**Pan-Sussex**

**SECTION 11 Self Evaluation Toolkit**

**2022**

**Guidance**

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**1. What is section 11?**

Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving outcomes for children and young people. Section 11 (s11) of the Children Act 2004 places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.

 [Working Together to Safeguard Children 2018](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf) requires the three Safeguarding Partners (Sussex Police, NHS Sussex, and local authority) to monitor and evaluate the effectiveness of what is done, via the local Safeguarding Children Partnerships, to safeguard and promote the welfare of children and advise organisations on ways to improve.

All organisations will therefore be asked to complete a self-assessment on how well they meet the standards set out in the s11 audit tool, when carrying out their day-to-day business. This audit will give an indication of how well organisations are working to keep children safe. The audits will be repeated biennially, and agencies will be asked to develop action plans to address any areas for improvement identified.

In contrast to previous audits, the Safeguarding Children Partnerships want organisations to use this section 11 audit as a **tool for improvement rather than compliance**. We want you, when completing the tool, to reflect on **how well the standard is embedded into frontline practice**, as this is often the gap we identify in case review and audit work.

It is important to remember that s11 does not give agencies any new functions, nor does it override their existing functions. Instead, it requires organisations to carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

This guidance is intended to assist in completing the s11 audit. The audit is an opportunity for each agency to review the effectiveness of their safeguarding arrangements again and identify areas for improvement to ensure practice is in line with statutory guidance, local guidance, research and best practice. It provides examples of evidence that may be relevant when considering minimum safeguarding arrangements. This document is designed not only to assist in completing the audit toolkit, but also to provide a multi-agency benchmark through the use of a common language. It is hoped that this will create a more consistent approach to considering safeguarding arrangements, at a strategic level, when addressing expectations across Brighton and Hove, East and West Sussex.

**2. Who does section 11 apply to?**

In accordance with *Working Together to Safeguard Children 2018*, s11 places a duty on the following key organisations:

* Local authorities and district councils that provide children’s and other types of services, including children’s and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services
* NHS organisations and agencies and the independent sector, including NHS England and Clinical Commissioning Groups, NHS Trusts, NHS Foundation Trusts and General Practitioners
* The police, including police and crime commissioners and the chief officer of police for the police area
* British Transport Police
* National Probation Service and Community Rehabilitation Companies35
* Governors/Directors of Prisons and Young Offender Institutions (YOIs)
* Directors of Secure Training Centres (STCs)
* Principals of Secure Colleges
* Youth Offending Teams/Services (YOTs)
* Contracted services, including those provided by voluntary services

However, each of the SCPs may require other respective member organisations not listed above to also complete the s11 audit.

If your agency’s core business is not explicitly and directly to work with children and young people, it will be necessary to consider how your agency would respond should it come into contact with them in order to make a judgement about your agency’s systems, structures, ability and capacity to safeguard and promote their welfare. Examples may include how a worker employed by adult services responds to a distressed child when undertaking a home visit to the adult client, or what actions a probation worker might take when working with an offender if concerned about a child. These two examples may be useful to consider, not only about the action the worker might take, but also about whether the wider organisational structure and systems are in place to support any action, i.e. as reflected throughout the Standards.

These issues, while likely to be part of your statutory function under s11 of the Children Act 2004, will also apply to any services your agency commissions. You will therefore need to consider whether your commissioning arrangements are sufficiently robust and address the need to safeguard and promote the welfare of children based upon these standards.

**3. How to complete the section 11 audit tool**

The s11 self-evaluation covers nine key areas. Within each of these areas there are a number of standards that the agency should meet. To reduce the burden, and to make the tool more proportionate for agencies to complete, the SCPs have agreed to remove the need to evidence all standards, however this will remain a requirement for Standard 9.

* To complete the tool, go through each standard and RAG rate them. Use the self-assessment rating given below to rate how well your organisation meets individual standards within each of the areas. If the standard does not apply to your organisation please put N/A.
* To complete standard 9, **evidence** should be given that would demonstrate how well the standard is embedded in frontline practice. Below are some examples, which may help you when thinking about how to evidence the ways in which your organisation meets individual standards. They are intended as a guide only and are not an exhaustive list.
* It is important that the evidence you provide is detailed enough to identify quickly the protocols, guidance or systems that are referred to in the evidence. There will be both Pan-Sussex and local scrutiny events when the audits are completed. Therefore please **reference in your submission the document titles, dates, authors, etc.** to allow for further scrutiny if requested by SCPs. **You do not need to embed into the tool or submit copies of documents with your return.**
* Use the **self-assessment rating** given below to rate how well your organisation meets individual standards within each of the areas. The s11 self-evaluation is a supportive process allowing each agency to identify the standards that they meet and those where further actions are needed. If, when completing the tool, you identify areas where your organisation needs to take further action to ensure the standard is embedded in practice, please identify what **steps are needed to meet the standard and the timescales**, outlining howthis will be achieved within the action plan.

**4. Self-assessment rating**

The traffic light system relates to how an organisation assesses itself against achieving the standard. If your organisation assesses itself as red or amber, areas for development need to be recorded along with a timescale for completion. It is worth noting that the scope of this model does not allow the demonstration of exceeding the minimum requirements, however we welcome you ***highlighting any best practice*** which you think could be shared with other agencies. A score of ‘green’, therefore, is understood to mean that the organisation meets the standard, the standard is embedded in frontline practice, and no further improvement action is required.

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| **RED** | Indicates that processes are lacking and need to be developed as a matter of urgency. |
| **AMBER** | Indicates that process are in place but they need to be reviewed or further improved, and/or the standard is not fully embedded into frontline practice |
| **GREEN**  | Indicates that the agency meets the standard fully, the standard is embedded into frontline practice, with all processes in place and up to date. |

Each Safeguarding Children’s Partnership (SCP) will collate responses from organisations participating in the s11 self-evaluation for their area and prepare a report for submission to the Partnership Board. The report will look at how well the SCP area as a whole meets each s11 standard.

In order to assess SCP area-wide compliance with standards, the following convention will be used to give an overall RAG rating for each standard for the SCP as a whole, based on the responses of the participating agencies.

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| **RED** | More than a third of the agencies (> 33%) taking part rated a specific standard AMBER or RED. |
| **AMBER** | Between 20% to 33% of agencies rated a specific standard AMBER or RED. |
| **GREEN** | All agencies rated a specific standard GREEN or only less than 20% of the agencies rated a specific standard AMBER or RED. |

For example, if 12 agencies participated in the self-evaluation exercise for the SCP, and three of the agencies rated themselves ‘amber’ and two rated themselves ‘red’ for standard 6.2 (five agencies in total - 42%), the overall rating for the SCP as a whole for this standard would be ‘red’. If three of the agencies (25%) rated themselves ‘amber’ or ‘red’ for standard 2.3, the overall rating for the SCP for this standard would be ‘amber’. If two agencies (17%) rated themselves ‘amber’ or ‘red’ for standard 1.5, the overall rating for the SCP for this standard would be ‘green’.

Individual agency action plans will be monitored periodically by the SCP and progress reported to the Board until all standards are rated ‘green’ for the SCP as a whole. In addition, individual agency responses may be audited by other SCP members in order to provide greater scrutiny through peer review.

The s11 self-evaluation is repeated every two years. Therefore, agencies will be asked to show progress on any standards that had a final rating of ‘amber’ or ‘red’ at the previous self-evaluation.

**5. Examples of evidence that can be used**

**Standard 6: Safer recruitment and allegations management.**

* The agency is satisfied that there are sufficient numbers of staff trained in safer recruitment practices, to provide at least one trained member on the shortlisting/interview panel for every position recruited to.
* All staff who have contact with children, young people and families are properly selected and have appropriate checks in line with current legislation and guidance:
	+ References are always taken up
	+ Identify and qualifications are verified
	+ Face to face interviews are carried out
	+ Previous employment history is checked
	+ The appropriate type of criminal record check from the Disclosure and Barring Service (DBS) is carried out for all eligible staff, e.g. enhanced with barred list checks for regulated activities involving children and/or adults
	+ Any anomalies or discrepancies are taken up
	+ Repeat DBS checks are carried out according to organisational policy
* Records are maintained detailing checks carried out for employees.
* Procedures and processes are in place to notify the Disclosure and Barring Service (DBS) of relevant information so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups and ensuring the organisation does not knowingly employ someone who is barred from working with vulnerable groups.

**9) Recognition and response to risk**

Evidence includes:

**Consideration of Fathers and Other Significant Adults**

* Detail of how IT and other systems/processes are set up to support the gathering of both demographic and social information of fathers and other significant adults in a child’s life, and how this informs assessments and interventions. Detail of how you are ensuring fathers and other significant adults are proactively engaged in your work. Policies include guidance that sets out the requirement to gather this information and engage fathers/male carers.
* Staff are aware of key public health messages, such as ICON and safer sleep, and promote these appropriately to relevant families/parents/carers.
* Details of the guidance used; how guidance and training are made available to staff; quality assurance activity to ensure compliance with guidance and processes (attach relevant documents as evidence).

**Child Exploitation**

* Policies for safeguarding and promoting the welfare of children and young people are
	+ compatible with the SCP’s guidance relating to child exploitation (including child sexual exploitation (CSE); preventative work through awareness raising activities or therapeutic outreach, including appropriate literature to target vulnerable young people (e.g. missing young people) and people whose work places them in a position where they will notice and could report worrying behaviours; codes of practice for staff with direct contact with children/young people at risk of child exploitation; procedures for reporting safeguarding concerns specifically mention child exploitation.
* Managers and frontline staff attend SCP training, or the safeguarding training and
	+ refresher training provided by the organisation includes an awareness of child exploitation and CSE, recording and retention of information, gathering evidence and information sharing.
* Guidance/polices; steps taken to ensure staff are aware of and working to
	+ - policy/guidance on child exploitation e.g. via quality assurance (QA) activity or framework. For example, case file audits evaluate whether professionals know when/how to seek help and advice on child exploitation; they are aware of local protocols; they know how to recognise when a child is at risk of exploitation or is being exploited and understand the thresholds and timing for referral; they understand the routes and organisational procedures for referral; they know how to identify concerns about adults who may be perpetrators of exploitation.
		- If relevant, audits also evaluate whether staff know how to monitor online spaces where they have suspicions that a child is being groomed online and whether staff are aware of local geographical areas or locations that perpetrators tend to use to target potential victims.
		- Quality Assurance activities evaluate whether assessments that address needs and welfare issues relating to children and young people always consider whether the risk of exploitation could be a factor and put in place targeted support to minimise risks; work is linked to the response to vulnerable young people, e.g. missing young people, children regularly absent from education, looked after children, young people misusing substances, etc. and to other public protection issues.
		- QA activities evaluate attendance and engagement at local multi-agency meetings and processes in relation to individual cases; intervention as part of an agreed package of support for someone who is at risk of or suffering sexual exploitation; complying with requests for assistance from the police and other agencies, for example in helping to disrupt activity; proactive information sharing in the best interests of the child.
* Evidence of any training or staff awareness raising which includes child trafficking and modern slavery (indicators and signs) and how professionals should respond.
	+ Relevant agencies are aware of their ‘duty to notify’ the Home Office of incidences of modern slavery using the National Referral Form and staff are signposted to further information e.g.

NSPCC’s Child Trafficking Advice Centre.

**Domestic Violence & Abuse**

* There is a designated lead for Domestic Violence and Abuse who is responsible for coordinating your agencies response to the early identification and intervention of DV&A, including sexual violence and abuse, stalking and harassment. Policies for safeguarding and promoting the welfare of children and young people are compatible with the SCP’s guidance relating to Domestic Abuse, including recognition, response, assessment and intervention and the organisation promotes an environment encourages disclosure.
* Managers and frontline staff have access to single and multi-agency Domestic Abuse training that covers the **impact** on children (including unborn children) who are exposed, the impact on non-abusive parents, the support available for children, the support available for non-abusive parents to empower them to protect their children and promote their safety and recovery, as well as interventions with the abuser. Training addresses expectations around recording, retention of information, gathering evidence and information sharing. Depending on their role, Managers and frontline staff have access to levels of training as follows:
	+ Staff with day-to-day contact with service users: training to enable them to recognise indicators of Domestic Abuse and respond, by providing information on local and national services and make onward referral.
	+ Staff working directly with service users: training to be able to routinely enquire and, where appropriate, assess what type of service someone needs, provide immediate safety advice and make onward referral.
	+ Staff offering statutory/specialist integrated support: training to offer tailored interventions to meet a children or adults needs, working alongside specialist Domestic Abuse advocacy services.
* Guidance/polices; steps taken to ensure staff are aware of and working to policy/guidance on Domestic Abuse, e.g. via quality assurance (QA) activity or framework. For example, case file audits evaluate whether professionals know when/how to seek help and advice on Domestic Abuse, including how to ask about Domestic Abuse, and how to act when there is a disclosure. This should include: protecting the children, including unborn children; empower the non-abusing parent to protect the children and promoting their safety and recovery; taking steps / contributing to multi-agency responses to identify the abusing partner and hold him or her accountable for their abusive behaviour and providing opportunities to change this behaviour. Staff understand the thresholds and timing for referral; they understand the routes and organisational procedures for referral and are aware of how to identify serious or escalating risk and know how to refer to children's services and MARAC.

**Safeguarding Children who do not attend school**

* Key staff, particularly frontline staff and their managers, access online and/or local training relating to Hidden Children, including children missing education or those who are educated at home.
* Safeguarding training includes how a child not attending school may influence the identification, prevention and response to safeguarding concerns.
* Staff are aware of the importance of speaking to the child alone and/or visiting the child in their home.
* Staff are aware of the increased importance of speaking to other agencies who may be involved with the child and/or family to identify, prevent and respond to any safeguarding concerns.

**Working with families that decline services**

* There is a clear procedure for conducting a risk assessment and escalating to a senior manager when families and/or young people refuse to engage, and there are concerns about the safety and protection of children.
* Quality assurance activity that demonstrates appropriate and timely escalation of concerns.

**Neglect**

* Managers and frontline staff have access to single and multi-agency Neglect training that covers the **impact** on children, including the long-term cumulative effects.
* Staff are aware of and can confidently use local strategies and tools to identify and respond to neglect. Staff have a good understanding of local threshold documents, as evidenced by quality assurance activity, know when safeguarding intervention is required and how to make appropriate evidenced based referrals.
* Staff are provided with reflective supervision to give key focus and purpose to work.
* Staff have knowledge of where to access professional advice when dealing with neglect cases.
* The views of the child (or practitioner advocated view for infants and non-verbal children) and family are recorded and central to the work with the family.
* Through quality assurance work, including consideration of any parental vulnerability, there is evidence of improvement via the appropriate use of local assessment tools.
* Quality assurance activity such as audits or data demonstrating compliance with policies and procedures and appropriate recognition and response to neglect.

**Online Safety**

* Staff have access to multi-agency training on Online Safety that covers how the use of technology may be a significant component of a range of safeguarding issues, such as online grooming and radicalisation.
* Online safety is integrated within single agency safeguarding training. This includes how children may be exposed to illegal, inappropriate or harmful material online; how they can be subjected to harmful online interaction with other users; and how their personal online behaviour can place them at risk.
* There is an acceptable use of the internet/social media policy and staff are aware of how to protect their professional reputation online.

**Children’s Mental Health**

* Staff training which provides confidence and knowledge in recognising children’s mental health and assessing the impact to keep them safe.
* Appropriate training in peri-natal mental health to ensure staff are confident and knowledgeable, understanding the importance of positive early relationships for infant’s emotional wellbeing as a predictor of future mental health.
* Appropriate policies and procedures and pathways are in place.
* Where children have multiple and complex needs, staff are open to work flexibly and collaboratively with colleagues in other organisations to meet their needs.
* Quality assurance activity such as audits, dip sampling and data demonstrating compliance with policies, procedures and pathways and appropriate identification and response for children whose mental health needs warrant a safeguarding response.
* Staff are aware of Pan Sussex Procedures for [responding to a potential cluster of suicides for children and young people aged under 18 | Sussex Child Protection and Safeguarding Procedures Manual](https://sussexchildprotection.procedures.org.uk/tkystl/the-child-protection-plan/responding-to-a-potential-cluster-of-suicides-for-children-and-young-people-aged-under-18#s5136)

**Appendix A: Providing Suitable Evidence – Sharing Examples of Good Practice**

It is important to remember that the potential examples of evidence are not prescriptive and additional sources of evidence, activities and material may also provide valuable and credible sources of evidence in order to demonstrate the extent to which a standard is met. Below is a good practice example to bear in mind when completing your self-assessment.

**Good Practice: Describing how services work together in order to provide safeguarding support for children. *(ESCC Transport and Operational Services – Transport Hub)***

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| **Standard to Meet** | **Evidence to show that the standard has been met, maintained or improved** |
|  | The organisation has produced staff communications and hold a specific webpage for staff around ICON. The ICON information has been shared widely across the organisation with a focus on specific areas. It has been addressed in safeguarding training and promoted widely. The communications sent out by the organisation and training slides can be shared.  |