

# BLAENAU GWENT COUNTY BOROUGH COUNCIL

## CORPORATE SAFEGUARDING SELF-ASSESSMENT TOOL.

### Introduction

Blaenau Gwent County Borough Council is committed to ensuring that everyone living within the Borough is safe and protected and that our statutory responsibilities to safeguard and protect children, young people and adults at risk are effectively met.

The following self-assessment is set out in sections related to different standards underpinning safeguarding and requires each service area to think about their own practices and procedures within their relevant setting. It is designed to give an understanding of safeguarding in a particular service area/establishment and how these might be developed. In addition, the self-assessment provides Blaenau Gwent County Borough Council with an overview of safeguarding practices across the county.

The self-assessment will enable service areas to ensure that they are exercising their functions under current legislation (Social Services and Wellbeing Act 2014) and will be used as an audit tool to ensure that service areas have the following in place:

1. Senior management commitment to the importance of safeguarding and promoting **citizen's** welfare
2. The agency fulfils its obligations under Safeguarding legislation
3. A clear statement of the service areas responsibilities towards safeguarding is available for all practitioners
4. A clear line of accountability within the service area for work on safeguarding and promoting the welfare of citizens  
Service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of citizens
5. Practitioner training on safeguarding and promoting the welfare of citizens for all practitioners working with or, depending on the services areas primary functions, in contact with all citizens
6. Safe recruitment processes and procedures
7. Effective inter-agency working to safeguard and promote the welfare of all citizens
8. Effective Information Sharing processes and procedures

### **Guidance for the completion of the Audit Tool**

The audit tool is a self-assessment tool that covers nine key areas. Within each of these areas there are a number of standards that the service area should meet. To complete the tool, **evidence** should be given that would demonstrate how the service area meets each of the standards. Think carefully about the practices and procedures in the relevant service area and RAG rate as outlined below.

#### **Self-assessment rating**

The traffic light system relates to how a service area assesses itself against achieving the minimum standard. If your service area assesses itself as red or amber, areas for development need to be recorded along with a timescale for completion on a separate Action Plan. It is worth noting that the scope of this model of audit tool does not allow the demonstration of exceeding the minimum requirements. A score of 'green' therefore is understood to mean that it meets the required minimum standard.

Green

Means everything is in place, up to date, and meets the required minimum standard

Amber

Means that something requires review or improvement

Red

Means something needs to be developed as a matter of urgency

Once completed, the form should be returned to Chair of the Blaenau Gwent Corporate Safeguarding Leads Group to consider ongoing support and inform any wider safeguarding issues for the Local Authority. The information will also feed into the **Corporate Safeguarding Scrutiny Committee**. Support and advice can be provided where appropriate with any issues raised that require action planning. The Audit will be repeated **every 3 years**.

## **DETAILS OF COMPLETION**

<b>ORGANISATION / SERVICE AREA / ESTABLISHMENT NAME</b>	
<b>PERSON COMPLETING THIS AUDIT</b>	
<b>ROLE/POSITION</b>	
<b>DATE COMPLETED</b>	
<b>DATE RETURNED TO LA</b>	
<b>Please list ALL the individual services / organisations / establishments that you are responsible for and reporting on in this audit. Where relevant be specific in your audit regarding which service is being commented upon. (</b>	

	EVIDENCE	RAG RATING	FURTHER ACTIONS REQ'D
STANDARD 1. Designated Safeguarding Officer (DSO)			

**Designated Safeguarding Officer (DSO) fulfil an essential role in developing and implementing policies that help to protect children and adults at risk from all forms of abuse and create a safe environment. Designated Safeguarding Officers (DSO) take responsibility in their setting for managing issues and concerns about adults and children at risk.**

1.1 There is a Designated Safeguarding Officer (DSO) for Safeguarding and all practitioners know who that person is.			
1.2 All practitioners know who to contact in the absence of the DSO and the role is promoted and understood within the service area			
1.3 The role of the Designated Safeguarding Officer is clearly set out in the Corporate Safeguarding Policy and the DSO is fully aware of their safeguarding responsibilities			
1.4 The DSO is adequately trained and supported to fulfil their roles.	Provide details of safeguarding courses attended with dates:		
1.5 Senior Management are committed to safeguarding and promoting the welfare of all citizens, promoting the role of the DSO			

and supporting the DSO in undertaking the responsibilities associated with the role			
<b>STANDARD 2. Policies and Procedures</b>			
2.1 The setting has formally adopted the Blaenau Gwent Corporate Safeguarding Policy.	Give Date when adopted:		
2.2 The LA policy has been communicated to all practitioners and is implemented in the setting/organisation.			
2.3 The setting has its own written safeguarding policies and procedures which are reviewed regularly (at least every 3 years) and which clearly includes a statement about the service areas responsibility to all citizens	List any relevant policies with dates including date of reviews and of next review:		
2.4 All practitioners are made aware of all safeguarding policies and procedures and how these are applied within the setting			

2.5 Everyone using the service is made aware of all safeguarding policies and procedures and how these are applied within the setting			
2.6 The setting is confident that every service you commission delivers a safeguarding standard consistent with our service.			
<b>STANDARD 3. Accountability</b>			
3.1 All practitioners understand to whom they are directly accountable with regards to the well-being of children and adults at risk, and the level of accountability they have.	Is this discussed at team meetings and staff appraisals? How is this recorded?		
3.2 All Job Descriptions are explicit and recognise responsibilities regarding safeguarding and promoting the well-being of children and adults at risk.			
3.3 All Strategic planning for the delivery of services takes into account the need to safeguard citizens at risk and promote their welfare and this is clearly stated in strategy planning to ensure this is a priority (including consultation with citizens and complaints policy)			

<b>STANDARD 4: Listening and Responding</b>			
4.1 Children and adults at risk are encouraged to express their wishes and feelings including any concerns they might have over harm and abuse			
4.2 Appropriate decisions are made in order to protect children, young people and adults at risk from harm			
4.3 Children, young people and adults at risk feel safe in your setting and that their well-being is promoted.			
4.4 The setting reflects on what has gone well and areas for improvement, and ensures that new learning is embedded.	How is this achieved?		
<b>STANDARD 5: Effective inter-agency working to safeguard and promote the welfare of all citizens</b>			
5.1 Practitioners participate in multi-agency meetings and forums to consider the needs of and provide support for individual children and their families and adults at risk , as well as share information for assessment purposes	List the relevant meetings your setting is involved:		

5.2 Practitioners are able to recognise when children and adults at risk need additional support and are able to make the appropriate reports e.g. referrals to other single agencies, referral to Families First and Supporting Family Change, reports to Adult or Children's Services . Training and guidance for practitioners covers how to make a report.	Provide numbers of reports made to e.g. adult/children's services		
5.3 Any decisions made or actions taken in relation to the protection or safeguarding of individuals are recorded appropriately and maintained confidentially.			
5.4 Arrangements are in place to ensure that personal and confidential information is appropriately shared across settings / services.	Is information securely available across varying levels of need? How do you know this is being complied with?		



5.5 Staff are supported to participate in Child and Adult Practice Reviews (CPR's and APR's) where appropriate			
<b>STANDARD 6: Training for practitioners on safeguarding and promoting wellbeing</b>			
6.1. All practitioners receive appropriate training (at the relevant levels) to enable them to discharge their safeguarding duties			
6.2 Practitioners have a clear training pathway in relation to their role and responsibilities			
6.3 There is a record kept of all adult/child protection and safeguarding training and this is updated as appropriate.			
6.4 Arrangements are in place to evaluate the impact and effectiveness of training and the identification of adult/child protection and safeguarding training.			
6.5 Recommendations from APR's and CPR's are shared with practitioners as appropriate e.g. newsletters, email etc.			

6.6 There is guidance that practitioners are given supervision/support to consider safeguarding issues which is monitored by senior management with the availability of further support if required			
6.7 Senior Managers are aware of updates /changes in legislation, policy and practice to embed in service area			
<b>STANDARD 7: Safe Recruitment</b>			
7.1. All practitioners have the relevant DBS checks prior to employment if they are engaged in regulated activity and the DBS is recorded and updated in line with policy			
7.2. All practitioners who have contact with children, young people and adults at risk are selected in accordance with the Safe Recruitment Policy and have appropriate checks in line with current legislation and guidance: <ul style="list-style-type: none"> <li>- References are always taken up prior to appointment.</li> <li>- Identity and qualifications are verified.</li> <li>- Professional registration is in place</li> </ul>			

<ul style="list-style-type: none"> <li>- Face to face interviews are carried out.</li> <li>- Previous employment history is checked.</li> <li>- Any anomalies or discrepancies are followed up.</li> <li>- Necessary checks are carried out before the employee takes up the post (e.g. DBS if they are engaged in regulated activity).</li> </ul>			
7.3 Appropriate risk assessments are used consistently if required			
7.4 Those people involved in recruitment within the setting have undertaken appropriate training	Provide details of any training undertaken:		
There is a safe recruitment policy in place			
<b>STANDARD 8: Handling Allegations Against Practitioners</b>			

8.1 There is a named senior officer with responsibility in respect of allegations against practitioners, including attendance at any required meetings e.g. professional strategy meetings			
8.2 There is a written procedure in place for handling allegations against practitioners			
8.3 Incidents and allegations of professional abuse are recorded appropriately and maintained confidentially.	Provide numbers of professional concerns and any issues referred:		
8.4 All practitioners are fully aware of their duty to report any professional concerns and how and who to report them to. This is embedded in induction and training			
<b>STANDARD 9: Safeguarding in the Building</b>			
9.1 Do you know and monitor public access points in the building(s) so that you know if people are entering or leaving the building?			

9.2 Are Parents / Carers / Visitors monitored whilst they are in the building including signing in and out procedures if appropriate? Are badges issued to visitors?			
9.3 Does the setting have policies and procedures in place to maintain safeguarding when other people/vehicles not involved with your organisation use/visit the premises at the same time as your organisation?			
9.4 Are safeguarding issues reported to the relevant lead officer and the building's management, as appropriate?			
9.5 Do you risk assess for safeguarding and general safety when using premises other than your own and have a reporting system in place for issues identified?			
<b>STANDARD 10: Keeping Safe Online</b>			
10.1 Children, young people or adults at risk who have access to the internet via any means in the setting can do so safely.	Provide details of any keeping safe online awareness activity that is undertaken within your setting:		
10.2 Does the setting have and implement a policy for the safe use of internet access by service users, staff and volunteers?	Tell us where this policy is available:		

<b>STANDARD 11: Information Sharing</b>			
11.2 How is guidance and training regarding information sharing made available to practitioners (both at induction and existing staff), including how practitioners know who to seek advice from regarding information sharing			
11.3 Consent to share information and when consent is not required is covered in training and all guidance. Issues of consent and information sharing is covered in supervision/appraisals			
11.4 Operationally, practitioners share information when they have concerns and this is recorded and retained appropriately			

### **Designated Safeguarding Officer Summary Report**

**Describe any key challenges and successes that you have experienced over the last year. Relate this both to your individual role and to the wider setting.**

<b>Please identify what support might be helpful to you in your role as Designated Safeguarding Lead or to assist with the development of safeguarding within your setting.</b>

### **Action Plan**

#### **INSERT YOUR COMPLETED / UPDATED ACTION PLAN FROM YOUR PREVIOUS AUDIT**

Ensure that any actions from your previous action plan that have not been completed are incorporated into your current plan as below.

No	Standard Identified	RAG Rating	Action Needed / Evidence of Completion	Timescale / Date of completion	Lead Officer and Contact Details