

MALDON DISTRICT COUNCIL

FINAL INTERNAL AUDIT REPORT

SAFEGUARDING
NOVEMBER 2020

LEVEL OF ASSURANCE	
Design	Operational Effectiveness
Moderate	Moderate

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DISTRIBUTION

Name	Job Title
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REPORT STATUS LIST

Auditors:	Ravi Gadhia - Internal Audit Semi Senior
Dates work performed:	17 August 2020 - 28 August 2020
Draft report issued:	2 October 2020
Final report issued:	11 November 2020

EXECUTIVE SUMMARY

LEVEL OF ASSURANCE: (SEE APPENDIX I FOR DEFINITIONS)

Design	Moderate	Generally a sound system of internal control designed to achieve system objectives with some exceptions.
Effectiveness	Moderate	Evidence of noncompliance with some controls, that may put some of the system objectives at risk.

SUMMARY OF RECOMMENDATIONS: (SEE APPENDIX I)

High	1
Medium	3
Low	1

TOTAL NUMBER OF RECOMMENDATIONS: 5

BACKGROUND:

Safeguarding is the right for children, young people and vulnerable adults to participate and be safe in the services provided for them regardless of age, race, disability, culture or gender. This includes a right to protection from abuse.

Local Authorities have a duty to ensure that the well-being of children, young people and vulnerable adults is promoted, and they are kept safe.

In Essex Local Authorities follow the Southend, Essex and Thurrock (SET) guidelines which outline the basic safeguarding procedures. Maldon District Council can carry out its responsibilities by ensuring that the needs and interests of children, young people and vulnerable adults are considered by all Councillors, employees, volunteers and contracted services and when taking decisions in relation to service provision. It should also ensure that unsuitable people are prevented from working with children, young people and vulnerable adults through the Council's 'Safe Recruitment Procedure'.

GOOD PRACTICE:

- We confirmed that Maldon District Council (MDC) has a new safeguarding lead who joined the organisation in January 2020, taking over the role from the previous responsible Officer. This is following a transformation exercise carried out by the Council during October 2019 where the structure of the Council was reviewed.
- The role of the safeguarding lead is also defined in the Council's combined Safeguarding Policy which states that the Safeguarding Lead holds overall responsibility for safeguarding children, young people and vulnerable adults. It is also the responsibility of the safeguarding lead to decide if safeguarding referrals are to be made following discussions with Designated Safeguarding Reporting Officers (DSROs).
- We were also provided with and reviewed the job description and person specification of the Council's safeguarding lead and found that it clearly outlines the responsibilities and expectations of the role.

- We confirmed that MDC has a policy in place titled 'Safeguarding Policy for Children, Young People and Vulnerable Adults'. The policy document is supported by the following: Whistleblowing Policy and Safer Recruitment Procedure. All the policies in question are available on the Council's safeguarding intranet page, in addition to being available in hard copy. The policy follows an annual review cycle.
- The Safeguarding Policy applies to all staff and defines staff as Council employees, elected members, contractors, agency staff, volunteers, suppliers or contractors. The policy requires all staff to follow best practice, participate in relevant training and report any concerns, incidents or allegations.
- The policy categorises staff into four groups, whilst also detailing the training required by each group. All staff fall within "Group 1" and must complete an e-Learning module on Safeguarding Children, Young People and Adults. This eLearning must be completed upon joining the organisation, as part of the induction process. As a minimum, all staff of every level must complete mandatory safeguarding e-learning so they know the basics of safeguarding and have the knowledge of who to report issues to. This information can also be found via the Council's Freshservice platform. We reviewed the monthly completion report for the Safeguarding e-Learning. Of 173 individuals in total within the report, we noted that 16 had not completed the eLearning module, however we were provided with evidence of HR chasing the individuals in question, also escalating the individuals to Tier 2 managers if not completed.
- Group 2 consist of MDC staff who work with children, young people and vulnerable individuals and are required to complete in house training on safeguarding which is completed within 6 months of joining and refreshed every three years. The Safeguarding Lead and Deputy Lead falls under Group 3 and completes specific training related to understanding the role of being the designated safeguarding lead. Finally, the DSRO's fall under Group 4 and are required to complete two training modules relating to understanding their role.
- We were provided with evidence of in-house training titled 'Enhanced Safeguarding Training' which was delivered to Groups 1-4 on 23 June 2020. We reviewed the content of the training and found this to cover: what safeguarding is, relevant legislation and regulations, various case studies, the process to follow when making a disclosure and completion of the CIA form used to report details on safeguarding incidents. Overall, we were satisfied with the content and level of detail.
- We reviewed the policy and confirmed it to include a section detailing four categories of abuse relating to children and ten for adults, as defined within the Children's Act 1989 and Care Act 2014. A breakdown of physical and behavioural indicators were also detailed for various types of abuse such as physical, emotional, financial and self-neglect for example.
- We confirmed that the Council's safeguarding policy also includes an appendix which outlines the procedure when safeguarding allegations are made against MDC staff members or Councillors. We were advised by the Council Safeguarding Lead that since joining post, no allegations have been made against any MDC Councillors.
- We confirmed that the Council has a Safer Recruitment Policy and Procedure which was last updated in April 2020 following a restructure and introduction of new working practices.
- We reviewed the Policy and Procedure and confirmed it includes a section on pre-employment checks. The policy mentions that some checks are specific to posts which have contact with vulnerable groups including children and adults. The Policy and Procedure is also supported by a separate document outlining the roles which require a DBS check, which was updated on 2 June 2020. The list clearly states what roles would involve contact with children, young persons or vulnerable adults.
- We received a report from HR which detailed all new starters from August 2019 to August 2020. We noted a total of 60 new joiners during the 12 month period. Of the 60, we identified 26 roles which potentially required a DBS check. Of the 26

identified roles, we confirmed 10 had a DBS check carried out. One instance was identified where an agency staff worker was employed as a Homelessness Prevention officer by the Council on 13 January 2020 however no DBS check was provided by the agency, although requested by the Council. We were advised by HR that the agency worker in question left the organisation on 17 January 2020, although during that time worked solely at the Council offices.

- For the remaining 15 individuals, HR confirmed that their role did not involve any contact with children, young persons or vulnerable adults. Therefore, a DBS check was not required.

KEY FINDINGS:

- We tested a sample of 10 safeguarding cases dated between October 2019 and August 2020. From our testing we found five instances where we were provided with evidence of a detailed and approved CIA form and three instances where a CIA form wasn't required - these related to two enquiries from the police and one from Essex Safeguarding Children Board. However, our testing did identify the following issues:
 - In two instances where the referral was made from the housing department the CIA form was not completed, however another safeguarding form had been completed. We were advised that the Council were aware of this issue and housing have been asked to complete a CIA form, which was evidenced for the third referral from housing which was made in August 2020.
 - Four instances where adequate documentation was not held demonstrating communication with relevant parties in terms of investigative and decision making. Two of the four also included a lack of evidence of communication with Essex Social Care. Please see **Recommendation 1**.
- We confirmed that currently, the Council uses MS Excel to manage its safeguarding cases, with corresponding evidence held within folders held within the safeguarding team's network folder. We noted that the spreadsheet only holds limited information for each case, which we felt to not be detailed enough compared to peers. The Council are planning to transfer all cases into a case management system called Freshserve, which is already being used to manage IT service desk requests. Please see **Recommendation 2**.
- The Council does not hold a record of contractors whose role may involve contact with children, young persons or vulnerable adults. Additionally, the Safeguarding Lead informed us that there is no preferred supplier list, where the providing organisation would provide assurance that all staff have been DBS checked before being added to such a preferred supplier list. As a result, we were unable to perform sample testing in this area. Please see **Recommendation 3**.
- We were provided with a list of volunteering organisations the Council works with. In total, we noted a total of 17 volunteering organisations the Council works with. However, there is no record in place detailing the usage and the names of individual volunteers from the organisations, and whether a DBS reference has been provided by the volunteering agency or the individual themselves. Additionally, we noted no record of whether the volunteers provided by the organisation would be coming into contact with children, young persons or vulnerable adults and thus whether supervision would be required. Please see **Recommendation 4**.
- The Council does not have a formal process in place to review previous cases to facilitate 'lessons learned', however we were informed that such discussions were held on an informal level and thus not documented. Please see **Recommendation 5**.

CONCLUSION:

The Council has some good processes in place, including clear roles, responsibilities, policies and procedures. However, the documentation of safeguarding cases could be improved and further steps need to be taken around safeguarding controls over contractors and volunteers. We have therefore concluded a moderate opinion on both design and the operational effectiveness of safeguarding controls.

DETAILED FINDINGS

RISK: RECORDING AND REPORTING OF SAFEGUARDING CONCERNS IS NOT ROBUST

Ref	Significance	Finding
1	High	<p>As per the Safeguarding Policy, concerns should be recorded internally via a Concern / Incident/ Allegation (CIA) achieve form to capture as much detail as possible regarding the safeguarding occurrence, which should then be sent by the officer capturing the concern by emailing to the DSRO for action. (see Appendix A for complete reporting structure and process). If the referral progresses to stage 3 of the process, the Safeguarding Lead/Deputy Lead completes and sends off an inter-agency Referral Form (for children and young people) and a SET SAF1 Form (for vulnerable adults) to Essex Social Care Direct within 48 hours of making the referral by phone.</p> <p>We tested a sample of 10 safeguarding cases dated between October 2019 and August 2020. Our sample consisted of;</p> <ul style="list-style-type: none"> - One request for information from Essex Safeguarding Children Board (ESCB) - One request from police Scotland - Two concerns by a member of staff - One request from West Mercia Police - One Social Care Referral - Two referrals through completion of a CIA form - Three referrals from the Housing department <p>Our testing identified</p> <ul style="list-style-type: none"> - Five instances where we were provided with evidence of a detailed and approved CIA form and three instances where a CIA form wasn't required - these related to the two enquiries from the police and one from ESCB. However, our testing did identify the following issues: - For two instances where the referral was made from the housing department the CIA form was not completed, however a SETSAF1 form was in place. We were advised that the Council were aware of this issue and housing have been asked to complete a CIA form, which was evidenced for the third referral from housing which was made in August 2020. - Four instances where adequate documentation such as case notes and e-mails were not held demonstrating communication with relevant parties in terms of investigation and decision making. Two of the four also included a lack of evidence of communication with Essex Social Care. <p>The above non-compliance may result in the Council being unable to demonstrate they have sufficiently discharged their duties in relation to safeguarding, particularly in relation to capturing details about the incident and communication with key stakeholders.</p>

RECOMMENDATION:

The Council should ensure that both a C1A and SETSAF1 form are in place, as opposed to

only having one or the other. Additionally, the Council should keep a clear record of all investigative activity, decision making and communication with relevant parties involved in the safeguarding case e.g. police or Essex Social Care.

MANAGEMENT RESPONSE:

The Council has recently undergone a large-scale transformation programme which resulted in large scale reorganisation within teams and the implementation of new working systems.

We will be implementing a new case management system (Freshserve) to handle safeguarding concerns and later migrating historic cases to the system.

All staff will be able to access the C1A and SETSAF1 forms within the internal intranet safeguarding page with upload to the Freshserve system. The referral will then be picked up by safeguarding leads for triage and further work

The Freshserve systems provides the ability to case manage and drill down into data as well as act as secure online backup for records.

Responsible Officer: Damien Ghela

Implementation Date: December 2021

RISK: LEARNING FROM SAFEGUARDING CASES IS NOT UNDERTAKEN CAUSING REPEATED CONCERNS THAT MAY BE PREVENTABLE

Ref	Significance	Finding
2	Medium	<p>We confirmed that currently, the Council uses MS Excel to manage its safeguarding cases, with corresponding evidence contained within folders held within the safeguarding teams network folder. We noted that the spreadsheet only holds the following information for each case (detailed below), which we felt to not be detailed enough compared to peers. Our review noted that cases within the Council's safeguarding spreadsheet were not assigned a unique reference, and did not contain a comprehensive record of actions taken in a chronological order, as we noted several instances where actions were not dated.</p> <ul style="list-style-type: none"> - Referral type - Date of referral - Initiator of referral - Details of concern - Forwarded to (incl. date) - Further action taken (incl. date) <p>We noted that a system of labelling cases using a reference number is also not used, which adds complexity when cross referencing case data to corresponding evidence.</p> <p>The Council do recognise this as an issue and are planning to transfer all cases into a case management system called Freshserve, which is already being used at the Council to manage IT service desk requests.</p> <p>Therefore the management of safeguarding cases may be ineffective due to the lack of detail currently held, in addition to reference numbers not being used to uniquely identify each safeguarding case and corresponding evidence.</p>

RECOMMENDATION:

To ensure the management of safeguarding cases is more robust until the Council starts using the Freshserve system, the Council should update its current safeguarding spreadsheet to include unique references numbers for each case. Additionally, all evidence relating to each case should be held in the safeguarding team's secure network drive, using a system or reference numbers to uniquely identify each case. Finally, staff should be reminded of the importance of documenting and timestamping all actions taken in relation to all safeguarding cases.

MANAGEMENT RESPONSE:

The safeguarding spreadsheet will be updated to include unique reference numbers

Information pertaining to safeguarding cases will be moved to the Councils secure network along with all associated documents. This information will be shared with safeguarding leads but protected from unnecessary access by being invitation only by default.

The Council will be refreshing advice and training to all front-line staff and safeguarding leads to ensure information and data is properly timestamped.

Responsible Officer: Damien Ghela

Implementation Date: December 2021

RISK: INADEQUATE CONTRACTOR ARRANGEMENTS TO ENSURE SAFEGUARDING PROCEDURES ARE IN PLACE

Ref	Significance	Finding
3	Medium	<p>We confirmed that the Council does not hold a record of contractors whose role may involve contact with children, young persons or vulnerable adults. Additionally, the Safeguarding Lead informed us that there is no preferred supplier list, where the providing organisation would provide assurance that all staff have been DBS checked before being added to such a preferred supplier list. As a result, we were unable to perform sample testing in this area.</p> <p>If suppliers are not required to provide assurances over safeguarding controls there may be inappropriate contact between contractor staff and vulnerable children and adults.</p>

RECOMMENDATION:

The Council should compile a list of contractors which it uses regularly, who may come into contact with children, young persons or vulnerable adults. Once this list has been compiled, the Council should contact the providing organisations to gain assurance that the necessary pre employment checks have been carried out and whether a DBS check needs to be carried out prior to performing work for the Council.

MANAGEMENT RESPONSE:

The Council is currently refreshing its list of approved contractors and liaising with partners to ensure that proper safeguarding and pre-employment checks are in place

The contractor Information will be held at a corporate level to be accessible should the need arise

Responsible Officer: Damien Ghela/Alastair Morrell

Implementation Date: Q1 2022

RISK: INSUFFICIENT ARRANGEMENTS TO VET, MONITOR AND SUPERVISE STAFF/VOLUNTEERS

Ref	Significance	Finding
4	Medium	<p>We were provided with a list of volunteering organisations the Council works with. In total, we noted a total of 17 volunteering organisations the Council works with. However, there is no record in place detailing the usage and the names of individual volunteers from the organisations, and whether a DBS reference has been provided by the volunteering agency or the individual themselves. Additionally, we noted no record of whether the volunteers provided by the organisation would be coming into contact with children, young persons or vulnerable adults and thus whether supervision would be required.</p> <p>Without a definitive list of former and current volunteers, whether the nature of their work involves contact with vulnerable persons and if so whether evidence of a DBS check has been provided by the volunteering organisation or carried out by the Council, there may be a failure to mitigate safeguarding risks.</p>

RECOMMENDATION:

The Council should update its record of volunteering organisations to clarify: whether volunteers would be coming into contact with children, young persons or vulnerable adults, who the onus of performing a DBS check rests with, whether volunteers have had a DBS check and whether supervision is required.

MANAGEMENT RESPONSE:

The Council will be strengthening its checks for volunteer organisations to ensure that proper safeguarding and pre-employment checks are in place

Agreements in relation to volunteering partners will be held at a corporate level to be accessible should the need arise

Responsible Officer: Damien Ghela/Alastair Morrell

Implementation Date: December 2021

RISK: LEARNING FROM SAFEGUARDING CASES IS NOT UNDERTAKEN CAUSING REPEATED CONCERNS THAT MAY BE PREVENTABLE

Ref	Significance	Finding
5	Low	<p>Through discussions held with the Safeguarding lead, and review of a report produced by the lead for the audit in August 2020, it was confirmed that currently, the Council does not have a formal process in place to review previous cases to facilitate 'lessons learned', however we were informed that such discussions were held on an informal level and thus not documented. The Council recognises this as an issue and has introduced the Maldon Safeguarding Forum which is to be held on a bi-monthly basis, with the first formal meeting being held in September 2020.</p> <p>Without being appropriately documented, there is no process in place to facilitate improvement of the Council's safeguarding processes through lessons learnt.</p>

RECOMMENDATION:

Whilst the Council has plans to introduce the bi-monthly Maldon Safeguarding Forum from September 2020, it should ensure that as part of each meeting, completed safeguarding cases are discussed in terms of (i) what went well, (ii) examples of best practice (iii) what would be done differently for a similar case.

MANAGEMENT RESPONSE:

The bi-monthly MSF is in place and running. The meeting brings together the insternal safeguarding leads to discuss cases and concerns.

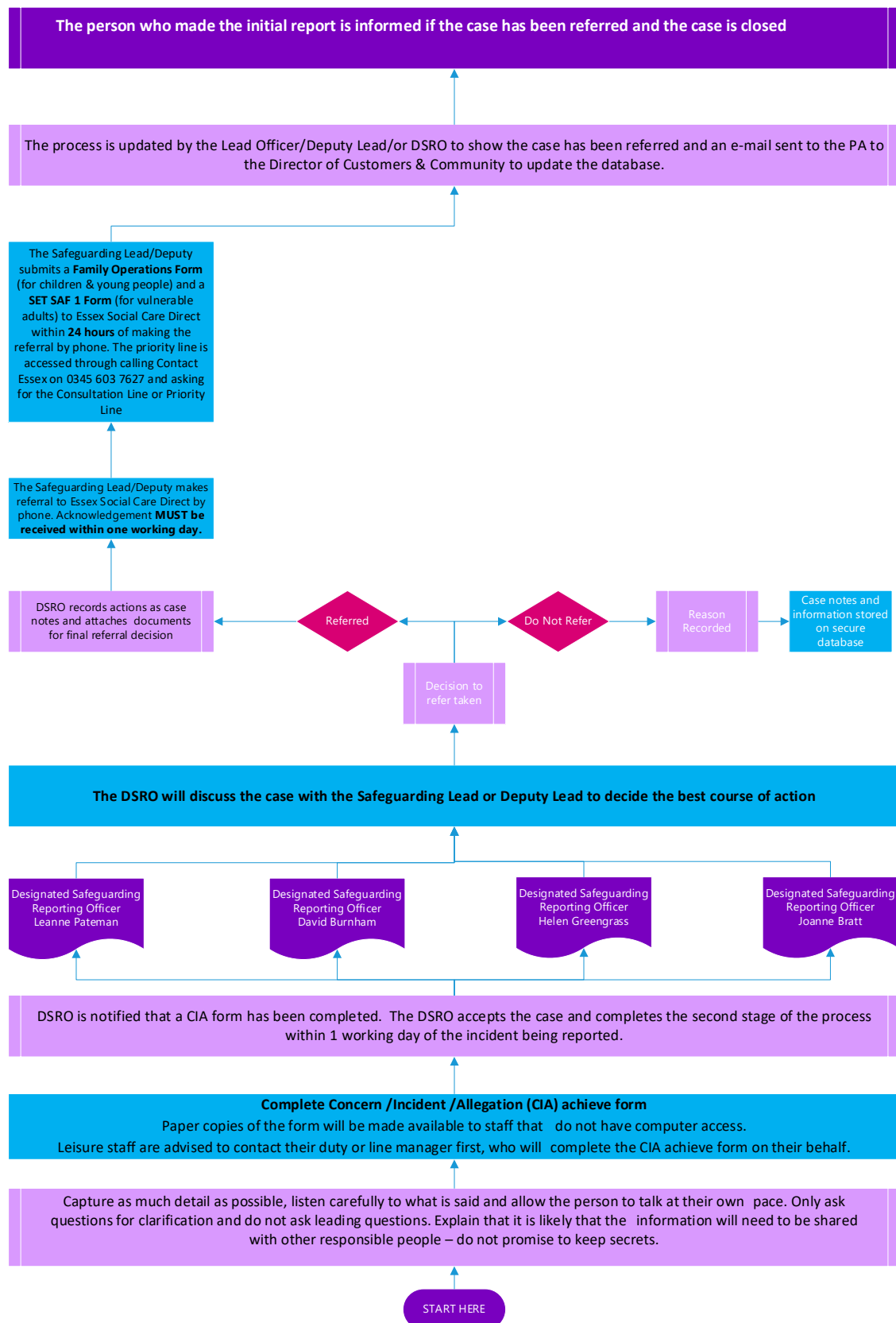
The meeting will continue to evolve to support the case management of referrals within District and encourage partnership engagement

A review of the forum will take place in Q3 2021

Responsible Officer: Damien Ghela

Implementation Date: Q3 2021

Reporting structure when a child, young person or vulnerable adult is NOT thought to be in immediate (Extract Appendix from Maldon District Council Combined Safeguarding Policy)



STAFF INTERVIEWED

BDO LLP APPRECIATES THE TIME PROVIDED BY ALL THE INDIVIDUALS INVOLVED IN THIS REVIEW AND WOULD LIKE TO THANK THEM FOR THEIR ASSISTANCE AND COOPERATION.

Name	Job Title
Damien Ghela	Lead Specialist Community
Leanne Pateman	Casework Co-Ordinator
Rhiannon Saffell	Resources Caseworker
Claire Hanrahan	Community Safety Officer
Spencer Clarke	Community Safety Partnership Manager

APPENDIX II - DEFINITIONS				
LEVEL OF ASSURANCE	DESIGN OF INTERNAL CONTROL FRAMEWORK		OPERATIONAL EFFECTIVENESS OF CONTROLS	
	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION
Substantial	Appropriate procedures and controls in place to mitigate the key risks.	There is a sound system of internal control designed to achieve system objectives.	No, or only minor, exceptions found in testing of the procedures and controls.	The controls that are in place are being consistently applied.
Moderate	In the main there are appropriate procedures and controls in place to mitigate the key risks reviewed albeit with some that are not fully effective.	Generally a sound system of internal control designed to achieve system objectives with some exceptions.	A small number of exceptions found in testing of the procedures and controls.	Evidence of non compliance with some controls, that may put some of the system objectives at risk.
Limited	A number of significant gaps identified in the procedures and controls in key areas. Where practical, efforts should be made to address in-year.	System of internal controls is weakened with system objectives at risk of not being achieved.	A number of reoccurring exceptions found in testing of the procedures and controls. Where practical, efforts should be made to address in-year.	Non-compliance with key procedures and controls places the system objectives at risk.
No	For all risk areas there are significant gaps in the procedures and controls. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Poor system of internal control.	Due to absence of effective controls and procedures, no reliance can be placed on their operation. Failure to address in-year affects the quality of the organisation's overall internal control framework.	Non compliance and/or compliance with inadequate controls.

RECOMMENDATION SIGNIFICANCE	
High	A weakness where there is substantial risk of loss, fraud, impropriety, poor value for money, or failure to achieve organisational objectives. Such risk could lead to an adverse impact on the business. Remedial action must be taken urgently.
Medium	A weakness in control which, although not fundamental, relates to shortcomings which expose individual business systems to a less immediate level of threatening risk or poor value for money. Such a risk could impact on operational objectives and should be of concern to senior management and requires prompt specific action.
Low	Areas that individually have no significant impact, but where management would benefit from improved controls and/or have the opportunity to achieve greater effectiveness and/or efficiency.

APPENDIX III - TERMS OF REFERENCE

PURPOSE OF REVIEW:

Review of the Council's policies and arrangements to ensure the safeguarding of children and vulnerable adults.

KEY RISKS:

Based upon the risk assessment undertaken during the development of the internal audit operational plan, through discussions with management, and our collective audit knowledge and understanding the key risk associated with the area under review are:

- Inadequate responsibility defined and ineffective oversight of safeguarding governance arrangements
- Inadequate safeguarding policies and/or procedures which are not followed
- Recording and reporting of safeguarding concerns is not robust
- Insufficient arrangements to vet, monitor and supervise staff/volunteers
- Staff are not trained to understand and deliver safeguarding standards
- Inadequate contractor arrangements to ensure safeguarding procedures are in place
- Insufficient oversight arrangements to ensure that higher risk areas have adequate processes in place

SCOPE OF REVIEW:

The following areas will be covered as part of this review:

- Confirmation that the Council has a clearly identified lead for safeguarding with responsibility for arrangements
- Confirmation that there is a clear accountability framework which enables all staff to understand their role in safeguarding
- Determine if the Council takes an active part in partnership meetings and sub groups
- Confirm if safeguarding issues are routinely discussed at relevant internal meetings
- Determine if approved policies are in place disseminated effectively, easily accessible and understood on how to recognise and respond to possible abuse or neglect
- Determine if there are clear written procedures for dealing with situations where allegations of abuse are made against someone working within the organisation
- Confirm if allegations are escalated and referred in line with procedures
- Confirm if there are processes for recording incidents, concerns and allegations.
- Determine if safe recruitment practices are in place to ensure the proper selection of staff who will have regular contact with children
- Determine if the organisation has a register of all volunteers including a clear record of all those who require DBS checks
- Determine if supervision arrangements are in place for all volunteers working with children and young people and mandatory training in place for all staff/volunteers working with children and vulnerable adults
- Confirm whether safeguarding is integrated into all contractual processes with clear expectations and reporting requirements to prevent abuse and neglect
- Confirm the arrangements which set out clearly the processes for sharing information with other professionals to protect children and vulnerable adults from harm
- Confirm that records are stored securely and safely and there are clear processes in place to ensure that records are retained as required.
- Confirm that a framework is in place to ensure high risk activities are identified, and that there are sufficient oversight arrangements to ensure that higher risk areas have adequate processes in place
- Confirm that there are clear processes for taking part in review of cases; including gathering evidence, completing action plans and embedding any learning.

However, Internal Audit will bring to the attention of management any points relating to other areas that come to their attention during the course of the audit. We assume for the purposes of estimating the number of days of audit work that there is one control environment, and that we will be providing assurance over controls in this environment. If this is not the case, our estimate of audit days may not be accurate.

APPROACH:

Our approach will be to conduct interviews to establish the controls in operation for each of our areas of audit work. We will then seek documentary evidence that these controls are designed as described. We will evaluate these controls to identify whether they adequately address the risks.

We will seek to gain evidence of the satisfactory operation of the controls to verify the effectiveness of the control through use of a range of tools and techniques.

FOR MORE INFORMATION:

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The matters raised in this report are only those which came to our attention during the course of our audit and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. The report has been prepared solely for the management of the organisation and should not be quoted in whole or in part without our prior written consent. BDO LLP neither owes nor accepts any duty to any third party whether in contract or in tort and shall not be liable, in respect of any loss, damage or expense which is caused by their reliance on this report.

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