**S11 SELF-ASSESSMENT**

**TEMPLATE GUIDANCE - 2020**



1. **Background**
	1. Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving outcomes for children and young people. Section 11 (S11) of the Children Act 2004 places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.
	2. Working Together to Safeguard Children 2018 requires Safeguarding Children Partnerships (SCPs) to monitor and evaluate the effectiveness of what is done to safeguard and promote the welfare of children and advising organisations on ways to improve. All organisations will therefore be asked to complete a self-assessment and provide evidence of how they comply with S11 when carrying out their day-to-day business. This self-assessment will give an indication of how well organisations are working to keep children safe. The self-assessments will be repeated biennially, and agencies will be asked to develop action plans to address any areas identified as requiring improvement.
	3. It is important to remember that S11 does not give agencies any new functions, nor does it override their existing functions. Instead, it requires organisations to carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children.
	4. This guidance is intended to assist in completing the S11 self-assessment. This is an opportunity for each agency to demonstrate compliance with statutory guidance. It provides examples of evidence that may be relevant when considering minimum safeguarding arrangements. This document is designed not only to assist in completing the self-assessment template, but also to provide a multi-agency benchmark through the use of a common language. It is hoped that this will create a more consistent approach to considering safeguarding arrangements, at a strategic level, when addressing safeguarding expectations across Surrey.
2. **Who does S11 apply to?**
	1. In accordance with [Working Together to Safeguard Children 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf), S11 compliance is a mandatory requirement for the following key organisations:
* Local authorities and district councils that provide children’s and other types of services, including children’s and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services
* NHS organisations and the independent sector, including NHS England and Clinical Commissioning Groups, NHS Trusts, NHS Foundation Trusts and General Practitioners
* The police, including police and crime commissioners and the chief officer of police for the police area
* British Transport Police
* National Probation Service and Community Rehabilitation Companies
* Governors/Directors of Prisons and Young Offender Institutions (YOIs)
* Directors of Secure Training Centres (STCs)
* Principals of Secure Colleges
* Youth Offending Teams/Services (YOTs)
* Contracted services, including those provided by voluntary services
	1. Surrey Safeguarding Children Partnership may require other respective member organisations, not listed above, to also complete the S11 self-assessment. If the organisation’s core business is not explicitly and directly to work with children and young people however it will be necessary to consider how the organisation would respond should it come into contact with them, in order to make a judgement about the organisation’s systems, structures, ability and capacity to safeguard and promote their welfare. Examples may include how a worker employed by adult services responds to a distressed child when undertaking a home visit to the adult client, or what actions a probation worker might take when working with an offender if concerned about a child. These two examples may be useful to consider, not only about the action the worker might take, but also about whether the wider organisational structure and systems are in place to support any action, i.e. as reflected throughout the Standards.
	2. These issues, whilst they are likely to be part of the organisation’s statutory function under S11 of the Children Act 2004, will also apply to services the organisation commissions. The organisation will therefore need to consider whether the commissioning arrangements are sufficiently robust and address the need to safeguard and promote the welfare of children based upon these standards.
1. **Instructions**
	1. This guidance document should be read in conjunction with the S11 Self-assessment Template document. A word version of the self-assessment template has been sent to the organisation along with this guide but this version is for information only. There is an on-line version of the template and on the day that the self-assessment is launched the lead person that has been nominated for your organisation in advance, will be sent an email containing a link to the on-line version of the template and further guidance on how to access and complete the self-assessment.
	2. To complete the on-line SSCP S11 Self-assessment Template, the organisation will be asked to:
	3. Consider each standard and its associated list of “Examples of Evidence” and input organisation specific evidence for each standard
	4. Consider the ‘score descriptor’ for each standard listed in the template
	5. Self-assess the organisation’s services against the score descriptors and allocated a grade (0 – 3)
	6. Submit the completed tool with action plan (to address any issues identified) and evidence offered to support this assessment. Evidence should include a written description along with any related documents or links that can be uploaded into the template.
	7. When submitting evidence please ensure that any documents that are uploaded **do not contain any personal data or information** (e.g. names, addresses, DOB etc). If you have any concerns or queries about information that you are planning to upload as evidence then please direct them to the SSCP Partnership Engagement and Development Officer Maggie Pugh at margaret.pugh@surreycc.gov.uk
	8. Access to the on-line template will be closed on a given date and you will be notified of this date before the self-assessment starts. You will be given a “one week to go” warning prior to the system being closed.
	9. Following the submission of the self-assessment reports there will be a period of moderation where all reports will be reviewed by an independent panel. The organisation will need to ensure that the template “author” or a substitute is available to answer any queries that may arise during this moderation process.
2. **Standards : Safeguarding and promoting the welfare of children**
	1. Chapter 2 of ‘[Working Together to safeguard children 2018’](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf) 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.
	2. The standards described in “Working Together” correspond with the standards given on the self-assessment template. Examples are provided of appropriate evidence which may be submitted to validate any assessments made, for the organisation’s information.
	3. In addition to these S11 duties further safeguarding duties are also placed on specific individual organisations and agencies through other statutes. These additional safeguarding duties should also be considered when providing evidence against the S11 standards and these are clearly defined within Chapter 2 of Working Together to Safeguard children 2018.
	4. A new **Standard 11: Multi Agency Working** has been added to the template for the 2020 self-assessment. As described in Chapter 3 of Working Together to Safeguard Children 2018

*“Local organisations and agencies that work with children and families play a significant role when it comes to safeguarding children. To achieve the best possible outcomes, children and families should receive targeted services that meet their needs in a co-ordinated way. Fragmented provision of services creates inefficiencies and risks disengagement by children and their families from services such as GPs, education and wider voluntary and community specialist support. There is a shared responsibility between organisations and agencies to safeguard and promote the welfare of all children in a local area.”*

This additional standard aims to bring a stronger focus onto this element of our work.

**Examples of Evidence**

**STANDARD 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 to the importance of safeguarding children that is clearly set in the corresponding job descriptions. | * Role outlined in safeguarding policies and governance arrangements
* Attendance at SSCP if applicable or similar forums.
* Promotion of role within and external to organisation on a regular basis.
* Actively promoting a safeguarding culture.
* Job description contains roles and responsibilities of designated person.
* Has received training in safeguarding.
* Training records.
* Legally responsible person for safeguarding within the organisation
 |  |  |
| **0** | * No Evidence Submitted / No named person within organisation
 |
| **1** | * Named person but not widely known or advertised
* Infrequent attendance at safeguarding forums.
 |
| **2** | * Widely advertised named person who attends SSCP or similar forums to promote safeguarding
* Job description states role and responsibilities ensures safeguarding policies and procedures are in place
* Oversees compliance with S11
 |
| **3** | * Takes lead in organisation for safeguarding
* Has undertaken training and a number of initiatives to champion a safeguarding culture
* Attends and runs forums at which safeguarding practice is developed and improved
* Provides support to the champions in achieving excellence in safeguarding.
* This is monitored and reviewed as a part of regular meetings
 |
| **1.2** The organisation is linked into the Surrey Safeguarding Children Partnership, including contributing to the work of the Partnership, its sub-groups and work streamsThe representative(s) understand their role and how to communicate messages between the SSCP and their organisation | * Evidence of lines of communication
* Job description includes the role and responsibilities linked to the SSCP
* Minutes of the SSCP reflects the contributions made by the organisation
* Minutes of the subgroups reflect the contributions made by the organisation.
 |  |  |
| **0** | * No evidence submitted / No named person within organisation.
 |
| **1** | * There is evidence that has been submitted that illustrates that the organisation is linked to the SSCP
 |
| **2** | * + There is evidence that has been submitted that illustrates that the organisation has lines of communication that links them to the SSCP ,
	+ There is evidence that the representation on the SSCP understands their role
	+ There is evidence that the representation communicates messages to and from the organisation and to and from the SSCP
 |
| **3** | * There is evidence that has been submitted that illustrates that the organisation has lines of communication that links them to the SSCP
	+ - There is evidence that the representation on the SSCP understands their role
		- There is evidence that the representation communicates messages to and from the organisation and to and from the SSCP
		- There is evidence that the organisation contributes to the work of the partnership and its subgroups
		- This is monitored and reviewed as part of regular meetings
 |
| **1**.3 The organisation has a named or designated person(s) with a clearly defined role and responsibilities to champion safeguarding and child protection, which is clearly set out within their job description. Roles and responsibilities include:* Maintaining a sound knowledge of legislation and guidance
* Communicating to staff
* Holding managers to account
* Ensure effective working relationships are in place
* Responding to identified safeguarding training needs
* This person has sufficient time and support to carry out their responsibilities. An annual appraisal reviews the job role.
 | * Named individuals and evidence of dissemination.
* Inclusion in induction.
* Inclusion in newsletter and other staff communications.
* Named within Policy and Procedures
* Identified within job description
 |  |  |
| **0** | * No evidence submitted / No named person within organisation
 |
| **1** | * There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding.
 |
| **2** | * There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding including:
	+ Maintaining a sound knowledge of legislation and guidance
	+ Communicating to staff
	+ Holding managers to account
	+ Ensure effective working relationships are in place
	+ Responding to identified safeguarding training needs
 |
| **3** | * There is evidence that there is a named or designated person with clearly defined role and responsibilities to champion safeguarding including:
	+ Maintaining a sound knowledge of legislation and guidance
	+ Communicating to staff
	+ Holding managers to account
	+ Ensure effective working relationships are in place
	+ Responding to identified safeguarding training needs
* There is evidence that sufficient time and support to carry out their responsibilities and an annual appraisal reviews the job role.
 |
| **1.4** The organisation has a written accountability framework that shows clear lines of accountability throughout the organisation. All staff understand to whom they are accountable and what level of accountability they have. | * Evidence of statement.
* Staff charts, team descriptions, accountability and individual supervision routes for staff.
* Staff are aware of their safeguarding responsibilities and accountability.
* Staff/ Volunteers supervision policies and procedures.
* Safeguarding policies and procedures highlight lines of accountability
* Self-assessments taken place to ensure systems in place are being adhered to.
* Business/Service plans for own and contracted organisations have safeguarding incorporated.
* Evidence of implementation.
* Evidence of safeguarding as mandatory specific area of development.
* Evidence of link to safeguarding.
 |  |  |
| **0** | * No evidence submitted / No framework in place/ Organisation does not develop service plans or does not include safeguarding items in them.
 |
| **1** | * High-level framework with senior manager responsibilities.
* Service plans indirectly action safeguarding services.
* Staff understand about safeguarding
 |
| **2** | * Full framework covering individual roles and hierarchy of supervision, available and accessible.
* Policy and procedures are in place which highlight accountability framework
* Service plans have dedicated section on safeguarding which specifies the delivery of services which will be undertaken to address this area.
* Staff are aware of their responsibility in respect to safeguarding
 |
| **3** | * Statement of accountability of teams, senior management roles clearly defined in relation to safeguarding children when appropriate.
* 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).
* The role of contractors in the organisation is clearly defined and managed through clear reporting lines.
* Policy and procedures are in place which highlight accountability framework
* Volunteers have clear management structures.
* Self-assessments have taken place to ensure accountability framework are being adhered to.
* Each part of the organisation includes safeguarding in their service plan.
* Internal and external sources shape the requirements including legislation, client and staff feedback.
* Staff are aware of their responsibility of safeguarding and that of other members of the organisation.
 |
| **1.5** When the organisation is commissioning a service from another organisation, there are robust mechanisms in place to ensure that they are compliant with S11 requirements regarding safeguarding and promoting the welfare of children. | * Names and addresses of all commissioned services that are either S11 compliant (or safeguarding checklist compliant depending upon the size of the organisation).
* Names and addresses are shared with the SSCP
* Contracts stipulate that service has to be S11 compliant.
* Evidence that commissioned services are monitored to ensure compliance with S11 requirements
 |  |  |
| **0** | * No evidence submitted / or no services commissioned are S11 compliant.
 |
| **1** | * Services that are contracted or commissioned are required to be S11 compliant and this is within their contracts but this is not checked to ensure compliance
 |
| **2** | * Services that are contracted or commissioned are S11 compliant and this is written within the contracts and Service Level Agreements and is reviewed regularly to evidence compliance.
 |
| **3** | * Services that are contracted or commissioned are S11 compliant and this is within their contracts and this is reviewed regularly to evidence compliance
* Names and addresses of contracted organisations and agencies are recorded and shared with the SSCP
* Evidence of self-assessment of services is shared with the SSCP
 |

**STANDARD 2: POLICIES AND PROCEDURES**

| **Standard** | **Examples of Evidence** | **Score** | **Descriptors** |
| --- | --- | --- | --- |
| **2.1** The organisation has written policies, and where applicable a procedure, for safeguarding and protecting children. This is accessible to all staff. | * + Up to date safeguarding policy and procedure in place covering all areas of safeguarding relevant to the organisation (for example; CSE, Radicalisation, Prevent, FGM, Forced Marriage and Honour Based Violence)
	+ Evidence of accreditation by a suitable Safeguarding Forum.
	+ Code of conduct for staff and volunteer
	+ Evidence that staff can easily access the policy and procedure
* Documented evidence of dissemination and availability
* Staff have been trained in the use of the policy and procedure.
* Induction handbook or e-learning programme
 |  |  |
| **0** | * + - * No evidence submitted / No policy or procedure in place.
 |
| **1** | * + - * Policy in place but of low standard, not clear, out of date, in process or being written or having key sections missing.
	+ Disseminated and available but only to a small percentage of staff, many without ready availability (e.g. no immediate access to Intranet)
 |
| **2** | * + - * Policy in place but not entirely suitable
			* Evidence of staff accessing policy and procedure
			* Dissemination to all staff
 |
| **3** | * + - * Policy in place and SSCP approved
			* Regular planned updates are programmed and the document owner (designated person or champion) ensures new legislation is incorporated.
* Evidence of staff accessing and adhering to the policy and procedure Staff have been trained in the use of the policy and procedure.
* Induction handbook or e-learning programme
* Disseminated to all staff with immediate and easy access.
* Regular reminders of updates circulated to all staff. Policy and procedures discussed at induction and at appraisals.
* Appropriate staff have been trained in the use of the policy and procedure.
 |
| **2.2** The organisation’s policies and procedures are in line with and make reference to the SSCP Safeguarding Children procedures.  | * + The policy and procedures makes reference to the SSCP policies and procedures
	+ The policy and procedures makes reference of how to access the SSCP policies and procedures (including links to the website)
	+ Procedure and guidance are readily available to all staff
 |  |  |
| **0** | * + No evidence submitted / no reference to the SSCP procedures
 |
| **1** | * + Some reference to the SSCP procedures but it is not clear or out of date, or in the process of being written.
 |
| **2** | * + Reference to the SSCP procedures which clearly identifies how to access them
 |
| **3** | * + Clear reference to the SSCP procedures with links to the policies and procedures so staff can easily access them
	+ Up to date quick guides are readily available to all staff members
 |
| **2.3** The organisation’s 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. | * Self-assessment log with review dates for policy and procedures produced by the organisation.
* Process in place to update policy after organisational changes.
* Self-assessments take place to ensure adherence to the procedure
 |  |  |
| **0** | * No evidence is submitted / Policy has not been updated and no process in place to initiate updates
 |
| **1** | * Procedure in place to update policy, which has been activated since Working Together 2015
 |
| **2** | * Policy is owned by champion or designated person who ensures regular reviews as per update procedure.
* Policy update forms part of annual business service plan work.
 |
| **3** | * Policy expiry date set to one year ensures it is updated on regular basis, and ad hoc updates enabled to comply with new legislation.
* Process in place to update policy when personnel or service changes.
* Self-assessments are take place to ensure that policy and procedures are adhered to.
 |
| **2.4** The organisation/ service clearly communicates any changes to policy and procedures to all relevant staff and ensures they are implementing current practice  | * Evidence of dissemination of changes to staff / volunteers (briefings, newsletter, team meeting minutes etc…)
* Self-assessment of current practice
* Supervision notes evidence implementation of safeguarding procedures
 |  |  |
| **0** | * No evidence submitted or staff are not informed regarding changes to policies and procedures
 |
| **1** | * Some evidence of dissemination regarding some changes to staff
* No evidence of self-assessment of practice in relation to policy and procedures
* No evidence of discussions within supervision
 |
| **2** | * Evidence of dissemination regarding changes to all staff
* No evidence of self-assessment of practice in relation to policy and procedure
 |
| **3** | * Evidence of dissemination of changes to all staff
* Evidence of self-assessment of practice to ensure that changes are being implemented into practice
* Evidence of discussions within supervision regarding changes in practice in relation to changes in policy/procedure
 |
| **2.5** The organisation has 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’ (DfE 2015) | * Staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004.
* Staff are familiar with *What to do if you are worried a child is being abused*
* Staff are aware of how to act to safeguard and promote the welfare of a child in line with *What to do if you are worried a child is being abused.*
* Procedures of reporting and recording concerns or suspicions about a child.
* Safeguarding training, induction and renewable training programme.
* Risk analysis and record of concerns.
* Code of conduct.
* Supervision records.
 |  |  |
| **0** | * No evidence submitted / there are no procedures in place for recording and reporting concerns or suspicions of abuse
* Staff do not have access to ‘What to do if you are a worried a child is being abused’ or SSCP quick guide to child protection.
 |
| **1** | * There are procedures in place but they are not up to date
* Some staff have access to ‘What to do if you are worried a child is being abused’ or SSCP quick guide to child protection.
* Some staff receive safeguarding training.
 |
| **2** | * 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.
* There is evidence that staff are familiar with *What to do if you are worried a child is being abused*
* There is evidence that staff are aware of how to act to safeguard and promote the welfare of a child in line with *What to do if you are worried a child is being abused* through supervision notes and team briefings*.*
* Procedures of reporting and recording concerns or suspicions about a child are in place and up to date.
* There is evidence that appropriate staff have received safeguarding training, induction and renewable training programme.
 |
| **3** | * 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.
* There is evidence that staff are familiar with *What to do if you are worried a child is being abused*
* There is evidence that staff are aware of how to act to safeguard and promote the welfare of a child in line with *What to do if you are worried a child is being abused* through supervision notes and team briefings*.*
* Procedures of reporting and recording concerns or suspicions about a child are in place and up to date.
* There is evidence that appropriate staff have received safeguarding training, induction and renewable training programme which includes *What to do if you are worried a child is being abused*.
* There is evidence of risk analysis and record of concerns.
* There is a Code of conduct.
* There is evidence of supervision records
 |
| **2.6** The organisation has clear guidance on how to respond to a disclosure of abuse from children, which includes a confidentiality policy and procedure | * The safeguarding policy and procedures include a section on what to do if a child discloses abuse.
* The safeguarding policy clearly states that if a child discloses that they are being abused that this cannot be kept confidential
* Confidentiality Policy in place
* Staff aware of what to do if a child discloses
* Staff aware of the Confidentiality policy
 |  |  |
| **0** | * No evidence submitted / no guidance on what to do if a child discloses abuse
* No confidentiality policy (separate or integral to the safeguarding policy)
 |
| **1** | * There is evidence of guidance regarding what to do if a child discloses they are being abused, however it is not clear
* There is confidentiality policy in place but it is unclear
* There is no evidence that staff are aware of either the guidance or the policy
 |
| **2** | * There is evidence of clear guidance for staff which is up to date regarding what to do if a child discloses abuse.
* There is a clear policy regarding confidentiality and when to share information
* There is evidence that some staff are aware of both the guidance and the policy
 |
| **3** | * There is evidence of clear guidance for staff which is up to date regarding what to do if a child discloses abuse.
* There is a clear policy regarding confidentiality and when to share information
* There is evidence that all staff are aware of both the guidance and the policy
* This is monitored and reviewed.
 |
| **2.7** All staff working with children, parents or carers are aware of additional vulnerability of some children and the impact of issues such as neglect, 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 appropriate safeguarding processes instigated. | * The safeguarding policy and procedure signposts the additional vulnerability of some children.
* Staff aware of SSCP policy and procedures and signposting where relevant in relation to , neglect, substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity
* Staff have attended training in respect of the above issues
* Staff are aware of the social care referral, assessment and Intervention process including Early Help
* Staff have relevant training on the process and aware of how to refer to Early Help and social care
* Staff have referred to Early Help and Social Care as appropriate
 |  |  |
| **0** | * 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.
* No documentation to show that staff are unaware of how to refer to social care.
* No documentation to show that staff are unaware of the referral, assessment and Intervention process and Early Help
 |
| **1** | * Staff aware of children with additional needs through briefing, supervision etc… but this is not within the policy and procedure
* Evidence that staff are aware of SSCP procedures in relation to , neglect substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity
* Documentation to illustrate that staff are aware of the referral, assessment and Intervention process and Early Help
* Documentation to illustrate that staff know have to refer to Early Help and social care.
 |
| **2** | * Evidence that staff are aware of SSCP procedures in relation to additional vulnerability, neglect, substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity
* Documentation and evidence of training that staff are aware of additional vulnerabilities of children such as domestic abuse
* Documentation and evidence of training that staff know have to refer to Early help and social care.
 |
| **3** | * Evidence that staff are aware of SSCP procedures in relation to additional vulnerability, neglect, substance misuse, mental health issues, domestic abuse and learning disabilities and the effect this might have on parenting capacity
* Documentation and evidence of training that staff are aware of additional vulnerabilities of children such as domestic abuse
* Documentation and evidence of training that staff know have to refer to Early Help and social care.
* 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.
 |
| **2.8** 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 organisation and externally to the Surrey Safeguarding Children Partnership in line with the [SSCP Escalation Policy and procedure](https://surreyscb.procedures.org.uk/skyqox/complaints-and-disagreements/inter-agency-escalation-policy-and-procedure/#s4864) | * Policy and procedure in place regarding the case conference process.
* Process in place regarding escalating concerns in relation to case conference
 | **0** | * No evidence submitted or no process in place.
 |
| **1** | * Processes, policies and procedures in place but no evidence that staff are aware of it and no concerns have been escalated.
 |
| **2** | * Process, policies and procedures in place and some staff are aware of it.
* Evidence in briefings that staff have been made aware of the process.
* Evidence of concerns been escalated from the organisation.
 |
| **3** | * Process, policies and procedures in place and some staff are aware of it.
* Evidence in briefings that staff have been made aware of the process.
* Evidence of concerns being escalated from the organisation.
* Process has been monitored and evaluated.
 |
| **2.9** The organisation can demonstrate a commitment to 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. | * Policies and procedures highlight issues of equality and diversity
* Equality and Diversity statement and analysis
* Audit reports
* Survey reports
* Training materials
* Induction programme
 |  |  |
| **0** | * No evidence submitted
 |
| **1** | * Some evidence that the organisation is committed to equality and diversity within its policies and procedures.
* Evidence that equality and diversity is discussed in some training.
* Evidence that equality and diversity is a part of recruitment and induction process.
* Some evidence that assessments are undertaken with staff to check their understanding of the value of equality and diversity
 |
| **2** | * Evidence that the organisation is committed to equality and diversity within its policies and procedures
* Evidence that equality and diversity is being discussed in training.
* Evidence that equality and diversity is an integral part of recruitment and induction process.
 |
| **3** | * Evidence that the organisation is committed to equality and diversity within its policies and procedures
* Evidence that supervision records illustrate that equality and diversity is understood by staff and reflected in practice
* Evidence that assessments are undertaken and illustrate that staff understand the value of equality and diversity.
* Evidence of strategies in place to tackle discrimination towards staff and service users.
 |

**STANDARD 3: SAFER RECRUITMENT AND SELECTION**

| **Standard** | **Examples of Evidence** | **Score** | **Descriptors** |
| --- | --- | --- | --- |
| **3.1** The organisation has recruitment and selection procedures for all personnel, including volunteers, which is in line with the SSCP’s Safer Recruitment guidance and ensures that equality and diversity are part of the recruitment process | * Recruitment policy and procedure.
* Evidence of implementation
* Issues of equality and diversity are integral to all training provided to staff
* Equality and diversity are issues discussed as part of supervision
* Equality and diversity is a part of the recruitment process
 |  |  |
| **0** | * No evidence submitted / No policy in place.
 |
| **1** | * Policy dictates references are taken up and process in place including reference checking
 |
| **2** | * Process in place with self-assessment and monitoring to ensure job commencement only takes place after references are accepted.
* Evidence equality and diversity is discussed in training.
* Evidence that equality and diversity is a part of recruitment and induction process.
 |
| **3** | * References are taken up, checked and recorded.
* A self-assessment programme ensures job commencement only takes place after references are accepted. Anomalies are resolved.
* References are collected using a standard form to ensure complete information is collated.
* Equality and diversity are a part of recruitment and induction process and is monitored though training, practice and supervision
 |
| **3.2** 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. The organisation should make reference to the statutory or non-statutory guidance applicable to its sector. | * Recruitment policy and procedure.
* DBS register against staff names.
* Does the policy ensure who needs what level of DBS check?
* DBS renewals on three year programme.
* QA reviews which verify procedures.
* Procedure for Foreign Nationals including contacting relevant embassy.
 |  |  |
| **0** | * No evidence submitted / No DBS policy in place or applied inconsistently.
* Policy does not comply with current DBS legislation.
 |
| **1** | * DBS checks undertaken prior to employment.
* Poor record keeping of renewals/ resolution of anomalies.
 |
| **2** | * DBS policy updated to keep pace with current legislation.
* Register of DBS checks maintained and accessible for self-assessment.
* Regular renewal process in place.
 |
| **3** | * Advice sought from or self-assessments undertaken by the Criminal Records Bureau to ensure excellence in this area.
* Actively ensure new roles and people moving across the organisation have DBS checks when appropriate.
* Register of roles and requirements for DBS checks. Policy in place for ensuring Foreign National clearance.
 |
| **3.3** Employees involved in the recruitment of staff who will be working with children have received training as part of a ‘safer recruitment’ training programme. | * Staff attended safer recruitment training.
 |  |  |
| **0** | * No evidence submitted / no staff have attended the safer recruitment training
 |
| **1** | * Some staff involved in recruitment have attended safer recruitment training.
 |
| **2** | * Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training.
 |
| **3** | * Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training.
* Staff ensure that they undertake the training every three years.
 |
| **3.4** The organisation can demonstrate that agencies that have been commissioned to provide services to children on behalf of the organisation, have safer recruitment measures in place.(NEW 2020) | * Contracts or service level agreements have safer recruitment requirements built into them
* Staff delivering contracted services have attended safer recruitment training courses
* Training records are linked to performance reviews and compliance and understanding checked
 |  |  |
| **0** | * No evidence submitted / no staff have attended the safer recruitment training/no safer recruitment requirement within contracts or agreements
 |
| **1** | * Some staff involved in recruitment have attended safer recruitment training.
 |
| **2** | * Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training and this is a requirement within agreements
 |
| **3** | * Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training.
* Staff undertake refresher training every three years.
 |

**Standard 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 of the organisation’s and the SSCP’s safeguarding children policies and procedures- Basic child protection training that includes: - How to recognise signs of abuse and neglect- How to respond to any concerns | * Evidence of induction process with familiarisation of policy and procedures and implementation.
* Safer working guidance read and signed by all staff members.
 |  |  |
| **0** | * No evidence submitted / No induction programme or no reference to safeguarding policies and procedures.
 |
| **1** | * Induction programme with basic reference to policy and procedures and signposting.
 |
| **2** | * Induction programme for all employees provides a basic introduction to safeguarding responsibilities.
* For appropriate staff additional induction programmes are delivered.
* Staff have read and signed the safer working practice policy
 |
| **3** | * Corporate induction programmes ensure all staff are aware of contact points for safeguarding concerns; signposted to become familiar with relevant policy and procedures.
* A review is conducted to check staff understanding of safeguarding as appropriate for their role (e.g. Audit of Impact)
* The process is monitored and reviewed.
 |
| **4.2** Additional training (both single and multi-agency) is available for staff working with children which is appropriate to their role. This training meets the standards and objectives of the SSCP’s training requirement and includes learning from all types of practice reviews and the sharing of good practice. | * Training programme available for all relevant staff
* Attendance at SSCP multiagency foundation module safeguarding training for relevant staff.
* Awareness of the SSCP training pathway for all staff
* For all relevant staff an awareness of how to ask for a referral and support
* Use of e-learning training
* Record of staff training
* Record of staff supervision regarding safeguarding.
* Action plans developed by staff following training and analysis of these to measure the impact of training immediately and in the longer term
 |  |  |
| **0** | * No evidence submitted / No training programme in place.
 |
| **1** | * Training programme in place, but not timely delivered to all appropriate staff.
 |
| **2** | * Staff receive training that is relevant role, with refresher and additional safeguarding training as required.
* Evidence of induction and training records.
 |
| **3** | * Training programme is integrated into service and personal development plans and exceeds basic requirements.
* Staff are encouraged to identify additional training and a learning culture is present in the organisation.
* Training programme is monitored and reviewed
* Short and longer term impact of training is considered and analysed to inform future training and improve practice.
 |
| **4.3** Staff understand when and how to use the Request for Support to make a referral to Children’s Services or when instead to initiate an Early Help Assessment | * Training programme includes Early Help and Safeguarding where appropriate.
* For all other staff awareness of how to make a referral to statutory services or undertake an Early Help Assessment and support in achieving this
 |  |  |
| **0** | * No evidence submitted / Staff unaware of thresholds or Early Help and Referral process.
 |
| **1** | * Appropriate staff have received training in Early Help and referral processes.
 |
| **2** | * All staff know in principle who to contact to raise an Early Help Assessment or referral.
 |
| **3** | * Staff are able to identify potential abuse, initiate, become lead professional and monitor Early Help processes and where appropriate make referrals.
* Referrals and Early Help are monitored for outcomes, patterns and possible alternative action.
* Information is shared with other agencies.
 |
| **4.4** 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 all types of practice reviews, audits and good practice | * Briefings to senior managers
* Training for senior managers
* Development days for senior management regarding safeguarding
 |  |  |
| **0** | * No evidence submitted / senior staff are not up to date with changes occurring safeguarding.
 |
| **1** | * Evidence of briefings that senior staff are up to date with some changes which has resulted in change of working.
 |
| **2** | * Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working.
* Evidence of senior staff undertaking SSCP training regarding safeguarding and new ways of working.
* Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.
 |
| **3** | * Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working.
* Evidence of senior staff undertaking SSCP training regarding safeguarding and new ways of working.
* Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.
* Evidence that senior staff disseminate information regarding changes in statutory requirement and new evidence based ways of working.
* Evidence that ways of working have been implemented into practice as a result of changes.
 |
| **4.5** All new policies, guidance and legislation regarding safeguarding children are incorporated into training and briefings. | * Record of when training is updated to include new policies and procedures
* Training materials show reference to latest legislation and guidance
* Audit reports
 |  |  |
| **0** | * No evidence submitted / or no record of when training updated.
 |
| **1** | * Evidence of new policies, guidance and legislation are incorporated in the training, but there is no record of this.
 |
| **2** | * Evidence of new policies, guidance and legislation are incorporated in the training and this is recorded in the training.
 |
| **3** | * Evidence of new policies, guidance and legislation are incorporated in the training and this is recorded in the training.
* This is monitored and reviewed.
 |
| **4.6** Outcomes and findings from reviews and inspections are disseminated to appropriate staff and volunteers. | * Briefings held for staff regarding results of inspections
* Briefings held for staff regarding results of serious case reviews
* Staff newsletters sent to staff regarding recommendations regarding reviews and inspections
* Training to include lessons learnt from inspection and reviews.
* Recommendations are monitored and reviewed
 |  |  |
| **0** | * No evidence submitted / outcomes and finds are not disseminated to appropriate staff
 |
| **1** | * Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections.
 |
| **2** | * Evidence that staff have attended briefings regarding the findings of serious case reviews and inspections.
* Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections.
* Evidence that training includes lessons learnt from serious case review and inspections.
 |
| **3** | * Evidence that staff have attended briefings regarding the findings of serious case reviews and inspections.
* Evidence that staff newsletters are sent to staff on outcomes and findings of serious case reviews and inspections.
* Evidence that training includes lessons learnt from serious case review and inspections
* Evidence that the lessons learnt from serious case review and inspections are embedded within practice.
 |
| **4.7** Training managers ensure that any safeguarding training gaps identified in the appraisal process are filled. | * Training calendar / options
* Appraisal process in place
* Framework for sharing information
 |  |  |
|  | * No evidence submitted / No appraisals in place
 |
|  | * Training calendar / options in place
* Appraisal in place but not linked to training.
 |
|  | * Evidence that the training offered to staff is linked to the appraisals
 |
|  | * Evidence that the training offered to staff is linked to the appraisals
* Training is reviewed annually in line with appraisal process.
 |
| **4.8** The organisation can demonstrate that staff training is monitored and the impact of training on practice is measured.(NEW 2020) | * Staff training records
* Performance Review/Appraisal records show impact of training on performance
* Survey Reports
* Audit reports
* Supervision records
 |  |  |
|  | * No evidence submitted / Staff training is not monitored
 |
|  | * Training calendar in place and attendance monitored
* Appraisal in place but not linked to training.
 |
|  | * Evidence that the training offered to staff is linked to the appraisals
* Training is reviewed annually in line with appraisal process.
 |
|  | * Evidence that the training offered to staff is linked to appraisals and that the impact on skills and performance is reviewed and training needs are reviewed at least annually
 |
| **4.9** Staff understand the SSCP Effective Family Resilience (EFR) Windscreen / Indicators of Need and have been trained in the use of Early Help Assessment Tools. (NEW 2020) | * Staff training records / certificates of attendance
* Supervision records / appraisals
* Audit records
* Organisation utilises  the Surrey Effective Family Resilience / Levels of Need/  Early Help model / Team around the child approach to improve outcomes and this is monitored for effectiveness of improved outcomes
 |  |  |
|  | * No evidence submitted / Staff training is not monitored
 |
|  | * Training calendar / options in place
* Appraisal in place but not linked to training and/or supervision.
* Limited evidence of using the EFR tools by staff or awareness of staff in how to use these
 |
|  | * Evidence that the training offered to staff is linked to the appraisals
* Supervision is used to check understanding and further training needs
* Evidence that the organisation has used the EFR tools and there is general awareness on when and how to use these tools
 |
|  | * Evidence that the training offered to staff is linked to the appraisals
* Supervision checks level of understanding and application. Inappropriate use is challenged promptly, and training needs are regularly reviewed
* Evidence that the organisation has used the EFR tools effectively and there is good awareness across all staff on when and how to use these tools.
 |

**STANDARD 5: COMPLAINTS, ALLEGATIONS AND WHISTLEBLOWING**

| **Standard** | **Examples of Evidence** | **Score** | **Descriptors** |
| --- | --- | --- | --- |
| **5.1** The organisation has effective policies and systems in place to manage concerns, complaints and allegations as well compliments from service users or professionals. | * Complaint that has been managed in line with the with SSCP Managing allegations policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner.
* Evidence of lessons from complaints and allegation being incorporated into service plans, policies and procedures.
* Complaint and allegation process is child and young person friendly.
* Evidence of link to and awareness of LADO notifications when allegation occurs.
 |  |  |
| **0** | * No evidence submitted / No policy in place
 |
| **1** | * Policy in place but has not been widely disseminated to service users and professionals.
* Policy is not shown to work effectively and there is little evidence of complaints and allegation being logged and managed professionally.
 |
| **2** | * Widely disseminated policy available to professionals and service users. Process demonstrated to work with compliant logs and outcomes.
* Liaison with local LADO when an allegation occurs.
 |
| **3** | * Complaint policy forms wider part of participant inclusion in asking for positive and negative feedback.
* Outcomes and lessons are fed back into practice and Service Plans for improvement.
* Liaison with local LADO when an allegation occurs.
* Complaint and allegation procedures are child orientated and adapted to their needs and understanding
 |
| **5.2** The organisation has effective policies and systems in place to enable whistle blowing on an organisational and individual level.  | * Whistle blowing policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner.
* Evidence of lessons from whistle blowing being incorporated into Service Plans, Policies and Procedures.
 |  |  |
| **0** | * No evidence submitted / No policy in place
 |
| **1** | * Policy in place but has not been widely disseminated to service users and professionals.
* Policy is not shown to work effectively and there is little evidence of whistle blowing being logged and managed professionally.
 |
| **2** | * Widely disseminated policy available to professionals and service users. Process demonstrated to work with logs and recorded outcomes.
 |
| **3** | * Policy forms wider part of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvement.
 |
| **5.3** The Organisation has a named senior manager and deputy who are responsible for managing allegations against people that work or volunteer with children and are aware of the need to refer matters to the Local Authority Designated Officer (LADO) and follow SSCP procedures effectively. | * Named senior manager and officer in place
* Policy and procedures in place
* Record of senior manager undergoing training in line with the SSCP training.
* Evidence of implementation of policy and procedure (e.g. minutes, record of policy reviews and communications).
* Record of outcomes.
* QA reviews which monitor effectiveness of policies and processes.
 |  |  |
| **0** | * No evidence submitted / no named senior manager or officer in place
 |
| **1** | * Evidence of a named senior manager and officer in place.
* Senior manager has undertaken training
* Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process.
 |
| **2** | * Evidence of a named senior manager and officer in place
* Policy and procedures in place
* Senior manager has undertaken training and there is evidence that this has been put in to practice
* Self-assessment programme of complaint and allegation process in which the effectiveness is monitored.
 |
| **3** | * Evidence of a named senior manager and officer in place
* Policy and procedures in place
* Policy and procedures reviewed regularly
* Staff trained on the policy and procedure.
* Senior manager has undertaken training and there is evidence that this has been put in to practice
* Externally assessed self-assessment programme in which the organisation ensures all parties to allegations are treated fairly and in line with policy and procedure.
 |
| **5.4** All complaints and allegations of abuse are recorded, monitored and available for internal and external self-assessment. | * Evidence of implementation of policy and procedure (e.g. minutes, record of policy reviews and communications).
* Registers of outcomes.
* QA reviews which monitor effectiveness of policies and processes.
 |  |  |
| **0** | * No evidence submitted / No or poor complaint policy/ procedure in place.
 |
| **1** | * Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process.
 |
| **2** | * Self-assessment programme of complaint and allegation process in which the effectiveness is monitored.
 |
| **3** | * Externally assessed self-assessment programme in which the organisation ensures all parties to complaints and allegations are treated fairly and in line with policy and procedure.
* Scrutiny panel acts as external verifier and moderator.
 |

**STANDARD 6: Information Sharing, Communication and Confidentiality**

| **Standard** | **Examples of Evidence** | **Score**  | **Descriptors** |
| --- | --- | --- | --- |
| **6.1** All staff work to key principles for Information Sharing and understand their duty to share information, even without user consent, when there are child protection concerns: Guidance for practitioners and managers: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf> | * Access to Information sharing guidance
* Staff briefings regarding information sharing
* Staff aware of what to do when they have a concern about a child
* Induction programme includes what to do if you have a concern about a child.
* Policies and procedures and training regarding sharing information
 |  |  |
| **0** | * 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.
 |
| **1** | * Guidance made accessible to practitioners and managers but no evidence that it is being followed
* Record of induction programme undertaken which includes what to do if you are concerned about a child.
 |
| **2** | * Evidence of staff briefings relating to the Guidance
* Evidence of staff putting the guidance into practice in records
* Record of induction programme completed which includes what to do if you are concerned about a child
* Clear accessible policies regarding sharing information in relation to child protection concerns
* Record of training / briefings undertaken regarding sharing information in relation to child protection concerns
 |
| **3** | * Record of induction programme completed which includes what to do if you are concerned about a child
* Clear accessible policies regarding sharing information in relation to child protection concerns
* Record of training / briefings undertaken regarding sharing information in relation to child protection concerns
* Records are monitored and reviewed.
 |
| **6.2** There is good communication between members of the Organisation about children for whom there are concerns and where relevant, a system for ‘flagging’ these children without breaching confidentiality | * ICT systems that allow sharing of information regarding children whom there are concerns in accordance with information governance policy
* Records reflect good communication between members
* ICT systems allow to flag children whom there is a concern.
* Minutes for multi-agency meetings
* Multi-agency plans
 |  |  |
| **0** | * No evidence submitted / no communication between members of the organisation/ staff do not take part in multi-agency meetings / forums.
 |
| **1** | * Evidence that ICT systems allow members to share information regarding children whom there are concerns
* Some files have minutes which illustrate that staff have participated in the multi-agency meeting
* Some files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children
 |
| **2** | * Evidence that ICT systems allow members to share information regarding children whom there are concerns
* Evidence from records that information is shared successfully between members
* Evidence that ICT systems allow children to be flagged for whom there is a concern.
* Files have minutes which illustrate that staff have participated in the multi-agency meeting
* Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children
 |
| **3** | * Evidence that ICT systems allow members to share information regarding children whom there are concerns
* Evidence from records that information is shared successfully between members
* Evidence that ICT systems allow children to be flagged for whom there is a concern.
* These systems are monitored and reviewed to improve practice.
* Files have minutes which illustrate that staff have participated in the multi-agency meeting
* Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children
* Records are monitored and reviewed to ensure that minutes and plans are on files.
 |
| **6.3** When requested, relevant data and information is made available to the Surrey Safeguarding Children Partnership to help meet its statutory obligations such as: case reviews, annual reporting, multi-agency audits and other quality improvement work streams. | * Organisations provide an annual report on safeguarding to the SSCP
* Organisations provide relevant performance information to the SSCP on request (examples of reports submitted)
* SSCP annual report (where specific entries from the organisation have been included)
 |  |  |
| **0** | * No evidence submitted / Requests made but no data supplied to the SSCP
 |
| **1** | * Evidence of some performance information being presented to the SSCP when requested
 |
| **2** | * Evidence of regular performance information presented to the SSCP
* Evidence of annual reports presented to the SSCP
 |
| **3** | * Evidence of regular performance information presented to the SSCP
* Evidence of annual reports presented to the SSCP
* SSCP annual report highlights performance information from this organisation
 |
| **6.4** The 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. All data and information are held appropriately and securely in line with current government guidance. | * Records are kept in a secure place
* Records are up to date
* Data is kept confidential if appropriate
* Training/ Policy and procedure on data security
 |  |  |
| **0** | * No evidence submitted / Data and records are not kept up to date or securely/ policy or training on data security
 |
| **1** | * Evidence that some records are kept accurate up to date
* Evidence that some records are kept in a secure place
* Evidence that some information is not shared unless in line with procedure.
* Evidence that policy and training in place regarding the security of records, but staff are not aware of these
 |
| **2** | * Evidence that records are kept accurate up to date
* Evidence that records are kept in a secure place
* Evidence that information is not shared unless in line with procedure
* Evidence that policy and training in place regarding the security of records, and staff are aware of these
 |
| **3** | * Evidence that records are kept accurate and up to date
* Evidence that records are kept in a secure place
* Evidence that information is not shared unless in line with procedure.
* Evidence that systems in place to keep information are accurate and up to date and this is monitored and reviewed by supervision and self-assessments.
* Evidence that policy and training in place regarding the security of records, and staff are aware of these
* Record of training completed and policies are reviewed regularly
 |
| **6.5** Staff know where to seek advice on information sharing & have confidence in their professional judgement.(NEW 2020) | * Organisation policies and procedures
* Evidence of good information sharing
* Evidence of seeking consent to share information when this is required
* Supervision records
* Survey/Audit reports
 |  |  |
| **0** | * No evidence submitted / This is not monitored or known
 |
| **1** | * Evidence of communications with staff on information sharing and where to seek advice but practices and understanding are not monitored or reviewed in any way
 |
| **2** | * There is good evidence to show that information is being shared by staff in an appropriate way and in line with policies and procedures and that staff know when and how to seek consent to share personal information
 |
| **3** | * There is good evidence to show that information is being shared by staff in an appropriate way and in line with policies and procedures and this is being tracked and monitored via audits and appraisals.
 |

**STANDARD 7: LISTENING TO CHILDREN:**

| **Standard** | **Examples of Evidence** | **Score** | **Descriptors** |
| --- | --- | --- | --- |
| **7.1** Business/Service plans are informed by the views of children and families, including groups who are often excluded e.g. Children with disabilities, young carers & children looked after. | * Customer feedback processes, e.g. survey, forums, staff feedback.
* Business plans for own and contracted organisations have statements that reflect input from children and families
* Evidence of implementation.
* Trustee minutes of informed decisions.
* Evidence referenced in service plan.
* Assessments illustrate that staff understand the importance of equality and diversity
 |  |  |
| **0** | * No evidence submitted / No service plan or views of children and families not included.
 |
| **1** | * Service plan has been developed indirectly from evidence base of children and families.
* No or little correlation between client wishes and service plan content.
 |
| **2** | * Direct correlation between service plan contents and the evidence base from children and families.
* Reference to specific items in evidence base within service plan.
* Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity
 |
| **3** | * Service plans developed in sequence with evidence collection and interpretation.
* Programme of client feedback and information gathering timed to influence development of service plan.
* All areas of organisation include client informed decisions.
* Evidence of children and their families influencing the service plan development, verifying, prioritising and agreeing sign off together with the organisation and their partners.
* Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.
 |
| **7.2** The service design and review process takes into account the views of young people and their families.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. | Procedures in place to encourage this as an automatic process.* Children’s wishes and needs being reflected in service design/delivery
 |  |  |
| **0** | * No evidence submitted / No process to gather individual child views.
 |
| **1** | * Process in place to gather wishes during client consultations which are then used in case decisions. Some evidence in case files of this process.
* Evidence that some information given to service users is in a format that they understand and this is documented in records
 |
| **2** | * Child views are gathered and recorded early in contact process and at each appropriate point thereafter.
* Evidence of how these views influence case decisions is detailed.
* Evidence that information given to service users is in a format that they understand and this is documented in records
 |
| **3** | Children and families are part of the “team”. 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.* Evidence that information given to service users is in a format that they understand and this is documented in record
 |
| **7.3** 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. | * Websites, posters, prominent display, child guides. Individual case file management involving information given to specific children.
* Code of conduct.
 |  |  |
| **0** | * No evidence submitted / the organisation does not promote a safeguarding culture.
 |
| **1** | * Basic promotion through posters and other mass communication means.
 |
| **2** | * 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.
 |
| **3** | * The organisation utilises a wide variety of communication methods ensuring vulnerable children and hard to reach groups also understand the right to be safe.
* The information is kept up to date, refreshed and modified to fit the client group.
* Constantly looking for ways to reach new audiences and keeping messages fresh and appealing.
 |
| **7.4** Children are listened to, taken seriously and responded to appropriately, including during individual case decision-making  | * Evidence of a culture of listening to children’s voices.
* EHA forms, referral forms, feedback, children and young people surveys, young person panels, forums, self-assessments, case file comments, publicity material, individual responses.
* 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.
* Evidence in case file
 |  |  |
| **0** | * No evidence of consultation on population or individual child basis.
* No evidence submitted
* No response process for children’s voices.
 |
| **1** | * Basic levels of opportunity for children to be listed to and some evidence of response to children’s voices.
 |
| **2** | * 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
* Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.
* Evidence that this is monitored and reviewed by self-assessments.
 |
| **3** | * Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.
* Evidence that this is monitored and reviewed by self-assessments. Programmed child involvement, planned and co-ordinated.
* Each child contact provides and evidences an opportunity for the child to be listened and responded to.
* Regular child forums, opportunities for individual and population feedback
 |
| **7.5**  As a minimum the organisation evaluates outcomes from the perspective of the child or young person. | From referral/ initiation of a service to closure activities and outcomes are evaluated from the perspective of the parents and children.Policy and procedures* Pro-formas with outcome recording
 |  |  |
| **0** | * No evidence submitted
* No evaluation undertaken.
* Children are not identified in evaluation processes as a separate client or potential contact group.
 |
| **1** | * Basic or inconsistent evidence of child’s perspective in outcome evaluation
 |
| **2** | * Policies ensure that outcomes are evaluated from the perspective of children and young people, in line with the organisation’s legislative requirements.
 |
| **3** | Children and young people’s perspectives are evidenced throughout the organisation. Outcome targets are developed, written and evaluated with the input from Children and young people’s |

**STANDARD 8: Child Exploitation, missing and hidden crimes**

| **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 exploitation, missing and hidden crimes such as On-line Safety and Radicalisation | * Staff are aware of the [DfE guidance on Safeguarding Children and Young people from Child Exploitation](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591903/CSE_Guidance_Core_Document_13.02.2017.pdf) and complying with the SSCP policies and procedures on [Child Exploitation](https://surreyscb.procedures.org.uk/hkyqol/procedures-for-specific-circumstances/child-criminal-exploitation/#s4899), Missing and hidden crimes such as On-line Safety and Radicalisation
* There is a dedicated lead person in each partner organisation with responsibility for implementing the guidance
* Specific local procedures are in place covering the exploitation of children and young people
 |  |  |
| **0** | * No evidence submitted / No policy/procedure in place
 |
| **1** | * Basic local procedures are in place and guidance made accessible to some practitioners but no evidence of its use and impact
 |
| **2** | * Widely disseminated policy available to professionals and service users.
* Professionals are aware of DfE guidance with direct contact with children/young people at risk of child exploitation, missing and hidden crimes
* Professionals are aware of procedures for reporting safeguarding concerns related to child exploitation, missing and hidden crimes.
 |
| **3** | * Widely disseminated policy available to professionals and service users.
* Professionals are aware of DfE guidance for staff with direct contact with children/young people at child exploitation, missing and hidden crimes
* Professionals are aware of procedures for reporting safeguarding concerns specifically related to child exploitation, missing and hidden crimes
* There is a dedicated lead person with responsibility for implementing the guidance and procedures
* 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
 |
| 8.2 Staff are able to recognise warning signs and risk factors for child exploitation, missing and hidden crimes such as On-line Safety and Radicalisation and are able to access the appropriate training, tools and guidance in order to make a referral | * Frontline practitioners are aware of the key indicators of [children being exploited](https://surreyscb.procedures.org.uk/hkyqol/procedures-for-specific-circumstances/child-criminal-exploitation/#s4899) and radicalised
* Where there is evidence of exploitation or radicalisation, or the risk of it, local safeguarding procedures should be triggered, including referral to children’s social care and the police
* Case file self-assessments evaluate whether professionals know when/how to seek help and advice on child exploitation, [missing](https://surreyscb.procedures.org.uk/hkyqlt/procedures-for-specific-circumstances/children-missing-from-care-and-home-under-review/#s4778) and hidden crimes (such as [radicalisation](https://surreyscb.procedures.org.uk/hkyqtp/procedures-for-specific-circumstances/supporting-children-and-young-people-vulnerable-to-violent-extremism/), on-line safety)
* Timely and proportionate assessments to understand a child’s needs and circumstances
* Resources are identified within the community to support children and young people identified as at risk of child exploitation, missing and hidden crimes that young people will actively engage with and benefit from the support offered
 |  |  |
| **0** | * No evidence submitted/ No guidance and/or training available
 |
| **1** | * Training is in place but not widely available to professionals
* Guidance to recognise key indicators is available but not widely disseminated to professionals
 |
| **2** | * Guidance/polices available and staff are aware of it
* Staff are aware of local protocols; how to recognise when a child is at risk of CSE, missing, being exploited or radicalised
* Staff understand the routes and organisational procedures for referral
* Professionals have a clear understanding of the [Surrey CSE Operating Protocol](https://www.surreycc.gov.uk/people-and-community/families/support-and-advice/keeping-your-family-safe/child-sexual-exploitation)
* Staff have access to specific child exploitation training
* Agencies and organisations are aware of the appropriate services to be provided to the child or young person
 |
| **3** | * Guidance/polices; steps taken to ensure staff are aware of and working to policy/guidance on child exploitation, missing and hidden crimes, e.g. via quality assurance activity
* Staff are aware of local protocols; how to recognise when a child is at risk of CSE, missing or is being exploited and understand the thresholds and timing for referral
* Staff understand the routes and organisational procedures for referral
* Staff know how to identify concerns about adults who may be perpetrators of sexual exploitation
* Professionals have a clear understanding of the Surrey CSE Operating Protocol and Missing Protocol
* Staff have access to specific CSE training and any other training relevant to child exploitation, missing and hidden crimes
* 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
 |

**STANDARD 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. |  |  |
| **0** | * No evidence submitted / No supervision policy in place
 |
| **1** | * Supervision and appraisals occur at intervals, basic recording. No monitoring of processes.
 |
| **2** | * Regular supervision and appraisals. Monitoring of compliance.
 |
| **3** | * Supervision and appraisal form a central part of the safeguarding agenda for the organisation.
* Supervision agendas ensure staff can discuss concerns about cases and can access support to improve the outcomes for the child.
* Appropriate actions from supervisions and appraisals are fed into team and service delivery plans.
* Outcomes from supervision and appraisals are fed into training and development plans.
* This is monitored and reviewed annually.
 |
| **9.2** Staff working with children receive regular management supervision on an individual basis and can access further support when required. | * Supervision and appraisal records.
* Supervision and appraisal policy and procedure.
* Staff self report noncompliance.
* Links from outcomes of supervision and appraisal into training and development plans.
* Continuous Learning and Development/ personal training and development plans.
* QA reviews.
 |  |  |
| **0** | * + - * No evidence submitted / No policy in place.
 |
| **1** | * + - * Supervision policy in place but of low standard, not clear, out of date, in process or being written or having key sections missing
	+ Some evidence staff aware of it/using it
	+ Some evidence of dissemination to staff
 |
| **2** | * + - * Policy in place
			* Evidence of staff accessing and using it
			* Dissemination to all staff.
 |
| **3** | * Policy in place
* Evidence of all staff accessing and using it on a regular basis
* Dissemination to all staff
* Regular planned review of the policy
 |
| **9.3** There is an annual appraisal process which includes a review of each member of staff’s role and their skills, competencies and knowledge around safeguarding children | * Annual appraisals include skills, competencies and knowledge around safeguarding children.
 |  |  |
| **0** | * No evidence submitted / No appraisals in place.
 |
| **1** | * Evidence of appraisals occur at regular intervals, basic recording. No monitoring of processes.
 |
| **2** | * Evidence of appraisals occurs at regular intervals and there is evidence of monitoring of compliance in place.
 |
| **3** | * Evidence of appraisal form is a central part of the safeguarding agenda for the organisation.
* Evidence of appropriate actions from appraisals are fed into team and service delivery plans.
* Evidence of outcomes from appraisals are fed into training and development plans.
 |

**STANDARD 10: QUALITY ASSURANCE AND OUTCOME MEASUREMENT**

| **Standard** | **Examples of Evidence** | **Score** | **Descriptors** |
| --- | --- | --- | --- |
| **10.1** 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.  | * Information system/database to hold information securely and reporting tool to monitor performance
* Regular reporting internally and to external agencies if relevant
* Use of various methods of assessing impact. E.g. use of performance data, surveys, interviews, focus group, audit plan
* Action plan monitoring
* Child is the central focus of outcome measurement
 |  |  |
| **0** | * + - * No evidence submitted / No system in place
 |
| **1** | * + - * System in place but not kept up to date
	+ Some evidence of reporting but not on a regular basis
 |
| **2** | * + - * System in place and kept up to date
			* Regular reporting internally and to external agencies
			* Use of appropriate methods of assessing impact
			* Reports disseminated to relevant people
			* Evidence of use of report findings and monitoring action plans
 |
| **3** | * + - * System in place and kept up to date
			* Regular reporting internally and to external agencies
			* Use of appropriate methods of assessing impact
			* Reports disseminated to relevant people
			* Evidence of use of report findings and monitoring action plan
			* Evidence of reflective analysis
			* Evidence of performance/service improvement and sharing good practices
 |
| **10.2** The organisation has in place a programme of internal self-assessment and review that enables them to continuously improve the protection of children and young people from harm or neglect. | * Evidence of self-assessment programme and outputs.
* Self-assessments.
* External QA review processes.
* Best value review self-assessment.
* Evidence of communication of findings.
* Evidence of implementation of findings.
* Evidence of Sharing findings
* Child is the central focus of the review/assessment
 |  |  |
| **0** | * No evidence submitted / No self-assessment programme in place.
 |
| **1** | * Ah-hoc self-assessments undertaken, but usually as a result of poor performance or incidents.
 |
| **2** | * Programme of self-assessment undertaken designed to ensure policies and procedures are being adhered to.
 |
| **3** | * Internal and external self-assessment programme which questions current practice, develops and ensures implementation of continuous improvement programme.
* Staff are encouraged to challenge practice and suggest self-assessment programmes.
* Multiagency self-assessments are undertaken to improve interagency processes.
* Mixture of methodologies used.
* This is shared with the SSCP Learning from Practice Subgroup
 |
| **10.3** All appropriate staff understand the need for accurate, clear and on-going case-work recording. The organisation has arrangements for auditing the quality of recording. | * Audit reports
* Action plans and review of impact of changes made
* Staff self report non-compliance.
* Links from outcomes of supervision and appraisal into training and development plans.
* Continuous Learning and Development/ personal training and development plans.
* QA reviews.
 |  |  |
| **0** | * No evidence submitted
 |
| **1** | * Basic recording. No monitoring of processes.
 |
| **2** | * Regular monitoring of compliance.
 |
| **3** | * Regular monitoring of compliance as part of supervision and appraisal
* Supervision agendas ensure staff can discuss concerns about cases and can access support to improve the outcomes for the child.
* Evidence of QA reviews on case recording
 |

**STANDARD 11: MULTI AGENCY WORKING**

| **Standard** | **Examples of Evidence** | **Score** | **Descriptors** |
| --- | --- | --- | --- |
| **11.1** The organisation actively promotes multi agency working to improve outcomes and keeps children safe. | * SSCP safeguarding policies and procedures are promoted and utilised
* Multi-agency meetings arranged by the organisation ensure that all relevant organisations have been invited to participate
* Organisation utilises  the Surrey Effective Family Resilience / Levels of Need/  Early Help model / Team around the child approach to improve outcomes and these are monitored for effectiveness of improved outcomes
* Organisation is signed up to the SSCP Neglect Strategy
 |  |  |
| **0** | * + - * No evidence submitted / Limited or no involvement in multi-agency working
 |
| **1** | * + There is evidence of some multi-agency working but contributions and attendances at meetings are ad hoc and not consistent
 |
| **2** | * + - * A culture of multi agency working exists throughout the organisation and when participation or contributions are requested this is done in a consistent and timely way.
 |
| **3** | * + - * A culture of multi agency working exists throughout the organisation and there is good evidence of participation in a wide range of multi agency meetings and projects. There are good systems in place for monitoring participation and sharing the learning throughout the organisation.
 |
| **11.2** The organisation is fully committed to and participates in statutory multi-agency activities (i.e. related to Level 4 of the child’s journey) | * + - * SSCP safeguarding policies and procedures are promoted and utilised
			* A senior manager attends SSCP meetings, or sends a deputy, and actively prepares and participates in meetings.

Evidence of participation in the following, where relevant:* + - * Child Protection Strategy meetings,
			* Section 47 Enquires
			* Pre Birth Conferences,
			* Child Protection Conferences (ICPC and RCPC) and Core Groups
			* Serious Case Reviews
			* Local Safeguarding Practice Reviews
			* Child Death Reviews
 |  |  |
| 0 | No evidence submitted / Limited or no involvement in multi-agency working |
| 1 | There is evidence of some multi-agency working but contributions and attendances at meetings are ad hoc and not consistent |
| 2 | A culture of multi agency working exists throughout the organisation and when participation or contributions are required this is done in a consistent and timely way.  |
| 3 | A culture of multi agency working exists throughout the organisation and there is good evidence of participation in a wide range of multi agency meetings and projects. There are good systems in place for monitoring participation and sharing the learning throughout the organisation. The organisation is child centred and outcomes led. |
| **11.3** The organisation is fully committed to and participates in multi-agency activities in the early stages of the child’s journey (i.e. non statutory) | * SSCP safeguarding policies and procedures are promoted and utilised
* Meetings that the organisation has arranged and invited other agencies to attend
* Contributions to SSCP groups and sub groups

(such as; early help meetings, team around the family,neglect, learning from practice, child death overview panel, engagement and communications)* Contributions made to the SSCP Newsletters
* Involvement in SSCP ad hoc task and finish groups
* Attendance at SSCP conferences
* Attendance at multi agency training and briefings
* Provision of data and information for SSCP Annual Report, reviews and audits
* The Organisation participates  in multi-agency planning
 |  |  |
| 0 | No evidence submitted / Limited or no involvement in multi-agency working |
| 1 | There is evidence of some multi-agency working but contributions and attendances at meetings are ad hoc and not consistent |
| 2 | A culture of multi agency working exists throughout the organisation and when participation or contributions are requested this is done in a consistent and timely way.  |
| 3 | A culture of multi agency working exists throughout the organisation and there is good evidence of participation in a wide range of multi agency meetings and projects. There are good systems in place for monitoring participation and sharing the learning throughout the organisation. |

**Additional question related to COVID 19 for the S11 self-assessment 2020**

| **Question** | **Examples of Evidence** | **Score** | **Descriptors** |
| --- | --- | --- | --- |
| What impact has the COVID 19 lockdown had on the ability of the organisation to safeguard children in its care during this period? | * Risk registers
* Contingency plans
* Audit reports
* COVID 19 Performance reports
* Business continuity plans
 |  |  |
| **0** | * Impact has been significant and the organisation has been unable at times to safeguard children in its care. This has meant that some children have been “at risk” during this period
 |
| **1** | * Impact has been significant and safeguarding resources challenged but alternative arrangements have been introduced to ensure that children have been kept safe. There has been some risk to children during lockdown but these risks have been mitigated in some way.
 |
| **2** | * There has been some impact but risks to children have been identified and managed and services have been modified to accommodate this. There has been no additional risk to children as a result of COVID 19.
 |
| **3** | * Existing business continuity plans have enabled the organisation to continue to operate and keep children safe at all times. There have been no additional risks to the safety of children during this time. There has been little or no impact experienced due to COVID 19.
 |

**Appendix A: Providing Suitable Evidence – Sharing Examples of Good Practice**

It is important to remember that the examples of evidence listed in the guidance above are not prescriptive or exhaustive and additional sources of evidence, activities and material may also provide valuable and credible sources of evidence in order to demonstrate compliance. Below are some examples, submitted during the 2018 self-assessment, that were judged to be good during the moderation phase. You will see in all of these examples that documents and links to further information have been used as a way of strengthening the evidence submitted in the response section whilst avoiding the need for lengthy explanations of procedures and practices. Embedding documents to support your evidence is seen as good practice as long as the link between the documents and the evidence in the response is clear.

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| --- |
| **Question 1.1**There is a named strategic lead for safeguarding and/or senior management commitment to the importance of safeguarding children**Graded: 3** **Response** (Epsom and St Helier Hospital)The Chief Nurse is the Trust Executive Lead and has ultimate responsibility for Safeguarding. The Trust Lead Named Nurse, NamedMidwife and Named Doctor have direct access to the Executive Lead and have a monthly meeting. There is evidence of championingactivity and clearly identified lines, issued or notified to all staff via Safeguarding Children Policy. As well as in the Safeguarding Childrenannual declaration. The Terms of Reference for the Trust Safeguarding Children Committee (chaired by the Chief Nurse) – senior officersfrom directorates are represented on the committee. The Terms of Reference also reflect the responsibilities and duties required. Moreover, all staff job descriptions explicitly state staff responsibility towards children’s welfare. It is also outlined in training lesson plans and discussed at Induction, Levels 1,& 2 In-house Safeguarding Training. Safeguarding Supervision Policy & Safeguarding Children AuditProgramme are in place.**Files submitted to support response**1. Safeguarding children and adults Structure Chart.pdf
2. SGC eLearning report Jul Aug 18.docx
3. Child Protection SOP NEW.docx
4. Trust JD supplementary Information\_S11.doc
5. Safeguarding Children Annual Report 2017-18.pdf
6. Safeguarding Children Declaration 2018-19\_TEC (1) (1).pdf
7. Safeguarding Children Policy 05.01.18\_TEC 17.01.18 (6).pdf
 |

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| **Question 3.1**The organisation has recruitment and selection procedures for all personnel, 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.**Grade: 3****Response** (East Surrey CCG)East Surrey CCG joined the Central Sussex & East Surrey Commissioning Alliance (CSESCA) on 1/04/18 and their policies are in the process of being aligned with CSESCA policies; this work is ongoing, with some policies being covered across individual CCG websites:East Surrey CCG has a Recruitment and Selection policy, including a whistle blowing policy. Safeguarding policy outlines the requirementfor safe recruitment process, including process and management of allegations against staff and reflects the requirement of the SSCB. Staff receive training and information on the Issues of equality and diversity at induction and as part of the statutory and mandatory training requirements. Issues of equality and diversity are outlined in job descriptions and as part of the recruitment process.**Files submitted to support response**ESCCG - Safeguarding Adults Children and Young People Policy - Approved 4 May 2017 (2).pdfRecruitment and Selection Policy.pdfWhistleblowing Policy.pdfSafeguarding\_Supervision\_Policy\_v1\_0.pdfCCG Induction Level 1 Safeguarding Children\_ Adult Training (Oct 2018).pptx**Links**https://www.eastsurreyccg.nhs.uk/about-us/safeguarding-children-and-adults/http://www.guildfordandwaverleyccg.nhs.uk/page1.aspx?p=1&t=8 |

|  |
| --- |
| **Question 4.3**Staff understand when and how to make a referral to Children’s Services or when instead to initiate Early Help Assessment.**Graded: 3****Response** (Schools and Learning now known as Education, Lifelong Learning and Culture)All staff are provided with Early Help training as mandatory and those in frontline services act as Lead Professionals where appropriate.Education Teams work in close partnership with other agencies to establish services and interventions required following Early Helpreferrals EWS, A2E, STIPS, EP, SEND and other teams’ referrals, resources, assessments and plans establish Early Help pathways andinterventions for children and families. Area Case Review & Action Groups establish Early Help pathways and interventions for children and families. Staff have awareness of SSCB Levels of Need and senior managers have contributed to the recent consultation/review.**Files submitted to support response**1. Schools & Learning Staff Safeguarding Training Pathway Jan 2018.pdf
2. S&L Safeguarding & Child Protection Policy October 2018 Draft v1.docx
3. SW Generic Request for Involvement.docx
4. EWS initial assessment.docx
5. EWS School Attendance Action Plan and Agreement.docx
6. 1 STEPS Individual Support Plan.doc
7. MIQuestionsFlowChart.pdf
8. EWS School Attendance Action Plan and Agreement.docx
 |

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| --- |
| **Question 7.1**Business/Service plans are informed by the views of children and families, including groups who are often excluded e.g. disabled / LookedAfter Children.**Grade:3****Response** (Guildford Borough Council)Service plans reflect the views of Children and Families and groups who are often excluded.**Files submitted to support evidence**1. Play Strategy 2016-21 Action Plan Yr 3 (2).pdf
2. Playranger biannual consultation May 2018 (2).docx
3. Impact Report 2017.pdf
4. Copy of Summer feedback results - CYP (2).xls
5. Guildford BC Play Strategy Year 2 Low Res (2).pdf
6. Copy of FISH summer feedback 2018 CYPs answered feedback.xlsx
7. FISH Daily Diary 1.8.18 (2).doc
 |

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| --- |
| **Question 7.3**Children are made aware of their right to be safe from abuse. This is achieved through information made available, for children, youngpeople and parents about where to go for help in relation to maltreatment and abuse.**Graded: 3****Response (Family Support Team)**FSTs routinely highlight to children their rights, including the right to be safe. This is done through individual visits with the child in the home,school or other settings. Children are consulted about their wishes and feelings. Direct work with Domestic Abuse outreach services, CAHMS, and use of online tools such as KOOTH are promoted. Children are encouraged to be open and honest. Children are given contact details of support services. A range of tools including the Outcome Star are used to communicate effectively with vulnerable children dependent on their individual needs. Agency information is kept on a drive that can be accessed by the team and used for sign posting service users.Professionals from other agencies attend whole team meetings to share updates about their service e.g. young careers, edge of care andcommunity angels. The FSP in Guildford works collaboratively with the leisure and development team to deliver workshops to children oncommunity safety and safeguarding. The team identifies potentially vulnerable children to attend play schemes during school holidays.Group supervision meetings attend by co-ordinators allow them to discuss and review their direct work with children and explore how tobetter gather their views.**Files submitted to support response**EHA SH346.pdfMy-Star-User-Guide(2).pdfMy-Star-Chart(2).pdfMy-Star-JOC-Flash-Cards(2).pdfMy-Star-Area-Flash-Cards(2).pdf08. ALL ABOUT ME 7.3.docAlice 3 Houses 7.3.pdf |