



*Safeguarding Audit*



*FOR Primary Care Independent Contractors*



*in relation to*



**CHILDREN ACT 2004 SECTION 11**



December 2014

## **CONTENTS**

### Part One

- Introduction, self-assessment, peer review, staff survey

### Part Two

- Guidance for completion of Section 11 Audit
- The Audit structured on standards of compliance:
  1. Senior management have commitment to the importance of safeguarding and promoting children's welfare.
  2. A clear statement of Practice responsibility towards children is available to all staff.
  3. A clear line of accountability within the Practice for work on safeguarding and promoting the welfare of children.
  4. Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families.
  5. Staff supervision, awareness, and training on safeguarding and promoting the welfare of children for all staff working for, with or in contact with children and families depending on the Practice primary functions.
  6. Safer recruitment/allegations management.
  7. Effective inter-agency working to safeguard and promote the welfare of children.
  8. Information sharing
  9. Additional requirements specific to the Local Authority

Appendix 1 - Relevant documents and references

Appendix 2 - Section 11 action plan

## Part One

### 1. Introduction

- 1.1 'Safeguarding children – the action we take to promote the welfare of children and protect them from harm – is everyone's responsibility. Everyone who comes into contact with children and families has a role to play'<sup>1</sup>
- 1.2 Section 11 of the Children Act 2004 places a statutory responsibility on key agencies and organisations to make arrangements to ensure that in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.
- 1.3 In the case of children's services authority it does not apply to the functions that section 175 of the Education Act 2002 imposes. Section 175 places a duty on local authorities to exercise their functions with a view to safeguarding and promoting the welfare of children who are pupils at a school, or who students under 18 years of age attending further education institutions. The same duty applies to independent schools (which include Academies and free schools) by virtue of regulations made under section 157 of the same act. Therefore they are NOT required to take part in the section 11 audit.
- 1.4 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets the functions of LSCB as "monitoring and evaluating the effectiveness of what is done by the authority and their board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve".
- 1.5 In the past Boards undertook audits of agency compliance with S11 which provided a useful way to benchmark standards and identify both good and concerning practices. This audit is a complete audit against the 8 key features identified in statutory guidance<sup>2</sup>. The self-assessment toolkit built upon CCG feedback also seeks to address specific areas highlighted by Local Authority inspections, quality assurance audits and learning from serious case reviews. It is consequently more focussed and comprehensive than previous audits and enables far greater information about safeguarding responsibilities and practices to be gathered.
- 1.6 In order to ensure partners are compliant with all 8 key features the 2015 Section 11 will be a full audit.

---

<sup>1</sup> Working Together to Safeguard Children: A guide to inter agency working to safeguard and promote the welfare of children. March 2013.

<sup>2</sup><http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DFES-0036-2007.pdf>

- 1.7 It is acknowledged that the completion of this audit tool will represent a significant piece of work for each GP practice and must reflect the contractor's practice as a whole, not just those parts that are "family facing". It is not expected that practices will submit a full portfolio of the evidence. Nevertheless, Boards will provide some challenge to partner agencies about the information they provide in order to assure themselves that they are compliant through a programme of peer review.

## **2. Self-assessment**

- 2.1 Self-assessment is an ongoing and integral feature of the planning, review and improvement cycle for LSCBs partner organisations. This self-assessment tool has been produced in order to help organisations monitor the effectiveness of the arrangements in place within their organisation, and their contracted service provider organisations, in relation to meeting their duties under S11 of the Children Act (2004). It offers a user friendly framework for quality assurance that can contribute to:
- Encourage the implementation across the wider children's workforce of guidance contained within Making Arrangements to Safeguard and Promote the Welfare of Children under s11 Children Act (2004)
  - Identify both strengths and areas for improvement in local practice.
  - Inform future planning and training to encourage continuous improvement.
  - It should be noted that any reference to 'staff' or 'people who work with children' includes both paid and voluntary workers.

## **3. Peer review**

- 3.1 Following submission of the completed Section 11 audit toolkit a period of peer review will commence where Board partner agencies will complete visits to their peers to review the evidence of compliance. **This may not necessarily happen with individual GP practices however, your CCG may be asked to provide relevant evidence as received from independent contractors.**

## **4. Staff survey**

- 4.1 Following the peer review areas of priority will be identified to be included in an all staff survey. The survey will act as further evidence to support the findings of the Section 11 audits.

## Part Two

### 5. Guidance for the completion of Section 11 Self-Assessment Audit.

- 5.1 The Audit allows Board partners (includes NHS England and CCGs) to assess:
- The extent to which organisations are applying policies and procedures in order to comply with S11.
  - How well internal procedures are being followed.
- 5.2 The overall aims of the Audit are to ensure agencies and organisations can:
- Safeguard children by having in place policies, procedures, safe working practices and suitable trained staff and volunteers;
  - Improve the quality of life and opportunities for all children by working together and in partnership with parents, carers and the community to improve outcomes for children in respect of keeping them safe.
- 5.3 It is recommended that NHS England / CCGs will repeat the S11 audit every 2 years and may remove/replace some areas of compliance with areas that are pertinent to Local Authorities at that time i.e. following inspection or serious case reviews.
- 5.4 GP practices are asked to evidence that they have met each standard. Evidence should be detailed enough to enable any follow up work to quickly identify the protocols/guidance/systems that are referred to. Practices are not requested to submit this evidence but should have it available for external inspections and internal audits as well as the Section 11 peer reviews.
- 5.5 Each standard is accompanied by some examples of evidence. These examples are not exhaustive and intended as a guide.
- 5.6 If, when completing the self-assessment, your practice manager identifies areas where the GP practice is not complying fully with a standard, it should form part of your action plan to ensure you meet the standard. The relevant CCG will work alongside each GP practice to monitor progress of action plans.
- 5.7 Each Local Safeguarding Children Board will aim to provide information, support and advice for partner agencies and organisations in order that they can develop and improve their capacity to meet the standards outlined in the self-assessment.

Section 11 Audit

<b>Date for completion / return</b>	<b>Please return by</b>
<b>Clinical Commissioning Group contact</b>	
<b>Name of agency completing return Practice name</b>	
<b>Person responsible for audit</b>	
<b>Contact details</b>	
<b>Date of completion / return To be completed and returned on or before 10<sup>th</sup> January 2014</b>	

<b>Standard 1: Senior management (clinical) have commitment to the importance of safeguarding and promoting children's welfare.</b>							
	Areas of compliance	Examples of evidence	Not met	Partially met	Fully met	Actual Evidence	Action required. Timescale
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.1	A named person at senior management level is identified.	Name the post holder. A named <b>clinical lead</b> for safeguarding is identified in your GP practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	The named person is responsible for championing the importance of safeguarding and promoting the welfare of children and the championing role is clearly contained within the job description.	Post holder's job description. Named person's identified actions in relation to this role as part of the individual work plan/ performance management plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	Responsibilities to safeguarding and promote the welfare of children and young people are integrated into corporate plans and where appropriate into the work	Review of documentation. Staff are routinely included/involved in the development of practice plans, service development and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	objectives of individuals.	practice improvement. Practice plans effectively disseminated to staff.					
1.4	Staff have a clear understanding of their role in relation to safeguarding and promoting the welfare of children.	Practice plans include appropriate reference to the need to safeguard and promote children's welfare and are effectively disseminated to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	All staff are involved in the development of service and team plans, which contain clear objectives in relation to safeguarding and relate to the overall plan.	Review of documentation. Staff have a sense of ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6	The importance of safeguarding and promoting the welfare of children is championed throughout the organisation.	Evidence shows ongoing commitment at senior level to safeguarding and promoting children's welfare, this is disseminated throughout the organisation, i.e. briefings from named lead to organisation/inclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		in senior management (practice) meetings. Senior leads disseminate learning from serious case reviews and other management reviews to all staff as appropriate and learning is monitored internally. Senior commitment to appropriate resources for safeguarding.					
1.7	Named <b>clinical leads</b> for safeguarding have a clear plan in place to meet the recommendations specific to them as referenced <b>intercollegiate</b> document	Audit demonstrates awareness and understanding of the intercollegiate document recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8	Staff are aware of their responsibilities in relation to <b>child maltreatment</b> as highlighted in the latest guidance	Audit demonstrates compliance and understanding with policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<p>Please state whether you have evaluated this standard as "Not met" "Partially met" or "Fully met" with a brief supporting statement.</p>	
---	--

<b>Standard 2: A clear statement of GP practice's responsibility towards children is available for all staff.</b>							
	<b>Areas of compliance</b>	<b>Examples of evidence</b>	<b>Not met</b>	<b>Partially met</b>	<b>Fully met</b>	<b>Actual Evidence</b>	<b>Action required. Timescale</b>
2.1	There is a policy/procedure for safeguarding and promoting the welfare of children (Child Protection policy)	A clear child protection policy exists, in line with MSCB and National guidance. It includes a statement of responsibility and the governance structure. It is accessible by all	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

		<p>staff (inc volunteers and commissioned services). Available on a website/intranet – please provide web address. Policy is reviewed periodically and contains updates pertaining to learning from serious case reviews. Policy is referred to in induction process. Periodic audits demonstrate staff are aware how to access the policy and are aware of their particular responsibilities.</p>				
2.2	<p>Effective systems are in place for children, staff and other people to make a complaint about non-adherence to the agency's (practice's) procedures.</p>	<p>Evidence of dissemination to staff.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	<p>Child friendly complaints information is available to all children and families.</p>	<p>Demonstrable accessibility.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2.4	The Practice can clearly demonstrate the effectiveness of recommendations/ outcomes on practice and these are reported to staff e.g. through the annual report/Practice meetings	Evidence of lessons learned, changes in practice. Evidence of communication to staff.					
2.5	Services who commission through 3 <sup>rd</sup> parties have robust contractual arrangements in place with explicit reference to safeguarding and promoting the welfare of children, which is monitored annually. Commissioning arrangements include monitoring providers' compliance with s11. Sanctions are in place for non-compliance and any concerns are reported to the MSCB with recommendations for action.	Monitoring process for contracts. Evidence of sanctions enforced or concerns reported to the Local Children Safeguarding Board.	□	□	□		

<p><b>Please state whether you have evaluated this standard as “Not met” “Partially met” or “Fully met” with a brief supporting statement.</b></p>	
--	--

<b>Standard 3: A clear line of accountability within the GP Practice for work on safeguarding and promoting the welfare of children.</b>							
	<b>Areas of compliance</b>	<b>Examples of evidence</b>	<b>Not met</b>	<b>Partially met</b>	<b>Fully met</b>	<b>Actual Evidence</b>	<b>Action required. Timescale</b>
3.1	There are named person/s with a clearly defined role and responsibilities in relation to safeguarding at an operational level, and there are clear lines of accountability from each	Name of (clinical) safeguarding post holder and their job description evidences their role. Structure charts. Evidence that this person actively engages with and promotes the	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

	staff member up through the organisation to the named person.	safeguarding agenda. There is cover when the named person is absent.				
3.2	All staff have a clear understanding of their responsibilities, which is outlined in their job descriptions, and to whom they should go if they have any concerns	Structure charts are easily accessible and updates are communicated to staff. Staff report that they know who to contact. This may be supported by audit of case files, supervisions or staff feedback. Job descriptions of any staff (inc volunteers) likely to come into contact with children as part of their job explicitly state their responsibilities towards children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	There is clear evidence that the accountability is adhered to and that concerns are dealt with /escalated appropriately.	Accountability is included in staff contractual framework (recruitment, job description, induction, training, team meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>Please state whether you have evaluated this standard as “Not met” “Partially met” or “Fully met” with a brief supporting statement.</b></p>	
--	--

<b>Standard 4: Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families</b>							
	Areas of compliance	Examples of evidence	Not met	Partially met	Fully met	Actual Evidence	Action required. Timescale
			☐	☐	☐		
4.1	Safeguarding and promoting the welfare of children is an integral part of service development and delivery.	Safeguarding is included within service plans. Examples of how safeguarding is written into the development plans of new services.	☐	☐	☐		
4.2	Appropriate policies are child/family friendly. E.g.	Evidence that consideration has been	☐	☐	☐		

	complaints procedure.	given to children and families understanding of, and access to, appropriate policies.					
4.3	Development of services takes into account the need to safeguard and promote the welfare of all children.	Evidence that service development has delivered improved outcomes for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4	Service design, development and delivery plans are informed by the views of children, young people and their families. Especially in planning, development and evaluation of safeguarding and promoting the welfare of children and young people services.	<p>A comprehensive engagement strategy which collates all elements of customer comment and feedback to inform work on individual cases and to form part of the basis for improving services.</p> <p>Seeking, evaluating and overtly incorporating views from local children, young people and their families.</p> <p>Details of consultations with children and families regarding service development and how these are fed in.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		<p>The organisation can demonstrate how, at various levels, they enable children and families to engage in service development.</p> <p>Innovative methods of communication are used to seek and collect information back from children.</p> <p>Evidence in annual plans that patient engagement outputs have been drawn upon.</p>					
4.5	<p>There are processes and systems in place to ensure the “voice of the child” and families’ views are captured and used to inform individual case decisions, plans and services they receive.</p>	<p>Evaluations of the experience of the child and family and their journey through the system through auditing of case records.</p> <p>How children and families views are fed into individual case decisions.</p> <p>Evaluations of the involvement of children</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		<p>and families in individual cases.</p> <p>Customer satisfaction surveys. Evidence of how these are used to inform planning and improve response to that child/family and improve and shape future practice.</p> <p>Methods of recording the voice of the child.</p>					
4.6	<p>The complaints processes of the practice and partners are effective and their content and resolution inform corporate and strategic planning</p>	<p>The practice considers the aggregated summary of relevant complaints and representations as part of its review of activity and effectiveness</p> <p>The practice considers the outcomes of complaints and representation in developing children's services</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<p><b>Please state whether you have evaluated this standard as “Not met” “Partially met” or “Fully met” with a brief supporting statement.</b></p>	
--	--

<b>Standard 5: Staff supervision, awareness, and training on safeguarding and promoting the welfare of children for all staff working for, with or in contact with children and families depending on the agency’s primary functions.</b>							
	Areas of compliance	Examples of evidence				Actual Evidence	Action required. Timescale
			Not met	Partially met	Fully met		
5.1	An induction process is in place for all staff who have contact with children. This includes: <ul style="list-style-type: none"> <li>• Familiarisation with child protection</li> </ul>	Outline of the induction process and training for new starters.  Information included in an induction folder for new starters.	<div style="border: 1px solid black; width: 20px; height: 20px; background-color: red; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; background-color: orange; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; background-color: green; margin: 0 auto;"></div>		

	<p>policies. To include local safeguarding children procedures and local thresholds for services.</p> <ul style="list-style-type: none"> <li>• Basic child protection training (that includes how to recognise signs of abuse and neglect, how to respond to concerns and e safety awareness)</li> <li>• Understanding of their role and responsibilities.</li> <li>• Emphasises the importance of multi agency and interdisciplinary working.</li> </ul> <p>And is delivered within 3 months.</p>	<p>Information on the content of induction training and that it meets all requirements.</p>					
5.2	<p>Staff outside of child specific services understand their role in relation to safeguarding. Safeguarding forms part</p>	<p>Outline of induction process for staff in non child specific services.</p> <p>Safeguarding is included</p>	□	□	□		

	of their induction.	in job descriptions.				
5.3	Practice policies are accessible to all staff.	Details of policy accessibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Individual training pathways are in place for all staff and this is monitored for impact on practice.	Details of training pathways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Training provided within the Practice is systematically evaluated and outcomes used to improve future training programmes.	Details of evaluation process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	A register is kept of staff who have completed induction and training, in particular basic child protection training.	A record is kept of staff training on child protection and is held by a recognised post/department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	Additional training (both single and multi agency) is available for staff working with children and young people appropriate to their role.	Details of training available for staff, including multi agency training. Evidence that audit activity informs training plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	There is a mechanism to quality assure the content of in house training programmes.	Annual reviews of training programme contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5.9	All individuals who come into contact with children and young people on an individual basis have regular, documented supervision and can access further support when required	<p>There is guidance regarding individual or group supervision, based on the MSCB model.</p> <p>Evidence that senior managers monitor supervision.</p> <p>The information that staff receive regarding any further support that is available.</p> <p>Voice of the child is sought and recorded</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.10	The agency practice has implemented the MSCB safeguarding practice reflection framework.	Supervision guidance includes the MSCB safeguarding practice reflection framework.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.11	Management with responsibilities have received supervision training/inductions.	Details of training and support available for those undertaking the supervision role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.12	Staff are kept up to date with statutory requirements and findings from serious case reviews and inspections; how their	Examples of how this is achieved e.g; New guidance/procedures are published within organisation along with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	Practice will address these locally and what changes have been made.	<p>guidance/instruction.</p> <p>Addressed in internal audits and supervision.</p> <p>How recommendations from SCRs and progress against action plans are shared with staff.</p>					
<p><b>Please state whether you have evaluated this standard as “Not met” “Partially met” or “Fully met” with a brief supporting statement.</b></p>							

<b>Standard 6: Safer recruitment/allegations management</b>							
	<b>Areas of compliance</b>	<b>Examples of evidence</b>	<b>Not met</b>	<b>Partially met</b>	<b>Fully met</b>	<b>Actual Evidence</b>	<b>Action required. Timescale</b>
6.1	The Practice has a safer recruitment and selection policy, that makes particular reference to safeguarding, and staff are aware of how to access it.	A safer recruitment policy is in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

6.2	<p>All staff who have contact with children, young people and families are properly selected and have appropriate checks in line with current legislation and guidance:</p> <ul style="list-style-type: none"> <li>• References are always taken up</li> <li>• Identity and qualifications are verified</li> <li>• Face to face interviews are carried out</li> <li>• Previous employment history is checked</li> <li>• Any anomalies or discrepancies are taken up</li> </ul>	<p>Protocols in place to outline what checks are needed before a person is appointed.</p> <p>Staff HR files document all the listed checks that were undertaken and the outcome of these.</p> <p>HR files are audited.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3	<p>Necessary checks are carried out and repeated every 3 years e.g. DBS checks</p>	<p>HR records. Monitoring takes place of staff members whose duties change during their employment e.g. additional responsibilities that reach the criteria for DBS.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

6.4	The Practice has in place arrangements to monitor and review their recruitment and selection policies in line with national guidance including DBS.	Monitoring arrangements or examples of the preparation work being undertaken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.5	Staff involved in recruitment are suitably trained e.g. at least one member on the short listing/interview panel must have been on safer recruitment training.	Records of recruitment panels are maintained including which panel member has received safer recruitment training.  Audit activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.6	Records are maintained detailing checks taken in respect of employees.	Staff HR files document all the listed checks that were undertaken and the outcome of these.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.7	Responsibilities in relation to safeguarding children are made clear to temporary and agency staff.	Examples of the information given to temporary and agency staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.8	Whistle-blowing procedures are in place to ensure all staff/volunteers can raise concerns regarding practice or the	A confidential whistle-blowing policy is in place and staff know how to access it, which can be evidenced. Evidence of circulation, i.e. induction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	organisation.	training, induction manuals, intranet. Evidence of clear recording systems in place.					
6.9	Practices can demonstrate that agencies that are commissioned to provide services on their behalf rigorously apply safer recruitment and employment practices.	Contract details. Evidenced through audit, or commissioned services provide evidence from audit to show adherence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.10	There is a named senior officer with responsibility in respect of allegations against staff and volunteers.	Name of the senior officer. Arrangements for communication with the LADO (Local Authority Designated Officer) are in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.11	There are written procedures for handling allegations against staff and volunteers and all staff are aware of them.	Information on the procedures used and how this is disseminated and accessible to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.12	Incidents and allegations of abuse are recorded appropriately.	Where incidents are recorded and how long they are kept for. Arrangements for making referrals to the	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		Disclosure and Barring Service are clear.					
6.13	Support is routinely available to all staff who are the subject of an allegation.	Details of support available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Please state whether you have evaluated this standard as "Not met" "Partially met" or "Fully met" with a brief supporting statement.</b>							

<b>Standard 7: Effective inter-agency working to safeguard and promote the welfare of children</b>							
	<b>Areas of compliance</b>	<b>Examples of evidence</b>				<b>Actual Evidence</b>	<b>Action required. Timescale</b>
			<b>Not met</b>	<b>Partially met</b>	<b>Fully met</b>		
7.1	Strong strategic leadership in multi agency working is demonstrated by regular attendance and reporting at Safeguarding Board meetings.	A senior officer or deputy attends meetings and a representative from agencies attend sub groups as appropriate and makes positive contribution. <b>Staff are aware of who their Local Board representatives are in</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		<b>their practice / CCG.</b>					
7.2	Policies and procedures are in place locally to support effective interagency working in individual cases. Staff have access to these policies.	Policies are used to support interagency working and examples of how staff are made aware of these policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3	Staff are proactive in ensuring multi disciplinary and multi agency work is effective, staff participate in multi agency meetings and forums to consider individual children. Action is taken to address non-attendance.	Staff attendance at core groups, <b>child protection conferences, child in need meetings and case file audit groups</b> monitoring and methods to address non attendance can be demonstrated. Evidence that staff contribute written reports as appropriate and within timescale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4	Staff are able to identify children who would benefit from additional services under the inter agency threshold criteria for children in need.	Training and guidance for staff covers when to make a referral and when and how to complete a CAF (common assessment framework) and is inclusive of thresholds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

		for children in need and the safeguarding procedures. Audits demonstrate compliance with thresholds and the safeguarding procedures.				
7.5	Agencies monitor their staff involvement with the CAF and are involved with monitoring its effectiveness.	Details of engagement in CAF and work done to pioneer the use of the CAF. Staff that take lead professional roles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.6	Staff are clear about the circumstances in which a referral to children, adult and family services is necessary.	Training and guidance for staff covers when to make referrals and when and how to complete a CAF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.7	The agency has a clear process for: <ul style="list-style-type: none"> <li>• Completing actions from SCRs and other reviews.</li> <li>• Gathering the evidence required</li> <li>• Embedding recommendations into practice</li> <li>• Disseminating</li> </ul>	Participation in SCRs and single and multi agency practice and case reviews.  Procedures in place to cover process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	learning						
7.8	Staff are aware of their responsibilities in relation to the reporting of Private Fostering Regulations.	Guidance is included in policy and procedures. Methods of referrals are included in training.  Number of referrals made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Please state whether you have evaluated this standard as "Not met" "Partially met" or "Fully met" with a brief supporting statement.</b>							

<b>Standard 8: Effective Information sharing</b>							
	Areas of compliance	Examples of evidence	Not met	Partially met	Fully met	Actual Evidence	Action required. Timescale
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.1	The Practice can demonstrate that they have a clear policy, which encourages appropriate information sharing and can	Information sharing policy. Arrangements which clearly set out the processes for sharing information with other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

	evidence how this impacts on outcomes for children and families.	professionals, both internally and externally, and with the Board. Training clearly addresses the need for appropriate information sharing and encourages professional's judgement. Named person in organisation for information sharing enquiries. Evidence of impact on outcomes for children and families.					
8.2	Staff are aware of their responsibilities including obtaining consent to share where appropriate.	Audit demonstrates compliance and understanding with policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Please state whether you have evaluated this standard as "Not met" "Partially met" or "Fully met" with a brief supporting statement.</b>							

**Standard 9: Additional requirements specific to the Local Authority (this standard will allow for local fit / any additional requirements your local Board may have)**

	Areas of compliance (template)	Examples of evidence				Actual Evidence	Action required. Timescale
			Not met	Partially met	Fully met		
9.1	The Practice can demonstrate that ...		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.2	Staff are aware of their responsibilities including ...	Audit demonstrates compliance and understanding with policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p><b>Please state whether you have evaluated this standard as “Not met” “Partially met” or “Fully met” with a brief supporting statement.</b></p>							

<p>I agree this is an accurate reflection of the position of our agency (practice) and to ensure that the above standards are promoted and worked to within the agency (practice) I represent as part of our active participation in the Medway Safeguarding Children Board.</p>	<p>Organisation:</p>
<p>Post held:</p>	<p>Date:</p>
<p>By submitting this audit you are confirming that the audit and the action plan has been agreed by the appropriate level of senior management who will be held ultimately responsible for the completion of the action plan.</p>	



**Relevant documents**

**Working Together to Safeguard Children**

<http://www.workingtogetheronline.co.uk/documents/Working%20TogetherFINAL.pdf>

**Making Arrangements to Safeguard and Promote the Welfare of Children under s11 of the Children Act (2004)**

<http://www.legislation.gov.uk/ukpga/2004/31/section/11>

**Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004**

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eOrderingDownload/DFES-0036-2007.pdf>

**What to do if you Think a Child is Being Abused**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/190604/DFES-04320-2006-ChildAbuse.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190604/DFES-04320-2006-ChildAbuse.pdf)

**The Framework for the Assessment of Children in Need and Their Families**

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4014430.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014430.pdf)

### Action plan guidance and template

**Overarching standard:** Which standard does the action come under? This allows all action plans to be integrated into one overarching action plan without losing the source.

**Identified improvement area / desired outcome:** Each recommendation may have several areas of improvement or outcomes. This should be what you intend to achieve and include any specific numeric targets.

**\*\*Identified improvement areas / desired outcomes and the corresponding specific actions must be SMART (Specific, Measurable, Achievable, Realistic and Timely) and outcomes focused.\*\***

#### Planning

**Action number:** Each identified improvement area / desired outcome must be numbered, with separate actions under this having a sub number (1.1,1.2,1.3).

**Specific action and timescale:** Include each specific action you will take to achieve your desired outcome. Deadlines for completion **MUST** be stated for all actions to aid monitoring.

**Accountability:** The organisation with lead responsibility **MUST** be identified and should include a named professional.

**Success indicators:** Detail what indicators or performance measures will be used to measure success against the action and desired outcome. Timescales **MUST** be identified. Consideration should be given to how you are able to demonstrate actions have been completed and impact on practice and the welfare of children and families can be measured and evidenced.

#### Monitoring

**Risks, progress and additional actions:** Description of activity/progress that has been completed against the action and achievements against success indicators. Activity/progress/achievements **MUST** be dated. Any risks to achieving outcome and any additional actions taken as a result should also be recorded here.

**RAG rating:** Each action should be given a RAG (Red, Amber, Green) rating according to the following definitions.

Progress/indicator RAG status	
	Work is significantly behind schedule and no progress has been made, and/or Progress has been made but the timescale has not been achieved.
	Progress is being made, progress is good and the action is likely to be achieved within timescale. Or the action has been completed but evidence is required to demonstrate achievement.
	The action has been completed and there is a record of evidence to support its completion.

**Impact and evidence:** Has the desired outcome been achieved? What evidence supports the achievement? Record the difference that has been made to the lives of children and families, how is the difference evidenced? N.B RAG rating cannot be green without evidence recorded here. Sources may be staff or service user surveys/interviews, individual feedback, supervisions, improvements against baseline, audits etc.

**Using the template:** Table can be copied and pasted; properties are set to allow boxes to expand and for rows to break over pages. Additional lines can be added to the table as required.

## Section 11 “Insert GP Practice Name” Action Plan

Action number	Planning			Monitoring		
	Specific action and timescale	Accountability	Success indicators *Include timescale*	Risk, progress and additional actions *Date all entries*	RAG rating	Impact and evidence
<b><u>Overarching standard:</u></b>						
e.g. Standard 1 Section 11 2015						
1.	<b>Identified improvement area / desired outcome: What do we intend to achieve?</b>					
1.1						
1.2						
2.	<b>Identified improvement area / desired outcome: What do we intend to achieve?</b>					
2.1						
2.2						
<b><u>Overarching standard:</u></b>						
e.g. Standard 2 Section 11 2015						
3.	<b>Identified improvement area / desired outcome: What do we intend to achieve?</b>					
3.1						
3.2						
4.	<b>Identified improvement area / desired outcome: What do we intend to achieve? Include any specific numeric targets.</b>					
4.1						
4.2						