

Safeguarding Management Committee

3 Year Action Plan

**Safeguarding Audit Action Plan**

An independent audit by the Social Care Institute of Excellence (SCIE) was undertaken in June 2016. The audit affirmed the high level of safeguarding practice within the Diocese, and the Safeguarding Team. The auditors drew attention to a number of areas for further improvement, most of which the Diocese had identified as potential areas of development. This Action Plan lists the points raised for consideration by the auditors, along with additional areas for improvement identified by the Safeguarding Team. The Action Plan also highlights how the issues and concerns will be addressed.

**Considerations from the SCIE Audit**

1. SMC could consider undertaking a QA role to satisfy itself that practice is up to standard.
2. Undertake Risk Assessments before initiating a safeguarding agreement, even if a person has been charged/convicted, in order to assess the risk presented within a church environment, and to follow appropriate procedures.
3. Develop the overall functioning of the safeguarding team, by developing systems so that everyone gets an appropriately prompt level of service.
4. Information and data from Parish audits is used and collated to inform service development at both a Parish, Deanery and Diocesan level.
5. Accessibility & presentation of safeguarding information on the Diocesan website needs some improvement.
6. Training is a challenge with significant numbers in some areas not trained. Whilst there is a plan in place to address this, this will need close monitoring by the SMC.
7. Link the Bishop’s excellent work concerning modern slavery more directly in the safeguarding team and its role.
8. The DSA and Chair of the DSMC should have pre-set and regular meetings with the Bishop, rather than rely on an ad hoc process.
9. Consider the Bishop’s membership of the SMC considering there are other members who attend who report direct to him.
10. Consider how to reach out to parishes who have engaged less well with the safeguarding agenda (i.e. bishops recording a video that is showed at the start of training sessions.

All the above considerations are addressed and referenced in blue in the Action Plan.

**Safeguarding Audit Action Plan**

Accountability for safeguarding sits with the Diocesan Bishop. The Director of Human Resources (HR) is the Bishop’s delegated lead for safeguarding within the Diocese and line manages the Diocesan Safeguarding Adviser (DSA). The Diocesan Safeguarding Management Committee (DSMC) holds the Diocese to account for its safeguarding activity, the Director of HR and the DSA are members of the DSMC. The DSMC is accountable to the Bishop’s Council via the Business Committee. The Diocesan Board of Finance is responsible for the resourcing for the Safeguarding team which operates within national policy and approved Diocesan guidelines.

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|  | **Action Point** | **Responsibility** | **Lead** | **Date of Completion** | **Status** | | **Evidence/Progress** | **Desired Outcome** |
|  | **Not required yet** |
|  | **Not started yet** |
|  | **Started** |
|  | **Completed** |
| **1.Safeguarding Management** | 1.1 Agree a schedule of 3 way meetings between the DSA, Chair of the DSMC and the Diocesan Bishop  (SCIE Consideration 8) | Bishop and Chair of the DSMC | Bishop’s Secretary | Year 1 – Q4 |  | | Dates agreed with the Bishop 1 year in advance | The Diocese is working within its agreed governance structure |
| 1.2 Review the Diocesan Bishop’s attendance at the DSMC meetings  (SCIE Consideration 9) | Bishop and the Chair of the DSMC | Chair of the DSMC | Year 1 - Q4 |  | | Bishop attends future Meetings or delegates role to Suffregan Bishop | The Bishop is aware and has oversight of DSMC decisions and that there is effective practice and policy across the Diocese. |
| **Action Point** | **Responsibility** | **Lead** | **Date of Completion** | **Progress** | | **Evidence** | **Outcome** |
| 1.3 Link the Bishop’s work concerning modern slavery more directly into the safeguarding team  (SCIE Consideration 7) | DSA and Bishop’s Chaplain | Bishop’s Chaplain | Year 2 – Q2 |  | | DSA met with Bishop’s Chaplain as part of the project planning and provided advice which was incorporated into the final version | A clear link has been established and incorporated at a local level within the Diocese |
| 1.4 Agree how informal gatherings held away from Church can be held to account for their safeguarding responsibilities | DSA, Fresh Expressions Officer, Archdeacons and Area Deans | DSA and Fresh Expressions Officer | Year 2 – Q2 |  | | Parish Audits, Project plans include Safeguarding Policy compliant with the Diocesan Policy. Bespoke Policies to be implemented where required. | All parish activities away from main church buildings, Religious Communities, Pioneer projects and Fresh Expressions of Church are all working within agreed governance structures |
| 1.5 Develop a Quality Assurance programme to ensure safeguarding practice is of an acceptable standard  (SCIE Consideration 1) | All DSMC members | Chair of the DSMC | Year 2 – Q3 |  | | DSMC audit evidences continuing high quality work and compliance with national policies | Safeguarding within the Diocese continues to be of the highest standard possible and a |
| **Action Point** | **Responsibility** | **Lead** | **Date of Completion** | **Progress** | | **Evidence** | **Outcome** |
| 1.6 Strengthen links with the Cathedral through a formal agreement for safeguarding advice and training | DSA and HR Director | HR Director | Year 1 – Q4 |  | | Document signed by Bishop of Derby and Dean of Derby agreeing the SLA between the DST and the Cathedral | Formal agreement is in place |
| **2. Guidance, Policy and Procedures** | 2.1 Review the safeguarding area on the Diocesan website to ensure all safeguarding information is accessible  (SCIE Consideration 5) | Safeguarding Team and Communications | Communications Adviser | Year 2 – Q3 |  | | Parish Audits identify that materials on the website are easily accessed | Safeguarding area of the Diocesan website is accessible, clear relevant and up to date |
| 2.2 Develop the national Whistleblowing policy to include local contact details | Safeguarding team | Safeguarding Administrator | Year 2 Q – 1 |  | | Document signed off by DSMC and Diocesan Synod | Revised Diocesan policy is in place |
|  | 3.1 Explore and address the reasons for delays in responding to non-urgent issues or general enquiries. | Safeguarding Team | DSA | Year 1 – Q4 |  | | Case Management system bought and reports show response times and priorities for responding met. DST leaflet outlining expectations for responding to safeguarding within the Diocese | Response to non-urgent issues/ general enquiries improves and the Team is working to agreed service level. |
|  | **Action Point** | **Responsibility** | **Lead** | **Date of Completion** | **Progress** | | **Evidence** | **Outcome** |
| **3. Casework** |  |  |  |  |  | | Duty phone cover arrangements to be in place following appointment of 2nd Safeguarding Administrator |  |
| 3.2 Develop the safeguarding resources to ensure everyone receives a high level of service  (SCIE Consideration 3) | DSA and HR Director | HR Director | Year 1 -Q4 |  | | Additional Trainer in post, additional Administrator in post, Case Management System indicates work is undertaken efficiently | Additional people resources identified and in place |
| 3.3 Complete type A Risk Assessments in accordance with Diocesan Policy  (SCIE Consideration 2) | Safeguarding Team | DSA | Year 1 Q - 3 |  | | All new Safeguarding Agreements to have the Type A Assessments signed off by DSA at the first review and PPPG amended to reflect this. All existing Agreements to have a Type A Assessment on the file by the next Review | The Diocese is operating under its latest safeguarding policy and guidance |
|  | **Action Point** | **Responsibility** | **Lead** | **Date of Completion** | **Progress** | | **Evidence** | **Outcome** |
| **4. Training** | 4.1 increase the number of people attending Diocesan training courses  (SCIE Consideration 6) | DSA and Safeguarding Trainer and DSMC | Safeguarding Trainer | Year 2 Q - 3 |  | | Appointment of the new trainer and recruitment of Deanery Trainers | Training Booking System evidence is included in the Trainer’s report to the DSMC and shows increased number of Church Officers having successfully completed Diocesan Safeguarding Training |
| 4.2 Monitor levels of training being undertaken across the Diocese  (SCIE Consideration 6) | DSA and Safeguarding Trainer | Safeguarding Trainer | Year 2 Q - 3 |  | | Booking System indicates increased numbers of relevant individuals trained and more training events hosted | DSMC have evidence of increased numbers |
| **5. Parish Support** | **Action Point** | **Responsibility** | **Lead** | **Date of Completion** | **Progress** | | **Evidence** | **Outcome** |
| 5.1 Work with Parish Safeguarding links and clergy to reach out to those who have engaged less well with the safeguarding agenda  (SCIE Consideration 10) | Safeguarding Team Suffregan Bishop and Area Deans and Deanery Administrators | Suffregan Bishop | Year2 Q - 3 |  | | Hard to reach parishes identified and individual plans agreed with the Suffregan Bishop on how the parish is going to engage in the process and completed parish audits from **all** parishes. Deanery Safeguarding Leads to be appointed in each Deanery. Parishes to confirm that they have a safeguarding Lead on each PCC in addition to the PSL attending | All Parishes understand the importance of safeguarding and have embedded the policies and procedures into parish life |
| 5.2 Utilise the information from the Parish Audits to inform and improve service development at a Deanery and Parish level.  (SCIE Consideration 4) | Safeguarding Team, DSMC, Deanery Administrators and Area Deans | Assistant DSA’s | Year 3 Q - 1 |  | | Deanery Administrators to collate parish audits and pass data to DST. DSA report to DSMC highlights trends, gaps or issues emerging from the audit. Changes made to the PPPG as required | There is a process of continuous improvement through model of plan, do, review |
| **Responsibility** | **Lead** | **Date of Completion** | **Progress** | **Evidence** | | **Outcome** | **Action Point** |
| 5.3 Produce publicity to advertise the authorised listening service | Safeguarding Team Area Deans | DSA | Year 2 Q -1 |  | | Recruitment of new Authorised Listeners. New Trainer to devise Authorised Listener Training | More people recruited as Listeners and more survivors accessing the service. |
| 6**. Safer Recruitment** | 6.1 Review the exact position regarding the number of lapsed DBS’ | Safeguarding Team Deanery Administrators | Safeguarding Administrator | Year 2 Q - 2 |  | | Deaneries confirm that lapsed DBSs are no longer needed | The number of lapsed DBS checks are lower that the number identified in the 2015 Audit |
| 6.2 Create a checklist to ensure all relevant documents are checked, copies taken and the information placed on the relevant file or system | DBS Administrator | HR Administrator | Year 1 Q - 4 |  | | A check list has been produced and is being used | Files comply with the Safeguarding Case Recording Policy |
| **7. Team** | 7.1 Arrange regular supervisor for the Assistant DSA’s | DSA | DSA | Year 1 Q - 4 |  | | Dates set and in the diary for the rest of 2017 | Regular supervision is in place |