

Oxfordshire Safeguarding Self-Assessment 2018

Agency: Cherwell District Council

Completed By: Maria Wareham

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This template incorporates the standards from the safeguarding self-assessment against the Children Act 2004 (known as the Section 11 audit) carried out by the OSCB as well as the standards developed by the LGA for Adult Services and published within the LGA Adult Safeguarding Improvement Tool.

This combined audit covers both safeguarding children and adults with care and support needs and adults at risk, recognising that most agencies attending the Safeguarding Boards provide services to both children and adults with care and support needs.

The standards are broken down into four areas:

1. Leadership, Strategy and Working Together
 - a. Senior management have commitment to the importance of safeguarding and promoting the welfare of children and adults with care and support needs
 - b. There is a clear statement of the agency's responsibility towards children and adults with care and support needs and this is available to all staff
 - c. Local Safeguarding Board Effectiveness
2. Commissioning, Service Delivery and Effective Practice
 - a. Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and adults with care and support needs & families
 - b. There is effective inter-agency working to safeguard & promote the welfare of children and adults with care and support needs
 - c. Commissioning arrangements are robust, effective and cost-effective
3. Performance & Resource Management
 - a. There is effective training on safeguarding & promoting the welfare of children and adults with care and support needs for all staff working with or, depending on the agency's primary functions, in contact with children and adults with care and support needs
 - b. Safer recruitment procedures including vetting procedures and those for managing allegations are in place
4. Outcomes for, and Experiences of, People Who Use Statutory Services
 - a. People's experiences of safeguarding
5. Impact assessment

Timescales and deadlines

The self-assessment will be circulated in August 2018 for **return by Monday 3rd December 2018**. All returns must be sent back to oscb@oxfordshire.gov.uk and osab@oxfordshire.gov.uk. An initial analysis will be completed in **January 2019** which will inform the **Peer Review** event to be held in early 2019. Invitations to the Peer Review will be sent soon. You must ensure that the person completing the form attends the peer review and please email osab@oxfordshire.gov.uk if you have not received an invitation by the end of August. A final analysis report will be produced in **March 2018**.

Guidance on completing the self-assessment

Guidance on the rating system can be found on page 2 of this document.

Separate guidance has been produced on completing the Provider form and is included in the circulated documents.

Safeguarding Self-Assessment Practitioner Questionnaire

Note: The practitioner questionnaire should be used with a number of frontline staff. We would like to hear from at least 10% of the frontline workforce. As responses to electronic surveys are known to be around 10%-20% of those asked this means the questionnaire should be aimed at all frontline staff. Please arrange for the link to be circulated to your frontline teams. **To obtain a blue rating** you need to have completed this or, an alternative safeguarding questionnaire, which helps you assess the effectiveness of strategic arrangements for safeguarding children and adults with care and support needs. Results will be collated by the Safeguarding Board and agency leads will be sent the collated returns for their agency. Agencies are expected to provide a summary of the findings from your agency.

The link to circulate to frontline staff is: <https://www.surveymonkey.co.uk/r/3YWNXLV> All responses are anonymous. The Survey should take 15-20 minutes to complete.

Guidance notes to support the completion of the self-assessment tool

This assessment tool has been designed to provide agencies with the opportunity to highlight areas of strength and to identify areas for development in respect of their section 11 duties and responsibilities as well as the expectations from the LGA in regards to their duties towards adults with care and support needs.

In completing the assessment tool please note if an agency decides that a strand within the assessment tool is not applicable the agency must set out why the standard is not relevant (e.g. where the strand states it's for 'Commissioners Only' and your service does not commission any external people or agencies).

This tool covers the continuum of safeguarding need from early safeguarding provision to statutory protection processes.

BRAG rating and evidencing the standards

The form uses the BRAG colour rating. These are as follows:

Blue – the standard/compliance point is fully met and can be evidenced as completed. **Organisations cannot rate themselves as Blue unless they can evidence all elements in the standard and have completed a safeguarding practitioner questionnaire.**

Green – the standard/compliance point is near completion or fully met but cannot be evidenced at this point.

Amber – the standard/compliance point is not met but work has begun or work is underway but has experienced delays in completion.

Red – the standard/compliance point is not met, work is not underway and there are issues with commencing work.

When providing evidence to support compliance with standards you must be assured that statements made within the completed tool are correct and based on **accessible evidence**. This self-assessment tool does not require agencies to submit documentation as evidence; however, evidence may be subsequently requested.

The self-assessment must demonstrate the **impact** of policies and practice on identifiable improved outcomes for children and adults with care and support needs, for which evidence is available. Standards rated as Blue or Green will be downgraded to Amber if they do not complete the two follow-up sections "describe / identify how your organisation meets this standard" and "what impact has this had on outcomes for children and adults with care and support needs" addressing all the points in the compliance checklist (where they are relevant).

Safeguarding Self-Assessment – Update on 2017 Actions

All agencies are asked to use the table below to record what progress has been made against the actions noted for their agency in the **2017** Safeguarding self-assessment.

Progress Against 2017 Actions

Action	Lead and timescale	2018 update
A review of job descriptions of front line roles is to be completed over the coming months and these updated to reflect safeguarding responsibilities where gaps are identified.	Maria Wareham, Safeguarding Officer, relevant Service Managers and Claire Cox, HR Business Partner 30 June 2018	A review has been completed. All front line roles have their responsibilities with regarding to safeguarding vulnerable groups outlined. Adherence to these responsibilities should be monitored as part of interim/annual appraisals however we are looking into the possibility of including something more formal in the appraisal template to ensure focus on this important area. Action completed and closed.
Introduce mechanism whereby identified risks/trends/intelligence is shared with our commissioned service providers (where they have exposure to vulnerable groups) to ensure they are able to adapt their approach to safeguarding as appropriate.	31 March 2018	Relevant information relating to safeguarding risks/trends/intelligence is shared with Legacy Leisure for onward cascade to their leisure centres in the district. It has also been recommended that they sign up to safeguarding board newsletters and other safeguarding information feeds to ensure they receive such information in a timely manner. This advice/information will be provided to other commissioned providers following completion of further safeguarding reviews during 2019. Action completed and closed.
Increase awareness of toolkits available via the Safeguarding Board websites and how these can be applied in CDC practice.	Maria Wareham, Safeguarding Officer. 31 March 2018	This has not been completed as it was decided that the toolkits available via the Safeguarding Board Websites are not tailored to the services/exposures of a District Council (instead being tailored for practitioners working 'with' vulnerable groups). Requesting teams following specific Safeguarding Board procedures may also cause confusion where teams are shared and thus required to follow the requirements of two different safeguarding boards. This has been fed back to the board and instead we expect our staff to rely upon internal safeguarding policy/procedures. Action closed.
Work with the Procurement Team and Contracting Managers to ensure where a commissioned service is to be contracted which impacts upon children, young people or vulnerable adults, clear expectations of them in relation to safeguarding are outlined and agreed and that a formal reporting required is specified.	Maria Wareham, Safeguarding Officer Richard Stirling, Corporate Procurement Manager 30 June 2018	Work ongoing to formalise procurement and contract monitoring processes to ensure safeguarding arrangements of commissioned providers (where exposed to vulnerable groups as part of service delivery) are considered at tender stage, expectations explicitly outlined in contracts and compliance with expectations monitored as part of regular provider review. Completion of this has been delayed due to a change in personnel. Action superseded (See 2C.1 below).
Working with the Leisure Contracts and Sports Hub Officer, carry out a series of Safeguarding Audits of the Leisure Centres across Cherwell that they manage on our behalf. These audits will seek to confirm that appropriate safeguarding arrangements are in place and that these align with CDC safeguarding policy and meet national guidelines. Working with the Corporate Procurement Manager and Contract Managers the Safeguarding Officer will also identify other commissioned providers of services which may impact on vulnerable groups and prioritise Safeguarding Audits of these	Liam Didcock, Leisure Contracts and Sports Hub Officer Maria Wareham, Safeguarding Officer Richard Stirling, Corporate Procurement Manager Leisure Safeguarding Audits: 31 March 2018 Other commissioned services to vulnerable groups: 31 December 2018	Safeguarding audits of Legacy Leisure Centres across district completed. A report of findings was produced and despite overall good practice, some recommendations for improvements were made. Action progress will be monitored as part of regular contract review meetings and a follow up visit will be conducted in early 2019. See 2C.4. A safeguarding audit schedule and methodology will be documented and safeguarding audits of all other providers to whom CDC commission the provision of services to vulnerable groups will be completed over the next 12 months. Partial completion and supersede (see 2C.2 below).

<p>during 2018.</p>		
<p>Via Safeguarding Audits of commissioned providers, ensure that protocols are in place to safeguard vulnerable groups in the event that substandard services are identified.</p> <p>Ensure that such a protocol and CDC's expectations of commissioned providers to take such steps to protect vulnerable groups in the event that substandard services are identified is formalised and documented (and included as part of contract agreements).</p>	<p>Liam Didcock, Leisure Contracts and Sports Hub Officer</p> <p>Maria Wareham, Safeguarding Officer</p> <p>Richard Stirling, Corporate Procurement Manager</p> <p>Leisure Safeguarding Audits: 31 March 2018</p> <p>Other commissioned services to vulnerable groups – Safeguarding Audits: 31 December 2018</p> <p>Amendments to contractual expectations if applicable: 30 June 2018</p>	<p>Safeguarding audit of Legacy Leisure identified that the provider and its staff were aware of protocols for reporting concerns and that standards of services are monitored and reported upon as part of monthly contract meetings with CDC. Should any areas of weakness be identified, action would be taken to ensure vulnerable groups were not placed at increased risk (the contract manager would see advice from the Safeguarding Officer where required).</p> <p>Work is ongoing to ensure safeguarding expectations are explicitly outlined in contractual agreements. See 2C below. This has been delayed due to a change in personnel.</p> <p>Partial completion and supersede (see 2C.2 & 3 below).</p>
<p>Improvements should be made to the escalation process to ensure that where concerns/allegations regarding staff may impact on the welfare of children; this is referred to the Safeguarding Officer. This process should be documented and accessible to all staff.</p>	<p>Claire Cox, HR Business Partner, 31 December 2017</p>	<p>All staff in HR are aware of the requirement for the Designated Safeguarding Lead to be involved in investigations should a concern/allegation be raised regarding a member of staff, if this poses a risk to the welfare of children, young people or vulnerable adults. The risk is therefore effectively managed, however this process/requirement has not yet been formally documented as part of HR procedures. This delay is due to a current internal review of HR policy/procedures as part of which this requirement will be included.</p> <p>Completion delayed, yet minimal risk exposure.</p>

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**Part 1: Leadership, Strategy and Working Together
CHECKLIST**

Compliance Criteria	Response
There is a named person at senior level responsible for safeguarding and championing safeguarding is clearly in their job description and that they understand and undertake their responsibilities	Yes
Strategies and plans include reference to safeguarding and are clear about responsibilities in relation to: <ul style="list-style-type: none"> a. the impact of our services in safeguarding children and adults with care and support needs b. what are the criteria for deciding who we work with c. The quality of our work d. Whether the timing of our interventions, where measured, are appropriate for the child and adults with care and support needs safety 	No
There are clearly documented lines of accountability from staff through the organisation to the named person, a clear escalation and whistleblowing policy and a clear complaints procedure.	Yes
Anyone who comes into contact with children and adults with care and support needs or their families has their responsibility towards the person's welfare explicitly stated in job description and this is reviewed in appraisals and 1 to 1s.	Yes
Senior managers demonstrate good understanding of safeguarding, keeping abreast of local and national developments and learning, to ensure that practice continues to improve	Yes
Your representative on the safeguarding board is sufficiently senior on the Safeguarding Boards (SB), ensuring effective leadership and coordination in the delivery of Safeguarding policy and practice.	Yes
You contribute human and financial resources to the Safeguarding Boards to enable it to function effectively.	Yes
You contribute towards the Safeguarding Boards multi-agency safeguarding training agenda.	Yes
You provide challenge at the SBs, ensuring the impact and effectiveness of service delivery.	Yes
You contribute towards the SBs understanding of how well it is performing and what difference it makes through regular self-assessment and benchmarking and have a positive attitude to learning and improving across partners.	Yes
You contribute towards the SB's duties to safeguard children and adults with care and support needs both proactively, through awareness raising and prevention of abuse and neglect, and responsively, by creating frameworks to effectively respond once concerns are raised.	Yes
You act upon data; information and intelligence gathered by the SB to identify risk and trends and formulates action in response to these.	Yes
You share issues raised at the board with your organisation	Yes
You consider the SB to have good quality specialist advice e.g. legal, medical or social work, when necessary.	Yes
You understand the links between the Safeguarding Adults Board, Children's Safeguarding Board, Health and Wellbeing Board & Community Safety Partnerships and reporting mechanisms (to the SBs, between the SBs and the boards of partner organisations) are clear and effective.	Yes
There are clear protocols in place that integrate different agency procedures for reporting serious incidents.	Yes
There are mechanisms in place to ensure that the views of people who are in situations that place them at risk of abuse, and carers, inform the work of the SBs.	Yes

Part 1: Leadership, Strategy and Working Together

1 - Senior management have commitment to the importance of safeguarding and there is a clear line of accountability and a clear statement of the agency's responsibility towards children and adults with care and support needs				
How clearly are the agency's responsibilities towards children and adults with care and support needs communicated to all staff and how clear are the lines of accountability within the organisation for work on safeguarding & promoting welfare?				
Compliance checklist – policies & procedures, organisational arrangements	Describe / identify how your organisation meets this standard.	What impact has this had on outcomes for children and adults with care and support needs?	Actions required to raise to green/blue	Lead and Timescale
<p>1. Safeguarding activity is routinely monitored within the organisation, issues are identified at the appropriate level and resources are put in place to resolve them. We can explain (a) our agency's internal escalation arrangements for safeguarding concerns and (b) how we know that they are complied with</p>	<p>On an annual basis a staff survey is carried out as part of the self-assessment process to assess the embeddedness of safeguarding policy and procedures. The outcome of the survey feeds into the development work undertaken by the Safeguarding Officer/DSL to ensure appropriate arrangements are in place to protect the most vulnerable in our communities.</p> <p>CDC has a See it, Report it, procedure which outlines how staff should escalate safeguarding concerns and provides an online form for reporting. This is well communicated via the Intranet and as part of new starter training. There has been a marked increase in the volume of safeguarding referrals made to the Safeguarding Team since the mechanisms introduction in 2016, where the monthly average number of reports has more than doubled in this time. This indicates the success of the recent training programme and demonstrates a good awareness of safeguarding and associated employee responsibilities for identification/referral.</p> <p>The See it, Report it form has seen a relaunch and some further revisions over the last 12 months to ensure the quality of referrals and improved user experience. This is continually monitored and feedback acted upon.</p>	<p>Children and Adults with care and support needs are identified by staff, referred via the See it, Report it mechanism, assessed against thresholds and escalated to the necessary agency in a timely manner. Thus ensuring the fastest and best possible outcome for the vulnerable person involved.</p>	<p>N/A</p>	
<p>2. Senior managers communicate to their organisation that safeguarding is core business and can demonstrate that staff are aware of their individual responsibilities.</p>	<p>Safeguarding and the implications for services are not currently outlined in each area's Service Plan (devised by the Director/Service Manager). It was understood this was included in the Service Plans for 2018/19 but had been omitted. Safeguarding is to be included as a matter of importance in the service planning process for 2019/20 onwards.</p> <p>There is a standard corporate objective for all staff to ensure all relevant training is completed. This includes safeguarding training in accordance with</p>	<p>Staff awareness of safeguarding and their personal responsibilities in relation to it ensures that safeguarding concerns for children and vulnerable adults are identified, referred via the appropriate process and escalated to the relevant agency in an accurate and timely manner. Ensuring the best possible outcome for the vulnerable person involved.</p>	<p>Safeguarding implications and responsibilities of each service area to be included in service plans for 2019/20 onwards.</p> <p>Service area management to comment quarterly on how their service area conforms to statutory safeguarding</p>	<p>Louise Tustian, Team Leader, Strategic Intelligence and Insight Team</p> <p>April 2019</p>

	<p>CDC's Safeguarding Training Framework.</p> <p>All roles who are exposed to vulnerable groups as part of their role for CDC have the following included in their JD's as standard:</p> <p><i>Fully understands their role in the context of safeguarding children, young people and vulnerable adults.</i></p> <p>Leisure (and some other roles as is now included as standard on the JD template) roles also have the following:</p> <p><i>Ability to form and maintain appropriate relationships and personal boundaries with children, young people and vulnerable adults.</i></p> <p>Performance against these role requirements are assessed by line managers as part of annual performance reviews.</p> <p>Training and PDP returns for all staff are provided to HR on an annual basis. These will outline staff attainment of corporate objectives and individual personal development plans which may include safeguarding aspects, depending on the role (although all roles are required to complete some form of safeguarding training).</p>		<p>requirements and on their service areas specific performance/compliance in this area.</p>	
<p>3. Staff feel able to raise concerns, including about workloads, and encourage service users to raise complaints when they are dissatisfied with the service they are receiving, e.g. <i>"we know because we can cite examples of frontline practitioners doing this because..."</i></p>	<p>Staff are able and feel confident raising concerns about workload with their line managers and Safeguarding Team, if this relates to their ability to meet their safeguarding duty.</p> <p>If a service user indicates dissatisfaction then they are signposted to our Complaints Procedure.</p> <p>Leaflets are available in our public offices which outline our complaints procedure and this information is also available via the CDC Website: https://www.cherwell.gov.uk/info/5/your-council/341/comments-and-complaints</p>	<p>Children and vulnerable adults can feel assured when using our services that CDC has clear, understood and well communicated mechanisms in place for addressing complaints regarding service provision or individual staff members.</p>	<p>N/A</p>	
<p>4. Effective complaints systems are in place, in line with current statutory guidance, for children and adults with care and support needs, staff & other people to make complaints and themes of these complaints are addressed, e.g. <i>"we know because we know what has bothered them over the last 12 months is..."</i></p>	<p>CDC has an effective complaints procedure in place which is available via the CDC Website: https://www.cherwell.gov.uk/info/5/your-council/341/comments-and-complaints</p> <p>A Whistleblowing policy is in place and is accessible via the Intranet. All new employees are required to read the policy as part of induction.</p>	<p>Children and vulnerable adults can feel assured when using our services that CDC has clear, understood and well communicated mechanisms in place for addressing complaints regarding service provision or individual staff members.</p>	<p>N/A</p>	

<p>5. Child / Service User friendly complaints information is used, which includes information on what safeguarding issues are and how to raise a safeguarding concern</p>	<p>The Leisure Team do have in place a child friendly feedback form which they use for children attending Holiday Hubs.</p> <p>No complaint has ever been received to date in relation to a member of staff or the quality of our service.</p>	<p>Children have ability in a tailored way to give feedback and raise concerns about our service.</p>	<p>N/A</p>	
<p>6. Recommendations / outcomes on practice and changes to procedures are communicated to staff, e.g. "we do this via..."</p>	<p>Should a complaint or learning be identified, this would be communicated to employees via email/monthly newsletter (Communications Team) or via training sessions should the change in practice be considered material.</p> <p>If a change to the overarching Safeguarding Policy is required and the change considered material, then staff will be requested to read the policy and sign a declaration of understanding and compliance.</p>	<p>Developmental changes would impact on an improved experience and outcome for children and vulnerable adults.</p>	<p>N/A</p>	
<p>7. Staff feel there is clear communication of the legislative framework within which safeguarding sits, including in relation to domestic abuse, mental health, etc.</p>	<p>Staff are made aware via training, policy and via the Safeguarding Pages on the Intranet that CDC has a duty (in accordance with the Children Act 2004 and Care Act 2014) to have appropriate safeguarding arrangements in place to protect the most vulnerable in our communities. All staff are aware of how their role/responsibilities fit into these arrangements.</p> <p>We have commissioned Oxfordshire Mind to deliver training to our Leisure Team (holiday hub staff) on Young Persons Mental Health (this was carried out in March and July 2018) to ensure they are equipped to identify the signs and appropriately deal with those under their supervision who are in need of additional support with a mental health concern.</p> <p>Oxfordshire Mind have also been commissioned to deliver training to our Customer Service teams, to equip them with the skills to deal with (including signposting) customers presenting with mental ill health and/or threatening suicide/self-harm. This took place in October and November 2018.</p>	<p>Children and vulnerable adults are dealt with in line with legislation and they can be assured that we invest in the development of our staff to be able to deal with presenting safeguarding/mental health concerns in an appropriate way. Thus ensuring the best outcome for vulnerable groups accessing our services.</p>	<p>N/A</p>	
<p>8. Staff receive adequate reflective supervision and support, e.g. "We can explain (a) our agency's supervision policies for safeguarding issues and (b) how we know that they are complied with..."</p>	<p>All staff receive adequate supervision and guidance in relation to safeguarding via the Safeguarding Leads and their line management.</p> <p>If an individual's role sees them exposed to vulnerable groups, their responsibilities are reflected in their job description (See 1.2) and appropriate objectives set to ensure the welfare/protection of these groups. These are monitored as part of the</p>	<p>Mechanisms to ensure appropriate supervision and guidance of staff to ensure accurate undertaking of their responsibilities in relation to the welfare of those who they deal with in their role. This ensures that children and vulnerable adults will have a positive experience when accessing CDC services.</p>	<p>N/A</p>	

appraisal process.

Discussions regarding safeguarding issues/concerns may also be held as part of team meetings as necessary and the Safeguarding Officer may be invited to cascade learnings.

If the safeguarding situation has resulted in the health and wellbeing of a staff member being affected, their Line Manager is required to complete an Accident, Incident or Near Miss Report which will ensure the staff member receives the appropriate support.

How do you rate your compliance with this standard?

Blue Green Amber Red

**Part 2: Service Delivery and Effective Practice
CHECKLIST**

Compliance Criteria	Response
We ensure effective contribution to joint working and safeguarding investigations by participating in operational or strategic multi-agency meetings, ensuring that non-participation is addressed to ensure that there is a sustained contribution to the process.	Yes
If we lead multi-agency safeguarding meetings we take, circulate and store minutes and ensure that any regular meetings are appropriately tied in to the safeguarding system so that strategic issues can be escalated	Yes
Staff, managers, officers and members work across individual service and agency boundaries, and beyond traditional definitions of their roles, to improve outcomes.	Yes
There this a clear policy on appropriate information sharing both across and within agencies to ensure children and adults with care and support needs are safeguarded and their welfare promoted and that this policy is complied with and made explicit to all service users.	Yes

Part 2: Service Delivery and Effective Practice

2A - Service delivery & development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of service users and their families

How effectively does service development take into account need to safeguard? How can you demonstrate improved outcomes?

Compliance Criteria	Describe / identify how your organisation meets this standard.	What impact has this had on outcomes for children and adults with care and support needs?	Actions required to raise to green/blue	Lead and Timescale
1. Service development has taken into account the need to safeguard and promote the welfare of children and adults with care and support needs and they are actively involved in design and development of services.	<p>Service Areas do not currently have Safeguarding included as a factor on their Service Plans. This was an omission in 2018/19 planning cycle and will be included as a matter of importance for 2019/20 planning.</p> <p>When new services are developed an equality impact assessment is completed which would highlight any safeguarding considerations so they can be dealt with through the Safeguarding Leads Group.</p>	Children and vulnerable adults can be confident when accessing CDC services that their welfare and protection is taken into account and that our staff are trained to identify and refer via the 'See it, Report it' mechanism, any safeguarding concerns. This ensures support is provided in a timely manner where deemed necessary by partner agencies.	See 1.2.	
2. Children and adults with care and support needs from black and minority ethnic backgrounds and other diversity strands are appropriately consulted in the development of services and of equality policies to ensure that all aspects of the planning and delivery of services reflect the needs of the changing population of Oxfordshire.	<p>When new services are developed an equality impact assessment is completed which would highlight any safeguarding considerations so they can be dealt with through the Safeguarding Leads Group.</p> <p>CDC does not discriminate based on race, language, religion, faith, gender or disability with any of the services we offer.</p> <p>Where tailoring is required this is addressed on a case by case basis by the team (i.e. if translation is required or documentation provided in another language etc.) and advice would be sought from the DSL if required.</p>	Children and vulnerable adults from minority or other diversity backgrounds can be confident when accessing our services that their welfare and protection is taken into account and that our staff are trained to identify and refer via the 'See it, Report it' mechanism, any safeguarding concerns.	N/A	
3. There is a responsive process in place to act on identified unmet need and feed into business planning and identify where gaps are met elsewhere and what happens if there is not	The service planning process is designed to identify unmet need and inform plans to meet any gaps in service provision.	Identifying service gaps helps in updating procedures to meet the needs of users better.	N/A	
4. Children and adults with care and support needs who have experienced abuse are supported and are able to access services that are appropriate to them, including signposting to and supporting through effective criminal, civil or social justice frameworks	<p>Cherwell residents benefit from the OCC provided Domestic Abuse Service (to which we contribute financially). CDC previously commissioned 'Reducing the Risk' to provide low level support for victims of domestic abuse, however this is now wrapped up into the OCC provision which is provided by A2 Dominion (who work closely with and commission 'Reducing the Risk' across Oxfordshire for that low level support).</p> <p>Housing Team have an in-house Tenancy Support Officer who can provide support to households who</p>	Children and vulnerable adults can be assured that CDC work alongside multi-agency colleagues to ensure their best interests are looked after. Staff are also equipped to escalate or signpost customers to appropriate services if a need is identified, thus a user's experience should be a positive one.	N/A	

	<p>have experienced abuse who approach the Council as requiring housing assistance/as homeless.</p> <p>The Council chairs & hosts multi-agency meetings (e.g. JATAC, the Vulnerable Adults Panel, Cherwell Operations Group and MARAC) during which children and adults at risk are discussed and remedial actions/interventions determined and allocated to the most appropriate agency to ensure the best outcomes for the individuals concerned (and the community if a threat to public safety is feared).</p> <p>If a member of staff has concerns regarding the actual or suspected abuse of a member of the community (or fellow employee), the member of staff are required in accordance with the CDC Safeguarding Policy to refer this via the See it, Report it mechanism where it will be assessed and referred onward to the relevant agency to provide the appropriate support.</p> <p>Front line staff are also equipped with a 'Who Can Help?' and 'Homeless Pocket Guide' booklet which they can refer to and share with customers/those presenting as homeless to signpost them towards services which may be able to help those who have experienced abuse.</p>			
<p>5. There are services available to support carers.</p>	<p>We do not provide services that work 'with' children, vulnerable adults in a care provision.</p> <p>No specific services are provided by CDC to support carers but should a carer be identified by a member of staff who is considered to have a need for support (the identification of and support needs of young carers are referred to in new starter awareness briefings), this would be referred through to the Safeguarding Officer/DSL and a referral to the most appropriate support agency would be made.</p>	<p>Carers can be assured that should a member of CDC staff identify that they have support needs (or if this is requested), they would be referred to the most appropriate agency who can provide this to them.</p>	<p>N/A</p>	
<p>6. There are services available for perpetrators to address their behaviours, where appropriate to your organisational responsibilities.</p>	<p>N/A This is not applicable to the services that CDC offers. However should our staff come across any queries related to such services, they would refer to the Safeguarding Officer or DSL who would refer onwards to the appropriate agency or community service.</p>	<p>Children and vulnerable adults can be assured that CDC has appropriate referral/signposting mechanisms in place to relevant agencies in the event that a query is received regarding perpetrator rehabilitation services.</p>	<p>N/A</p>	
<p>7. Extended family members, friends and neighbours are engaged in safeguarding when this is appropriate.</p>	<p>Yes. Should a safeguarding concern be reported to the Safeguarding Officer or DSL (commonly via the 'See it, Report it' mechanism), where relevant enquiries are made of family members, friends and neighbours. Due to the sensitivity of such enquiries, enquiries of friends and family are commonly referred</p>	<p>Children and vulnerable adults can be assured that CDC seeks to gain clarity over a reported safeguarding concern to support referrals and/or have good relationships with agencies who are able</p>	<p>N/A</p>	

	to and conducted by Thames Valley Police or Social Services; however CDC Community Wardens may also make such enquiries. Other front line staff may make enquiries in so far as it fits within the remit of their role.	to make these enquiries. For example Environmental Enforcement Officers or Community Wardens may make enquiries of neighbours following Anti-Social Behaviour or odour complaints.		
How do you rate your compliance with this standard?				
Blue <input checked="" type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/>				

2B - There is effective inter-agency working to safeguard & promote the welfare of children and adults with care and support needs				
How effective is inter-agency working by your organisation?				
Compliance checklist – policies & procedures, organisational arrangements	Describe / identify how your organisation meets this standard.	What impact has this had on outcomes for children and adults with care and support needs?	Actions required to raise to green/blue	Lead and Timescale
<p>1. We make practitioners aware of the multi-agency procedures and tools for identifying, assessing and recording safeguarding concerns, such as the Neglect Tool, CSE Screening Tool, self-neglect tool, Risk Assessment Tool, Mental Capacity Assessment Form, and we ensure that they are using them</p>	<p>Where appropriate.</p> <p>All staff have access to the CDC safeguarding policy and procedures through the intranet. Safeguarding Awareness Training (provided to all new starters) also covers the multi-agency reporting procedures.</p> <p>We make staff aware of the multi-agency procedures and tools that are relevant to the roles that they perform. Many of the tools and procedures available are not tailored to the roles of District Council staff, being more relevant to those practitioners who have care/supervision responsibility for vulnerable groups.</p> <p>An issue also exists whereby many of our staff are shared across two different local authority areas, both of which have their own safeguarding procedures. It would be too cumbersome and potentially confusing for staff to have to refer to two different sets of procedures depending on where the concern arose and as such, we tend to point staff in the direction of our own policy and procedures (which are developed in accordance</p>	<p>By ensuring that staff have access to and follow appropriate procedures to identify, assess and record safeguarding concerns, vulnerable groups can be confident when accessing our services that our staff understand the multi-agency procedures and can identify/report any safeguarding concern appropriately.</p>	<p>N/A</p>	

	with the standards/expectations set out by both safeguarding boards).			
2. We are compliant with the requirements of the Prevent duty and in particular in relation to policies and procedures regarding staff training, referring to the Channel panel and use of public resources e.g. rooms, ICT equipment, commissioning arrangements.	<p>CDC meets its duties with regard to Prevent and works with other agencies in Oxfordshire in accordance with strategies agreed as part of the Safer Oxfordshire Partnership.</p> <p>All staff are required to complete the Home Office Prevent e-learning (upon employment and all existing staff are required to complete this by the 31 March 2018).</p> <p>We have facilitated training to all staff on prevent duties and to elected members delivered under a county wide project, Operation Griffin, in 2017. CDC is represented at Channel Panel and Prevent Implementation Group.</p> <p>Prevent is a standing agenda item at the monthly JATAC meeting.</p>	The provision of staff training ensures that staff are equipped to identify and report concerns related to radicalisation which aids in ensuring the protection of those in the community.	N/A	
3. We are delivering/contributing to effective prevention and early help.	<p>Our staff are trained to identify safeguarding concerns and refer them as soon as possible via the 'See it, Report it' mechanism. They are trained to report any minor concerns/indicators they may identify during the course of their work as these may be a small part of a much bigger puzzle.</p> <p>These concerns are assessed by the Safeguarding Team, advice sought from the LCSS/Adult Safeguarding Triage Team on the best course of action. If thresholds are met, the cases are referred onto MASH/Adult Safeguarding Team.</p> <p>CDC staff are not in positions of care and would not complete the early help assessment. However where advised by LCSS and where known, we will liaise with a child's school to request that a TAF/EHA is instigated. Otherwise we expect this process to be instigated by Children Social Care.</p>	CDC aims to identify and refer safeguarding concerns at the earliest opportunity to ensure prevention and early intervention which can help stop issues escalating and ensure faster address.	N/A	
4. Training addresses need for effective information sharing both across and within agencies and encourages staff to use professional judgement and Staff know where to seek advice on information sharing both across and within agencies & have confidence in their professional judgement.	<p>The CDC Safeguarding Policy (section 5) outlines requirements in relation to information sharing where a safeguarding concern is identified. The policy also covers how information should be retained to ensure compliance with Data Protection legislation (section 6).</p> <p>Our new starter training highlights the importance of effective information sharing between agencies</p>	Users of CDC services can be confident that we take, use and hold their data securely and in line with GDPR. They can be assured however that where we are concerned for their welfare, we will not be restricted by GDPR in sharing the necessary information with our agency colleagues to ensure they receive the appropriate help and support in a timely	N/A	

	<p>in addressing safeguarding concerns. It also highlights that staff shouldn't assume someone else has passed on the information.</p> <p>Recent GDPR training completed by all staff stressed that a risk to life or wellbeing overrides any GDPR guidelines. Using a tag line of 'Prepare to share to protect welfare'.</p> <p>Staff would come to the Safeguarding Team, DSL or Information Governance Team if they had any questions/needed advice in relation to the sharing of information pertinent to safeguarding.</p>	<p>manner.</p>		
How do you rate your compliance with this standard?				
Blue <input checked="" type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/>				

2C – Commissioning arrangements are robust and effective

COMMISSIONERS ONLY TO COMPLETE – YOUR COMMISSIONED SERVICES SHOULD BE COMPLETING THE PROVIDER FORM AND YOU SHOULD BE ANALYSING THIS

How effective are the organisations commissioning arrangements?

Compliance checklist – policies & procedures, organisational arrangements	Describe / identify how your organisation meets this standard.	What impact has this had on outcomes for children and adults with care and support needs?	Actions required to raise to green/blue	Lead and Timescale
<p>1. Commissioning and contracting set out quality assurance and service standards in order to safeguard children and adults with care and support needs.</p>	<p>Commissioned service providers are required to confirm that they can comply with the CDC Safeguarding Policy and Procedures and that they comply with DBS requirements when recruiting staff. This declaration is sought as part of the tendering process. Where the service provision involves activities with children, young people or vulnerable adults, more safeguarding questions may be asked of prospective providers as part of the tender process.</p> <p>However this is at the discretion of the Procurement Team and Contracting Manager and there is currently no documented procedure in place to support this.</p> <p>Safeguarding arrangement expectations are also not always as explicit or consistent in provider contracts where there is exposure to vulnerable groups.</p>	<p>Due to its current informality, there is currently a small risk that CDC commissions providers without full and documented due diligence of their safeguarding arrangements or explicit documentation of safeguarding expectations as part of contracts. There is therefore a small risk that vulnerable groups accessing the outsourced services may not receive the appropriate level of protection.</p>	<p>A documented procedure to be developed to ensure greater formality around the enhanced due diligence of safeguarding arrangements that is required as/when a prospective provider is to deliver a service for CDC which has exposure to vulnerable groups. This will ensure consistency of application and ensure that appropriately skilled people (Safeguarding Team/DSL) are verifying the safeguarding arrangements ahead of contract award.</p> <p>A documented procedure and draft clauses to be developed to be included as standard in any contract with a commissioned provider who may be exposed to vulnerable groups as part of providing their service for CDC.</p>	<p>Cael Sendell-Price, Commercial, Governance and Contracts Manager June 2018</p> <p>Richard Hawtin, Legal Services Team Leader March 2018</p>
<p>2. Contract monitoring has a focus on safeguarding, dignity and respect, and any shortfalls in standards are addressed.</p>	<p>Current contract monitoring practices are informal and may vary between Contract Manager and the type of service provision.</p> <p>Work is required to introduce formality and to ensure that safeguarding arrangements, dignity and respect are factored into regular contract monitoring meetings. The outcomes of which should be documented and action plans devised/monitored to address any shortfalls.</p> <p>During 2017/18 safeguarding audits were</p>	<p>Adequate monitoring/oversight of the safeguarding arrangements of commissioned providers would mean that CDC can be confident that when accessing their commissioned services, vulnerable groups are protected and treated with the dignity and respect that they deserve.</p>	<p>Development of a formal contract monitoring framework which includes regular focus/oversight of commissioned providers safeguarding arrangements and other policies to ensure dignity and respect are upheld at all times.</p> <p>All monitoring meetings to be documented/minuted to</p>	<p>Cael Sendell-Price, Commercial, Governance and Contracts Manager June 2019</p>

	<p>completed of all Leisure Centres in the CDC district (as the largest contract and one which carries out regulated activities with children on behalf of CDC) to ensure we were happy with the arrangements in place. Action plans were put in place to address shortfalls which are due for completion by November 2018. A revisit to assess the adequacy of action taken and to conduct spot checks of training/DBS/staff supervision records will be carried out in January 2019.</p> <p>Checklists were completed by some of our more exposed commissioned providers as part of this self-assessment return and further independent audits (i.e. independent of the Contracting Manager) will be scheduled in 2019 to assess in more depth the safeguarding arrangements of these, and any other existing commissioned providers with exposure to vulnerable groups.</p>		<p>evidence the oversight taking place.</p> <p>Further to its development, training will be provided to all contract managers in the delivery of the contract monitoring framework.</p> <p>A safeguarding audit schedule and methodology to be documented.</p> <p>Safeguarding audits to be completed of all other providers to whom CDC commission the provision of services to vulnerable groups over the next 12 months.</p>	<p>Maria Wareham, March 2019</p> <p>Maria Wareham, December 2019</p>
<p>3. Safeguarding referrals/alerts across providers are tracked and under or over-reporting patterns addressed.</p>	<p>Safeguarding referrals are most commonly dealt with via commissioned provider's own internal reporting/referral mechanisms directly to appropriate agencies.</p> <p>Where contracts specify a need to report such instances to us (as is the case for the contract with the Leisure Centres in the district), this will be reported as soon as possible via the Contract Manager and a 'See it, Report it' form completed.</p> <p>During the safeguarding audits completed of the Leisure Centres in 2017/18, this process was verified as understood by staff and followed, although a question was raised regarding the low number of reports received given the exposures that staff had to vulnerable groups.</p> <p>It was agreed that training provision would be reviewed to ensure staff are made aware of the importance of professional curiosity when dealing with customers and to ensure it is effective in equipping staff with the appropriate skills and understanding of their safeguarding responsibility.</p>	<p>By having adequate oversight of safeguarding referrals made by commissioned providers, CDC can be confident that providers are aware of their responsibilities and are applying safeguarding procedures appropriate to protect the most vulnerable accessing their services.</p>	<p>Ensure that where commissioned services come into contact with vulnerable groups, contracts and oversight procedures specify a need for CDC to be notified of any safeguarding concerns that have been identified (even if these concerns have already been referred to the relevant agency).</p>	<p>Cael Sendell-Price, Commercial, Governance and Contracts Manager March 2018</p> <p>Richard Hawtin, Legal Services Team Leader March 2018</p>
<p>4. Actions take place to safeguard individuals when standards in services put people at risk.</p>	<p>Should substandard services be identified which places individuals at risk, these will be addressed immediately or if not possible, measures will be taken to remove vulnerable groups from exposure,</p>	<p>Vulnerable groups accessing the services of our commissioned providers can be confident that CDC are monitoring the adequacy of</p>	<p>See 2C. 2</p>	<p>See 2C. 2</p>

	<p>this would include closing a service if the risk was considered severe enough.</p> <p>No such instances have been identified to date.</p> <p>Areas for improvement were identified as part of the safeguarding audit of our leisure centres in 2017/18, and SMART action plans were put in place to address the shortfalls. A follow up audit will be conducted in the coming months to verify completion.</p> <p>Further safeguarding audits of other commissioned providers (specifically those who provide services to vulnerable groups) will take place during 2019 and actions put in place to address any shortfalls in standards identified.</p>	<p>safeguarding standards upheld and ensuring action is taken to address any identified shortfalls in a timely manner.</p>		
<p>5. Commissioned services understand the process for escalating service gaps to the commissioning body.</p>	<p>The Safeguarding audit completed of CDC leisure centres in 2017/18 verified a sound understanding of the escalation route for reporting service gaps. This is via monthly monitoring meetings with CDC and via ad-hoc reporting (as/when an issue occurs) to the Contract Manager.</p> <p>All other commissioned providers should understand that the process for escalating service gaps is via their CDC Contract Manager, however this understanding will be verified as part of forthcoming safeguarding audits of providers exposed to vulnerable groups, due to take place during 2019. Where gaps in understanding are identified, SMART action plans will be developed and monitored to completion.</p>	<p>Vulnerable groups accessing the services of our commissioned providers can be confident that CDC have sufficient oversight of service provision and ensure action is taken to address any identified shortfalls in a timely manner.</p>	<p>See 2C.4</p>	
<p>6. We have developed mechanisms for people who are organising their own support and services to manage risks and benefits e.g. Direct Payments</p>	<p>N/A This is not relevant to the services provided by CDC or its commissioned providers.</p>	<p>N/A</p>	<p>N/A</p>	
<p>How do you rate your compliance with this standard?</p>				
<p>Blue <input type="checkbox"/> Green <input type="checkbox"/> Amber <input checked="" type="checkbox"/> Red <input type="checkbox"/></p>				

**Part 3: Performance and Resource Management
CHECKLIST**

Compliance Criteria	Response
There is a clear training strategy for our organisation.	Yes
We have staff access training relevant to their roles such as radicalisation; female genital mutilation; sexting; self-harm; self-neglect, peer on peer abuse, etc.	Yes
A clear induction process is in place for all staff, trustees and volunteers that addresses safeguarding & is delivered in a timely way.	Yes
Training explores issues of diversity in relation to safeguarding.	Yes/ (where relevant)
Safer recruitment & selection procedures are in place in line with statutory guidance and is audited.	Yes
Safer recruitment training is in place for managers involved in recruitment.	Yes
A senior manager has been identified for the managing allegations process who understands when to refer to the adult safeguarding manager or Designated Officer and acts upon guidance from the adult safeguarding manager or Designated Officer appropriately	Yes

Part 3: Performance and Resource Management

3A - There is effective regular training on safeguarding & promoting the welfare of children and adults with care and support needs for all staff working with or in contact with these groups

3B - Safer recruitment procedures, including vetting procedures and those for managing allegations by children and adults with care and support needs against professionals, are in place

How effective is training on safeguarding & promoting welfare of children and adults with care and support needs for all staff & volunteers working with these groups? Can you demonstrate improved outcomes as a result?

How robust are organisation's recruitment, vetting and managing allegations procedures?

Compliance checklist – policies & procedures, organisational arrangements	Describe / identify how your organisation meets this standard.	What impact has this had on outcomes for children and adults with care and support needs?	Actions required to raise to green/blue	Lead and Timescale
<p>1. We have made staff aware of current safeguarding concerns</p>	<p>A Safeguarding Training Framework was introduced across the organisation on 8th August 2017. All staff and Councillors across CDC and SNC were asked to complete all mandatory safeguarding training elements required for their role by 31 March 2018.</p> <p>Front line staff have been required to complete the OSAB Level 2 training and/or (depending on the exposures of their role) the OSCB Generalist training. This training draws upon current and emerging themes in the Oxfordshire area ensuring learning is relevant to the district in which staff are operating.</p> <p>New Starter Briefings cover general safeguarding awareness topics plus internal procedural requirement, however does talk about current safeguarding concerns within the district, such as cuckooing, County Lines and child exploitation. It also focusses on awareness of mental ill health and the need to 'think family', two elements vital in the services we deliver/exposures our staff have to vulnerable families.</p> <p>Each year the Safeguarding Officer delivers a safeguarding awareness briefing for Councillors which will draw upon</p>	<p>Staff remain updated with current theme areas and are confident in identifying and understanding how to report safeguarding/criminal concerns which enhances the protection of children and adults with care and support needs when accessing our services.</p>	<p>N/A</p>	

	<p>current concern areas and priorities for the different County safeguarding boards. They are also asked to read and sign up to the CDC Safeguarding Policy and Procedures and complete Prevent e-learning.</p> <p>Staff are notified of key concerns/topics of interest via the monthly 'In the Loop' newsletter (Oct 2018 had a section about modern slavery) and the Staff Briefings (which all staff are required to attend and in October a presentation was given by the DSL regarding community safety and child exploitation).</p> <p>Other ad-hoc training will be provided as and when the need is identified (i.e. key themes, trends, changes in legislation, procedure etc.).</p> <p>Safeguarding Board newsletters and information is circulated to Safeguarding Lead Group members for review and further cascade. Any pertinent information is also now provided to the leisure centres.</p> <p>Completion of safeguarding training is a mandatory part of taxi driver registration process and they are required to pass a test at the end of training before they are issued their licence by CDC (training provided by external provider via OCC).</p> <p>Safeguarding awareness training is provided to hoteliers/others from the Night Time Economy to raise awareness of key risk areas such as CSE/CDE. Further test purchases and training planned in next couple of months.</p>			
<p>2. We can evidence safeguarding training undertaken by staff through a database. We have a system in place which we monitor to check who has been / needs to be trained, e.g. <i>"we can tell you that. % of our staff are trained to the right level..."</i></p>	<p>Training completion is required to be evidenced by way of the provision certificates to the Safeguarding Team.</p> <p>A training register is maintained which records all members of staff and councillors and records the dates of training completion. It also flags when training renewal is due.</p>	<p>Vulnerable groups accessing CDC services can be confident that all staff have the appropriate level of training to enable them to identify and refer safeguarding concerns. They can also be confident that this training remains current and completions are monitored to ensure all staff have the skills</p>	<p>N/A</p>	

	<p>Each quarter, training completion percentages per service area are reviewed by the Safeguarding Leads group and action allocated/taken to prompt completion.</p> <p>Training completion registers per Directorate are also shared periodically with Executive Directors.</p> <p>In July/Aug 2018 individual reminders have also been sent, per training element, to prompt staff completion. This will be followed up in November/December with prompts sent to Exec/Assistant Directors, alerting them to the implications on staff performance reviews if they have not met their corporate mandatory training requirements.</p> <p>See appendix 2 for training completion figures.</p>	<p>required to ensure they can discharge their safeguarding duty appropriately.</p>		
<p>3. We can demonstrate impact of training on practice</p>	<p>Yes. This is particularly noticeable in the volume and quality of safeguarding referrals being submitted to the Safeguarding Team.</p> <p>As at the end of Sept 2018, our YTD number of See it, Report it, referrals had increased by 68%.</p> <p>The practitioner survey was completed by 119 front line staff members (greatest response of all partner agencies). The survey results are positive and indicate that the majority of staff have: completed safeguarding training within the last 12 months; have good awareness of safeguarding; a good understanding of internal policies and procedures to follow when managing safeguarding concerns and know where to get advice when required. See appendix 1 for full summary and conclusion.</p>	<p>Vulnerable groups accessing our services can be confident that staff are equipped with the skills required to identify and refer safeguarding/criminal concerns and deal with them with sensitivity.</p>	<p>N/A</p>	
<p>4. Support is available for staff who are subject to allegations.</p>	<p>Support to staff who are subject to allegations is available from HR.</p> <p>UNISON is also able to offer support and</p>	<p>Children and adults with care and support needs can be confident when accessing our services that they are not exposed to persons who may put them at risk of harm.</p>	<p>N/A</p>	

	<p>guidance to employees who are members of the union.</p> <p>Referral to occupational health for counselling or support can also be made by the individual's line manager.</p> <p>CDC has also recently introduced an Employee Assistance Programme (EAP) for all staff. The Employee Assistance Programme is a confidential counselling and information service which is available 24/7 to assist you with personal or work-related problems that may be affecting your health, wellbeing or performance.</p>			
How do you rate your compliance with this standard?				
Blue <input checked="" type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/>				

Part 4: Outcomes for and the experiences of people who use services

People's experiences of safeguarding

How do organisations capture the views and experiences of service users and use these to improve the service for them?

Compliance checklist – policies & procedures, organisational arrangements	Describe / identify how your organisation meets this standard.	What impact has this had on outcomes for children and adults with care and support needs?	Actions required to raise to green/blue	Lead and Timescale
<p>1. Safeguarding is personalised, so that service users experiencing or receiving safeguarding services are treated sensitively and respectfully and outcomes are consistent, regardless of the ethnicity, cultural identity / diversity, gender, sexuality, disability or age of the service user.</p>	<p>Our customer facing staff would not be actively managing a safeguarding matter as this would be handled by the relevant care/support agency following referral of a concern (via the CDC Safeguarding Team) but they are trained to ensure all interactions with customers are sensitive and diplomatic and this includes matters of Safeguarding and/or where vulnerabilities are known/identified.</p> <p>The Safeguarding Team aim to feedback to relevant front line staff to inform them of sensitivities to ensure communication approaches can be adapted to take into account any known vulnerabilities.</p>	<p>Children and adults with care and support needs are treated with sensitivity resulting in a positive experience when accessing CDC services.</p>	<p>N/A</p>	
<p>2. Outcomes are defined by the individuals concerned or, where people lack decision- making capacity, by their representatives or advocates. Advocacy is available and used appropriately for children and adults with care and support needs who are (or may have been) experiencing abuse.</p>	<p>Children and adults with care and support needs are treated with sensitivity resulting in a positive experience when accessing CDC services.</p>	<p>Children and adults with care and support needs are treated with sensitivity resulting in a positive experience when accessing CDC services.</p>	<p>N/A</p>	
<p>3. The safeguarding process is proportionate, puts individuals in control and where this is not possible (for instance where there is concern that an individual or organisation could harm others) this is fully discussed and the person's views considered as much as possible.</p>	<p>Children and adults with care and support needs are treated with sensitivity resulting in a positive experience when accessing CDC services.</p>	<p>Children and adults with care and support needs are treated with sensitivity resulting in a positive experience when accessing CDC services.</p>	<p>N/A</p>	
<p>How do you rate your compliance with this standard?</p>				
<p>Blue <input checked="" type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/></p>				

Part 5 – Impact Assessment

In the context of significant organisational change, reducing public sector budgets and high activity levels, Oxfordshire Safeguarding Children Board (OSCB) and Oxfordshire Safeguarding Adults Board (OSAB) undertake an annual joint Impact Assessment on current pressures and activity by each member agency. Each agency undertakes this from a strategic perspective across their organisation and not as an individual member of either or both boards.

To ensure we focused on the top priorities each agency was asked to list their top three pressures - therefore this report should not be seen as a comprehensive list of the pressures and issues facing the agencies but the key issues and common themes across the partnerships.

	Response
<p>1. What are the three key financial and organisational pressures that your organisation is facing that relate to safeguarding children and their families and adults with care and support needs?</p>	<p>Child Exploitation: There is an increased concern amongst partner agencies for the protection of youths in the Cherwell district. Amidst a growing level of crime in the District, young people are being exploited by street gangs, organised crime groups (OCG's) and dangerous drug networks from outside of the County who are targeting disengaged young people not only to courier/deal drugs (County Lines), but also to exploit their peers into choosing such a career path, with promise of the perceived lucrative profits such a lifestyle can produce. Particular concern is for the 10 to 17 age group.</p> <p>Domestic Abuse: This continues to be a high priority in providing a safe and secure area. There is a wider issue for Cherwell as the majority of refuge placements in Oxfordshire are now within our District and the Banbury Refuge is the only accommodation in the South East which can take large families. We support the refuge provision but this will have a knock on effect on housing and services in our area whilst not resolving the issues faced by local victims.</p> <p>Homelessness: The new duties under the Homeless Reduction Act require increased services to all people who present to a Local Authority as homeless. The increased workload for housing services is a real financial concern. New burdens funding has been granted, but reviewing ongoing levels of service and staff resources is an ongoing cause for concern.</p>
<p>2. What is your performance data telling you about the three most worrying pressure points in relation to safeguarding children and their families and adults with care and support needs?</p>	<p>Child Exploitation: Recent Thames Valley Police (TVP) data has identified an increase in the carrying of weapons, peer to peer violence (actual and threatened) and the presence of County Line OCGs operating in Cherwell. The Youth Offending Service (YOS) as part of the recent Locality Review of Cherwell and West Oxfordshire (conducted by the Violence and Vulnerability Unit) also identified that they are managing a more violent cohort than previously.</p> <p>Domestic Abuse: For housing this remains the impact on the re-provision of Domestic Abuse services in Oxfordshire and Banbury being the main refuge. Acceptances of Housing duties due to DA rose in 2017/18 to 12% of cases. The highest figure since 2015.</p> <p>Homelessness: Ensuring the needs of homeless families and vulnerable adults is about making sure the emergency, temporary or supported housing immediately available is suitable and meets needs. The provision of accommodation in the Adult Homeless Pathway is under review to ensure that it meets Cherwell's needs and sufficient spaces are available to tackle rough sleeping. There is also an issue with evictions from supported accommodation which lead vulnerable people to return to the streets.</p>

3. What steps are you taking as an individual organisation to address these pressure points and what are the risks for your agency in managing them?

Child Exploitation: We need to ensure that youths have the provisions available and open to them which will encourage them to make alternative, positive, lifestyle choices. Where youths are identified as being entrenched in criminal lifestyles, we want to make sure appropriate, proactive and targeted support and relevant services are available to them, and their families, to help them escape this path. To deliver on this, we have initiated an 'All About YOUth' project, working with multi-agency partners to deliver a three tiered model:

- **Tier 1:** Engage, Educate and raise **Awareness:** Enhance youth and parental engagement, education and awareness of the risks that exist, how youths are vulnerable and what they need to do to ensure protection from exploitation
- **Tier 2: Distraction:** Ensure the availability of suitable and sufficient diversionary/distraction provisions and activities within the District for 10 to 17 year olds (including family orientated activities)
- **Tier 3: Refer:** Where a youth is entrenched in criminal activity, have an appropriate referral process providing appropriate and targeted 1:1 engagement and support services available to them based on a needs approach to the young people of Cherwell.

To achieve this three tier model, the Steering Group will be required to deliver on a number of key objectives. These are as follows:

- 1) To establish and map the current 'non-statutory' provisions available to 10 to 17 year olds in Cherwell. This should include areas such as leisure/recreational activities (sport and other), work experience/apprenticeship opportunities/pathways, mentoring and support services (including programmes that CDC is already funding, e.g. Risk Avert Programme). This will not include the statutory provision of care services by Children Social Care.
- 2) To identify gaps in current provisions for 10 to 17 year olds in Cherwell and develop initiatives to 'fill' those gaps (funding options to be explored as part of this). A Survey Monkey questionnaire will be used to obtain views of our target age group to assist with identifying gaps accurately and to ensure these gaps are filled with provisions/activities that meet their needs (whilst making best use of existing assets and resources available).
- 3) To develop an Engagement Plan for the communication and cascade of the initiative and its outcomes i.e. providing information to our target age group in a relevant and accessible way on the provisions available and how they can access them (utilising social media, roadshows (school/other)).
- 4) Development of a referral mechanism. Similar to 'Social Prescribing' where professionals (via the Safeguarding Children groups or other) can refer/nominate children to specific opportunities/activities/interventions (tier 2 or 3). Also to allow self-referral.
- 5) To expand engagement/mentoring and support programmes across the District to work with

	<p>those more entrenched youths. This may include the working with and training of volunteer youth workers and children social care to enable them to better relate and engage with these youths.</p> <p>6) To build effective oversight/governance model to oversee the outcomes of the project to ensure it is delivering against its aims and objectives.</p> <p>7) To develop a 2 year action plan and delivery model beyond this period to ensure a sustainable approach to 'All About YOUth'.</p> <p>Domestic Abuse: We monitor the impact of the approaches on the grounds of DA. We explore options to provide safe accommodation for victims. We liaise directly with the Banbury Refuge to offer advice and support to those who have been placed there.</p> <p>Homelessness: The review of the Adult Homeless Pathway will influence decisions on necessary spending for services. We engage with partners in the county to monitor and report on issues – particularly the CCG in delivery of specialist supported accommodation.</p>
<p>4. What are the implications for your partners as a result of these pressures?</p>	<p>Child Exploitation: Shared pressure across district. Working with partners (TVP, Social Care, charity/voluntary sector) to address.</p> <p>Domestic Abuse: We work with the districts and County Council to provide appropriate services – if these are not sufficient or do not meet the needs of clients the welfare of vulnerable people and children would be severely compromised and support services left to pick up the pieces.</p> <p>Homelessness: If there is insufficient services available for homeless households and single people the impact on partners would be significant. Delayed hospital discharge, impact for Criminal Justice on reoffending, impact on social care having to provide for children and possible increased placements in care are examples</p>
<p>5. What do you need from your partners to address these pressures?</p>	<p>Child Exploitation: Pooled funding, resources to assist with steering project, developing and piloting initiatives.</p> <p>Domestic Abuse: We need a clear understanding that this is a partnership and services contracted have a direct impact on housing. The local impact on housing and resource implications of decisions made by other commissioning bodies should be taken into account.</p> <p>Homelessness: The same applies as above.</p>
<p>6. What are the implications and risks if this multi-agency response is not possible?</p>	<p>Child Exploitation: There has already been discussion and multi-agency buy-in to the approach/project. However if this issue goes unaddressed, there is a high risk of further child fatality/serious injury and further children being groomed.</p> <p>Domestic Abuse: Housing alone cannot provide the solution to issues of DA, safe and secure</p>

accommodation is only the start of a journey for victims and without multi-agency involvement it is very unlikely recovery could be sustained.

Homelessness: The reasons people become homeless are often due to complex and ongoing needs which if not addressed in a multi-agency way will not resolve housing issues at all, but set clients up to fail in placements again and again.