Standards for safeguarding and promoting the welfare of children and young people: **Section 11 Audit Toolkit Date Audit Completed** Name of agency or organisation **Gloucester City Council** Service within agency (if applicable) Address Safeguarding Children in Gloucestershire Name of person completing audit Sadie Neal Designation of person completing Sadie.Neal@gloucester.gov.uk **Email contact for person completing** audit Overall Scores Score % (not 90.0 <u>S6</u> <u>S8</u> Ratings 80.0 including 70.0 N/A) 60.0 50.0 Not Met (number) 13. 6 0 0 0 0 0 0 40.0 Patially Met (number) 0 1 0 0 1 0 0 0 9. 1 30.0 Fully Met (number) 20.0 77.3 4 4 2 0 3 2 1 10.0 Not Applicable (number) 0 0 0 3 4 2 0.0 0 0 0.0 Not answered (number) 0 0 0 0 0 Average score across all Safeguarding 2.6 Standards Score Introduction **Contents Page Action Plan Summary**

			1	2	3	N/A
	Standard	1- Senior Mana	gement Commitment			
Safeguarding Children in Gloucestershire	1. Not Met	2. Partly Met	3. Fully Met	Rating	Action Required	Evidence/Comments
1.1 A Safeguarding Children Champion is named	There is no senior manager nominated as children's champion.	Champion identified but not yet taken on the role. A safeguarding children champion has been identified but they have not yet taken on the role within the organisation.	Champion named, taken on the role and operating. There is a named safeguarding champion within the organisation (please provide name and job role in the evidence/comments field)	3	Lead person name/title: Sadie Neal - Business Improvment Manager Action: By When:	Responsibility is written into Job Description which was updated in September 2013
1.2 Safeguarding Champion is identifiable within the organisation by all staff	Staff are not aware that a) there is a safeguarding champion and b) what the champion's role	Staff are aware that there is a safeguarding champion in place but do not understand the role	Staff are aware that there is a champion and they are aware of the champion's role	3	Lead person name/title; Sadie Neal - Business Improvement Manager Action: By When:	Communication goes out to all staff on a quarterly basis and the safequarding champion attends selected services team times to explain role and responsibilities
1.3 Senior Management Team monitor Safeguarding actions of staff	No monitoring takes place	Some monitoring takes place but is inconsistent	Safeguarding actions of staff are monitored appropriately as regards to their role and the organisations	3	Lead person name/title: Sadie Neal - Business Improvement Manuger Action: By When:	Information is shared with SMT about the actities of Safeguarding Champion
1.4 There is a Safeguarding Children item on the senior management team agenda	Senior Management Team agenda's do not include an item in relation to safeguarding children.	Items in relation to safeguarding children are included on the SMT agenda when necessary but this is ad-hoc, rather than as a standing item	Safeguarding children is a standing item overy SMT agenda. There are robust discussions in relation to safeguarding responsibilities and all Senior Managers are kept up to date with both local and national safeguarding guidance.	3	Lead person name/title: Sadie Neal - Business Improvement Manager Action: By When:	Safeguarding is on the SMT agenda on a six monthly basis

Go to Score Summary Go to Action Plan

Contents Page

Home Page

Resources

Proceed to the Next Set of Safeguarding Standards

			1	2	3	N/A
Standard 2 -	Clear statement of re	sponsibility to all sta	ff and Effective Inter-	agency v	working	
Safeguarding Children in Gloucestershire	1. Not Met	2. Partly Met	3. Fully Met	Rating (Please score)	Action Required	Evidence/Comments
2.1 The importance of safeguarding and promoting the welfare of children is communicated to all staff	This message is not communicated within the organisation.	There are sporadic communications but these may not be rigorous.	There are a range of communication tools in place that regularly reinforce the importance of safeguarding and promoting the welfare of children. (Please detail evidence of communication tools)	3	Lead person name/title: Sadie Neal - Business Improvement Manager Action: By When:	Planned communications go out four times per year to all staff via in-House briefings using the in-House briefings using the relation to safeguarding policy and procedures is stored on the organisations intranet for access 24/7.
2.2 Staff are aware of and working to the South West Child Protection procedures and statutory guidance	Staff are not aware of procedures and guidance.	Staff are aware of the procedures and guidance but work to them on a ad-hoc basis with limited monitoring.	Staff are made aware of the South West Child Protection Procedures as part of the induction process. There are clear instructions on how to access SWCPP and compliance is monitored through internal audits and supervision arrangements.	3	Lead person name/title: Sadie Neal - Business Improvment manager Action: By When:	We do not hold supervision sessions as we do not provide services to children. But we use the SW child protection processor provided on the information provided on the intranet.
2.3 - A Single agency child protection policy is in place (Please provide a copy as evidence)	The organisation does not have a child protection policy in place.	There is a child protection policy but a) it has not been reviewed or b) staff are not routinely made aware of it.	There is a policy in place for this agency, staff are made aware of the policy and they are informed of updates.	3	Lead person name/little: Sadie Neal - Business improvement manager Action: By When:	
2.4 - Staff, children and families are aware of how to make complaints when responsibilities are not met (provide a copy of the complaints policy)	Staff, children and families are not aware of how to make a complaint.	There is a complaints policy in place but staff, children and families are not readily made aware of how to make a complaint.	There is a clear and easy to understand complaints policy in place, which staff, children and families are made aware of and a) the policy is readily accessible and b) complaints are responded to in a timely manner.	3	Lead_person_name/hitle: Wendy_lones - Customer Services manager Action:_ Ry_When:	
2.5 Staff understand how to raise safeguarding concerns about the practice of other agencies. Click here for the Resolution of Professional's disagreements policy	Staff are not aware of how to raise safeguarding concerns about the practice of other agencies.	Staff are aware that they should be raising safeguarding concerns about the practice of other agencies but there is limited or no evidence that the resolution of professional disagreements policy is being used	All appropriate staff within the organisation are aware of the resolution of professional's disagreements policy. Use of the policy within the organisation is reported back to the GSCB.	2	Lead person name/title: Sadie Neal - Business Improvements Manager Action: Check the context within our organisation as none have been reported to date By When: March 2013	

Go to Score Summary Proceed to the Next Set of Safeguarding Standards

Go to Action Plan

Resources

Contents Page Home Page



Safeguarding Children in Gloucestershire	1. Not Met	2. Partly Met	3. Fully Met	Rating (Please score)	Action Required	Evidence/Commer
- A designated individual has overall responsibili for safeguarding	There is no named person y with overall responsibility for safeguarding within the organisation.	There is an individual with responsibility but they are not yet operational.	There is a named individual with overall responsibility for safeguarding within the organisation. (please provide name and job role in the evidence/comments field)	3	Lead person name/title: Martin Shields - Director of Services and Neighbourhoods Action: By When:	
? - There are established lines of accountabili up through the organisation	Staff are not clear of the lines of accountability up through the organisation. Reporting structures are not made available to staff.	There are established lines of accountability but staff are not made aware of these as part of the induction process and there is no evidence that noncompliance is addressed.	There are clear lines of accountability up through the organisation to the person with ultimate accountability for children's welfare. Staff are fully informed of the lines of accountability and there is evidence that non-compliance is addressed	3	Lead person name/little: Sadie Neal - Business Improvement Manager Action: By When:	Noted in the safeguarding policy attained there have been no issues of a compilance to refer to

Go to Action Plan

Contents Page

Home Page

			1	2	3	N/A
	St	andard 4 - Service De	velopment			
Safeguarding Children in Gloucestershire	1. Not Met	2. Partly Met	3. Fully Met	Rating (Please score)	Action Required	Evidence/Comments
4.1 - Safeguarding is considered in service planning (e.g. Business Plans include Safeguarding)	There is no evidence that service planning takes into account the needs to safeguard and promote the welfare of children.	Service planning includes Safeguarding but this is not based on robust needs analysis have been undertaken to determine priorities.	Business Plans include Safeguarding. Needs Analysis is undertaken to determine priorities and actions designed to improve outcomes for children and young people in the local area.	3	Lead person name/little: Sadie Neal - Business improvement Manager Action: By When:	Subsequenting is a feature in the service objectives of the Biosiness Reprovement. Team, where the safequenting champion is located
4.2 - Service development plans are informed by the views and experiences of children and families	Plans are developed without taking into consideration the wishes and feelings of children, young people and families	There are some examples where service development plans are informed by the views and experiences of children and families but this is not reflected across the whole organisation.	Children and families are actively involved in the design, development and delivery of services.	N/A	Lead person name/title: Action: Sy When:	
4.3 - FOR COMMISSIONING ORGANSIATIONS ONLY: PVI organisations commissioned to provide services, are compliant with \$11 standards and these are monitored through contract monitoring arrangements Click here to see the GSCB Guidance for Contractors and other organisations providing services in Gloucestershire County Council	Contract monitoring arrangements do not include whether the organisation is compliant with \$11 standards.	Some contracts are monitored to ensure compliance with \$11 standards but this is not reflected across all children's commissioned services.	Compliance with S11 Standards are fully regulated through the contract monitoring arrangements. Any non-compliance is addressed and actions are put in place to ensure full compliance with the standards. The organisation has a demonstrable understanding that it is their responsibility to ensure that organisations providing services on their behalf are compliant with Section 11. The GSCB Guidance for Contractors is used to ensure compliance with S11 standards.	N/A	Lead person name/litte: Action: By When:	
4.4 - FOR COMMISSIONED ORGANISATIONS ONLY: The commissioning process included a requirement to safeguard children.	The commissioning process did not place a requirement on the organisation to safeguard children.	The commissioning process did include reference to safeguarding but not a specific requirement on the organisation for safeguarding children.	The commissioning organisation included a specific requirement on the organisation to safeguard children, as part of the commissioning process.	N/A	Lead person name/litte: Action: By When:	

Go to Score Summary

Go to Action Plan

Contents Page

Home Page

Proceed to the Next Set of Safeguarding Standards

			1	2	3	N/A
	Standar	rd 5 - Effective Inform	ation Sharing			
Safeguarding Children in Gloucestershire	1. Not Met	2. Partly Met	3. Fully Met	Rating (Please score)	Action Required	Evidence/Comments
5.1 - Staff are aware of how to access multi-agency guidance on Information Sharing	Staff are not aware of how to access multi-agency guidance on information sharing	Staff are made aware of how to access multi-agency guidance on information sharing. However, there are no mechanisms in place to monitor their level of understanding.	There are information sharing procedures/guidance in place. Staff understanding of the procedures/guidance is monitored through internal audit and supervision checks.	2	Lead person name/title: Sadie Neal - Business improvement Wanager improvement Wanager Action: Action: Some testing within the vaganisation (mystery shopper / teamtimes) Br. When: June 2013	How to share information is addressed in available guidrace although not tested
5.2 - All staff and volunteers who come into contact with children understand the purpose of information sharing in order to safeguard children	Staff and volunteers who come into contact with children do not understand the purpose of information sharing.	There is a level of understanding in relation to the purpose of information sharing to safeguard children but this is not regularly reinforced or monitored by the organisation.	Staff and volunteers who become aware of issues relating to child protection fully understand the importance of information sharing in order to safeguard children.	N/A	Lead.person.name/litle: Action: By When:	
Go to previous of Safeguarding Stand		to Score ummary	Proceed to the Nex	xt Set of ndards	Safeguarding	•
	Go to	Action Plan	Resources			

Contents Page
Home Page

			1	2		N/A
	Standard 6 - Work	with individual child	ren and their families			
Safeguarding Children in Gloucestershire	1. Not Met	2. Partly Met	3. Fully Met	Rating (Please score)	Action Required	Evidence/Comments
6.1 · There are clear safeguarding outcomes for children	There are no clear safeguarding outcomes for children.	There are safeguarding outcomes for children but these are not always clear or consistently delivered. Detail evidence and controls	There are clear safeguarding outcomes for children and young people, safeguarding risks are identified and actions are taken to reduce risk factors. Detail evidence and controls	N/A	Lead person name/litle: Action: By When:	
6.2 · The voice of the child is heard and acted upon	The voice of the child is not taken into consideration and there is no evidence of the child's views being recorded on files or evidenced in plans.	There is limited evidence that the voice of the child is heard or acted upon through recordings on file and in plans or whether children's views are valued by saff and the organisation.	The voice of the child is routinely heard and acted upon. There is clear evidence that the child's views and wishes have been taken into account and assessments and plans are focused around the needs of the child. Service user involvement forums and surveys take place on a regular basis	N/A	Lead person name/lille: Action: By When:	
6.3 - The diversity needs of children are met and there is equality of opportunity	There is no evidence in place to suggest that the work of the organisation is anti-discriminatory. The organisation does not have an equality and diversity policy.	There is an equality and diversity policy in place but their es in oevidence that the individual diversity needs are taken into account when working with a child and their family.	Individual needs based on race, language religion, faith, gender and disability are taken into account when working with a child and their family. There is an equality and diversity policy and action plain in place which is monitored and updated on regular basis.	N/A	Lead person name/title: Action: By When:	
6.4 - Vulnerable groups of children and young people are identified by the organisation and their particular needs are being addressed. Vulnerable groups include: LAC, CWD, BME, Bullied Children, CP Plan, Children Missing - Missing Education, EHE, those with a parent in prison.	The organisation does not identify the needs of particularly vulnerable groups of children and young people.	Vuinerable groups of children and young people are identified by the organisation but their particular needs are not always addressed by the organisation.	Vulnerable groups of children and young people are identified by the organisation and there is evidence that their particular needs are being identified and addressed.	3	Lead person name/title Sadin Neal - Business improvement manager Action: By When:	We have specialist officers that work with vulnerable groups in Housing
6.5 - Safeguarding Reflective Practice is embedded within the organisation to share lessons and learning Click here for a Framework for Safeguarding Practice Reflection	Safeguarding Practice Reflection is not embedded within the organisation.	There is limited use of the Reflective Practice model as a supervision tool. Appropriate Frostline Appropriate routinely attend Professional Reflective meetings.	Where applicable The framework for Safeguarding Reflective Practice is embedded within the organisation. The model is used as part of Supervision arrangements.	N/A	Lead person name/like: Action: By When:	

Go to Score Summary

Go to Action Plan

Contents Page

Home Page

Proceed to the Next Set of Safeguarding Standards

			1	2	3	N/A
		Standard 7 Staff Trai	ning			
Safeguarding Children in Gloucestershire	1. Not Met	2. Partly Met	3. Fully Met	Rating (Please score)	Action Required	Evidence/Comments
7.1 - Staff Induction includes safeguarding, including own role and responsibilities and those of other professionals	Staff induction does not include safeguarding information. Staff do not have an awareness of their own safeguarding responsibilities or those of other professionals	There is a staff induction process in place but this does not fully cover the safeguarding responsibilities of staff.	An induction process is in place which includes safeguarding information. All staff receive an introduction to the organisations child protection policy and local reporting processes. The induction always takes place within the first 6 months of employment.	3	Lead person name/litle: Sadie Neal - Business Improvement Manager Action: By When:	Safeguarding is covered in the induction presentation and all staff receive the safeguarding policy through the policy management software system.
7.2 - Appropriate levels of Safeguarding training are accessed by all members of staff which includes; in-house single agency training and as appropriate multi-agency specialist training.	Staff within the organisation do not receive appropriate levels of training	Not all Staff within the organisation have received appropriate levels of training	All staff within the organisation have received appropriate levels of safeguarding training or are due to receive the training.	3	Lead person name/title: Sadie Neal - Business Improvement Manager Action: By When:	The e-learning package is made available to all staff. All frontine staff are recorded when undertain the training, usits from adequating champion to frost fire adequating champion undertained that the staff of th
7.3 - The Disabled children Lead for the organisation and staff who work with children and families at the frontiline, have attended specialist Safeguarding Disabled Children Training.	Disabled children training has not been attended by identified staff within the organisation	There is some take up of the training across the organisation but it is not targeted at those who would most benefit from it.	Identified staff within the organisation who work with children and families at the frontline have attended specialist Disabled Children training. The take up of this training across the organisation is monitored. Staff supervision has identified members of staff who are due to receive the training.	,	Lead Barson name/filte Mar Hopper - Housing Services Manager Action: Arrange for the two dedicated special needs officers to special needs officers of participate in the safeguarding disabled children training By When: April 2014	
7.4 - Relevant staff have access to safer recruitment training	Relevant staff within the organisation do not have access to safer recruitment training	There is some evidence of staff accessing safer recruitment training, but this is not systemic across the organisation.	Relevant staff have undertaken safer recruitment accredited training, either via the DFE website or from an alternative source (e.g. GSCB safer recruitment training)	3	Lead person name/litle: Ruth Aldridge - Head of HR Action: By When:	Two member of HR service trained in safer recruitment according training in 2013
7.5 - Learning from system reviews, relevant to the organisation have been disseminated and embedded. They might include Serious Case Review's (SCR) and other systems review, Child Death Overview Panel (CDOP), Critical learning review (Youth Justice Board)	No dissemination of learning from any system reviews.	Evidence of some dissemination of learning from reviews.	Systematic dissemination of learning from reviews relevant to the organisation and of embedding the learning into the organisational culture.	N/A	Lead person name/title: Action: By When:	We do receive serious case review infomation and would act upon any learning ports that are recommended. We have not had an in the last live yeals and there impacted during the last live years and there impacted during the last live years.

Go to Score Summary Proceed to the Next Set of Safeguarding Standards

Go to Action Plan

Resources

Contents Page

Home Page

			1	2	3	N/A
	Standard 8 - Safe	Recruitment, vetting	and allegations proce	dures		
Safeguarding Children in Gloucestershire	1. Not Met	2. Partly Met	3. Fully Met	Rating (Please score)	Action Required	Evidence/Comments
8.1 · Interview panels include someone trained in safer recruitment when appropriate	Interview panels do not include a panel member who is trained in safer recruitment	Whilst some interview panels do include a panel member who is training in safer recruitment, this is not the case in all instances.	When appropriate Interview panels always include at least one member who is trained is Safer Recruitment - either through the DfE or the GSCB safer recruitment training DfE Safer Recruitment twww.education.gov.uk/e-learning/join/index.php GSCB Safer Recruitment - www.gscb.org.uk/article/113 325/Safer-Recruitment-Accreditation	3	Lead person name/litte: Ruth Aldridge - Head of HR Action: By When:	We have staff recruited into eater recruitment roles although we have not had to recruit rifo a posit that required them to sit on the interview panel in that capacity
8.2 · Where appropriate references are taken up prior to interview in accordance with safer recruitment practice. Where organisation guidelines do not stipulate that references must be taken up prior to interview, all recruitment guidelines are followed (e.g. NHS, Police)	References are not taking up prior to interview. References are not taken up in accordance with organisational guidelines.	References are usually taken up prior to interview but there are occasions when this does not happen. References are requested, but there is not a clear process in place to ensure that a satisfactory reference has been received before commencement of employment.	References are always taken up prior to interview in accordance with safer recruitment practice. Where organisational guidelines state that references are taken up after interview, this is always the case and staff are not appointed unless a satisfactory reference has been received.	N/A	Lead person name/litte: Ruth Aldridge - Head of HR Action: By When:	
8.3 - Regulated activity under DBS has been agreed and checks undertaken	There is no clear understanding of regulated activity and DBS checks are not undertaken	DBS checks are not systematically undertaken for staff or volunteers who work with children in regulated activity.	The organisation undertakes DBS checks on all staff and volunteers who work with children in regulated activity	3	Lead person name/litte: Ruth Aldridge - Head of HR Action: By When:	We undertake DBS checks for anyone who has access to sensitive information
8.4 · Risk assessments have been undertaken for activities that no longer meet the regulated activity definition	Risk assessments have not been undertaken for those activities that no longer meet the regulated activity definition	Risk assessments have been undertaken for some activities that no longer meet the definition of regulated activity but this does not happen across the whole organisation.	For activities that no longer meet the definition of regulated activity, risk assessments have been undertaken and these have been fully documented.	,	Lead person name/litle: Action: By When:	
8.5 - Agency participates in allegations management processes Click to see a Summary of Allegations Management Procedures	There are no allegations management processes in place within the organisation. The organisation does not have arrangements in place to safeguard children in the event of an allegation against staff or volunteers.	There is allegations management guidance/processes in place but these are not routinely followed when issues arise.	The organisation gives full consideration and has arrangements in place to safeguard children when an allegation is made against a member of staff or volunteer. There is a named senior officer to whom allegations and concerns are reported. The named person is easily contactable and there are cover arrangements in place if the named person is not available.	N/A	Lead person name/litte: Action: By When:	We do not provide any direct services to children
8.6 - The organisation has clear criteria for referring to the DBS	The organisation does not have a clear criteria in place for referring to the DBS.	There is understanding of the responsibility to refer cases to the DBS at a senior level, but this is not mirrored across all staff within the organisation.	Staff within the organisation fully understand their responsibility in relation to referring cases to the DBS.	1	Lead person name/litte: Ruth Aldridge - Head of HR Action: Currently reviewing situation with aim to establish a clear criteria. Liasse with DBS service Bv When: June 2013	We are currently checking all staff who access secure network (access to sensitive or controlled data)

Go to Score Summary

Go to Action Plan

Contents Page

Home Page

		Action Plan		
Standard 1.1	Standard 1.2	Standard 1.3	Standard 1.4	
Lead person name/title: Sadie Neal - Business Improvment Manager Action:	Lead person name/title: Sadie Neal - Business Improvement Manager Action:	Lead person name/title: Sadie Neal - Business Improvement Manager Action:	Lead person name/title: Sadie Neal - Business Improvement Manager Action:	
By When:	By When:	By When:	By When:	
Standard 2.1	Standard 2.2	Standard 2.3	Standard 2.4	Standard 2.5
Lead person name/title: Sadie Neal - Business Improvement Manager Action:	Lead person name/title: Sadie Neal - Business Improvment manager Action:	Lead person name/title: Sadie Neal - Business Improvement manager Action:	Lead person name/title: Wendy Jones - Customer Services manager Action:	Lead person name/title: Sadie Neal - Business Improvements Manager Action: Check the context within our organisation as none have been reported to date
By When:	By When:	By When:	By When:	By When: March 2013

Standard 3.1	Standard 3.2			
Lead person name/title:	Lead person name/title:			
Martin Shields - Director of	Sadie Neal - Business			
Services and Neighbourhoods	Improvement Manager			
Action:	Action:			
By When:	By When:			
Standard 4.1	Standard 4.2	Standard 4.3	Standard 4.4	
Lead person name/title: Sadie Neal - Business	Lood parage pama/title.	Lood norsen nome/title.	Lead person name/title:	
mprovement Manager	Lead person name/title:	Lead person name/title:	Lead person name/lilie.	
Action:	Action:	Action:	Action:	
iction.	Action.	Action.	Action.	
	By When:	By When:	By When:	
By When:				

Standard 5.1	Standard 5.2	Standard 5.3	Standard 5.4	Standard 5.5
Lead person name/title:				
Sadie Neal - Business improvement Manager	Lead person name/title:			
Action: Carry out some testing within the	Action:			
organisation (mystery shopper / teamtimes)				
	By When:			
By When: June 2013				
Standard 6.1	Standard 6.2	Standard 6.3	Standard 6.4	Standard 6.5
Lead person name/title:	Lead person name/title:	Lead person name/title:	Lead person name/title: Sadie Neal - Business improvement manager	Lead person name/title:
Action:	Action:	Action:		Action:
By When:	By When:	By When:	By When:	By When:

Standard 7.1	Standard 7.2	Standard 7.3	Standard 7.4	Standard 7.5	
Lead person name/title: Sadie Neal - Business Improvement Manager Action:	Lead person name/title: Sadie Neal - Business Improvement Manager Action:	Lead person name/title: Mar Hopper - Housing Services Manager Action: Arrange for the two dedicated special needs officers to participate in the safeguarding disabled children training	Lead person name/title: Ruth Aldridge - Head of HR Action:	Lead person name/title: Action:	
By When:	By When:	By When: April 2014	By When:	By When:	
Standard 8.1	Standard 8.2	Standard 8.3	Standard 8.4	Standard 8.5	Standard 8.6
Lead person name/title: Ruth Aldridge - Head of HR Action:	Lead person name/title: Ruth Aldridge - Head of HR Action:	Lead person name/title: Ruth Aldridge - Head of HR Action:	Lead person name/title: Action:	Lead person name/title: Action:	Lead person name/title: Ruth Aldridge - Head of HR Action: Currently reviewing situation with aim to establish a clear criteria. Liaise with DBS service
By When:	By When:	By When:	By When:	By When:	By When: June 2013