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Independent Auditing of Diocesan Safeguarding Arrangements for

the Church of England

**Blackburn Diocese Audit**

1st, 2nd and 3rd September 2015

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9. Clear policies in line with those from the Local Safeguarding Children and Adults Boards for dealing with allegations against people who work with children or adults who are vulnerable. An allegation may relate to a person who works with children or vulnerable adults who has behaved in a way that has harmed a child; or may have harmed a child or adults who is vulnerable; possibly committed a criminal offence against or related to a child; or behaved towards a child or children in a way that indicates they may pose a risk of harm to children or adults who are vulnerable. 12

10. Employers and voluntary organisations should ensure that they have clear policies in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with children should be reported immediately to a senior manager within the organisation. The designated officer, or team of officers, should also be informed within one working day of all allegations that come to an employer’s attention or that are made directly to the police. Any allegation should be reported immediately to a senior manager within the organisation. 13

11. If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children or adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason 13

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## INTRODUCTION

This is the third of the Social Care Institute for Excellence [SCIE] pilot audits of Diocesan safeguarding arrangements for the Church of England. The aim of these audits is to work together to understand the safeguarding journey of each diocese to date and to support the continuing improvements being made.

The project is being started with the cooperation of four pilot sites to check the planning, conduct and output of the audit approach. The dioceses who volunteered to be part of this pilot are Salisbury, Portsmouth, Blackburn and Durham. Following evaluation of these pilots and any consequential adjustments to the methodology, the audits will be rolled out nationally during 2016 and 2017.

Hugh Constant and Susan Ellery undertook the fieldwork audit of Blackburn diocese on 1st, 2nd and 3rd September 2015. The framework for the audit links to the requirements of the Children Act section 11 / Working Together to Safeguard Children 2015 requirements as they apply to Faith Organisations and the House of Bishops safeguarding policies and guidance documents. The National Safeguarding Office specified the national expectations and the auditors evaluated the progress the diocese was making in reaching these standards.

The audit process involved examination of case records, group and individual conversations along with consideration of local policies, protocols and guidance.

### Structure of the report

**Section 2** provides the overview of the auditor’s findings about the culture and quality of safeguarding practice within the diocese.

**Section 3** of the report is structured using the eleven headings set out in Working Together to Safeguard Children 2015, applied to the safeguarding arrangements for children and for vulnerable adults.

Recommendations have been included (if relevant) at the end of each section within the Findings.

**Section 4** provides the headlinesfrom the case file audit. The diocese has been provided with the detailed audit material on the individual cases: this is not included in this report due to the confidential personal information contained.

**Section 5** gives information in relation to additional learning points.

The methodology employed in the audit is explained in the **appendix** to the report.

## OVERVIEW

**What’s working well?**

The bishop takes a positive lead for safeguarding in the diocese, giving time to the process and making referrals himself as appropriate. His tribute to the work of the diocesan safeguarding advisor (DSA) in his preface to the new safeguarding policy demonstrates his endorsement of the DSA role, as does his open acknowledgement of her knowledge and expertise.

People spoke of the changes that have taken place in the last three to four years. When the DSA arrived, her role was not well defined. With support from the diocesan secretary, the chair of the Diocesan Safeguarding Management Group (DSMG), the DSMG members, archdeacons and other key contacts the DSA role is better defined.

There is now a strategic approach to training, policy and communications. Most importantly, the systems and culture of safeguarding are sufficiently embedded and not dependent on the DSA or even a couple of people. Safeguarding is seen as everybody’s business, through both lay and clerical structures.

The DSA has made great efforts to overcome the intrinsic lone nature of her role within the diocese and in the wider safeguarding arena, by plugging into network and training opportunities and obtaining support. The DSA spoke positively of the access she has to the bishop, archdeacon and diocesan secretary, as well as the support she receives from them; she feels valued both as an employee and as an expert in safeguarding.

The auditors heard good feedback about the DSA from parish representatives, archdeacons and the bishop, for being prompt and professional in her responses and prepared to 'go the extra mile'.

Overall the culture of understanding about the nature of safeguarding has changed. An example of this progress was demonstrated around the responses given to convicted offenders: a previous senior member of the clergy had written a letter, the tone of which could be misinterpreted as sympathetic to the offender’s minimisation of the reason why he had been convicted. It was universally agreed that this type of letter would not be written today.

The contracting out of DBS checks[[1]](#footnote-1) is reported to be working well, freeing up administrator time for other tasks. The support provided by the safeguarding administrator and from the Discipleship & Ministry training administration, is highly valued and supports the strong performance on training staff and volunteers.

**What needs to work better?**

The current record keeping systems for meetings and case files will be improved if it is understood that these need to make sense to readers now and in the future: the latter will not know who individual people are without the use of full names and roles. This is particularly important in safeguarding when historical material is often accessed.

There also needs to be consideration of what information is in the head of the DSA that should be accessible to others, especially if she is ill or on holiday. It is possible that this will be addressed by the proposed new filing system. Currently it is understood that the (part-time) DSA works more than her contracted hours and does not take holidays but is happy to do so.

## FINDINGS

# 1. A clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children and adults who are vulnerable

### The adoption of House of Bishop's safeguarding policies

The diocese is about to adopt (in October) a new policy, reflecting latest House of Bishops’ guidance, and recent legislative changes. This rationalises the previous four policies (one for children and one for vulnerable adults, at both parish and diocesan level).

### Structure for management of safeguarding in the diocese

There is a clear structure for the safeguarding service. The DSA is managed by the Diocesan Secretary and shares an administrator with a Human Resources colleague.

The DSA lacks professional supervision, but is well supported by her manager, archdeacons, and other senior clergy. She has five scheduled meetings a year with the diocesan bishop, as well as easy access to him whenever needed.

The Diocesan Safeguarding Management Group (DSMG) currently lacks external input. The wider mainstream safeguarding world should be a support and to be engaged with by others, apart from the DSA.

The status of safeguarding would be enhanced if the DSA was seen to be part of the diocesan management, through membership of appropriate teams, such as the Bishop's Appointment Team and/or the Leadership team.

### Appointment of suitably qualified and experienced DSA and staffing of service

The DSA is a HCPC-registered social worker, who qualified in 2002. Her previous experience was with children's services. The case work shows her to generally have sound judgement, and to work effectively with statutory professionals. She also works well with clergy and senior management and is confident to both challenge senior clergy and also learn from them about relevant clerical law and perspectives.

The casework examined as part of this audit demonstrated the DSA's excellent negotiating skills: in one case an offender who insisted he had done nothing wrong and would enter church with his “head held high” was persuaded to consent to an offender agreement and to relinquish all official roles in the church. She also has the organisational skills to have a review date in the diary on this matter.

The DSA has full access to all relevant files she needs for her role.

### Reporting of concerns & risk assessments

Evidence from files suggests the DSA is readily informed of any incidents, although one cannot know the ‘unknowns’.

### Monitoring of safeguarding of parishes as part of archdeacon’s responsibilities

The Archdeacons understand their duty to explore safeguarding practice in parishes. Some systems are not yet in place that would support this, for example training records only began relatively recently. However, the Articles of Enquiry questions do get answered, usually by the incumbent. It was though acknowledged that the archdeacon will only know what s/he is told. This issue of ‘unknown unknowns’ exists in all dioceses.

### Access to Disclosure & Barring Service (DBS)

DBS tasks are outsourced to CCPAS (Churches’ Child Protection Advisory Service). For this, the diocese pays an annual fee with additional amounts paid for each employee (including clergy) and volunteer. The latter costs are paid by the parishes but are considerably cheaper than those for paid staff.

### Safeguarding record keeping systems

The record keeping system has been devised from scratch by the current DSA. Whilst it appears to function adequately, it is only fully understood by the DSA herself, and she has sole access to the records. Currently the entries tend to refer to individuals by their first names, which means that other people reading the records in the future will not know what role the person occupied or their last name. Given the importance of historical records in safeguarding situations this will be a weakness.

A new system, devised by GB3, a firm that already maintains the diocesan computers, is being tried out which would help address some of the problems. One of the auditors saw a prototype that seemed to be fit for purpose.

### Safeguarding training recording systems

The DSA initiated on her arrival in post (18 months ago) systems to record those who have undertaken safeguarding training. However, there was inadequate data prior to this time.

### Provision of training and support

All clergy have had level one safeguarding training, and the DSA is confident that all should have level two by the end of the year. All PTOs have done level one; they are not required to do level two.

Churchwardens and PCC members who need level two training are the next priority, along with pastoral assistants and readers. E-learning is not used; the DSA’s belief in that the value of face to face training is that it strengthens her network and sometimes leads to a referral or a concern reported. This is feasible for the DSA because she has trained three volunteers (who all have solid professional experience of safeguarding) to deliver Level one training.

The support offered to parishes and others is notably well-regarded and the focus group members were keen to speak about this.

### Complaints procedure

A basic complaints procedure is in place. There was no evidence of it being used (or of it needing to be used).

### Information sharing

The sharing of information with other dioceses and other denominations was a notable strength seen throughout the case files. The DSA is skilful at making links and building bridges between individuals and organisations.

**Recommendations**

1. The diocese to ensure that there is a recording system in place that enables access and comprehension by others in the absence of the DSA, and means that in the future the records will be meaningful

2. Senior management along with the chair of the DSMG and the DSA to consider how best to engage external input to the group.

3. Senior management to give consideration to enhancing the status of safeguarding through involvement of the DSA in management teams.

# 2. A senior board level lead to take responsibility for the organisation's safeguarding arrangements

The bishop clearly identifies himself and is perceived by others as taking the lead on safeguarding: he explicitly delegates tasks, but not the role and responsibility. The delegation of specific tasks to suffragan bishops or archdeacons tends to be around simple workload management issues, or a considered decision when the bishop's involvement may be required further down the line in parallel processes.

The bishop wrote the foreword to the safeguarding policy, sits on (and sometimes attends) the DSMG, has scheduled meetings with the DSA and makes additional time for her whenever it is required. He attended the feedback session of this audit and overall demonstrates a commendable lead in safeguarding within the diocese.

# 3. A culture of listening to children and adults who are vulnerable and taking account of their wishes and feelings, both in individual decisions and the development of services

There are no formal structures for listening to children or young people specifically around safeguarding issues. But, there is a strong structure of services for children and youth people: The Diocese employs a Children’s Work Adviser and a Youth Officer, both of whom sit on the DSMG, and both of whom have a good understanding of safeguarding duties.

There used to be a role of children’s champions, but these no longer exist, and no-one seems clear what they did. There are no advocates for children as such, and this is not top of anyone’s priority list to get them in place. Given the structures in place, this seems reasonable to the auditors.

The Authorised Listener service creates challenges here, as it does elsewhere. The DSA has fulfilled the role twice and gave one example where she quickly realised actual counselling was required, and this was supplied and paid for by the diocese. The DSA is clear she does not have the scope to take on the role in addition to other tasks and is on the verge of agreeing with CCPAS that they will supply the service on behalf of the diocese.

The challenges posed by the authorised listener role here is in the auditors' experience the same as those emerging in other diocese. If the role is to be done properly, it would require a training and supervision structure, as well as a supply of skilled people. This is not available within the diocese currently.

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| **Recommendation** 4*. The senior management group to consider if there is any additional need for a formal authorised listening service and/or counselling or advocacy services* |

# 4. 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, and a culture that enables issues about safeguarding and promoting the welfare of children [and adults] to be addressed[[2]](#footnote-2)

There is a complaints procedure, although it is brief, and has no specifics around timescales and responses. The diocesan human resources system seems comparatively well-organised, supplying the auditors with a bullying and harassment policy and the grievance procedure. There is also whistle blowing procedure. It is not clear that the complaints or whistle blowing procedures have been used in relation to safeguarding, but there is also no evidence that they should have been..

# 5. Arrangements which set out clearly the processes for sharing information, with other professionals and with the Local Safeguarding Adults[[3]](#footnote-3) and Children Board[[4]](#footnote-4)

There are information sharing protocols in line with Protecting all God's Children. Case file evidence suggests information is shared appropriately, and supports joint working.

# 6. A designated professional lead for safeguarding. Their role is to support other professionals in their agencies to recognise the needs of children and adults who are vulnerable, including rescue from possible abuse or neglect. Designated professional roles should always be explicitly defined in job descriptions. Professionals should be given sufficient time, funding, supervision and support to fulfil their safeguarding responsibilities effectively.

Prior to the appointment of the current DSA, the role was filled by two volunteers, one for children, and one for vulnerable adults. One worked from home and the other did not undertake the role for long. The current DSA had to work out the new combined role from scratch, and introduce systems to support the service, such as recording and training. She noted the support she got while doing this from the Diocesan secretary and the senior clerical team.

The job description makes the assumption that the DSA will probably be a social worker, as is the case here. The DSA is employed for 24.5 hours per week, but usually works longer hours and does not use all her leave, despite structures to enable her to do so. Whether her long hours mask the fact that more time is needed for the role or that it is still perceived to be partly undertaken in a voluntary capacity is not clear, but may indicate more resources are needed. The DSA thinks that more of *her* time would not help; but that if there were extra resources available, to have two DSAs, one for casework, and another for policies and training [as in Portsmouth diocese] would be. However, because the DSA willingly works extra hours the auditors observed that case work is done very promptly, training is comprehensively undertaken, support is available for all that need it. In consequence the system operates effectively. Currently though, despite the DSA’s long hours she has not had time to chase up parishes that don’t have a safeguarding policy or a PSR.

The DSA does not have professional supervision, although does get good management support. The lack of supervision has been due to obstacles in identifying the right person.

The DSA has a half-time administrator, and all of the training administration is done efficiently for her by the Discipleship & Ministry team’s administrator.

The DSA maintains professional registration, and personal development. She is active in the northern province DSA network, and sits on the training sub-group of the joint Lancashire Safeguarding Children Board and the Safeguarding Adult Board. She is part of an ecumenical safeguarding adviser network.

**Recommendations:**

5. The DSA to be provided with professional supervision as soon as possible

6. Senior management to give consideration to the fact that the DSA willingly works in excess of her contracted hours and is this is appropriate?

# 7. Safe recruitment practices for individuals whom the organisation will permit to work regularly with children and adults who are vulnerable, including policies on when to obtain a criminal record check

The diocese has safer recruitment policies.

The auditors examined clergy recruitment and volunteer recruitment. Generally, the systems work well, the outsourcing of DBS clearly helps this and evidence of these checks were on all the files.

References are sought and usually on file, but without a pro-forma or structure there is variation in content and quality of information provided. However, looking at an appointment in 2006 it is clear how the process has been tightened up; that file had no application form and no references.

The current system for seeking references enables references from just friends for lay posts; it would be safer for one reference to come from a work or professional source.

A potential weakness within the system nationally is that a new diocese only gets the 'blue file' for members of the clergy, after someone is appointed and sometimes after they've started. The Current Clergy Status Letter (CCSL) is received from the bishop of the diocese from which the person is departing, to the ‘receiving’ bishop. This is essentially a reference, stating if the person is suitable to minister. However, there is recognition that the contents of the blue file may not always be adequately represented in this CCSL.

**Recommendation:**

7. Senior management to review current processes on the taking up of references, so that a pro-forma is developed to include specific questions in relation to safeguarding and ensure that references are obtained from professional / work sources as well as from friends for lay posts

# 8. Appropriate supervision and support for staff, including undertaking safeguarding training: employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and adults who are vulnerable and creating an environment where: staff feel able to raise concerns and feel supported in their safeguarding role; staff should be given a mandatory induction, which includes familiarisation with safeguarding responsibilities and procedures to be followed if anyone has anyone has concerns about a child’s or adult’s safety or welfare; and all professionals should have regular reviews of their own practice to ensure they improve over time

Finding 1 addresses the provision of safeguarding training and in particular the positive changes made by the DSA. Her commitment to face to face learning has been made possible by her ability to resource additional trainers with the right background, who do this in a voluntary capacity.

Training is monitored also in Archdeacon visitations.

There is no professional supervision for the DSA, but the lack of it is well-known, and would without question be funded, if the right person were found

# 9. Clear policies in line with those from the Local Safeguarding Children and Adults Boards for dealing with allegations against people who work with children or adults who are vulnerable. An allegation may relate to a person who works with children or vulnerable adults who has behaved in a way that has harmed a child; or may have harmed a child or adults who is vulnerable; possibly committed a criminal offence against or related to a child; or behaved towards a child or children in a way that indicates they may pose a risk of harm to children or adults who are vulnerable.

There is a policy in place in line with *Responding to Serious Safeguarding Situations Relating to Church Officers and Other Individuals* Practice Guidance, albeit currently marked as draft. It is not fully compliant with the Care Act 2014, especially around modern slavery. This has been discussed with the DSA who plans to amend it accordingly prior to presentation to Diocesan Synod in October 2015.

**Recommendation**

8.The DSA to amend the policies for dealing with allegations so that it is consistent with the Care Act 2014

# 10. Employers and voluntary organisations should ensure that they have clear policies in place setting out the process, including timescales, for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with children should be reported immediately to a senior manager within the organisation. The designated officer, or team of officers, should also be informed within one working day of all allegations that come to an employer’s attention or that are made directly to the police. Any allegation should be reported immediately to a senior manager within the organisation.

The draft policy is clear and focused and the DSA commendably accessed (with agreement) the policy from the Diocese of London website and amended it to suit Blackburn. This is a good use of resources.

# 11. If an organisation removes an individual (paid worker or unpaid volunteer) from work such as looking after children (or would have, had the person not left first) because the person poses a risk of harm to children or adults, the organisation must make a referral to the Disclosure and Barring Service. It is an offence to fail to make a referral without good reason

The auditors saw evidence of referrals being made to the Disclosure and Barring Service

## LEARNING FROM CASE AUDITS

The auditors examined 17 case files, selected as described in the methodology (see appendix). The balance was selected by the auditors to provide a spread over time and involving both clergy and lay people.

The confidential detailed audit material is being provided directly to the deputy diocesan secretary and DSA. However the following provides the headlines:

* Generally appropriate and responsive interventions by the DSA
* Some weaknesses in recording the outcome (when it was decided the matter was not safeguarding) and in the provision of details of dates, full names and roles, so that the record will be accessible to others in the future
* An unsigned risk assessment agreement on file - not clear of this was signed by ex-offender
* The DSA has been dealing with one particular very complex, distressing and drawn out case, and has been very well supported. The auditor thought that statutory services had not responded well. This case highlighted the need for professional supervision.
* In two cases there was confusion about whether it was a safeguarding or a disciplinary matter. Professional supervision should be useful to the DSA in this kind of scenario.
* We saw evidence in one case of a much stronger response to an offender than in 2004. And another case which shows how immoveable an incumbent can be but which was quoted by the bishop as one he will not give up on
* Pro-active information sharing between dioceses and between the DSA and statutory agencies
* Excellent management of an ex-offender
* Appropriate referrals to the DSA
* A current extremely complex case with indications of the DSA needing professional supervision and consideration of what information needs to be shared with which agencies

## APPENDIX: REVIEW PROCESS

The framework for the audit links to the requirements of the Children Act section 11 / Working Together to Safeguard Children 2015 requirements as they apply to Faith Organisations and the House of Bishops safeguarding policies. The National Safeguarding Office specified the national expectations, so that the auditors could evaluate the progress the diocese was making in reaching these standards.

**DATA COLLECTION**

**Information provided to auditors**

Prior to the audit the DSA provided the following documents for the auditors:

**The audit**

The audit involved both an examination of records as well as conversations with individuals and groups.

17 safeguarding case files were audited, along with recruitment files for 5 clergy, 3 volunteer safeguarding trainers and 6 volunteer mentors (part of the S.A.F.E Project)

The audit approach includes seeing five types of cases:

* Allegations of abuse against a Church officer
* People in the congregation who are known to potentially pose a risk of abuse
* Other scenarios where there may be a risk of abuse e.g. domestic violence, adult safeguarding
* Scenarios where a risk of harm has been identified in respect of a child
* Complaints about the diocesan response to safeguarding concerns
* The DSA was asked to identify five cases ones that would help develop learning.

The DSA selected 5 cases of each type and the balance were chosen by the auditors from the last four years’ records. These were chosen to try to cover various facets of the work – cases involving adults; cases involving children; very recent cases as well as older ones; cases that involved clergy; cases involving worshippers/parishioners; cases involving other church posts, e.g. church wardens. The Bishop of Blackburn informed us about two further clergy safeguarding files, one was fully audited and the other (very large filer) was scanned.

**Participation of members of the diocese** was undertaken via individual face to face conversations, individual telephone conversations and group interviews.

* Individual conversations were held with the:
* Diocesan Secretary
* Deputy Diocesan Secretary
* Bishop of Blackburn
* Archdeacon of Lancaster

Telephone interviews were undertaken with the:

* Chair of the diocesan safeguarding management group (DSMG)
* LADO (local authority designated officer) for Blackburn with Darwen
* Recently retired Archdeacon of Blackburn

Group interviews were held with

* Members of the DSMG ( Director of Ministry, Director of Education, Youth Officer, Children's Work Advisor, Managing Director GB3 Technology Solutions
* a focus group of the Vicar and Church Secretary of Trinity Church, Accrington and the Parish Safeguarding Representative of St Thomas's Church, Lancaster

**Preliminary feedback**

At the end of the three days, the auditors provided headline findings from the audit, broadly similar to the overview section of the report. Those present were the DSA, the Diocesan Secretary, the Bishop, th Archdeacon and the DSMG chair (by telephone)

1. The Disclosure and Barring Service undertakes criminal records checks, referred to as DBS checks [↑](#footnote-ref-1)
2. Sir Robert Francis’s Freedom to Speak Up review report can be found at <https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf> [↑](#footnote-ref-2)
3. Safeguarding Adults Board is a multi - agency partnership which provides strategic leadership for the development of adults safeguarding policy and practice, consistent with national policy and best practice. [↑](#footnote-ref-3)
4. Local Safeguarding Children Boards (LSCBs) were established by the Children Act 2004 which gives a statutory responsibility to each locality to have this mechanism in place. LSCBs are now the key system in every locality of the country for organisations to come together to agree on how they will cooperate with one another to safeguard and promote the welfare of children. The purpose of this partnership working is to hold each other to account and to ensure safeguarding children remains high on the agenda across their region. [↑](#footnote-ref-4)