

SECTION 11 Self-Evaluation Toolkit 2018:

Guidance



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.

The [Local Safeguarding Children Boards Regulations 2006](#) requires LSCBs to monitor and evaluate the effectiveness of what is done to safeguard and promote the welfare of children and advising organisations on ways to improve. All organisations will therefore be asked to complete a self assessment and provide evidence of how they comply with s11 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 weaknesses identified.

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.

The guidance is intended to assist in completing the s11 audit. The audit is an opportunity for each agency to demonstrate compliance with statutory guidance. 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 2015*, s11 compliance is a mandatory requirement for 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 including the NHS Commissioning Board, Clinical Commissioning Groups, NHS Trusts and NHS Foundation Trusts
- The police, including police and crime commissioners and the chief officer of police for the police area
- British Transport Police
- The Probation Services
- Providers of probation services required under section 3(2) of the Offender Management Act 2007 to act as a relevant partner of a local authority
- The Secretary of State in relation to his functions under sections 2 and 3 of the Offender Management Act 2007
- Governor of a prison or secure training centre, or in the case of a contracted out prison or secure training centre, its director
- Youth Offending Team/services
- United Kingdom Border Agency (under section 55 of the Borders, Citizenship and Immigration Act 2009)
- Contracted services, including those provided by voluntary services

However, each of the Sussex Local Safeguarding Children Boards (LSCBs) may require all of their 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 does 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 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 exercise covers nine key areas. Within each of these areas there are a number of standards that the agency should meet.

- To complete the tool, **evidence** should be given that would demonstrate how your agency meets each of the standards. Below are some examples, which may help you when thinking about how to evidence the ways in which your organisation complies with s11. 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 enable any follow-up work to identify quickly the protocols, guidance or systems that are referred to in the evidence. Any **documentary evidence**, eg job descriptions, policies, procedures, should be included in your return.
- Use the **self-assessment rating** given below to rate how well the 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 is not complying fully with a standard, please identify what **steps are needed to meet the standard and the timescales** this will be achieved within.

4. Self-assessment rating

The traffic light system relates to how an organisation assesses itself against achieving the minimum standard. If your organisation assesses itself, as red or amber, areas for development need to be recorded along with a timescale for completion on the separate action plan. 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 required minimum standard.

RED	Indicates that processes are lacking and need to be developed as a matter of urgency in order to meet minimum requirements for a specific standard.
AMBER	Indicates that processes are in place but they need to be reviewed or further improved for a specific standard.
GREEN	Indicates that the agency meets the standard fully with all processes in place and up to date, at least to the required minimum.

Each Sussex LSCB will collate responses from organisations participating in the s11 self-evaluation for their area and prepare a report for submission to the Board. The report will look at how well the LSCB area as a whole demonstrates that it can meet each s11 standard.

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

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 LSCB, 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 LSCB 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 LSCB for this standard would be ‘amber’. If two agencies (17%) rated themselves ‘amber’ or ‘red’ for standard 1.5, the overall rating for the LSCB for this standard would be ‘green’.

Individual agency action plans will be monitored periodically by the LSCB and progress reported to the Board until all standards are rated ‘green’ for the LSCB as a whole. In addition, individual agency responses may be audited by other LSCB 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 to demonstrate compliance with section 11 standards

1) Senior management commitment to the importance of safeguarding and promoting children's welfare

Evidence:

- 1.1 The name of the person; they are named within the organisation's child protection policy.
- 1.2 The role of the designated lead with safeguarding responsibility is promoted regularly, including their job role; regular promotion of role within and external to organisation; named in safeguarding policies.
- 1.3 An up-to-date job description of the designated lead contains roles and responsibilities in relation to safeguarding and promoting welfare of children and young people; details of the regular training and supervision that they receive.
- 1.4 Routine audit and evaluation of work undertaken within agency to safeguard and promote the welfare of children, action planning and implementation to improve standards.
- 1.5 Checks are made by the commissioning body; relevant information is included in contracts.

2) A clear statement of the agency's responsibilities towards children is available for all staff

Evidence:

- 2.1 Child protection policies and procedures are in place and the date of the last review.
- 2.2 How safeguarding policies/procedures are disseminated to staff (eg in newsletters, emails, inclusion in team meetings, staff training); the format of the policies/procedures in the workplace and staff's access to these; policies and procedures are made available to all staff, volunteers, students, trustees and senior managers.
- 2.3 Child protection policies, procedures and guidance include online safety for staff (acceptable use of IT) and for children (how to stay safe online); the date of the last review of policies, procedures and guidance.
- 2.4 The organisation has clear complaints procedures for service users and staff; these procedures are understandable and easy to follow; how these procedures have been distributed and disseminated; evaluations/audits of the use of the complaints system; information on the expected timescale for responses to complaints; examples/reviews to demonstrate that complaints procedures have been used by adult and child service

users and staff; evidence of guidance on how to make a complaint written in child-friendly language and format, e.g. leaflets, web pages, DVDs, etc.

- 2.5 The organisation has clear whistleblowing procedures which reflect the principles in Sir Robert Francis's Freedom to Speak Up review and are suitably referenced in staff training and codes of conduct. These procedures enable staff and service users (adult and child) to confidentially report any concerns they have about an individual's practice or behaviour, and/or organisations practice in relation to children at risk, which may place them at risk of harm.

3) A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children

Evidence:

- 3.1 Name of the framework and when this was last reviewed; details of what the framework includes; safeguarding structure document; evidence of how staff are made aware of this.
- 3.2 The name of the person to whom each staff member is accountable is documented in staff procedures/welcome pack; examples demonstrating that staff are aware of the level of accountability they have.
- 3.3 Job descriptions and person specifications in place that recognise responsibilities for safeguarding and child protection. Clear written accountability framework that covers individual, professional and organisational accountability and which is widely disseminated.

4) Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families

Evidence:

- 4.1 The wishes and feelings of children, including those who cannot represent their views themselves, are regularly sought and recorded. These can be evidenced in decisions that relate to **them**.
- 4.2 Where statutory guidance requires, monitoring and recording systems capture that children are regularly seen.
- 4.3 Equality of access to services is monitored, audits undertaken of awareness of thresholds for intervention; agency ensures participation and user engagement from children, young people and their families is strong, with the involvement being genuinely sought, achieved and valued e.g. consultation and stakeholder engagement events, development of participation and engagement strategies **& how this informs service decision making and service delivery**; details of any initiatives that demonstrate

that the agency is committed to continuing/ strengthening participation and engagement with children and young people and their families.

- 4.4 Information provided is in a format and language that can be easily understood by all service users. Different methods of communication are available to all children, including those with additional needs, to express their views.
- 4.5 Interventions take place at an early point when difficulties and problems are identified.
- 4.6 Staff feedback is considered in relation to the quality of service provision, e.g. through supervision, training, online methods, questionnaires, forums, etc.

5) Staff training on safeguarding and promoting the welfare of children for all staff working with, or, depending on the agency's primary functions, in contact with children and families

Evidence:

- 5.1 Outline of the induction process and training for new starters; information that is included in an induction folder for new starters; information on the content of induction training and that it meets all the requirements.
- 5.2 A record is kept of numbers **and percentages** of staff who have undertaken training on child protection and who holds this record.
- 5.3 Details of training available for staff, including multi-agency training; details of training pathways.
- 5.4 Safeguarding training includes how racial heritage, language, religion, faith and disability are taken into account when working with a child and their family; staff understand how diversity, beliefs and values of children and families may influence the identification, prevention and response to safeguarding concerns.
- 5.5 Safeguarding training includes how a child's disability may influence the identification, prevention and response to safeguarding concerns.
- 5.6 There is guidance regarding mechanisms for reflective practice / learning from critical incidents / monitoring / supervision; evidence that senior managers monitor these arrangements; the information that staff receive about any further support that is available.
- 5.7 How the recommendations from serious case, learning or partnership reviews are shared with staff, e.g. newsletters, staff email updates; evidence of updating staff about changes to statutory requirements and how this is achieved; examples of how the most recent recommendations/requirements have been shared.

6) Safer recruitment

Evidence:

- 6.1 A safer recruitment policy is in place. Safer recruitment training is provided; records of recruitment panels are maintained by the organisation, including which member on the panel had completed safer recruitment training; audits of recruitment panels to evaluate compliance.
- 6.2 (and 6.4) Policies and protocols in place which outline the checks to be made before a person is appointed; staff personnel files document all the listed checks that were undertaken and the outcomes of these; audits of personnel files to ensure checks are being carried out appropriately; guidance for commissioned service providers specifying their responsibilities.
- 6.5 Organisational guidance, policy; name of officer responsible for referral; examples of the work being undertaken.
- 6.6 Name of the senior officer.
- 6.7 Information on the procedures used by the organisation when dealing with allegations against staff and volunteers, e.g. those developed in-house or county-wide procedures.
- 6.8 Where incidents are recorded (it is expected that incidents are recorded and stay on individual personnel files for ten years or until retirement, whichever is longer); retention periods for personnel file (e.g. provide retention schedule for relevant records).

7) Effective inter-agency working to safeguard and promote the welfare of children

Evidence:

- 7.1 That a senior officer attends meetings, or sends a deputy. Officers attend operational executive and/or other LSCB sub-groups regularly.
- 7.2 Policies used to support inter-agency working; where these are located and steps taken to ensure staff are aware of and working to these policies, e.g. terms of reference.
- 7.3 Staff working with children and families attend meetings/panels in relation to individual children, for example, core groups, child protection conferences, child-in-need meetings, etc.
- 7.4-7.5 Training and guidance for staff (covers when to make referral and when to refer to children and family services).
- 7.6 Participation in serious case, multi-agency and partnership reviews; if not needed in previous reviews, then this should be documented with any evidence of involvement in internal reviews/procedural reviews.

7.6 – 7.7 Information on the procedures and systems in place within the organisation that cover the aspects listed.

8) Information Sharing & Data Management

Evidence:

- 8.1-8.2 Details of the guidance used and the arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB
- 8.3 – 8.4 How guidance and training on information sharing are made available to staff (both at induction and for existing staff). Evidence of key safeguarding messages being disseminated via training, such as no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. Training or guidance available for staff and managers; staff know where to go if they have a query or concern about information sharing.
- 8.5 Consent to share information and situations when consent is not needed are covered in the training and guidance issued; evidence of consent and information sharing covered in supervision / management processes or appraisals.
- 8.6 Details about how staff are empowered / have the skills to involve parents and carers in discussions about consent and how children are supported and encouraged to discuss concerns about information sharing with parents/carers.
- 8.7 Outline details of record keeping and information security policies and how they are disseminated to staff; outline details of how record keeping guidance includes messages about accurate record keeping being an integral and important part of safeguarding practice and any reinforcement that all conversations, including casual conversations, which impact on decision making, are recorded.
- 8.8 Details of the guidance for staff to retrieve historical information – either stored electronically or in paper file on and offsite.
- 8.9 Details of record retention policies [with appropriate retention periods for client and personnel files.]
- 8.10 Details of how case management systems work at an individual practitioner and manager level to support with the management and prioritisation of incoming work, current and overdue tasks. Details of how such systems provide managers with oversight of the timeliness and appropriate prioritisation of tasks by their staff.

9) Recognition and response to risk

Evidence:

9.1 – 9.3 Private Fostering

- Information for professionals about responsibilities relating to Private Fostering is easily accessible via the Pan Sussex Child Protection Procedures or via LSCB or work based websites
- Key staff access online and/or attend local training session.
- Leaflets for advice and guidance relating to Private Fostering are available for professionals, as well as for Parents, Children, and Private Foster Parents.
- Agency safeguarding policies include Private Fostering as an area of potential vulnerability for children.
- Access to legal advice is available to professionals, should this be required, in order to support Private Fostered children.

9.4 Consideration of Fathers and Other Significant Adult Males

Details of the guidance used; how guidance and training are made available to staff; quality assurance activity to ensure compliance with guidance (attach relevant documents as evidence). This standard relates to the **gathering** of family information, as well as **assessments**.

9.5 – 9.10 Child Exploitation

- 9.5 Policies for safeguarding and promoting the welfare of children and young people are compatible with the LSCB'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.
- 9.6 Managers and frontline staff attend LSCB 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.
- 9.7 - 9.9 Guidance/policies; 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.

QA 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.

9.10 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.
- Further information is available on the NSPCC's Child Trafficking Advice Centre: <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-trafficking/helping-children/#leaflets>

9.11 – 9.14 PREVENT / Risk Of Young People Being Drawn Into Terrorist Related Activities

9.11 Details on the Prevent duties for specified authorities and risk assessment, if risks have been identified, in order to mitigate threat, risk and harm are available here: ([HM Government Prevent Duty Guidance](#)). Guidance issued by the Home Office identifies best practice for each of the main sectors and describes ways in which they can comply with the duty.

9.12 The name of the person; they are named within the organisation's relevant policy; evidence that staff are aware of this person's role and responsibility within the organisation.

9.13 Evidence that any statutory and mandatory induction and updating programmes contain Prevent awareness training. Managers and frontline staff have access to training which includes support to recognise and respond to the threat of children and young people being drawn into terrorism; sets out the referral process for children and young people who are vulnerable to radicalisation and/or who may be at risk through living with or being in direct contact with known extremists. Any evidence of activity undertaken by the agency to evaluate whether professionals know when/how to seek help and advice, thresholds and timing for referrals, when they suspect children and

young people are vulnerable to being drawn into terrorism. Evidence of any QA or similar activities that monitor and scrutinise attendance at multi-agency meetings in relation to individual cases

9.15 – 9.16 Harmful Traditional Practices, including Honour based Violence, Forced Marriages, Breast Ironing, Spirit Possession and Female Genital Mutilation

- Key staff, particularly frontline staff and their managers, access online and/or local training relating to Harmful Traditional Practices.
- Information, both written and electronic, about Harmful Traditional Practices are readily available to staff and service users, which may need to include capacity for this information to be in other languages.
- Harmful Traditional Practices are included in agency safeguarding policy and guidance.
- Statutory referral pathway, in particular for FGM, to Children’s Services and the Police is clearly stated and understood.

9.17 – 9.19 Domestic Violence & Abuse

9.17 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. Policies for safeguarding and promoting the welfare of children and young people are compatible with the LSCB’s guidance relating to Domestic Abuse, including recognition, response, assessment and intervention and the organisation promotes an environment encourages disclosure.

9.18 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.

9.19 Guidance/policies; 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. **Attach relevant guidance and QA documents to the return.**

9.20 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.

9.21 – 9.22 Working with ‘hard to engage’ families

- There is a clear procedure for conducting a risk assessment and escalating to a senior manager when families 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.

9.23 – 9.26 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.
- Through quality assurance work there is evidence of improvement via the appropriate use of local assessment tools.

9.25 **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.


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 compliance. Below are examples some good practice to bear in mind when completing your self-assessment.

Good Practice 1: Using narrative to explain what is in place within your agency/ what is being done to ensure that the standard is being met in a consistent way. This example tells a clear story about how the council is meeting this standard (Mid Sussex District Council – 2014)

Standard To Meet	Evidence to show that the standard has been met, maintained or improved
<p>All staff and volunteers are made aware of the safeguarding policies and procedures and how they are applied in practice.</p>	<p>Keeping Children and Young People Safe is everyone’s responsibility</p> <ul style="list-style-type: none"> • All staff and volunteers are made aware of the safeguarding policy and procedures by: • Availability of policy and procedures on the intranet • Leaflets business cards and guidance notes upon induction • Training programme is in place including a new E Learning module for all staff to complete their basic level of knowledge • Posters are placed in council offices showing “what to do if” staff have a concern and it shows where staff can find the policy and procedures by having the website address on the posters • All contractors receive guidance on our safeguarding expectations. Regular attendance at team meetings as and when required to discuss procedures and concerns with staff teams as required • DO internal meetings held twice a year to disseminate changes and raise issues.

Practice 2: Embedding documents (or links to other websites) within your self-assessment toolkit works well to support evidence statements and provide evidence in their own right. (Sussex Partnership NHS Foundation Trust)

Standard To Meet	Evidence to show that the standard has been met, maintained or improved
<p>The organisation has a clear accountability framework which covers individual, professional and organisational accountability for safeguarding children; all staff are aware of the framework.</p>	<p>The Trust’s safeguarding structure is clear, shared with all staff on induction and refresher days and published on the intranet. There is also that leaflet handed out to staff, detailing the structure of accountability. This can be referred to in the workplace, alongside online information</p> <div style="text-align: center;">  <p>H:\Audit\LSCB audits' Section 11\Evidence t</p> </div>

Good Practice 3: Describing how services work together in order to provide safeguarding support for children. (ESCC Transport and Operational Services – Transport Hub)

Standard To Meet	Evidence to show that the standard has been met, maintained or improved
<p>The work to address CSE is integrated into the wider work of your organisation, including addressing risks of CSE in all assessments.</p>	<p>The e-mailed safeguarding guidance was re-drafted 1 April 2014 to include reference to child sexual exploitation (CSE) and ensure that it includes the most up to date safeguarding information from the DFE. Although safeguarding is a regular subject of discussion in team communications the e-mail guidance will now be issued annually as a further reminder.</p> <p>The safeguarding officer is in regular contact with colleagues from the WiSE Team responsible for working with CSE. CSE information has been added to the regular training sessions provided to taxi crews who are being made aware of the valuable additional safeguards they can provide to vulnerable young people as ‘eyes & ears;’ in the community which links with the work that WiSE are engaged in with the taxi trade regarding the night time economy.</p>