

Oxfordshire Safeguarding Self-Assessment

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 OSAB as well as the standards developed by the LGA for Adult Services and published within the LGA Adult Safeguarding Improvement Tool.

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. There is effective Information Sharing
 - d. Commissioning arrangements are robust, effective and cost-effective
 - e. Thematic Issue: Transport of children and adults with care and support needs
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

Timescales and deadlines

The self-assessment will be circulated in July 2017 for **return by Friday 1st December 2017**. All returns must be sent back to osab@oxfordshire.gov.uk. An initial analysis will be completed in **January 2018**. This will inform the **Peer Review** event that will be held on **8th February 2018**. Invitations have already been sent. If you have not received an invitation, please email osab@oxfordshire.gov.uk. A final analysis report will be produced in **March 2017**.

Guidance on completing the self-assessment

Guidance the rating system can be found at the end of this document.

Safeguarding Self-Assessment Practitioner Questionnaire

Note: The online 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 online 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. 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. **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.

The link to circulate to frontline staff is: <https://www.surveymonkey.co.uk/r/self-assessment-2017>. All responses are anonymous. The Survey should take 15-20 minutes to complete.

Part 1: Leadership, Strategy and Working Together

1A - Senior management have commitment to the importance of safeguarding and promoting the welfare of children and adults with care and support needs

How effective is the commitment of senior management to safeguarding and promoting the welfare of children and adults with care and support needs within your agency / 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. 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</p>	<p>Ian Davies, Director of Operational Delivery is the Senior Officer responsible for Safeguarding for at CDC.</p> <p>Nicola Riley, Community Services Manager is the Designated Safeguarding Lead (DSL) for CDC, a role which is clearly defined in her job description and in the Safeguarding Policy and Procedures document.</p> <p>To support Nicola, a Safeguarding Officer is in place (Maria Wareham) and both have received enhanced safeguarding training at generalist and specialist level (this can be evidenced through provision of certificates if required).</p> <p>High risk business areas also have appointed 'Safeguarding Leads' who are to be seen as first point of contact for safeguarding queries and who are required to receive the same level of training as the DSL/Safeguarding Officer.</p>	<p>There are known key individuals in place across the organisation who have a good knowledge/understanding of safeguarding practices/procedures and mutli-agency contacts and escalation processes. This has meant that concerns regarding children and vulnerable adults have been assessed accurately and escalated in a timely manner to the relevant agency.</p>	<p>N/A</p>	<p>N/A</p>
<p>2. Strategies and plans include reference to safeguarding and are clear about responsibilities in relation to:</p> <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 	<p>All Service Areas have Safeguarding included as a factor on their Service Plans and they have to comment annually how their service area conforms to our statutory safeguarding</p>	<p>Service areas understand their responsibilities in relation to safeguarding and this is reflected in the number and quality of safeguarding referrals received by the DSL/Safeguarding Officer where a member of staff has been concerned for the welfare of a child, young person or vulnerable adult. These referrals have</p>	<p>N/A</p>	<p>N/A</p>

<p>work with</p> <p>c. The quality of our work</p> <p>d. Whether the timing of our interventions, where measured, are appropriate for the child and adults with care and support needs safety</p>	<p>requirements.</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> <p>The business planning process makes use of the results from the annual satisfaction surveys; these are predominantly completed by adults. Service planning makes use of customer feedback which may include views of children and families where relevant.</p> <p>Contracting parties are required to verify they can comply with the CDC Safeguarding Policy and Procedures as part of the tender process. Other questions/checks may be asked of prospective contracting partners in the event that they are to conduct regulated activities with children to further verify their own safeguarding policies and procedures. This is conducted on a case by case basis and the Procurement team/contract manager will liaise with the DSL/Safeguarding Officer to input and verify adequacy of responses.</p> <p>CDC does not provide services which work directly 'with' children and families and thus intervention would not take place.</p>	<p>been promptly assessed and escalated to ensure appropriate agency care/support is provided if considered necessary (by the relevant agency).</p>		
<p>3. Safeguarding activity is routinely monitored within the organisation, issues are identified at the appropriate</p>	<p>On an annual basis a staff survey is carried out to assess the</p>	<p>Safeguarding concerns for children and vulnerable adults are identified, referred via the appropriate</p>	<p>N/A</p>	<p>N/A</p>

<p>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>embeddedness of safeguarding policy and procedures. The outcome of the survey impacts 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. This is well communicated via the Intranet and part of new starter training and referrals of concerns are being made to the Safeguarding Team which indicates that there is a good awareness of safeguarding and associated employee responsibilities for identification/referral. The number of referrals increased dramatically in Q2 2017/18 which is an indicator of improved awareness.</p> <p>In 2018/19, we also intend to introduce more formal monitoring activity to assess staff understanding and application of policy and procedure in practice.</p> <p>At present, annual audits are not conducted to ensure compliance of commissioned providers with section 11 requirements. This is scheduled to take place by the end of the financial year for leisure providers.</p>	<p>process and escalated to the relevant agency in a timely manner.</p>		
<p>4. Senior managers demonstrate good understanding of safeguarding, keeping abreast of local and national developments and learning, to ensure that practice</p>	<p>Senior Managers of services areas whose work sees them interacting with children, young people and</p>	<p>Ensuring up to date awareness of local and national learnings/areas of development/legislative change means that staff are equipped to identify and respond</p>	<p>N/A</p>	<p>N/A</p>

<p>continues to improve</p>	<p>vulnerable adults are part of a Safeguarding Leads Group which meets quarterly to oversee and challenge the adequacy of safeguarding arrangements that are in place. Local and National Developments and learnings are shared via this group and they are requested to circulate to teams where relevant.</p> <p>The Safeguarding Officer and DSL review local and national learnings/developments to ensure incorporation into policy and procedure where necessary.</p> <p>Broader employee training/briefings will be provided should the learning/procedural implications be material.</p>	<p>to safeguarding concerns within the community.</p>		
<p>5. Senior managers communicate to their organisation that safeguarding is core business and are able to demonstrate that staff are aware of their individual responsibilities.</p>	<p>Safeguarding and the implications for each service are outlined in each area Service Plan (devised by the Director/Service Manager) which is communicated to staff and incorporated into staff job descriptions and annual objectives as relevant. These objectives are set at the beginning of the year for all staff as part of an appraisal with their line managers and interim performance against these objectives is assessed at the half year.</p> <p>There is also a standard corporate objective for all staff to ensure all relevant training is completed. This includes safeguarding training in accordance with the Safeguarding Training Framework (see 3A).</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.</p>	<p>N/A</p>	<p>N/A</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).

How do you rate your compliance with this standard?

Blue X

Green

Amber

Red

1B - 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. 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.</p>	<p>Clear structure charts are in place which outlines lines of accountability from staff through to Service Management (high risk service managers are part of the Safeguarding Leads group). The DSL and Safeguarding Officer are independent of the service areas (with exception Community Development of which they are part), however names and routes of escalation are communicated via the Safeguarding Pages on the Intranet and via the CDC Safeguarding Policy.</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>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>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>N/A</p>
<p>2. 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.</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</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>N/A</p>

	the CDC Website: https://www.cherwell.gov.uk/info/5/your-council/341/comments-and-complaints			
3. 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>	See 1B.1 CDC continually reviews its procedures to ensure vulnerable groups receive the appropriate care. For example, following an incident involving a volatile vulnerable adult at CDC Offices, internal safety and security measures have been reviewed and improvements made to ensure the safeguarding of employees CDC also reports on the number of complaints within the annual report.	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.	N/A	N/A
4. Child / Service User friendly complaints information is used, which includes information on what safeguarding issues are and how to raise a safeguarding concern	The Leisure Team do have in place a child friendly feedback form which they use for children attending Holiday Hubs. No complaint has ever been received to date in relation to a member of staff or the quality of our service.	Children have ability in a tailored way to give feedback and raise concerns.	N/A	N/A
5. Recommendations / outcomes on practice and changes to procedures are communicated to staff, e.g. <i>"we do this via..."</i>	Should a complaint or learning be identified, this would be communicated to employees via email (Communications Team) or via training sessions should the change in practice be considered material.	Developmental changes would impact on an improved experience and outcome for children and vulnerable adults.	N/A	N/A
6. Staff feel there is clear communication of the legislative framework within which safeguarding sits, including in relation to domestic abuse, mental health, etc.	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. Additional training in relation to dealing with service users with mental health	Children and vulnerable adults are dealt with in line with legislation and appropriate safeguarding arrangements are in place at CDC which ensures their protection when accessing our services.	N/A	N/A

	concerns is currently being identified by the Safeguarding Team for delivery to front line teams.			
7.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.	Adults and children with care and support needs may access the services of CDC.	Staff awareness of safeguarding and their personal responsibilities in relation to the welfare of those who they deal with in their role ensures that children and vulnerable adults will have a positive experience when accessing CDC services. They can also be assured that safeguarding concerns will be identified, referred via the appropriate process and escalated to the relevant agency in an accurate and timely manner.	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 30 June 2018
8.Staff receive adequate reflective supervision and support, e.g. <i>“We can explain (a) our agency’s supervision policies for safeguarding issues and (b) how we know that they are complied with...”</i>	All staff receive adequate supervision and guidance in relation to safeguarding via the Safeguarding Leads and line management. If an individual’s role sees them exposed to vulnerable groups, their responsibilities are reflected in their job description and appropriate objectives to ensure the welfare/protection of these groups included are set and monitored as part of the 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.	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 ensures that children and vulnerable adults will have a positive experience when accessing CDC services. They can also be assured that safeguarding concerns will be identified, referred via the appropriate process and escalated to the relevant agency in an accurate and timely manner.	N/A	N/A

How do you rate your compliance with this standard?

Blue Green X Amber Red

1C – Local Safeguarding Boards’ Effectiveness

TO BE COMPLETED BY BOARD MEMBER AS A SINGLE AGENCY RESPONSE

How is your organisation’s commitment to safeguarding evidenced through the Safeguarding Boards, covering their whole agenda from prevention to intervention?

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
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<p>1. 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.</p>	<p>District Councils in Oxfordshire have one representative on the Oxfordshire Children Safeguarding Board. This role is undertaken on rotation by the DSL of each District. CDC inputs into and receives feedback to the board via this appointed representative. Nicola Riley represents CDC on the Oxfordshire Safeguarding Adults Board.</p>	<p>Our involvement at a Senior Manager level with the Safeguarding Boards ensures that CDC are kept abreast of Safeguarding policy and best practice and that our own policy and procedures are kept up-to-date to reflect this. Children and vulnerable adults can be assured that CDC is operating in line with best practice wherever possible.</p>	<p>N/A</p>	<p>N/A</p>
<p>2. You contribute human and financial resources to the Safeguarding Boards to enable it to function effectively.</p>	<p>We contribute financially to both the OSCB and OSAB. We contribute human resources in so far as we sit on the OSAB full board meeting and attend the Training Sub Group. District Councils are represented at other meetings/subgroups by one nominated person into whom we input and receive feedback.</p>	<p>CDC is supporting the effective function of the Safeguarding Boards wherever possible which provides assurance to vulnerable groups in relation to our commitment to their welfare when accessing our services.</p>	<p>N/A</p>	<p>N/A</p>
<p>3. You contribute towards the Safeguarding Boards multi-agency safeguarding training agenda.</p>	<p>CDC does not currently provide training resources but does provide venues for training when required.</p>	<p>CDC is supporting the effective function of the Safeguarding Boards wherever possible which provides assurance to vulnerable groups in relation to our commitment to their welfare when accessing our services.</p>	<p>N/A</p>	<p>N/A</p>
<p>4. You provide challenge at the SBs, ensuring the impact and effectiveness of service delivery.</p>	<p>CDC attends full board meetings and other sub groups (either in person or represented) and provides challenge wherever possible.</p>	<p>CDC is supporting the effective function of the Safeguarding Boards wherever possible which provides assurance to vulnerable groups in relation to our commitment to their welfare when accessing our services.</p>	<p>N/A</p>	<p>N/A</p>
<p>5. 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.</p>	<p>CDC has attended self-assessment and benchmarking sessions and has provided positive feedback wherever possible.</p>	<p>CDC is supporting the effective function of the Safeguarding Boards wherever possible which provides assurance to vulnerable groups in relation to our commitment to their welfare when accessing our services.</p>	<p>N/A</p>	<p>N/A</p>
<p>6. 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.</p>	<p>CDC has in place appropriate arrangements to ensure the safeguarding of children and vulnerable adults accessing our services. This includes the presence of:</p> <ul style="list-style-type: none"> - Safeguarding Policy and Procedures - Safeguarding Training Framework 	<p>Staff understand their safeguarding responsibilities 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>N/A</p>

	(all roles to have a level of understanding with more enhanced training required for those in more exposed roles, e.g. front line) - Safeguarding concern reporting mechanism and assessment/referral process - Monitoring/review/governance procedures			
7. You act upon data, information and intelligence gathered by the SB to identify risk and trends and formulates action in response to these.	Yes. Any such identified risks/trends would be tabled as part of a Safeguarding Leads Meeting where a strategic approach to action would be discussed and agreed. If immediate response is required due to the identification of an imminent threat to the welfare of vulnerable groups, then action would be devised by the Safeguarding Officer and agreed by the DSL and Director of Operational Delivery ahead of immediate implementation (e.g. procedural change, comms, training etc.).	Children and vulnerable adults can be assured that CDC's approach to safeguarding continuously evolves to reflect current risks and trends, thus ensuring their upmost protection at all times when accessing our services.	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
8. You share issues raised at the board with your organisation	Issues raised at the board are shared via the Safeguarding Leads Group who are requested to disseminate the learnings/introduce practice changes as appropriate.	Children and vulnerable adults can be assured that CDC's approach to safeguarding continuously evolves to reflect current issues, thus ensuring their upmost protection at all times when accessing our services.	N/A	N/A
9. You consider the SB to have good quality specialist advice e.g. legal, medical or social work, when necessary.	Yes and this has been evident through training. Although CDC would commonly seek legal, medical or social work advice directly from the relevant agency (i.e. Police, NHS and Social Care).	CDC have access to good quality specialist advice which provides children and vulnerable adults with assurance that we are trusted and credible in our assessment of their welfare.	N/A	N/A
10. 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.	CDC has a good understanding and awareness of the multi-agency board and reporting structure/mechanism and how this applies to our organisation.	Children and vulnerable adults can be confident when dealing with CDC that we understand and operate in full compliance with the Oxfordshire's multiagency approach to safeguarding.	N/A	N/A
11. There are clear protocols in place that integrate	CDC procedure requires all staff to	Children and vulnerable adults can feel safe	N/A	N/A

<p>different agency procedures for reporting serious incidents.</p>	<p>contact 999 in the event that they identify a concern whereby they suspect imminent harm of a child or vulnerable adult.</p> <p>We work in accordance with the Safeguarding Boards Thresholds of Needs matrices and utilise the Social Care and MASH reporting mechanisms as appropriate, using the LCSS and Adults Triage Team for advice and guidance.</p>	<p>when accessing CDC services that we have in place appropriate protocols for reporting serious incidents/concerns.</p>		
<p>12. 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.</p>	<p>There is no such formal mechanism, however should a view be expressed to a member of CDC staff during the course of their daily work which was felt pertinent to the ongoing work/development of the Safeguarding Boards then this would be fed back to the Safeguarding Officer/DSL who would in turn feedback to the Safeguarding Boards (as these are the two roles to whom any queries/concerns etc. related to a Safeguarding matter should be referred as outlined in the Safeguarding Policy and Safeguarding pages of the staff intranet site).</p>	<p>Children and vulnerable adults can be assured that their views are taken seriously and escalated as appropriate to help inform the work of the Safeguarding Boards.</p>	<p>N/A</p>	<p>N/A</p>

How do you rate the Safeguarding Boards' compliance with this standard?

Blue Green X Amber Red

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 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. Service development has taken into account the need to safeguard and promote the welfare of children and adults with care and support needs</p>	<p>All Service Areas have Safeguarding included as a factor on their Service Plans and they have to comment annually how their service area conforms to our statutory safeguarding requirements.</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>	<p>Children and vulnerable adults 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.</p>	<p>N/A</p>	<p>N/A</p>
<p>2. Children and adults with care and support needs are actively involved in design, development & delivery of services & their involvement is demonstrated</p>	<p>CDC does not provide services which work directly 'with' children and adults in a care provision.</p> <p>However the business planning process makes use of the results from the annual satisfaction surveys, these are predominantly completed by adults. Service planning makes use of customer feedback which may include views of children, adults and minority groups where relevant.</p> <p>Our holiday hub leaflets outline that they are accessible to disabled children and these can be tailored as appropriate to ensure accessibility (i.e. carers accompanying a child).</p>	<p>Children and vulnerable adults 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.</p>	<p>N/A</p>	<p>N/A</p>
<p>3. 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</p>	<p>See 2A.3.</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</p>	<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</p>	<p>N/A</p>	<p>N/A</p>

Oxfordshire.	<p>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>	to identify and refer via the 'See it, Report it' mechanism, any safeguarding concerns.		
4. 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	N/A
5. 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	[Housing to comment]		N/A	N/A
6. There are services available to support carers.	<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, this would be referred through to the Safeguarding Officer/DSL and a referral to the most appropriate support agency would be made.</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.	N/A	N/A
7. There are services available for perpetrators to address their behaviours where appropriate.	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.	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.	N/A	N/A
8. Extended family members, friends and neighbours are engaged in safeguarding when this is appropriate.	Yes. Should a safeguarding concern be reported to the Safeguarding Officer or DSL	Children and vulnerable adults can be assured that CDC seeks to gain clarity	N/A	N/A

	(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 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.	over a reported safeguarding concern to support referrals and/or have good relationships with agencies who are able 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 X 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
1. We make practitioners aware of the multi-agency procedures and we monitor the use of them	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.	Children and vulnerable adults can be confident when accessing our services that our staff understand the multi-agency procedures and can identify/report any safeguarding concern appropriately.	N/A	N/A
2. We make practitioners aware of the multi-agency 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 that they are using them	Access to multi agency tools is through links via the Safeguarding Board websites which are linked to via our intranet. The Safeguarding Leads, and other specialist officers, advise as necessary on the use of these tools. Where the use of available toolkits	Multi-agency toolkits are utilised by appropriate practitioners and where a need is identified, this will be referred to the appropriate agency for action.	N/A	N/A

	<p>are felt relevant to the services we provide, these are communicated via the Safeguarding Leads for onwards cascade and/or specific training provided.</p> <p>To date, most of the toolkits have been felt to be tailored to those working within a care role or working 'with' the vulnerable person, which is not the role of the District Council. In the event that a safeguarding concern is identified, we would refer to the relevant agency who we expect would utilise any toolkit as appropriate.</p>			
<p>3. 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.</p>	<p>The council contributes as needed to joint working and safeguarding investigations. Should the Safeguarding Officer or DSL not be available to attend, an informed representative will be sent to provide input.</p>	<p>CDC are proactive in ensuring we input wherever required which gives assurance to vulnerable groups that their welfare is taken seriously.</p>	N/A	N/A
<p>4. 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>	<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</p>	<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.</p>	N/A	N/A

	<p>Griffin, in 2017.</p> <p>CDC is represented at Channel Panel and Prevent Implementation Group.</p> <p>Prevent is a standing agenda item at the monthly JATAC meeting.</p>			
<p>5. 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</p>	<p>Whilst lead by TVP, we administer the JATAC meeting for Cherwell and West Oxfordshire.</p> <p>The CDC Housing Team also currently chairs and administers the Vulnerable Adults Panel however this is currently under review (question over whether this should be moved to the responsibility of the Safeguarding Team with the support of the Community Services Business Support Team).</p> <p>Minutes are taken, circulated and stored appropriately and the Safeguarding Officer is in attendance at both meetings meaning appropriate linkages are made and issues escalated as appropriate.</p>	<p>Dedicated and accurate administration of multi-agency meetings and attendance by the Safeguarding Officer means continued awareness of cases and ability to take action and escalate concerns where required. Vulnerable groups can be assured that their welfare is of the highest priority.</p>	N/A	N/A
<p>6. Staff, managers, officers and members work across individual service and agency boundaries, and beyond traditional definitions of their roles, to improve outcomes.</p>	<p>We are part of several multi-agency partnerships/meetings/information sharing protocols and staff are encouraged to take a flexible approach to working to ensure best use of resources and knowledge thus improving outcomes for children and vulnerable adults. This cross-agency working can be informal in nature and we also attend/input formally to: Safeguarding Full</p>	<p>A flexible approach is key is ensuring best use of resources and expediting matters for users.</p>	N/A	N/A

	<p>Board meetings; sub group meetings; Brighter Futures Meetings; Community Impact Zone, Safer Oxfordshire Partnership; Joint Operating Framework meetings (task and finish groups); JATAC; Vulnerable Adults Panel; Oxfordshire Stronger Communities Alliance; North Oxfordshire Creative Partnership; and 'Safeguarding Children in Banbury' (a group of 8 to 10 head teachers representing schools in Banbury).</p>			
<p>7. We are delivering/contributing to effective prevention and early help.</p>	<p>Our staff are trained to identify safeguarding concerns and refer them as soon as possible via the 'See it, Report it' mechanism.</p> <p>These are assessed and referred on to the relevant agency by the Safeguarding Officer/DSL/allocated backup if the safeguarding concern meets the reporting thresholds.</p> <p>Staff are not in positions of care and would not complete the early help assessment. It is our expectation that this is conducted by Social Care upon referral.</p>	<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.</p>	N/A	N/A
<p>8. 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.</p>	<p>The council adheres to all guidance on appropriate information sharing.</p> <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</p>	<p>Appropriate information sharing is vital in ensuring that material is processed correctly in such a way that it helps to protect those at risk.</p>	N/A	N/A

	retained to ensure compliance with Data Protection legislation (section 6).			
9. Training addresses need for effective information sharing both across and within agencies and encourages staff to use professional judgement.	<p>Staff in front line roles (e.g. Housing, Leisure, Customer Services, Revenue and Benefits etc.) are required to attend the OSCB Generalist and/or OSAB Level 2 (depending on the exposures of their role) training courses.</p> <p>All new staff into these roles need to complete this training within their first three months and all existing staff are being required to complete this training (if they haven't already) by the 31 March 2018.</p> <p>These OSCB/OSAB provided courses stress the need/importance of information sharing across agencies and encourage the use of professional judgement.</p>	Appropriate information sharing is vital in ensuring that material is processed correctly in such a way that it helps to protect those at risk.	N/A	N/A
10. Staff know where to seek advice on information sharing both across and within agencies & have confidence in their professional judgement.	If staff have any queries relating to a safeguarding matter (which would include queries on information sharing) then they are signposted via the CDC Safeguarding Policy and Safeguarding Pages on the Intranet to contact the Safeguarding Officer/DSL or HR Business Partner.	Appropriate information sharing is vital in ensuring that material is processed correctly in such a way that it helps to protect those at risk.	N/A	N/A
How do you rate your compliance with this standard?				
Blue X Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/>				

2C – Commissioning arrangements are robust and effective				
COMMISSIONERS ONLY TO COMPLETE				
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
1. Commissioning and contracting set out quality assurance and service standards in order to safeguard children and adults with care and support needs.	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 regulated activities with children, more safeguarding questions may be asked of prospective providers as part of the tender process. This is at the discretion of the Procurement Team and Contracting Manager.	CDC needs to be sure that third party service providers are clear on the expectations of them in relation to safeguarding children and vulnerable adults. This will reassure children and vulnerable adults accessing these services that their welfare and protection is taken seriously and that action would be taken should any safeguarding concern be raised.	N/A	N/A
2. We have developed mechanisms for people who are organising their own support and services to manage risks and benefits e.g. Direct Payments	N/A	N/A	N/A	N/A
3. Clear expectations and reporting requirements are placed on providers of services.	Whilst there are clear expectations and reporting requirements placed on third party providers of services, these have not to date been specific in relation to safeguarding matters. This currently being addressed.	CDC needs to be sure that third party service providers are clear on the expectations of them in relation to safeguarding and that we require self-assessment reports periodically to confirm compliance with CDC safeguarding policy. This will reassure children and vulnerable adults accessing	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	Maria Wareham, Safeguarding Officer Richard Stirling, Corporate Procurement Manager 30 June 2018

		these services that their welfare and protection is taken seriously and that action would be taken should any safeguarding concern be raised.	reporting required is specified.	
4. Contract monitoring has a focus on safeguarding, dignity and respect, and any shortfalls in standards are addressed.	To date, safeguarding, dignity and respect has not been a key focus of contract monitoring. This requires improvement and the Safeguarding Officer is working with the Corporate Procurement Manager and key Contract Managers (i.e. those managing contracts of service providers which provide services to vulnerable groups) to introduce regular audits of high risk. This is commencing with Safeguarding Audits of our Leisure centres in November/December 2017.	Audits of commissioned providers of services to vulnerable groups to ensure adequate safeguarding arrangements are in place will provide comfort to children and vulnerable adults accessing these services that their welfare and protection is taken seriously and that action would be taken should any safeguarding concern be raised.	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 during 2018.	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
5. Providers meet essential/ fundamental national and local standards and quality improvement is tracked and acted on.	See 2C.4. Safeguarding audits are commencing of Leisure providers in November 2017. Action plans will be developed and tracked to address any identified weaknesses in safeguarding arrangements.	See 2C.4.	See 2C.4.	See 2C.4.
6. Safeguarding referrals/alerts across providers are tracked and under or over-reporting patterns addressed.	Commissioned providers of services to vulnerable groups do, on occasion, report safeguarding concerns via their Contracting Manager (as has been received from Leisure	Audits of commissioned providers of services to vulnerable groups to ensure adequate safeguarding arrangements are in place will provide comfort to children and		Liam Didcock, Leisure Contracts and Sports Hub Officer Maria Wareham, Safeguarding Officer

	Centres) however these are most commonly dealt with via their own internal reporting/referral mechanisms directly to appropriate agencies (this will be verified as part of the Safeguarding Audits – see 2C.4).	vulnerable adults accessing these services that their welfare and protection is taken seriously and that action would be taken should any safeguarding concern be raised.		Richard Stirling, Corporate Procurement Manager Leisure Safeguarding Audits: 31 March 2018 Other commissioned services to vulnerable groups – Safeguarding Audits: 31 December 2018 Amendments to contractual expectations if applicable: 30 June 2018
7. Quality in commissioned services is monitored so that abuse and neglect is prevented as far as reasonably possible.	See 2C.4.	See 2C.4.	See 2C.4.	See 2C.4.
8. Actions take place to safeguard individuals when standards in services put people at risk.	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. No such instances have been identified to date. The action taken by commissioned providers in such circumstances will be verified as part of the Safeguarding Audit Programme due to start with Leisure Providers in November 2017.	Audits of commissioned providers of services to vulnerable groups to ensure adequate safeguarding arrangements are in place will provide comfort to children and vulnerable adults accessing these services that their welfare and protection is taken seriously and that action would be taken should any safeguarding concern be raised.	Via Safeguarding Audits of commissioned providers, ensure that protocols are in place to safeguard vulnerable groups in the event that substandard services are identified. 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).	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 – Safeguarding Audits: 31 December 2018 Amendments to contractual expectations if applicable: 30 June 2018
9. Agencies commissioned to provide services have safer recruitment in place.	See 2C.1. Commissioned providers are required to confirm that they have safer	Children and vulnerable adults accessing these services can be confident that their welfare and	N/A	N/A

	recruitment protocols in place as part of the tendering process (this includes any sub-contractors).	protection is taken seriously.		
10. There is a clear process for escalating service gaps to the commissioning body.	Contracts with service providers' outline expectations on that contractor to monitor its own performance (whilst not explicit at present, this includes safeguarding) and report on this periodically and as/when requested to the commissioning body. This will include the escalation of any service gaps.	Children and vulnerable adults accessing these services can be confident service quality is monitored to ensure their welfare and protection is maintained at all times.	Whilst this does happen in practice (in particular with regard to the Leisure contracts), safeguarding could be made more explicit on the documented contractual agreements. As such action to ensure contractual obligations of commissioned providers of services to vulnerable groups include requirement to report on safeguarding performance and where a service gap is identified, the impact on these vulnerable groups is assessed and appropriate action is taken to ensure their protection.	
How do you rate your compliance with this standard?				
Blue <input type="checkbox"/> Green <input type="checkbox"/> Amber X Red <input type="checkbox"/>				

2D – Thematic Issue: Transport of Children or Adults With Care and Support Needs

If your agency is responsible for transporting children and adults with care and support needs, how do you ensure they are transported safely with due regards to the safeguarding of the passenger?

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
1. Identification of a named person at senior management level to champion the importance of safeguarding in transport and to promote the welfare of children and adults with care and support needs throughout the service. This person is known as the designated safeguarding transport lead.	CDC doesn't have a designated safeguarding transport lead due to this being a county lead function. However, as part of the Joint Operating Framework (JOF) we have an Information Sharing Protocol that ensures a free flow of relevant information.	This ensures that vulnerable groups can feel safe when using licensed vehicles in the district.	N/A	N/A
2. All drivers/escorts are fully vetted and appropriate risk management arrangements are in place in accordance with the standards agreed in Oxfordshire's Joint Operating Framework .	All CDC drivers are subject to enhanced DBS checks before being issued with a licence.	This ensures that vulnerable groups can feel safe when using licensed vehicles in the district.	N/A	N/A
3. All drivers/escorts are trained in safeguarding with Oxfordshire County Council's training provider.	All CDC drivers have to undertake mandatory Safeguarding awareness training, currently delivered by Diversiti, prior to being issued with their licence.	This ensures that vulnerable groups can feel safe when using licensed vehicles in the district.	N/A	N/A
4. All drivers/escorts receive a standard Code of Conduct and best practice information materials on safeguarding in accordance with Oxfordshire's Joint Operating Framework.	This is provided by OCC.	This ensures that vulnerable groups can feel safe when using licensed vehicles in the district.	N/A	N/A
5. Information is shared across the county council, district councils and the police in accordance with the Joint Operating Framework Information Sharing Schedule.	Information is exchanged on all new applicants between the 5 licensing authorities in Oxfordshire. Revocations and suspensions are shared with the above and OCC.	This ensures that vulnerable groups can feel safe when using licensed vehicles in the district.	N/A	N/A
6. All policies have been refreshed and approved to ensure full compliance with the Joint Operating Framework.	CDCs taxi licensing policy was written taking into account all of the recommendations contained within the JOF. This has been in place since January 2017.	This ensures that vulnerable groups can feel safe when using licensed vehicles in the district.	N/A	N/A

7. Performance monitoring information is shared and reviewed in accordance with the Joint Operating Framework.	OCC compile all data from all 5 licensing authorities and this is discussed on a quarterly basis at JOF meetings.	This ensures that vulnerable groups can feel safe when using licensed vehicles in the district.	N/A	N/A
8. Staff who are responsible for driver vetting, quality monitoring and complaints investigation receive generalist and specialist designated lead safeguarding training so that they can identify potential safeguarding risks.	All CDC licencing staff will have completed the OSCB Generalist and OSAB Level 2 Front Line Worker training by the end of March 2018 (in accordance with the CDC Safeguarding Training Framework).	This ensures that vulnerable groups can feel safe when using licensed vehicles in the district.	N/A	N/A
9. Agencies who are not part of the Joint Operating Framework but who have a responsibility for transporting children and adults with care and support needs report as relevant on safeguarding arrangements in relation to vetting/training; information sharing; policy development; enforcement, complaints, allegations management; performance monitoring arrangements; and quality standards.	N/A - CDC are part of the Joint Operating Framework.	N/A	N/A	N/A
How do you rate your compliance with this standard?				
Blue X Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/>				

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

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?

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. There is a clear training strategy for our organisation.</p>	<p>A Safeguarding Training Framework was introduced across the organisation on 8th August 2017.</p> <p>All roles across CDC have been assessed and the training framework outlines the mandatory training they are required to complete based on the exposure they have to vulnerable groups.</p> <p>Training draws upon the resources available to staff from the Safeguarding Boards. Basic PREVENT training is also required (Home Office E-Learning).</p> <p>All staff are required to complete the safeguarding training required of them in accordance with their role risk profile by 31st March 2018 and this will require renewal every 2 or 3 years (depending on risk exposure).</p> <p>New starters are required to attend a Safeguarding Awareness Briefing within their first three months of employment.</p> <p>Councillors are required to carry out training and attend a safeguarding briefing once every three years.</p> <p>Other ad-hoc training will be provided as and when the need is identified (i.e. key themes, trends, changes in legislation,</p>	<p>Staff 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>N/A</p>

	procedure etc.).			
2. We have made staff aware of current safeguarding concerns and have provided training relevant to their roles such as radicalisation; female genital mutilation; sexting; self-harm; self-neglect, peer on peer violence in the following ways	<p>See 3A.1 above. Staff have received and/or are in the process of receiving safeguarding training appropriate to their role/exposure. This includes an overview of abuse types and signs so that they can be confident in identifying and referring anything they may come across when dealing with children and adults as part of their role.</p> <p>Staff learning events may also be run periodically to enhance understanding of certain areas; one was recently held on modern slavery (presented by TVP).</p> <p>Safeguarding Board communications are also circulated to Safeguarding Leads (Managers from highest exposed areas) for onward cascade.</p>	Staff remain and 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.	N/A	N/A
3. A clear induction process is in place for all staff, trustees and volunteers that addresses safeguarding & is delivered in a timely way, e.g. <i>"we can provide you with some sample materials..."</i>	<p>Since the launch of the Safeguarding Training Framework on 8 August 2017, all new starters are required to attend a Safeguarding Awareness Briefing. This is required to be completed within the first three months of employment (as outlined in the framework document).</p> <p>Training slides can be provided.</p>	Staff remain and 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.	N/A	N/A
4. All staff and volunteers are appropriately trained and supported through a range of methodologies, e.g. <i>"we have established who needs to do what training..."</i>	See 3A.1 above.	Staff remain and 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.	N/A	N/A
5. 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</i>	Training completion is required to be evidenced by way of the provision of a certificate to the Safeguarding Team.	Staff remain and updated with current theme areas and are confident in identifying and understanding how to report	N/A	N/A

<p>level..."</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>As this was only introduced on 8th August 2017, the register reflects relatively low completion percentages, however this is hoped to be at or near 100% by the deadline date of 31st March 2018.</p> <p>Reminders are scheduled.</p>	<p>safeguarding/criminal concerns which enhances the protection of children and adults with care and support needs when accessing our services.</p>		
<p>6. We contribute trainers and / or resources to the multi-agency safeguarding training programme.</p>	<p>We contribute venues to the multi-agency safeguarding training programme.</p> <p>At present we do not contribute trainers.</p>	<p>Agencies have access to adequate and timely training which in turn means that children and adults are protected when accessing their services.</p>	<p>N/A</p>	<p>N/A</p>
<p>7. Training explores issues of diversity in relation to safeguarding.</p>	<p>Staff in customer facing roles are required to complete OSCB/OSAB training (Generalist and Level 2 Front Line Worker course).</p>	<p>Staff remain and 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>N/A</p>
<p>8. We can demonstrate impact of training on practice from having asked staff/volunteers at supervision how their practice has changed through their safeguarding training.</p>	<p>A staff survey was completed in November 2017 which asked front line staff to comment on the effectiveness/embeddedness of safeguarding in CDC and how their practices have changed to incorporate learnings.</p> <p>ADD ONCE SURVEY CONCLUDED</p>	<p>Children and adults 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>N/A</p>
<p>How do you rate your compliance with this standard?</p>				
<p>Blue X Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/></p>				

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 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. Safer recruitment & selection procedures are in place in line with statutory guidance and is audited.</p>	<p>Yes, CDC has a Safer Recruitment Procedure in place which is accessible via the intranet and is fully embedded into recruitment practices.</p> <p>This was reviewed in March 2017 and a Safeguarding Interview Policy incorporated to outline what questions should be asked depending on the role exposure.</p> <p>We will be reviewing the recruitment processes of our commissioned leisure service provider (at each site) in November to ensure adequacy.</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>N/A</p>
<p>2. Safer recruitment training is in place for managers involved in recruitment.</p>	<p>At least one panel member on every recruitment campaign will have completed Recruitment and Selection Training which includes Safer Recruitment.</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>N/A</p>
<p>3. We have procedures for managing allegations, such as whistle blowing, and escalating as appropriate.</p>	<p>Yes 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 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>N/A</p>
<p>4. A senior manager has been identified for the managing allegations process and understand when to refer to the adult safeguarding manager or Designated Officer and acts upon guidance from the adult safeguarding manager or Designated Officer appropriately.</p>	<p>Whilst managed in coordination with HR, Nicola Riley (Designated Safeguarding Lead) is the named Senior Officer to whom allegations or concerns should be reported.</p> <p>Documented escalation process</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>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</p>	<p>Claire Cox, 31 December 2017</p>

	requires improvement to ensure this is reflected.		process should be documented and accessible to all staff.	
5. Support is available for staff who are subject to allegations.	<p>Support to staff who are subject to allegations is available from HR.</p> <p>UNISON is also able to offer support and 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>	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.	N/A	N/A
How do you rate your compliance with this standard?				
Blue X Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/>				

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

4A - 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</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. This is to be incorporated into the revised 'See it, Report it' procedure.</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>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>A good understanding of dealing with adults who lack decision-making capacity is held by our Housing Teams. They understand the legal framework around representation/power of attorney and adhere to this in their operations. Awareness/understanding will be refreshed through training periodically or as changes are made to legislation.</p> <p>Young People and Mental Health training is also to be provided to our Holiday Hub teams later in 2018 however our staff would not be dealing with children in a capacity where an advocate would be required.</p>	<p>Children and adults who lack decision making capacity are treated appropriately resulting in a positive experience when accessing CDC services.</p>	<p>N/A</p>	<p>N/A</p>
<p>3. Outcomes are consistent, regardless of the ethnicity, cultural identity / diversity, gender, sexuality, disability or age of the service user.</p>	<p>CDC does not discriminate based on race, language, religion, faith, gender or disability with any of the services it offers to children and young people.</p> <p>Where tailoring is required this is addressed on a case by case basis by the relevant team (i.e. if a carer is required to accompany a child at an activity hub etc.) and advice would be sought from</p>	<p>Positive and supported experience by those accessing our services.</p>	<p>N/A</p>	<p>N/A</p>

	<p>the DSL if required.</p> <p>Our holiday hub leaflets outline that they are accessible to disabled children.</p>			
<p>4. 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 taken into account as much as possible.</p>	<p>The safeguarding process at CDC is proportionate. Training provided is based on the exposure roles have to children, young people and vulnerable adults (i.e. less training for those with no exposure) and staff are responsible/in control of ensuring the application of the CDC Safeguarding Policy and Procedures in their day to day activities.</p> <p>Staff are not responsible for working 'with' families in relation to safeguarding matters but may have exposure to families who are working with other agencies in which case sensitivities will be shown/changes to their working approach adapted accordingly.</p>	<p>Positive and supported experience by those accessing our services.</p>	<p>N/A</p>	<p>N/A</p>
<p>How do you rate your compliance with this standard?</p>				
<p>Blue X Green <input type="checkbox"/> Amber <input type="checkbox"/> Red <input type="checkbox"/></p>				

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 particular 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.**

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).