



SAFEGUARDING FRAMEWORK FINAL REPORT December 2023

CONTENTS

Section		Page
1	Introduction	3
2	Executive Summary	3
3	Audit Opinion	5
4	Control Objectives	5
5	Acknowledgement	7
6	Report Issue	7
7	Summary of Recommendations Made by Priority	8
8	Audit Limitations	8
9	Management Action Plan	9

1. Introduction

- 1.1 An audit on Safeguarding was included as part of the Internal Audit 2023-24 plan. We have reviewed the procedures and controls in place regarding the Council's arrangements in respect of safeguarding for vulnerable children and adults.
- 1.2 The reporting aspect of this document is broken down into the following sections:
- **Executive Summary:** This summarises both the good practice and the main issues arising from this review;
 - **Audit Opinion:** This summarises the overall assurance level that can be given for the service area reviewed based on findings from Audit testing;
 - **Control Objectives:** This details the key control areas tested for the service area under review and the assurance level determined for each area; and
 - **Management Action Plan:** This details the recommendations that address the management issues identified by the review, together with the risk priority levels, agreed actions, officer(s) responsible and timescale(s) for implementation.
- 1.3 Internal Audit advice and recommendations are given without prejudice. We reserve the right to review and make further recommendations on relevant policies, procedures, risks, controls, and operations later.
- 1.4 This report will be submitted to the Audit and Standards Committee scheduled for the 30th of January 2024 in the public part of the meeting. Transcript
- 1.5 This Internal Audit review has been undertaken in accordance with the Public Sector Internal Audit Standards (PSIAS) and the CIPFA Local Government Application Note (LGAN).

2. Executive Summary

- 2.1 Safeguarding means protecting people's health, wellbeing and human rights and enabling them to live free from harm, abuse, or neglect. The Council has a statutory responsibility and a duty of care under the Childrens Act 2004 and the Care Act 2014. It refers issues relating to Safeguarding to the Gloucestershire County Council Social Care Service and other partner agencies.
- 2.2 The main findings from this audit are highlighted below:
- 2.3 There is a Corporate Safeguarding Group (CSG) with cross-departmental representation of senior officers and Terms of Reference put in place in July 2023. Its purpose is to support the strategic and operational matters in the safeguarding of children, young people, and adults. We confirmed that the CSG has started regular meetings and notes are taken.

- 2.4 Both the Safeguarding Policy and Guide are available on the Council's website and intranet and included in the Strategies and Policies Register. The guide has provided details on practices and procedures as well as escalation processes.
- 2.5 Levels 1 and 2 Safeguarding training for Children and Adults are mandatory for all staff in an e-learning module and is included in the starters' induction programme. Refresher training is required every two years.
- 2.6 Processes for raising, investigating, recording and referral to the appropriate agencies are provided for in the Safeguarding Guide and included in the training module. An online portal has recently been put in place (August 2023) for reporting safeguarding concerns. Guidance notes for using the online portal have also been provided.
- 2.7 We established that recruitment adverts included: 'Our organisation is committed to safeguarding the welfare of vulnerable adults, young people, and children. Safer recruitment practices are applied to all job vacancies.'
- 2.8 There is no risk management process in place for safeguarding. Potential risks associated with safeguarding processes have not been captured nor managed.
- 2.9 The current Safeguarding Policy has not been developed in line with the Council's Policy Development and Review Framework (PDRF). This outlines the process for development, monitoring and formal review of policies at Stroud District Council (SDC). The policy currently is not version controlled nor has a document owner assigned. There is no summary of changes, responsibility for document review and approval and frequency of updates. We understand a review process is currently on-going.
- 2.10 The Council's Disclosure and Barring Service (DBS) Policy was last reviewed in July 2017 with no evidence that it reflects current practices. Furthermore, the document is not in line with the Council Policy template.
- 2.11 There is no monitoring mechanism in place to provide assurance that a key partner (UBICO) whose staff have regular face to face contacts with the public is meeting SDC's safeguarding expectations.
- 2.12 Housing Services use a questionnaire to determine whether its contractors require DBS checks. However, there is no monitoring process in place to provide assurance that the contractor is meeting these requirements including when renewals are required.
- 2.13 Safeguarding briefings are provided to the Community and Licensing Committee on request. The last such update was in June 2023 and provided a summary of activities from 2021 to 2023 as well as updates on referrals and multi-agency work. More regular updates incorporating statistics of cases reported and handled as well as originating sources of cases, would improve the reporting.
- 2.14 In some cases, reports recording safeguarding concerns were not fully completed with no formal process for capturing feedback from the respective agencies.

2.15 Although Safeguarding Adults and Children Levels 1 and 2 training are mandatory for all staff, we noted seven other safeguarding training courses available to staff. There is currently no defined process to demonstrate who should be undertaking the various safeguarding training courses. There is currently a risk that inadequate safeguarding training is being rolled out where the requirements are not aligned to the duties pertaining to the roles.

3. Audit Opinion

3.1 Our opinion is based on the documentation examined and the evaluation and sample testing of the system and processes in place. We conclude that overall, the existing procedures and controls provide an Acceptable Assurance level in meeting the control objectives for the area under review.

3.2 We have identified areas where improvements can be made to enhance the existing control environment. Internal Audit observations and recommendations should be taken into context within the overall conclusion.

4. Control Objectives

Control Objective	Assurance Level			
	Substantial	Acceptable	Limited	No
Oversight Arrangements				
1. The Council has identified the legislative requirements that it must conform to, in order to meet its Safeguarding duties.	✓			
2. A framework for management and oversight of its conformance to meet its Safeguarding duties has been adopted and is subject to periodic review.		✓		
Policy and Guide				
3. The Council has an effective Safeguarding policy, framework, and escalation process.		✓		
Roles and Responsibilities				
4. Roles and responsibilities are clearly defined and include adequate oversight arrangements.		✓		

Control Objective	Assurance Level			
	Substantial	Acceptable	Limited	No
Disclosure and Barring checks				
5. Safer Recruitment, DBS Policy or similar has been developed and approved and is subject to periodic review.		✓		
6. Process in place for identifying staff requiring DBS checks.		✓		
7. Safeguarding arrangements for partners and relevant third parties are aligned with the standards of the Council.		✓		
8. DBS checks where relevant are undertaken, captured and follow up actions are completed as required.		✓		
Training				
9. All staff and volunteers working with children, young people and adults complete Safeguarding training modules, and subsequent refresher sessions.	✓			
10. Non-completion of training is monitored and escalated.		✓		
11. There is a process for identifying all those requiring training including volunteers.			✓	
Safeguarding Concerns				
12. Safeguarding concerns are adequately recorded, investigated, followed-up, and reporting is timely.		✓		
Risk Management				
13. The risks of the area are captured in a risk register, include mitigating controls, and are regularly monitored by management.			✓	

Table Explanation

- 4.1 An assessment of the assurance level that can be relied upon for each of the control objectives reviewed is summarised in the table above. The following criteria are used:
- i. Substantial assurance – all key controls are in place and working effectively with no exceptions or reservations. The Authority has a low exposure to business risk;
 - ii. Acceptable assurance – all key controls are in place and working but there are some reservations in connection with the operational effectiveness of some key controls. The authority has a medium to low exposure to business risk;
 - iii. Limited assurance – not all key controls are in place or are working effectively. The Authority has a high to medium exposure to business risk;
 - iv. No assurance – no key controls are in place or no key controls are working effectively. The Authority has a high exposure to business risk.
- 4.2 Where a recommendation is a high-risk priority, then the control objective to which it relates, will not be allocated more than a limited assurance level. This will not necessarily impact on the conclusion regarding the overall assurance level for the service area under review.
- 4.3 If the assurance level is 'Limited' or 'No' this does not automatically confirm there is a high-risk recommendation but where allocated the reason is given below the table.

5. Acknowledgement

- 5.1 The Auditor would like to thank all of the staff involved for their help and co-operation during the audit.

6. Report Issue

- 6.1 This report will be issued to:
- Strategic Director of Communities
 - Strategic Director of Policy and Resources
 - Head of Community Services
 - Head of Human Resources
 - Strategic Head of Housing Services
 - Senior Policy and Governance Officer
 - Information Governance Officer
 - Community Services Manager
 - Senior Youth Officer
 - Community Engagement Manager

7. **Summary of Recommendations Made by Priority**

7.1 Recommendations arising from this review have been prioritised as:

High Priority:	2
Medium Priority:	10
Low Priority:	2
Rejected:	0

8. **Audit Limitations**

- 8.1 The matters raised in this report are only those which came to our attention during the audit from sample testing undertaken, examination of documents and discussion with staff. The responsibility for a sound system of internal controls and for managing risks, including for fraud and corruption, rests with management.
- 8.2 The work of Internal Audit should not be relied upon to identify all strengths and weaknesses that may exist or all the improvements that might be made. It may not identify all circumstances of fraud or irregularity should there be any. However, audit procedures have been designed to give a reasonable probability of discovery of any material irregularities.

9. Management Action Plan

Risk For audit purposes risk is the chance of error, financial loss or fraud remaining undetected if effective controls are not in place or require improvement. Internal Audit prioritises review recommendations as:

High Risk Action that is considered necessary to ensure that the Council is not exposed to serious levels of risk. This includes breaches of legislation, statutory duty, Council policies and procedures or to the potential for financial loss or fraud. Controls are either not in place or are ineffective.

Medium Risk Action that is considered necessary to ensure exposure to high risk is prevented. Existing controls need improving.

Low Risk Action that is considered desirable and should result in enhanced control or better value for money.

Priority levels for recommendations reflect the relative risk to the Council, when considering the overall control environment and financial implications in relation to the potential for fraud or loss.

Recommendation Monitoring

Action Owners should enter all accepted recommendations into the Council’s Performance Management System. As management actions are progressed, the system should be updated to reflect the status. Completion dates for the agreed actions should be regularly monitored to ensure that these remain on target. Where slippage occurs, a revised target date should be agreed with the relevant Strategic Director.

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
1	We established from our discussions with the Head of Community Services and Operational Lead for Safeguarding that there are currently no risk management processes in place for safeguarding or	Inappropriate management of the associated risks. Inadequate controls may not be identified and corrected.	High	Management should put a risk management process in place for the administration of safeguarding concerns and issues. This should involve working with relevant departments to completely capture all	A risk management process for the administration of safeguarding concerns will be developed and put in place.	Angela Gillingham Head of Community Services 31 March 2024

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	mitigating controls to manage associated risks.			risks associated with safeguarding. Mitigating controls should be put in place with assigned owners and subject to regularly review to ensure they are fit for purpose.		
2	Levels 1 and 2 Safeguarding training for Children and Adults is mandatory for all staff with requirement for refresher every two years. It is an e-learning module and is included in the starters' induction. We also noted from HR records that there are seven other safeguarding modules. There is, however, no defined process or criteria for determining which roles should be undertaking the various safeguarding courses.	There is currently a risk that inadequate safeguarding training is being rolled out where the requirements are not aligned to the duties pertaining to the roles.	High	Safeguarding training courses should be aligned to the respective roles in ensuring that there is a defined process in determining the requirements for each role. This could be part of the on-going Job Evaluation Project.	Defined process to be put in place to align job roles and safeguarding training requirements to provide the requisite training. Training requirements regarding mandatory and refreshers will be restated in the revised policy and guide.	Lucy Powell Head of Human Resources 31 March 2024
3	The Council has a Safeguard Policy and Guide on its website and	The Safeguarding Policy and Guide may not reflect current	Medium	The Safeguard Policy should be developed in line with the Council	The CSG is currently working on a revised Safeguard Policy to	Steve Miles

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	<p>intranet and available to all staff. The guide has provided details on practices and procedures as well as escalation process. Both the guide and Policy were updated in March 2022 with review dates scheduled for June 2023. Vulnerable adult and child flow charts are in place to provide for procedures to follow where concerns are raised.</p> <p>We established from our review that the Safeguarding Policy is included in the Council's Strategies and Polices Register.</p> <p>SDC has a Policy Development and Review Framework (PDRF) which outlines the process for development, monitoring and formal review of policies. The</p>	<p>practices and not meet management's expectations.</p>		<p>Policy Development and Review Framework (PDRF).</p> <p>Safeguard Policy and Guide should be reviewed regularly in line with its own procedures to reflect current practices and provide accurate information.</p>	<p>reflect current practices. The draft policy will be shared with the CSG prior to approval by members.</p> <p>The revised Safeguard Policy will be in line with the Council Policy Development and Review Framework (PDRF).</p>	<p>Senior Youth Officer</p> <p>30 April 2024</p>

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	<p>Safeguarding Policy is currently not in line with the template suggested by the PDRF including document version control, document owner, summary of changes, responsibility for document review and approval and frequency of updates.</p> <p>There have been changes to the Strategic Leads for safeguarding, but this has not been reflected in the Guide.</p> <p>Internal Audit understand the Policy is currently being reviewed.</p>					
4	<p>We reviewed the contractual arrangements with a key partner and established that they have provided SDC with their policy on Safeguarding Children and Adults with Care and Support Needs. The third party partner's staff have</p>	<p>Limited controls in place posing risk of non-compliance with safeguarding requirements in respect of the use of key third party partners.</p>	Medium	<p>In contractual arrangements with key partners with potential contacts with children and vulnerable adults, there should be a monitoring process in place to ensure key safeguarding</p>	<p>Spot checks of the third party partner's records to be undertaken periodically to provide assurance that safeguarding requirements are being met.</p>	<p>Michael Towson Community Services Manager 31 January 2024</p>

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	regular face to face interactions with the public. However, there is no monitoring mechanism in place to ensure that Council's requirements in respect of safeguarding are being met and in line with the expected standards.			requirements are being met.		
5	The Council has a DBS Policy in place setting out the approach that it will take when recruiting people to work with children and or vulnerable adults. The DBS Policy was last reviewed in July 2017 with no evidence that it has been subject to regular review to reflect current practices. Furthermore, the document is not in line with the Council Policy template, with no version control, document ownership not assigned, and review dates not provided.	The DBS policy may be out of date and not reflect current regulatory requirements nor practices.	Medium	The DBS Policy should be subject to regular review to demonstrate that it reflects current practices and should be developed in line with the Council's Policy Framework template.	The DBS Policy to be reviewed and will be developed in line with the Council's Policy Framework template.	Lucy Powell Head of Human Resources 31 March 2024

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
6	Housing Services uses a questionnaire to determine whether its contractors require DBS checks. However, there is no monitoring process in place to provide assurance that the contractors identified are meeting these requirements.	Non-compliance with DBS requirements could occur.	Medium	Where applicable, DBS certification for contractors engaged by Housing Services could be subject to periodic monitoring considering renewal periods.	Spot checks to be undertaken to ensure that DBS certification for contractors engaged by Housing Services are current	Tara Skidmore Head of Assets & Investment (Council Housing) 31 January 2024
7	The Safeguarding Guide requires volunteers working with children, young people, and adults (and delivering regular recorded sessions) to undertake DBS checks. We selected the arrangement at the Canal Restoration Project for review and noted that, DBS certification may be required for volunteers regularly engaged and have front line duties. Their DBS accreditation may be inspected but no records are maintained to	Potential risk that non-compliance with DBS checks could occur if inspections are not evidenced for volunteers.	Medium	Records should be maintained to evidence checks have been undertaken of relevant volunteers DBS accreditations.	Records will be maintained to evidence DBS checks undertaken for volunteers.	Sarah Burgess Community Engagement Manager 31 January 2024

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	evidence such checks have been undertaken.					
8	SDC is a partner organisation in the Gloucestershire Safeguarding Children and Adult Partnerships. Within SDC, there is the Corporate Safeguarding Group (CSG) with cross-departmental representation and Terms of Reference (TOR), put in place in July 2023. The TOR was approved by the group at the last meeting on 13 July 2023 and is to be agreed by the SLT later. The CSG met in April and May 2023 and notes maintained. Our review showed the absence of action plan for agreed actions, responsibilities for such actions and proposed implementation dates to assist the monitoring and following up processes.	The absence of action plans and ownerships for agreed actions within CSG minutes would not ensure they are followed up to satisfactory conclusions.	Medium	Minutes of meetings of the Corporate Safeguarding Group should contain action plans to adequately record agreed actions, responsibility for those actions and when they are required to be implemented. This will ensure actions are appropriately monitored and followed up at subsequent meetings.	An excel based Action Log is being introduced and to be agreed by the CSG to evidence actions taken, assigned action owners and proposed implementation dates. In addition, the CSG Terms of reference will be presented to the SLT for approval.	Steve Miles Senior Youth Officer 31 January 2024

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
9	Safeguarding briefings are provided to the Community and Licensing Committee on request. We reviewed the last such update for June 2023 which provided a summary of activities from 2021 to 2023 as well as updates on referrals and multi-agency work. The current arrangement is undertaken on request with no defined periods for reporting. The reports did not provide statistics of cases handled and reported, areas within the council where cases originated in order to enhance members scrutiny.	Infrequent or incomplete reporting to the Community and Licensing Committee on safeguarding activities would not ensure appropriate oversight arrangement.	Medium	Oversight of safeguarding activities by the Community and Licensing Committee should involve defined periods for reporting with information on statistics, source and size of cases handled to enhance the scrutiny process.	Currently briefings are provided to the Community and Licensing Committee on request. Management to explore whether regular reporting on safeguarding to members will be useful. This is to be discussed by the CSG and dialogue to be held with SLT and if required to be included in procedures.	Steve Miles Senior Youth Officer 30 April 2024
10	Processes for raising, investigating, recording and referral to the appropriate agencies are provided for in the Safeguarding Guide and	There is a potential risk that records pertaining to safeguard incidents and concerns are not completely captured which could have adverse	Medium	The oversight arrangements concerning safeguard incidents and concerns should ensure that all the required information is completely captured	The forms examined by Internal Audit were internal reports which had been labelled as 'Referral Forms'. Management will clarify and correct this	Steve Miles Senior Youth Officer 30 April 2024

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	<p>included in the training module.</p> <p>A spread sheet is maintained to record all such cases including outcomes and referencing. We selected eight incidents and concerns raised between 10/07/23 and 04/08/23 and confirmed that in all cases supporting documentation was maintained. There were two cases from the sample of eight examined, where the reports have not recorded the actions taken or outcomes although these were reflected in the summary spread sheet. In both cases the Case Log section on the reports have not been completed. In one case, the report has not been signed by the responsible officer.</p>	<p>consequences in the event of further incidents and concerns with associated legal considerations.</p>		<p>on the associated reports.</p> <p>Feedback from concerns and incidents referred to relevant agencies should be appropriately captured. This could be incorporated in the procedures.</p>	<p>misunderstanding in the development of the revised policy and guide. This is to ensure that safeguarding concerns or incidents need to be reported internally and (if thresholds are met), sent as a referral to the respective agency. The language used by staff (verbal and written) is important and can be corrected if necessary, via training and familiarisation of our revised policy and guide.</p>	

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	Furthermore, there is no formal nor defined process for capturing feedback or outcomes from the agencies to whom the cases have been reported.					
11	Regulatory requirements relating to the Council's responsibilities for safeguarding has been provided for in the Guide and on the Council's intranet but not in the Policy document. There is currently an on-going review of the Policy.	Limited staff awareness of safeguarding legal requirements.	Low	In the review of the Safeguarding Policy, the regulatory requirements pertaining to the framework could be included to enhance staff awareness.	The regulatory requirements pertaining to safeguarding framework to be included in the revised Safeguard Policy	Steve Miles Senior Youth Officer 30 April 2024
12	The safeguarding Guide sets out roles and responsibilities. Safeguarding Leads have been provided on the concerns and incidents reporting forms with cross departmental representation. We selected a sample from the museum to confirm that safeguarding responsibilities are	Roles and responsibilities for safeguarding are not well defined in all cases and information not communicated in the policy nor guide to create adequate awareness	Medium	Management could include safeguarding responsibilities in the job description for all identifiable key safeguarding roles. To create adequate awareness, information on safeguarding reporting leads could be included in the	Standard template to be introduced to capture key safeguarding roles in order to incorporate safeguarding responsibilities in job descriptions. Safeguarding reporting leads to be included in the revised policy.	Lucy Powell Head of Human Resources 31 March 2024

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	<p>included in the job description for Deputy Safeguard Lead (Learning & Access Officer) but not in that of the Safeguard Lead. We also examined job descriptions for an Executive Assistant and Casual Lifeguard to confirm DBS and Safeguarding responsibilities are included.</p> <p>Information on reporting leads for safeguarding have not been provided for in the Safeguard policy nor guide to provide appropriate awareness to staff.</p>			Safeguarding Guide and Policy.		
13	We reviewed a sample of 20 staff where DBS checks were required and noted that HR maintains records of all DBS checks undertaken but not all have been captured in their records. There were	There is a potential risk that roles requiring DBS checks may not be identified, captured, and complied.	Medium	HR could review the records maintained in conjunction with relevant departments in ensuring that roles where DBS checks are required are completely and accurately captured. Appropriate records	DBS records to be reviewed to ensure they are accurate and complete.	<p>Lucy Powell Head of Human Resources</p> <p>31 January 2024</p>

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	<p>missing records from the sample, which we could only verify through renewal notices issued.</p> <p>We noted four cases from the sample of 20 where DBS checks have not been undertaken although the roles have key safeguarding responsibilities. These related to Senior Community Services Officer, Senior Housing Advice Officer, and Senior Recovery Officer roles. We were advised that HR contacted managers earlier this year to establish which job roles required a DBS check and this is being used as a guide for new starters and renewals.</p>			<p>should then be maintained on completion of checks.</p>		
14	<p>In addition to the Corporate Policy, the Museum in the Park has its own specific Safeguard Guidance document which is</p>	<p>Inadequate instructions on the safeguarding arrangements in respect of work experience students.</p>	<p>Low</p>	<p>The Safeguard Guide should provide staff with specific instructions on the use of work experience students.</p>	<p>Instructions regarding the use of work experience students to be discussed at CSG and included in the</p>	<p>Steve Miles Senior Youth Officer 30 April 2024</p>

Ref	Observation	Risk / Opportunity	Priority Level	Recommendation	Managers Comments	Action by Date
	<p>consistent with the Policy. Amongst others, this provides instructions on the use of front of the house staff or services and work experience students. This could be relevant for other sectors of the Council such as the Canal Restoration Project.</p>				<p>revised policy and guide.</p>	