



# **Surrey Safeguarding Children Board**

## **Section 11 Audit Report 2018**

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## 1. Introduction

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

Working Together to Safeguard Children 2018 states the following as Section 11 standards:

- A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- A senior board level lead with the required knowledge, skills and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's/agency's safeguarding arrangements
- A culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- Clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' Freedom to Speak Up Review and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed<sup>36</sup>
- Clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- Arrangements which set out clearly the processes for sharing information, with other practitioners and with safeguarding partners
- A designated practitioner (or, for health commissioning and health provider organisations/agencies, designated and named practitioners) for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively
- Safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- Appropriate supervision and support for staff, including undertaking safeguarding training
- Creating a culture of safety, equality and protection within the services they provide

In addition:

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

The Surrey Safeguarding Children Board (SSCB) assesses the effectiveness of local safeguarding arrangements in various ways, including Section 11 safeguarding self-assessments. The Section 11 Audit is carried out in a two-year cycle. Year 1 includes statutory partners (local authorities, district and borough councils, health services and police) and year 2 includes non-statutory partners (voluntary and third sector organisations, sports organisations and faith groups).

The partner agencies who participated in the 2018 section 11 audit were:

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

This report sets out the details of the Section 11 Audit carried out in 2018. It summarises and analyses agency responses by identifying strengths and areas for improvement.

## 2. SSCB S11 Audit Development

The audit has been developed this year in consultation with the SSCB Quality Assurance and Evaluation group. The format of the template was same as the one used for 2016 S11 audit. The questions cover all the standards outlined in Working Together to Safeguard Children 2018 and include new safeguarding standards questions and references to some recent priorities of the Surrey Safeguarding Children Board (SSCB), including Child Exploitation, Missing and Hidden Crime and Quality Assurance and Outcome Measurement. All returns were submitted via an on-line tool.

## 3. Methodology

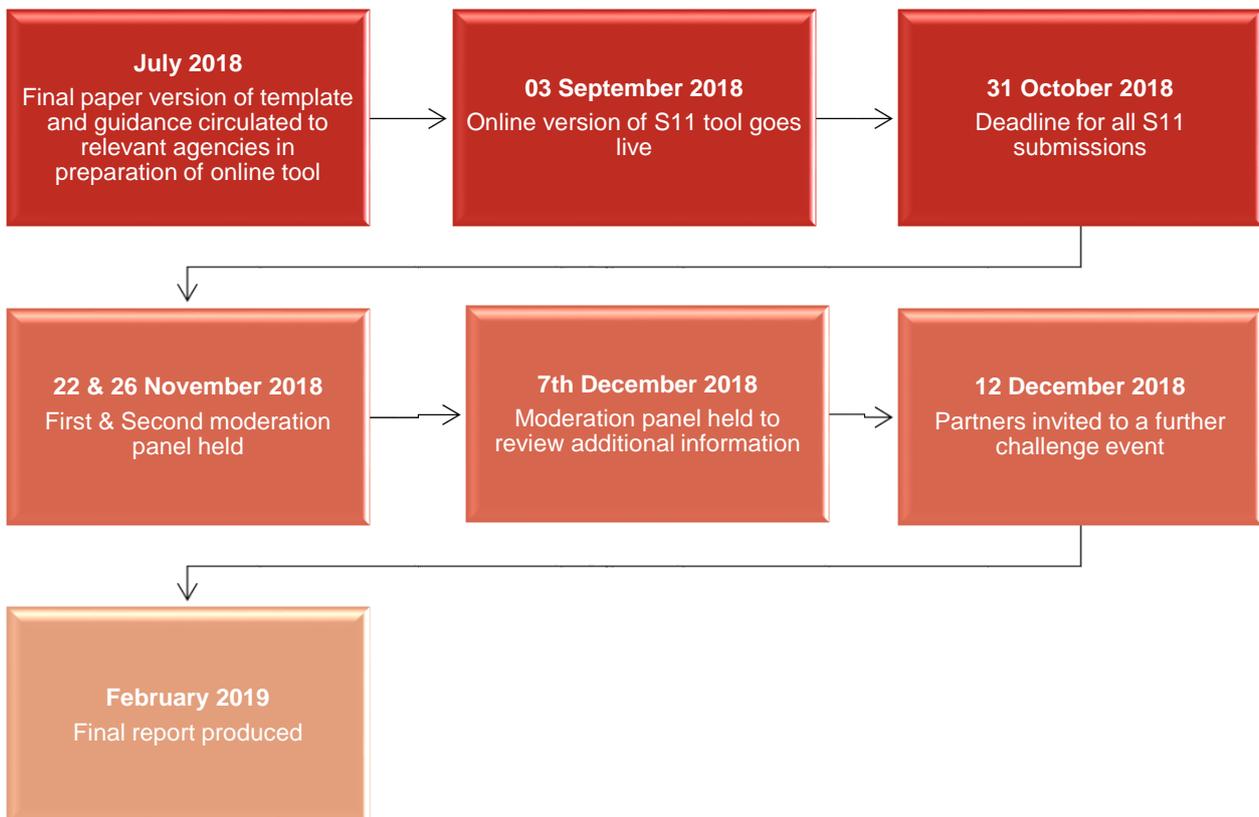
The assessment comprised of 10 sections. Participants were asked to rate themselves against 45 questions (Appendix 7). All agencies are asked to allocate a Red/Amber/Green/Blue grade to each question bases on the guidance provided. Please refer to Appendix 7 for full guidance.

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

After submissions were made, the SSCB multiagency Scrutiny Panel met and reviewed all Section 11 self-assessment. Based on their review, some agencies were asked to provide further evidence. The panel then reconvened to review the evidence received, at this point a number of agencies were invited to meet the panel to provide further clarification and discuss any issues raised by the return where necessary.

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

### 3.1 Audit timeline



### 3.2 Organisations assessed in Surrey

The following 37 partner agencies and organisations were requested to participate in the 2018/19 SSCB section 11 audit process. Frimley Park Hospital NHS Foundation Trust provided the S11 return they completed for Hampshire and British Transport Police also provided their own return.

Partner agencies have been grouped into four categories for the purpose of this report by the type of services they provide; boroughs and districts, health agencies, Surrey County Council services and Criminal Justice organisations. Therefore, the analysis and findings are presented in these four groups throughout the report.

Health Agencies	Surrey County Council Services	Boroughs and Districts	Criminal Justice Organisations
East Surrey CCG	Adult Services	Elmbridge Borough Council	Surrey Police
Guildford & Waverley CCG	Children's Services	Epsom and Ewell Borough Council	Office of Police and Crime Commissioner
North West Surrey CCG	Early Help and Prevention Services	Guildford Borough Council	National Probation Service
Surrey Downs CCG	Family Support Programme	Mole Valley District Council	Kent, Surrey and Sussex Community Rehabilitation Company
Surrey Heath CCG	Schools and Learning	Reigate and Banstead	HMP and YOI Bronzefield
North East Hampshire and Farnham CCG	Public Health	Runnymede Borough Council	
Ashford & St Peter's Hospitals NHS Foundation Trust	Public Health Commissioned Services	Spelthorne Borough Council	
Epsom & St Helier University Hospitals NHS Trust		Surrey Heath Borough Council	
Surrey & Sussex Healthcare NHS Trust		Tandridge Council	
The Royal Surrey County Hospital NHS		Waverley Borough Council	
Central Surrey Health			
First Community Health and Care			
CSH Surrey/Children and Family Health Surrey			
Surrey and Borders Partnership			
South East Coast Ambulance Service			

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

- Royal Surrey Hospital
- Surrey & Sussex Healthcare NHS Trust
- First community health

- Children's Services
- Surrey and Borders Partnership
- Public Health
- National Probation Service
- HMP & YOI Bronzefield

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

- Frimley Park Hospital
- Central Surrey Health /Children and Family Health Surrey

## 4. Summary Findings

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

The findings highlight the extent of some of the good work being carried out by our partners and identifies areas that need further focus. As part of the self-assessment, partners identified their own actions which will be carried out by their individual agency in order to sustain improvement work or to address some of the existing issues. Partner agencies are expected to update the SSCB Quality Assurance and Performance Group on the progress of the individual action plan.

Some of the common themes that emerged from findings were around how the voice of child is used in decision making and service delivery, safer recruitment and training, safeguarding training, Child Exploitation/Missing/Hidden Crimes and contracted and commissioned services.

This section discusses the generic findings as stated in the bullet points below based on the common themes, issues and actions that emerged from all self-assessments and during the scrutiny process. The detailed findings for individual agency are discussed in the section 5 (Analysis of Results)

- Accountability and Governance: All partners have a named strategic lead for safeguarding and/or senior management commitment to the importance of safeguarding children.
- Policies and Procedures: All partners ensure that staff are aware of policies and procedures (both their own and SSCB) to safeguard and promote welfare of children. Actions with timescales have been identified where policies and procedures require updating or further work required to ensure that policies and procedures are cascaded to the relevant staff.
- Information sharing: Agencies provided assurance that they understand the importance of information sharing and relevant systems are in place to share information confidentially. However, there are complexity in identifying and flagging up safeguarding issues due to the fact that IT systems for various agencies do not talk to each other. For example, separate IT systems between different departments within an acute trust make it difficult to flag vulnerable children.

- Safer Recruitment, Induction, and Training: This has been identified as a key issue in 2016 Section 11 return and improvements have been made by agencies since then. However, further work is required to ensure all staff involved in delivering direct or indirect services to children went through appropriate checks and have up to date safeguarding training relevant to them. Record keeping around safeguarding training also need to be improved across the board. 22 agencies identified various actions in order to make further improvement in these areas.
- Safer working practices for contracted and commissioned services: The evidence received in returns do not provide enough assurance that all contracts for contracted or commissioned services require the compliance with S11 standards. All partners need to make sure that there is a safer working practice for all contractors to the organisation who work with children and are delivering statutory services. Contracts require the organisation to achieve Safeguarding Standards, which are the same as those for Section 11.
- Safeguarding Supervision: Staff supervision and appraisals are in place but further work is required to ensure that actions from supervision and appraisals are fed into team and service delivery plans and training and development plans. 10 agencies have identified various actions in order to improve practices around safeguarding supervisions.
- Escalation process: Lack of evidence on the use of escalation process in the returns suggest that there is a requirement by organisations to ensure regular recording of escalation and outcome as well as audit on how the process is currently being used.
- Views and experience of children and families: All agencies understand the importance of capturing views of children and families and detailed examples and evidence were presented how this is done using different and innovative methods. However, it is not clear from the returns how the views and experience of children and families inform decision making and service delivery.
- Child exploitations, Missing and Hidden Crimes: Returns include good evidence and examples of the work for safeguarding and promoting the welfare of children relating to child sexual exploitation (CSE). However, lack of information and evidence from partners on other child exploitations, missing and hidden crimes suggest that more work needs to be done to ensure that organisations and relevant staff are equipped to identify and safeguard children from any form of child exploitations.
- Review and restructure of Surrey County Council Services: It has been acknowledged in returns that the on-going review of Surrey County Council services will have impact on future safeguarding arrangements and therefore policies, procedures, guidance, training requirement as well as actions need to be reviewed following this review. Levels of New Levels of Need documents, referral pathway, and managing allegation liaison protocols specifically mentioned.
- Boroughs and District returns: Due to the varied and inconsistent returns received from boroughs and district, the SSCB needs to work with boroughs and district to address any issues, develop common understanding of how Section 11 standards apply to them and share good examples of S11 submission.
- Links between Adults and Children's services: The return from Adults services clearly highlights the requirement of further on-going work between SSCB and SSAB to establish clear links between adult and children services in relevant areas to work together to safeguard children and vulnerable adults.

## 5. Analysis of Results

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

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

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

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

In total, participants rated themselves against 45 questions (Appendix 7 for details).

The overall self-assessment scores under each standard are presented in graphs in this section. Narrative on summary findings are also included. The detailed breakdown of scores for all 45 questions can be found in the Appendix section.

### 5.1 Health Agencies

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

#### 5.1.1 Clinical commissioning groups

Figure 1 presents total scores under each standard from self-assessments for five clinical commissioning groups (CCG's). Appendix 1 contains score breakdown of all 45 questions. The CCG's returns were amongst the most well summarised and well evidenced returns. They scored very highly under each standard which was back up by detailed evidence. Actions were identified where necessary. This is consistent with the returns by CCGs in 2016.

Surrey Heath CCG was asked to re-submit the return as the initial submission did not contain required details and evidence. The Section 11 panel reviewed the revised content and evidence from the new return and was satisfied with the information received.

Figure 1: Clinical Commissioning Groups scores for each standard



Source: Section 11 Self-Assessment 2018

The full action plan can be found in the Appendix 1. The main actions identified by the CCG's in their return are as follows:

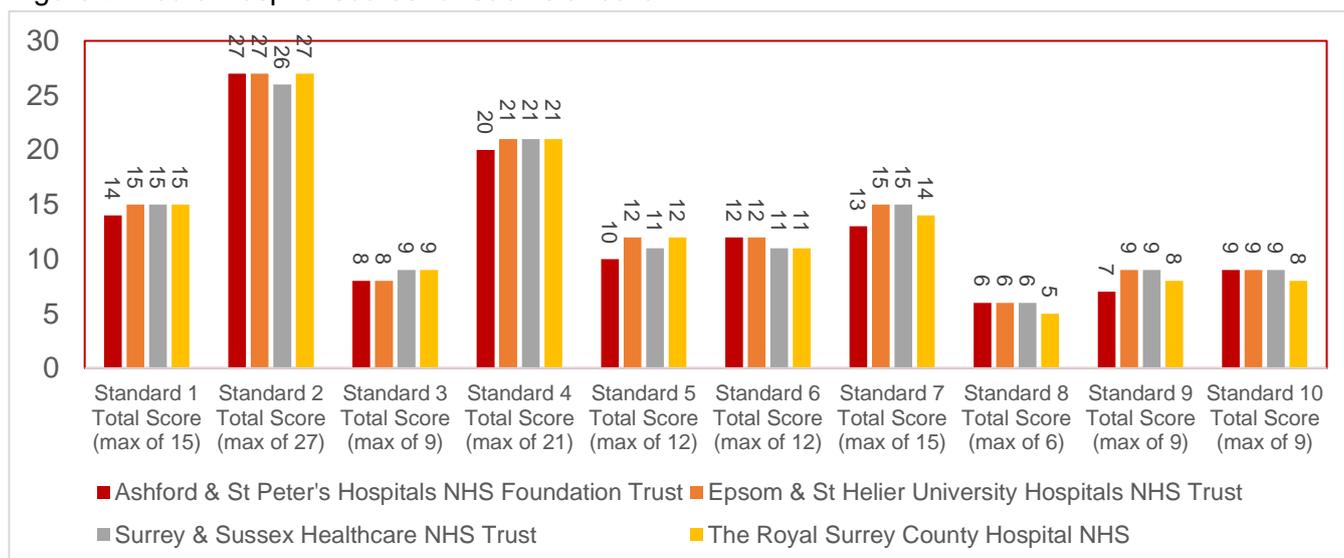
- Guildford and Waverley DA Workforce Policy and Safeguarding Supervision Policy to be adopted by other CCGs
- CCG's to ensure Safeguarding Statement are updated and added to website
- Continue to review, update and deliver training and induction programmes regularly to all CCG staff and review the process to assure there is a robust process for monitoring training records

### 5.1.2 Acute Trusts

Figure 2 presents total scores under each standard from self-assessments for four acute trusts. Appendix 2 contains score breakdown of all 45 questions. Frimley Park Hospital Trust submitted the same return they had completed for Hampshire and therefore it was not possible to include their scoring into Figure 2. Frimley Park Hospital Trust was invited to meet the scrutiny panel to discuss their return in detail and provided further assurance on their safeguarding arrangements.

Overall, there was a good quality of returns with detailed narratives from acute trusts but limited evidence provided in some areas. One of the issues that came up in the returns was around the fact that the IT systems between different departments do not talk to each other which often makes it difficult to flag vulnerable children. Not all returns provided holistic view of all services as the returns mainly focussed on maternity services.

Figure 2: Acute Hospital scores for each standard



Source: Section 11 Self-Assessment 2018

The main actions identified by the Acute Trusts are as follows. The full action plan can be found in Appendix 2.

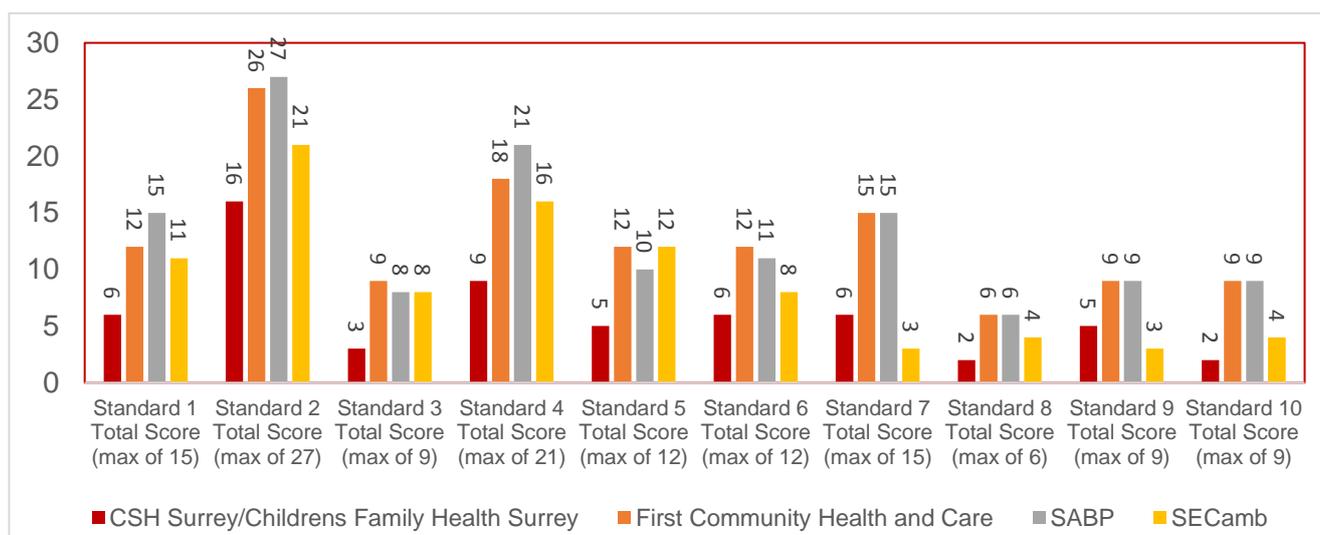
- Reviewing and updating safeguarding policies and procedures
- Ensuring that there is a up to date safer recruitment policy and ensuring that 'safer recruitment' training is completed by all relevant staff.
- Carrying out audit on staff allegation and staff supervisor
- Developing mechanism to monitor cases escalated and reporting at Safeguarding Children Committee
- Ensuring that Child Exploitation, Missing and Absconding guidance and any relevant tools are accessible to the staff
- Escalate risk of ICT not supporting the flagging of vulnerable children at Trust Safeguarding Board
- Reviewing how the organisation evaluates outcomes from the perspective of the child

### 5.1.3 Community Providers

The Figure 3 presents total scores under each standard from self-assessments from community providers, Surrey and Borders Partnership NHS Foundation Trust and South East Coast Ambulance Service (SECamb). Appendix 3 contains score breakdown of all 45 questions. Overall robust and clearly evidenced submissions were returned by community providers. Any gaps in services have been identified with clear smart action plans to address the gaps.

The CSH Surrey/Children and Family Health Surrey scored themselves comparatively low which is true reflection of the position at the time of completing the assessment. They met the scrutiny panel and provided information on the actions currently being taken to address issues raised in their return. The corporate work-plan that outlines how CSH plan to address the findings and move the organisation to an improved position has also been submitted as part of the scrutiny process.

Figure 3: Community Providers scores for each standards



Source: Section 11 Self-Assessment 2018

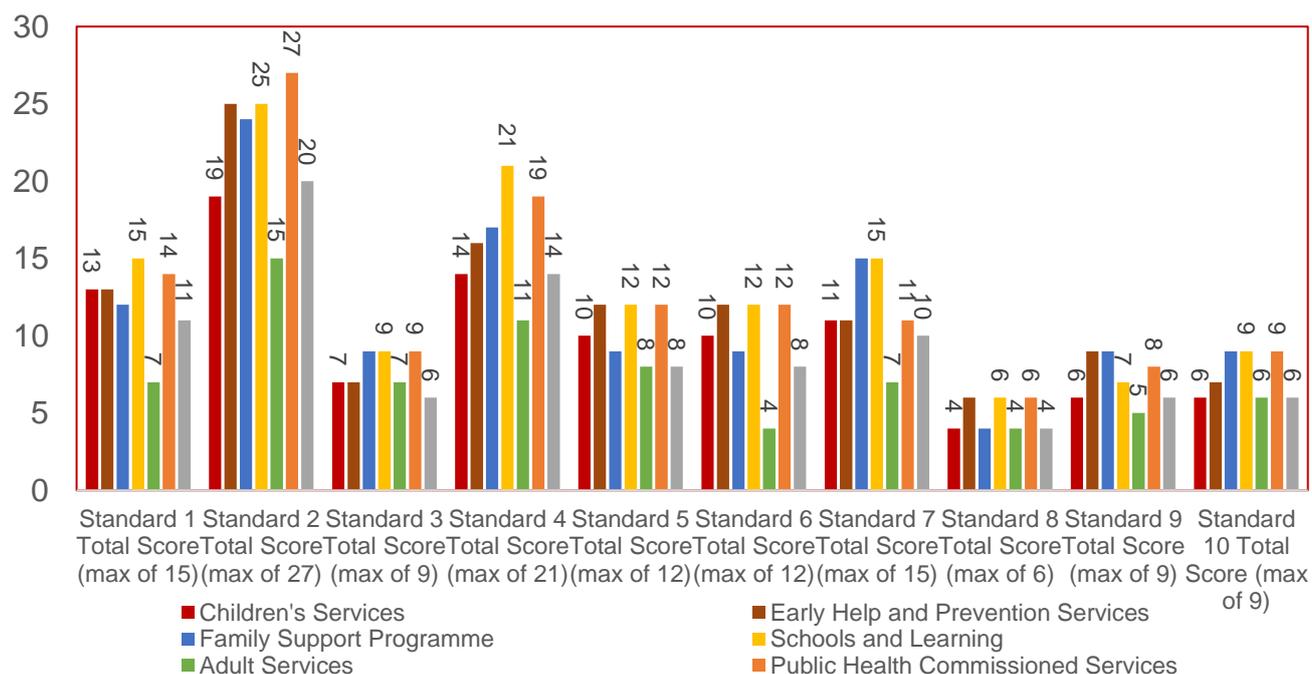
The full action plan for community providers can be found in the Appendix 3. The following are the summary of the main actions:

- The actions identified by the CSH Surrey/Children and Family Health Surrey around governance and accountability arrangements, policy and procedures, workforce development, recruitment and selection, views of children and families and quality assurance to be delivered to the SSCB needs to be updated regularly on progress made.
- Audit on how escalation guidance is currently used
- Review of the current management of allegation procedure
- Explore how CAMHS data for SSCB and CCG can be improved
- Review of the supervisions policy and procedures

## 5.2 Surrey County Council Services

Children's Services (Family Resilience & Safeguarding and Corporate Parenting), Early Help and Prevention Services, Family Support Programme, Schools and Learning (Schools, Lifelong Learning & Culture), Adult Services, Public Health and Public Health Commissioned Services are included in the Surrey County Council Services return. Figure 4 presents their total scores for each standard from self-assessments. Appendix 4 contains score breakdown of all 45 questions.

Figure 4: Surrey County Council Services scores for each standards



Source: Section 11 Self-Assessment 2018

### 5.2.1 Children's Services

Children's Services return cover the services of the new Family Resilience & Safeguarding and Corporate Parenting directorates (excluding any early help services). The return presented a detailed narrative on the services they provide to safeguard children in Surrey. The panel also felt that some of the standards are harshly self-assessed (marked), there are lack of evidence provided in the return and some of the actions do not have enough details to be considered as SMART. It has been acknowledged that the current re-structuring of the Children, Families and Learning directorate has an impact on the quality of the return and it was not possible to identify specific actions with lead and timescale while the posts in the structure is still being decided. It has been agreed that any actions and progress monitoring will be done through the Surrey Improvement Delivery Plan, which has been submitted to the scrutiny panel.

The full action plan can be found in the Appendix 4. The following are the summary of the main actions:

- New structure to provide clarity about the governance and accountability arrangements around safeguarding
- New structure to provide clarity about who is responsible for the S11 audit return
- Quality Assurance framework needs to be developed and distributed
- Ensure policies and procedures are updated and made accessible to staff
- New threshold document is completed and disseminated to staff and training provided to staff and partners
- Make Safer Recruitment training for all hiring managers
- Establish ways to measure impact of work undertaken to ensure practitioners are learning
- Ensure that SCR's are regularly discussed in team meetings
- Whistleblowing to be specifically referenced in induction

- Establish forums for children and families to 'have their voice' in relation to service provision across the whole directorate
- Revise supervision policy in line with restructure and new models of practice

### 5.2.2 Early Help and Prevention Services

Early Help and Prevention Services is going to be the part of Family Resilience & Safeguarding in the new structure. The return presented a detailed narrative with adequate information on evidence and actions. The Surrey Improvement Delivery Plan also outlines the key actions needed to be taken in order to develop a successful early help and prevention services.

The actions identified by the Early Help and Prevention Services can be found in the Appendix 4. The following are the summary of the main actions:

- Audit and refresh of safer recruitment training and improvement in recording
- Adopt a whole system approach to voice of the child
- Review of existing policies and procedures once the new structure in place
- Access to reporting tool for relevant staff (i.e. Tableau)

### 5.2.3 Family Support Programme

The Family Support programme completed a separate assessment for the first time. Overall a good return submitted by them with some evidence. The actions identified by the Family Support Programme include:

- Review of safeguarding policy
- Continue to maintain strong links with the SSCB in light of possible changes within the Family Support Programme due to changes in SCC funding
- Investigate the information required to be reported to the SSCB and disseminate the request to the Family Support Programme managers

### 5.2.4 Schools and Learning

Schools and learning (Schools, Lifelong Learning & Culture) provided required narratives along with evidence that they fulfil Section 11 standards to safeguard children. They also identified relevant actions on the areas that require focus on. Actions identified by them include:

- Develop a reporting system to collate use of escalation policy within the directorate as both recipient and creator of escalation
- An audit using random sampling of individual staff to check safeguarding knowledge and understanding to be undertaken.
- Ensure manager compliance to have robust collation of directorate training record
- Develop an impact of training assessment tool to measure effectiveness of safeguarding training for directorate
- Further develop consistency in cross directorate referral, assessment and case recording processes that ensure the child's voice is consistently explicit within all record keeping

### 5.2.5 Adult Services

Surrey County Council Adult Social Care (ASC) Safeguarding Policy and Procedure includes a section on safeguarding children and clarifies the leadership and accountability structure in terms of safeguarding children. They also have representation in the Surrey Safeguarding Children Board and it is not clear how the information then gets cascaded to the relevant services with Adult Social Care, and the submission lacked clarity in identifying clear links between adult and children services.

Adult safeguarding courses, which are part of their minimum training expectations, cover child safeguarding and domestic abuse issue and staff have access to SSCB training on child protection matters, and additional training on domestic abuse but the uptake of these is not being monitored.

Section 11 Panel agreed that the further on-going work is required between SSCB and SSAB to establish clear links between adult and children services in relevant areas to work together to safeguard children and vulnerable adults.

ACS did not include any actions in their initial submission. However, relevant actions (outlined below) have been identified and approved by the Adult Social Care Leadership Team on 13th November 2018:

- Review the Role Profiles for the Service Director for adult Social Care and Head of Adult Safeguarding and address any gaps identified regarding roles and responsibilities regarding safeguarding children and child protection.
- For the Service Director for Adult Social Care and the Head of Adult Safeguarding to have each completed the Working Together to Safeguard Children, Foundation Module 1 and 2 training courses run by SSCB
- To review the Role Profiles for all Adult Social Care staff and address any gaps identified regarding roles and responsibilities regarding safeguarding children and child protection.
- Improve the information in our Good Practice Guidance on ASC's role in children's safeguarding work, including issues of challenge in case conferences and reviews, and escalation internally and externally
- Review ASC minimum training expectations and, if required, revise them. Review our monitoring arrangements for training uptake in light of those decisions
- For the Head of Adult Safeguarding to include a safeguarding children issues in regular updates to ALT
- For the Head of Adult Safeguarding to ensure there are updates on safeguarding children issues in the ASC e-briefings at least twice a year

### 5.2.6 Public Health

Public Health submitted two returns; one for the Public Health team where many of the responses are "not applicable" as they do not directly deliver services to children and/or families, the other was for the providers of the services they commission. They commission services from several statutory agencies which are members of the SSCB or overall responsibility for their S11 returns lies with the lead commissioner for each and therefore not included in this return. Information from the organisations below are not included in the self-assessment by Public Health:

- Children and Family Health Surrey (0-19 services): The organisation will provide their child safeguarding assurance through their lead commissioner (G&W CCG)
- Surrey and Borders (adult substance misuse services): The organisation will provide their child safeguarding assurance through their lead commissioner (G&W CCG)
- Central and North West London NHS Trust (sexual health services): The organisation will provide their child safeguarding assurance through their lead commissioner (Camden CCG)
- Primary Care and Pharmacy (Public Health Agreements): These organisations will provide their child safeguarding assurance through their lead commissioner (NHS England)

They also commission relevant services from several non-statutory agencies who did not submit their own Section 11 return (7 in total). As a result, the Public Health team has asked them to submit individual returns and a final submission was based on average score from the providers below:

- Surrey Drug and Alcohol Care(adult substance misuse services)
- Catalyst (adult substance misuse services)
- Catch 22 (CYP substance misuse services)
- Amber (CYP substance misuse services)
- Transform (adult housing service for those with substance misuse problems)
- Women in Prison (adult substance misuse services)
- Alive and Kicking (Everyone Health) (CYP weight management services)

However their return lacks narrative, explanation and actions to improve any issues. The only action identified was to make safeguarding role explicit in Consultant Job Description to ensure accountability.

The full action plan for Surrey County Council services can be found in the Appendix 4.

### 5.3 Borough and District's

All eleven Boroughs and District submitted Section 11 self-assessment for 2018. Figure 5, Figure 6, Figure 7 and Figure 8 present the scores from boroughs and districts broken down by four areas; South East, North East, South West and North West. Appendix 5 contains score breakdown of all 45 questions.

The quality of returns from Boroughs and District were varied. Surrey Health Borough Council, Waverley Borough Council, Guildford Borough Council, Mole Valley District Council provided detailed narrative, evidence and identified relevant actions to provide assurance that they fulfil the requirements of Section 11.

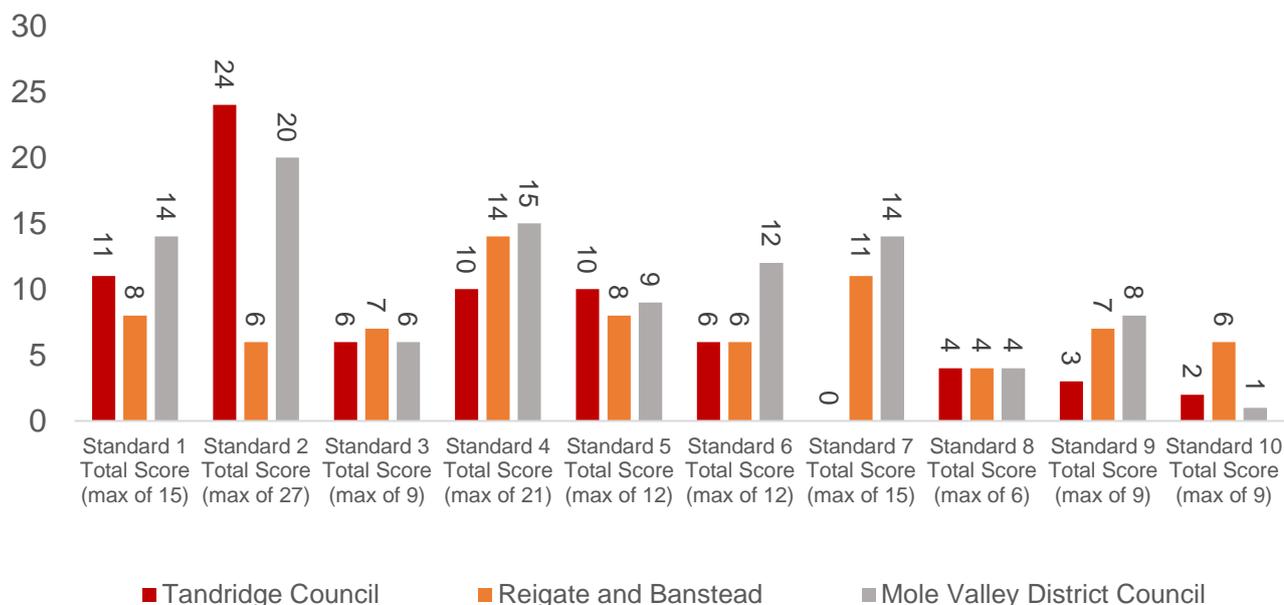
The other returns reveal weaknesses in sections below where four or more Boroughs and District stated that these areas are not applicable to them:

- Question 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 agency and externally to the Safeguarding Unit – relevant for housing staff
- Question 3.3 - Employees involved in the recruitment of staff to work with children have received training as part of a 'safer recruitment' training programme.

- Question 6.3 - Relevant data is made available to SSCB for inclusion in their annual report
- Question 7.4 - Children are listened to, taken seriously and responded to appropriately, including during individual case decision-making.

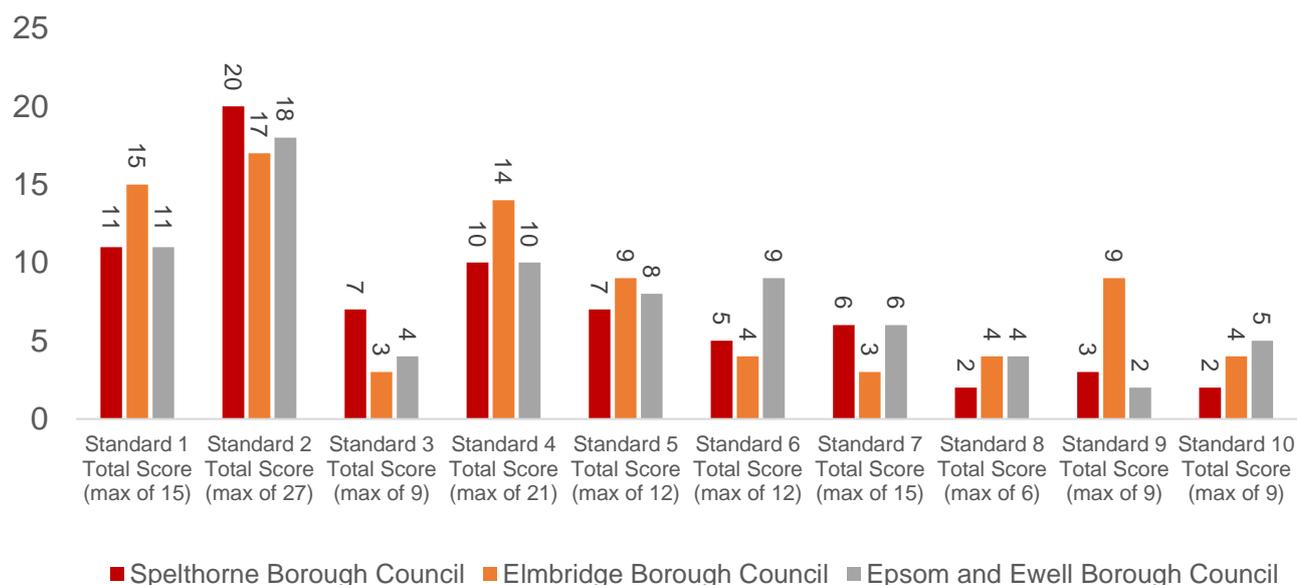
The S11 review panel members agreed that the SSCB will need to carry out further work with Boroughs and District to discuss findings from Section 11 returns to address any issues, develop common understanding of how Section 11 standards apply to them and share good examples of S11 submission.

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



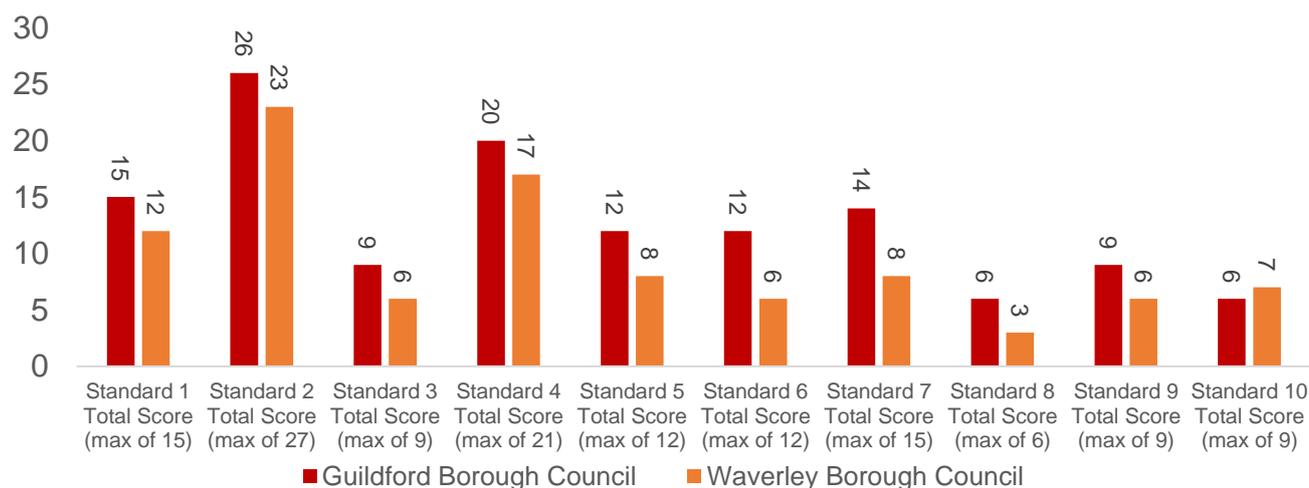
Source: Section 11 Self-Assessment 2018

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



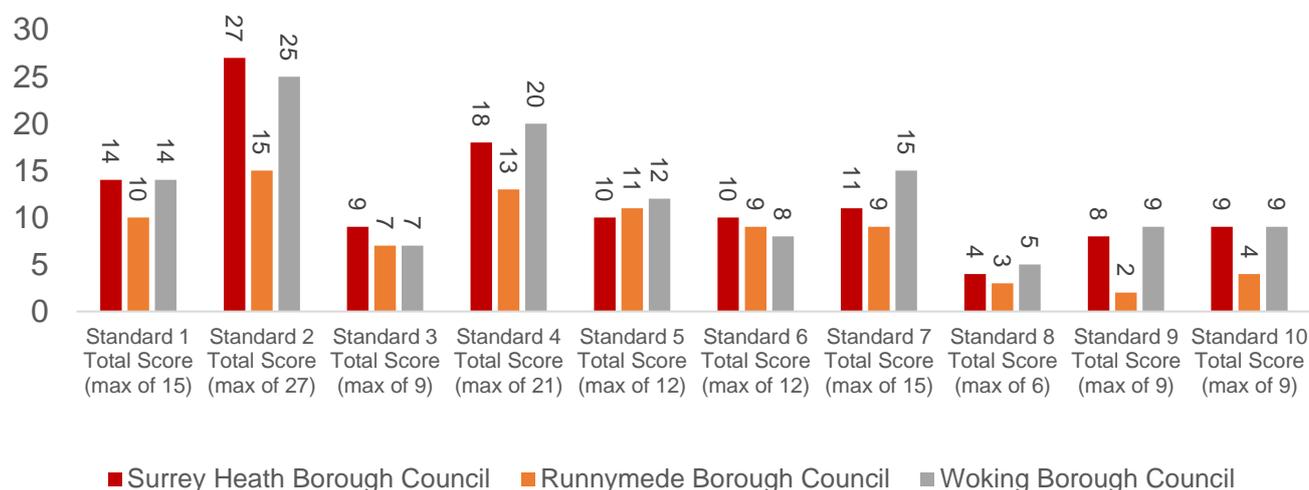
Source: Section 11 Self-Assessment 2018

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



Source: Section 11 Self-Assessment 2018

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



Source: Section 11 Self-Assessment 2018

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

- Better representation from B&Ds in the SSCB meetings and better communication and cascading of information
- Safeguarding Lead's annual appraisal to include review of safeguarding responsibilities
- Regular review and update of safeguarding policies and procedures
- To confirm safeguarding arrangements with voluntary organisation, including requirement for children safeguarding procedures and policies
- Regular monitoring and updating of training schedule, content, uptake and recording
- Review of safer recruitment and induction arrangements and ensure that Human Resources, Housing and Leisure recruiting managers complete the safer recruitment e learning.
- Review the procurement and contract process for safeguarding and get assurances from them that adequate safeguarding arrangements are in place
- SCRs to be reviewed regularly at Surrey District and Borough Safeguarding Leads meetings for relevant lessons learned
- Ensure clarity around audit to include safeguarding aspects

- Greater emphasis on the views of the children (and all service users) in service plans.
- Improvements in the methodology of flagging cases and case referrals whilst maintaining confidentiality, on council systems.
- Continue to develop guidance and policies to ensure staff are aware of issues and risks around child exploitation, missing and hidden crimes
- Review Safeguarding Policy and referral mechanism and pathway following SCC Children's Services Restructure
- Continue to maintain strong links with SSCB in the light of possible changes within Family Support Team due to reduction in SCC funding.

The full action plan for community providers can be found in the Appendix 5.

## 5.4 Criminal Justice Organisations

Criminal Justice Organisations returns include Police, Office of Police and Crime Commissioner (OPCC), HMP Bronzefield, National Probation Service (NPS) and Kent Surrey and Sussex Community Rehabilitation Company (KSS CRC).

The British Transport Police (BTP) also completed their own S11 self-evaluation tool in July 2018 which is designed to help identify actions to improve safeguarding within BTP and evaluate compliance with the specific and general duties in respect of safeguarding, as defined in Section 11 of the Children Act 2004. The copy of the S11 self-evaluation also received and reviewed as part of the SSCB Section 11 process.

Figure 9 shows the total score for each standard from all the criminal justice organisations. Appendix 6 contains score breakdown of all 45 questions.

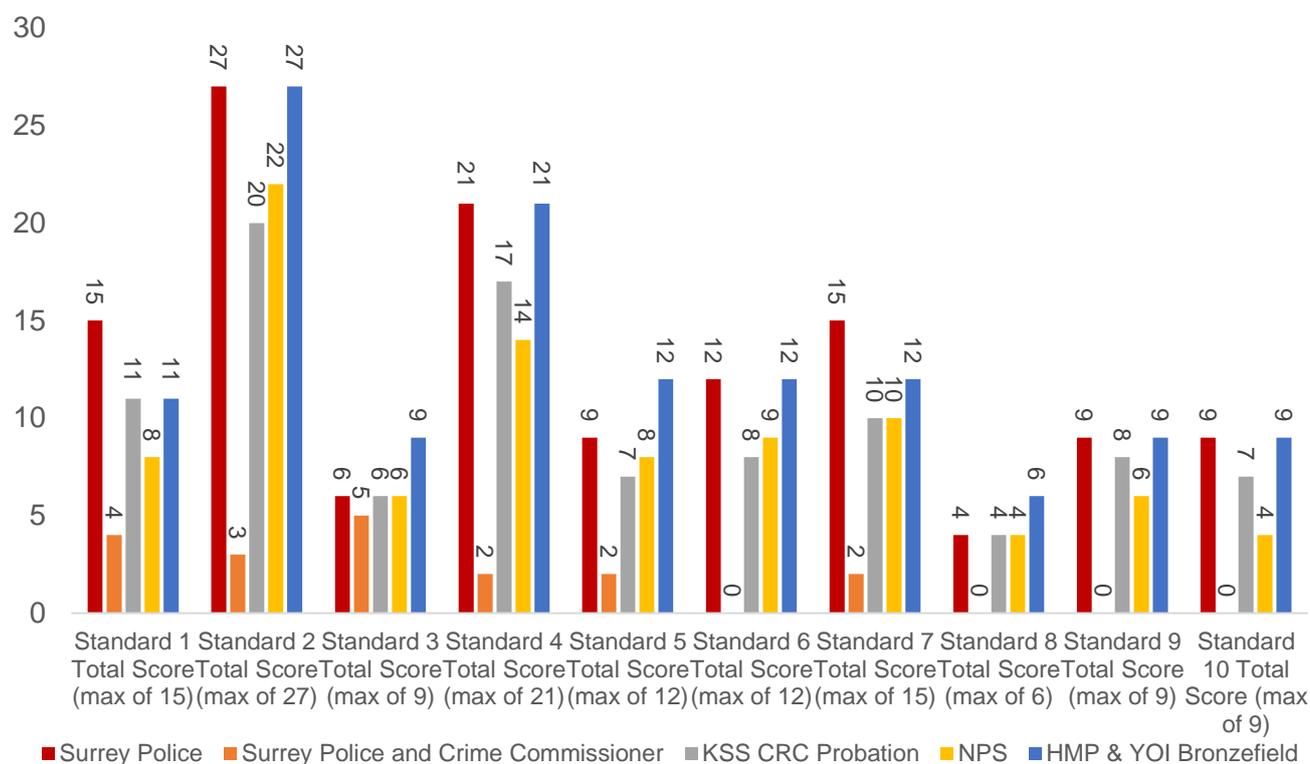
Good analysis and awareness of strengths and reflection on improvement are provided by most of the organisations but some areas are lacking evidence. Further clarification was received from Surrey Police around the 'safer recruitment' training programme. Surrey Police does not recruit staff to specifically work with children but they clarified that recruitment processes for both Police Officers and Police Staff require all candidates to complete a Police National Vetting policy which is the equivalent to DBS enhanced vetting.

The return from National Probation Service lacks evidence around audit on regular update of policies and procedures, safer recruitment and promoting the welfare of children and young people relating to child exploitation, missing and hidden crimes.

KSS CRC provided sufficient assurance with detailed narrative and evidence that processes are in place to ensure safeguarding of children and their return deemed as a good quality return compared to their 2016 submission. However, no action has been identified in their return.

Many of the OPCC responses show "zero" meaning "not applicable" as they do not directly deliver services to children and/or families. The Working Together 2018 specifies that the Section 11 of Children's Act placed duty on the police, including police and crime commissioners. Therefore, the SSCB and the OPCC need to continue to work to better understanding of the OPCC work and how the work can be captured in the S11 process.

Figure 9: Criminal Justice Organisations score for each standard



Source: Section 11 Self-Assessment 2018

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

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

The full action plan for community providers can be found in the Appendix 6.

## 6. Next Step

The SSCB has delegated responsibility for the strategic oversight and delivery of the Quality Assurance function to the SSCB Quality Assurance and Performance (QA&P) sub-group, which includes focus on Section 11 audit, including challenge, scrutiny and support around the whole process. The SSCB QA&P sub-group is to review the findings of this report, identify specific actions for the SSCB (which will be incorporated into the action plan for QA&P group). The group will also receive updates and follow up any actions and recommendations from individual agencies return and update the SSCB on the progress made.

## References:

Gov.uk. 2018. *Working together to safeguard children*. [ONLINE] Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729914/Working Together to Safeguard Children-2018.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf)

Legislation.gov.uk. 2004. *Children Act 2004*. [ONLINE] Available at: <http://www.legislation.gov.uk/ukpga/2004/31/contents>. [Accessed 11 January 2017].

Legislation.gov.uk. 2014. *Care Act 2014*. [ONLINE] Available at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>. [Last accessed 11 January 2017].

## Appendix 1: Clinical commissioning groups score breakdown and action plan

Question	East Surrey CCG	Guildford & Waverley	North West Surrey CCG	Surrey Downs CCG	Surrey Heath CCG
Question 1.1	3	3	3	3	3
Question 1.2	3	3	3	3	3
Question 1.3	3	3	3	3	3
Question 1.4	3	3	3	2	3
Question 1.5	3	3	3	3	3
<b>Standard 1 Total Score (max of 15)</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>14</b>	<b>15</b>
Question 2.1	3	3	3	3	3
Question 2.2	3	3	3	3	3
Question 2.3	3	3	3	3	3
Question 2.4	3	3	3	3	3
Question 2.5	3	3	3	3	3
Question 2.6	3	3	3	3	3
Question 2.7	3	3	3	3	3
Question 2.8	3	3	3	3	3
Question 2.9	3	3	3	3	3
<b>Standard 2 Total Score (max of 27)</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>27</b>
Question 3.1	3	3	3	3	3
Question 3.2	3	3	3	3	3
Question 3.3	3	3	3	3	3
<b>Standard 3 Total Score (max of 9)</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>
Question 4.1	3	3	3	3	3
Question 4.2	3	3	3	3	3
Question 4.3	3	3	3	3	3
Question 4.4	3	3	3	3	3
Question 4.5	3	3	3	3	3
Question 4.6	3	3	3	3	3
Question 4.7	3	3	3	3	3
<b>Standard 4 Total Score (max of 21)</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>21</b>
Question 5.1	3	3	3	3	3
Question 5.2	3	3	3	3	3
Question 5.3	3	3	3	3	3
Question 5.4	3	3	3	3	3
<b>Standard 5 Total Score (max of 12)</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>
Question 6.1	3	3	3	3	3
Question 6.2	3	3	3	3	3
Question 6.3	3	3	3	3	3
Question 6.4	3	3	3	3	3
<b>Standard 6 Total Score (max of 12)</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>
Question 7.1	3	3	3	3	3
Question 7.2	3	3	3	3	3
Question 7.3	3	3	3	3	3
Question 7.4	3	3	3	3	3
Question 7.5	3	3	3	3	3
<b>Standard 7 Total Score (max of 15)</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>
Question 8.1	3	3	3	3	3
Question 8.2	3	3	3	3	3
<b>Standard 8 Total Score (max of 6)</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>6</b>
Question 9.1	3	3	3	3	3
Question 9.2	3	3	3	3	3
Question 9.3	3	3	3	3	3
<b>Standard 9 Total Score (max of 9)</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>
Question 10.1	3	3	3	3	3
Question 10.2	3	3	3	3	3
Question 10.3	3	3	3	3	3
<b>Standard 10 Total Score (max of 9)</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>9</b>
<b>Total Score</b>	<b>135</b>	<b>135</b>	<b>135</b>	<b>134</b>	<b>135</b>

Question	Self-Assessment	Action	Organisation	Lead	Timescale
Question 2.1	3	G&W CCG DA Workforce Policy to be adopted by NW Surrey CCG	North West Surrey CCG	Clare Stone	31/12/2018
Question 9.1	3	G&W CCG Safeguarding Supervision Policy to be adopted by NW Surrey CCG	North West Surrey CCG	Clare Stone	31/12/2018
Question 1.4	2	Safeguarding Statement to be updated and added to website	Surrey Downs CCG	E Clark	31/12/2018
Question 1.4	2	G&W Safeguarding Supervision Policy to be adopted	Surrey Downs CCG	E Clark	31/12/2018
Question 2.1	3	G&W CCG DA Support for Staff Policy to be adopted	Surrey Downs CCG	E. Clark	31/12/2018
Section 2	3	<p>Ensuring compliance to CCG safeguarding training requirements</p> <p>Review quarterly the CCG compliance with the level of safeguarding training appropriate to their role.</p> <p>Identify an improvement plan if required following review</p> <p>CCG compliance with the level of safeguarding training appropriate to their role.</p>	Surrey Heath CCG	n/a	On-going
Section 2	3	<p>Staff are aware of the policies</p> <p>a. Safeguarding</p> <p>b. Confidentiality</p> <p>c. Safer Working</p> <p>Ensure that all staff have signed that they have received and read the policies</p>	Surrey Heath CCG	n/a	On-going
Section 4	3	<p>Staff to be aware of refer to early help and social care</p> <p>To update and share information with Staff at team meeting as part of Safeguarding updates on the agenda</p>	Surrey Heath CCG	n/a	Bi - annual On-going

Question	Self-Assessment	Action	Organisation	Lead	Timescale
Section 7	3	<p>Ensure the views of children and young people are heard</p> <p>Continue to seek the views of children and Young people via community events and social media, comment and complaints.</p>	Surrey Heath CCG	n/a	Bi - annual On-going
Section 8	3	<p>Staff to be reminded of Child Exploitation Warning signs</p> <p>To remind and share information with Staff at team meeting as part of Safeguarding updates</p>	Surrey Heath CCG	n/a	Quarterly On-going

## Appendix 2: Acute Trust's score breakdown and action plan

Question	Ashford & St Peter's Hospitals NHS Foundation Trust	Epsom & St Helier University Hospitals NHS Trust	Surrey & Sussex Healthcare NHS Trust	The Royal Surrey County Hospital NHS
Question 1.1	3	3	3	3
Question 1.2	3	3	3	3
Question 1.3	3	3	3	3
Question 1.4	3	3	3	3
Question 1.5	2	3	3	3
<b>Standard 1 Total Score (max of 15)</b>	<b>14</b>	<b>15</b>	<b>15</b>	<b>15</b>
Question 2.1	3	3	3	3
Question 2.2	3	3	2	3
Question 2.3	3	3	3	3
Question 2.4	3	3	3	3
Question 2.5	3	3	3	3
Question 2.6	3	3	3	3
Question 2.7	3	3	3	3
Question 2.8	3	3	3	3
Question 2.9	3	3	3	3
<b>Standard 2 Total Score (max of 27)</b>	<b>27</b>	<b>27</b>	<b>26</b>	<b>27</b>
Question 3.1	3	3	3	3
Question 3.2	3	3	3	3
Question 3.3	2	2	3	3
<b>Standard 3 Total Score (max of 9)</b>	<b>8</b>	<b>8</b>	<b>9</b>	<b>9</b>
Question 4.1	2	3	3	3
Question 4.2	3	3	3	3
Question 4.3	3	3	3	3
Question 4.4	3	3	3	3
Question 4.5	3	3	3	3
Question 4.6	3	3	3	3
Question 4.7	3	3	3	3
<b>Standard 4 Total Score (max of 21)</b>	<b>20</b>	<b>21</b>	<b>21</b>	<b>21</b>
Question 5.1	3	3	3	3
Question 5.2	3	3	3	3
Question 5.3	2	3	2	3
Question 5.4	2	3	3	3
<b>Standard 5 Total Score (max of 12)</b>	<b>10</b>	<b>12</b>	<b>11</b>	<b>12</b>
Question 6.1	3	3	3	3
Question 6.2	3	3	2	2
Question 6.3	3	3	3	3
Question 6.4	3	3	3	3
<b>Standard 6 Total Score (max of 12)</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>11</b>
Question 7.1	3	3	3	3
Question 7.2	3	3	3	3
Question 7.3	2	3	3	3
Question 7.4	3	3	3	3
Question 7.5	2	3	3	2
<b>Standard 7 Total Score (max of 15)</b>	<b>13</b>	<b>15</b>	<b>15</b>	<b>14</b>
Question 8.1	3	3	3	2
Question 8.2	3	3	3	3
<b>Standard 8 Total Score (max of 6)</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>5</b>
Question 9.1	2	3	3	2
Question 9.2	3	3	3	3
Question 9.3	2	3	3	3
<b>Standard 9 Total Score (max of 9)</b>	<b>7</b>	<b>9</b>	<b>9</b>	<b>8</b>
Question 10.1	3	3	3	3
Question 10.2	3	3	3	3
Question 10.3	3	3	3	2
<b>Standard 10 Total Score (max of 9)</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>8</b>
<b>Total Score</b>	<b>126</b>	<b>134</b>	<b>132</b>	<b>130</b>

Question	Self-Assessment	Action	Organisation	Lead	Timescale
Question 2.1	3	Maternity Safeguarding Policy amended for ratification.	Ashford & St Peter's Hospitals NHS Foundation Trust	Sarah Legg	01/11/2018
Question 3.3	2	Review the content of 'safer recruitment' training to identify any gaps in our current recruitment policy for staff working with children.	Ashford & St Peter's Hospitals NHS Foundation Trust	Collen Sherlock	31/10/2018
Question 4.1	2	To liaise with the Human Resources Department with regard to a Safer Working Practice Policy.	Ashford & St Peter's Hospitals NHS Foundation Trust	Russell Wernham	01/03/2019
Question 5.4	2	To review the external audit programme in place for allegations.	Ashford & St Peter's Hospitals NHS Foundation Trust	Russell Wernham	31/12/2018
Question 7.5	2	Analyse feedback from the newly introduced 'This Is Me' project and identify themes that can be used as outcomes.	Ashford & St Peter's Hospitals NHS Foundation Trust	Eileen White	31/03/2019
Question 9.1	2	To support trained supervisors in implementing supervision throughout the Trust.	Ashford & St Peter's Hospitals NHS Foundation Trust	Eileen White/Sarah Legg	30/09/2019
Question 1.1	3	For Safeguarding Children Policy and Safeguarding Supervision Policy and other associated policies are updated to align with national changes.	Epsom & St Helier University Hospitals NHS Trust	Lead Named Nurse	31/01/2019
Question 2.1	3	For CSE guideline to be updated	Epsom & St Helier University Hospitals NHS Trust	Lead Named Nurse SGC	31/01/2019
Question 2.4	3	For impact of training and staff knowledge of availability of policy audit to be completed	Epsom & St Helier University Hospitals NHS Trust	Practice Educator and Safeguarding Specialist Nurse	31/12/2018

Question 2.4	3	For Safeguarding Supervision audit to be completed	Epsom & St Helier University Hospitals NHS Trust	Named Midwife and Practice Educator	31/12/2018
Question 2.4	3	To discuss with IT in regard to a screen saver to alert all staff of policy changes.	Epsom & St Helier University Hospitals NHS Trust	Lead Named Nurse	31/12/2018
Question 2.8	3	Develop database to monitor cases escalated and reporting at Safeguarding Children Committee	Epsom & St Helier University Hospitals NHS Trust	Lead Named Nurse	31/12/2018
Question 3.3	2	For all identified senior staff (Band 7) and above involved in the recruitment of staff working with children & adults at risk to complete safer recruitment training	Epsom & St Helier University Hospitals NHS Trust	HR	30/06/2019
Question 8.1	3	Child Exploitation guideline to be completed and published on the intranet	Epsom & St Helier University Hospitals NHS Trust	Lead Named Nurse	31/01/2019
Question 8.1	3	Missing and Absconding policy to be completed and published on the intrane	Epsom & St Helier University Hospitals NHS Trust	Lead Named Nurse	31/01/2019
Question 2.2	2	To complete Training Programme	Surrey & Sussex Healthcare NHS Trust	Vicky Abbott	31/12/2018
Question 6.2	2	Increase in administrative support for the safeguarding children team	Surrey & Sussex Healthcare NHS Trust	Vicky Daley	31/01/2019
Question 10.3	2	To include safeguarding record keeping audit in plan for 2019/20	The Royal Surrey County Hospital NHS	Named Professionals	01/04/2019
Question 6.2	2	To re escalate risk of ICT not supporting the flagging of vulnerable children at Trust Safeguarding Board	The Royal Surrey County Hospital NHS	Named Professionals	31/12/2018
Question 7.5	2	To review how we could improve how the organisation evaluates outcomes from the perspective of the child or young person.	The Royal Surrey County Hospital NHS	Named Professionals	31/03/2019
Question 8.1	2	To embed the CSE risk tool into practice.	The Royal Surrey County Hospital NHS	Named Nurse Safeguarding Children	01/04/2019

Question 8.1	2	To deliver CSE bite size training in ED and Hascombe.	The Royal Surrey County Hospital NHS	Named Nurse Safeguarding Children	01/04/2019
Question 9.1	2	To upgrade our database/recording tool. This will allow us to better evidence all episodes of supervision.	The Royal Surrey County Hospital NHS	Named Professional	31/05/2019

### Appendix 3: Community Providers score breakdown and action plan

Question	CSH Surrey/Childrens Family Health Surrey	First Community Health and Care	SABP	SECamb
Question 1.1	1	3	3	3
Question 1.2	1	3	3	2
Question 1.3	2	3	3	3
Question 1.4	1	3	3	2
Question 1.5	1	0	3	1
<b>Standard 1 Total Score (max of 15)</b>	<b>6</b>	<b>12</b>	<b>15</b>	<b>11</b>
Question 2.1	1	3	3	3
Question 2.2	2	3	3	2
Question 2.3	2	3	3	2
Question 2.4	2	3	3	2
Question 2.5	2	3	3	3
Question 2.6	2	3	3	3
Question 2.7	2	3	3	3
Question 2.8	2	2	3	0
Question 2.9	1	3	3	3
<b>Standard 2 Total Score (max of 27)</b>	<b>16</b>	<b>26</b>	<b>27</b>	<b>21</b>
Question 3.1	1	3	3	3
Question 3.2	1	3	3	2
Question 3.3	1	3	2	3
<b>Standard 3 Total Score (max of 9)</b>	<b>3</b>	<b>9</b>	<b>8</b>	<b>8</b>
Question 4.1	1	3	3	3
Question 4.2	2	3	3	2
Question 4.3	2	3	3	3
Question 4.4	1	3	3	2
Question 4.5	1	0	3	3
Question 4.6	1	3	3	2
Question 4.7	1	3	3	1
<b>Standard 4 Total Score (max of 21)</b>	<b>9</b>	<b>18</b>	<b>21</b>	<b>16</b>
Question 5.1	2	3	3	3
Question 5.2	1	3	3	3
Question 5.3	1	3	2	3
Question 5.4	1	3	2	3
<b>Standard 5 Total Score (max of 12)</b>	<b>5</b>	<b>12</b>	<b>10</b>	<b>12</b>
Question 6.1	1	3	3	3
Question 6.2	2	3	3	2
Question 6.3	1	3	2	0
Question 6.4	2	3	3	3
<b>Standard 6 Total Score (max of 12)</b>	<b>6</b>	<b>12</b>	<b>11</b>	<b>8</b>
Question 7.1	1	3	3	1
Question 7.2	1	3	3	0
Question 7.3	2	3	3	1
Question 7.4	1	3	3	1
Question 7.5	1	3	3	0
<b>Standard 7 Total Score (max of 15)</b>	<b>6</b>	<b>15</b>	<b>15</b>	<b>3</b>
Question 8.1	1	3	3	2
Question 8.2	1	3	3	2
<b>Standard 8 Total Score (max of 6)</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>4</b>
Question 9.1	1	3	3	0
Question 9.2	2	3	3	2
Question 9.3	2	3	3	1
<b>Standard 9 Total Score (max of 9)</b>	<b>5</b>	<b>9</b>	<b>9</b>	<b>3</b>
Question 10.1	1	3	3	2
Question 10.2	1	3	3	2
Question 10.3	0	3	3	0
<b>Standard 10 Total Score (max of 9)</b>	<b>2</b>	<b>9</b>	<b>9</b>	<b>4</b>
<b>Total Score</b>	<b>60</b>	<b>128</b>	<b>131</b>	<b>90</b>

Question	Self-Assessment	Action	Organisation	Lead	Timescale
Question 1.1	1	2. Safeguarding Architecture to be created when staffing arrangements finalised.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	21/12/2018
Question 1.1	1	3. Head of Safeguarding post to be recruited to - adverts for posting in November/December 2018.	CSH Surrey/Childrens Family Health Surrey	Director of Nursing and Head of Safeguarding	30/11/2018
Question 1.1	1	All CSH job descriptions to contain a safeguarding statement outlining the expectations of the organisation	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	30/11/2018
Question 1.1	1	A safeguarding strategy to be developed for the organisation	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	21/12/2018
Question 1.2	1	Mapping of all meetings of attendance at groups, committee's and boards including the Safeguarding Children Board is currently underway. This will provide assurance for the CSH Board and evidence participation of multiagency working	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	30/11/2018
Question 1.2	1	Head of Safeguarding has created a safeguarding file directory and is populating this with qualitative and quantitative data to evidence compliance with regulatory and statutory safeguarding functions carried out by CSH. Population for 2018-19 data is being sought.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	29/03/2019
Question 1.3	2	Interim Head of Safeguarding to provide performance appraisal for the Named professionals	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	08/02/2019
Question 1.3	2	Named professionals to provide annual performance appraisal for specialist safeguarding advisor's	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	28/03/2019
Question 1.4	1	The Head of Safeguarding and Named Professionals to complete work on safeguarding supervision policy and gain ratification within CSH	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	14/12/2018
Question 1.4	1	The Head of Safeguarding and Named Professionals to review and update the current safeguarding policy	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	14/11/2018

Question 1.4	1	The Head of Safeguarding will provide for CSH the annual audit plan for 2019-20	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	21/02/2019
Question 1.4	1	The Head of Safeguarding will review organisational service plans as assurance for the Board that they contain relevant safeguarding requirements with them.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	14/02/2019
Question 1.4	1	Review the outcomes of the SI investigation to provide for the CSH Board evidence of professional accountability as part of the organisations accountability arrangements	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and SI investigator	21/12/2018
Question 2.1	1	Head of Safeguarding to provide for board assurance a 2017 Safeguarding Annual Report a Looked After Children Annual Report 2017-18 A qualitative and quantitative Q1 and Q2 report for safeguarding children. The findings of this s11 audit to be reported to the CSH Board and relevant Committee's	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	21/12/2018
Question 2.5	2	The Head of Safeguarding to explore if the number of webpage views are collected as part of governance and accountability arrangements	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	30/11/2018
Question 2.9	1	The Head of Safeguarding to raise this need for an update Policy with the Director of Nursing who oversees quality and governance in the organisation	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 2.9	1	The Head of Safeguarding and Director of Nursing to raise the issue of equality and diversity training with the Workforce Development department	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 2.9	1	The Head of Safeguarding and the Director of Nursing to raise the issue of how the organisation can provide evidence of the value placed by staff on equality and diversity and how this is understood and reflected in practice.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 3.1	1	The Head of Safeguarding will raise with the Director of Nursing the need to ensure that the Human Resources department review and update the current policies relating to recruitment and selection and that they include and equality and diversity impact statement	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018

Question 3.3	1	The Head of Safeguarding and the Director of Nursing to seek assurance and evidence from the Human Resources department that a safer recruitment training programme is in place within CSH and that all staff recruiters have accessed the training	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 4.1	1	The Head of Safeguarding will raise with the Director of Nursing the lack of a safer working policy and the need for assurance that the induction process has an internal monitoring process in place	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 4.2	2	The Head of Safeguarding to raise with the Director of Nursing the apparent lack of a learning needs analysis, the reviewing and monitoring arrangements for safeguarding training and the impact of the current training provision	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding, Director of Nursing and Head of Workforce Development	02/11/2018
Question 4.3	2	The Head of Safeguarding to confirm what qualitative data can be extracted from the electronic patient recording systems in place across CSH to inform safeguarding assurance, safeguarding practice and service provision.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding , Director of Nursing and Head of Digital Services	30/11/2018
Question 4.4	1	The Head of Safeguarding to discuss with the Director of Nursing how organisational learning is shared, including evidence based practice and research based information impacting upon children and families.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and the Director of Nursing	02/11/2018
Question 4.6	1	The Head of Safeguarding to raise with the Director of Nursing the need to find documented evidence that this has taken place within the organisation.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 4.7	1	The Head of Safeguarding to raise with the Director of Nursing the need for the organisation to evidence the connection between professional appraisal and training.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018

Question 5.1	2	The Head of Safeguarding to raise with the Director of Nursing the need for the Human Resources department to review all policies and procedures to ensure that they comply with child safeguarding requirements and to do this with the Safeguarding Team.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding, Director of Nursing and Head of Human Resources	02/11/2018
Question 5.2	1	See previous actions in this section of the organisational standards	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding, Director of Nursing and Head of Human Resources	02/11/2018
Question 5.3	1	As previously recorded in this section of audit responses	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding, Director of Nursing and Head of Human Resources	02/11/2018
Question 5.4	1	See previous actions in this section of the audit response.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding, Director of Nursing and Head of Human Resources.	02/11/2018
Question 6.1	1	The Head of Safeguarding to raise with the Director of Nursing the paucity of professional information to aid professional practice. Also that no recent record keeping audits appear to have taken place	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding, Director of Nursing, Managers and Leads in the 0-19 service	02/11/2018
Question 6.2	2	The Head of Safeguarding to include the file audit in the 2019-20 audit schedule.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	07/02/2019
Question 6.3	1	Head of Safeguarding to provide annual reports with the aid of personnel who were in the organisation during 2016-17 and 2017-18 and for Q1 and 2 in 2018-19.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	07/02/2019

Question 6.4	2	The Head of Safeguarding to raise with the Director of Nursing the policies that require updating to ensure fitness for purpose	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 7.1	1	The Head of Safeguarding to work with the Director of Nursing to understand what patient liaison groups are in place to address the development of outcome measures.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 7.4	1	Head of Safeguarding to raise with the Director of Nursing the need to evidence throughout organisation that the wishes and feeling of children and their voices should inform service deliver, service planning and assurance/governance processes	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 7.5	1	See previous response to the questions in this section of the audit responses.	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding and Director of Nursing	02/11/2018
Question 8.1	1	Head of Safeguarding to include child exploitation, children missing and hidden crime in the development of the safeguarding strategy	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	07/02/2019
Question 8.2	1	The Head of Safeguarding will include CSE in the audit programme, and the safeguarding strategy	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	07/02/2019
Question 9.1	1	The Head of Safeguarding will provide for the Director of Nursing evidence of compliance and the onward monitoring arrangements	CSH Surrey/Childrens Family Health Surrey	Head of Safeguarding	07/02/2019
Question 2.8	2	The use of the escalation guidance needs to be audited to ensure that the process is robust.	First Community Health and Care	Louisa Hunt	31/03/2019
Question 1.5	3	Share contractual details with SSCB	SABP	Safeguarding Lead	14/12/2018
Question 1.5	3	Check contracts for partners re S11 compliance	SABP	safeguarding Lead	31/12/2018
Question 3.3	2	3 yearly Safer Recruitment training for managers	SABP	Director of HR	30/04/2019
Question 5.1	3	To review senior managers liaison with the LADO	SABP	Safeguarding Lead	31/03/2019
Question 5.3	2	To work with HR to review the current management of allegation procedure	SABP	Safeguarding Children Lead	30/04/2019
Question 5.4	2	Evidence of external scrutiny of the management of complaints and allegations	SABP	HR Director	31/03/2019

Question 6.3	2	To further explore how CAMHS data for SSCB and CCG can be improved	SABP	CAMHS Director	31/03/2019
Question 1.2	2	Consistent attendance monitored at health group	SECamb	Exec Lead	31/03/2019
Question 1.4	2	incorporate safeguarding supervision into existing clinical supervision policy	SECamb	Safeguarding Lead	31/12/2018
Question 1.4	2	incorporate safeguarding supervision into existing clinical supervision policy	SECamb	Safeguarding Lead	31/12/2018
Question 1.5	1	Completion of contract process	SECamb	PAP governance team	31/10/2018
Question 1.5	1	Review of all PAP safeguarding policies and procedures	SECamb	Safeguarding Lead	31/12/2018
Question 1.5	1	Workshop to support PAP services in delivery of expected SECamb standards	SECamb	PAP governance team Safeguarding Lead	30/11/2018
Question 2.3	2	Conclude review of safeguarding procedures	SECamb	Safeguarding Lead	31/01/2019
Question 3.2	2	Monitor impact of HR review on DBS process	SECamb	Exec Lead HR and Safeguarding	31/03/2019
Question 4.4	2	board training date to be agreed	SECamb	Exec Lead Safeguarding Consultant	31/01/2019
Question 9.1	0	Review clinical supervision procedure to incorporate safeguarding	SECamb	Safeguarding Lead	31/12/2018
Question 9.3	1	Review of clinical supervision policy as above	SECamb	Safeguarding Lead	31/12/2018

## Appendix 4: Surrey County Council Services score breakdown and action plan

Question	Children's Services	Early Help and Prevention Services	Family Support Programme	Schools and Learning	Adult Services	Public Health	Public Health Commissioned Services
Question 1.1	3	3	3	3	2	2	3
Question 1.2	3	3	2	3	2	3	2
Question 1.3	3	3	3	3	1	2	3
Question 1.4	2	2	2	3	1	2	3
Question 1.5	2	2	2	3	1	2	3
<b>Standard 1 Total Score (max of 15)</b>	<b>13</b>	<b>13</b>	<b>12</b>	<b>15</b>	<b>7</b>	<b>11</b>	<b>14</b>
Question 2.1	2	3	2	3	2	3	3
Question 2.2	2	3	3	3	2	3	3
Question 2.3	2	2	3	3	2	2	3
Question 2.4	2	2	3	3	0	2	3
Question 2.5	2	3	2	3	2	2	3
Question 2.6	2	3	3	3	2	2	3
Question 2.7	3	3	3	3	2	2	3
Question 2.8	2	3	3	2	1	2	3
Question 2.9	2	3	2	2	2	2	3
<b>Standard 2 Total Score (max of 27)</b>	<b>19</b>	<b>25</b>	<b>24</b>	<b>25</b>	<b>15</b>	<b>20</b>	<b>27</b>
Question 3.1	2	2	3	3	3	2	3
Question 3.2	3	3	3	3	2	2	3
Question 3.3	2	2	3	3	2	2	3
<b>Standard 3 Total Score (max of 9)</b>	<b>7</b>	<b>7</b>	<b>9</b>	<b>9</b>	<b>7</b>	<b>6</b>	<b>9</b>
Question 4.1	2	3	2	3	2	2	3
Question 4.2	2	2	2	3	1	2	3
Question 4.3	2	3	3	3	3	2	3
Question 4.4	2	2	3	3	1	2	2
Question 4.5	2	2	2	3	2	2	2
Question 4.6	2	3	2	3	1	2	3
Question 4.7	2	1	3	3	1	2	3
<b>Standard 4 Total Score (max of 21)</b>	<b>14</b>	<b>16</b>	<b>17</b>	<b>21</b>	<b>11</b>	<b>14</b>	<b>19</b>
Question 5.1	3	3	3	3	2	2	3
Question 5.2	2	3	2	3	2	2	3
Question 5.3	2	3	2	3	2	2	3
Question 5.4	3	3	2	3	2	2	3
<b>Standard 5 Total Score (max of 12)</b>	<b>10</b>	<b>12</b>	<b>9</b>	<b>12</b>	<b>8</b>	<b>8</b>	<b>12</b>
Question 6.1	2	3	3	3	2	2	3
Question 6.2	3	3	2	3	0	2	3
Question 6.3	2	3	1	3	0	2	3
Question 6.4	3	3	3	3	2	2	3
<b>Standard 6 Total Score (max of 12)</b>	<b>10</b>	<b>12</b>	<b>9</b>	<b>12</b>	<b>4</b>	<b>8</b>	<b>12</b>
Question 7.1	2	2	3	3	1	2	2
Question 7.2	2	2	3	3	2	2	2
Question 7.3	3	2	3	3	2	2	3
Question 7.4	2	3	3	3	2	2	2
Question 7.5	2	2	3	3	0	2	2
<b>Standard 7 Total Score (max of 15)</b>	<b>11</b>	<b>11</b>	<b>15</b>	<b>15</b>	<b>7</b>	<b>10</b>	<b>11</b>
Question 8.1	2	3	2	3	2	2	3
Question 8.2	2	3	2	3	2	2	3
<b>Standard 8 Total Score (max of 6)</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>6</b>
Question 9.1	2	3	3	3	2	2	3
Question 9.2	2	3	3	2	1	2	3
Question 9.3	2	3	3	2	2	2	2
<b>Standard 9 Total Score (max of 9)</b>	<b>6</b>	<b>9</b>	<b>9</b>	<b>7</b>	<b>5</b>	<b>6</b>	<b>8</b>
Question 10.1	2	2	3	3	2	2	3
Question 10.2	2	3	3	3	2	2	3
Question 10.3	2	2	3	3	2	2	3
<b>Standard 10 Total Score (max of 9)</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>9</b>	<b>6</b>	<b>6</b>	<b>9</b>
<b>Total Score</b>	<b>100</b>	<b>118</b>	<b>117</b>	<b>131</b>	<b>74</b>	<b>93</b>	<b>127</b>

Question	Self-Assessment	Action	Organisation	Lead	Timescale
Question 1.1	3	Under new restructure provide clarity about who is responsible for the Safeguarding arrangements	Children's Services	Mark Barratt	31/01/2019
Question 1.1	3	Under new restructure provide clarity about who is responsible for the S11 audit return	Children's Services	Mark Barratt	31/01/2019
Question 1.3	3	Clarify under restructure where this will sit	Children's Services	Mark Barratt	31/01/2019
Question 1.4	2	Quality Assurance framework needs to be developed and distributed	Children's Services	Mark Barratt	31/12/2018
Question 1.4	2	Improvement plan needs to be completed and distributed to staff	Children's Services	Dave Hill	31/12/2018
Question 10.1	2	Develop the new Quality Assurance Framework and ensure it is disseminated to staff.	Children's Services	Mark Barratt	31/01/2019
Question 10.2	2	Tighten up QA process through robust framework	Children's Services	Mark Barratt	31/12/2018
Question 10.3	2	Strengthen understanding of practitioners of the performance information	Children's Services	Mark Barratt	31/03/2019
Question 2.1	2	Ensure policies and procedures are updated and made accessible to staff	Children's Services	Katie Peddie	31/12/2018
Question 2.3	2	Establish in new structure who will lead on policy - keeping it up to date and ensuring it is distributed to staff	Children's Services	Mark Barratt	31/01/2019
Question 2.7	3	Once the new threshold document is completed it needs to be disseminated to staff and training provided to staff and partners	Children's Services	SSCB	31/12/2018
Question 2.8	2	Work to be done to support practitioners to welcome the challenge from CP chairs	Children's Services	Mark Barratt	31/03/2019
Question 3.3	2	Make Safer Recruitment training for all hiring managers	Children's Services	Academy	31/03/2019
Question 4.1	2	Tighten up induction arrangements to clarify clearly what is expected in this process	Children's Services	Academy	31/03/2019
Question 4.2	2	Ensure new Academy arrangement provides robust training for whole service	Children's Services	Academy	31/03/2019
Question 4.3	2	Threshold document needs to be completed and then disseminated and training provided	Children's Services	SSCB	31/12/2018
Question 4.4	2	Strategic understanding of work that has been undertaken and disseminated and a way to measure impact required	Children's Services	Academy	31/03/2019
Question 4.5	2	Establish ways to measure impact of work undertaken to ensure practitioners are learning	Children's Services	Academy	31/03/2019
Question 4.6	2	Ensure that SCR's are regularly discussed in team meetings	Children's Services	Quadrant AD's	30/11/2018
Question 5.2	2	Whistleblowing to be specifically referenced in induction	Children's Services	Academy	31/03/2019
Question 6.1	2	Ensure information sharing and GDPR are part of induction process	Children's Services	Academy	31/03/2019
Question 6.3	2	Ensure that timely consideration is given to the obtaining of information for the annual report	Children's Services	Mark Barratt	28/02/2019

Question 7.1	2	Establish forums for children and families to 'have their voice' in relation to service provision across the whole directorate	Children's Services	Mark Barratt	31/03/2019
Question 7.4	2	Continue to develop forums for children's views to be heard	Children's Services	Mark Barratt	31/03/2019
Question 9.1	2	Revise supervision policy in line with restructure and new models of practice	Children's Services	Academy	31/03/2019
Question 9.3	2	Revisit appraisal process to ensure it is individual but also linked to service development	Children's Services	Academy	31/03/2019
Question 1.5	2	Share contracts with SSCB	Early Help and Prevention Services	Nikki Parkhill	06/01/2019
Question 1.5	2	Share contracts with SSCB	Early Help and Prevention Services	Nikki Parkhill	06/01/2019
Question 10.1	2	Roll out of tableau to all supervisors	Early Help and Prevention Services	FLT	01/01/2019
Question 2.3	2	Review of current policies at end of consultation	Early Help and Prevention Services	Sarah Gooding	06/01/2019
Question 2.4	2	Ensure audits reference policy changes	Early Help and Prevention Services	Helen D B	13/01/2019
Question 3.1	2	Review of Staff attending safer staffing training	Early Help and Prevention Services	Sarah Gooding	13/01/2019
Question 3.3	2	audit and refresh of safer recruitment training	Early Help and Prevention Services	Sarah Gooding	13/01/2019
Question 4.2	2	Clear recording of staff training	Early Help and Prevention Services	Sarah Gooding	13/01/2019
Question 4.4	2	Embed learning through RIP etc via bulletin	Early Help and Prevention Services	FLT	01/01/2019
Question 4.5	2	Training logs to be audited	Early Help and Prevention Services	FLT	13/01/2019
Question 4.7	1	Information on appraisals needs auditing around training	Early Help and Prevention Services	Service managers	20/01/2019
Question 4.7	1	Information on appraisals needs auditing around training	Early Help and Prevention Services	Service managers	20/01/2019
Question 7.1	2	Formalised process needs to be put in place	Early Help and Prevention Services	FLT	01/03/2019
Question 7.2	2	Formalised process needs to be put in place	Early Help and Prevention Services	FLT	04/03/2019
Question 7.3	2	Documentation needs to be updated	Early Help and Prevention Services	FLT	04/03/2019
Question 7.5	2	Whole system approach to voice of the child needed	Early Help and Prevention Services	FLT	25/03/2019
Question 7.5	2	Whole system approach to voice of the child needed	Early Help and Prevention Services	FLT	25/03/2019

Question 1.1	3	Review Safeguarding policy to include name changes in Reigate & Banstead safeguarding policy	Family Support Programme	Duane Kirkland	31/12/2018
Question 1.2	2	Continues to maintain strong links with the SSCB in light of possible changes within the Family Support Programme due to changes in SCC funding.	Family Support Programme	Duane Kirkland , Julie Shaw, Helen Dowlatshahi, Emily Burrill, Adam Thomas , Charlene Edwards	31/03/2019
Question 6.3	1	Investigate the information required to be reported to the SSCB and disseminate the request to the Family Support Programme managers.	Family Support Programme	Rebekah Edmonds	30/11/2018
Question 1.3	2	To make safeguarding role explicit in Consultant Job Description	Public Health	Catherine Croucher	06/12/2018
Question 2.8	2	Develop a reporting system to collate use of escalation policy within the directorate as both recipient and creator of escalation	Schools and Learning	Strategic Lead for Vulnerable Learners	31/03/2019
Question 4.1	3	An audit using random sampling of individual staff to check safeguarding knowledge and understanding to be undertaken.	Schools and Learning	Jane Dufton	31/03/2019
Question 4.2	3	Ensure manager compliance to have robust collation of directorate training record	Schools and Learning	Senior Lead for Education Safeguarding	31/01/2019
Question 4.2	3	Develop an impact of training assessment tool to measure effectiveness of safeguarding training for directorate	Schools and Learning	Senior Lead for Education Safeguarding	30/04/2019
Question 7.4	3	Further develop consistency in cross directorate referral, assessment and case recording processes that ensure the child's voice is consistently explicit within all record keeping	Schools and Learning	Strategic Lead for Vulnerable Learners	31/03/2019

## Appendix 5: Borough and District score breakdown and action plan

	Tandridge Council	Surrey Heath Borough Council	Runnymede Borough Council	Spelthorne Borough Council	Elmbridge Borough Council	Waverley Borough Council	Reigate and Banstead	Guildford Borough Council	Epsom and Ewell Borough Council	Woking Borough Council	Mole Valley District Council
Question 1.1	2	3	3	3	3	3	2	3	3	3	3
Question 1.2	3	3	2	3	3	2	2	3	2	3	3
Question 1.3	2	3	3	3	3	3	2	3	2	3	3
Question 1.4	3	3	2	2	3	2	2	3	2	2	2
Question 1.5	1	2	0	0	3	2	0	3	2	3	3
<b>Standard 1 Total Score (max of 15)</b>	<b>11</b>	<b>14</b>	<b>10</b>	<b>11</b>	<b>15</b>	<b>12</b>	<b>8</b>	<b>15</b>	<b>11</b>	<b>14</b>	<b>14</b>
Question 2.1	3	3	2	3	3	3	2	3	2	3	3
Question 2.2	3	3	2	3	3	2	1	3	2	3	3
Question 2.3	3	3	2	3	2	3	0	2	3	3	0
Question 2.4	2	3	2	2	3	3	1	3	3	2	2
Question 2.5	3	3	2	2	0	2	0	3	0	2	2
Question 2.6	3	3	2	3	0	3	2	3	3	3	2
Question 2.7	2	3	0	1	3	2	0	3	2	3	3
Question 2.8	2	3	0	1	0	2	0	3	0	3	2
Question 2.9	3	3	3	2	3	3	0	3	3	3	3
<b>Standard 2 Total Score (max of 27)</b>	<b>24</b>	<b>27</b>	<b>15</b>	<b>20</b>	<b>17</b>	<b>23</b>	<b>6</b>	<b>26</b>	<b>18</b>	<b>25</b>	<b>20</b>
Question 3.1	3	3	3	3	3	2	3	3	2	3	3
Question 3.2	3	3	2	3	0	2	2	3	2	3	3
Question 3.3	0	3	2	1	0	2	2	3	0	1	0
<b>Standard 3 Total Score (max of 9)</b>	<b>6</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>3</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>4</b>	<b>7</b>	<b>6</b>
Question 4.1	1	3	3	2	3	3	2	3	3	3	3
Question 4.2	3	2	2	2	2	2	2	2	0	2	2
Question 4.3	3	3	2	2	3	3	3	3	2	3	3
Question 4.4	0	2	2	2	2	2	2	3	2	3	2
Question 4.5	0	3	2	1	1	2	1	3	1	3	2
Question 4.6	1	3	1	0	0	2	2	3	1	3	0
Question 4.7	2	2	1	1	3	3	2	3	1	3	3
<b>Standard 4 Total Score (max of 21)</b>	<b>10</b>	<b>18</b>	<b>13</b>	<b>10</b>	<b>14</b>	<b>17</b>	<b>14</b>	<b>20</b>	<b>10</b>	<b>20</b>	<b>15</b>
Question 5.1	3	3	3	3	2	2	2	3	2	3	3
Question 5.2	3	2	3	2	3	2	2	3	3	3	3
Question 5.3	2	3	2	2	2	2	2	3	2	3	3
Question 5.4	2	2	3	0	2	2	2	3	1	3	0
<b>Standard 5 Total Score (max of 12)</b>	<b>10</b>	<b>10</b>	<b>11</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>12</b>	<b>8</b>	<b>12</b>	<b>9</b>
Question 6.1	3	3	2	2	2	2	3	3	3	3	3
Question 6.2	0	2	2	1	0	2	0	3	3	2	3
Question 6.3	0	2	3	0	0	0	0	3	1	0	3
Question 6.4	3	3	2	2	2	2	3	3	2	3	3
<b>Standard 6 Total Score (max of 12)</b>	<b>6</b>	<b>10</b>	<b>9</b>	<b>5</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>9</b>	<b>8</b>	<b>12</b>
Question 7.1	0	2	2	2	2	2	2	3	2	3	2
Question 7.2	0	2	2	2	0	0	2	3	0	3	3
Question 7.3	0	3	2	1	1	2	2	2	3	3	3
Question 7.4	0	2	2	0	0	2	3	3	0	3	3
Question 7.5	0	2	1	1	0	2	2	3	1	3	3
<b>Standard 7 Total Score (max of 15)</b>	<b>0</b>	<b>11</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>8</b>	<b>11</b>	<b>14</b>	<b>6</b>	<b>15</b>	<b>14</b>
Question 8.1	3	2	2	1	2	2	2	3	2	2	2
Question 8.2	1	2	1	1	2	1	2	3	2	3	2
<b>Standard 8 Total Score (max of 6)</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>5</b>	<b>4</b>
Question 9.1	3	3	0	2	3	2	2	3	0	3	3
Question 9.2	0	2	0	0	3	2	3	3	0	3	2
Question 9.3	0	3	2	1	3	2	2	3	2	3	3
<b>Standard 9 Total Score (max of 9)</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>9</b>	<b>6</b>	<b>7</b>	<b>9</b>	<b>2</b>	<b>9</b>	<b>8</b>
Question 10.1	1	3	0	0	2	2	2	2	2	3	0
Question 10.2	0	3	2	2	2	2	2	2	2	3	0
Question 10.3	1	3	2	0	0	3	2	2	1	3	1
<b>Standard 10 Total Score (max of 9)</b>	<b>2</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>9</b>	<b>1</b>
<b>Total score</b>	<b>76</b>	<b>120</b>	<b>83</b>	<b>73</b>	<b>82</b>	<b>96</b>	<b>77</b>	<b>129</b>	<b>77</b>	<b>124</b>	<b>103</b>

Question	Self-Assessment	Action	Organisation	Lead	Timescale
Question 2.3	2	Consider annual review	Elmbridge Borough Council	Ray Lee	30/11/2018
Question 1.2	2	New Community Safety and Enforcement Officer will attend future SSCB meetings and be responsible for communicating with EEBC	Epsom and Ewell Borough Council	Rod Brown	28/02/2019
Question 1.3	2	Head of Housing and Community and Community Safety and Enforcement Officer annual appraisal will include review of safeguarding responsibilities	Epsom and Ewell Borough Council	Rod Brown	01/07/2019
Question 1.4	2	To confirm safeguarding arrangements with voluntary organisation, including requirement for children safeguarding procedures and policies	Epsom and Ewell Borough Council	Rod Brown	01/02/2019
Question 2.2	2	Submit draft new Safeguarding policy for approval by SSCB	Epsom and Ewell Borough Council	Rod Brown	31/12/2018
Question 2.3	3	Policy to be reviewed annually	Epsom and Ewell Borough Council	Rod Brown	01/11/2019
Question 2.4	3	Volunteer organisations to be checked to ensure they have assimilated changes into their own policies and procedures.	Epsom and Ewell Borough Council	Rod Brown	28/02/2019
Question 4.5	1	Corporate Safeguarding Group to monitor training content.	Epsom and Ewell Borough Council	Rod Brown	28/02/2019
Question 4.7	1	Develop training schedule	Epsom and Ewell Borough Council	Corporate safeguarding Group	28/02/2019
Question 1.2	3	Following restructure review officer meeting attendance	Guildford Borough Council	Jane Read	31/12/2018
Question 10.2	2	Review quality audit process	Guildford Borough Council	Jane Read	31/03/2019
Question 2.1	3	Review staff induction handbook	Guildford Borough Council	Jane Read	31/12/2018
Question 2.3	2	Complete a list of policy and procedure review dates for all services, include as a regular agenda item at all team meetings	Guildford Borough Council	Jane Read	31/03/2019
Question 4.1	3	Identify those who have not yet attended citizenship training and provide mop-up sessions	Guildford Borough Council	Hannah Cornick	31/12/2018
Question 4.2	2	Create a single safeguarding training monitoring spread sheet.	Guildford Borough Council	Jane Read	31/03/2019
Question 1.1	3	Update the Children Safeguarding Policy	Mole Valley District Council	Rachel O'Reilly	31/10/2019

Question 1.2	3	Improve communication on safeguarding within the Council and ensure that safeguarding is on the terms of reference of the corporate Statutory Responsibility Network	Mole Valley District Council	Rachel O'Reilly	31/03/2019
Question 1.4	2	Staff in temporary contractor roles to be required to complete all compulsory on-line induction training including safeguarding	Mole Valley District Council	Rachel O'Reilly	31/03/2019
Question 1.5	3	Review the procurement and contract process for safeguarding through the Statutory Responsibilities Network.	Mole Valley District Council	Rachel O'Reilly	31/10/2019
Question 10.2	0	Include Safeguarding on Corporate Governance Board Terms of Reference	Mole Valley District Council	Rachel O'Reilly	31/03/2019
Question 2.3	0	Audit safeguarding policy and procedures	Mole Valley District Council	Rachel O'Reilly	31/03/2020
Question 4.4	2	SCRs to be reviewed regularly at Surrey District and Borough Safeguarding Leads meetings for relevant lessons learned	Mole Valley District Council	Rachel O'Reilly	31/03/2019
Question 5.2	3	Update the Whistleblowing Policy , leaflet and contact list.	Mole Valley District Council	Jasvir Chohan	31/03/2019
Question 7.3	3	Update the Work Experience Documentation	Mole Valley District Council	Jasvir Chohan	31/10/2019
Question 7.3	3	Discuss the right to be safe from abuse at Youth Voice and Junior Youth Voice.	Mole Valley District Council	Jasvir Chohan	31/10/2019
Question 1.1	2	Update Safeguarding Policy and related documents	Reigate and Banstead Borough Council	Duane Kirkland	28/03/2019
Question 1.3	2	Ensure the updated policy, contact details and any changes in procedure are included in all team meetings in the new year	Reigate and Banstead Borough Council	Duane Kirkland	14/06/2019
Question 10.1	2	Consider whether an organisational approach to frontline QA should be adopted	Reigate and Banstead Borough Council	Duane Kirkland	31/12/2019
Question 10.2	2	Consider an extension of the Case Audit Tool to other services	Reigate and Banstead Borough Council	Duane Kirkland	30/07/2019
Question 10.3	2	Consider whether an organisational approach to frontline QA should be adopted	Reigate and Banstead Borough Council	Duane Kirkland	31/12/2019
Question 2.2	1	Update the policy to include direct SSCB connections.	Reigate and Banstead Borough Council	Duane Kirkland	28/03/2019
Question 2.2	1	Centralise all records relating to Staff training - both SSCB and elearning.	Reigate and Banstead Borough Council	Duane Kirkland	31/07/2019
Question 2.3	0	Ensure clarity around audit, review and compliance within the new organisational Safeguarding policy	Reigate and Banstead Borough Council	Duane Kirkland	28/03/2019
Question 2.4	1	Changes will be highlighted as part of team meetings in 2019	Reigate and Banstead	Duane Kirkland	14/06/2019

			Borough Council		
Question 2.4	1	Training needs will be identified as part of team meetings in 2019	Reigate and Banstead Borough Council	Duane Kirkland	14/06/2019
Question 3.3	2	Increase the number of trained managers	Reigate and Banstead Borough Council	Duane Kirkland	31/07/2019
Question 4.5	1	Complete full review of Safeguarding policy	Reigate and Banstead Borough Council	Duane Kirkland	28/03/2019
Question 4.7	2	Review the names and training needs of Safeguarding officers	Reigate and Banstead Borough Council	Duane Kirkland	28/03/2019
Question 7.1	2	Consider whether greater emphasis could be given to include the view of the children (and indeed all service users) in service plans.	Reigate and Banstead Borough Council	Duane Kirkland	27/09/2019
Question 7.3	2	Consider how, through our estate, we could promote the rights of the child	Reigate and Banstead Borough Council	Duane Kirkland	28/03/2019
Question 8.1	2	Ensure full roll out of taxi driver training	Reigate and Banstead Borough Council	Duane Kirkland	31/12/2019
Question 1.4	2	there is a need to look at role of contractors and where safeguarding should be incorporated into other service plans	Runnymede Borough Council	Head of Community Development	30/09/2019
Question 2.1	2	Finalise new policy	Runnymede Borough Council	Head of Community Development	31/03/2019
Question 2.6	2	more regular updates to staff on the guidance and policy needs to be provided	Runnymede Borough Council	Head of Community Development	31/03/2019
Question 3.2	2	3 year reassessment to be introduced under the new policy	Runnymede Borough Council	Head of Community Development	31/03/2019
Question 3.2	2	review policy for foreign national clearance	Runnymede Borough Council	HR	31/07/2019
Question 3.3	2	Look at refresher selection and recruitment training	Runnymede Borough Council	HR	31/07/2019
Question 4.2	2	Training programme is to be reviewed by new training and development officer	Runnymede Borough Council	HR	01/04/2019
Question 4.7	1	work with training and development officer on identifying training needs	Runnymede Borough Council	Head of Community Development	31/10/2019

				Development	
Question 8.2	1	Disseminate more information once new policy is in place	Runnymede Borough Council	Head of Community Development	31/03/2019
Question 2.1	3	update safeguarding policy	Spelthorne Borough Council	Lisa Stonehouse	21/12/2018
Question 2.4	2	A policy update is due early 2019	Spelthorne Borough Council	Lisa Stonehouse	31/01/2019
Question 2.9	2	Spelthorne require an updated Equality and Diversity policy.	Spelthorne Borough Council	Sandy Muirhead's section	30/06/2019
Question 3.3	1	Ensure that Human Resources, Housing and Leisure recruiting managers complete the safer recruitment e learning.	Spelthorne Borough Council	Lisa Stonehouse	21/12/2018
Question 4.2	2	Training list requires updating	Spelthorne Borough Council	Lisa Stonehouse	21/12/2018
Question 4.2	2	Discussion re centralising training records	Spelthorne Borough Council	Lisa Stonehouse	21/12/2018
Question 4.7	1	Discuss with Human Resources regarding the possibility of adding a safeguarding prompt to the training form,	Spelthorne Borough Council	Lisa Stonehouse	21/12/2018
Question 8.1	1	circulate the dfe policy	Spelthorne Borough Council	Lisa Stonehouse	30/11/2018
Question 1.5	2	Champions to contact its service providers and contractors who deliver work on council behalf and either send them safeguarding pack or get assurances from them that adequate safeguarding arrangements are in place	Surrey Heath Borough Council	Exec Head Transformation	31/03/2019
Question 1.5	2	Create and deliver a safeguarding service pack for council contractors	Surrey Heath Borough Council	Exec Head Transformation	31/03/2019
Question 2.8	3	officers and safeguarding champions to make use of referral forms and templates to standardise processes and maintain consistent records	Surrey Heath Borough Council	Exec Head Transformation	31/03/2019
Question 3.3	3	Safeguarding champions undertaking recruitment interviews to make themselves aware of the safer recruitment training principles	Surrey Heath Borough Council	Exec Head Transformation	31/03/2019
Question 4.2	2	Some safeguarding training is now out of date. Updated safeguarding training and/or e-learning should be reviewed and rolled out to all as appropriate.	Surrey Heath Borough Council	Exec Head Transformation	30/11/2019
Question 5.1	3	Lessons learnt and feedback both positive and negative from corporate complaints need to be more explicit	Surrey Heath Borough Council	Exec Head Transformation	30/06/2019

Question 5.4	2	Council to investigate commissioning QAs to reviews and monitor effectiveness of Council of policies and processes in relation to complaints and allegations.	Surrey Heath Borough Council	Exec Head Transformation	30/11/2019
Question 6.1	3	Safeguarding champions to familiarize themselves with the information sharing guidance	Surrey Heath Borough Council	Exec Head Transformation	31/12/2018
Question 6.2	2	Improvements could be made in the methodology of flagging cases and case referrals whilst maintaining confidentiality, on council systems.	Surrey Heath Borough Council	Exec Head Transformation	30/06/2019
Question 6.3	2	More reports should be sent to SSCB for service improvement	Surrey Heath Borough Council	Exec Head Transformation	31/03/2019
Question 7.1	2	Greater collaboration and Improvements to be made to the way services plan their service delivery with feedback from children and the child's voice.	Surrey Heath Borough Council	Exec Head Transformation	31/03/2019
Question 8.2	2	Council should continue to develop guidance and policies to ensure staff are aware of issues and risks around child exploitation, missing and hidden crimes	Surrey Heath Borough Council	Exec Head Transformation	31/03/2019
Question 9.3	3	As part of the appraisal process objective setting needs to reflect work of safeguarding champions.	Surrey Heath Borough Council	Exec Head Transformation	30/06/2019
Question 1.5	1	To be included as part of review of contract terms	Tandridge Council	Procurement Officer	24/03/2019
Question 2.1	3	Periodic Update during 2019/20	Tandridge Council	Jayne Godden-Miller, Strategic Director of People	30/04/2020
Question 2.2	3	Periodic update to take place in 2019	Tandridge Council	Jayne Godden Miller, Strategic Director of People	31/03/2020
Question 2.3	3	Periodic update to take place in 2019	Tandridge Council	Jayne Godden Miller, Strategic Director of People	31/03/2020
Question 2.6	3	n/a	Tandridge Council	Jayne Godden Miller – Strategic Director of People	18/11/2018

Question 2.7	2	n/a	Tandridge Council	Jayne Godden Miller Strategic Director of People	18/11/2018
Question 2.8	2	n/a	Tandridge Council	Jayne Godden Miller, Strategic Director of People	18/11/2018
Question 2.9	3	n/a	Tandridge Council	Corporate Management Team	18/11/2018
Question 1.1	3	Review Safeguarding Policy when New MASH or other referral mechanisms in place.	Waverley Borough Council	Andrew Smith	31/03/2019
Question 1.2	2	Continue to maintain strong links with SSCB in the light of possible changes within Family Support Team due to reduction in SCC funding.	Waverley Borough Council	Andrew Smith/Julie Shaw	31/03/2019
Question 1.3	3	'Report It' function on Council's intranet to include internal Safeguarding reporting mechanism.	Waverley Borough Council	Andrew Smith/Ian Gray	30/11/2018
Question 1.3	3	Safeguarding responsibilities to be included in all Safeguarding Champions' Performance Agreements from 2019.	Waverley Borough Council	Katy Meakin/Andrew Smith	31/03/2019
Question 1.4	2	Safeguarding to be specifically highlighted in Service Plans.	Waverley Borough Council	Andrew Smith/Louise Norie	31/03/2019
Question 2.1	3	Further training to be implemented for all Safeguarding Champions and Safeguarding objectives to appear in Performance Agreements.	Waverley Borough Council	Andrew Smith/Kate Ferguson	31/03/2019
Question 2.1	3	Reporting procedures reviewed and realigned following SCC Children's Services review	Waverley Borough Council	Andrew Smith	31/03/2019
Question 2.2	2	Need to review current SSCB Manual but expect this to be revised following review of SCC Children's Services.	Waverley Borough Council	Andrew Smith/Julie Shaw	31/03/2019
Question 2.3	3	Policy to be updated following review of SCC Children's Services.	Waverley Borough Council	Andrew Smith	31/03/2019
Question 2.5	2	Ensure staff have access to 'What to do if you are worried about a child' (DfES 2006)	Waverley Borough Council	Andrew Smith	30/11/2018
Question 2.6	3	This will need to be reviewed if there are changes in SCC reporting procedures.	Waverley Borough Council	Andrew Smith	31/10/2018
Question 2.7	2	Review training for staff in more exposed situations.	Waverley Borough Council	Andrew Smith/Kate Ferguson	31/03/2019
Question 3.1	2	Review recruitment process to ensure in line with SSCB Safer Recruitment Guidance	Waverley Borough Council	Andrew Smith/Katy Meakin	31/12/2018

Question 3.2	2	Implement any changes recommended by the internal audit report September 2018	Waverley Borough Council	Andrew Smith/Katy Meakin	31/12/2018
Question 3.3	2	Check that training is updated regularly	Waverley Borough Council	Andrew Smith/Kate Ferguson	31/12/2018
Question 4.1	3	Ensure Safeguarding induction training is up to date, particularly following SCC's review of Children's Services.	Waverley Borough Council	Andrew Smith/Kate Ferguson	31/03/2019
Question 4.2	2	Ensure ongoing training is up to date, following SCC review of Children's Services.	Waverley Borough Council	Andrew Smith/Kate Ferguson	31/03/2019
Question 4.3	3	Review referral mechanism and pathway following SCC Children's Services Review.	Waverley Borough Council	Andrew Smith	31/03/2019
Question 4.4	2	Senior staff training to be reviewed and updated in the light of changes resulting from Children's Services review.	Waverley Borough Council	Andrew Smith/Kate Ferguson	31/03/2019
Question 4.5	2	Training will be reviewed when new protocols are introduced by SCC following the Children's Services review.	Waverley Borough Council	Andrew Smith/Kate Ferguson	31/03/2019
Question 5.1	2	Ensure liaison protocols in place with LADO and revise if necessary following SCC Children's Services review.	Waverley Borough Council	Andrew Smith	30/11/2018
Question 5.4	2	Centralise database following internal audit	Waverley Borough Council	Andrew Smith/Clare Arnold	31/12/2018
Question 6.3	0	Request information on SSCB Annual Report from SSCB.	Waverley Borough Council	Andrew Smith	30/11/2018
Question 7.2	0	Discuss with Management Board and Safeguarding Champions whether the Council needs to review its position.	Waverley Borough Council	Andrew Smith	31/12/2018
Question 7.3	2	Discuss with Management Board and Safeguarding Champions whether the Council needs to review its practice.	Waverley Borough Council	Andrew Smith	31/12/2018
Question 7.4	2	Discuss with Management Board and Safeguarding Champions whether the Council needs to review its practice.	Waverley Borough Council	Andrew Smith	31/12/2018
Question 7.5	2	Discuss with Management Board and Safeguarding Champions whether the Council needs to review its practice.	Waverley Borough Council	Andrew Smith	31/12/2018
Question 8.2	1	Ensure training is up to date and all Champions and frontline practitioners have received training to a sufficient level.	Waverley Borough Council	Andrew Smith/Kate Ferguson	31/12/2018
Question 9.1	2	Ensure all Safeguarding Champions have safeguarding objectives included in their performance agreements.	Waverley Borough Council	Andrew Smith/Katy Meakin	31/03/2019
Question 1.4	2	Review internal Service Plan to ensure an over-arching message is included. To be monitored through our Safeguarding Officer's Group.	Woking Borough Council	Sylvie Marshall	30/04/2019

Question 3.3	1	HR to train Senior Manager's in line with requirements.	Woking Borough Council	Sarah Reed	31/12/2018
Question 4.2	2	With update of Policy we can confirm the roll-out of training specific to roles within the Council, including the mandatory Safeguarding training. Work with HR to agree training structure required for specific roles.	Woking Borough Council	Sarah Reed	31/12/2018
Question 6.2	2	Continue full implementation of the E-Form as stated previously.	Woking Borough Council	Adam Thomas	31/12/2018
Question 8.1	2	To include CSE awareness in our program of implementation of the policy, which includes having a regular calendar of events.	Woking Borough Council	Camilla Edmiston	31/03/2019

## Appendix 6: Criminal Justice agencies score breakdown and action plan

Question	Surrey Police	Surrey Police and Crime	KSS CRC Probation	NPS	HMP & YOI Bronzefield
Question 1.1	3	0	3	2	2
Question 1.2	3	2	2	2	3
Question 1.3	3	0	2	2	3
Question 1.4	3	0	2	0	0
Question 1.5	3	2	2	2	3
<b>Standard 1 Total Score (max)</b>	<b>15</b>	<b>4</b>	<b>11</b>	<b>8</b>	<b>11</b>
Question 2.1	3	0	3	3	3
Question 2.2	3	0	2	2	3
Question 2.3	3	0	2	2	3
Question 2.4	3	0	2	3	3
Question 2.5	3	0	3	3	3
Question 2.6	3	0	2	2	3
Question 2.7	3	1	2	2	3
Question 2.8	3	0	2	2	3
Question 2.9	3	2	2	3	3
<b>Standard 2 Total Score (max)</b>	<b>27</b>	<b>3</b>	<b>20</b>	<b>22</b>	<b>27</b>
Question 3.1	3	2	3	3	3
Question 3.2	3	3	2	1	3
Question 3.3	0	0	1	2	3
<b>Standard 3 Total Score (max)</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>9</b>
Question 4.1	3	0	2	2	3
Question 4.2	3	0	3	2	3
Question 4.3	3	0	3	2	3
Question 4.4	3	0	2	2	3
Question 4.5	3	0	2	2	3
Question 4.6	3	2	2	2	3
Question 4.7	3	0	3	2	3
<b>Standard 4 Total Score (max)</b>	<b>21</b>	<b>2</b>	<b>17</b>	<b>14</b>	<b>21</b>
Question 5.1	3	0	2	2	3
Question 5.2	3	2	2	2	3
Question 5.3	0	0	2	2	3
Question 5.4	3	0	1	2	3
<b>Standard 5 Total Score (max)</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>8</b>	<b>12</b>
Question 6.1	3	0	2	2	3
Question 6.2	3	0	2	2	3
Question 6.3	3	0	2	2	3
Question 6.4	3	0	2	3	3
<b>Standard 6 Total Score (max)</b>	<b>12</b>	<b>0</b>	<b>8</b>	<b>9</b>	<b>12</b>
Question 7.1	3	2	2	2	3
Question 7.2	3	0	2	2	3
Question 7.3	3	0	2	2	3
Question 7.4	3	0	2	2	3
Question 7.5	3	0	2	2	0
<b>Standard 7 Total Score (max)</b>	<b>15</b>	<b>2</b>	<b>10</b>	<b>10</b>	<b>12</b>
Question 8.1	2	0	2	2	3
Question 8.2	2	0	2	2	3
<b>Standard 8 Total Score (max)</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>6</b>
Question 9.1	3	0	3	2	3
Question 9.2	3	0	3	2	3
Question 9.3	3	0	2	2	3
<b>Standard 9 Total Score (max)</b>	<b>9</b>	<b>0</b>	<b>8</b>	<b>6</b>	<b>9</b>
Question 10.1	3	0	2	2	3
Question 10.2	3	0	3	0	3
Question 10.3	3	0	2	2	3
<b>Standard 10 Total Score (max)</b>	<b>9</b>	<b>0</b>	<b>7</b>	<b>4</b>	<b>9</b>
<b>Total Score</b>	<b>127</b>	<b>18</b>	<b>98</b>	<b>91</b>	<b>128</b>

Question	Self-Assessment	Action	Organisation	Lead	Timescale
Question 1.1	2	Local operating procedure to be reviewed and amended as necessary	HMP & YOI Bronzefield	Head of Rehabilitation	18/11/2019
Question 1.3	3	To continue to attend safeguarding training provided by the SSCB	HMP & YOI Bronzefield	Head of Rehabilitation, Family engagement team	17/11/2019
Question 6.3	3	Head of Rehabilitation to ensure that there is not a current or pre existing request from the SSCB for data for their annual performance report.	HMP & YOI Bronzefield	Head of Rehabilitation	31/12/2018
Question 8.1	2	To update our Child Sexual Exploitation process to a Child Exploitation process that incorporates all forms of Child Exploitation.	Surrey Police	Supt Buffoni	07/12/2018
Question 8.2	2	Continue the roll out on training on Child Exploitation that includes County Lines and other forms of Criminal Exploitation to be delivered to CID, Custody Staff and the Youth Intervention Officers.	Surrey Police	Supt Buffoni	14/12/2018

# SECTION 11 AUDIT TEMPLATE GUIDANCE - 2018



## **1 Background**

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

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

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

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

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

## **2 Instructions**

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

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

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

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

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

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

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

## 1. LEADERSHIP AND ACCOUNTABILITY:

Standard	Examples of Evidence	Score	Descriptors
<b>1.1</b> There is a named strategic lead for safeguarding and/or senior management commitment to the importance of safeguarding children	<ul style="list-style-type: none"> <li>Role outlined in safeguarding policies and governance arrangements</li> <li>Attendance at SSCB if applicable or similar forums.</li> <li>Promotion of role within and external to organisation on a regular basis.</li> <li>Actively promoting a safeguarding culture.</li> <li>Job description contains roles and responsibilities of designated person.</li> <li>Has received training in safeguarding.</li> <li>Training records.</li> <li>Legally responsible person for safeguarding within the organisation</li> </ul>	0	<ul style="list-style-type: none"> <li>No Evidence Submitted / No named person within organisation</li> </ul>
		1	<ul style="list-style-type: none"> <li>Named person but not widely known or advertised</li> <li>Infrequent attendance at safeguarding forums.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Widely advertised named person who attends SSCB or similar forums to promote safeguarding</li> <li>Job description states role and responsibilities ensures safeguarding policies and procedures are in place</li> <li>Oversees compliance with Section 11</li> </ul>
		3	<ul style="list-style-type: none"> <li>Takes lead in organisation for safeguarding</li> <li>Has undertaken training and a number of initiatives to champion a safeguarding culture</li> <li>Attends and runs forums at which safeguarding practice is developed and improved</li> <li>Provides support to the champions in achieving excellence in safeguarding.</li> <li>This is monitored and reviewed as a part of regular meetings</li> </ul>
<b>1.2</b> The organisation is linked into the Local Safeguarding Children Board, including contributing to the work of the Board and sub-groups The representative(s) understand their role and how to communicate	<ul style="list-style-type: none"> <li>Evidence of lines of communication</li> <li>Job description includes the role and responsibilities linked to the SSCB</li> <li>Minutes of the SSCB reflects the contributions made by the organisation</li> <li>Minutes of the subgroups reflect the contributions made by the organisation.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No named person within organisation.</li> </ul>
		1	<ul style="list-style-type: none"> <li>There is evidence that has been submitted that illustrates that the organisation is linked to the SSCB</li> </ul>
		2	<ul style="list-style-type: none"> <li>There is evidence that has been submitted that illustrates that the organisation has lines of communication that links them to the SSCB ,</li> <li>There is evidence that the representation on the SSCB understands their role</li> <li>There is evidence that the representation communicates messages to and from the organisation and to and from the SSCB</li> </ul>

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

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

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

## 2. POLICIES AND PROCEDURES

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

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

Standard	Examples of Evidence	Score	Descriptors
implementing current practice		3	<ul style="list-style-type: none"> <li>Evidence of dissemination of changes to all staff</li> <li>Evidence of audit of practice to ensure that changes are being implemented into practice</li> <li>Evidence of discussions within supervision regarding changes in practice in relation to changes in policy/procedure</li> </ul>
<b>2.5</b> There are clear procedures for recording and reporting concerns or suspicions of abuse of children which all staff are aware of. All have access to a copy of 'What to do if you are a worried a child is being abused' (DfE 2015)	<ul style="list-style-type: none"> <li>Staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004.</li> <li>Staff are familiar with <i>What to do if you are worried a child is being abused</i></li> <li>Staff are aware of how to act to safeguard and promote the welfare of a child in line with <i>What to do if you are worried a child is being abused</i>.</li> <li>Procedures of reporting and recording concerns or suspicions about a child.</li> <li>Safeguarding training, induction and renewable training programme.</li> <li>Risk analysis and record of concerns.</li> <li>Code of conduct.</li> <li>Supervision records.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / there are no procedures in place for recording and reporting concerns or suspicions of abuse</li> <li>Staff do not have access to 'What to do if you are a worried a child is being abused' or SSCB quick guide to child protection.</li> </ul>
		1	<ul style="list-style-type: none"> <li>There are procedures in place but they are not up to date</li> <li>Some staff have access to 'What to do if you are worried a child is being abused' or SSCB quick guide to child protection.</li> <li>Some staff receive safeguarding training.</li> </ul>
		2	<ul style="list-style-type: none"> <li>There is evidence that staff are aware of the statutory duty to safeguard and promote the welfare of children in accordance with the Children Act 2004.</li> <li>There is evidence that staff are familiar with <i>What to do if you are worried a child is being abused</i></li> <li>There is evidence that staff are aware of how to act to safeguard and promote the welfare of a child in line with <i>What to do if you are worried a child is being abused</i> through supervision notes and team briefings.</li> <li>Procedures of reporting and recording concerns or suspicions about a child are in place and up to date.</li> <li>There is evidence that appropriate staff have received safeguarding training, induction and renewable training programme.</li> </ul>

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

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

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

Standard	Examples of Evidence	Score	Descriptors
<p>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.</p>		1	<ul style="list-style-type: none"> <li>• Evidence that the organisation is committed to equality and diversity within its policies and procedures.</li> <li>• Evidence equality and diversity is discussed in training.</li> <li>• Evidence that equality and diversity is a part of recruitment and induction process.</li> <li>• Evidence that assessments undertaken illustrate that some staff understand the value of equality and diversity</li> </ul>
		2	<ul style="list-style-type: none"> <li>• Evidence that the organisation is committed to equality and diversity within its policies and procedures</li> <li>• Evidence equality and diversity is discussed in training.</li> <li>• Evidence that equality and diversity is a part of recruitment and induction process.</li> </ul>
		3	<ul style="list-style-type: none"> <li>• Evidence that the organisation is committed to equality and diversity within its policies and procedures</li> <li>• Evidence that supervision records illustrate that equality and diversity is understood by staff and reflected in practice</li> <li>• Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.</li> <li>• Evidence of strategies in place to tackle and discrimination towards staff and service users.</li> </ul>

### 3. RECRUITMENT AND SELECTION

Standard	Examples of Evidence	Score	Descriptors
<b>3.1</b> 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	<ul style="list-style-type: none"> <li>Recruitment policy and procedure.</li> <li>Evidence of implementation</li> <li>Issues of equality and diversity are integral to all training provided to staff</li> <li>Equality and diversity are issues discussed as part of supervision</li> <li>Equality and diversity is a part of the recruitment process</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No policy in place.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Policy dictates references are taken up and process in place including reference checking</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>Process in place with audit and monitoring to ensure job commencement only takes place after references are accepted.</li> <li>Evidence equality and diversity is discussed in training.</li> <li>Evidence that equality and diversity is a part of recruitment and induction process.</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>References are taken up, checked and recorded.</li> <li>An audit programme ensures job commencement only takes place after references are accepted. Anomalies are resolved.</li> <li>References are collected using a standard form to ensure complete information is collated.</li> <li>Equality and diversity are a part of recruitment and induction process and is monitored through training, practice and supervision</li> </ul>
<b>3.2</b> All staff have been assessed to determine if they are in regulated activity and the relevant checks have been made including enhanced or standard DBS checks. You	<ul style="list-style-type: none"> <li>Recruitment policy and procedure.</li> <li>DBS register against staff names.</li> <li>Does the policy ensure who needs what level of DBS check?</li> <li>DBS renewals on three year programme.</li> <li>QA reviews which verify procedures.</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No DBS policy in place or applied inconsistently.</li> <li>Policy does not comply with current DBS legislation.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>DBS checks undertaken prior to employment.</li> <li>Poor record keeping of renewals/ resolution of anomalies.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>DBS policy updated to keep pace with current legislation.</li> <li>Register of DBS checks maintained and accessible for audit.</li> <li>Regular renewal process in place.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
should make reference to the statutory or non-statutory guidance applicable to your sector.	<ul style="list-style-type: none"> <li>Procedure for Foreign Nationals including contacting relevant embassy.</li> </ul>	<b>3</b>	<ul style="list-style-type: none"> <li>Advice sought from or audits undertaken by the Criminal Records Bureau to ensure excellence in this area.</li> <li>Actively ensure new roles and people moving across the organisation have DBS checks when appropriate.</li> <li>Register of roles and requirements for DBS checks. Policy in place for ensuring Foreign National clearance.</li> </ul>
<b>3.3</b> Employees involved in the recruitment of staff to work with children have received training as part of a 'safer recruitment' training programme.	<ul style="list-style-type: none"> <li>Staff attended safer recruitment training.</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / no staff have attended the safer recruitment training</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Some staff involved in recruitment have attended safer recruitment training.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training.</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>Documentation demonstrates all staff involved in recruitment and selection have attended safer recruitment training.</li> <li>Staff ensure that they undertaken the training every three years.</li> </ul>

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

Standard	Examples of Evidence	Score	Descriptors
<b>4.1</b> An induction process is in place for all staff and volunteers who have	<ul style="list-style-type: none"> <li>Evidence of induction process with familiarisation of policy and procedures and implementation.</li> <li>Safer working guidance read and signed by all staff members.</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No induction programme or no reference to safeguarding policies and procedures.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Induction programme with basic reference to policy and procedures and signposting.</li> </ul>

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

Standard	Examples of Evidence	Score	Descriptors
<p><b>4.3</b> Staff understand the when and how to make a referral to Children's Services or when instead to initiate Early Help Assessment</p>	<ul style="list-style-type: none"> <li>• Training programme includes Early Help and Safeguarding where appropriate.</li> <li>• For all other staff awareness of how to make a referral to statutory services or undertake a Early Help Assessment and support in achieving this</li> </ul>	0	<ul style="list-style-type: none"> <li>• No evidence submitted / Staff unaware of thresholds or Early Help and Referral process.</li> </ul>
		1	<ul style="list-style-type: none"> <li>• Appropriate staff have received training in Early Help and referral processes.</li> </ul>
		2	<ul style="list-style-type: none"> <li>• All staff know in principle who to contact to raise a Early Help Assessment or referral.</li> </ul>
		3	<ul style="list-style-type: none"> <li>• Staff are able to identify potential abuse, initiate, become lead professional and monitor</li> <li>• Early Help processes and where appropriate referrals. Referrals and Early Help are monitored for outcomes, patterns and possible active action.</li> <li>• Information is shared with other agencies.</li> </ul>
<p><b>4.4</b> Senior staff are kept up-to-date with changes in statutory requirements and new, evidence-based, ways of working informed by research. This includes lessons learned from Serious Case Reviews, audits and good practice</p>	<ul style="list-style-type: none"> <li>• Briefings to senior managers</li> <li>• Training for senior managers</li> <li>• Development days for senior management regarding safeguarding</li> </ul>	0	<ul style="list-style-type: none"> <li>• No evidence submitted / senior staff are not up to date with changes occurring safeguarding.</li> </ul>
		1	<ul style="list-style-type: none"> <li>• Evidence of briefings that senior staff are up to date with some changes which has resulted in change of working.</li> </ul>
		2	<ul style="list-style-type: none"> <li>• Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working.</li> <li>• Evidence of senior staff undertaking SSCB training regarding safeguarding and new ways of working.</li> <li>• Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.</li> </ul>
		3	<ul style="list-style-type: none"> <li>• Evidence of briefing that senior staff are up to date with safeguarding changes and new ways of working.</li> <li>• Evidence of senior staff undertaking SSCB training regarding safeguarding and new ways of working.</li> <li>• Evidence of senior staff attending development days and conferences regarding keeping up to date with changing statutory requirements.</li> <li>• Evidence that senior staff disseminate information regarding changes in statutory requirement and new evidence based ways of working.</li> <li>• Evidence that ways of working have been implemented into practice as a result of changes.</li> </ul>

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

Standard	Examples of Evidence	Score	Descriptors
appraisal process are filled.		•	• 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.

## 5. COMPLAINTS, ALLEGATIONS AND WHISTLE-BLOWING

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

Standard	Examples of Evidence	Score	Descriptors
and systems in place to enable whistle blowing on an organisational and individual level.	<ul style="list-style-type: none"> <li>dissemination to professionals and service users in a sensitive and appropriate manner.</li> <li>Evidence of lessons from whistle blowing being incorporated into Service Plans, Policies and Procedures.</li> </ul>	1	<ul style="list-style-type: none"> <li>Policy in place but has not been widely disseminated to service users and professionals.</li> <li>Policy is not shown to work effectively and there is little evidence of whistle blowing being logged and managed professionally.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Widely disseminated policy available to professionals and service users. Process demonstrated to work with logs and recorded outcomes.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Policy forms wider part of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvement.</li> </ul>
<b>5.3</b> The Organisation has a named senior officer who is trained and responsible to handle allegations and complaints and ensuring the organisation follows these procedures effectively	<ul style="list-style-type: none"> <li>Named senior manager and officer in place</li> <li>Policy and procedures in place</li> <li>Record of senior manager undergoing training in line with the SSCB training.</li> <li>Evidence of implementation of policy and procedure (e.g. minutes, record of policy reviews and communications).</li> <li>Record of outcomes.</li> <li>QA reviews which monitor effectiveness of policies and processes.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / no named senior manager or officer in place</li> </ul>
		1	<ul style="list-style-type: none"> <li>Evidence of a named senior manager and officer in place.</li> <li>Senior manager has undertaken training</li> <li>Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence of a named senior manager and officer in place</li> <li>Policy and procedures in place</li> <li>Senior manager has undertaken training and there is evidence that this has been put in to practice</li> <li>Audit programme of complaint and allegation process in which the effectiveness is monitored.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence of a named senior manager and officer in place</li> <li>Policy and procedures in place</li> <li>Policy and procedures reviewed regularly</li> <li>Staff briefed about the policy and procedure.</li> <li>Senior manager has undertaken training and there is evidence that this has been put in to practice</li> <li>Externally assessed audit programme in which the organisation ensures all parties to allegations are treated fairly and in line with policy and procedure.</li> </ul>
<b>5.4</b> All complaints and allegations of abuse	<ul style="list-style-type: none"> <li>Evidence of implementation of policy and procedure (e.g. minutes, record</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No or poor complaint policy/ procedure in place.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
are recorded, monitored and available for internal and external audit.	<ul style="list-style-type: none"> <li>of policy reviews and communications).</li> <li>Registers of outcomes.</li> <li>QA reviews which monitor effectiveness of policies and processes.</li> </ul>	1	<ul style="list-style-type: none"> <li>Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Audit programme of complaint and allegation process in which the effectiveness is monitored.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Externally assessed audit programme in which the organisation ensures all parties to complaints and allegations are treated fairly and in line with policy and procedure.</li> <li>Scrutiny panel acts as external verifier and moderator.</li> </ul>

## 6. INFORMATION SHARING, COMMUNICATION AND CONFIDENTIALITY

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

Standard	Examples of Evidence	Score	Descriptors
<a href="#">practitioners-information-sharing-advice</a>		3	<ul style="list-style-type: none"> <li>Record of induction programme completed which includes what to do if you are concerned about a child</li> <li>Clear accessible policies regarding sharing information in relation to child protection concerns</li> <li>Record of training / briefings undertaken regarding sharing information in relation to child protection concerns</li> <li>Records are monitored and reviewed.</li> </ul>
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	<ul style="list-style-type: none"> <li>ICT systems that allow sharing of information regarding children whom there are concerns in accordance with information governance policy</li> <li>Records reflect good communication between members</li> <li>ICT systems allow to flag children whom there is a concern.</li> <li>Minutes for multi-agency meetings</li> <li>Multi-agency plans</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / no communication between members of the organisation/ staff do not take part in multi-agency meetings / forums.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Evidence that ICT systems allow members to share information regarding children whom there are concerns</li> <li>Some files have minutes which illustrate that staff have participated in the multi-agency meeting</li> <li>Some files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence that ICT systems allow members to share information regarding children whom there are concerns</li> <li>Evidence from records that information is shared successfully between members</li> <li>Evidence that ICT systems allow children to be flagged for whom there is a concern.</li> <li>Files have minutes which illustrate that staff have participated in the multi-agency meeting</li> <li>Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
		<b>3</b>	<ul style="list-style-type: none"> <li>• Evidence that ICT systems allow members to share information regarding children whom there are concerns</li> <li>• Evidence from records that information is shared successfully between members</li> <li>• Evidence that ICT systems allow children to be flagged for whom there is a concern.</li> <li>• These systems are monitored and reviewed to improve practice.</li> <li>• Files have minutes which illustrate that staff have participated in the multi-agency meeting</li> <li>• Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children</li> <li>• Records are monitored and reviewed to ensure that minutes and plans are on files.</li> </ul>
<b>6.3</b> Relevant data is made available to SSCB for inclusion in their annual report.	<ul style="list-style-type: none"> <li>• Agencies provide an annual report on safeguarding to the SSCB</li> <li>• Agencies provide relevant performance information to the SSCB</li> <li>• SSCB annual report</li> </ul>		
		<b>0</b>	• No evidence submitted / No data supplied to the SSCB
		<b>1</b>	• Evidence of some performance information being presented to the SSCB
		<b>2</b>	<ul style="list-style-type: none"> <li>• Evidence of regular performance information presented to the SSCB</li> <li>• Evidence of annual reports presented to the SSCB</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>• Evidence of regular performance information presented to the SSCB</li> <li>• Evidence of annual reports presented to the SSCB</li> <li>• SSCB annual report highlights performance information for your agency</li> </ul>
<b>6.4</b> Your organisation can ensure information on children and their family, which is of a personal and sensitive nature, is accurate, up to date	<ul style="list-style-type: none"> <li>• Records are kept in a secure place</li> <li>• Records are up to date</li> <li>• Data is kept confidential if appropriate</li> <li>• Training/ Policy and procedure on data security</li> </ul>		
		<b>0</b>	• No evidence submitted / Data and records are not kept up to date or securely/ policy or training on data security
		<b>1</b>	<ul style="list-style-type: none"> <li>• Evidence that some records are kept accurate up to date</li> <li>• Evidence that some records are kept in a secure place</li> <li>• Evidence that some information is not shared unless in line with procedure.</li> <li>• Evidence that policy and training in place regarding the security of records, but staff are not aware of these</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
and kept confidential when appropriate.		2	<ul style="list-style-type: none"> <li>Evidence that records are kept accurate up to date</li> <li>Evidence that records are kept in a secure place</li> <li>Evidence that information is not shared unless in line with procedure</li> <li>Evidence that policy and training in place regarding the security of records, and staff are aware of these</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence that records are kept accurate and up to date</li> <li>Evidence that records are kept in a secure place</li> <li>Evidence that information is not shared unless in line with procedure.</li> <li>Evidence that systems in place to keep information are accurate and up to date and this is monitored and reviewed by supervision and audits.</li> <li>Evidence that policy and training in place regarding the security of records, and staff are aware of these</li> <li>Record of training completed and policies are reviewed regularly</li> </ul>

7. **LISTENING TO CHILDREN AND YOUNG PEOPLE:**

Standard	Examples of Evidence	Score	Descriptors
7.1 Business/Service plans are informed by the views of children and families, including groups who are often excluded e.g. disabled / Looked After Children.	<ul style="list-style-type: none"> <li>Customer feedback processes, e.g. survey, forums, staff feedback.</li> <li>Business plans for own and contracted organisations have statements that reflect input from children and families</li> <li>Evidence of implementation.</li> <li>Trustee minutes of informed decisions.</li> <li>Evidence referenced in service plan.</li> </ul>		
		0	<ul style="list-style-type: none"> <li>No evidence submitted / No service plan or views of children and families not included.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Service plan has been developed indirectly from evidence base of children and families.</li> <li>No or little correlation between client wishes and service plan content.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Direct correlation between service plan contents and the evidence base from children and families.</li> <li>Reference to specific items in evidence base within service plan.</li> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
	<ul style="list-style-type: none"> <li>Assessments illustrate that staff understand the importance of equality and diversity</li> </ul>	<b>3</b>	<ul style="list-style-type: none"> <li>Service plans developed in sequence with evidence collection and interpretation.</li> <li>Programme of client feedback and information gathering timed to influence development of service plan.</li> <li>All areas of organisation include client informed decisions.</li> <li>Evidence of children and their families influencing the service plan development, verifying, prioritising and agreeing sign off together with the organisation and their partners.</li> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.</li> </ul>
<b>7.2</b> The service design and review process takes into account the views of young people and their families. 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.	<ul style="list-style-type: none"> <li>Procedures in place to encourage this as an automatic process.</li> <li>Children's wishes and needs being reflected in service design/delivery</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No process to gather individual child views.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Process in place to gather wishes during client consultations which are then used in case decisions. Some evidence in case files of this process.</li> <li>Evidence that some information given to service users is in a format that they understand and this is documented in records</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>Child views are gathered and recorded early in contact process and at each appropriate point thereafter.</li> <li>Evidence of how these views influence case decisions is detailed.</li> <li>Evidence that information given to service users is in a format that they understand and this is documented in records</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>Children and families are part of the "team".</li> <li>Their views are recorded throughout the case file and are encouraged through interactive sessions, tasks and activities around understanding their views. Processes are designed to take into account views and form an essential part of the daily interaction with clients.</li> <li>Evidence that information given to service users is in a format that they understand and this is documented in record</li> </ul>
<b>7.3</b> Children are made aware of their right to be safe from	<ul style="list-style-type: none"> <li>Websites, posters, prominent display, child guides. Individual case file</li> </ul>		
		<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / the organisation does not promote a safeguarding culture.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
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.	<ul style="list-style-type: none"> <li>management involving information given to specific children.</li> <li>Code of conduct.</li> </ul>	1	<ul style="list-style-type: none"> <li>Basic promotion through posters and other mass communication means.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Processes ensure children are informed of the right to be safe at the first interaction and at other appropriate points. This is reinforced by prominent display of posters and leaflets.</li> </ul>
		3	<ul style="list-style-type: none"> <li>The organisation utilises a wide variety of communication methods ensuring vulnerable children and hard to reach groups also understand the right to be safe.</li> <li>The information is kept up to date, refreshed and modified to fit the client group.</li> <li>Constantly looking for ways to reach new audiences and keeping messages fresh and appealing.</li> </ul>
<b>7.4</b> Children are listened to, taken seriously and responded to appropriately, including during individual case decision-making	<ul style="list-style-type: none"> <li>Evidence of a culture of listening to children's voices.</li> <li>EHA forms, referral forms, feedback, children and young people surveys, young person panels, forums, audits, case file comments, publicity material, individual responses.</li> <li>When a child is not able to provide their views because of age or ability, the case files record the views of other parties, but make judgements on the child's perspective and needs.</li> <li>Evidence in case file</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence of consultation on population or individual child basis.</li> <li>No evidence submitted</li> <li>No response process for children's voices.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Basic levels of opportunity for children to be listened to and some evidence of response to children's voices.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidenced opportunities for children's voices within case files and through other forums such as surveys. Policies in place to ensure children's voices are acted upon</li> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.</li> <li>Evidence that this is monitored and reviewed by audits.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence that assessments undertaken illustrate that staff understand the value of equality and diversity.</li> <li>Evidence that this is monitored and reviewed by audits. Programmed child involvement, planned and co-ordinated.</li> <li>Each child contact provides and evidences an opportunity for the child to be listened and responded to.</li> <li>Regular child forums, opportunities for individual and population feedback</li> </ul>

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

#### 8. CHILD 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	<ul style="list-style-type: none"> <li>Staff are aware of and using the DfE guidance on Safeguarding Children and Young People from Child Exploitation, Missing and Hidden Crime</li> <li>There is a dedicated lead person in each partner organisation with responsibility for implementing the guidance</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No policy/procedure in place</li> </ul>
		1	<ul style="list-style-type: none"> <li>Basic local procedures are in place and guidance made accessible to some practitioners but no evidence of its use and impact</li> </ul>
		2	<ul style="list-style-type: none"> <li>Widely disseminated policy available to professionals and service users.</li> <li>Professionals are aware of DfE guidance with direct contact with children/young people at risk of child exploitation, missing and hidden crimes</li> <li>Professionals are aware of procedures for reporting safeguarding concerns related to child exploitation, missing and hidden crimes.</li> </ul>

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

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

## 9. STAFF SUPERVISION

Standard	Examples of Evidence	Score	Descriptors
9.1 The organisations staff supervision policy supports effective safeguarding.	The organisation has a policy that sets out the frequency that employees in contact with children receive supervision.	0	<ul style="list-style-type: none"> <li>No evidence submitted / No supervision policy in place</li> </ul>
		1	<ul style="list-style-type: none"> <li>Supervision and appraisals occur at intervals, basic recording. No monitoring of processes.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Regular supervision and appraisals. Monitoring of compliance.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Supervision and appraisal form a central part of the safeguarding agenda for the organisation.</li> <li>Supervision agendas ensure staff can discuss concerns about cases and can access support to improve the outcomes for the child.</li> <li>Appropriate actions from supervisions and appraisals are fed into team and service delivery plans.</li> <li>Outcomes from supervision and appraisals are fed into training and development plans.</li> <li>This is monitored and reviewed annually.</li> </ul>
9.2 Staff working with children receive regular management supervision on an individual basis and can access further support when required.	<ul style="list-style-type: none"> <li>Supervision and appraisal records.</li> <li>Supervision and appraisal policy and procedure.</li> <li>Audit of occurring: frequency and quality.</li> <li>Staff self report non compliance.</li> <li>Links from outcomes of supervision and appraisal into training and development plans.</li> <li>Continuous Learning and Development/ personal training and development plans.</li> <li>QA reviews.</li> </ul>	0	<ul style="list-style-type: none"> <li>No evidence submitted / No policy in place.</li> </ul>
		1	<ul style="list-style-type: none"> <li>Supervision policy in place but of low standard, not clear, out of date, in process or being written or having key sections missing</li> <li>Some evidence staff aware of it/using it</li> <li>Some evidence of dissemination to staff</li> </ul>
		2	<ul style="list-style-type: none"> <li>Policy in place</li> <li>Evidence of staff accessing and using it</li> <li>Dissemination to all staff.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Policy in place</li> <li>Evidence of all staff accessing and using it on a regular basis</li> <li>Dissemination to all staff</li> <li>Regular planned review of the policy</li> </ul>
9.3 There is an annual appraisal process		0	<ul style="list-style-type: none"> <li>No evidence submitted / No appraisals in place.</li> </ul>

Standard	Examples of Evidence	Score	Descriptors
which includes a review of each member of staff's role and their skills, competencies and knowledge around safeguarding children	<ul style="list-style-type: none"> <li>Annual appraisals include skills, competencies and knowledge around safeguarding children.</li> </ul>	1	<ul style="list-style-type: none"> <li>Evidence of appraisals occur at regular intervals, basic recording. No monitoring of processes.</li> </ul>
		2	<ul style="list-style-type: none"> <li>Evidence of appraisals occurs at regular intervals and there is evidence of monitoring of compliance in place.</li> </ul>
		3	<ul style="list-style-type: none"> <li>Evidence of appraisal form is a central part of the safeguarding agenda for the organisation.</li> <li>Evidence of appropriate actions from appraisals are fed into team and service delivery plans.</li> <li>Evidence of outcomes from appraisals are fed into training and development plans.</li> </ul>

#### 10. QUALITY ASSURANCE AND OUTCOME MEASUREMENT

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

Standard	Examples of Evidence	Score	Descriptors
their welfare is being effectively safeguarded and promoted.	<ul style="list-style-type: none"> <li>Child is the central focus of outcome measurement</li> </ul>	<b>3</b>	<ul style="list-style-type: none"> <li>System in place and kept up to date</li> <li>Regular reporting internally and to external agencies</li> <li>Use of appropriate methods of assessing impact</li> <li>Reports disseminated to relevant people</li> <li>Evidence of use of report findings and monitoring action plan</li> <li>Evidence of reflective analysis</li> <li>Evidence of performance/service improvement and sharing good practices</li> </ul>
<b>10.2</b> The organisation has in place a programme of internal audit and review that enables them to continuously improve the protection of children and young people from harm or neglect.	<ul style="list-style-type: none"> <li>Evidence of audit programme and outputs.</li> <li>Self assessments.</li> <li>External QA review processes.</li> <li>Best value review audit.</li> <li>Evidence of communication of findings.</li> <li>Evidence of implementation of findings.</li> <li>Evidence of Sharing findings</li> <li>Child is the central focus of the review/assessment</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted / No audit programme in place.</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Ah-hoc audits undertaken, but usually as a result of poor performance or incidents.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>Programme of audit undertaken designed to ensure policies and procedures are being adhered to.</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>Internal and external audit programme which questions current practice, develops and ensures implementation of continuous improvement programme.</li> <li>Staff are encouraged to challenge practice and suggest audit programmes.</li> <li>Multiagency audits are undertaken to improve interagency processes.</li> <li>Mixture of methodologies used.</li> <li>This is shared with the Performance Management Subgroup</li> </ul>
<b>10.3</b> All appropriate staff understand the need for accurate, clear and on-going case-work recording. Your agency has arrangements for auditing the quality of recording.	<ul style="list-style-type: none"> <li>Audit of occurring: frequency and quality.</li> <li>Staff self report non compliance.</li> <li>Links from outcomes of supervision and appraisal into training and development plans.</li> <li>Continuous Learning and Development/ personal training and development plans.</li> <li>QA reviews.</li> </ul>	<b>0</b>	<ul style="list-style-type: none"> <li>No evidence submitted</li> </ul>
		<b>1</b>	<ul style="list-style-type: none"> <li>Basic recording. No monitoring of processes.</li> </ul>
		<b>2</b>	<ul style="list-style-type: none"> <li>Regular monitoring of compliance.</li> </ul>
		<b>3</b>	<ul style="list-style-type: none"> <li>Regular monitoring of compliance as part of supervision and appraisal</li> <li>Supervision agendas ensure staff can discuss concerns about cases and can access support to improve the outcomes for the child.</li> <li>Evidence of QA reviews on case recording</li> </ul>

