

# MALDON DISTRICT COUNCIL

## INTERNAL AUDIT REPORT

SAFEGUARDING  
JANUARY 2023

Design Opinion	● Limited
Design Effectiveness	● Moderate

IDEAS | PEOPLE | TRUST



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## DISTRIBUTION

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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.

## REPORT STATUS

<b>Auditors:</b>	Stef Kempster
<b>Dates work performed:</b>	08/06/2022 - 14/10/2022
<b>Draft report issued:</b>	18 October 2022
<b>Final report issued:</b>	17 January 2023

# EXECUTIVE SUMMARY

## BAF REFERENCE:

Design Opinion	 Limited	Design Effectiveness	 Moderate
Recommendations	 1	 3	 0

### SCOPE

#### 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'.
- ▶ Our internal audit in 2020 provided moderate assurance on safeguarding arrangements, with one high finding relating to inadequate documentation. Since the previous audit was completed, the Council has begun to use their FreshServe software as their case management system for handling safeguarding concerns.

#### AREAS REVIEWED

We reviewed some of the previous risk areas identified in an audit undertaken in 2020. Where work had been completed or marked as in progress we obtained evidence to assess if this has been implemented. Additionally, we reviewed the policies and procedures to confirm these were adequate, undertook a walk-through of the new case management system to assess whether it is effective in recording and reporting safeguarding concerns and evaluated whether the bi-monthly safeguarding meetings were effective in raising safeguarding concerns.

### AREAS OF STRENGTH

Our review noted the following areas of strength:

- ▶ The new Case Management System used to record and report safeguarding concerns is user-friendly and effective in ensuring concerns are addressed and monitored in a timely manner.
- ▶ From our sample of 5 safeguarding concerns, we were able to confirm that the cases had been addressed adequately with a clear audit trail and evidence retained.

- ▶ The Safeguarding policy explains the roles and responsibility of the Safeguarding Lead as well as the Essex Safeguarding Children Board.



## AREAS OF CONCERN

- ▶ We were unable to confirm if the Council has a clear list of volunteering organisations that they currently work with and ensure if safeguarding checks are being carried out, including if the volunteers provided by the organisation would be coming into contact with children, young persons or vulnerable adults and therefore whether supervision would be required (Finding 1 - High)
- ▶ Whilst some departments within the Council have contractor arrangements to ensure safeguarding procedures are in place, and the procurement team intend to include this in future tenders, the process is not centralised, and no assurance can currently be given that this is operating across all departments (Finding 2 -Medium)
- ▶ The bi-monthly safeguarding meetings are not being utilised effectively as attendance is low for the meetings. Furthermore, there is no clear tracker to monitor and confirm actions raised are being addressed (Finding 3 - Medium)
- ▶ The Council's Safeguarding Policy was last updated in November 2000 and contains reference to Officers who are no longer at the Council (Finding 4 - Medium)



## CONCLUSION

The Council have introduced an effective case management system to allow them to address and monitor safeguarding concerns. However, the current controls in place for ensuring safeguarding procedures are implemented for volunteers and contractors are not fully effective and require centralisation to ensure the Council have clear oversight of the process.

Bi-monthly safeguarding meetings have low attendance, reducing the ability of the meetings to monitor and address safeguarding concerns.

Overall, we have concluded a limited assurance over the design and moderate assurance over operational effectiveness of controls in relation to safeguarding.

## DETAILED FINDINGS

1	
TOR Risk:	Insufficient arrangements to vet, monitor and supervise staff/volunteers
Significance	<span style="color: red; font-size: 2em;">●</span>



### FINDING

When the Council host events and use volunteers, oversight is provided by the Safety Action Group (SAG) which is Chaired by the Safeguarding Lead. The purpose of the SAG meetings is to review the event organiser's plan, providing advice on public safety and to scrutinise safeguarding measures for both the organiser, any volunteers and third-party members.

The Council also use other volunteer organisations outside of events for example to support the covid pandemic. Our discussions with the Director of Maldon and District CVS, a key volunteer organisation the Council work closely with, confirmed that safeguarding issues are being considered by the volunteer organisation. However, the Council do not currently request evidence that the volunteer organisations are fulfilling their safeguarding obligations.

We were also unable to confirm if the Council has a clear list of volunteering organisations that they currently work with and ensure if safeguarding checks are being carried out for these organisations as no evidence was provided to us.

Furthermore, 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 volunteer agency or the individual themselves. There is no record of whether the volunteers provided by the organisation would be coming into contact with children, young persons or vulnerable adults and therefore whether supervision would be required.

Without a definitive list of former and current volunteers, and confirmation as to whether the nature of their work involves contact with vulnerable persons, the Council cannot know whether a DBS check is required and/or has been completed. Therefore, there is a risk that the Council may fail to discharge its safeguarding responsibilities



### RECOMMENDATION

- a) The Council should ensure they maintain an updated list of all volunteer organisations they currently work with and detail:
  - i. Whether volunteers would be coming into contact with children, young persons or vulnerable adults
  - ii. Who the onus of performing a DBS check rests with
  - iii. Whether volunteers have had a DBS check
  - iv. Whether supervision is required.
- b) The Council should ensure they obtain evidence from the volunteer organisations that sufficient arrangements are being carried out to vet, monitor and supervise volunteers by carrying out annual spot checks or request information for specific volunteers if their services are needed



## MANAGEMENT RESPONSE

The Safeguarding Lead will introduce an addendum to the proforma used when entering into agreement with Volunteer agencies or services. The proforma will set out Maldon's safeguarding expectations and contact/escalation pathways.

The Strategy Theme Lead will be the principal custodian for the inter-authority agreements with volunteer organisations.

Inter-Authority Volunteer Agreements set up as part of a Maldon event will be collated as part of the Safety Advisory Group (SAG).


All Volunteer Inter-Authority Volunteer Agreements will be stored in the Maldon Safeguarding SharePoint. The SharePoint folder will be accessible to both the Strategy Theme Lead and the Chair and Co-Chair of the SAG.

The Lead Specialist - Community (Safeguarding Lead) will remain the contact point for all safeguarding concerns involving volunteers.

The Safeguarding Lead will meet with the Volunteer Organisation bi-annually to review safeguarding processes.

Responsible Officer:	Damien Ghela/ Joshua Fulcher
Implementation Date:	March 2023

2

TOR Risk:	Inadequate contractor arrangements to ensure safeguarding procedures are in place
Significance	

### FINDING

A finding was raised on this risk area in a previous audit carried out in 2020. The Lead Specialist Procurement Officer noted that the finding and recommendation raised had not been communicated to the Procurement team. As a result, the recommendations have not been fully implemented.

However, departments within the Council are ensuring contractors are implementing safeguarding procedures. For example, the Housing Specialist Lead confirmed that a vetting process is carried out for each contractor the Council decide to work with which includes the contractor agreeing to the Council's SLA detailing the safeguarding issues.

The Lead Specialist Procurement Officer confirmed that the team are due to commence several tenders over the next few months to put in place frameworks/contracts for construction works, electrical works etc and Safeguarding will be included and recorded where appropriate.

Overall, whilst there has been progress by certain departments in ensuring adequate contractor safeguarding arrangements are in place and the Procurement team intend to factor safeguarding into future tendering, there is currently no centralised process in place. Whilst the Safeguarding policy notes that contractors agree to adhere to the requirements of the policy, it is not clear as to what they are agreeing to do or if this is enforced. Therefore, it is unlikely there is consistent approach being adhered as per the policy across the Council and if there is a central record of the progress and evidence from the different departments confirming safeguarding checks are being undertaken.

In the meantime, if suppliers are not required to provide assurances over safeguarding controls there may be inappropriate contact between contractor staff and vulnerable children and adults.



### RECOMMENDATION

- a) 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.
- b) The Procurement team should liaise with each department to ensure the recommendations are being carried out and hold a central document to confirm this is being actioned.



### MANAGEMENT RESPONSE

The Lead Specialist - Procurement will ensure that each service/dept will hold a record of the contractors/suppliers they use and will update with them on a bi-annual basis.

This will confirm all checks and records (including DBS checks where appropriate) are up to date, in line with the MDC safeguarding policy as well as the “Contractor and suppliers responsibility for safeguarding” document.

Regular meetings have been diarised to roll out the recording template to ensure a consistent approach to safeguarding with all appropriate services across the Council.

The Lead Specialist - Community (Safeguarding Lead) will remain the contact point for all safeguarding concerns involving Contractors.

Responsible Officer:	Debbie White/Damien Ghela
Implementation Date:	March 2023



3

**TOR Risk:** The bi-monthly safeguarding meetings are not being used effectively to raise any safeguarding concerns and provide a forum to undertake lessons learnt reviews from previous cases

**Significance**



#### FINDING

In order to ensure the Council are effectively dealing with safeguarding concerns, the Council have set up a safeguarding group to discuss any issues and provide advice. There are Terms of Reference which list the roles and responsibilities of the group and the requirement to meet bi-monthly.

We reviewed the Safeguarding meetings for the months December 2021 to February 2022 and confirmed they were minuted. However, the attendance was low with 4/9 Officers present in the December 2021 meeting, 3/9 Officers present in the January 2022 meeting and 4/9 Officers present in the February 2022 meeting. We also noted that there were no meetings undertaken from March 2022 to May 2022 due to poor attendance.

Furthermore, whilst there is a clear agenda for each meeting, it is not clear from the minutes if actions that are raised are being monitored and completed.

If attendance of the Safeguarding meetings is not well attended there is a risk that the meetings are no longer effective in addressing safeguarding concerns, resulting in the Council failing to deliver on its safeguarding responsibilities.

If there is no clear tracker confirming actions raised from the meetings have been addressed there is a risk that important actions go unresolved.



#### RECOMMENDATION

- a) All required attendees should be reminded of their responsibility to attend the bi-monthly safeguarding meetings and continual non-attendance escalated to CLT
- b) A tracker should be introduced within the safeguarding meeting to ensure the attendees are able to monitor progression of any actions raised.



#### MANAGEMENT RESPONSE

Thought has been given about reducing the frequency of the meetings or adjusting the core membership.

A new TOR will be drafted to reflect any changes to the Maldon Safeguarding Meetings. This will also deal with TOR Risk 4 - Updating the list of Safeguarding Leads.

A tracker will be added to future minutes to better track progress of actions arising.

**Responsible Officer:**


Damien Ghela/Al Morrell

**Implementation Date:**

January 2023

4

TOR Risk:	Safeguarding policies are inadequate and/or are not adhered to
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Significance	
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### FINDING

The Council has a Safeguarding policy which explains the roles and responsibility of the Safeguarding Lead, other Officers within the Council as well as the Essex Safeguarding Children Board.

The policy also explains the procedures required when dealing with a safeguarding issue. This is split out into three potential pathways:

- If the child/young person or vulnerable adult is thought to NOT be in immediate danger
- If the child/young person or vulnerable adult is thought to be in immediate danger
- If an allegation is against a member of staff or another Councillor

However, we noted that the policy has not been updated since November 2020 and currently contains Safeguarding Officers who are no longer relevant.

Furthermore, the Safeguarding Lead believes that the policy could be more precise and streamlined to enable staff to understand the process quickly and with ease.

If Safeguarding policies are not reviewed and updated there is a risk that they are no longer relevant potentially leading to the Council not acting on their safeguarding duties causing reputational damage.

### RECOMMENDATION

The Safeguarding policy should be updated to reflect the current safeguarding leads and reviewed annually for any updates as required.

### MANAGEMENT RESPONSE

The Safeguarding Lead will work with the Deputy Safeguarding Lead to update the list of Designated Safeguarding Officers across the Council.

The Safeguarding Lead will work with the Deputy Safeguarding Lead and Community Safety Manager, to update/refresh the Maldon Safeguarding Policy

Upon completion the document will be uploaded to the Councils Intranet (Safeguarding Section)

The updating of the safeguarding leads can be implemented by March 2023 with reviews undertaken annually.

Responsible Officer:	Damien Ghela/Al Morrell
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Implementation Date:	March 2023
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## APPENDIX I - DEFINITIONS

LEVEL OF ASSURANCE	DESIGN OF INTERNAL CONTROL FRAMEWORK		OPERATIONAL EFFECTIVENESS OF CONTROLS	
	FINDINGS FROM REVIEW	DESIGN OPINION	FINDINGS FROM REVIEW	EFFECTIVENESS OPINION
<b>Substantial</b>	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.
<b>Moderate</b>	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.
<b>Limited</b>	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.
<b>No</b>	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

<b>High</b>	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.
<b>Medium</b>	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.
<b>Low</b>	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.

FOR MORE INFORMATION:

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