of the SSCB. After submissions were made, the SSCB Scrutiny Panel met and reviewed all Section 11 reports. Based on their review, some agencies were asked to provide further evidence. The panel then reconvened to review the evidence received, at this point a number of agencies were invited to meet the panel to provide further clarification and discuss any issues raised by the return where necessary.

This report analyses and summarises the findings of the overall Section 11 process mentioned above.

### 3.1 Audit timeline



### 3.2 Organisations assessed in Surrey

The following 38 partner agencies and organisations were requested to participate in the 2016/17 SSCB section 11 audit process. Partner agencies have been grouped into four categories for the purpose of this report by the type of services they provide; boroughs and districts, health agencies, Surrey County Council services and Criminal Justice organisations. Therefore, the analysis and findings are presented in these four groups throughout the report.

Health Agencies	Surrey County Council Services	Boroughs and Districts	Criminal Justice Organisations
Ashford & St Peter's Hospitals NHS Foundation Trust	Adult Services	Elmbridge Borough Council	Kent, Surrey and Sussex Community Rehabilitation Company
Central Surrey Health	Children's Services	Epsom and Ewell Borough Council	HMP and YO1 Bronzefield
East Surrey CCG	Early Years	Guildford Borough Council	Office of Police and Crime Commissioner
Epsom & St Helier University Hospitals NHS Trust	Public Health	Mole Valley District Council	National Probation Service

First Community Health and Care	Public Health Commissioned Services	Reigate and Banstead	Surrey Police
Frimley Park Hospital NHS Foundation Trust	Schools and Learning	Runnymede Borough Council	
Guildford & Waverley CCG	Youth Support Services	Surrey Heath Borough Council	
North West Surrey CCG		Tandridge Council	
Surrey and Borders Partnership		Waverley Borough Council	
South East Coast Ambulance Service		Woking Borough Council	
Surrey & Sussex Healthcare NHS Trust			
Surrey Downs CCG			
Surrey Heath CCG			
The Royal Surrey County Hospital NHS			
Virgin Care			

All 38 agencies completed and return the audit.

After the moderation panel, the following agencies were asked to provide further evidence to support their submission:

- Public Health Team
- Public Health Commissioning Services
- Surrey Police
- Adult Services
- Children's Services
- Youth Support Services
- Central Surrey Health (CSH)
- The Royal Surrey County Hospital NHS

The following agencies were invited to meet the panel to provide further evidence, clarification and assurance:

- Children's Services
- Adult Services
- Youth Support Services
- Early Years
- National Probation Service (NPS)
- Kent, Surrey and Sussex Community Rehabilitation Company (KSS CRC)
- HMP & YOI Bronzefield
- East Surrey CCG

## 4. Summary Findings

Partner agencies engaged well with the overall Section 11 process including self-assessments and the new scrutiny process and generally they are providing safe services to children in Surrey. Partners acknowledged that the new process has been beneficial in understanding Section 11 standards more clearly, highlighting good practice and identifying areas for improvement for their relevant agency. The SSCB also found the overall process useful in building relationships with partners and having a better understanding of all the services provided to children in Surrey.

The findings highlight the extent of some of the good work being carried out by our partners and identifies areas that need further focus. As part of the self-assessment, partners identified their own actions which will be carried out by their individual agency in order to sustain improvement work or to address some of the existing issues.

Some of the common themes that emerged from findings were around the importance and benefits of the Section 11 audit itself; the gap between strategic and operational level, safer recruitment, safeguarding training, Child Sexual Exploitation, contracted and commissioned services and the voice of the child.

This section discusses the overall findings based on the common themes that emerged from all self-assessments and during the scrutiny process.

### 4.1 What are we worried about?

#### 4.2

- Lack of understanding of the importance and benefits of the Section 11 audit. For example, some of the partners completed the self-assessment as part of a 'tick box exercise' and therefore evidence of work was not well presented in the return
- The gap between strategic and operational level working. For example, some of the agencies with a scrutiny or commissioning role who do not provide direct services to children were unable to provide evidence for some of the standards
- Inconsistencies and lack of evidence in seeking children's views across all the returns
- Safeguarding Policies and Procedures need updating for a small number of agencies
- Lack of evidence in HR staffing and safer recruitment. It is not clear that all agencies ensure that hiring managers have the appropriate safer recruitment training. The SSCB is unable to gather evidence to ensure that all staff working in safeguarding have completed the necessary training
- It was unclear whether all contracted and commissioned services achieve safeguarding standards which are the same as those for Section 11
- District and Boroughs showed an overall weakness in evidencing Staff Induction, Training and Development and Complaints, Allegations and Whistle-blowing
- District and Boroughs, Adult Services and Early Years showed a lack of evidence to ensure that services are in place to create awareness on Child Sexual Exploitation (CSE)
- Limited reference of the use of Level of Needs document throughout most self-assessments.
- Inconsistent joint working between Children's Services and Adult Services especially services around transition and disabled parent's parenting capability. Adult and Children's services do not appear to have a clear understanding of each other's requirements as highlighted in the Care Act 2014 and Working Together 2015

## 4.2 What's working well?

- All partners engaged with Section 11 process
- Both partners and the SSCB acknowledged that the overall process was beneficial in building relationships, understanding Section 11 standards better, sharing good practice and identifying actions required for further improvement.
- Generally partners are providing safe services to the children in Surrey
- All partners have a named strategic lead for safeguarding and/or senior management commitment to the importance of safeguarding children.
- All partners ensure that staff are aware of policies and procedures (both their own and SSCB) to safeguard and promote welfare of children. Actions with timescales have been identified where policies and procedures require updating or further work required to ensure that policies and procedures are cascaded to the relevant staff
- Agencies provided assurance that they understand the importance of information sharing and relevant systems are in place for information sharing, communication and confidentiality
- Staff supervision and appraisals are in place but further work is required to ensure that actions from supervision and appraisals are fed into team and service delivery plans and training and development plans
- There is some good evidence and examples of the work for safeguarding and promoting the welfare of children and young people relating to child sexual exploitation (CSE). This has been highlighted specially by the detailed evidence provided by Police, Children's Services and Youth Support Services
- Partners have basic systems in place to enable them to quality assure their work with children and families. Both Children's Services and Health providers provided comprehensive evidence around their Quality Assurance functions including evidence and outcomes from audits
- There were detailed and well evidenced returns with some clear identified actions from Clinical Commissioning Groups (CCG) which highlighted the comprehensive use of Section 11 self-assessment by CCGs to promote safeguarding of children

## 4.3 What needs to happen?

- The SSCB needs to continue to work closely with partners and support them to raise awareness to safeguard and promote the welfare of children and young people
- The SSCB needs to communicate the future Section 11 process and support partners to complete the assessments to ensure that everyone receives the full benefit of the overall Section 11 process
- The SSCB needs to communicate best practice on safer recruitment to partners and partners need to ensure those practices are embedded within their organisations
- The SSCB will discuss the findings with Districts and Boroughs to ensure they are aware of the safeguarding policies and procedures around Staff Induction, Complaints, Allegations and Whistle-blowing and CSE. District and Borough's need to identify any training needs to ensure compliance with S11 standards and seek support from SSCB if there are gaps in available training
- The SSCB needs to explore how it can support better joined up working between Children's and Adults' services. Adult's Services need to highlight any gaps and training needs to make certain that all staff are aware of the procedures to ensure safeguarding of children specially around raising awareness on CSE

- Further communication and dissemination of Level of Needs document by the SSCB and all partners
- All partners need to make sure that there is a safer working practice for all contractors to the organisation who work with children and are delivering statutory services. Contracts require the organisation to achieve Safeguarding Standards, which are the same as those for Section 11
- Partner agencies need to make sure all safeguarding policies and procedures are up to date and staff have access to relevant policies and procedures when required
- Partners need to carry out regular audits on training to ensure all staff involved in delivering direct or indirect services to children have up to date safeguarding training relevant to them. Partners also need to communicate any training gaps to SSCB so that SSCB can provide relevant support
- All partners and the SSCB need to work together to ensure the voice of the child is captured and used in decision making and service delivery. Partners need to use a variety of methods to capture the voice of the child and how that can be embedded to improve services. Any examples of good practices need to be shared across the SSCB.

## 5. Analysis of Results

This section of the report presents a detailed analysis and findings from the Section 11 assessment process. As mentioned earlier, the findings are presented in the following four groups:

- Health Agencies
- Surrey County Council Services
- Boroughs and Districts
- Criminal Justice Organisations

All partners were asked to score themselves on the questions under each of the 10 standards noted below:

- Standard 1: Leadership and Accountability
- Standard 2: Policies and Procedures
- Standard 3: Recruitment and Selection
- Standard 4: Staff Induction, Training and Development
- Standard 5: Complaints, Allegations and Whistle-blowing
- Standard 6: Information Sharing, Communication & Confidentiality
- Standard 7: Listening to Children and Young People
- Standard 8: Child Sexual Exploitation (CSE)
- Standard 9: Staff Supervision
- Standard 10: Quality Assurance and Outcome Measurement

In total, participants rated themselves against 45 questions (Appendix 1 for details).

The overall self-assessment scores under each standard are presented in graphs in this section. Narrative on summary findings are also included.

## 5.1 Health Agencies

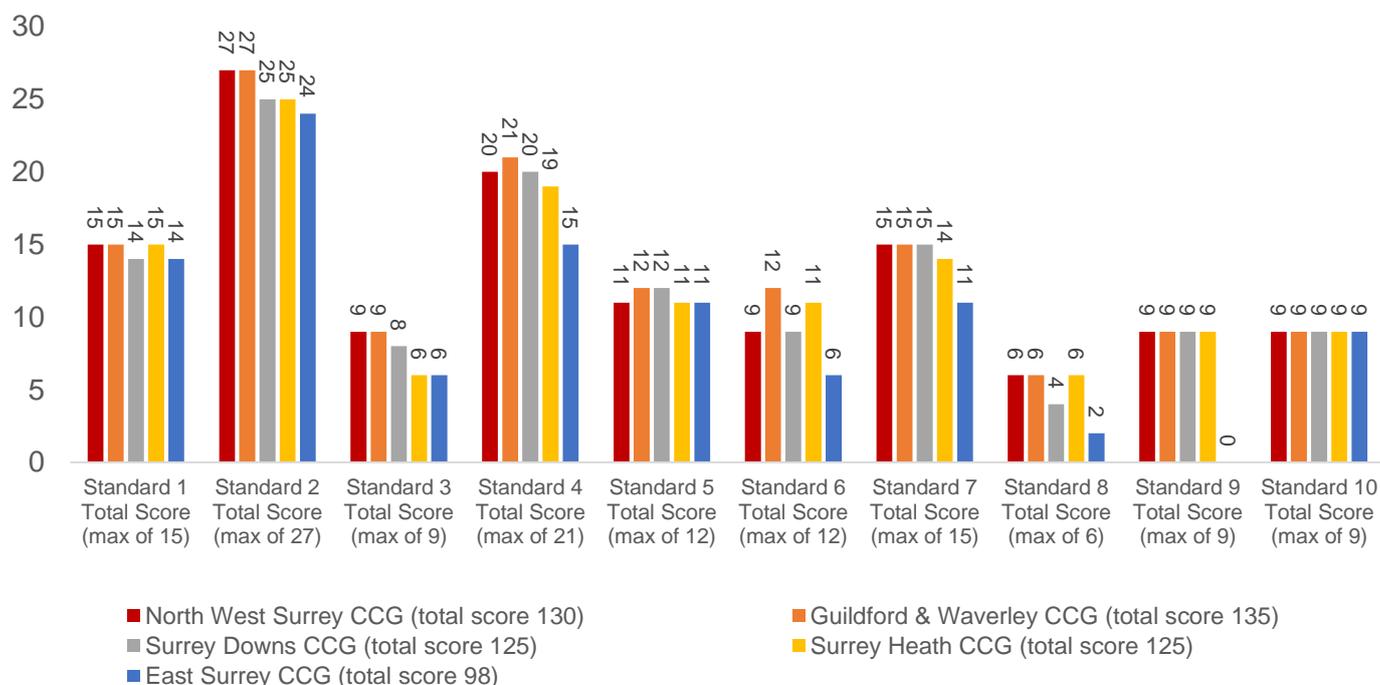
Health agencies' returns include clinical commissioning groups, acute hospitals and community providers including Surrey and Borders Partnership and South East Coast Ambulance Service.

### 5.1.1 Clinical commissioning groups

Figure 1 presents total scores under each standard from self-assessments for five clinical commissioning groups (CCG's). The CCG's returns were amongst the most well summarised and well evidenced returns. They scored very highly under each standard which was back up by detailed evidence. Actions were identified where necessary.

Further work was carried out with East Surrey CCG as part of the scrutiny process and a revised version of return was received with further evidence. They scored 134 in their revised return (compared to 98 in the first submission) and the Section 11 panel reviewed the revised content and evidence from the new return and approved the new score.

Figure 1: Clinical Commissioning Groups scores for each standard



Source: Section 11 Self-Assessment 2016

The main actions identified by the CCG's in their return are as follows:

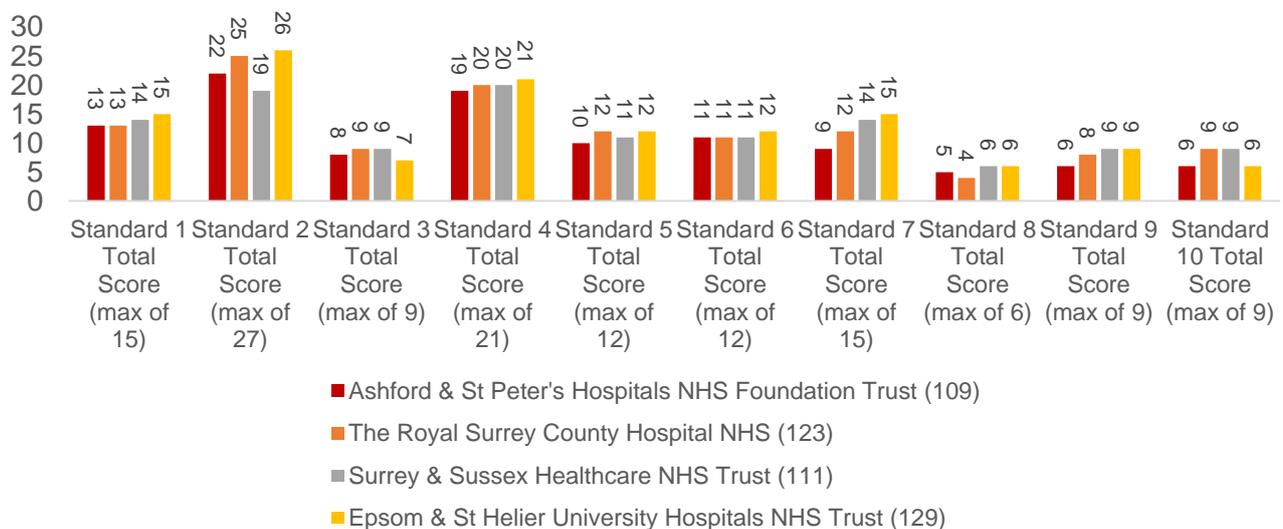
- CCG's to ensure all the policies are procedures are kept up to date and are easily accessible by staff when required
- CCG's to ensure all relevant policies and guidance are available in the website and the websites contain link to the SSCB website
- Continue to review, update and deliver training and induction programmes regularly to all CCG staff and review the process to assure there is a robust process for monitoring training records
- Raising awareness around Child Sexual Exploitation

## 5.1.2 Acute Trusts

Figure 2 presents total scores under each standard from self-assessments for four acute trusts. Frimley Park Hospital Trust submitted the same return they had completed for Hampshire and therefore it was not possible to include their scoring into Figure 2. Further assurance was received from Frimley Park Hospital Trust during the scrutiny process where they provided scores for each standard (overall total score of 134 out of 135) and further discussion around the evidence were carried out by a Section 11 panel member to back up the scoring.

Overall, there was a good quality of returns with detailed narratives from acute trusts but limited evidence provided in some areas. HR staffing and safer recruitment and safeguarding training are the main themes that emerged from the returns which require further attention.

Figure 2: Acute Hospital scores for each standard



Source: Section 11 Self-Assessment 2016

The main actions identified by the Acute Trusts are as follows.

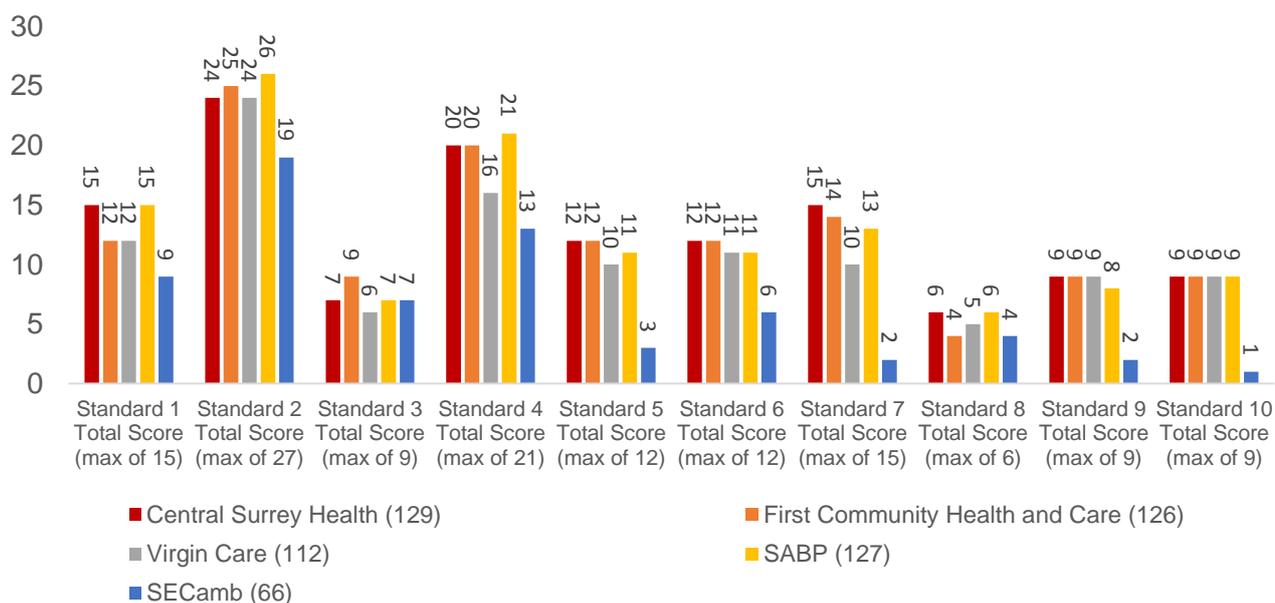
- Reviewing and updating safeguarding policies and procedures
- Ensuring that all contracted or commissioned services are Section 11 compliant and have that requirement in their contracts
- Reviewing the content of 'safer recruitment' training to identify any gaps in the current recruitment policy for staff working with children.
- Reviewing current training programme and incorporating information about children's vulnerabilities and parent's capacity
- Improving the recording of Level 3 safeguarding training
- Understanding of what level of training senior staff (outside the safeguarding team) have undertaken with the SSCB and encouraging staff to attend SSCB training
- Ensuring dissemination of findings from audits

### 5.1.3 Community Providers

Figure 3 presents total scores under each standard from self-assessments from community providers, Surrey and Borders Partnership NHS Foundation Trust and South East Coast Ambulance Service (SECamb). Overall robust and clearly evidenced submissions were returned by community providers. Any gaps in services have been identified with clear smart action plans to address the gaps.

The SSCB acknowledged that further discussion needs to be carried out with SECamb to explore how SSCB can contribute to their action plan and offer any support they may require.

Figure 3: Community Providers scores for each standards



Source: Section 11 Self-Assessment 2016

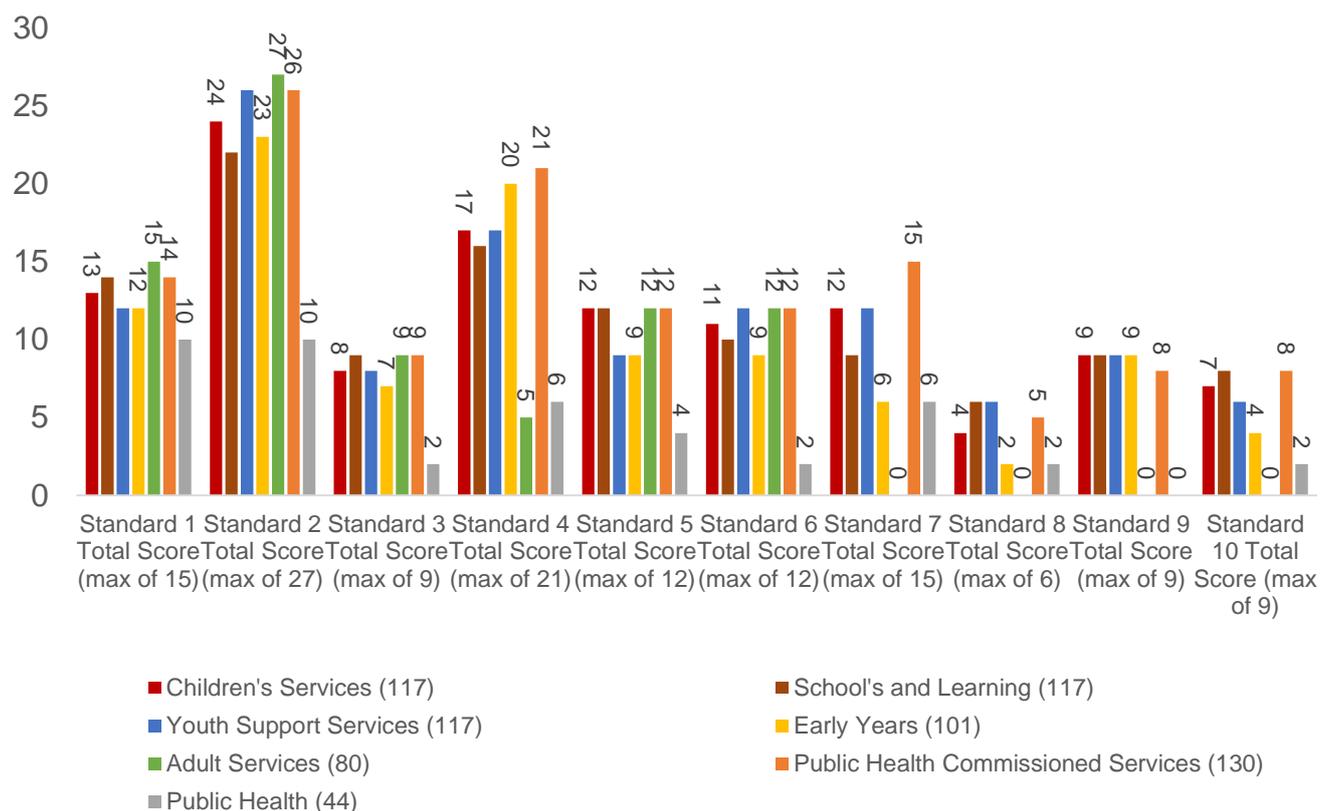
The following are the summary of the main actions:

- Reviewing and updating of policies and procedures
- Carrying out an audit on recruitment process
- Robust quality assurance system to ensure safer recruitment and to ensure new staff receive relevant training
- Better recording and monitoring of supervisions and staff allegation process

### 5.2 Surrey County Council Services

Children's Services, Schools and Learning, Adult Services, Youth Support Services, Early Years, Public Health and Public Health Commissioned Services are included in the Surrey County Council Services return. Figure 4 presents their total scores for each standard from self-assessments.

Figure 4: Surrey County Council Services scores for each standards



Source: Section 11 Self-Assessment 2016

### 5.2.1 Children’s Services

Children’s Services return presented a detailed narrative on the services they provide to safeguard children in Surrey. Evidence was included and actions were identified. The Section 11 panel requested for additional evidence and received further assurance around awareness off additional vulnerabilities and its impact, views of young people and their families, internal audit and review, recruitment and selection and staff supervision.

### 5.2.2 Schools and Learning

Schools and learnings have also provided required narratives along with evidence that they fulfil Section 11 standards to safeguard children. They also identified relevant actions on the areas that require focus on.

### 5.2.3 Youth Support Services

Youth Support Service were requested to provide further evidence and assurance around recruitment and selection, views of young people and their families and child sexual exploitation. They provided detailed evidence and assurance to SSCB that required services are in place to ensure safeguarding in these areas.

### 5.2.4 Early Years

Early Years were also requested to provide further evidence and assurance around the recruitment and selection, views of young people and their families and child sexual exploitation. They provided detailed evidence and assurance to the board that required services are in place to ensure safeguarding in these areas.

### 5.2.5 Adult Services

Adult Services initial submission lacked clarity in identifying links between adult and children services. However, they made clear that the only people they employ to work directly with children are in the transition team. Generally staff receive training on Level 1 children's safeguarding issues, as they may come into contact or be made aware of issues regarding children's safety and/or wellbeing, there would be no expectation on them to separate this from Early Help referrals in the same way that Adult Services staff would not expect Children's and Families workers to develop any specialism in adult safeguarding other than to understand the signs and refer in to the service.

Section 11 Panel discussed the findings from the self-assessment with the Adult Services to achieve better understanding of the S11 process and to identify actions for both SSCB and Adults Services to establish links to work together to safeguard children.

### 5.2.6 Public Health

Public Health submitted two returns; one for the Public Health team where many of the responses are "not applicable" as they do not directly deliver services to children and/or families, the other was for the providers of the services they commission. They commission services from several statutory agencies (Virgin, SABP etc.). As these organisations are members of the SSCB and therefore submit their own Section 11, they defer to these overall submissions to indicate their safeguarding capabilities.

They also commission relevant services from several non-statutory agencies who did not submit their own Section 11 return (8 in total). As a result, the Public Health team has asked them to submit individual returns and a final submission was based on average score from the providers. The text provided as evidence is generic throughout the return as these are based on summary responses from eight different providers. Specific action plans for scores of 1 or below have also been identified. The following eight providers completed Section 11 self-assessment as part of Public Health Return:

- The Weight Management Centre (child weight management)
- CGL (adult substance misuse)
- Catch 22 (child/young person sub misuse)
- SDAC (adult substance misuse - telephone contact only)
- Catalyst (adult substance misuse)
- Amber (child/young person substance misuse)
- Women in Prison (adult substance misuse)
- Transform (adult substance misuse)

The main actions raised in the Surrey County Council Services returns include:

- Ensuring all necessary training is completed by the relevant staff
- Reviewing and promoting single and multi-agency training programme
- Carrying out a data check to clarify what percentage of hiring managers have completed the recruitment and selection training
- Improving the quality assurance process, particularly in respect of how the findings from quality assurance are implemented and have an impact in changing practice
- Reviewing the Quality Assurance Framework in line with the Improvement Plan and implementing the Safer Surrey agenda as part of the Practice and Culture Work Stream
- Reviewing the latest SSCB's Safer Recruitment guidance against current recruitment & selection procedures to ensure it's as fully reflected as possible
- Threshold document to be understood by professionals through familiarisation
- Raising awareness of CSE to service and sector and robust CSE training to be delivered to staff
- Ensuring that children and young people are more directly involved in wider forums to ensure their views are visible to all and used to deliver better services

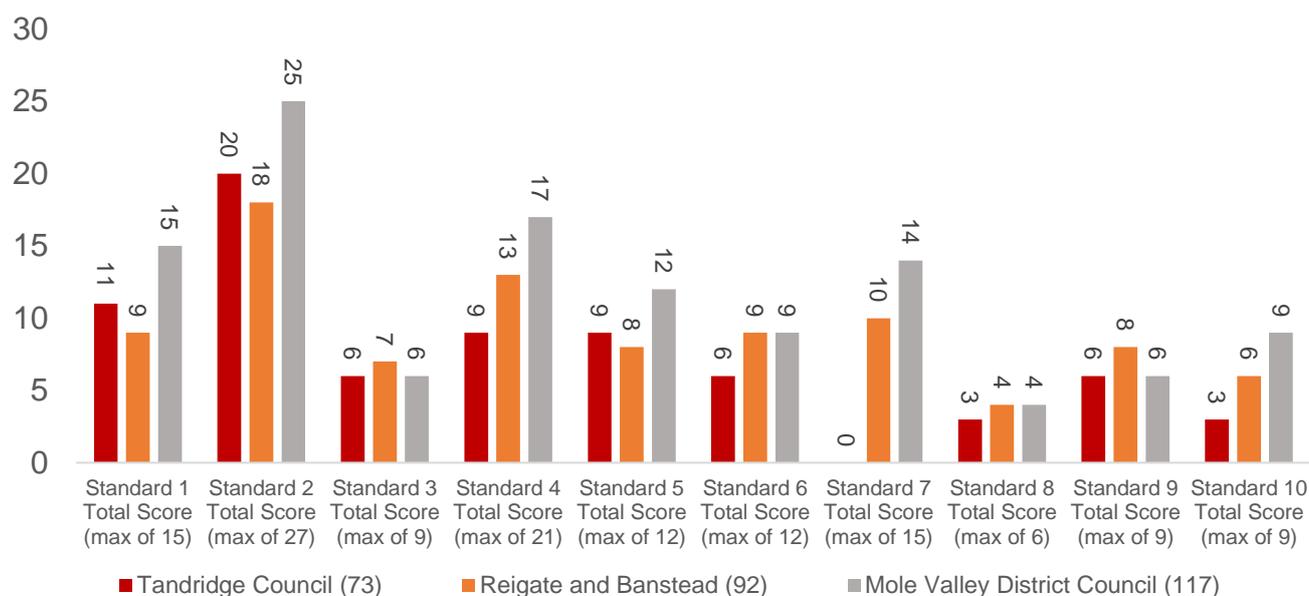
### 5.3 Borough and District's

All eleven Borough and District's submitted Section 11 self-assessment for 2016. Figure 5, Figure 6, Figure 7 and Figure 8 present the scores from boroughs and districts broken down by four areas; South East, North East, South West and North West.

All Borough and District's provided narrative and some evidence to provide assurance that they fulfil the requirements of Section 11. The returns reveal weaknesses in sections around staff Induction, training and development (Standard 4), complaints, allegations and whistle-blowing (Standard 5) and listening to children and young People (Standard 7) although Mole Valley's return provided a good example on views of children.

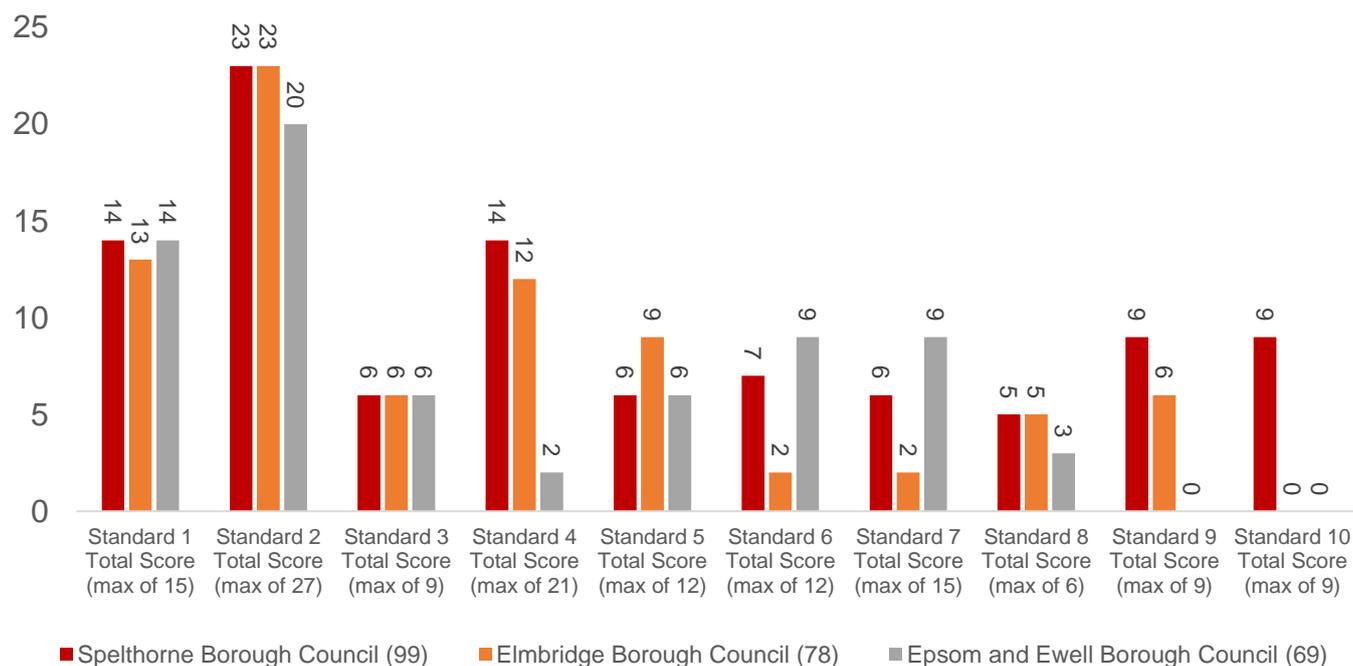
The SSCB will also be carried out further work with Borough and District's to discuss findings from Section 11 returns to address the above issues and to ensure relevant policies and procedures have link with the SSCB policies and procedures, Levels of Need document is communicated to the relevant staff, staff are attending relevant safeguarding training when necessary and raise awareness on CSE. A meeting with boroughs and districts has been arranged in March 2017.

Figure 5: Borough and District's score for each standard – South East Area



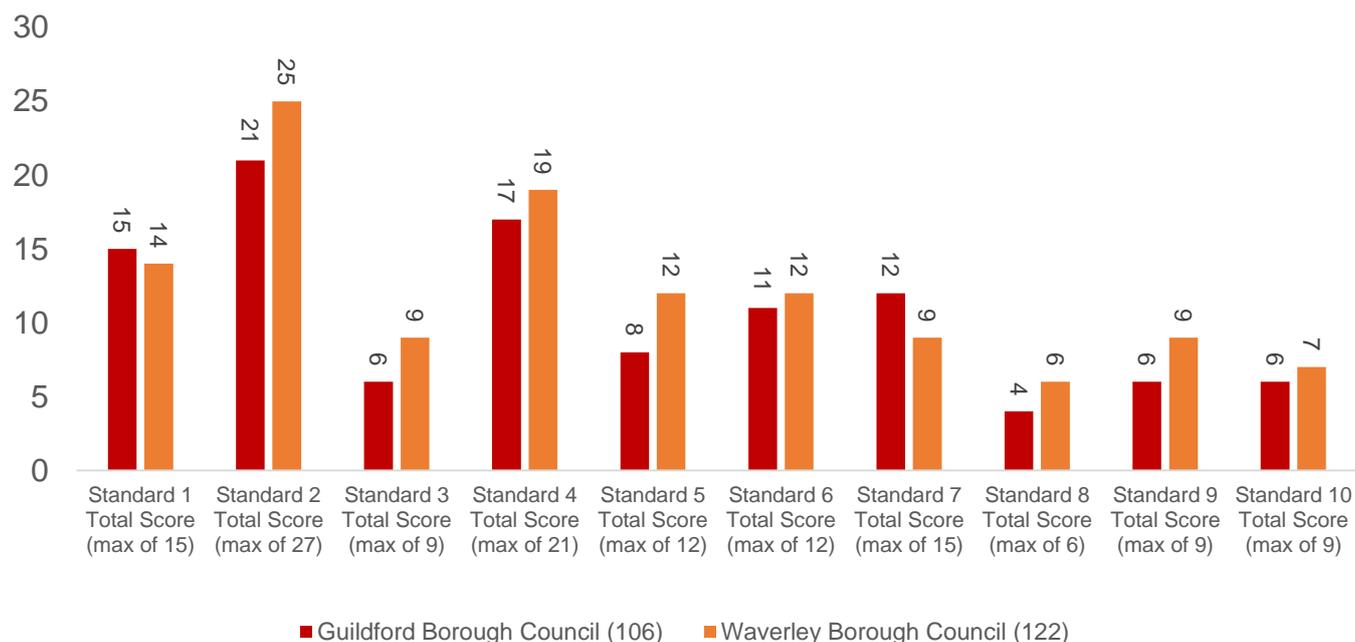
Source: Section 11 Self-Assessment 2016

Figure 6: Borough and District's score for each standard – North East Area



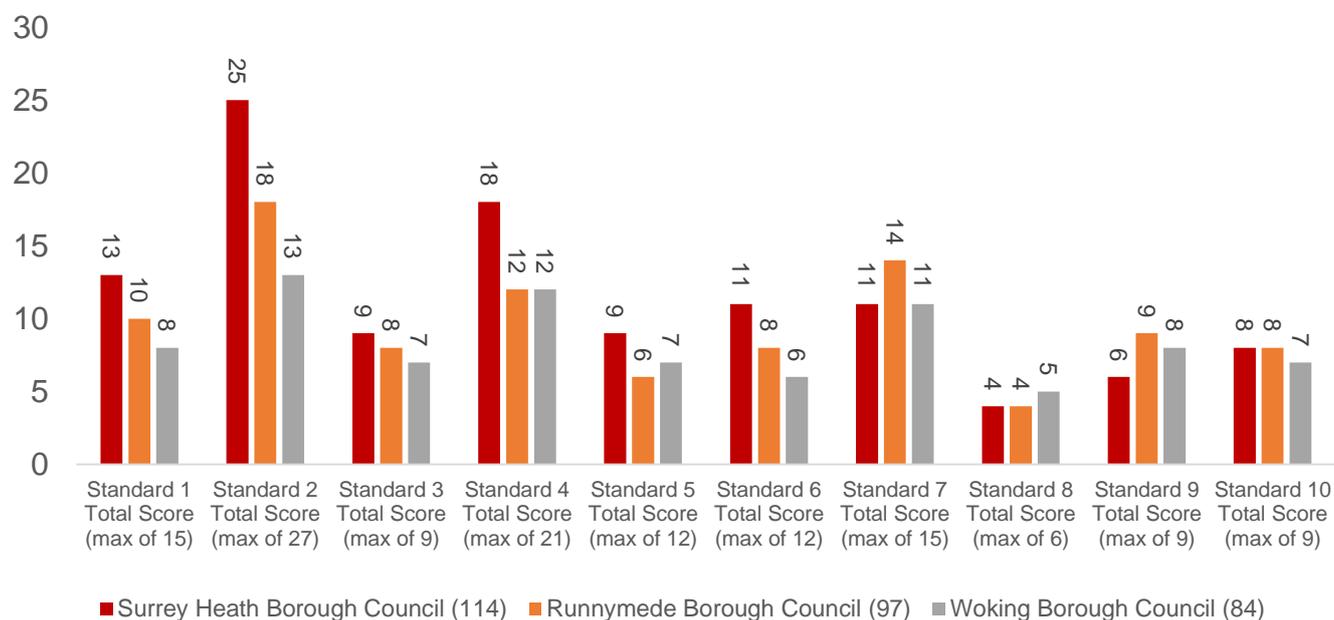
Source: Section 11 Self-Assessment 2016

Figure 7: Borough and District's score for each standard – South West Area



Source: Section 11 Self-Assessment 2016

Figure 8: Borough and District's score for each standard – North West Area



Source: Section 11 Self-Assessment 2016

The main actions identified by Borough and Districts in their returns include:

- Policies and procedures need be reviewed and updated to ensure all current legislation is included and policies procedures are linked with SSCB policies
- Ensuring appropriate representation at local safeguarding board meetings and better contribution to the work of the board

- Ensuring managers are aware of training requirements specific to roles and where they can access training
- Carrying out training gap analysis and ensuring all relevant staff complete the required safeguarding training
- All staff subject to Disclosure and Barring Service (DBS) checks to be reviewed and a check needs to be done that training is up to date
- Explore how to ensure that contracted services fulfil the safeguarding requirement
- Ensuring that volunteer organisations follow safeguarding policies and have assimilated changes into their own policies and procedures.
- Ensuring safeguarding checklists are completed during staff induction
- Up-to-date complaints, allegations and whistle-blowing policies are available easily accessible
- Children and adult safeguarding group to monitor cases and recommend independent audits and or reviews if required and disseminate the findings from audits and reviews
- Raising awareness of CSE

#### 5.4 Criminal Justice Organisations

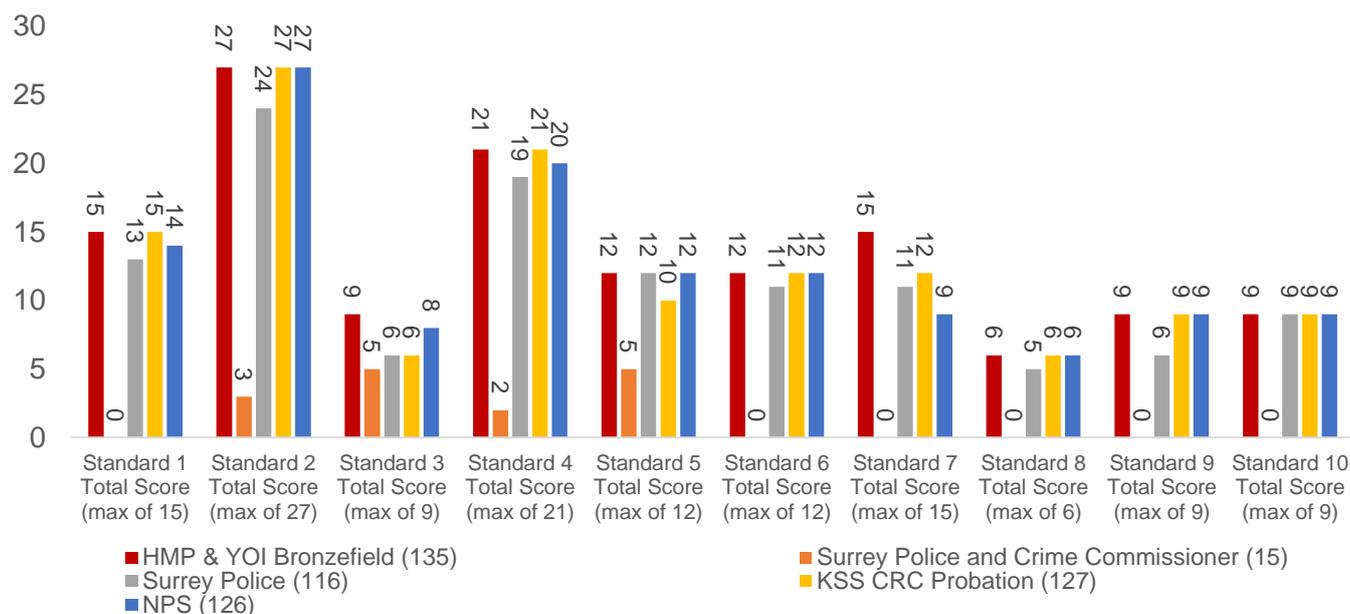
Criminal Justice Organisations returns include Police, Office of Police and Crime Commissioner (OPCC), HMP Bronzefield, National Probation Service (NPS) and Kent Surrey and Sussex Community Rehabilitation Company (KSS CRC). Figure 9 shows the total score for each standard from all the criminal justice organisations.

Good analysis and awareness of strengths and reflection on improvement are provided by most of the organisations but some areas are lacking evidence. Further detailed evidence was received from Surrey Police which reflects their scoring and narrative. NPS has also provided further evidence around policies and procedures, staff induction and training and CSE.

KSS CRC met the Section 11 panel to discuss the findings from their return and they provided assurance that processes are in place to ensure safeguarding of children. Further actions were identified for both KSS CRC and the SSCB around linking with the work of the SSCB, DBS checks and safer recruitment training.

Many of the OPCC responses show "zero" meaning "not applicable" as they do not directly deliver services to children and/or families. The SSCB and the OPCC have agreed to meet and discuss in order to have better understanding of the OPCC work and how the work can be captured in the S11 process.

Figure 9: Criminal Justice Organisations score for each standard



Source: Section 11 Self-Assessment 2016

The main action that emerged from Criminal Justice Organisations’ return include:

- Policies and procedures to be reviewed and amended as necessary
- Ensuring that all required staff attend relevant training available through SSCB
- Making sure that arrangements in place for ensuring that Section 11 requirements are met within contracts
- Ensuring that Continual Professional Development (CPD) is progressed for delivery to frontline operational staff with regard to speaking with children

## 6. Future development of Section 11

The SSCB has delegated responsibility for the strategic oversight and delivery of the Quality Assurance function to the SSCB Quality Assurance and Evaluation sub-group, which includes focus on Section 11 audit, including challenge, scrutiny and support around the whole process.

The Section 11 audits in Surrey will be completed annually on a rotating 2 year cycle. The plan is to include Early Years provider, voluntary, third sector and faith groups in 2017 audit process.

The completed Section 11 audits will be subject to additional scrutiny as carried out in the 2016 process. The purpose of the Scrutiny Panel is to assess the performance of the SSCB partner agencies against the Section 11 audit and identify areas that require improvement and would benefit from SSCB support.

The Section 11 Scrutiny Panel is accountable to the SSCB through the SSCB Quality Assurance and Evaluation sub-group. The group will report the findings to the Board and the SSCB Quality Assurance and Evaluation sub-group will follow up any actions and recommendations.

## References:

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# SECTION 11 AUDIT TEMPLATE GUIDANCE



## **1 Background**

1.1 The Children Act (2004) places on a statutory footing the obligation for named agencies and individuals to co-operate to safeguard children and promote their welfare. Section 11 of the Act makes clear to whom this duty applies and indicates that they must make arrangements for ensuring that:

‘their functions are discharged having regard to the need to safeguard and promote the welfare of children;

1.2 The same Act established the roles and responsibilities of the Local Safeguarding Children Board, with Section 13 describing their functions as:

- a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in their area
- b) to ensure the effectiveness of what is done by each such agency

1.3 This ‘Section 11 Audit’ is designed to allow the SSCB to assure itself that agencies placed under a duty to co-operate by this legislation, are fulfilling their responsibilities to safeguard children and promote their welfare.

## **2 Instructions**

2.1 This guidance document should be read in conjunction with the Section 11 Audit Template document.

2.2 To complete the SSCB Section 11 Audit Template, you are asked to:

- a) Consider the ‘score descriptor’ for each standard listed on the Audit Template
- b) Self-assess your services against the score descriptors
- c) Submit the completed tool with action plan (to address any issues) and evidence offered to support this assessment
- d) Ensure the template ‘author’ or a substitute, is available to answer any queries which may emerge during the moderation phase
- e) Participate in SSCB review and moderation process

### 3 Standards : Safeguarding and promoting the welfare of children

- 3.1 Chapter 2 of 'Working Together' details the common features which must be demonstrated by agencies in order to fulfil their commitment to safeguard children and promote the welfare of children.
- 3.2 The standards described in this document correspond with the standards given on the audit template. Examples are provided of appropriate evidence which may be submitted to validate any assessments made, for your information.

Key Standards	
<b>1. Leadership and Accountability</b>	<ul style="list-style-type: none"> <li>• A clear commitment by senior management to the importance of safeguarding and promoting children's welfare</li> <li>• A clear line of accountability within the organisation for work on safeguarding and promoting children's welfare</li> </ul>
<b>2. Policies and Procedures</b>	<ul style="list-style-type: none"> <li>• Clear priorities for safeguarding and promoting the welfare of children, explicitly stated in strategic policy documents</li> <li>• Policies for safeguarding and promoting the welfare of children including a child protection policy, and procedures that are in accordance with guidance and locally agreed inter-agency procedures</li> </ul>
<b>3. Recruitment and Selection</b>	<ul style="list-style-type: none"> <li>• Recruitment and human resources management procedures that take account of the need to safeguard and promote the welfare of children and young people, include arrangements for appropriate checks on new staff and volunteers</li> </ul>
<b>4. Staff Induction, Training and Development</b>	<ul style="list-style-type: none"> <li>• 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 the establishment's arrangements for safeguarding and promoting the welfare of children and their responsibilities for that</li> </ul>
<b>5. Complaints, Allegations and Whistle-blowing</b>	<ul style="list-style-type: none"> <li>• Procedures for dealing with allegation of abuse against members of staff and volunteers</li> <li>• Appropriate whistle-blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.</li> </ul>
<b>6. Information Sharing, Communication and Confidentiality</b>	<ul style="list-style-type: none"> <li>• Arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information</li> </ul>

<b>7. Listening to Children and Young People</b>	<ul style="list-style-type: none"> <li>• A culture of listening to, and engaging in dialogue with, children – seeking children’s views in ways that are appropriate to their age and understanding, and taking account of those views in individual decisions and in the establishment or development of services</li> </ul>
<b>8. Child Sexual Exploitation</b>	<ul style="list-style-type: none"> <li>• Staff are able to recognise CSE warning signs and risk factors and are able to access the appropriate training, tools and guidance in order to make a referral</li> <li>• Policies for safeguarding and promoting the welfare of children and young people are compatible with the SSCB’s guidance relating to child sexual exploitation (CSE)</li> </ul>
<b>9. Staff Supervision</b>	<ul style="list-style-type: none"> <li>• Supervision and appraisal form a central part of the safeguarding agenda for the organisation.</li> <li>• Supervision agendas ensure staff can discuss concerns about cases and can access support to improve the outcomes for the child.</li> <li>• Appropriate actions from supervisions and appraisals are fed into team and service delivery plans.</li> <li>• Outcomes from supervision and appraisals are fed into training and development plans.</li> <li>• This is monitored and reviewed annually.</li> </ul>
<b>10. Quality Assurance and Outcome Measurement</b>	<ul style="list-style-type: none"> <li>• Internal and external audit programme which questions current practice, develops and ensures implementation of continuous improvement programme</li> <li>• Staff encouraged to challenge practice and suggest audit programmes</li> <li>• Multiagency audits are undertaken to improve interagency processes</li> <li>• Regular reporting internally and to use of various methods of assessing impact. E.g. use of performance data, surveys, interviews, focus group</li> </ul>

**1. LEADERSHIP AND ACCOUNTABILITY:**

Standard	Examples of Evidence	Score	Descriptors
1.1 There is a named strategic lead for safeguarding and/or senior management commitment	<ul style="list-style-type: none"> <li>• Role outlined in safeguarding policies and governance arrangements</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>• No Evidence Submitted / No named person within organisation</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• Named person but not widely known or advertised</li> <li>• Infrequent attendance at safeguarding forums.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
to the importance of safeguarding children	<ul style="list-style-type: none"> <li>• Attendance at SSCB if applicable or similar forums.</li> <li>• Promotion of role within and external to organisation on a regular basis.</li> <li>• Actively promoting a safeguarding culture.</li> <li>• Job description contains roles and responsibilities of designated person.</li> <li>• Has received training in safeguarding.</li> <li>• Training records.</li> <li>• Legally responsible person for safeguarding within the organisation</li> </ul>	<b>2</b>	<ul style="list-style-type: none"> <li>• Widely advertised named person who attends SSCB or similar forums to promote safeguarding</li> <li>• Job description states role and responsibilities ensures safeguarding policies and procedures are in place</li> <li>• Oversees compliance with Section 11</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>• Takes lead in organisation for safeguarding</li> <li>• Has undertaken training and a number of initiatives to champion a safeguarding culture</li> <li>• Attends and runs forums at which safeguarding practice is developed and improved</li> <li>• Provides support to the champions in achieving excellence in safeguarding.</li> <li>• This is monitored and reviewed as a part of regular meetings</li> </ul>
<b>1.2</b> The organisation is linked into the Local Safeguarding Children Board, including contributing to the work of the Board and sub-groups The representative(s) understand their role and how to communicate	<ul style="list-style-type: none"> <li>• Evidence of lines of communication</li> <li>• Job description includes the role and responsibilities linked to the SSCB</li> <li>• Minutes of the SSCB reflects the contributions made by the organisation</li> <li>• Minutes of the subgroups reflect the contributions made by the organisation.</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / No named person within organisation.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• There is evidence that has been submitted that illustrates that the organisation is linked to the SSCB</li> </ul>
<b>2</b>	<ul style="list-style-type: none"> <li>• There is evidence that has been submitted that illustrates that the organisation has lines of communication that links them to the SSCB ,</li> <li>• There is evidence that the representation on the SSCB understands their role</li> <li>• There is evidence that the representation communicates messages to and from the organisation and to and from the SSCB</li> </ul>		

Standard	Examples of Evidence	Score	Descriptors
messages from/to the organisation		3	<ul style="list-style-type: none"> <li>• There is evidence that has been submitted that illustrates that the organisation has lines of communication that links them to the SSCB</li> <li>• There is evidence that the representation on the SSCB understands their role</li> <li>• There is evidence that the representation communicates messages to and from the organisation and to and from the SSCB</li> <li>• There is evidence that the organisation contributes to the work of the Board and its subgroup</li> <li>• This is monitored and reviewed as part of regular meetings</li> </ul>
<b>1.3</b> There is a named or designated person(s) with a clearly defined role and responsibilities to champion safeguarding and child protection including: <ul style="list-style-type: none"> <li>- Maintaining a sound knowledge of legislation and guidance</li> <li>- Communicating to staff</li> </ul>	<ul style="list-style-type: none"> <li>• Named individuals and evidence of dissemination.</li> <li>• Inclusion in induction.</li> <li>• Inclusion in newsletter and other staff communications.</li> <li>• Named within Policy and Procedures</li> <li>• Identified within job description</li> </ul>		
		0	<ul style="list-style-type: none"> <li>• No evidence submitted / No named person within organisation</li> </ul>
		1	<ul style="list-style-type: none"> <li>• There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding.</li> </ul>
		2	<ul style="list-style-type: none"> <li>• There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding including: <ul style="list-style-type: none"> <li>&gt; Maintaining a sound knowledge of legislation and guidance</li> <li>&gt; Communicating to staff</li> <li>&gt; Holding managers to account</li> <li>&gt; Ensure effective working relationships are in place</li> <li>&gt; Responding to identified safeguarding training needs</li> </ul> </li> </ul>

Standard	Examples of Evidence	Score	Descriptors
<ul style="list-style-type: none"> <li>- Holding managers to account</li> <li>- Ensure effective working relationships are in place</li> <li>- Responding to identified safeguarding training needs</li> <li>- This person has sufficient time and support to carry out their responsibilities. An annual appraisal reviews the job role.</li> </ul>		<b>3</b>	<ul style="list-style-type: none"> <li>• There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding including:               <ul style="list-style-type: none"> <li>&gt; Maintaining a sound knowledge of legislation and guidance</li> <li>&gt; Communicating to staff</li> <li>&gt; Holding managers to account</li> <li>&gt; Ensure effective working relationships are in place</li> <li>&gt; Responding to identified safeguarding training needs</li> </ul> </li> <li>• There is evidence that sufficient time and support to carry out their responsibilities and an annual appraisal reviews the job role.</li> </ul>
<p><b>1.4</b> The organisation has a clear written accountability framework. All staff understand to whom they are accountable and what level of accountability they have.</p>	<ul style="list-style-type: none"> <li>• Evidence of statement.</li> <li>• Staff charts, team descriptions, accountability and individual supervision routes for staff.</li> <li>• Staff are aware of their safeguarding responsibilities and accountability.</li> <li>• Staff/ Volunteers supervision policies and procedures.</li> <li>• Safeguarding policies and procedures highlight lines of accountability</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / No framework in place/ Organisation does not develop service plans or does not include safeguarding items in them.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• High-level framework with senior manager responsibilities.</li> <li>• Service plans indirectly action safeguarding services.</li> <li>• Staff understand about safeguarding</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>• Full framework covering individual roles and hierarchy of supervision, available and accessible.</li> <li>• Policy and procedures are in place which highlight accountability framework</li> <li>• Service plans have dedicated section on safeguarding which specifies the delivery of services which will be undertaken to address this area.</li> <li>• Staff are aware of their responsibility in respect to safeguarding</li> </ul>
		<b>3</b>	

Standard	Examples of Evidence	Score	Descriptors
	<ul style="list-style-type: none"> <li>• Audits taken place to ensure systems in place are being adhered to.</li> <li>• Business/Service plans for own and contracted organisations have safeguarding incorporated.</li> <li>• Evidence of implementation.</li> <li>• Evidence of safeguarding as mandatory specific area of development.</li> <li>• Evidence of link to safeguarding.</li> </ul>	<b>3</b>	<ul style="list-style-type: none"> <li>• Statement of accountability of teams, senior management roles clearly defined in relation to safeguarding children when appropriate.</li> <li>• In areas where children are not direct clients nominated roles ensure safeguarding practices are in place and adhered to (e.g. adult services in which children may be present at client interactions).</li> <li>• The role of contractors in the organisation is clearly defined and managed through clear reporting lines.</li> <li>• Policy and procedures are in place which highlight accountability framework</li> <li>• Volunteers have clear management structures.</li> <li>• Audits have taken place to ensure accountability framework are being adhered to.</li> <li>• Each part of the organisation includes safeguarding in their service plan.</li> <li>• Internal and external sources shape the requirements including legislation, client and staff feedback.</li> <li>• Staff are aware of their responsibility of safeguarding and that of other members of the organisation.</li> </ul>
<p><b>1.5</b> There is a safer working practice for all contractors to the organisation who work with children and are delivering statutory services. Contracts require the organisation to achieve Safeguarding Standards, which are the same as those for Section 11</p>	<ul style="list-style-type: none"> <li>• Names and addresses of all commissioned services that are either section 11 compliant (or safeguarding checklist compliant depending upon the size of the agency).</li> <li>• Names and addresses are shared with the SSCB</li> <li>• Contracts stipulate that service has to be section 11 compliant.</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / or no services commissioned are section 11 compliant.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• Services that are contracted or commissioned are section 11 compliant and this is within their contracts.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>• Services that are contracted or commissioned are section 11 compliant and this is within their contracts and this is reviewed regularly to evidence compliance.</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>• Services that are contracted or commissioned are section 11 compliant and this is within their contracts and this is reviewed regularly to evidence compliance</li> <li>• Names and addresses of contracted agencies are shared with the SSCB</li> <li>• Evidence of audit of services are shared with the SSCB</li> </ul>		

## 2. POLICIES AND PROCEDURES

Standard	Examples of Evidence	Score	Descriptors
<b>2.1</b> The organisation has written policies, and where applicable a procedure, for safeguarding and protecting children that is accessible to all staff.	<ul style="list-style-type: none"> <li>Up to date safeguarding policy and procedure in place covering all areas of safeguarding relevant to the agency (for example; CSE, Radicalisation, Prevent, FGM, Forced Marriage and Honour Based Violence)</li> <li>Evidence of accreditation by a suitable Safeguarding Forum.</li> <li>Code of conduct for staff and volunteer</li> <li>Evidence that staff can easily access the policy and procedure</li> <li>Documented evidence of dissemination and availability</li> <li>Staff have been trained in the use of the policy and procedure.</li> <li>Induction handbook or e-learning programme</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No policy or procedure in place.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Policy in place but of low standard, not clear, out of date, in process or being written or having key sections missing.</li> <li>Disseminated and available but only to a small percentage of staff, many without ready availability (e.g. no immediate access to Intranet)</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>Policy in place but not entirely suitable</li> <li>Evidence of staff accessing policy and procedure</li> <li>Dissemination to all staff</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>Policy in place and SSCB approved</li> <li>Regular planned updates are programmed and the document owner (designated person or champion) ensures new legislation is incorporated.</li> <li>Evidence of staff accessing and adhering to the policy and procedure Staff have been trained in the use of the policy and procedure.</li> <li>Induction handbook or e-learning programme</li> <li>Disseminated to all staff with immediate and easy access.</li> <li>Regular reminders of updates circulated to all staff. Policy and procedures discussed at induction and at appraisals.</li> <li>Appropriate staff have been trained in the use of the policy and procedure.</li> </ul>
<b>2.2</b> These policies and procedures are in line with and make reference to the SSCB multi-agency Child Protection policies and procedures	<ul style="list-style-type: none"> <li>The policy and procedures makes reference to the SSCB policies and procedures</li> <li>The policy and procedures makes reference of how to access the SSCB policies and procedures (including links to the website)</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / no reference to the SSCB procedures</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Some reference to the SSCB procedures but it is not clear or out of date, or in the process of being written.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>Reference to the SSCB procedures which clearly identifies how to access them</li> <li>Some staff training on the process of referral regarding a child protection concern</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
	<ul style="list-style-type: none"> <li>Evidence that staff have attended SSCB training or undertaken the e-learning for child protection</li> <li>Procedure and guidance are readily available to all staff</li> </ul>	3	<ul style="list-style-type: none"> <li>Clear reference to the SSCB procedures with links to the policies and procedures so staff can easily access them</li> <li>Appropriate staff trained on the process of safeguarding children and what to do if they are concerned</li> <li>Up to date quick guides are readily available to all staff members</li> </ul>
<b>2.3</b> The policy and procedures are reviewed on a regular basis to maintain compliance with new national and local legislation and guidance, and service and personnel changes.	<ul style="list-style-type: none"> <li>Audit log with review dates for policy and procedures produced by the organisation.</li> <li>Process in place to update policy after organisational changes.</li> <li>Audits take place to ensure adherence to the procedure</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence is submitted / Policy has not been updated and no process in place to initiate updates</li> </ul>
		1	<ul style="list-style-type: none"> <li>Procedure in place to update policy, which has been activated since Working Together 2015</li> </ul>
		2	<ul style="list-style-type: none"> <li>Policy is owned by champion or designated person who ensures regular reviews as per update procedure.</li> <li>Policy update forms part of annual business service plan work.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Policy expiry date set to one year ensures it is updated on regular basis, and ad hoc updates enabled to comply with new legislation.</li> <li>Process in place to update policy when personnel or service changes.</li> <li>Audits are take place to ensure that policy and procedures are adhered to.</li> </ul>
<b>2.4</b> Your organisation/ service clearly communicates any changes to policy and procedures to all relevant staff and ensures they are	<ul style="list-style-type: none"> <li>Evidence of dissemination of changes to staff / volunteers (briefings, newsletter, team meeting minutes etc...)</li> <li>Audit of current practice</li> <li>Supervision notes evidence implementation of safeguarding procedures</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted or staff are not informed regarding changes to policies and procedures</li> </ul>
		1	<ul style="list-style-type: none"> <li>Some evidence of dissemination regarding some changes to staff</li> <li>No evidence of audit of practice in relation to policy and procedures</li> <li>No evidence of discussions within supervision</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence of dissemination regarding changes to all staff</li> <li>No evidence of audit of practice in relation to policy and procedure</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
implementing current practice		3	<ul style="list-style-type: none"> <li>Evidence of dissemination of changes to all staff</li> <li>Evidence of audit of practice to ensure that changes are being implemented into practice</li> <li>Evidence of discussions within supervision regarding changes in practice in relation to changes in policy/procedure</li> </ul>
2.5 There are clear procedures for recording and reporting concerns or suspicions of abuse of children which all staff are aware of. All have access to a copy of 'What to do if you are a worried a child is being abused' (DfES 2006)	<ul style="list-style-type: none"> <li>Staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004.</li> <li>Staff are familiar with <i>What to do if you are worried a child is being abused</i></li> <li>Staff are aware of how to act to safeguard and promote the welfare of a child in line with <i>What to do if you are worried a child is being abused</i>.</li> <li>Procedures of reporting and recording concerns or suspicions about a child.</li> <li>Safeguarding training, induction and renewable training programme.</li> <li>Risk analysis and record of concerns.</li> <li>Code of conduct.</li> <li>Supervision records.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / there are no procedures in place for recording and reporting concerns or suspicions of abuse</li> <li>Staff do not have access to 'What to do if you are a worried a child is being abused' or SSCB quick guide to child protection.</li> </ul>
		1	<ul style="list-style-type: none"> <li>There are procedures in place but they are not up to date</li> <li>Some staff have access to 'What to do if you are worried a child is being abused' or SSCB quick guide to child protection.</li> <li>Some staff receive safeguarding training.</li> </ul>
		2	<ul style="list-style-type: none"> <li>There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004.</li> <li>There is evidence that staff are familiar with <i>What to do if you are worried a child is being abused</i></li> <li>There is evidence that staff are aware of how to act to safeguard and promote the welfare of a child in line with <i>What to do if you are worried a child is being abused</i> through supervision notes and team briefings.</li> <li>Procedures of reporting and recording concerns or suspicions about a child are in place and up to date.</li> <li>There is evidence that appropriate staff have received safeguarding training, induction and renewable training programme.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
		3	<ul style="list-style-type: none"> <li>• There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004.</li> <li>• There is evidence that staff are familiar with <i>What to do if you are worried a child is being abused</i></li> <li>• There is evidence that staff are aware of how to act to safeguard and promote the welfare of a child in line with <i>What to do if you are worried a child is being abused</i> through supervision notes and team briefings.</li> <li>• Procedures of reporting and recording concerns or suspicions about a child are in place and up to date.</li> <li>• There is evidence that appropriate staff have received safeguarding training, induction and renewable training programme.</li> <li>• There is evidence of risk analysis and record of concerns.</li> <li>• There is a Code of conduct.</li> <li>• There is evidence supervision records</li> </ul>
<p><b>2.6</b> There is clear guidance on how to respond to a disclosure of abuse from children, which includes a confidentiality policy and procedure</p>	<ul style="list-style-type: none"> <li>• The safeguarding policy and procedures includes a section on what to do if a child discloses abuse.</li> <li>• The safeguarding policy clearly states that if a child discloses that they are being abused that this cannot be kept confidential</li> <li>• Confidentiality Policy in place</li> <li>• Staff aware of what to do if a child discloses</li> <li>• Staff aware of the Confidentiality policy</li> </ul>	<p>0</p> <p>1</p> <p>2</p>	<ul style="list-style-type: none"> <li>• No evidence submitted / no guidance on what to do if a child discloses abuse</li> <li>• No confidentiality policy (separate or integral to the safeguarding policy)</li> <li>• There is evidence of guidance regarding what to do if a child discloses they are being abused, however it is not clear</li> <li>• There is confidentiality policy in place but it is unclear</li> <li>• There is no evidence that staff are aware of either the guidance or the policy</li> <li>• There is evidence of clear guidance for staff which is up to date regarding what to do if a child discloses abuse.</li> <li>• There is a clear policy regarding confidentiality and when to share information</li> <li>• There is evidence that some staff are aware of both the guidance and the policy</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
		3	<ul style="list-style-type: none"> <li>• There is evidence of clear guidance for staff which is up to date regarding what to do if a child discloses abuse.</li> <li>• There is a clear policy regarding confidentiality and when to share information</li> <li>• There is evidence that all staff are aware of both the guidance and the policy</li> <li>• This is monitored and reviewed.</li> </ul>
<p><b>2.7</b> All staff working with children, parents or carers are aware of additional vulnerability of some children and the impact of issues such as substance misuse, mental health issues, domestic abuse and learning disabilities on parenting capacity and always give consideration to the needs of the children and where necessary ensure that these are assessed and appropriate referrals made or Common Processes instigated.</p>	<ul style="list-style-type: none"> <li>• The safeguarding policy and procedure signposts the additional vulnerability of some children.</li> <li>• Staff aware of SSCB policy and procedures and signposting where relevant in relation to , substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity</li> <li>• Staff have attended training in respect of the above issues</li> <li>• Staff are aware of the social care referral, assessment and Intervention process including Early Help</li> <li>• Staff have relevant training on the process and aware of how to refer to Early Help and social care</li> <li>• Staff have referred to Early Help and Social Care as appropriate</li> </ul>	<p>0</p> <p>1</p> <p>2</p>	<p>0</p> <ul style="list-style-type: none"> <li>• No evidence submitted or Staff are not aware of additional needs within the safeguarding policy and procedure and the impact of mental health, substance misuse, domestic violence and or learning disabilities have on parenting capacity.</li> <li>• No documentation to show that staff are unaware of how to refer to social care.</li> <li>• No documentation to show that staff are unaware of thereferral, assessment and Intervention process and Early Help</li> </ul> <p>1</p> <ul style="list-style-type: none"> <li>• Staff aware of children with additional needs through briefing, supervision etc... but this is not within the policy and procedure</li> <li>• Evidence that staff are aware of SSCB procedures in relation to , substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity</li> <li>• Documentation to illustrate that staff are aware of the referral, assessment and Intervention process and Early Help</li> <li>• Documentation to illustrate that staff know have to refer to Early Help and social care.</li> </ul> <p>2</p> <ul style="list-style-type: none"> <li>• Evidence that staff are aware of SSCB procedures in relation to additional vulnerability, , substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity</li> <li>• Documentation and evidence of training that staff are aware of additional vulnerabilities of children such as domestic abuse</li> <li>• Documentation and evidence of training that staff know have to refer to Early help and social care.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
		3	<ul style="list-style-type: none"> <li>Evidence that staff are aware of SSCB procedures in relation to additional vulnerability, , substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity</li> <li>Documentation and evidence of training that staff are aware of additional vulnerabilities of children such as domestic abuse</li> <li>Documentation and evidence of training that staff know have to refer to Early Help and social care.</li> <li>There is a framework of review in place to ensure that staff have received appropriate training regarding the issue of additional vulnerability and parenting capacity.</li> </ul>
<b>2.8</b> Relevant staff are aware of the importance of appropriate challenge in case conferences and reviews. Staff understand how to escalate concerns as appropriate, both internally to their own agency and externally to the Safeguarding Unit.	<ul style="list-style-type: none"> <li>Policy and procedure in place regarding the case conference process.</li> <li>Process in place regarding escalating concerns in relation to case conference</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted or no process in place.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Processes, policies and procedures in place but no evidence that staff are aware of it and no concerns have been escalated.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Process, policies and procedures in place and some staff are aware of it.</li> <li>Evidence in briefings that staff have been made aware of the process.</li> <li>Evidence of concerns being escalated from your agency.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Process, policies and procedures in place and some staff are aware of it.</li> <li>Evidence in briefings that staff have been made aware of the process.</li> <li>Evidence of concerns being escalated from your agency.</li> <li>Process has been monitored and evaluated.</li> </ul>
<b>2.9</b> Your organisation can demonstrate a commitment to	<ul style="list-style-type: none"> <li>Policies and procedures highlight issues of equality and diversity</li> <li>Equality and Diversity statement</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
equality and diversity within its policies and procedures. All staff understand the value of the equality and diversity policy in contributing to improved outcomes for ALL children including, for example, those with disabilities, who do not have English as a first language, who are Looked After or who are young carers.		1	<ul style="list-style-type: none"> <li>Evidence that the organisation is committed to equality and diversity within its policies and procedures.</li> <li>Evidence equality and diversity is discussed in training.</li> <li>Evidence that equality and diversity is a part of recruitment and induction process.</li> <li>Evidence that assessments undertaken illustrate that some staff understand the value of equality and diversity</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence that the organisation is committed to equality and diversity within its policies and procedures</li> <li>Evidence equality and diversity is discussed in training.</li> <li>Evidence that equality and diversity is a part of recruitment and induction process.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence that the organisation is committed to equality and diversity within its policies and procedures</li> <li>Evidence that supervision records illustrate that equality and diversity is understood by staff and reflected in practice</li> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.</li> <li>Evidence of strategies in place to tackle and discrimination towards staff and service users.</li> </ul>

### 3. RECRUITMENT AND SELECTION

Standard	Examples of Evidence	Score	Descriptors
3.1 The organisation has recruitment and selection procedures for all personnel,	<ul style="list-style-type: none"> <li>Recruitment policy and procedure.</li> <li>Evidence of implementation</li> <li>Issues of equality and diversity are integral to all training provided to staff</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No policy in place.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Policy dictates references are taken up and process in place including reference checking</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
including volunteers, which is in line with the SSCB's Safer Recruitment guidance and ensures that equality and diversity are part of the recruitment process	<ul style="list-style-type: none"> <li>Equality and diversity are issues discussed as part of supervision</li> <li>Equality and diversity is a part of the recruitment process</li> </ul>	2	<ul style="list-style-type: none"> <li>Process in place with audit and monitoring to ensure job commencement only takes place after references are accepted.</li> <li>Evidence equality and diversity is discussed in training.</li> <li>Evidence that equality and diversity is a part of recruitment and induction process.</li> </ul>
		3	<ul style="list-style-type: none"> <li>References are taken up, checked and recorded.</li> <li>An audit programme ensures job commencement only takes place after references are accepted. Anomalies are resolved.</li> <li>References are collected using a standard form to ensure complete information is collated.</li> <li>Equality and diversity are a part of recruitment and induction process and is monitored through training, practice and supervision</li> </ul>
<b>3.2</b> All staff have been assessed to determine if they are in regulated activity and the relevant checks have been made including enhanced or standard DBS checks. You should make reference to the statutory or non-statutory guidance applicable to your sector.	<ul style="list-style-type: none"> <li>Recruitment policy and procedure.</li> <li>DBS register against staff names.</li> <li>Does the policy ensure who needs what level of DBS check?</li> <li>DBS renewals on three year programme.</li> <li>QA reviews which verify procedures.</li> <li>Procedure for Foreign Nationals including contacting relevant embassy.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No DBS policy in place or applied inconsistently.</li> <li>Policy does not comply with current DBS legislation.</li> </ul>
		1	<ul style="list-style-type: none"> <li>DBS checks undertaken prior to employment.</li> <li>Poor record keeping of renewals/ resolution of anomalies.</li> </ul>
		2	<ul style="list-style-type: none"> <li>DBS policy updated to keep pace with current legislation.</li> <li>Register of DBS checks maintained and accessible for audit.</li> <li>Regular renewal process in place.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Advice sought from or audits undertaken by the Criminal Records Bureau to ensure excellence in this area.</li> <li>Actively ensure new roles and people moving across the organisation have DBS checks when appropriate.</li> <li>Register of roles and requirements for DBS checks. Policy in place for ensuring Foreign National clearance.</li> </ul>
		0	<ul style="list-style-type: none"> <li>No evidence submitted / no staff have attended the safer recruitment training</li> </ul>
<b>3.3</b> Employees involved in the recruitment of staff to	<ul style="list-style-type: none"> <li>Staff attended safer recruitment training.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / no staff have attended the safer recruitment training</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
work with children have received training as part of a 'safer recruitment' training programme.		1	<ul style="list-style-type: none"> <li>Some staff involved in recruitment have attended safer recruitment training.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training.</li> <li>Staff ensure that they undertaken the training every three years.</li> </ul>

#### 4. STAFF INDUCTION, TRAINING AND DEVELOPMENT

Standard	Examples of Evidence	Score	Descriptors
4.1 An induction process is in place for all staff and volunteers who have contact with children including: - Familiarisation with child protection policies	<ul style="list-style-type: none"> <li>Evidence of induction process with familiarisation of policy and procedures and implementation.</li> <li>Safer working guidance read and signed by all staff members.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No induction programme or no reference to safeguarding policies and procedures.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Induction programme with basic reference to policy and procedures and signposting.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Induction programme for all employees provides a basic introduction to safeguarding responsibilities.</li> <li>For appropriate staff additional induction programmes are delivered.</li> <li>Staff have read and signed the safer working practice policy</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
<p>- Basic child protection training that includes:</p> <ul style="list-style-type: none"> <li>- How to recognise signs of abuse and neglect</li> <li>- How to respond to any concerns</li> </ul>		<b>3</b>	<ul style="list-style-type: none"> <li>• Corporate induction programmes ensure all staff are aware of contact points for safeguarding concerns; signposted to become familiar with relevant policy and procedures.</li> <li>• Staff are checked for understanding of safeguarding as appropriate for their role.</li> <li>• Staff have read and signed the Safer Working practice policy</li> <li>• The process is monitored and reviewed.</li> </ul>
<p><b>4.2</b> Additional training (both single and multi agency) is available for staff working with children and young people appropriate to their role. This training meets the standards and objectives of the SSCB training requirement. Learning from Serious Case Reviews and good practice.</p>	<ul style="list-style-type: none"> <li>• Training programme available for all relevant staff</li> <li>• Attendance at SSCB multiagency foundation module safeguarding training for relevant staff.</li> <li>• Awareness of the SSCB training pathway for all staff</li> <li>• For all relevant staff an awareness of how to ask for a referral and support</li> <li>• Use of e-learning training</li> <li>• Record of staff training</li> <li>• Record of staff supervision regarding safeguarding.</li> <li>• Action plans developed by staff following training and analysis of these to measure the impact of training immediately and in the longer term</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / No training programme in place.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• Training programme in place, but not timely delivered to all appropriate staff.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>• Staff receive training that is relevant role, with refresher and additional safeguarding training as required.</li> <li>• Evidence of induction and training records.</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>• Training programme is integrated into service and personal development plans and exceeds basic requirements.</li> <li>• Staff are encouraged to identify additional training and a learning culture is present in the organisation.</li> <li>• Training programme is monitored and reviewed</li> <li>• Short and longer term impact of training is considered and analysed to inform future training and improve practice.</li> </ul>
		<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / Staff unaware of thresholds or Early Help and Referral process.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• Appropriate staff have received training in Early Help and referral processes.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>• All staff know in principle who to contact to raise a Early Help Assessment or referral.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
		3	<ul style="list-style-type: none"> <li>Staff are able to identify potential abuse, initiate, become lead professional and monitor</li> <li>Early Help processes and where appropriate referrals. Referrals and Early Help are monitored for outcomes, patterns and possible active action.</li> <li>Information is shared with other agencies.</li> </ul>
<p><b>4.4</b> Senior staff are kept up-to-date with changes in statutory requirements and new, evidence-based, ways of working informed by research. This includes lessons learned from Serious Case Reviews, audits and good practice</p>	<ul style="list-style-type: none"> <li>Briefings to senior managers</li> <li>Training for senior managers</li> <li>Development days for senior management regarding safeguarding</li> </ul>		
		0	<ul style="list-style-type: none"> <li>No evidence submitted / senior staff are not up to date with changes occurring safeguarding.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Evidence of briefings that senior staff are up to date with some changes which has resulted in change of working.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working.</li> <li>Evidence of senior staff undertaking SSCB training regarding safeguarding and new ways of working.</li> <li>Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working.</li> <li>Evidence of senior staff undertaking SSCB training regarding safeguarding and new ways of working.</li> <li>Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.</li> <li>Evidence that senior staff disseminate information regarding changes in statutory requirement and new evidence based ways of working.</li> <li>Evidence that ways of working have been implemented into practice as a result of changes.</li> </ul>
<p><b>4.5</b> All new policies, guidance and legislation regarding safeguarding children are incorporated into training and briefings.</p>	<ul style="list-style-type: none"> <li>Record of when training updated and new policies and procedures are included</li> <li>Record of when training updated and new guidance and legislation are included</li> </ul>		
		0	<ul style="list-style-type: none"> <li>No evidence submitted / or no record of when training updated.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Evidence of new policies, guidance and legislation are incorporated in the training, but there is no record of this.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence of new policies, guidance and legislation are incorporated in the training and this is recorded in the training.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
	<ul style="list-style-type: none"> <li>Record of when training updated and new guidance regarding safeguarding are included</li> </ul>	3	<ul style="list-style-type: none"> <li>Evidence of new policies, guidance and legislation are incorporated in the training and this is recorded in the training.</li> <li>This is monitored and reviewed.</li> </ul>
<b>4.6</b> Outcomes and findings from reviews and inspections are disseminated to appropriate staff and volunteers.	<ul style="list-style-type: none"> <li>Briefings held for staff regarding results of inspections</li> <li>Briefings held for staff regarding results of serious case reviews</li> <li>Staff newsletters sent to staff regarding recommendations regarding reviews and inspections</li> <li>Training to include lessons learnt from inspection and reviews.</li> <li>Recommendations are monitored and reviewed</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / outcomes and finds are not disseminated to appropriate staff</li> </ul>
		1	<ul style="list-style-type: none"> <li>Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence that staff have attended briefings regarding the findings of serious case reviews and inspections.</li> <li>Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections.</li> <li>Evidence that training includes lessons learnt from serious case review and inspections.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence that staff have attended briefings regarding the findings of serious case reviews and inspections.</li> <li>Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections.</li> <li>Evidence that training includes lessons learnt from serious case review and inspections</li> <li>Evidence that the lessons learnt from serious case review and inspections are embedded within practice.</li> </ul>
<b>4.7</b> Training managers ensure that any safeguarding training gaps identified in the appraisal process are filled.	<ul style="list-style-type: none"> <li>Training calendar / options</li> <li>Appraisal process in place</li> <li>Framework for sharing information</li> </ul>		<ul style="list-style-type: none"> <li>No evidence submitted / No appraisals in place</li> </ul>
			<ul style="list-style-type: none"> <li>Training calendar / options in place</li> <li>Appraisal in place but not linked to training.</li> </ul>
			<ul style="list-style-type: none"> <li>Evidence that the training offered to staff is linked to the appraisals</li> </ul>
			<ul style="list-style-type: none"> <li>Evidence that the training offered to staff is linked to the appraisals</li> <li>Training is reviewed annually in line with appraisal process.</li> </ul>

## 5. COMPLAINTS, ALLEGATIONS AND WHISTLE-BLOWING

Standard	Examples of Evidence	Score	Descriptors
<b>5.1</b> The organisation has effective policies and systems in place to manage concerns, complaints and allegation as well compliments from service users or professionals.	<ul style="list-style-type: none"> <li>Complaint and allegation policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner.</li> <li>Evidence of lessons from complaints and allegation being incorporated into service plans, policies and procedures.</li> <li>Complaint and allegation process is child and young person friendly.</li> <li>Evidence of link to and awareness of LADO notifications when allegation occurs.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No policy in place</li> </ul>
		1	<ul style="list-style-type: none"> <li>Policy in place but has not been widely disseminated to service users and professionals.</li> <li>Policy is not shown to work effectively and there is little evidence of complaints and allegation being logged and managed professionally.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Widely disseminated policy available to professionals and service users. Process demonstrated to work with compliant logs and outcomes.</li> <li>Liaison with local LADO when an allegation occurs.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Complaint policy forms wider part of participant inclusion in asking for positive and negative feedback.</li> <li>Outcomes and lessons are fed back into practice and Service Plans for improvement.</li> <li>Liaison with local LADO when an allegation occurs.</li> <li>Complaint and allegation procedures are child orientated and adapted to their needs and understanding</li> </ul>
<b>5.2</b> The organisation has effective policies and systems in place to enable whistle blowing on an organisational and individual level.	<ul style="list-style-type: none"> <li>Whistle blowing policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner.</li> <li>Evidence of lessons from whistle blowing being incorporated into Service Plans, Policies and Procedures.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No policy in place</li> </ul>
		1	<ul style="list-style-type: none"> <li>Policy in place but has not been widely disseminated to service users and professionals.</li> <li>Policy is not shown to work effectively and there is little evidence of whistle blowing being logged and managed professionally.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Widely disseminated policy available to professionals and service users. Process demonstrated to work with logs and recorded outcomes.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Policy forms wider part of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvement.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
<b>5.3</b> The Organisation has a named senior officer who is trained and responsible to handle allegations and complaints and ensuring the organisation follows these procedures effectively	<ul style="list-style-type: none"> <li>• Named senior manager and officer in place</li> <li>• Policy and procedures in place</li> <li>• Record of senior manager undergoing training in line with the SSCB training.</li> <li>• Evidence of implementation of policy and procedure (e.g. minutes, record of policy reviews and communications).</li> <li>• Record of outcomes.</li> <li>• QA reviews which monitor effectiveness of policies and processes.</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / no named senior manager or officer in place</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• Evidence of a named senior manager and officer in place.</li> <li>• Senior manager has undertaken training</li> <li>• Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>• Evidence of a named senior manager and officer in place</li> <li>• Policy and procedures in place</li> <li>• Senior manager has undertaken training and there is evidence that this has been put in to practice</li> <li>• Audit programme of complaint and allegation process in which the effectiveness is monitored.</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>• Evidence of a named senior manager and officer in place</li> <li>• Policy and procedures in place</li> <li>• Policy and procedures reviewed regularly</li> <li>• Staff briefed about the policy and procedure.</li> <li>• Senior manager has undertaken training and there is evidence that this has been put in to practice</li> <li>• Externally assessed audit programme in which the organisation ensures all parties to allegations are treated fairly and in line with policy and procedure.</li> </ul>
<b>5.4</b> All complaints and allegations of abuse are recorded, monitored and available for internal and external audit.	<ul style="list-style-type: none"> <li>• Evidence of implementation of policy and procedure (e.g. minutes, record of policy reviews and communications).</li> <li>• Registers of outcomes.</li> <li>• QA reviews which monitor effectiveness of policies and processes.</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / No or poor complaint policy/ procedure in place.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>• Audit programme of complaint and allegation process in which the effectiveness is monitored.</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>• Externally assessed audit programme in which the organisation ensures all parties to complaints and allegations are treated fairly and in line with policy and procedure.</li> <li>• Scrutiny panel acts as external verifier and moderator.</li> </ul>

## 6. INFORMATION SHARING, COMMUNICATION AND CONFIDENTIALITY

Standard	Examples of Evidence	Score	Descriptors
<b>6.1</b> All staff work to key principles for Information Sharing and understand its duty to share information, even without user consent, when there are child protection concerns: Guidance for practitioners and managers. <a href="https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice">https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice</a>	<ul style="list-style-type: none"> <li>• Access to Information sharing guidance</li> <li>• Staff briefings regarding information sharing</li> <li>• Staff aware of what to do when they have a concern about a child</li> <li>• Induction programme includes what to do if you have a concern about a child.</li> <li>• Policies and procedures and training regarding sharing information</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / staff are not working to the key principles for information sharing and staff are not aware of what to do if they have a concern about a child.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>• Guidance made accessible to practitioners and managers but no evidence that it is being followed</li> <li>• Record of induction programme undertaken which includes what to do if you are concerned about a child.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>• Evidence of staff briefings relating to the Guidance</li> <li>• Evidence of staff putting the guidance into practice in records</li> <li>• Record of induction programme completed which includes what to do if you are concerned about a child</li> <li>• Clear accessible policies regarding sharing information in relation to child protection concerns</li> <li>• Record of training / briefings undertaken regarding sharing information in relation to child protection concerns</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>• Record of induction programme completed which includes what to do if you are concerned about a child</li> <li>• Clear accessible policies regarding sharing information in relation to child protection concerns</li> <li>• Record of training / briefings undertaken regarding sharing information in relation to child protection concerns</li> <li>• Records are monitored and reviewed.</li> </ul>
<b>6.2</b> There is good communication between members of	<ul style="list-style-type: none"> <li>• ICT systems that allow sharing of information regarding children whom</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>• No evidence submitted / no communication between members of the organisation/ staff do not take part in multi-agency meetings / forums.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
<p>the Organisation about children for whom there are concerns and where relevant, a system for 'flagging' these children without breaching confidentiality</p>	<p>there are concerns in accordance with information governance policy</p> <ul style="list-style-type: none"> <li>• Records reflect good communication between members</li> <li>• ICT systems allow to flag children whom there is a concern.</li> <li>• Minutes for multi-agency meetings</li> <li>• Multi-agency plans</li> </ul>	<p><b>1</b></p>	<ul style="list-style-type: none"> <li>• Evidence that ICT systems allow members to share information regarding children whom there are concerns</li> <li>• Some files have minutes which illustrate that staff have participated in the multi-agency meeting</li> <li>• Some files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children</li> </ul>
		<p><b>2</b></p>	<ul style="list-style-type: none"> <li>• Evidence that ICT systems allow members to share information regarding children whom there are concerns</li> <li>• Evidence from records that information is shared successfully between members</li> <li>• Evidence that ICT systems allow children to be flagged for whom there is a concern.</li> <li>• Files have minutes which illustrate that staff have participated in the multi-agency meeting</li> <li>• Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children</li> </ul>
		<p><b>3</b></p>	<ul style="list-style-type: none"> <li>• Evidence that ICT systems allow members to share information regarding children whom there are concerns</li> <li>• Evidence from records that information is shared successfully between members</li> <li>• Evidence that ICT systems allow children to be flagged for whom there is a concern.</li> <li>• These systems are monitored and reviewed to improve practice.</li> <li>• Files have minutes which illustrate that staff have participated in the multi-agency meeting</li> <li>• Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children</li> <li>• Records are monitored and reviewed to ensure that minutes and plans are on files.</li> </ul>
<p><b>6.3</b> Relevant data is made available to SSCB for inclusion in their annual report.</p>	<ul style="list-style-type: none"> <li>• Agencies provide an annual report on safeguarding to the SSCB</li> <li>• Agencies provide relevant performance information to the SSCB</li> </ul>	<p><b>0</b></p>	<ul style="list-style-type: none"> <li>• No evidence submitted / No data supplied to the SSCB</li> </ul>
		<p><b>1</b></p>	<ul style="list-style-type: none"> <li>• Evidence of some performance information being presented to the SSCB</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
	<ul style="list-style-type: none"> <li>SSCB annual report</li> </ul>	2	<ul style="list-style-type: none"> <li>Evidence of regular performance information presented to the SSCB</li> <li>Evidence of annual reports presented to the SSCB</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence of regular performance information presented to the SSCB</li> <li>Evidence of annual reports presented to the SSCB</li> <li>SSCB annual report highlights performance information for your agency</li> </ul>
<b>6.4</b> Your organisation can ensure information on children and their family, which is of a personal and sensitive nature, is accurate, up to date and kept confidential when appropriate.	<ul style="list-style-type: none"> <li>Records are kept in a secure place</li> <li>Records are up to date</li> <li>Data is kept confidential if appropriate</li> <li>Training/ Policy and procedure on data security</li> </ul>		
		0	<ul style="list-style-type: none"> <li>No evidence submitted / Data and records are not kept up to date or securely/ policy or training on data security</li> </ul>
		1	<ul style="list-style-type: none"> <li>Evidence that some records are kept accurate up to date</li> <li>Evidence that some records are kept in a secure place</li> <li>Evidence that some information is not shared unless in line with procedure.</li> <li>Evidence that policy and training in place regarding the security of records, but staff are not aware of these</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence that records are kept accurate up to date</li> <li>Evidence that records are kept in a secure place</li> <li>Evidence that information is not shared unless in line with procedure</li> <li>Evidence that policy and training in place regarding the security of records, and staff are aware of these</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence that records are kept accurate and up to date</li> <li>Evidence that records are kept in a secure place</li> <li>Evidence that information is not shared unless in line with procedure.</li> <li>Evidence that systems in place to keep information are accurate and up to date and this is monitored and reviewed by supervision and audits.</li> <li>Evidence that policy and training in place regarding the security of records, and staff are aware of these</li> <li>Record of training completed and policies are reviewed regularly</li> </ul>

## 7. LISTENING TO CHILDREN AND YOUNG PEOPLE:

Standard	Examples of Evidence	Score	Descriptors
<b>7.1</b> Business/Service plans are informed by the views of children and families, including groups who are often excluded e.g. disabled / Looked After Children.	<ul style="list-style-type: none"> <li>Customer feedback processes, e.g. survey, forums, staff feedback.</li> <li>Business plans for own and contracted organisations have statements that reflect input from children and families</li> <li>Evidence of implementation.</li> <li>Trustee minutes of informed decisions.</li> <li>Evidence referenced in service plan.</li> <li>Assessments illustrate that staff understand the importance of equality and diversity</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No service plan or views of children and families not included.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Service plan has been developed indirectly from evidence base of children and families.</li> <li>No or little correlation between client wishes and service plan content.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Direct correlation between service plan contents and the evidence base from children and families.</li> <li>Reference to specific items in evidence base within service plan.</li> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity</li> </ul>
		3	<ul style="list-style-type: none"> <li>Service plans developed in sequence with evidence collection and interpretation.</li> <li>Programme of client feedback and information gathering timed to influence development of service plan.</li> <li>All areas of organisation include client informed decisions.</li> <li>Evidence of children and their families influencing the service plan development, verifying, prioritising and agreeing sign off together with the organisation and their partners.</li> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.</li> </ul>
<b>7.2</b> The service design and review process takes into account the views of young people and their families.	<ul style="list-style-type: none"> <li>Procedures in place to encourage this as an automatic process.</li> <li>Children's wishes and needs being reflected in service design/delivery</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No process to gather individual child views.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Process in place to gather wishes during client consultations which are then used in case decisions. Some evidence in case files of this process.</li> <li>Evidence that some information given to service users is in a format that they understand and this is documented in records</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
<p>Consideration is given to the way in which a service can be improved to ensure children's safety and welfare, and information provided is in a format and language that can be easily understood by all service users.</p>		2	<ul style="list-style-type: none"> <li>Child views are gathered and recorded early in contact process and at each appropriate point thereafter.</li> <li>Evidence of how these views influence case decisions is detailed.</li> <li>Evidence that information given to service users is in a format that they understand and this is documented in records</li> </ul>
		3	<ul style="list-style-type: none"> <li>Children and families are part of the "team".</li> <li>Their views are recorded throughout the case file and are encouraged through interactive sessions, tasks and activities around understanding their views. Processes are designed to take into account views and form an essential part of the daily interaction with clients.</li> <li>Evidence that information given to service users is in a format that they understand and this is documented in record</li> </ul>
<p><b>7.3</b> Children are made aware of their right to be safe from abuse. This is achieved through information made available for children, young people and parents about where to go for help in relation to maltreatment and abuse.</p>	<ul style="list-style-type: none"> <li>Websites, posters, prominent display, child guides. Individual case file management involving information given to specific children.</li> <li>Code of conduct.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / the organisation does not promote a safeguarding culture.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Basic promotion through posters and other mass communication means.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Processes ensure children are informed of the right to be safe at the first interaction and at other appropriate points. This is reinforced by prominent display of posters and leaflets.</li> </ul>
		3	<ul style="list-style-type: none"> <li>The organisation utilises a wide variety of communication methods ensuring vulnerable children and hard to reach groups also understand the right to be safe.</li> <li>The information is kept up to date, refreshed and modified to fit the client group.</li> <li>Constantly looking for ways to reach new audiences and keeping messages fresh and appealing.</li> </ul>
<p><b>7.4</b> Children are listened to, taken seriously and responded to</p>	<ul style="list-style-type: none"> <li>Evidence of a culture of listening to children's voices.</li> <li>EHA forms, referral forms, feedback, children and young people surveys,</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence of consultation on population or individual child basis.</li> <li>No evidence submitted</li> <li>No response process for children's voices.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
appropriately, including during individual case decision-making	<p>young person panels, forums, audits, case file comments, publicity material, individual responses.</p> <ul style="list-style-type: none"> <li>When a child is not able to provide their views because of age or ability, the case files record the views of other parties, but make judgements on the child's perspective and needs.</li> <li>Evidence in case file</li> </ul>	1	<ul style="list-style-type: none"> <li>Basic levels of opportunity for children to be listed to and some evidence of response to children's voices.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidenced opportunities for children's voices within case files and through other forums such as surveys. Policies in place to ensure children's voices are acted upon</li> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.</li> <li>Evidence that this is monitored and reviewed by audits.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.</li> <li>Evidence that this is monitored and reviewed by audits. Programmed child involvement, planned and co-ordinated.</li> <li>Each child contact provides and evidences an opportunity for the child to be listened and responded to.</li> <li>Regular child forums, opportunities for individual and population feedback</li> </ul>
		0	<ul style="list-style-type: none"> <li>No evidence submitted</li> <li>No evaluation undertaken.</li> <li>CandYP are not identified in evaluation processes as a separate client or potential contact group.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Basic or inconsistent evidence of child's perspective in outcome evaluation</li> </ul>
		2	<ul style="list-style-type: none"> <li>Policies ensure that outcomes are evaluated from the perspective of children and young people, in line with the organisation's legislative requirements.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Children and young people's perspectives are evidenced throughout the organisation.</li> <li>Outcome targets are developed, written and evaluated with the input from Children and young people's</li> </ul>
		7.5 As a minimum the organisation evaluates	<ul style="list-style-type: none"> <li>From referral/ initiation of a service to closure activities and outcomes are</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
outcomes from the perspective of the child or young person.	<ul style="list-style-type: none"> <li>evaluated from the perspective of the parents and children.</li> <li>Policy and procedures</li> <li>Pro-formas with outcome recording</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted</li> <li>No evaluation undertaken.</li> <li>CandYP are not identified in evaluation processes as a separate client or potential contact group.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Basic or inconsistent evidence of child's perspective in outcome evaluation</li> </ul>
		2	<ul style="list-style-type: none"> <li>Policies ensure that outcomes are evaluated from the perspective of children and young people, in line with the organisation's legislative requirements.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Children and young people's perspectives are evidenced throughout the organisation.</li> <li>Outcome targets are developed, written and evaluated with the input from Children and young people's</li> </ul>

## 8. CHILD SEXUAL EXPLOITATION

Standard	Examples of Evidence	Score	Descriptors
8.1 Policies, procedures and guidance are in place for safeguarding and promoting the welfare of children and young people relating to child sexual exploitation (CSE)	<ul style="list-style-type: none"> <li>Staff are aware of and using the DfE guidance on Safeguarding Children and Young People from Sexual Exploitation</li> <li>There is a dedicated lead person in each partner organisation with responsibility for implementing the guidance</li> </ul>		
		0	<ul style="list-style-type: none"> <li>No evidence submitted / No policy/procedure in place</li> </ul>
		1	<ul style="list-style-type: none"> <li>Basic local procedures are in place and guidance made accessible to some practitioners but no evidence of its use and impact</li> </ul>
		2	<ul style="list-style-type: none"> <li>Widely disseminated policy available to professionals and service users.</li> <li>Professionals are aware of DfE guidance with direct contact with children/young people at risk of CSE</li> <li>Professionals are aware of procedures for reporting safeguarding concerns specifically mention CSE.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
	<ul style="list-style-type: none"> <li>Specific local procedures are in place covering the sexual exploitation of children and young people</li> </ul>	3	<ul style="list-style-type: none"> <li>Widely disseminated policy available to professionals and service users.</li> <li>Professionals are aware of DfE guidance for staff with direct contact with children/young people at risk of CSE</li> <li>Professionals are aware of procedures for reporting safeguarding concerns specifically mention CSE</li> <li>There is a dedicated lead person with responsibility for implementing the guidance and procedures</li> <li>Organisation can demonstrate relevant work through awareness raising activities or therapeutic outreach, including appropriate literature to target vulnerable young people (e.g. missing young people) and people whose work places them in a position where they will notice and could report worrying behaviours</li> </ul>
<p>8.2 Staff are able to recognise CSE warning signs and risk factors and are able to access the appropriate training, tools and guidance in order to make a referral</p>	<ul style="list-style-type: none"> <li>Frontline practitioners are aware of the key indicators of children being sexually exploited</li> <li>Where CSE, or the risk of it, is suspected, local safeguarding procedures should be triggered, including referral to children's social care and the police</li> <li>Case file audits evaluate whether professionals know when/how to seek help and advice on CSE</li> <li>Timely and proportionate assessments to understand a child's needs and circumstances</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted/ No guidance and/or training available</li> </ul>
		1	<ul style="list-style-type: none"> <li>Training is in place but not widely available to professionals</li> <li>Guidance to recognise key indicators is available but not widely disseminated to professionals</li> </ul>
		2	<ul style="list-style-type: none"> <li>Guidance/policies available and staff are aware of it</li> <li>Staff are aware of local protocols; how to recognise when a child is at risk of CSE or is being exploited</li> <li>Staff understand the routes and organisational procedures for referral</li> <li>Professionals have a clear understanding of the Surrey CSE Operating Protocol</li> <li>Staff have access to specific CSE training</li> <li>Agencies and organisations are aware of the appropriate services to be provided to the child or young person</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
	<ul style="list-style-type: none"> <li>Resources are identified within the community to support children and young people identified as at risk of CSE that young people will actively engage with and benefit from the support offered</li> </ul>	<b>3</b>	<ul style="list-style-type: none"> <li>Guidance/policies; steps taken to ensure staff are aware of and working to policy/guidance on CSE, e.g. via quality assurance activity</li> <li>Staff are aware of local protocols; how to recognise when a child is at risk of CSE or is being exploited and understand the thresholds and timing for referral</li> <li>Staff understand the routes and organisational procedures for referral</li> <li>Staff know how to identify concerns about adults who may be perpetrators of sexual exploitation</li> <li>Professionals have a clear understanding of the Surrey CSE Operating Protocol</li> <li>Staff have access to specific CSE training</li> <li>Agencies and organisations are aware of the appropriate services to be provided to the child or young person and on how they will be co-ordinated</li> </ul>

## 9. STAFF SUPERVISION

Standard	Examples of Evidence	Score	Descriptors
9.1 The organisations staff supervision policy supports effective safeguarding.	The organisation has a policy that sets out the frequency that employees in contact with children receive supervision.		
		<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No supervision policy in place</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Supervision and appraisals occur at intervals, basic recording. No monitoring of processes.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>Regular supervision and appraisals. Monitoring of compliance.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors								
		3	<ul style="list-style-type: none"> <li>Supervision and appraisal form a central part of the safeguarding agenda for the organisation.</li> <li>Supervision agendas ensure staff can discuss concerns about cases and can access support to improve the outcomes for the child.</li> <li>Appropriate actions from supervisions and appraisals are fed into team and service delivery plans.</li> <li>Outcomes from supervision and appraisals are fed into training and development plans.</li> <li>This is monitored and reviewed annually.</li> </ul>								
<p><b>9.2</b> Staff working with children receive regular management supervision on an individual basis and can access further support when required.</p>	<ul style="list-style-type: none"> <li>Supervision and appraisal records.</li> <li>Supervision and appraisal policy and procedure.</li> <li>Audit of occurring: frequency and quality.</li> <li>Staff self report non compliance.</li> <li>Links from outcomes of supervision and appraisal into training and development plans.</li> <li>Continuous Learning and Development/ personal training and development plans.</li> <li>QA reviews.</li> </ul>		<table border="1"> <tr> <td data-bbox="976 576 1093 619">0</td> <td data-bbox="1093 576 2145 619"> <ul style="list-style-type: none"> <li>No evidence submitted / No policy in place.</li> </ul> </td> </tr> <tr> <td data-bbox="976 619 1093 767">1</td> <td data-bbox="1093 619 2145 767"> <ul style="list-style-type: none"> <li>Supervision policy in place but of low standard, not clear, out of date, in process or being written or having key sections missing</li> <li>Some evidence staff aware of it/using it</li> <li>Some evidence of dissemination to staff</li> </ul> </td> </tr> <tr> <td data-bbox="976 767 1093 884">2</td> <td data-bbox="1093 767 2145 884"> <ul style="list-style-type: none"> <li>Policy in place</li> <li>Evidence of staff accessing and using it</li> <li>Dissemination to all staff.</li> </ul> </td> </tr> <tr> <td data-bbox="976 884 1093 1043">3</td> <td data-bbox="1093 884 2145 1043"> <ul style="list-style-type: none"> <li>Policy in place</li> <li>Evidence of all staff accessing and using it on a regular basis</li> <li>Dissemination to all staff</li> <li>Regular planned review of the policy</li> </ul> </td> </tr> </table>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No policy in place.</li> </ul>	1	<ul style="list-style-type: none"> <li>Supervision policy in place but of low standard, not clear, out of date, in process or being written or having key sections missing</li> <li>Some evidence staff aware of it/using it</li> <li>Some evidence of dissemination to staff</li> </ul>	2	<ul style="list-style-type: none"> <li>Policy in place</li> <li>Evidence of staff accessing and using it</li> <li>Dissemination to all staff.</li> </ul>	3	<ul style="list-style-type: none"> <li>Policy in place</li> <li>Evidence of all staff accessing and using it on a regular basis</li> <li>Dissemination to all staff</li> <li>Regular planned review of the policy</li> </ul>
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2	<ul style="list-style-type: none"> <li>Policy in place</li> <li>Evidence of staff accessing and using it</li> <li>Dissemination to all staff.</li> </ul>										
3	<ul style="list-style-type: none"> <li>Policy in place</li> <li>Evidence of all staff accessing and using it on a regular basis</li> <li>Dissemination to all staff</li> <li>Regular planned review of the policy</li> </ul>										
<p><b>9.3</b> There is an annual appraisal process which includes a review of each member of staff's role and their skills,</p>	<ul style="list-style-type: none"> <li>Annual appraisals include skills, competencies and knowledge around safeguarding children.</li> </ul>		<table border="1"> <tr> <td data-bbox="976 1086 1093 1129">0</td> <td data-bbox="1093 1086 2145 1129"> <ul style="list-style-type: none"> <li>No evidence submitted / No appraisals in place.</li> </ul> </td> </tr> <tr> <td data-bbox="976 1129 1093 1203">1</td> <td data-bbox="1093 1129 2145 1203"> <ul style="list-style-type: none"> <li>Evidence of appraisals occur at regular intervals, basic recording. No monitoring of processes.</li> </ul> </td> </tr> <tr> <td data-bbox="976 1203 1093 1278">2</td> <td data-bbox="1093 1203 2145 1278"> <ul style="list-style-type: none"> <li>Evidence of appraisals occurs at regular intervals and there is evidence of monitoring of compliance in place.</li> </ul> </td> </tr> </table>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No appraisals in place.</li> </ul>	1	<ul style="list-style-type: none"> <li>Evidence of appraisals occur at regular intervals, basic recording. No monitoring of processes.</li> </ul>	2	<ul style="list-style-type: none"> <li>Evidence of appraisals occurs at regular intervals and there is evidence of monitoring of compliance in place.</li> </ul>		
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2	<ul style="list-style-type: none"> <li>Evidence of appraisals occurs at regular intervals and there is evidence of monitoring of compliance in place.</li> </ul>										

Standard	Examples of Evidence	Score	Descriptors
competencies and knowledge around safeguarding children		<b>3</b>	<ul style="list-style-type: none"> <li>Evidence of appraisal form is a central part of the safeguarding agenda for the organisation.</li> <li>Evidence of appropriate actions from appraisals are fed into team and service delivery plans.</li> <li>Evidence of outcomes from appraisals are fed into training and development plans.</li> </ul>

## 10. QUALITY ASSURANCE AND OUTCOME MEASUREMENT

Standard	Examples of Evidence	Score	Descriptors
<b>10.1</b> The organisation has in place robust information systems that enable them to monitor the quality of practice and the management of work with children and families to ensure their welfare is being effectively safeguarded and promoted.	<ul style="list-style-type: none"> <li>Information system/database to hold information securely and reporting tool to monitor performance</li> <li>Regular reporting internally and to external agencies if relevant</li> <li>Use of various methods of assessing impact. E.g. use of performance data, surveys, interviews, focus group</li> <li>Action plan monitoring</li> <li>Child is the central focus of outcome measurement</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No system in place</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>System in place but not kept up to date</li> <li>Some evidence of reporting but not on a regular basis</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>System in place and kept up to date</li> <li>Regular reporting internally and to external agencies</li> <li>Use of appropriate methods of assessing impact</li> <li>Reports disseminated to relevant people</li> <li>Evidence of use of report findings and monitoring action pla</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>System in place and kept up to date</li> <li>Regular reporting internally and to external agencies</li> <li>Use of appropriate methods of assessing impact</li> <li>Reports disseminated to relevant people</li> <li>Evidence of use of report findings and monitoring action plan</li> <li>Evidence of reflective analysis</li> <li>Evidence of performance/service improvement and sharing good practices</li> </ul>
<b>10.2</b> The organisation has in place a	<ul style="list-style-type: none"> <li>Evidence of audit programme and outputs.</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No audit programme in place.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
programme of internal audit and review that enables them to continuously improve the protection of children and young people from harm or neglect.	<ul style="list-style-type: none"> <li>• Self assessments.</li> <li>• External QA review processes.</li> <li>• Best value review audit.</li> <li>• Evidence of communication of findings.</li> <li>• Evidence of implementation of findings.</li> <li>• Evidence of Sharing findings</li> <li>• Child is the central focus of the review/assessment</li> </ul>	1	<ul style="list-style-type: none"> <li>• Ah-hoc audits undertaken, but usually as a result of poor performance or incidents.</li> </ul>
		2	<ul style="list-style-type: none"> <li>• Programme of audit undertaken designed to ensure policies and procedures are being adhered to.</li> </ul>
		3	<ul style="list-style-type: none"> <li>• Internal and external audit programme which questions current practice, develops and ensures implementation of continuous improvement programme.</li> <li>• Staff are encouraged to challenge practice and suggest audit programmes.</li> <li>• Multiagency audits are undertaken to improve interagency processes.</li> <li>• Mixture of methodologies used.</li> <li>• This is shared with the Performance Management Subgroup</li> </ul>
<b>10.3</b> All appropriate staff understand the need for accurate, clear and on-going case-work recording. Your agency has arrangements for auditing the quality of recording.	<ul style="list-style-type: none"> <li>• Audit of occurring: frequency and quality.</li> <li>• Staff self report non compliance.</li> <li>• Links from outcomes of supervision and appraisal into training and development plans.</li> <li>• Continuous Learning and Development/ personal training and development plans.</li> <li>• QA reviews.</li> </ul>	0	<ul style="list-style-type: none"> <li>• No evidence submitted</li> </ul>
		1	<ul style="list-style-type: none"> <li>• Basic recording. No monitoring of processes.</li> </ul>
		2	<ul style="list-style-type: none"> <li>• Regular monitoring of compliance.</li> </ul>