

SUBJECT: SAFEGUARDING EVALUATIVE REPORT APRIL – OCTOBER 2017

MEETING: Council

DATE: 26th July 2018

DIVISION/WARDS AFFECTED: ALL

1. PURPOSE:

This purpose of this report is:

- To evaluate the progress of Monmouthshire County Council's key safeguarding priorities during 2017/18, using identified measures to highlight progress, identify risks and set out clear improvement actions and priorities for further development.
- To inform Members about the effectiveness of safeguarding in Monmouthshire and the work that is in progress to support the Council's aims in protecting children and adults at risk from harm and abuse.
- To inform Members about the progress made towards meeting the standards in the Council's Corporate Safeguarding Policy approved by Council in July 2017.

2. RECOMMENDATIONS:

Members are requested to:

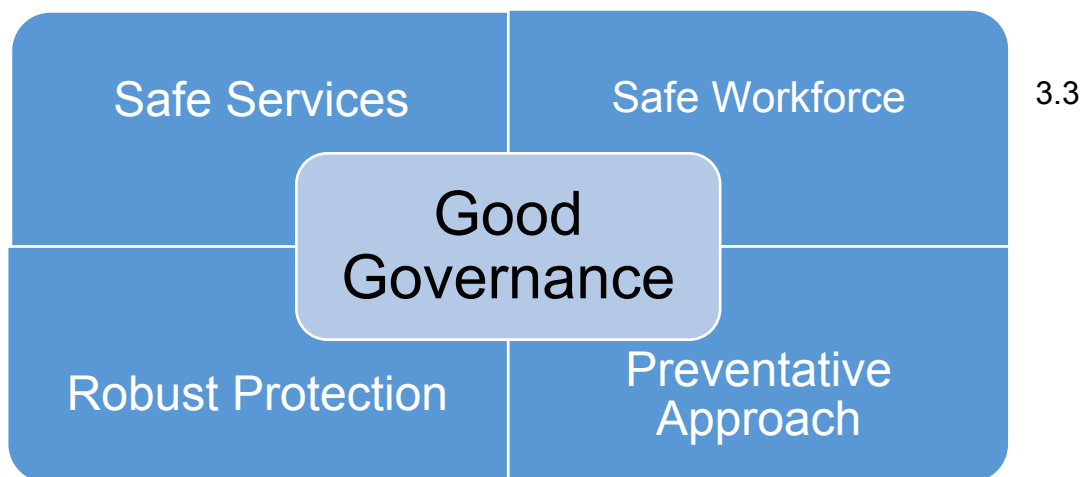
- Receive and endorse Safeguarding Evaluation Report
- Note the key safeguarding risks and approve the priority improvement actions identified within the Whole Authority Safeguarding Action Plan.

3. KEY ISSUES:

- 3.1 This safeguarding evaluation is based on activity and information from October 2017 – March 2018, and where relevant considers the whole year perspective. It builds upon the previous progress review reported in relation to the period March 2017 – October 2017. The timing of this report reflects a biannual reporting cycle to Select Committees and Council.

3.2 The report is developed within the context of the approved Monmouthshire County Council’s Corporate Safeguarding Policy which covers duties for both children and adults at risk in line with the Social Services and Well Being (Wales) Act (2014). The analysis within the report reflects progress against priority areas set out within the policy and draws on data and information concerning both groups. The 5 cornerstones of safeguarding within the Corporate Safeguarding Policy are set out below (Table 1).

Table 1: The Cornerstones of a safeguarding in Monmouthshire



3.3 Embedding and sustaining the highest standards of safeguarding is a continuous endeavor. This Evaluative Report forms an integral part of the improvement of safeguarding practice across the Council. It asks critical questions about what are we trying to achieve, how well we are doing, what is the evidence to support our analysis, do we understand, manage and mitigate risks and how can we improve and develop. This is fundamental to an open and transparent approach to the evaluative task. The report tries, wherever possible, to balance qualitative and quantitative data as well as drawing in other sources of information to support triangulation of the assertions around progress.

3.4 The self-assessment score has been developed by the Whole Authority Safeguarding Group (WASG) on the basis of evidence reviewed to date and critical challenge. It uses the corporate scoring framework (Appendix 1) to provide an overall judgement of effectiveness. The current self-assessment is at Table 2.

Table 2: Self-assessment scores as at March 2018

<u>Cornerstone of Safeguarding</u>	<u>April 17 -Sept 17</u>	<u>Oct 17- March 18</u>	
Good Governance	4	5	
Safe Workforce	3	4	
Preventative Approach	3	4	
Robust Protection	4	4	
Safe Services	2	3	

3.5 The key risks arising from the Evaluative Report have been extracted and incorporated into the Safeguarding Risk Register (Appendix 2). The most significant risks also feature in the Council's Corporate Risk Register.

3.6 Priority improvement actions arising from the Evaluative Report form the basis of the Safeguarding Action Plan which is implanted and monitored through the Whole Authority Safeguarding Group. This is attached at Appendix 3.

4. OPTIONS APPRAISAL

Not applicable to this report

5. EVALUATION CRITERIA

Each 'cornerstone' section of the report opens with descriptors of 'what good looks like'. These descriptors provide the basis of how we measure the standard over time using both qualitative and quantitative sources. The case studies at Appendix 2 of the Evaluative Report provides an additional qualitative 'feel' for how safeguarding is working in practice.

Safeguarding progress is reported on a 6 monthly basis to CYP and Adult Select Committees and Council.

6. REASONS:

6.1 This evaluation report is completed within the context of Monmouthshire County Council's recent background and history in respect of safeguarding as set out

in brief below and represents a further opportunity for Members to consider the distance travelled by the Local Authority in improving safeguarding performance.

- 6.2 Council Members will be aware that in November 2012 the Local Authority was found to have inadequate safeguarding arrangements in place. Shortcomings were clearly articulated by Estyn and included a lack of safeguarding policy and procedures as well as operational weaknesses particularly within a schools based context.
- 6.3 The Safeguarding and Quality Assurance Unit was established within Children's Services in 2012 and quickly extended its role in supporting the Authority's improvement journey around child's safeguarding.
- 6.4 In February 2014 an Estyn monitoring visit recognised that the council had appropriately prioritised safeguarding and 'set the foundations well for recovery' particularly at service and practitioner. However, the authority still did not have 'effective enough management information systems and processes to enable it to receive appropriate and evaluative management information about safeguarding'. This criticism was echoed by a subsequent Welsh Audit Office review of safeguarding in March 2014.
- 6.5 In response to this the council established the Whole Authority Safeguarding Group (WASG) initially chaired by the Chief Executive with a focus specifically on children. The inaugural meeting took place in July 2014.
- 6.6 The Local Authority came out of Special Measures in November 2015 when strong progress in safeguarding was recognised.
- 6.7 A recommendation was subsequently made to Cabinet and endorsed in July 2016 allowing the work of the WASG to incorporate safeguarding for adults at risk, so that good practice and learning could be mutually shared and also to recognise the statutory basis of safeguarding adults at risk as a consequence of the Social Services and Wellbeing (Wales) Act 2014. The focus of WASG reflected developments in the national legislative framework and guidance around integration and all-age citizen / family centred approaches.
- 6.8 Members will also be aware that Wales Audit Office issued statutory recommendations in respect of safeguarding in respect of the Council's Kerbcraft service in January 2017. This was followed by a Wales Audit Office led inspection which took place in January 2018. The report resulting from this inspection has not yet been received.
- 6.9 The Council's Corporate Safeguarding Policy was approved by Council in July 2017.

7. RESOURCE IMPLICATIONS:

There are no resource implications to this report.

8. WELLBEING OF FUTURE GENERATIONS IMPLICATIONS (INCORPORATING EQUALITIES, SUSTAINABILITY, SAFEGUARDING AND CORPORATE PARENTING):

This report is critically concerned with the effectiveness of safeguarding in Monmouthshire County Council.

9. CONSULTEES:

- Whole Authority Safeguarding Group
- Joint Select Committee 18th June 2018

10. BACKGROUND PAPERS:

[Corporate Safeguarding Policy July 2017](#)

11. AUTHOR:

Whole Authority Safeguarding Group

12. CONTACT DETAILS:

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Appendix 1

The Corporate Evaluation Framework

The evaluation score from 1-6	The evaluative context
Level 6 Excellent	Excellent or outstanding
Level 5 Very Good	Good Major strengths
Level 4 Good	Important strengths with some areas for improvement
Level 3 Adequate	Strengths just outweigh weaknesses
Level 2 Weak	Important weaknesses
Level 1 Unsatisfactory	Major weakness

Appendix 2

Ref	Risk	Reason why identified	Risk Level (Pre – mitigation)				Mitigating actions	Timescale and responsibility holder	Mitigation action progress	Risk Level (Post – mitigation)				Risk owner & Cabinet member responsible
			Year	Likelihood	Impact	Risk Level				Year	Likelihood	Impact	Risk Level	
1a	Potential for significant harm to vulnerable children or adults due to factors outside our control.(escalated to corporate register)	- The likelihood of this occurring in a given year is low. However the significant harm that can occur due to factors that are outside our control mean that this will always be a risk.	2017/18	Poss	Major	Med	<ul style="list-style-type: none"> Continually monitor and evaluate process and practice and review accountability for safeguarding 	Claire Marchant Chief Officer, SCH	Latest evaluation is being presented to Cabinet in December 2017	2017/18 2018/19 2019/20	Possible	Major	Med	Will Mclean & Claire Marchant. Cllr Penny Jones & Cllr Richard John
1b	Potential for significant harm to vulnerable children or adults due to failure of services and/or partners to act accountably for safeguarding (escalated to corporate register)	- Volunteering is increasingly part of meeting community needs and it is important to have consistency across the LA in the use of volunteers particularly in respect of HR practices and training.	2018/19	Poss	Major	Med	<ul style="list-style-type: none"> Ensure that robust systems are in place within the authority to respond to any concerns arising from allegations or organised abuse 	Claire Marchant Chief Officer, SCH						
			2019/20	Possible	Major	Med	<ul style="list-style-type: none"> Drive the strategic agenda and the associated programme of activities for safeguarding through the Whole Authority Safeguarding Group including undertaking a second review of safeguarding policy and continuing to promote and review safe recruitment practices. Continue to implement the Children's services improvement programme and related Workforce and Practice Development Action Plan and Commissioning strategy for Children, Young People and their Families Ensure safeguarding is reflected in all council service improvement plans and in roles / responsibilities as appropriate 	Claire Marchant Chief Officer, SCH	Service Improvement Plan have a safeguarding section. These are not being routinely evaluated					

2	Potential that the Council does not make sufficient progress in areas of weakness in safeguarding identified by regulators leading to under-performance (escalated to corporate register)	In February 2017 Wales Audit Office issued Statutory recommendations for improvement in the Safeguarding arrangements – Kerbcraft scheme report	2017/18 2018/19 2019/20	Possible Possible Unlikely	Substantial Substantial Substantial	Med Med Low	<ul style="list-style-type: none"> To implement the Action Plan established in response to the Safeguarding arrangements – Kerbcraft scheme report approved by Council in March 2017 	Roger Hoggins, Head of Operations	Audit Committee received a report on the implementation of the Action Plan (Nov 2017). A further report on implementation of the Action Plan will be presented to CYP Select Committee along with the performance data which will thereafter form the basis of annual performance reports to the committee	2017/18 2018/19 2019/20	Possible Unlikely Unlikely	Substantial Substantial Substantial	Med Low Low	Roger Hoggins Cllr Bryan Jones
3	Potential that staff and volunteers are not recruited safely and begin their appointment without DBS checks having been completed resulted in increased risk of harm to vulnerable people	Within a large organisation with devolved responsibility for recruitment and selection there is opportunity for deviation from agreed processes	2017/18 2018/19 2019/20	Likely Likely Likely	Moderate Moderate Moderate	Med Med Med	<ul style="list-style-type: none"> Ensure that all managers receive SAFE recruitment training. Ensure the SBAR system of significant event analysis is understood and being used positively In the event of any deviation from process ensure that an SBAR is completed and analysed by the next meeting of the Whole Authority Safeguarding Group 	Peter Davies. Chief Officer, Resources Claire Marchant Chief Officer Social Care & Health	To date 4 SBAR forms have been received in 2017-18.	2017/18 2018/19 2019/20	Likely Unlikely Unlikely	Moderate Moderate Moderate	Med Low Low	Peter Davies. Cllr Phil Murphy Claire Marchant. Cllr Penny Jones

4	Potential that the workforce may not be aware of their duty to report concerns due to do not have up-to-date safeguarding training reducing the opportunities for successful preventative work and early intervention across the whole authority	The National Study of Safeguarding published by WAO in 2015 reported that 84 per cent of employees nationally had not received safeguarding training	2017/18 2018/19 2019/20	Likely Likely Likely	Moderate Moderate Moderate	Med Med Med	<ul style="list-style-type: none"> • Ensure robust information systems in place to support accurate reporting of whole workforce training levels • Safeguarding is a standard item on the council's induction programme for all new starters • Full implementation of volunteering policy • Implement the safeguarding training plan to address any gaps in safeguarding training for children and adults at risk through the SAFE self-evaluations 	Peter Davies, Chief Officer, Resources Claire Marchant Chief Officer, Social Care and Health	Data is in place for the majority of teams providing up-to-date information about safeguarding training	2017/18 2018/19 2019/20	Likely Unlikely Unlikely	Moderate Moderate Moderate	Med Low Low	Peter Davies Cllr Phil Murphy Claire Marchant.
5	Potential that the council and its partners are not doing everything they can to keep vulnerable people safe	Improved outcomes for vulnerable people children can only be achieved and sustained when people and organisations work together to design and deliver more integrated services around people's needs	2017/18 2018/19 2019/20	Possible Possible Possible	Substantial Substantial Substantial	Med Med Med	<ul style="list-style-type: none"> • Wide range of services represented on the whole authority safeguarding group to ensure it is seen as everyone's responsibility and give appropriate priority • Increase the connections and partners who are working as part of place-based working together 	Claire Marchant. Chief Officer Social Care and Health		2017/18 2018/19 2019/20	Possible Unlikely Unlikely	Substantial Substantial Substantial	Med Low Low	Cllr Penny Jones

Appendix 3

1). Good Governance			
Standard	Evidence	RAG Rate	Further Actions Required
Strengthen and evidence links between the work of the national and regional Safeguarding Boards and practice within Monmouthshire.	Current strong involvement in all areas of National and Regional Safeguarding Boards		Clear pathways of implementation in Monmouthshire
Reviewing the quality of SAFE self- evaluation across all directorates to ensure that resulting action plans address the critical safeguarding issues for each service area and priority actions are reflected in SIPs;	6 monthly Directorate self-review taken place, and Safeguarding Action Plan built into Business Support Plans		<ul style="list-style-type: none"> • Identification if further areas for SAFE audit to be completed; • QA of compliance and effectiveness of use of SAFE
ensuring the SBAR system of significant event analysis is understood, being used positively and risks highlighted are reflected in risk registers at directorate level as well as whole authority and WASG	Currently reviewed by WASG for ongoing use, effectiveness, and timeliness of action plans		<ul style="list-style-type: none"> • Completion of Risk Register
testing out the effectiveness of arrangements in the 2018/19 internal audit work programme.	?????		

2). Safe Workforce			
Standard	Evidence	Rag Rate	Further Actions
<ul style="list-style-type: none"> • Implementation of safeguarding training plan to address the gaps in safeguarding training for children and adults at risk 	Initial Implementation of Safeguarding Training underway. Basic Level Safeguarding Video in place Significant levels of SG training identified competing with VAWDV and obligation to Regional Safeguarding Training		Review of the no. of staff still needing training Review of the Training progress in light of co-ordinator on Mat Leave
<ul style="list-style-type: none"> • Full implementation of volunteering policy 			
<ul style="list-style-type: none"> • Implementation of information systems to support accurate monitoring of whole 	Training Database developed Reporting systems appear problematic at this point		<ul style="list-style-type: none"> • Continued development of system • Reporting Systems to be reviewed

workforce training status			
<ul style="list-style-type: none"> Test out understanding of duty to report across the workforce 	Whilst it is current training there has been no significant progress		
<ul style="list-style-type: none"> Alignment of professional allegations processes to align across adult and children's services. 	Regional Task and Finish Group undertaking this work Internal Review of Adult Safeguarding management of Professional Concerns in Business Improvement Plan		<ul style="list-style-type: none"> Internal Review is part of Business Support Plan Membership on Task and Finish Group to support development of internal practice and process

3). Preventative Approach			
Standard	Evidence	Rag Rate	Further Actions
Implement fully the early support and referral pathway	Implemented post Dec 17		???
Continue to build on the strengths of place based working by increasing the connections and partners who are working together to support individual and community well-being.			
Develop evaluative measures that enable better reporting of the impact of preventative work.			

4). Robust Protection			
Standard	Evidence	Rag Rate	Further Actions
Children and adult Safeguarding and Quality Assurance Unit to develop an operating model which builds on strengths in both parts of the service			
Continue to improve outcomes in children's services through the children's services improvement programme, including improving systems, processes and practice which contribute to timescales for completion of assessments.			
Implementation, and quality assurance of, risk framework in children's services.			
Further develop quality assurance mechanisms, and data analysis, in adult protection, to support improvement.	Significant development of data reporting mechanisms undertaken		<ul style="list-style-type: none"> • Analysis of this information and it's impact of service provision • Development of Qualitative information and measurable outcome indicators

5). Safe Services			
Standard	Evidence	Rag Rate	Further Actions
Internal audit to undertake review to baseline position across the authority in terms of commissioning and partnership			
Social Care and Health Commissioning Service to implement operating model covering adult and children's services			
Implement internal audit action plans for children's services placements.			

