Agenda Item No:	4	
Report To:	AUDIT COMMITTEE	
Date:	1 DECEMBER 2015	ASHFORD BOROUGH COUNCIL
Report Title:	SAFEGUARDING AUDIT REPORT	
Report Author:	Rich Clarke	

Summary:	The report sets out findings and brief of the recent audit into the controls designed and operated by the Council to ensure it meets its safeguarding obligations. The report is marked as 'draft' in anticipated completion of the enclosed action plan, but its findings and recommendations are accepted by officers.

Key Decision:	No
Affected Wards:	All
Recommendations:	**1. The Audit Committee notes the findings of the Safeguarding audit and makes appropriate further enquiries of officers.**
Policy Overview:	Not Applicable
Financial Implications:	Not Applicable
Risk Assessment	No
Equalities Impact Assessment	No
Other Implications:	Not Applicable
Exemptions :	
Background Papers:	Safeguarding Audit Report (CG05(15-16))
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Report Title: Safeguarding

Purpose of the Report

1.   Our audit plan, approved by Members in March 2015, included an audit intended to examine the controls designed and operated by the Council to ensure it meets its Safeguarding responsibilities. This report represents the conclusions of that audit.

2.   Present at the meeting will be Mark Carty (Head of Cultural Services) and Tracy Kerly (Head of Housing) – who were joint sponsors of the audit – together with Christina Fuller (Designated Safeguarding Officer) who will inform Members of officers response to the audit findings and intended way forward.

Background

3.   We began work in July 2015 against the audit brief set out from page 13 of the Audit Report. This sought specifically to examine controls against the responsibilities given to the Council by section 11 of the Children Act 2004 for safeguarding of children and vulnerable adults. We undertook fieldwork between July and September 2015 and, after delays in the initial timeline caused principally by staff absence over the summer period, issued our draft report to officers on 28 October 2015.

4.   Our usual expectation on issuing a draft report is for a response and completed action plan within ten working days. However, given the range of safeguarding responsibilities and the Council's understandable wish to ensure comment from a broad scope of officers within the Council, officers have requested additional time to formally complete the action plan.

5.   In audit, we are satisfied that is a reasonable request given that we have seen clear evidence of officers' appropriate response (with initial meetings to discuss the report having taken place at Management Board level) and we appreciate there was initial confusion about expectations in which the process was not clearly communicated. Consequently we expect a formal response to the action plan (and the report's full finalisation) in December. However, we note, and are grateful for, officers' positive and accepting response to the report and its conclusions.

Risk Assessment

6.   It is important to note that the report, while less than satisfactory, is not at the 'poor' level of assurance where we would note a failing service. Rather, at 'weak' level, we are describing a service which may well have elements of good practice but is not reaching the required level consistently.

7.   With respect to Safeguarding, we found no evidence that the Council is in breach of its statutory responsibilities or that it was putting children or vulnerable adults in danger. Instead, our concern is that arrangements are not sufficiently advanced or embedded in the Council's processes to ensure it can consistently and effectively meet those responsibilities.

8. Therefore, the current risk is best characterised as potential. In not having processes clearly embedded and documented the Council runs the risk that, should an incident occur, it may not be able to clearly evidence it had fulfilled its responsibilities.

Equalities Impact Assessment

9. There are no proposals made in the report that require an equalities impact assessment.

Other Options Considered

10. Not applicable

Consultation

11. The audit findings have been discussed and agreed with the audit sponsors (the Head of Cultural Services and Head of Housing). As noted above, we await formal response in the form of a completed action plan.

Implications Assessment

12. Not Applicable

Handling

13. Not Applicable

Conclusion

14. The report presents for Member comment and enquiry the results of our work on the Council's Safeguarding responsibilities. The overall conclusion was that, although statutory responsibilities are met, the Council is not tracking or gathering information efficiently or comprehensively which could leave it vulnerable in the event of safeguarding incident.

Portfolio Holder's Views

15. The relevant Portfolio Holder for audit, Cllr Neil Shorter, is a member of the Audit Committee.

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SAFEGUARDING

DRAFT AUDIT REPORT

October 2015

Draft Assurance Rating: Weak

Audit Code	ABC-CG05(15-16)		Service	Corporate Governance
Senior Auditor	Claire Walker		Audit Sponsors	Mark Carty
				Tracey Kerly
Head of Audit Partnership	Rich Clarke		Chief Executive	John Bunnett

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Summary Report

We conclude based on our audit work that the Safeguarding function has **Weak** controls to control its risks and support its objectives. We provide the definitions of our assurance ratings at appendix II.

The audit focussed on the Council's management of the risks associated with operation of the Safeguarding function. We examined similar areas to the statutory assessment tool's 8 standards and aimed to assess the effectiveness of the arrangements for safeguarding children. Our findings are consistent with a 2014 peer assessment undertaken by the Kent Children's Safeguarding Board against the Council's statutory responsibilities under Section 11 of the Children Act 2004. Most (6 of 8) areas in that assessment were graded as "partially met" at best because of out of date policies and procedures and limited training rollout. We also note that the peer assessment differed considerably from the Council's own assessment recording all standards as 'met'.

The Council established a working group in response to the peer review, aimed at implementing improvements ahead of a 2016 further review. While the Council has made some progress, overall advances are limited especially considering revised processed will need to be demonstrably embedded by the time of re-assessment.

We also examined governance arrangements, training, recruitment aspects, and referrals. We found that the current Council policy and procedures are untested since Housing staff are routinely using external protocols rather than Council procedures. This means that, although statutory requirements are met, the Council is not itself tracking or gathering information on referrals efficiently or comprehensively.

Notable practice identified	Areas to improve
• Internal Working Group established to address identified weaknesses	• Policy scope, content, currency and accessibility (R1) (R4) • Roles & Responsibilities (R2) • Training provision (R3) • Record of Referrals (R6) & Reporting (R5)

Next Steps

At page 11 we describe the 6 recommendations arising from our work. The recommendations will form a discussion culminating in a management response to each rated recommendation. We will then issue a final report incorporating the management response. We will follow up recommendations as they fall due in line with our usual approach and consider re-evaluating the assurance rating as the service acts to address the issues identified.

We have prioritised our recommendations as below:

Priority 1 (Critical)	Priority 2 (High)	Priority 3 (Med)	Priority 4 (Low)	Advisory
0	5	1	0	0

We provide the definition of our recommendation priorities at appendix [II].

Findings in Context

This is a new area for review and has not been previously reviewed at the Council so it is not possible to state whether there has been an increase or decrease in the Council's safeguarding arrangements.

Safeguarding has been reviewed at Swale Borough Council in March 2015 and Maidstone Borough Council in October 2015. Both were assessed as having weak controls and are working on action plans aimed to improve consistency and reach of controls. However, we note that, despite a more limited scope, this review has identified less developed controls than operating elsewhere, particularly with respect to risk assessing staff and identifying training needs.

Independence

We are required by Public Sector Internal Audit Standard 1100 to act at all times with independence and objectivity. Where there are any threats, in fact or appearance, to that independence we must disclose the nature of the threat and set out how it has been managed in completing our work.

We have no matters to report in connection with this audit project.

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Acknowledgements

We would like to express our thanks to all those officers who assisted completion of this work, in particular Christina Fuller, Cultural Projects Manager, Rebecca Wilcox, Housing Operations Manager, James Hann, Health, Parking & Community Safety Manager, and Simon Harris, Sports Project Manager.

Detailed Findings

We completed fieldwork during October 2015 to the agreed objectives and using the tests set out in the final audit brief dated July 2015. We include the audit brief at appendix I, which includes a timeline amended form original issue to reflect officer leave during the fieldwork and finalisation period.

Objective 1: To assess the adequacy of the governance arrangements in place to enable the Council to satisfy its statutory obligations for safeguarding.

We found that internal policies and procedures were out of date did not reflect the newer safeguarding developments and reference materials. Although on the intranet, policies and procedures are not easy to locate (**R1**).

Discussions with staff and review of referral cases found that the policy only reflected a limited approach to safeguarding (children & vulnerable adults under 25 years old) which did not fit with the main referral service (Housing, whose work also covers adults) or the community safety agenda ("safeguarding" used to cover a wider scope of "child protection"). Reference materials used by frontline services such as Housing and Community Safety are largely derived from external parties such as Kent Safeguarding Children's Board, even though those sources are clear documents could be tailored for local benefit. Comparison of internal Policy references (the main safeguarding policy compared with staff related policies) found some inconsistences in process and intent, also out of date references (**R1**).

Roles and responsibilities were defined in a number of locations (including the constitution) and materials indicated a proposed redesign and relocation of the key post (The Designated Officer) that would be more in keeping with the wider and current safeguarding agenda. Such changes would enable the policy and procedure to be revised in line with current trends (**R2**).

The 2014 review feedback resulted in a reduction of the grades assessed internally (8/8 met), with 1/8 met, 1/8 not met and the remaining 6/8 partially met (See Appendix III). The Council's response (January 2015) was to set up an internal working group to develop and progress an action plan and which met 4 times January – July 2015. We found that some progress had been made but that some areas had still to be fully actioned, such as training (see under objective 2) and accountability (see under objective 3). The peer review

identified that 3 of 4 standards covered by this audit objective were partially met (senior management commitment, clear statement of responsibility, and clear line of accountability, see under objective 3) and 1 of 4 not met (service development) where the external assessment required direct feedback from clients rather than remote input such agency representative for a feedback.

Conclusion: Test findings demonstrate that governance arrangements require development to meet the objective. Although a working group action plan is in place, there is some way to go to meet and sustain meeting required standards.

R1: Policy & Procedure	Priority 2: High
Revise safeguarding policies & procedures and ensure easily accessible	

R2: Roles & Responsibilities	Priority 2: High
Review functional scope & location and the supporting accountability arrangements	

Objective 2: To establish whether safeguarding training, recruitment and staff checks are carried out in compliance with statutory requirements and safeguarding policies

Standard 5 of the peer review checklist relates to staff training and employer responsibility for ensuring that staff are competent to carry out their responsibilities. The Council has a clear induction process however some staff were unable to recall topics covered 1-2 years later. The Council's Safeguarding specific Training strategy (2008) is under review and covers children and young people; its contents and approach need revision. The strategy includes a 3 level categorisation reflecting the degree of child-centric involvement and thus onward implications for training and responsibilities. The Designated Officer is recorded in the peer review report as having undertaken no training (although such training is supposed to be mandatory at least every 2 years), specific staff training has not been delivered for at least 2 years, and E training records only 1 course completion (by the new Training officer). Consequently we cannot confirm that any relevant staff have received recent appropriate training. The training links to roles and job descriptions require strengthening as recognised in the peer review report and feedback (**R3**)

The Council's recruitment policies and practices are described in specific subsections of the Conditions of Service Handbook (the collated repository for all staff related policies and procedures) and available on the intranet. Comparison of the Safeguarding material against the Personnel material identified some differences in approach, in particular with regard to receipt of Disclosure & Barring Service (DBS) checks (Safeguarding requires prior employee start receipt whilst Personnel requires post employee start receipt). Consequently, if following the personnel material, it may be that the Council does not receive appropriate DBS check confirmation until after the employee has started work. (**R4**)

The Council's recruitment material, from advert through to appointment, clearly states the requirements for DBS checks. The Council undertakes DBS checks on new and existing staff, and also acts as an umbrella to enable other bodies (such Ashford Leisure Trust, and the Licensing function) to obtain checks, with all checks (starters and renewals) recorded on a central log.

With regard to non staff arrangements we found that grant funding programme arrangements met Council policy and procedures requirements i.e. safeguarding requirements placed on relevant funded recipients. We noted the peer review findings concerning the need to improve on contract and sub contract provisions and checks.

Conclusion: Test findings demonstrate that training, recruitment and staff checks require attention to meet the objective. Although a working group action plan is in place, there is some way to go to meet and sustain meeting required standards. The group has physically met 4 times and progress depends on resolution of issues such as resource allocation (change of designation officer location and provisions of training regimes).

R3: Training	Priority 2: High
Implement training programme tailored to role & contact levels	

R4: Alignment of Policy & Procedure	Priority 3: Medium
Align staff policies with safeguarding policies & procedures	

Objective 3: To establish whether safeguarding incidents are dealt with and reported in accordance with statutory requirements and the safeguarding policies.

The Council engages in multi agency relationships to help inform service delivery (youth orientated organisations) and professional practice (KSCB and similar agencies). Council staff attend a number of groups (such as KSCB Designated Lead Officers Forum and the Ashford Children's' Health & Wellbeing Committee), and more than one service is represented on some forums.

The Council has documented policy and procedure with regard to referrals and incident handling, however these have not been tested in practice as staff advised that no such referrals had been made in at least the last 5 years, and possibly not at all. This may be a genuine reflection of (lack of) events, but may also link with the training and policy accessibility issues (**R1** and **R3**).

By contrast Housing has made a number of referrals, under different reporting regimes. These referrals were based on external protocols for safeguarding (adults and children) and involved multi agency response through case specifics, such as Kent County Council Child Social Services in child in need or child protection cases (**R1**). The nature and scope of Housing referrals means that the record keeping and referral processes are distinct from Council policy and records viewed on case files were generated and kept in accordance with the relevant reporting regime. Housing's use of non Council protocols highlights the lack of awareness of Council policy and procedures to the service and the need to link Council policy with the wider safeguarding agenda.

The Council does not undertake any tracking or monitoring of referrals. There is no formal up to date record of cases. Housing holds a historic spreadsheet, said to record all referrals, however its location was not known to staff interviewed and the fact it is held on an unprotected spreadsheet raises issues around the security and integrity of the data in particular given that it is highly likely to contain the most sensitive personal data relating to the health and circumstances of vulnerable individuals (**R5**).

The absence of data may impact on resource and safe community interests as the Council consequently does not have an informed overview of safeguarding.

We found that there is no formal reporting mechanism within the Council for Safeguarding and discharge of function (**R5**). The Statutory peer review standards 1 and 2 cannot be fully discharged without some form of reporting mechanism which helps demonstrate senior

management commitment to the importance of safeguarding and promoting children's welfare and a commitment to safeguarding throughout the organisation, for example reporting on implementation of the action plan.(**R6**)

Statutory peer review standard 8 relates to Information sharing. The Council has organisation specific guidance on information sharing through its Information Technology policies, available on the intranet. We found varying degrees of awareness of the other information sharing protocols in existence (Government Guidance, Kent Information Guide and multi agency agreements) which indicates a training need (**R3**).

Conclusion: Test findings demonstrate that incidents and referrals are handled in accordance with external protocols and that the Council's own protocols have not been invoked for a number of years (at least 5 years). The absence of referrals, based on Council protocols, and combined with the lack of training / awareness means that the Council cannot demonstrate nil referrals raised from an informed and observant workforce perspective.

R5: Reporting	Priority 2: High
Develop and implement an appropriate reporting regime	

R6:Records	Priority 2: High
Develop and maintain a secure means of recording referrals and associated information	

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Recommendations and Action Plan

R1: Policy & Procedure	Priority 2: High
Revise safeguarding policies & procedures and ensure easily accessible Current material is out of date and cannot easily be located on the intranet.	
Management Response	
Responsible officer:	**Implementation date:**

R2: Roles & Responsibilities	Priority 2: High
Review functional scope & location and the supporting accountability arrangements Organisational and legislative changes impact on the function which might affect the role and potential location within ABC	
Management Response	
Responsible officer:	**Implementation date:**

R3: Training	Priority 2: High
Implement training programme tailored to role & contact levels Training, tailored to the role occupied, will demonstrate organisational commitment to safeguarding and fulfil mandatory timing requirements for some key officers.	
Management Response	
Responsible officer:	**Implementation date:**

R4: Alignment of Policy & Procedure	Priority 3: Medium
Align staff policies with safeguarding policies & procedures Key requirements must be the same in both areas of operation	
Management Response	
Responsible officer:	**Implementation date:**

R6: Records	Priority 2: High
Develop and maintain a secure means of recording referrals and associated information The authority should have the capability to monitor and analyse incidents, also to assess resource implications	
Management Response	
Responsible officer:	**Implementation date:**

R5: Reporting	Priority 2: High
Develop and implement an appropriate reporting regime Accountability & organisational mainlining would be enhanced and demonstrated by a formal reporting process.	
Management Response	
Responsible officer:	**Implementation date:**

Appendix I: Audit Brief

About the Governance Area

Corporate governance is the system of rules, practices and processes by which the Council is directed and controlled. Broader than just financial controls, it is also concerned with how the Council maintains legal compliance and seeks to arrange its operations in order to achieve its objectives.

The Council has a statutory responsibility for safeguarding vulnerable adults and children under section 11 of the Children Act 2004. The Council works alongside Kent County Council and the Kent Children's Safeguarding Board (KCSB).

At Ashford the Chief Executive has ultimate responsibility, with delegated responsibility to Heads of Service, in particular the Heads of Cultural Services, Housing and Personnel. There is a formally designated Senior Officer to advise the Council on issues and procedures relating to the protection of children, young people & vulnerable adults, and a lead councillor for safeguarding and promoting the welfare of children.

The Safeguarding Children Policy and Procedures (SCPP) set out the Council's responsibilities. The SCPP apply to all staff who work with children and young people on behalf of ABC in any capacity and relates to children & young people under 18 years old and statemented young people under 25 years old. The Kent & Medway Multi Agency Adult Protection Policy, Protocols & Guidance (KMMAAP) set out the multi agency protocols with regard to adults.

Where the Council works with, commissions or grant funds other organisations which come into contact with children, they must have safeguarding children's arrangements in place that meet the main themes in the SCPP. Through successful operation of these procedures the Council aims to:

- Meet its legal obligations,
- Promote children's welfare and protect them from potential abuse, and
- Protect staff and volunteers from potential false allegations.

Responsibility Structure Chart
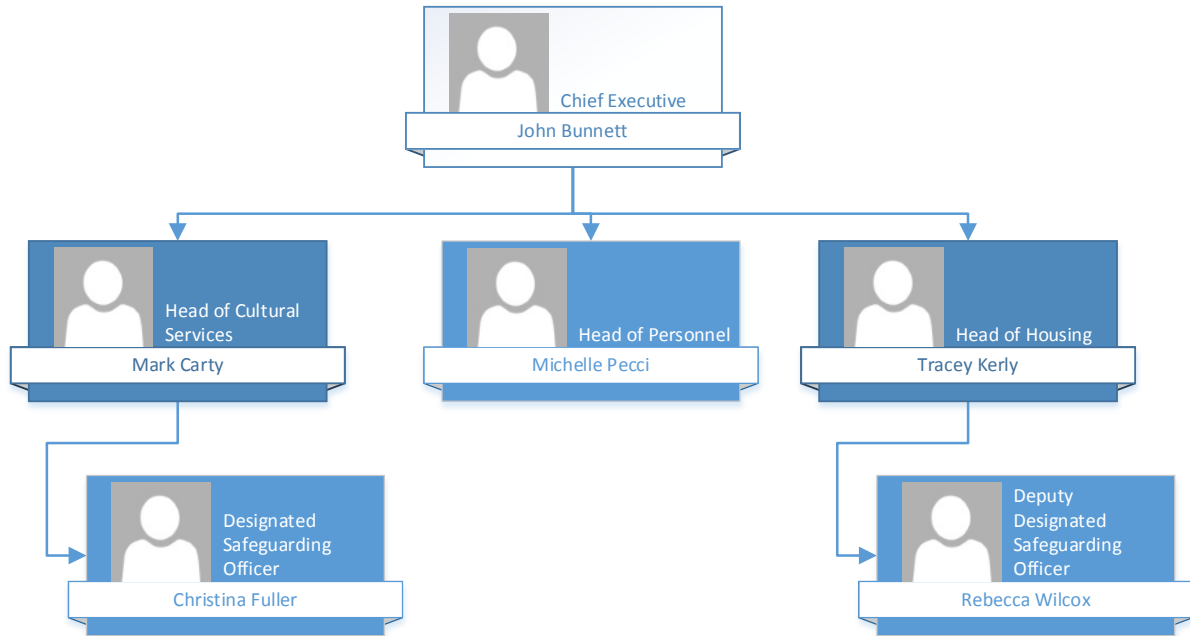
About the Audit

This audit is a **corporate governance review** meaning that we will focus on how the Council manages the risks associated with this area, and uses governance to achieve its objectives. In particular we will examine:

- Safeguarding Policy & Procedures (children and adults)
- Multi Agency Policy & Procedures
- Roles, responsibilities and accountability
- Recruitment & Training
- Non Staff arrangements
- Allegation Handling Procedures
- Service Development
- Information Sharing & Partnerships
- Safeguarding Referrals
- Section 11 compliance returns
- Record keeping procedures

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Audit Objectives

1. To assess the adequacy of the governance arrangements in place to enable the Council to satisfy its statutory obligations for safeguarding.
2. To establish whether safeguarding training, recruitment and staff checks are carried out in compliance with statutory requirements and safeguarding policies.
3. To establish whether safeguarding incidents are dealt with and reported in accordance with statutory requirements and the safeguarding policies.

Audit Testing

1. Establish the currency, clarity and availability of the Councils' Safeguarding Policies (children & adults)
2. Assessment of the roles, responsibilities, resources and reporting lines against safeguarding policies
3. Confirm through discussions with key officers procedures are clear and understood
4. Establish, through testing of a sample, that matters raised are treated in line with the Safeguarding Policy and statutory requirements.
5. Establish, through review of a sample of records, staff have appropriate training.
6. Confirm, through reviewing a sample of recent recruitments, the Council has appropriately taken safeguarding considerations in account.
7. Confirm, through review of a sample, that current staff have been checked (for example via DBS) consistent with their role and local policy requirements.
8. Confirm, through review of a sample, that non-Council staff (as defined in local policies) have had their status appropriately verified.

Audit Resources

Based on the objectives, scope and testing identified we expect this review will require **16 days** of audit resource.
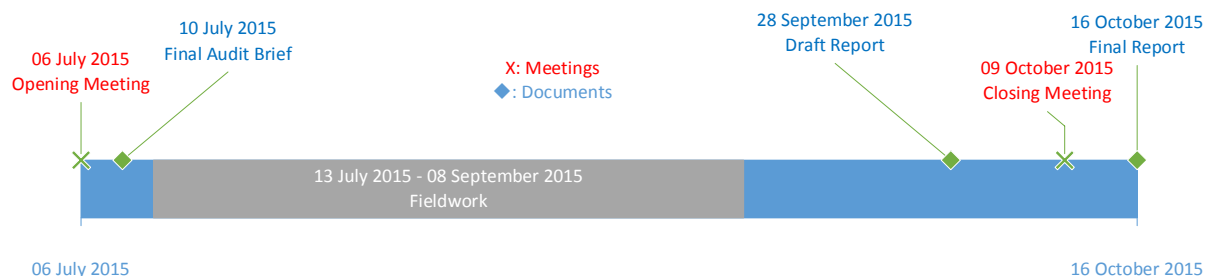
Audit Timeline

The gap between end of fieldwork and issue of draft report is to account for short periods of officer and auditor annual leave. **NB: Timeline will be further changed by the time of final report to reflect timing of discussions around next steps**

Council Resources required by audit/Key audit contacts

Key Contacts	
Christina Fuller	Designated Safeguarding Officer (Cultural Services)
Rebecca Wilcox	Deputy Designated Safeguarding Officer (Housing Services)

Documents required	
Annual self-assessment returns (last 3 years)	All policies detailed in section 12 of the SCPP
Kent & Medway Child Protection Procedures	Service Plans for relevant services
Contracts/SLAs (sample)	Information distributed to service providers
Recruitment records (sample)	Training records (sample)
DBS records (sample)	Referrals records (sample)

Appendix II: Assurance & Priority level definitions

Assurance Ratings

Full Definition	Short Description
Strong – Controls within the service are well designed and operating as intended, exposing the service to no uncontrolled risk. There will also often be elements of good practice or value for money efficiencies which may be instructive to other authorities. Reports with this rating will have few, if any, recommendations and those will generally be priority 4.	Service/system is performing well
Sound – Controls within the service are generally well designed and operated but there are some opportunities for improvement, particularly with regard to efficiency or to address less significant uncontrolled operational risks. Reports with this rating will have some priority 3 and 4 recommendations, and occasionally priority 2 recommendations where they do not speak to core elements of the service.	Service/system is operating effectively
Weak – Controls within the service have deficiencies in their design and/or operation that leave it exposed to uncontrolled operational risk and/or failure to achieve key service aims. Reports with this rating will have mainly priority 2 and 3 recommendations which will often describe weaknesses with core elements of the service.	Service/system requires support to consistently operate effectively
Poor – Controls within the service are deficient to the extent that the service is exposed to actual failure or significant risk and these failures and risks are likely to affect the Council as a whole. Reports with this rating will have priority 1 and/or a range of priority 2 recommendations which, taken together, will or are preventing from achieving its core objectives.	Service/system is not operating effectively

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Appendix III: Section 11 Self Assessment Tool (April 2014)

STANDARD	COUNCIL SELF ASSESSMENT	PEER REVIEW ASSESSMENT
S1 Senior Management commitment to the importance of safeguarding and promoting children's' welfare	MET	PARTIALLY MET
S2 A clear statement of the agency's responsibilities toward children is available for all staff	MET	PARTIALLY MET
S3 A clear line of accountability within the organisation for work on safeguarding & promoting the welfare of children	MET	NOT MET
S4 Service development takes account of the need to safeguard & promotes welfare and is informed by the views of children & families.	MET	PARTIALLY MET
S5 Staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children & families, depending on the agency's primary functions.	MET	MET
S6 Safer Recruitment	MET	PARTIALLY MET
S7 Effective inter agency working to safeguard & promote the welfare of children.	MET	PARTIALLY MET
S8 Information Sharing	MET	PARTIALLY MET
	8/8 MET	1/8 MET 1/8 NOT MET 6/8 PARTIALLY MET

Recommendation Ratings

Priority 1 (Critical) – To address a finding which affects (negatively) the risk rating assigned to a Council strategic risk or seriously impairs its ability to achieve a key priority. Priority 1 recommendations are likely to require immediate remedial action. Priority 1 recommendations also describe actions the authority **must** take without delay.

Priority 2 (High) – To address a finding which impacts a strategic risk or key priority, which makes achievement of the Council's aims more challenging but not necessarily cause severe impediment. This would also normally be the priority assigned to recommendations that address a finding that the Council is in (actual or potential) breach of a legal responsibility, unless the consequences of non-compliance are severe. Priority 2 recommendations are likely to require remedial action at the next available opportunity, or as soon as is practical. Priority 2 recommendations also describe actions the authority **must** take.

Priority 3 (Medium) – To address a finding where the Council is in (actual or potential) breach of its own policy or a less prominent legal responsibility but does not impact directly on a strategic risk or key priority. There will often be mitigating controls that, at least to some extent, limit impact. Priority 3 recommendations are likely to require remedial action within six months to a year. Priority 3 recommendations describe actions the authority **should** take.

Priority 4 (Low) – To address a finding where the Council is in (actual or potential) breach of its own policy but no legal responsibility and where there is trivial, if any, impact on strategic risks or key priorities. There will usually be mitigating controls to limit impact. Priority 4 recommendations are likely to require remedial action within the year. Priority 4 recommendations generally describe actions the authority **could** take.

Advisory – We will include in the report notes drawn from our experience across the partner authorities where the service has opportunities to improve. These will be included for the service to consider and not be subject to formal follow up process.