



Cabinet

Agenda

Tuesday, 20th January, 2026
at 6.00 pm

in the Council Chamber, Town Hall, Saturday Market Place, King's Lynn and available for the public to view on [WestNorfolkBC on You Tube](#)



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CABINET AGENDA

DATE: CABINET - TUESDAY, 20TH JANUARY, 2026

VENUE: COUNCIL CHAMBER, TOWN HALL, SATURDAY MARKET PLACE, KING'S LYNN PE30 5DQ

TIME: 6.00 pm

As required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 - No Items will be considered in private.

Should you wish to make any representations in relation to the meeting being held in private for the consideration of any items, you should contact democratic.services@west-norfolk.gov.uk

1. APOLOGIES

To receive apologies for absence.

2. MINUTES (Pages 5 - 12)

To approve the Minutes of the Meeting held on 11th November 2025 (attached).

3. URGENT BUSINESS

To consider any business, which by reason of special circumstances, the Chair proposes to accept, under Section 100(b)(4)(b) of the Local Government Act 1972.

4. DECLARATIONS OF INTEREST (Page 13)

Please indicate if there are any interests which should be declared. A declaration of an interest should indicate the nature of the interest (if not already declared on the Register of Interests) and the agenda item to which it relates. If a disclosable pecuniary interest is declared, the member should

withdraw from the room whilst the matter is discussed.

These declarations apply to all Members present, whether the Member is part of the meeting, attending to speak as a local Member on an item or simply observing the meeting from the public seating area.

5. CHAIR'S CORRESPONDENCE

To receive any Chair's correspondence.

6. MEMBERS PRESENT UNDER STANDING ORDER 34

To note the names of any Councillors who wish to address the meeting under Standing Order 34.

Members wishing to speak pursuant to Standing Order 34 should inform the Chair of their intention to do so and on what items they wish to be heard before a decision on that item is taken.

7. CALLED IN MATTERS

To report on any Cabinet Decisions called in.

8. FORWARD DECISIONS (Pages 14 - 17)

A copy of the Forward Decisions List is attached.

9. MATTERS REFERRED TO CABINET FROM OTHER BODIES

To receive any comments and recommendations from other Council bodies (to follow).

Environment and Community Panel – 6th January 2026
Safeguarding Policy

Corporate Performance Panel – 7th January 2026
Quarter 2 2025-2026 – Performance Management
Transformation Programme – LGR Readiness

Regeneration and Development Panel – 13th January 2026
Property Disposal Policy

10. QUARTER 2 - 2025-2026 - PERFORMANCE MANAGEMENT (Pages 18 - 44)

11. RISK STRATEGY AND POLICY REPORT (Pages 45 - 69)

12. SAFEGUARDING POLICY (Pages 70 - 131)

13. TRANSFORMATION PROGRAMME - LGR READINESS (Pages 132 - 140)

14. ADOPTION OF THE PROPERTY DISPOSAL POLICY (Pages 141 - 155)

To: Members of the Cabinet

Councillors A Beales (Chair), M de Whalley, S Lintern, J Moriarty, C Morley, S Ring (Vice-Chair), J Rust and S Squire.

For Further information, please contact democratic.services@west-norfolk.gov.uk :

BOROUGH COUNCIL OF KING'S LYNN & WEST NORFOLK**CABINET**

Minutes from the Meeting of the Cabinet held on Tuesday, 11th November, 2025 at 6.00 pm in the Council Chamber, Town Hall, Saturday Market Place, King's Lynn PE30 5DQ

PRESENT: Councillors Ring (Chair), de Whalley, Lintern, Moriarty, Morley, Rust and Squire.

OFFICERS:

Kate Blakemore – Chief Executive
Michelle Drewery – Interim Deputy Chief Executive
Alexa Baker – Monitoring Officer
Joanne Stanton – Revenues and Benefits Officer
Michael Burton – Principal Planner
Claire Wiggs - Ecologist
Duncan Hall – Assistant Director
Carl Holland – Assistant Director
Jemma Curtis – Regeneration Programmes Manager
Nicola Cooper – Place Based Investment Programme Officer
Marie Malt – Licensing Service Manager
Walton Mabuto – Economic Growth Manager
Jason Birch – Assistant Director
David Gent – Disposals Surveyor

CAB80 APOLOGIES

An apology for absence was received from Councillor Beales.

CAB81 MINUTES

RESOLVED: The minutes from the meeting held on 23rd September were approved as a correct record.

CAB82 URGENT BUSINESS

There was none.

CAB83 DECLARATIONS OF INTEREST

None.

CAB84 CHAIR'S CORRESPONDENCE

None.

CAB85 **MEMBERS PRESENT UNDER STANDING ORDER 34**

None.

CAB86 **CALLED IN MATTERS**

None.

CAB87 **FORWARD DECISIONS**

RESOLVED: The Forward Decisions List was noted.

CAB88 **MATTERS REFERRED TO CABINET FROM OTHER BODIES**

Cabinet noted the recommendations put forward by the Panels in relation to the following items:

Recommendations from Corporate Performance Panel
 Council Tax Support – Final Scheme for Working Age People

Recommendations from Environment and Community Panel
 Adoption of Norfolk Local Nature Recovery Strategy
 Pride in Place Programme
 Review of Licensing Act 2003 Statement of Licensing Policy

Recommendations from Joint Panel Meeting
 Scrutiny Governance Review

CAB89 **REVIEW OF LICENSING ACT 2003 STATEMENT OF LICENSING POLICY**

[Click here to view the recording of this item on You Tube.](#)

Cabinet noted that the Environment and Community Panel had considered the report and supported the Cabinet Recommendations.

Councillor Moriarty presented the report and outlined the proposed amendments and consultation process which had been followed.

RECOMMENDED: That the Council be invited to adopt the revised Statement of Licensing Policy in accordance with the requirements of the Licensing Act 2003.

REASON FOR DECISION: A new statement of licensing policy must be in place by 14th January 2026 to enable the licensing authority to carry out statutory functions under the Licensing Act 2003.

CAB90 **COUNCIL TAX SUPPORT: FINAL SCHEME FOR WORKING AGE PEOPLE FOR 2026/2027**

[Click here to view the recording of this item on You Tube.](#)

Cabinet noted that the Corporate Performance Panel had considered the report and supported the Cabinet Recommendations.

Councillor Morley and the Revenues and Benefits Manager presented the report, providing detail of proposals and the outcome of the consultation.

Councillor Rust noted the raft of other benefits and support measures available to residents to help them, depending on their individual circumstances.

Councillor Lintern highlighted those residents that fell just outside the brackets of this scheme and the Revenues and Benefits Manager informed Cabinet of the discretionary and hardship schemes available to support residents.

In response to a question from the Chair it was confirmed that along with Norwich City Council, the Borough Council's scheme was the most generous in the County.

RECOMMENDED: Cabinet noted the consultation responses and recommends to Council that the draft CTS scheme for 2026/2027 is implemented as the final working age CTS Scheme for 2026/2027. This must be agreed by full Council by 31 January 2026 ready for the start of the financial year on 1 April 2026.

REASON FOR DECISION: To ensure a CTS scheme for working age people for 2026/2027 is agreed by full Council by the deadline of 31 January 2026.

CAB91 **ADOPTION OF NORFOLK LOCAL NATURE RECOVERY STRATEGY**

[Click here to view the recording of this item on You Tube.](#)

Cabinet noted that the Environment and Community Panel had considered the report and supported the Cabinet Recommendations.

Councillor de Whalley introduced the Strategy with officers providing an overview of its statutory basis, implementation and benefits.

In response to a question from Councillor Lintern it was confirmed that the document was designed to help people understand how they could best manage their land and was not about blocking development.

Councillor Squire spoke in support of the strategy.

Councillor de Whalley provided detail of the launch event.

Councillor Moriarty reminded Cabinet that the Environment and Community Panel had considered this item raised concerns that the final Local Nature Recovery Strategy Document was not available at the time, but supported the Cabinet recommendations. Councillor Ring asked the Chair of the Environment and Community Panel, Councillor Collop, who had joined the meeting remotely if she had any further questions, to which she did not.

RECOMMENDED: That Council adopt the Norfolk Local Nature Recovery Strategy (LNRS) by the Council.

REASON FOR DECISION: To formally endorse and adopt the Norfolk Local Nature Recovery Strategy (LNRS) and fulfil the Borough Council's statutory obligations, in accordance with the Environment Act 2021 (part 6).

CAB92 **KING'S LYNN PRIDE IN PLACE PROGRAMME**

[Click here to view the recording of this item on You Tube.](#)

Cabinet noted that the Environment and Community Panel had considered the report and supported the Cabinet Recommendations.

Councillor Ring presented the report and thanked officers for all their hard work in bringing this forward.

The Regeneration Programmes Manager provided further detail on the proposals.

Councillor Rust noted that social isolation for the elderly was being addressed through the Marmot initiative and lily projects and supported links between Marmot and the Pride in Place Programme.

Councillor Squire referred to the differences in life expectancies in different areas within the Borough and that work needed to be carried out to bridge the gap.

Councillor Morley referred to the funding available and noted that addressing the needs of local communities was just as important as the larger projects. The Assistant Director confirmed that other sources of funding would be looked at to reinforce and continue projects and noted that the Town Deal Board were keen to work with communities to fund the best kinds of interventions to tackle issues and change lives for the better.

Councillor Ring was pleased to see restrictions lifted in this project such as focussing on spending money appropriately rather than quickly and that it could be used to support Town Deal Projects and smaller, more impactful projects.

Cabinet discussed the importance of addressing health inequalities, social isolation and improving access to opportunities and culture for all ages, including cultural initiatives and support for deprived areas.

RESOLVED: Cabinet:

1. Endorsed the Regeneration Plan comprising the Ten Year Vision as detailed in Appendix 1 and the Four Year Investment Plan as detailed in Appendix 2.
2. Delegate authority to the S151 Officer, in consultation with the Neighbourhood Board to sign off the final submission of the Regeneration Plan by the deadline on 28 November 2025.
3. Endorse inclusion of the Council led projects which have been proposed as priority projects by the KLNB as outlined in 7.2
4. Endorse council officer support in administering, overseeing and monitoring delivery of the PiPP programme including recruitment for additional officer support if required during the development of the programme, to be met from the PiPP funding, as set out in section 11.
5. Delegate Authority to the Deputy Chief Executive and S151 Officer in consultation with Finance Portfolio Holder to approve the Local Assurance Framework for Pride in Place with eh King's Lynn Neighbourhood Board by April 2026.

REASON FOR DECISION: To support deliver of the Council's strategic objective through submission of the King's Lynn Regeneration Plan to UK Government within the published deadlines to unlock Pride in Place Programme Funding from 2026-2036, and to endorse Council support for King's Lynn PiPP programme delivery as led by the Neighbourhood Board.

CAB93 SCRUTINY GOVERNANCE REVIEW

[Click here to view the recording of this item on You Tube.](#)

Cabinet noted that the Joint Panel had considered Scrutiny Governance Arrangements had recommended that the status quo be maintained, with additional training and workshops to aide work programming be arranged.

The Monitoring Officer presented the findings of the scrutiny governance review and the recommendations to enhance training and workshops for members and addressing the gap analysis.

Councillor Morley referred to recommendation two and asked that the training be available to all Members, not just Scrutiny Members. Cabinet agreed to this amendment.

Councillor Moriarty acknowledged that training had been provided and was glad to see more training planned.

Councillor Squire and Rust commented on the importance of scrutiny being Member-led and encouraging Councillors to put forward policy ideas to influence the direction of the Council.

Councillor Ring supported strengthening the role of scrutiny in holding the executive to account and collaborative working.

RESOLVED:

1. The Gap Analysis identified within the Scrutiny Governance Review attached as Appendix 1 is endorsed.
2. Approval of the delivery of a programme of training and facilitated workshops on effective Scrutiny for all Members, Cabinet Members and relevant officers following agreement of the budget with the section 151 officer.
3. Following completion of the training and the workshops, a further report is to be presented outlining any options for the future structure and operation of the Scrutiny function along with a revised Scrutiny and Executive Protocol, which are to be considered as part of the workshop sessions.

REASON FOR DECISION: To recognise the development gaps in the Council's Scrutiny function and to provide the opportunity for all Members and relevant officers to develop a shared understanding of what effective Scrutiny looks like before considering structural change options.

CAB94 QUARTER 2 - 2025/2026 BUDGET MONITORING

[Click here to view the recording of this item on You Tube.](#)

Councillor Morley and the Deputy Section 151 Officer presented the Council's financial position, highlighting a positive revenue forecast, capital programme challenges and specific budget adjustments.

Councillor Rust congratulated all those involved in returning a favourable position and asked what could be done to improve the

Capital position. Councillor Morley highlighted pressures relating to the Capital Programme including project delays, cash flow pressures and increased borrowing requirements.

In response to questions from Councillor Lintern, officers agreed to review cost centre allocations, event coding errors, and the need for clearer budget notations.

Councillor Ring informed Cabinet that the Property Services Team were currently conducting an Asset Management Review which could result in further capital receipts.

RESOLVED: Cabinet noted the forecast outturn for Revenue and Capital monitoring position as at 30th September 2025 for 2025/2026.

RECOMMENDED: Revision to the Capital Programme 2025/2026 for an additional £30k towards Mintlyn Crematorium Memorial Gardens drainage and related works; £35k for replacement electric vehicle in Property and Projects Team.

REASON FOR DECISION: To keep Cabinet informed of performance against budget for Capital and Revenue 2025/2026 based on Quarter 2 data.

CAB95 **EXCLUSION OF PRESS AND PUBLIC**

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RESOLVED: That under Section 100(A)(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraphs 1, 2 or 3 of Part 1 of Schedule 12A to the Act.

CAB96 **EXEMPT - SALE OF 36 OLDMEDOW ROAD, HARDWICK INDUSTRIAL ESTATE**

The Assistant Director presented the report and responded to questions and comments from the Cabinet.

RESOLVED:

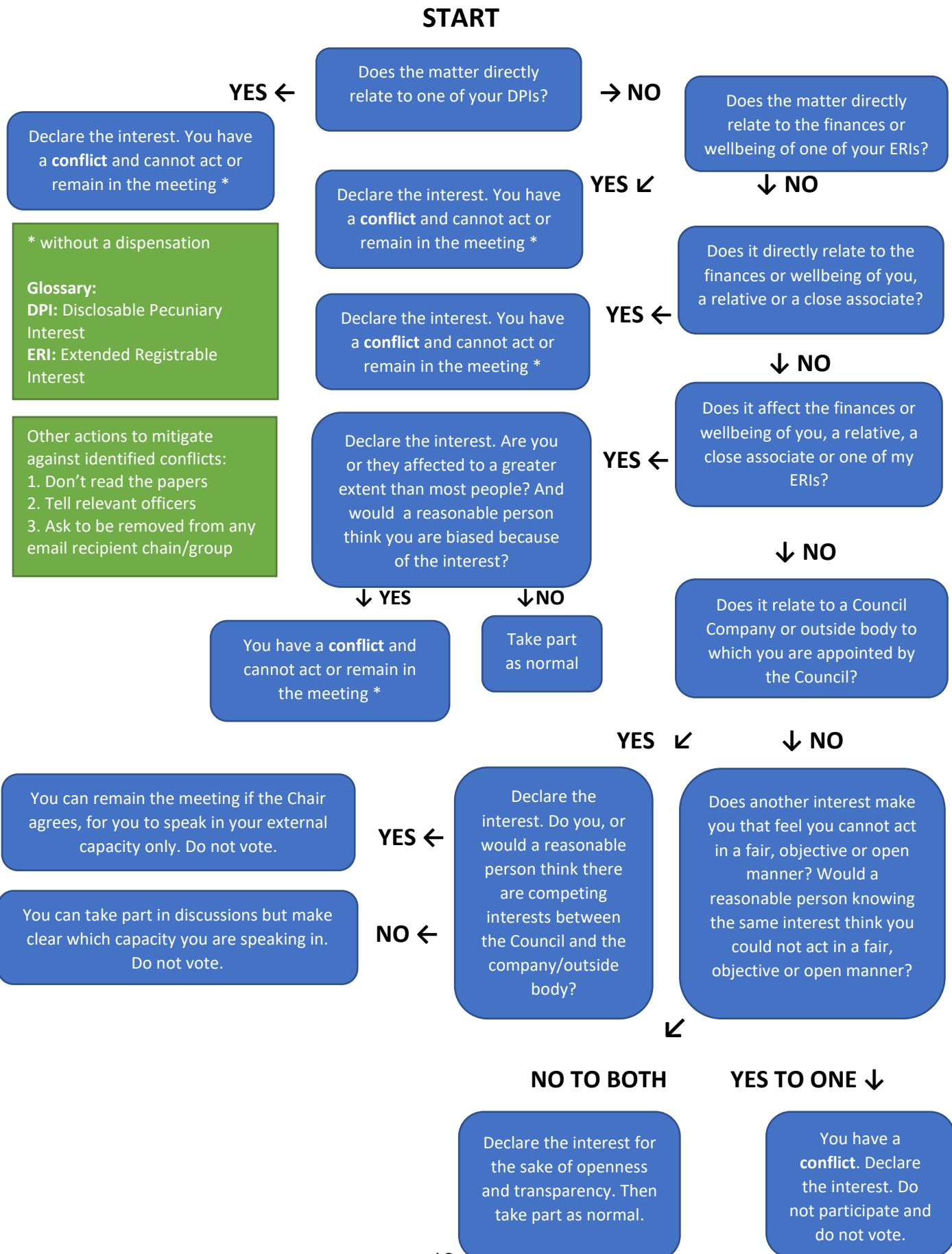
1. To sell the property/land identified in the report for the best value offer.
2. The Council to sign an unconditional sale contract with completion being before the end of the current financial year. (actual date to be agreed).

3. That delegated authority is given to the Assistant Director Property and Projects to finalise all terms of the proposed disposal.
4. To authorise Legal Services Manager to complete all necessary sale documentation in respect of the site.

REASON FOR DECISION: The property has been offered on the open market by Brown & Co on a to let or may sell basis since August this year. Since that time, there has been a total of 5 viewings, reflecting the current economic market scenario and condition of the property.

The meeting closed at 7.35 pm

DECLARING AN INTEREST AND MANAGING ANY CONFLICTS FLOWCHART



FORWARD DECISIONS LIST

Date of meeting	Report title	Key or Non Key Decision	Decision Maker	Cabinet Member and Lead Officer	List of Background Papers	Public or Private Meeting
20 January 2026	Q2 2025-2026 Performance Management	Non	Cabinet	Leader Chief Executive		Public
	Risk Strategy and Policy Report	Non	Council	Leader Monitoring Officer		Public
	Safeguarding Policy	Non	Part Cabinet and Part Council	Corporate Governance People & Communities		Public
	Transformation Programme – LGR Readiness	Non	Cabinet	Chief Executive Leader		Public
	Property Disposal Policy	Key	Council	Business and Culture. Assistant Director – Property and Projects		Public

Date of meeting	Report title	Key or Non Key Decision	Decision Maker	Cabinet Member and Lead Officer	List of Background Papers	Public or Private Meeting
3 rd February 2026 (BUDGET)	Budget	Key	Council	Leader S151 Officer Asst Dir Resource		Public
	Capital Programme	Key	Council	Leader S151 Officer Asst Dir Resource		Public
	Treasury Management Strategy	Key	Council	Leader S151 Officer Asst Dir Resource		Public
	Capital Strategy	Key	Council	Leader S151 Officer Asst Dir Resource		Public
	Pay Policy Statement	Key	Council	Leader S151 Officer Asst Dir Resource		Public

7-Jan-26

<u>Date of meeting</u>	<u>Report title</u>	<u>Key or Non Key Decision</u>	<u>Decision Maker</u>	<u>Cabinet Member and Lead Officer</u>	<u>List of Background Papers</u>	<u>Public or Private Meeting</u>
4 th February 2026 (NON-BUDGET)	Audit Committee Annual Report from the Chair	Non Key	Council	Finance Asst Dir Finance and Deputy S151		
	Service Level Agreement	Key	Cabinet	People and Communities Ass Dir Health Wellbeing and Public Protection		

<u>Date of meeting</u>	<u>Report title</u>	<u>Key or Non Key Decision</u>	<u>Decision Maker</u>	<u>Cabinet Member and Lead Officer</u>	<u>List of Background Papers</u>	<u>Public or Private Meeting</u>
3 rd March 2026	Lynnsport Proposals	Key	Council	Business and Culture Assistant Director, Transformation and Change		Public
15	Q3 2025-2026 Performance Management	Non	Cabinet	Leader Chief Executive		Public
	Air Quality Action Plan	Non	Council	Climate Change and Biodiversity Asst Dir – S Ashworth		Public
	King's Lynn Transport Strategy	Key	Council	Planning and Licensing Asst Dir D Hall		Public
	Housing Policies: Temporary Accommodation; Private Rented Sector	Non	Council	People and Communities Asst Dir – D Hall		Public
	King's Lynn Enterprise Park	Non	Cabinet	Business and Culture Asst Dir – D Hall		Public

<u>Date of meeting</u>	<u>Report title</u>	<u>Key or Non Key Decision</u>	<u>Decision Maker</u>	<u>Cabinet Member and Lead Officer</u>	<u>List of Background Papers</u>	<u>Public or Private Meeting</u>
23 rd April 2026	South Lynn Community Centre	Key	Cabinet	Business and Culture. Assistant Director – Property and Projects		Public

	Hight Street Rental Auctions	None	Cabinet	Business and Culture. Assistant Director – D Hall		Public
	Climate Change Policy and Strategy Review	Key	Council	Climate Change and Biodiversity Stuart Ashworth		Public
	King's Lynn Masterplan and Parking Strategy	Key	Council	Business Open Spaces and Parking Asst Dir D Hall		Public
	Hunstanton Masterplan and Parking Strategy	Key	Council	Business Open Spaces and Parking Asst Dir D Hall		Public

Items to be scheduled

	Custom and Self Build Site – Stoke Ferry	Non	Cabinet	Regeneration and Development Assistant Director - D Hall		Public
16	Overnight Campervan parking in Hunstanton	Non	Cabinet	Leader Asst Director – M Chisholm		Public
	Article 4 Direction	Non	Cabinet	Regeneration and Development Assistant Director – S Ashworth		Public
	Empty Homes Strategy Review	Key	Council	People and Communities Asst Dir M Whitmore		Public
	King's Lynn Town Football Club	Non	Cabinet	Property		Private- Contains exempt Information under para 3 – information relating to the business affairs of any person (including the authority)
	Housing Assurance Strategy	Non	Council	People and Communities Asst Dir M Whitmore		Public

	Domestic Abuse Tenants/Residents Policy and Domestic Abuse Intersectionality Policy	Non	Council	People and Communities Asst Dir - D Hall		Public
	IT Hardware Refresh	Key	Cabinet	Finance Assistant Director - Corporate Services		Private
	Local Government Reorganisation Consultation Response	Key	Council	Leader Chief Executive		Public
	Heacham Beach Huts	Key	Cabinet	Business Asst Dir – Property		Exempt

REPORT TO CABINET

Open		Would any decisions proposed :			
Any especially affected Wards	Mandatory	Be entirely within Cabinet's powers to decide			YES
		Need to be recommendations to Council			NO
		Is it a Key Decision			NO
Lead Member: Cllr Alistair Beales, Leader E-mail: cllr.alistair.beales@west-norfolk.gov.uk		Other Cabinet Members consulted: All Cabinet members			
		Other Members consulted: Corporate Performance Panel			
Lead Officer: Debbie Ess, Senior Corporate Governance Officer E-mail: debbie.ess@west-norfolk.gov.uk		Other Officers consulted: Corporate Leadership Team			
Financial Implications NO	Policy/Personnel Implications NO	Statutory Implications NO	Equal Impact Assessment NO If YES: Pre-screening/ Full Assessment	Risk Management Implications NO	Environmental Considerations NO
If not for publication, the paragraph(s) of Schedule 12A of the 1972 Local Government Act considered to justify that is (are) paragraph(s)					

Date of meeting: 20 January 2025

Q2 2025-2026 Performance Management Report

Summary

The Performance Management Report is produced to update Cabinet on progress against the Council's Corporate Strategy and key performance indicators. This report contains information on progress made against key actions and indicators up to 30 September 2025.

The Q2 2025-2026 overall position of the Corporate Strategy is reporting:

- 78% of the current projects are on track and progressing well
- 22% have minor issues or delays
- 1 project has been completed within the target date.

It is essential key performance indicators are in place to monitor performance and track progress against the council's corporate objectives.

In Q2, the overall position of the 60 performance indicators is reporting:

- 83% have met or exceeded targets
- 17% have not met the target.

Key KPI changes in Q2

Number of new Affordable Homes delivered by the Major Housing Programme	Red to Green	↑ 10 homes
Percentage of supplier invoices paid within 30 days	Amber to Green	↑ 1.0%
Percentage of rent arrears on retail/general units	Red to Amber	↓ 3.14%
Percentage of purchase orders created retrospectively after goods have been received	Amber to Red	↓ 1.0%

Recommendation

Cabinet Resolves:

1. To review the Performance Management Report and comment on the delivery against the Corporate Strategy.

Reason for Decision

Cabinet should use the information within the management report to review progress on the agreed actions and indicators and satisfy themselves that performance is at an acceptable level. Where progress is behind schedule members can seek additional information to explain variances.

1. Background

- 1.1 The Council's 2023-2027 Corporate Strategy was approved by Council on 23 November 2023, it sets out the broad framework for the period of the administrative term 2023-2027. In July 2025, Cabinet adopted the new 2025-2027 Action Plan covering the final period of the Corporate Strategy. It outlines how key activities have been prioritised to deliver our Corporate Strategy and meet the needs of the residents of the borough.
- 1.2 The priority areas are:
 - Promote growth and prosperity to benefit West Norfolk
 - Protect our environment
 - Efficient and effective delivery of our services
 - Support our communities
- 1.3 These priorities are further defined in 37 objectives and 55 actions that are reflected in the new Executive Team Plans. These actions define what the council will do to achieve the high-level aspirations set out within the corporate strategy.
- 1.4 In addition to the corporate priorities, the Transformation Programme launched on 1st April 2025 will be an additional key area to monitor over the next two years. A quarterly update is included in the Performance Management Report and will cover:
 - Organisational development
 - Service innovation and digital transformation
 - Enterprising our assets

2. Management Report

- 2.1 The management report focuses on each of the corporate priorities individually, providing the Corporate Leadership Team and members with an overview on the current status of projects and performance levels achieved by key indicators. A selection of people performance measures has been included to provide an overview of key employee data and features within the 'our organisation' section of the report.
- 2.2 Assistant Directors are responsible for providing the latest update on progress as well as rating each of the projects they are responsible for up to 30 September 2025. An overall summary of the actions and indicators is provided at the beginning of the report to highlight the current position for each of the priorities in place to support the delivery of the corporate strategy.

2.3 The Q2 2025-2026 overall position of the Corporate Strategy is reporting 78% of the current projects are on track and progressing well, 22% have minor issues or delays and 1 project has been completed within the target date. Trend arrows indicate the performance trend on the previous reported quarter.

2.4 Q2 position of the Corporate Strategy for each of the corporate priorities:

2.4.1 **Support our communities: 100% on target**
 No projects recorded with an amber or red status, indicating major or minor issues/delays.

2.4.2 **Protect our environment: 92% on target**
 The following project has an amber status, indicating minor issues/ delays:

- Adopt the new Climate Change Strategy and Action Plan

2.4.3 **Efficient and effective delivery of our services: 70% on target**
 The following 4 projects have an amber status, indicating minor issues/ delays:

- Lobby Government for alternative means of Internal Drainage Board funding
- Review and determine impact of government changes to Internal Drainage Board funding
- Implement a corporate management system to manage information to support decision-making
- Undertake actions to encourage employees to cycle to work and investigate options for provision of a cycle to work scheme

2.4.4 **Promoting growth and prosperity to benefit West Norfolk: 62% on target**
 The following 5 projects have an amber status, indicating minor issues/ delays:

- Develop the Car Parking Strategy, produce a draft and adopt the strategy in 2024-2025
- Develop and commence implementation of an investment strategy for property assets owned by the council for income generation
- Progress the West Winch Housing Access Road Project
- Progress the Southgates Masterplan
- Complete housing needs assessment

2.5 Q2 position of the key performance indicators for each of the corporate priorities:

2.5.1 **Protect our Environment: 100% on target**
 All 3 performance indicators have met the agreed targets.

2.5.2 **Support our communities: 85% on target**
 The following 2 performance indicators did not meet the target by more (>) than 5%:

- >5% Increase participation at all leisure and culture facilities
- >5% Reduce net subsidy per head

2.5.3 **Efficient and effective delivery of our services: 83% on target**
 The following 2 performance indicators did not meet the target by more (>) than 5%:

- >5% Customer calls answered within 90 seconds
- >5% Purchase orders created retrospectively after goods have been received

2.5.4 **Promoting growth and prosperity to benefit West Norfolk: 77% on target**
The following 3 performance indicators did not meet the target by more (>) than or less (<) 5%:
 >5% Major planning applications provided with an extension of time (EOT)
 >5% New homes built through the Council's Major Housing Programme
 <5% Rent arrears on retail/general units

3 Options Considered

3.1 None.

4 Policy Implications

4.1 The Corporate Strategy sets the council's policy framework and as such is the council's primary policy document. All other documents and plans will need to take account of this policy framework when they are being prepared or refreshed.

5 Financial Implications

5.1 There are no direct financial implications of this plan as its implementation is through the existing services, programmes and budget provisions already in place.

6 Personnel Implications

6.1 None.

7 Environmental Considerations

7.1 The corporate strategy includes a specific priority focused on protecting our environment including tackling climate change. This will be progressed through the delivery of the council's climate change strategy and action plan and through related plans such as the emerging Local Plan.

8 Statutory Considerations

8.1 None.

9 Equality Impact Assessment (EqIA)

9.1 This report is reporting on the performance of projects/workstreams across the council, and as such there are no direct equality considerations related to this report however, each project/workstream that is being reported on will have had an EqIA completed.

10 Risk Management Implications

10.1 Progress with corporate strategy actions provides an input for risk management and may identify emerging risks and evidence improvement/ deterioration in risk scores and the delivery of mitigation measures. This will need to be factored into updates of the corporate, directorate and project risk registers.

11 Declarations of Interest / Dispensations Granted

11.1 None.

12 Background Papers

12.1 None.



Borough Council of King's Lynn & West Norfolk

Q2 2025-2026 Performance Management Report

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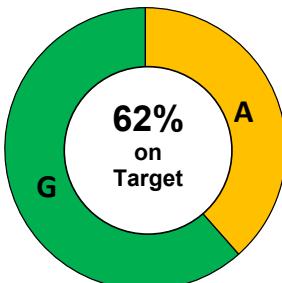
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Introduction and Executive Summary

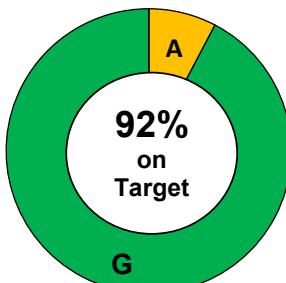
The purpose of the report is to demonstrate the performance of the Council for Q2 2025-2026 against the Council's Corporate Strategy and key performance indicators. It sets out the key activities to deliver our corporate priorities and summarises the measures in place by aligning key performance indicators to our priorities within the 2023-2027 Corporate Strategy and 2025-2027 Action Plan.

This report does not contain details of the numerous activities ongoing in each service area that also contribute to delivering important services which make a difference to the residents of West Norfolk.

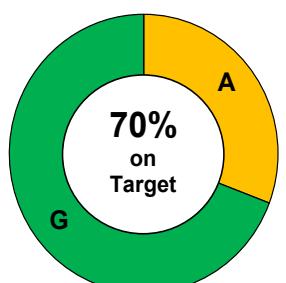
Executive summary of the Corporate Strategy - current position for Q2 2025-2026



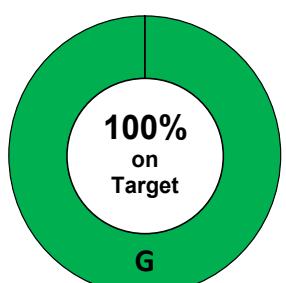
Promoting growth and prosperity to benefit West Norfolk



Protect our environment



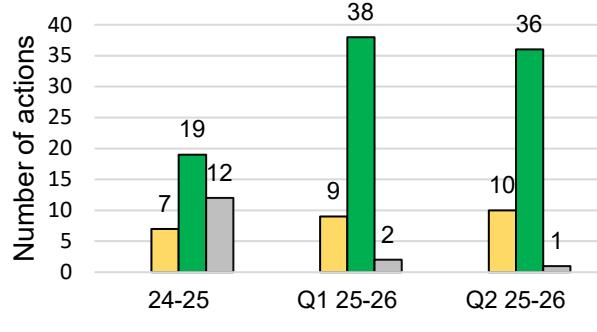
Efficient and effective delivery of our services



Support our communities

Corporate Priorities	Status of projects and actions				
	R	A	G	B	Completed
Promoting growth and prosperity to benefit West Norfolk	0 (0%)	5 (38%)	8 (62%)	0 (0%)	0
Protect our environment	0 (0%)	1 (8%)	12 (92%)	0 (0%)	0
Efficient and effective delivery of our services	0 (0%)	4 (30%)	9 (70%)	0 (0%)	1
Support our communities	0 (0%)	0 (0%)	7 (100%)	0 (0%)	0
Overall position	0 (0%)	10 (22%)	36 (78%)	0 (0%)	1

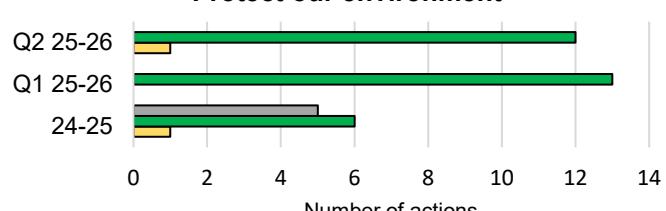
Corporate Strategy monitoring Q2 2025-2026



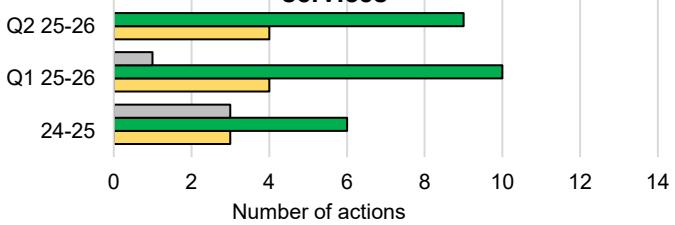
Promoting growth and prosperity to benefit West Norfolk



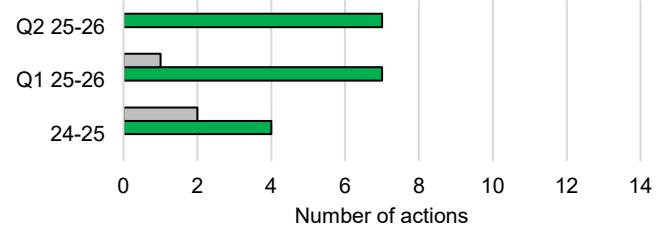
Protect our environment



Efficient and effective delivery of our services

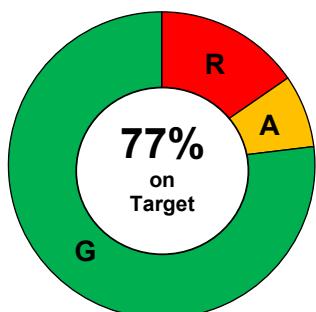


Support our communities

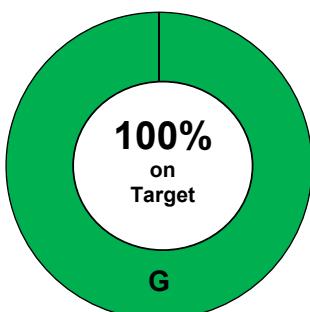


R Major issues to resolve **A** Minor issues/delays **G** Project on target **B** Project aborted/closed **Completed**

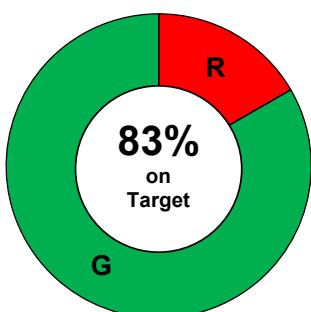
Executive summary of the Key Performance Indicators - current position for Q2 2025-2026



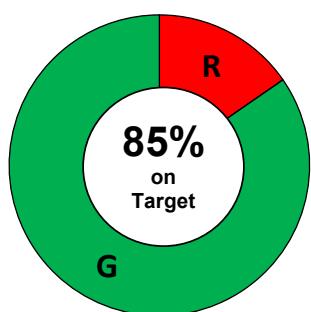
Promoting growth and prosperity to benefit West Norfolk



Protect our environment



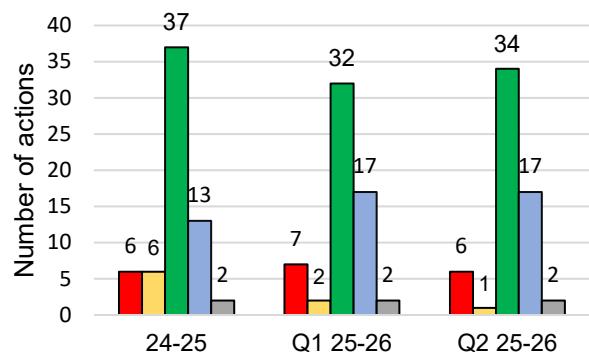
Efficient and effective delivery of our services



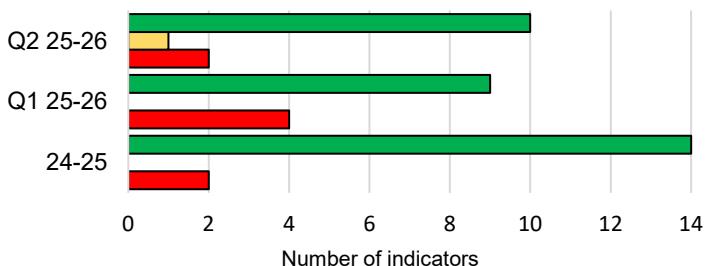
Support our communities

Corporate Priorities	R	A	G	Monitor only	In progress
Promoting growth and prosperity to benefit West Norfolk	2 (15%)	1 (8%)	10 (77%)	6	0
Protect our environment	0 (0%)	0 (0%)	3 (100%)	5	0
Efficient and effective delivery of our services	2 (17%)	0 (0%)	10 (83%)	1	1
Support our communities	2 (15%)	0 (0%)	11 (85%)	5	1
Overall position	6 (15%)	1 (2%)	34 (83%)	17	2

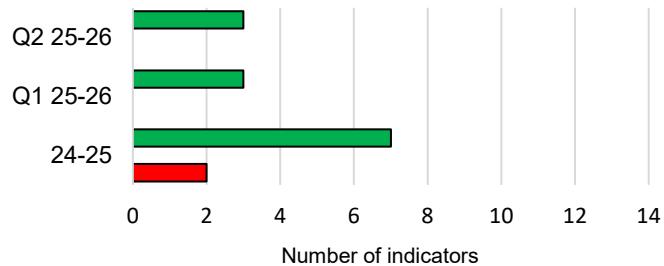
Key performance indicator monitoring



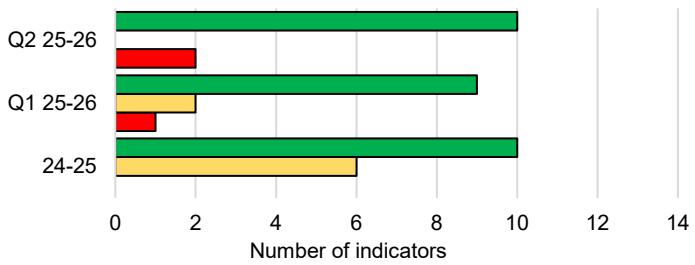
Promoting growth and prosperity to benefit West Norfolk



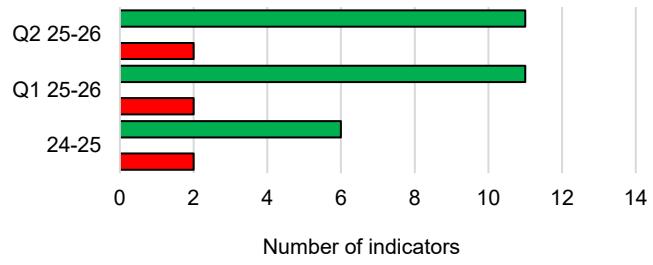
Protect our environment



Efficient and effective delivery of our services



Support our communities



R Performance indicator is 5% or more below target **A** Performance indicator is up to 5% below target **G** Performance indicator has achieved target **M** Monitor only

Delivering our Corporate Strategy

Promoting growth and prosperity to benefit West Norfolk

To create job opportunities, support economic growth, develop skills needed locally, encourage housing development and infrastructure that meets local need; and promote West Norfolk as a destination.

Actions carried out by the council

R Major issues to resolve **A** Minor issues/delays **G** On track **B** On hold/closed Completed

Project description and comments	Target Date	
<p>Agree and deliver financing for the Council Housing companies to support delivery of affordable and rental homes in the Borough</p> <p>Solicitors acting in respect of the companies and council have exchanged comments on the agreements and continue to clarify views and make amendments with input from officers. These will be ready for consideration by the Company Boards in October.</p> <p>Q3 actions: Boards to consider accepting Loan Agreement Terms during October. Once considered and if agreed by Company Boards and approved by Council, financing agreements will be actioned within the financial year.</p>	Ongoing	G ↔
<p>Develop the Car Parking Strategy, produce a draft and adopt the strategy in 2024-2025</p> <p>Draft strategies completed.</p> <p>Q3 actions: Review drafts to ensure alignment with emerging King's Lynn and Hunstanton Masterplans currently under development and bring final drafts through panel and Cabinet during Q4 2025/26</p>	Dec 2025	A ↔
<p>Progress the Building Conditions Survey to review property assets and valuations which will inform a new Asset Management Strategy and Plan</p> <p>Existing internal resource is carrying out condition surveys.</p> <p>Q3 actions: Officers to schedule property inspections and reports.</p>	Mar 2026	G ↔
<p>Develop and commence implementation of an investment strategy for property assets owned by the council for income generation</p> <p>There are no current plans to acquire further investment properties. Current implementation activities revolve around sweating existing property assets and divesting of surplus assets. External agents have been appointed to deal with rent reviews, lease renewals, and lettings.</p> <p>Q3 actions: Continue with implementation.</p>	Oct 2025	A ↔
<p>Review and develop existing events programme across the Borough</p> <p>Arrangements are underway to schedule two key events being held in Q3, Fawkes in the Walks and switching on the Christmas lights.</p> <p>Q3 actions: Ensure all measures are in place to deliver the key events in the lead up to Christmas and continue to plan for the delivery of the 2026-27 programme.</p>	Ongoing	G ↔
<p>Develop the investment plan for West Norfolk</p> <p>No further progress in Q2 while King's Lynn and Hunstanton masterplans are being commissioned.</p> <p>Q3 actions: Develop the project pipeline and investment plan alongside the development of the masterplans.</p>	Mar 2026	G ↔

Project description and comments		Target Date
Complete housing needs assessment Decision taken not to proceed with the work commenced by a selected consultant in 2024. Q3 actions: Commence a procurement process with the aim of selecting an alternative consultant during Q3 to complete work mid-2026.	Jul 2026	G ↓ A
Progress the West Winch Housing Access Road Project Discussions with landowners are ongoing. Q3 actions: Landowner collaboration agreement to be agreed.	Aug 2026	A ↔
Progress the Southgates Masterplan Norfolk County Council agreed to reallocate funding from the Levelling Up Fund STARS project from Southgates to focus on 'Gyratory Plus' scheme subject to DfT approval. Planning strategy and RIBA 2/3 design of masterplan completed. Q3 actions: Bring forward proposals for Cabinet consideration to assess improvements to the masterplan area and opportunities to progress the developed masterplan scheme through Devolution, planned to come on stream from 2026/27.	Ongoing	A ↔
Progress the King's Lynn Masterplan BDP appointed as the lead design team for the preparation of the King's Lynn Masterplan in August 2025. Inception report completed and initial engagement to commence. Q3 actions: Baseline report and stakeholder engagement ahead of wider public consultation planned Dec 2025-Jan 2026.	May 2026	G ↔
Progress the Hunstanton Masterplan Greyfriars appointed to prepare masterplan and consider how to incorporate the recommendations arising from the draft parking strategy, flood defence and leisure facilities studies. Q3 actions: Wider stakeholder engagement on masterplan issues and opportunities to inform development of draft masterplan.	Nov 2025	G ↔
Promote the King's Lynn Enterprise Park (KLEP) Brown & Co appointed as agent for the marketing and promotion of plots, premises and KLIC located on the KLEP. Third occupier of the office units moved in September 2025. Q3 actions: Continuation of proactive site marketing for plots and premises. Update of development and finance strategy for the site to be brought to Cabinet in Q4.	Ongoing	G ↔
Deliver the UK Shared Prosperity Fund (UKSPF) and Rural England Prosperity Fund (REPF) for 2025/26 UKSPF approved projects are in delivery. Project call completed for REPF community grants and panel has approved project recipients. REPF business grants remain open until December 2025. Q3 actions: Continued monitoring and delivery of 2025/26 programme.	Mar 2026	G ↑ A

Actions carried out in partnership with others (Information only)

Project description and comments	
Work with the Charitable Incorporated Organisation (CIO) and King's Lynn Town Board on delivery of the St Georges Guildhall project	
Work has continued with the CIO on the fundraising strategy following the Cabinet and Council decisions to proceed with the project in July 2025.	
Engage with schools and colleges particularly in relation to skills development	
Responsibility for our skills and attainment provision, along with the associated budget, is currently under review following an internal restructure and a change in responsibilities for the Corporate Policy team.	

Protect our environment

To create a cleaner, greener, and better protected West Norfolk by considering environmental issues in all we do and by encouraging residents and businesses to do the same.

Actions carried out by the council

R Major issues to resolve **A** Minor issues/delays **G** On track **B** On hold/closed Completed

Project description and comments	Target Date	
<p>Work proactively to support residents, regardless of tenure, to access funding for energy efficiency improvements and to continue to work to alleviate fuel poverty</p> <p>The work of the Energy Efficiency Officer has delivered 519 declarations of eligibility, through both GP referrals and low income eligibility. Previous ECO-flex declarations have been in the 10's rather than hundreds. Local Grant funding for Warm Homes has been cut nationally and available funds for Norfolk have been reduced significantly. Work has started to ensure that the funding allocated to West Norfolk can be targeted effectively.</p> <p>Support was provided for the King's Lynn Climate Change Expo in September and 23 Beat Your Bills events were delivered in Q1 and Q2.</p> <p>Q3 actions: The funding landscape for energy efficiency schemes in 2025/26 is yet to be confirmed. Work will continue to maximise funding and delivery of existing schemes to benefit residents. Further programme of Beat Your Bills events are confirmed for Q3 and Q4.</p>	Ongoing	G ↔
<p>Adopt the new Climate Change Strategy and Action Plan</p> <p>The strategy has been added to the Forward Plan although the meeting schedule has been subsequently revised. The report will be considered at Cabinet on 20th January 2026 following consultation with E&C Panel on 6th January 2026.</p> <p>Q3 actions: Strategy and Action Plan to be considered by CLT mid Oct-mid November 2025, Cabinet Sifting on 9th December 2025 and E&C Sifting on 10th December 2025.</p>	Sept 2025	G ↓ A
<p>Develop the Asset Management Plan to include measures to reduce impact on the environment from property we occupy and use as investment</p> <p>Work is well underway for a Property Disposals Policy which will link to the Asset Management Plan, this has commenced and will be shared with a stakeholder working group. External consultant support has been obtained.</p> <p>Q3 actions: Arrange meeting with Transformation Board to discuss who and how this is being taken forward.</p>	Mar 2026	G ↔

Project description and comments	Target Date
<p>Develop and deploy a climate change assessment tool for council policies and projects</p> <p>An initial draft climate change assessment tool has been generated by liaising with relevant internal stakeholders. This is yet to be agreed and requires more refinement in terms of how this sits and interacts with other key functions and assessment tools.</p> <p>Q3 actions: Continue to liaise with internal stakeholders and develop the climate change assessment tool.</p>	Mar 2026 
<p>Create a community orchard at South Lynn</p> <p>Watering, mulching and site maintenance has been undertaken, raised bed design was completed in collaboration with Mens Shed and a Service Level Agreement with Hardings Pits Community Association has been signed.</p> <p>Q3 actions: Installation of raised beds, benches, dog and general waste bins and the preparation and planting of replacement trees and new hedgerows.</p>	Mar 2026 
<p>Upgrade street lighting and other council assets with energy-efficient LED lighting</p> <p>Amey have been appointed to complete the LED lighting contract.</p> <p>Q3 actions: Oversee the contract.</p>	Jun 2026 
<p>Complete a review of the vehicle fleet</p> <p>Update provided to the Climate Change Informal Working Group on 5th August 2025.</p> <p>Q3 actions: Update of costings for vehicles and charging infrastructure for further consideration by Cabinet.</p>	Apr 2027 
<p>Promote householder group buying scheme</p> <p>Scheme launched in August 2025, so far approximately 200 registrations for solar panels, 20 battery storage and 85 EV chargers.</p> <p>Q3 actions: Closure of householder registrations and acceptances of quotes in November 2025.</p>	Aug 2027 
<p>Procurement Strategy on net zero</p> <p>The below-threshold invitation to tender has been re-drafted to include a quality question on Social Value, asking how the bid would support the Council's Climate Change Strategy. This is to be used when appropriate and proportionate, according to the estimated value of the tender and service required.</p> <p>Q3 actions: The new Climate Change Strategy will go to Cabinet in January 2026, once adopted it will be included in tender packs for all above threshold procurements and for below threshold where appropriate and proportionate. All tenders above the statutory threshold to include a Social Value question. This is to be designed as to gain the most from the contract, and will be related to climate change when appropriate to the subject matter of the contract.</p>	Mar 2027 
<p>Air Quality Action Plan and Strategy</p> <p>DEFRA have agreed to the recommendations of the Annual Status Report 2025, the council will therefore need to move forward with revocation of the Air Quality Management Area (AQMA). The Air Quality Action Plan (AQAP) will no longer be required.</p> <p>Q3 actions: Draft Cabinet report related to the AQMA revocation to be submitted for consideration.</p>	Jun 2027 

Project description and comments	Target Date
<p>Implement the Hunstanton Coastal Management Plan</p> <p>Outcomes of the Geo Technical survey report have been published and major capital works are now required.</p> <p>Q3 actions: Project Board and Project Team have been set up and will meet to take this project forward.</p>	Aug 2028 
<p>New Local Plan</p> <p>Internal preparation work for a new local plan is underway, as are continued Duty to Cooperate (DtC) conversations with all the planning authorities in Norfolk and our other neighbours. Waiting for the Government (MHCLG) to confirm the details of the new plan-making system which includes new regulations, guidance to the regulations, and a revised National Planning Policy Framework. The process cannot start until this is all confirmed and in place.</p> <p>The overall time scale envisaged in the new system is 30 months (with an additional 4-month lead in), the process involves gateway checks and a final examination by the planning inspectorate. The end date will be dependent upon the start and the process, as well as being a much condensed timeframe (previously 5 years), it will also be far more tightly structured.</p> <p>Q3 actions: Continue to actively monitor information/announcements from Government regarding the new plan-making system, continue DtC engagement, and gearing up with preparatory work where possible. This includes reviewing the entire evidence base for the local plan which will likely need replacing. The intention is to start the process formally as soon as we are legally in a position to do so.</p>	Dec 2028 
<p>Hold a climate change focused business expo in 2025 and 2027</p> <p>Business Expo was held on 23rd September 2025, 27 exhibitors and approximately 150 residents attended.</p> <p>Q3 actions: Event evaluation report to be received from Norfolk Chamber of Commerce and will be used to inform planning for the 2027 event.</p>	Nov 2027 

Actions carried out in partnership with others (Information only)

Project description and comments
<p>Engage with Anglian Water (AW) and the Environment Agency (EA) to improve sea and river water quality</p> <p>The latest results from the sampling season are expected in Q3, the previous results were encouraging. Continue with inter-organisational working.</p>
<p>Engage with Anglian Water (AW) and the Environment Agency (EA) concerning the shingle ridge at Heacham and Hunstanton sea defences</p> <p>EA have started the background work for the Wash East Coastal Management Strategy Unit C review.</p>
<p>Participate in a regional benchmarking exercise to understand our preparedness for new procurement requirements that consider economic, social, environmental and cultural factors to determine Scope 3 emissions</p> <p>Project is complete. Local Government East is surveying micro/small businesses and voluntary groups to learn about their experience of working with councils or their reasons for choosing not to trade.</p>
<p>Work with stakeholders supporting the delivery of the Norfolk Net Zero Communities project in the parish of Marshland St James</p> <p>The project completed in July 2025, final report in preparation for presentation in late 2025 to the funders, Innovate UK.</p>

Efficient and effective delivery of our services

To provide cost-effective, efficient services that meet the needs of our local communities, promote good governance, and provide sustainable financial planning and appropriate staffing.

Actions carried out by the council

R Major issues to resolve **A** Minor issues/delays **G** On track **B** On hold/closed **Completed**

Project description and comments	Target Date	
<p>Lobby Government for alternative means of Internal Drainage Board funding</p> <p>The Deputy Chief Executive/S151 Officer met with Nico Heslop, Director, Ministry of Housing, Communities and Local Government (MHCLG) along with other Special Interest Group (SIG) representatives at the LGA Conference in July to discuss progress with a permanent solution. Since then allocations from MHCLG for the £5m grant for 2025/2026 for IDB levies have now been confirmed. We are due to receive £499k (budgeted for £150k).</p> <p>The SIG held an event at the House of Parliament on 2nd September to further lobby for a permanent solution to the IDB levies. It was felt that the engagement by MPs was more impactful although there was less attendance due to other commitments. Defra have also now started on the discovery phase of their review of IDBs and funding and it is expected this will take a year to complete which is beyond the spending review committed to by Government for 2026/2027.</p> <p>There has now also been a Cabinet reshuffle following the department of the Deputy Prime Minister. The SIG have responded to this by sending out communications and invitations to new Ministers but so far this has not resulted in any response. The group will continue its cause.</p> <p>Q3 actions: To continue to reach out to MPs and Ministers to support our lobbying. Monitor for announcements on IDB funding in the Autumn Budget or Finance Policy and respond appropriately.</p>	Mar 2026	A ↔
<p>Review and determine impact of government changes to Internal Drainage Board funding</p> <p>A response was submitted both from the council and the Special Interest Group (led by the Deputy Chief Executive/S151 Officer) on the consultation launched by Defra on 'Reforming approach to floods funding' by the deadline of 29th July 2025, which reflected the support needed to mitigate any further financial impacts from IDBs or their levies on local authorities whilst continuing to support the important work that IDBs undertake.</p> <p>Q3 actions: To continue to monitor for any changes or impacts from Government or other announcements and assess the implications and respond accordingly.</p>	Mar 2026	A ↔
<p>Undertake actions to encourage employees to cycle to work and investigate options for provision of a cycle to work scheme</p> <p>Bike sheds at Kings Court have been cleared and keys issued to 31 staff. Focus for the Sustainable Travel Working Group continues on developing an active travel plan to be presented to the Corporate Leadership Team.</p> <p>Q3 actions: Next meeting to be held in Q4.</p>	Mar 2026	G ↓ A
<p>Develop a transformation programme and commence a review of the council and its operations to ensure it is efficient and 'fit for the future'</p> <p>The Transformation Programme continues to move forward with each workstream making good progress. In Q2, values workshops were held with staff which have produced some very positive feedback as well as a wide variety of suggested values. Service innovation work continues to strengthen and improve our IT infrastructure. Leisure facilities project is underway with designs to RIBA Stage 3 almost complete. Accommodation review project is gaining momentum, with the removal of perspex screens from Kings Court and satellite offices, and work is underway to de-clutter and create a more modern working environment.</p>	Ongoing	G ↔

Project description and comments	Target Date
<p>Q3 actions: The values workshops will be delivered to CLT and members, at this point the values will then be agreed. IT works will continue with plans being formulated to introduce Windows 11, upgrade Microsoft licences and replace laptops across the organisation.</p> <p>The Marmot Place initiative will receive the Year 1 report and recommendations to be worked through to form an action plan. Accommodation review will continue to encourage office de-cluttering and a staff survey will be issued with questions around the working environment and making improvements.</p>	
<p>Analyse and identify actions arising from a staff survey, including development of corporate values</p> <p>The values work has been led by the project team and work is progressing well. 17 workshops across the borough have been held with all staff invited to participate.</p> <p>Q3 actions: Further work on the values with staff, CLT and members will be brought together, analysed and then recommendations presented on the council's values. This will be completed by the end of Q3.</p>	Mar 2026
<p>Develop a Digital Strategy</p> <p>Work has commenced on the digital transformation programme with the immediate focus on updates to elements of the core infrastructure that are required to support our future development.</p> <p>Q3 actions: Continue to invest in infrastructure improvements and commence planning of medium to long term strategy.</p>	Mar 2027
<p>Implement a corporate management system to manage information to support decision-making</p> <p>Work continues to prepare the corporate management system for the launch in Q4. Focus has been on capturing the changes to the risk register and management reports as agreed by CLT. Audit committee have received regular updates to provide oversight and assurance.</p> <p>Q3 actions: Continue to develop the system to ensure it is ready for launch, including communication and training.</p>	Mar 2026
<p>Engage in formal HM Land Registry (HMLR) Migration Project</p> <p>Work continues with HMLR on identifying where data needs to be cleansed and we are awaiting the formal project plan.</p> <p>Q3 actions: Continue to identify and cleanse data and await receipt draft project plan which sets the key milestones for the project.</p>	Ongoing
<p>Engage with the Devolution programme to deliver the best outcome for West Norfolk</p> <p>Suffolk County Council have voted in favour of creating a new mayoral authority for Norfolk and Suffolk with Norfolk County Council voting on 16th October. The new mayoral combined county authority (MCCA) will have access to an annual investment fund of £37.4million, funded by the government.</p> <p>The creation of the MCCA is being led by both of the County Council's and the district authorities are attending various workshops on a range of matters for services which will transfer to the MCCA when it is established. Our Chief Executive Officer is representing the Norfolk District Authorities on the Devolution Joint Programme Board and continues to report the progress of the establishment of the MCCA across Norfolk and Suffolk.</p> <p>Q3 actions: Norfolk County Council will vote on the proposal on 16th October. If they consent, the government will formally lay a Statutory Instrument, enabling the MCCA to be formed</p>	Mar 2027

Project description and comments	Target Date
<p>Engage with the Local Government Reorganisation (LGR) programme to deliver the best outcome for West Norfolk</p> <p>The Final Submission for Local Government Reorganisation in Norfolk was submitted to Government on 26th September 2025. The submission proposes a three unitary model of government for Norfolk. The Government has confirmed the proposal has been accepted and will move forwards with the Stakeholder Consultation on all the proposals which have been submitted.</p> <p>Q3 actions: Discussions are ongoing between the district and county council on how we work together over the months between submission and decision (expected March/April 2026). Internally, an LGR Readiness Programme, focusing on ensuring our council is in the best possible place for LGR is in development. This will include actions to develop and prepare our workforce for the changes LGR will bring as well as collecting corporate and service data and information to inform the future operating model of unitary authority.</p>	Mar 2027 G ↔
<p>Improve governance and assurance of corporate health and safety</p> <p>Procurement of external audit of our corporate H&S function and delivery of H&S training to Corporate Leadership Team are complete.</p> <p>Q3 actions: H&S audit to be undertaken in November. Identification of recommendations and development of government and reporting structures to be developed.</p>	Nov 2025 G ↔
<p>Delivery of the Council's Medium Term Financial Strategy (MTFS)</p> <p>The progress against the Target Savings and Efficiency Plan 2025/2026 was reported in the Q1 budget monitoring report to Cabinet, showing a forecast that the target could be exceeded.</p> <p>Q3 actions: Q2 Budget monitoring report to Cabinet on 11th November 2025 will provide a further update on the forecast spend against budget and savings and Efficiency Plan.</p>	Annual G ↔
<p>Development of the Corporate Leadership Team and service managers</p> <p>This has been a busy a quarter with managers participating in a managers passport which has included employment law, professional boundaries and performance management. In addition to this we have held a series of investigation training for managers, held two sessions with our 4th tier manager group with one focussed on cascading communications, and also held value and behaviours workshops that managers have been engaged in their delivery. In addition to this CLT are to participate in a team coaching programme.</p> <p>Q3 actions: Team coaching to commence for Corporate Leadership Team.</p>	Mar 2026 G ↔
<p>Review the Community Infrastructure Levy (CIL) infrastructure requirements and assess the new governance arrangements</p> <p>Cabinet approved the new CIL governance arrangements on 23rd September 2025. Embed and implement the new governance arrangements as agreed.</p>	Completed ↔

Support our communities

To support the health and wellbeing of our communities, help prevent homelessness, assist people with access to benefits advice and ensure there is equal access to opportunities.

Actions carried out by the council

R Major issues to resolve **A** Minor issues/delays **G** On track **B** On hold/closed **Completed**

Project description and comments	Target Date
<p>Progress our commitment to the Care Leavers Covenant by developing and promoting our local offer to care leavers</p> <p>Progress has been limited due to capacity within the Governance team. Once recruitment has taken place for the Senior Corporate Governance Officer, this work will move at pace and will be dependent on engagement with care leavers. Care leavers continue to be recognised as a specific group within our EIA process.</p> <p>Q3 actions: Re-establish links with Norfolk County Council to try and engage with local care leavers.</p>	Ongoing G 
<p>Further develop 'Creating Communities' events</p> <p>An event was held at Gaywood Church rooms for the Florence Fields development and new organisations attended to reflect services in the local community. First draft of the leaflet progressed with Allison Homes, discussions to continue regarding hosting an event in the area. Discussions held with Alive to ascertain what incentives there could be for new purchasers in the area.</p> <p>Q3 actions: Prepare for the first event for the Valentine Park development which will be based at the sales complex close to the opening weekend. Plan for an event to be held in the Wootton's area to take place in early spring.</p>	Ongoing G 
<p>Undertake a review of the council's equality policy and continue to progress a range of workstreams to support equality, diversity and inclusion (EDI)</p> <p>We are still awaiting further guidance from the Equality and Human Rights Commission following the supreme court ruling on the definition of 'sex'. Exploratory work has been initiated in some key areas however, further progress needs to be made to understand the full implications of the supreme court ruling. Policy is on hold pending further guidance.</p> <p>The Corporate Equalities Working Group (CEWG) continues to meet regularly, and progress priority areas of work. The Chief Executive Officer and Leader will be signing the anti-racism charter on 23rd September 2025. An action plan has been developed to ensure the key principles and practices are embedded across the organisation.</p> <p>Q3 Actions: CEWG continue to progress key areas of work, via use of subgroups. Signing of the anti-racism charter, followed by communications and delivery of associated action plan.</p>	Ongoing G 
<p>Develop a Health and Wellbeing Strategy and Action Plan</p> <p>The development of the Health and Wellbeing Partnership strategy has been delayed to allow alignment with year 1 Marmot recommendations.</p> <p>Q3 actions: Year 1 Marmot recommendations are due, test these with system partners.</p>	Apr 2026 G 
<p>Develop 5-year Strategy for Leisure and Culture ensuring growth and additional partnership working</p> <p>The draft document is completed and will be shared for feedback and review.</p> <p>Q3 actions: Finalise the document and circulate to members for feedback and approval prior to agreement and adoption in Q4.</p>	Jun 2026 G 

Project description and comments	Target Date
<p>Develop and support partnerships with key stakeholders to deliver improved health and wellbeing for West Norfolk Residents drawing on outcomes of Health and Wellbeing Strategy and Marmot recommendations</p> <p>Completion of stakeholder meetings on Marmot priority (Downham Market and King's Lynn). Institute of Health Equity have met with key individuals from organisations committed to delivering Marmot principles. Development of a West Norfolk Health Equity group on the IHE Health Equity Network.</p> <p>Q3 actions: Appoint a Voluntary Community and Social Enterprise representative to work with all interested organisations to ensure they have a voice in the Marmot work. Receive the first year report on Starting Well and associated recommendations and agree next priority area for year 2 of the work.</p>	Oct 2026 
<p>CIC transformation plan</p> <p>Phase two is underway to upgrade to MITEL webchat using Ignite. The soft launch of the 'Talkative' Virtual Agent is planned for October for the chatbot 'LIVE' answering Waste, Planning, Benefits, Council Tax and NCC enquiries. The plan is to continue building on the knowledge base and introduce new service areas. SMS and WhatsApp timescales to be factored in at the next project meeting.</p> <p>Q3 actions: Phase three will involve a demonstration of the Talkative VOICE Virtual Agent and we are waiting for a quote from CloudClevr to write the business case.</p>	Nov 2025 

Managing the Business

Our Performance Indicators in detail

R Performance indicator is 5% or more below target
 A Performance indicator is up to 5% below target
 G Performance indicator has achieved target
 M Monitor only

Promote growth and prosperity to benefit West Norfolk

Ref	Performance indicator	2024/25	2025/26						Comments
			Q1	Q2	Q3	Full Year	Target		
1.1	% of non-major planning applications determined within 8 weeks or within agreed timescale	93%	92%	93%			70%	G ↔	
1.2	% of major planning applications determined within 13 weeks or within agreed timescale	94%	80%	87%			60%	G ↔	
1.3	% of decisions on applications for major development that have been overturned at appeal, measured against total number of major applications determined	3.03%	3.06%	2.94%			10%	G ↔	
1.4	% of decisions on applications for non-major development that have been overturned at appeal, measured against total number of non-major applications determined	0.85%	0.93%	0.91%			10%	G ↔	
1.5	% of major planning applications provided with an extension of time (EOT)	50%	60%	88%			50%	R ↔	The Q2 snapshot figure is based on 8 major applications, 7 of these granted with an EOT
1.6	% of non-major planning applications provided with an extension of time (EOT)	25%	33%	39%			40%	G ↔	
1.7	Amount of planning fees returned under the Planning Guarantee	£0	£0	£0			Monitor Only	M	
1.8	% of new enforcement cases actioned within 12 weeks of receipt	85%	85%	87%			85%	G ↔	

Ref	Performance indicator	2024/25	2025/26						Comments
			Q1	Q2	Q3	Full Year	Target	R	
1.9	No of new homes built through the Council's Major Housing Programme	97	14	24			124 (Q2 34)	↔	Previously reported design and weather impacts are now resolved, any impact will be carried over to Q3
1.10	No of new Affordable Homes delivered by the Major Housing Programme	61	1	11			25 (Q2 8)	↑	
1.11	% of rent arrears on industrial units	5.11%	4.80%	2.66%			5%	↔	
1.12	% of rent arrears on retail/general units	6.94%	9.50%	6.36%			6%	↑	
1.13	King's Lynn long stay car parking tickets purchased	162,127	43,987	88,129			162,127	↔	Cumulative data
1.14	King's Lynn short stay car parking tickets purchased	1,033,739	254,209	509,428			1,033,739	↔	Cumulative data
1.15	Local (West Norfolk) contracts awarded to SMEs: (include %, number and value)	-	67% 2 £70,829	50% 2 £58,027			Monitor only	M	
1.16	Non-local contracts awarded to SMEs: (include %, number and value)	-	86% 12 £1,665,929	62% 8 £1,871,350			Monitor only	M	
1.17	Capital contracts awarded to SMEs: (include %, number and value)	-	100% 4 £1,132,955	50% 1 £26,598			Monitor only	M	
1.18	Revenue contracts awarded to SMEs: (include %, number and value)	-	77% 10 £603,803	60% 9 £1,902,779			Monitor only	M	
1.19	No of new homes delivered in the Borough to meet the housing need target	427	78	306			Monitor only	M	554 target

Protect our Environment

Ref	Performance indicator	2024/25	2025/26						Comments
			Q1	Q2	Q3	Full Year	Target	R	
2.1	% of street lighting within the borough converted to LED	30.24%	30.24%	30.35%			Monitor only	M	Cumulative data
2.2	Solar power (kWh) generated across council sites	488,227	171,690	325,817			Monitor only	M	Cumulative data
2.3	No of brown bins in use for composting	29,430	29,718	29,875			29,000	↔	

Ref	Performance indicator	2024/25	2025/26					
			Q1	Q2	Q3	Full Year	Target	Comments
2.4	Total tonnage of garden waste collected and treated	11,123	3,250	6,115			11,000	G ↔ Cumulative data
2.5	Total tonnage of food waste collected and treated	1,655	380	765			Monitor only	M Cumulative data
2.6	Total tonnage of mixed recycling collected and treated	14,082	3,506	7,036			Monitor only	M Cumulative data
2.7	No of fly tipping incidents recorded	2,267	480	1,149			Monitor only	M Cumulative data
2.8	% of fly tipping cases initially assessed within 1 day of being recorded	100%	100%	100%			95%	G ↔

Efficient and effective delivery of our services

Ref	Performance indicator	2024/25	2025/26					
			Q1	Q2	Q3	Full Year	Target	Comments
3.1	% of calls reduced by web chat	86%	86%	85%			75%	G ↔
3.2	% of calls answered within 90 seconds	75%	61%	63%			75%	R ↔ Introduction of the new web chat and changes to the recovery process have provided an improvement in performance
3.3	% of press releases covered by media within one month of being issued	97%	100%	100%			95%	G ↔
3.4	% of supplier invoices paid within 30 days	98%	98%	99%			99%	G ↑ A
3.5	% of local supplier invoices paid within 10 days	93%	97%	97%			96%	G ↔
3.6	% of Council Tax collected against outstanding balance	97.1%	28.1%	55.2%			97.1%	G ↔ Cumulative data
3.7	% of Business Rates collected against outstanding balance	98.6%	33.7%	59.1%			98.6%	G ↔ Cumulative data
3.8	% of BID Levy collected	95.4%	55.8%	75.2%			97.5%	G ↔ Cumulative data
3.9	No of completed fraud/corruption investigations including data matching exercises	9,753	Resource to provide quantitative data is still to be confirmed. Progress on Anti-fraud and corruption is reported half yearly to Audit Committee.				5,000	An update will be provided in Q3.
3.10	No of cyber security incidents reported	0	0	0			Monitor only	M

Ref	Performance indicator	2024/25	2025/26					
			Q1	Q2	Q3	Full Year	Target	Comments
3.11	% spend in compliance with authorised procedures	-	95%	95%			95%	G ↔
3.12	% of "open rate" for the Our News staff e-newsletter	-	99%	99%			95%	G ↔
3.13	% of purchase orders created retrospectively after goods have been received	81%	58%	57%			30%	A ↓ R
3.14	% of savings delivered and forecast towards the 2025/2026 Savings and Efficiency Plan	-	11%	30%			100%	G ↔

Support our communities

Ref	Performance indicator	2024/25	2025/26					
			Q1	Q2	Q3	Full Year	Target	Comments
4.1	No of people in bed and breakfast and nightly paid accommodation	320	70	65			Monitor only	M
4.2	Spend on bed and breakfast, nightly paid accommodation and block bookings (gross)	£508,442	£188,392	£418,860			Monitor only	M Cumulative data
4.3	No of households prevented from becoming homeless for a minimum of 6 months	89	19	33			Monitor only	M Cumulative data
4.4	No of verified rough sleepers	1	3	2			Monitor only	M
4.5	No of days to process new housing benefit and council tax support claims	15	14	14			20	G ↔
4.6	No of days to process housing benefit and council tax support changes of circumstances	20	18	15			20	G ↔
4.7	% of food premises achieving a rating of 3 or above	94%	100%	98%			90%	G ↔
4.8	% of housing adaptations completed within time	77%	80%	81%			80%	G ↔

Ref	Performance indicator	2024/25	2025/26					
			Q1	Q2	Q3	Full Year	Target	Comments
4.9	Through effective use of District Direct service reduce the number of beds occupied by 350 per quarter	2,001	636	1,478			1,400	G ↔ Cumulative data
4.10	% of ASB incidents, nuisance and environmental crime incidents reported that have been resolved within 120 days of receipt	89%	97%	93%			80%	G ↔
4.11	No of young people engaged through UKSPF Employability and Skills Project	302	76	119			190	G ↔ Cumulative data
4.12	No of HMO licence applications received	-	3	6			Monitor only	M Cumulative data
4.13	% of HMO licence applications receiving a draft licence or draft refusal within 45 working days of application validation	-	100%	83%			80%	G ↔ Cumulative data
4.14	Increase participation at all leisure and culture facilities	-	-2%	-2%			5%	R ↔ DM Sports Hall usage has reduced due to the Academy not using the facilities during the day.
4.15	Increase the number of outreach activities into the community	-	13%	11%			10%	G ↔
4.16	Improve Alive customer satisfaction levels	-	Annual data to be reported in Q4				5%	Data release from Net Promoter Score (NPS) in March 2026
4.17	Increase number of Alive participants on exercise referral or special populations programme	-	86%	12%			10%	G ↔
4.18	Reduce net subsidy per head	-	47%	85%			-5%	R ↔ NNDR rates and increased maintenance costs are impacting on budget spend
4.19	Energy usage per user	-	-11%	-11%			-10%	G ↔

Our Organisation

The following is a selection of our people performance measures:

Performance Indicator		2024/25	2025/26					Summary Notes Ref
			Full Year	Q1	Q2	Q3	Full Year	
Permanent staff	Total established permanent posts	572	707	709				-
	Total permanent post FTE	537.34	651.20	653.2				-
	Total number of people in established posts	537	667	661				-
	% of voluntary permanent staff turnover (cumulative)	9.82%	2.27%	4.38%			12%	(1)
	Number of voluntary leavers from permanent roles (cumulative)	50	16	21			-	(2)
	Number of starters to permanent roles (cumulative)	47	12	25			-	(2)
	Average number of working days lost to sickness absence per permanent employee FTE (cumulative)	10.85	2.20	4.81			8.70 days	(3)
	Number of permanent employees who have had a period of long term sickness (cumulative)	70	17	43			-	(4)
	% of employees undertaking an apprenticeship	3.8%	2.6%	3.0%			2.3%	
Temporary staff	Total number of temporary posts	22	27	30			-	(5)
	Total number of temporary staff FTE	19.46	25.43	27.95			-	(5)
	Average number of working days lost to sickness absence per temporary employee FTE (cumulative)	5.79	0.81	1.75			-	

Position summary

1. Voluntary turnover rate remains within the anticipated turnover levels.
2. Indicators in relation to the number of voluntary leavers from permanent roles and the number of starters to permanent roles should be read in isolation from each other due to the time lag between resignation of one employee and start date for a new employee, which often spans any particular quarter.
3. The number of days lost to sickness absence has reduced compared to Q2 2024/2025 (5.51). HR are supporting proactive management to address sickness absence issues and are actively monitoring compliance by liaising with managers regarding targets for return to work reviews and case reviews. Currently, 462 employees have registered with Vivup, our Employee Assistance Programme supporting employees' wellbeing while encouraging a healthy work-life balance.
4. Number of employees who have had a period of long term sickness is slightly higher than this time last year (39). The number of long term sickness cases will fluctuate and are measured cumulatively.
5. Temporary staff includes short and long term contracts, fixed term contracts and apprenticeships throughout the Council.

Delivering our Transformation Programme

The programme has been established to support the council in becoming the most effective and high-performing organisation it can be, ensuring operational efficiency and the successful delivery of its strategic objectives.

Further information on the key pillars of activity, aims, cross cutting themes and actions is available in the [2025-2027 Action Plan](#).

Pillar One – Organisational Development

Senior Responsible Officers (SRO): **Assistant Director Corporate Services**
Assistant Director Environment and Planning

Workstreams

1. Develop a People Strategy roadmap that reflects a modern and flexible workforce and aligns with our aim to deliver efficient and effective public services
2. Develop an agreed set of core values and behaviours that become embedded in the organisation's culture and shape the way employees work.
3. Support a culture of high performance in line with corporate priorities, to ensure we deliver our services in the best way possible.
4. Support the development of an organisational structure, which enables effective and efficient delivery of services and projects.

Achievements in Q2

- A robust training programme continues to be delivered, including a programme of training for all staff on The Worker Protection (Amendment of Equality Act 2010) Act 2023. The 2023 act came into force on 26th October 2024, placing positive duty on employers to take reasonable steps to prevent the sexual harassment of employees.
- Service managers continue to meet as a cohort with agendas covering evolving priorities and actions
- The project team for the values and behaviour work (B&V) is now in place (21 people from across the organisation) and the workshops are due to commence in various locations during September 2025. This includes representation from UNISON.
- FAQs are being collated from questions collected during the LGR staff roundtable meetings held in August.
- Reviewing the capacity of the HR system to capture skills data to enable staff to update their records and managers to search for skills they might need (matrix working).
- Reviewing the format and content of sickness absence data to inform approach and support required.

Pillar Two – Service Innovation & Digital Transformation

Senior Responsible Officers (SRO): **Assistant Director Corporate Services**
Assistant Director Health, Wellbeing and Public Protection

Workstreams

1. Review and modernise the various technologies used by colleagues at all levels to ensure that they are fit for purpose.
2. Discovery and baselining of ICT to shape requirements to support ICT transformation and enablement across the council whilst minimising business risk
3. Empower and enable the workforce by developing training, access to online learning and in-person to fully utilise our range of IT systems and infrastructure.
4. Unlock and enable assisting technologies (AI) to remove unnecessary administrative burdens
5. Improve health equity for all residents of the borough, through the implementation of the eight Marmot Principles

Achievements in Q2

- Consultant's report is finalised and roadmap produced for the ICT workstreams. Engagement with ICT staff has taken place during this period and workstreams will now develop over the coming quarter.
- Roll out of software to enable electronic signing of documents is underway and working well in the teams who are using it. The aim is to reduce the burden on customers and enable efficient processes, including eventual electronic sealing of legal documents.
- Staff and public briefings on the Marmot Place programme were held across various locations during Q2.

Pillar Three – Enterprise our Assets

Senior Responsible Officers (SRO): Assistant Director Regeneration, Housing and Place
Assistant Director Leisure and Culture

Workstreams

1. Improve the place of work by reviewing office accommodation
2. Prepare a housing delivery strategy
3. Develop a property strategy and an asset management strategy to recognise that council owned property assets can be used strategically as well as operationally for the benefit of the council, its residents and other stakeholders
4. Review our leisure and culture assets to ensure we are maximising their potential, financially, environmentally, and for the wellbeing of our communities

Achievements in Q2

- Office accommodation requirements and scope report was agreed by CLT on 29th July, followed by the first meeting of the project team on 13th August. Six workstreams have been identified and stakeholder analysis is underway.
- Initial tidy up and clear out initiated in some areas within Kings Court, planning and preparation taking place for other sites. Removal of perspex screens in September.
- Work continues to develop a property strategy and an asset management strategy
- Interim support is reviewing all assets and a timeline of potential disposals aiming to support the current capital programme is underway.
- Leisure and culture strategy is finalised.
- Agreement by Full Council is required to move to RIBA stage 3 for the leisure development.
- Financial and user performance of leisure services is being analysed monthly and action plans created to boost usage and revenue in key areas. Saving plans are in place and in operation to reduce the subsidy of leisure by the council.

REPORT TO CABINET

Open		Would any decisions proposed :				
Any especially affected Wards No	Mandatory Discretionary	Be entirely within Cabinet's powers to decide		NO	YES	
		Need to be recommendations to Council		YES		
Is it a Key Decision		NO				
Lead Member: Cllr Alistair Beales E-mail: cllr.alistair.beales@west-norfolk.gov.uk		Other Cabinet Members consulted: All				
		Other Members consulted: Audit Committee				
Lead Officer: Debbie Ess, Senior Corporate Governance Officer E-mail: debbie.ess@west@west-norfolk.gov.uk		Other Officers consulted: Corporate Leadership Team				
Financial Implications NO	Policy/Personnel Implications NO	Statutory Implications YES	Equal Impact Assessment YES	Risk Management Implications YES	Environmental Considerations NO	

Date of meeting: 20 January 2026

RISK MANAGEMENT POLICY AND STRATEGY REVIEW

Summary

The council's Risk Management Policy and Strategy were last reviewed and approved by Cabinet on 21 June 2022. The Policy and Strategy are reviewed every three years, or earlier in the light of new guidance, to ensure it remains relevant to the needs of the council.

It is the council's policy to proactively identify, understand, manage and review the risks involved in service delivery and associated with our plans and strategies, so as to encourage responsible and informed decision making.

The risk management approach described in this policy is key to identifying, assessing, mitigating, managing and reviewing risks to the achievement of the council's objectives.

Audit Committee considered the revised Policy and Strategy on 17 November 2025.

Recommendation

Cabinet Resolves: To recommend adoption of the revised Risk Management Policy and Strategy by Full Council.

Recommendations to Full Council: To adopt the revised Risk Management Policy and Strategy.

Reason for Decision

To ensure there is a comprehensive and up to date framework for the Council's management of risk.

1. Background

- 1.1 The Council's current risk management system was reviewed in June 2022. The policy outlines the Council's approach to risk management and the strategy describes how it will be implemented.

2. Risk Management Policy

- 2.1 The policy (Appendix A) states the council's commitment to managing risk in a positive manner. It is recognised that in order to achieve the council's objectives it is necessary to take risks and that these need to be identified, understood and managed accordingly.
- 2.2 The risk appetite is defined in the policy as 'open' which means that the council is prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risk.

3. Risk Management Strategy

- 3.1 The strategy (Appendix B) describes the approach to be carried out in practice. It explains how risks will be identified, analysed, managed and monitored. The criteria to be used for deciding the potential impact of a risk are shown and the appropriate levels of action to be taken for the different risk categories.

4. Risk management changes

- 4.1 A new high level summary report for strategic and operational risks is monitored by the Corporate Leadership Team on a regular basis, the report assists with identifying, assessing and mitigating risks to minimise the impact on the council.
- 4.2 Ownership and accountability for each of the risks is allocated to individual officers of the Executive Team.
- 4.3 New corporate management system to be launched in early 2026 to provide the Corporate Leadership Team and members with the latest risk information.
- 4.4 Online risk management training to be rolled out to relevant officers to ensure they have the necessary skills to identify, appraise and control the risks associated with the services they provide and projects they manage. Elected members will receive online risk training so that they can consider the implications of risk whilst engaged with council activities.

5. Policy Implications

- 5.1 The Risk Management Policy and Strategy represents a refresh of the Council's existing policy and approach to risk which encourages a positive culture with respect to risk and its effective management.

6. Financial Implications

6.1 There are no direct financial implications, however failure to manage risk effectively may have a financial impact. It is therefore essential that the Risk Management Policy and Strategy are fit for purpose.

7. Personnel Implications

7.1 There are no personnel implications.

8 Environmental Considerations

8.1 The current corporate risk register includes several risks relating to flood management and coastal erosion and carbon emissions.

9. Statutory Considerations

9.1 Accounts and Audit Regulations 2015 regulation 3(c) – A relevant authority must ensure it has a sound system of internal control which includes effective arrangements for the management of risk.

10. Equality Impact Assessment (EqIA)

10.1 The policy and strategy are considered to have no equalities implications.

11. Risk Management Implications

11.1 This report is designed to take forward and enhance the Council's effective management of risk throughout the organisation.

12. Declarations of Interest / Dispensations Granted

12.1 None

13. Background Papers

13.1 None



Stage 1 - Pre-Screening Equality Impact Assessment

For equalities profile information please visit [Norfolk Insight - Demographics and Statistics - Data Observatory](#)

Name of policy/service/function	Risk Management Policy and Strategy				
Is this a new or existing policy/service/function? (tick as appropriate)	New		Existing	X	
Brief summary/description of the main aims of the policy/service/function being screened. Please state if this policy/service is rigidly constrained by statutory obligations and identify relevant legislation.	The council's risk management objectives and approach are stated in the Risk Management Policy. The strategy explains the processes required to implement the policy and provides templates designed to evaluate the effect of a risk.				
Who has been consulted as part of the development of the policy/service/function? – new only (identify stakeholders consulted with)	Corporate Leadership Team Cllr Alistair Beales, Leader Audit Committee				
Question	Answer				
<p>1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups, for example, because they have particular needs, experiences, issues or priorities or in terms of ability to access the service?</p> <p>Please tick the relevant box for each group.</p> <p>NB. Equality neutral means no negative impact on any group.</p> <p><i>If potential adverse impacts are identified, then a full Equality Impact Assessment (Stage 2) will be required.</i></p> <p>*For more information on health inequalities please visit The King's Fund</p>		Positive	Negative	Neutral	Unsure
	Age		✓		
	Disability		✓		
	Sex		✓		
	Gender Re-assignment		✓		
	Marriage/civil partnership		✓		
	Pregnancy & maternity		✓		
	Race		✓		
	Religion or belief		✓		
	Sexual orientation		✓		
	Armed forces community		✓		
	Care leavers		✓		
	Health inequalities*		✓		
	Other (eg low income, caring responsibilities)		✓		
Please provide a brief explanation of the answers above: The policy and strategy are considered to have no equalities implications					



Question	Answer	Comments	
2. Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favouring a particular community or denying opportunities to another?	Yes / No		
3. Could this policy/service be perceived as impacting on communities differently?	Yes / No		
4. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions? If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section	Yes / No	<p>Actions:</p> <p>.....</p> <p>Actions agreed by EWG member:</p> <p>.....</p>	
<p>If 'yes' to questions 2 - 4 a full impact assessment will be required unless comments are provided to explain why this is not felt necessary:</p> <p>.....</p> <p>.....</p>			
<p>Decision agreed by EWG member:</p>			
5. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	Yes / No	Please provide brief summary:	
Assessment completed by: Name	Debbie Ess		
Job title	Corporate Performance Officer		
Date completed	02/10/2025		
Reviewed by EWG member	Allison Bingham	Date	14/10/2025

Please tick to confirm completed EIA Pre-screening Form has been shared with Corporate Policy (corporate.policy@west-norfolk.gov.uk)



Risk Management Policy 2025

Policy name	Risk Management Policy			
Policy description	To proactively identify, understand, manage and review the risks involved in service delivery and associated with our plans and strategies, so as to encourage responsible and informed decision making.			
Responsible Officer	Debbie Ess, Corporate Performance Officer			
Version number	Date formally approved	Reason for update	Author	Review date
1	March 2016	Refresh		March 2019
2	26 March 2019	Planned refresh	G Greaves	March 2022
3	26 Sept 2022	Planned refresh	G Greaves	Sept 2025
4	20 January 2026	Planned refresh	D Ess	January 2029

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1 Introduction

- 1.1 Given the wide range of activities undertaken by the council, we face a wide variety of risks including physical risks to people or property, financial loss, failure of service delivery, corporate governance and damage to reputation.
- 1.2 Effective risk management is a key tool in assisting the council to manage uncertainty in order to enable it to better achieve its corporate strategy. Risk management is intended to be a planned and systematic approach to the identification, assessment and management of the risks facing the council. It is essential that steps are taken to effectively manage those risks. Risk management supports innovative solutions as it carefully considers the benefits, alongside the risks, that may occur.
- 1.3 Insurance is a traditional way of protecting against some risks. However, not all risks can be insured against and other approaches are needed. Insurance has a direct cost and given financial challenges facing local government action taken to reduce risks can help minimise premiums and disruption to services.

2 Definitions

- 2.1 Risk can be defined as an uncertain event or set of events which, should it occur, will have an effect upon the achievement of objectives.
- 2.2 Risk management can be defined as the process of identifying risks, evaluating their potential consequences and determining the most effective methods of controlling or responding to them.
- 2.3 Risk appetite is the amount of risk that an organisation is willing to seek or accept in the pursuit of its long-term objectives.

3 Policy Statement

- 3.1 It is the council's policy to proactively identify, understand, manage and review the risks involved in service delivery and associated with our plans and strategies, so as to encourage responsible and informed decision making.
- 3.2 The council's corporate strategy sets out its objectives. The risk management approach described in this policy is key to identifying, assessing, mitigating, managing and reviewing risks to the achievement of the council's objectives.
- 3.3 The policy and strategy will be reviewed every three years, or earlier in the light of new guidance, to ensure it remains relevant to the needs of the council.

4 Scope

4.1 The policy covers risks that could prevent the achievement of the council's corporate strategy. It does not cover health, safety and general welfare related risks and responsibilities which follow from legislation such as the Health and Safety at Work Act 1974. This is covered by the council's Health, Safety and General Welfare Policy.

5 Aims

5.1 The purpose of this Risk Management Policy is to state the council's risk management objectives and approach. The processes required to implement this policy are contained in the Risk Management Strategy.

6 Objectives

6.1 The purpose of risk management is to:

- Improve performance
- Promote a risk aware culture to avoid unnecessary liabilities and costs, but to encourage the taking of calculated risks in pursuit of opportunities that benefit the council
- Promote corporate governance by integrating risk management and internal control
- Preserve and protect the council's assets, reputation and staff.

6.2 To achieve these objectives, the council will develop a systematic and consistent risk management approach that will:

- Implement effective risk management as a key element of good governance and rigorous performance management
- Consider risk is an integral part of corporate and business planning and service delivery
- Encourage considered and responsible risk taking as a legitimate response to opportunity and uncertainty
- Achieve better outcomes for the council through a more realistic assessment of the challenges faced, through improved decision-making and targeted risk mitigation and control
- Engender, reinforce and replicate good practice in risk management.

7 Benefits of risk management

7.1 Effective risk management delivers benefits to individual services and the council as a whole. The key benefits include:

- A better, more informed, decision making process
- The ability to manage the process of achieving objectives.

7.2 By delivering enhanced risk management practice and adhering to the Risk Management Strategy, the following additional benefits can be realised:

- Increased likelihood of achieving the council's objectives
- More robust assessment of opportunities
- Improved business planning through risk based decision making
- Improved governance and controls
- Enhanced stakeholder confidence and trust
- Enhanced performance through an integrated approach
- Effective allocation and use of resources
- Improved organisational resilience.

8 Legal framework and relevant legislation

8.1 Risk management is an integral part of internal control, and for local government a statutory requirement, defined in the Audit & Accounts Regulations 2003, as amended by the Accounts and Audit (Amendment) (England) Regulations 2006. Paragraph (1) of Regulation 4 (responsibility for financial management) states:

'The relevant body shall be responsible for ensuring that the financial management of the body is adequate and effective and that the body has a sound system of internal control which facilitates the effective exercise of that body's functions and which includes arrangements for the management of risk.'

8.2 Regulation 6 requires relevant bodies to conduct an annual review of the effectiveness of their system of internal audit. CIPFA's guidance on the Review of the System of Internal Audit, published in January 2009, defines the system of internal audit as:

'The framework of assurance available to satisfy a local authority that the risks to its objectives, and the risks inherent in undertaking its work, have been properly identified and are being managed by controls that are adequately designed and effective in operation.'

8.3 Risk management represents a part of the governance arrangements which are required to be reported on in the annual governance statement incorporated in the council's annual statement of accounts.

8.4 In addition to the above requirements there are several other specific duties that the council is obliged to observe including, as examples, responsibilities arising from the Civil Contingencies Act 2004, Health and Safety at Work Act 1974 and equality impact assessments under the Equality Act 2010.

9 Roles and responsibilities

9.1 Risk management is all inclusive and every employee and member has a role to play. Specific roles and responsibilities are defined in the Risk Management Strategy.

10 Risk management approach

- 10.1 To ensure it is effective, risk management needs to be aligned with corporate aims, objectives and priorities. The council's approach to embedding risk management is to create a culture that spreads best practice, identifies and communicates lessons learnt, and uses appropriate expertise.
- 10.2 Risk management has to be proactive to ensure that corporate and operational risks are:
 - Identified
 - Assessed by considering the impacts and likelihoods of their occurrence
 - Effectively managed by identifying suitable controls and countermeasures, and assessing the mitigating actions proposed
 - Reviewing progress and emerging issues.
- 10.3 Effective risk management anticipates and avoids risks rather than dealing with the consequences of events happening.

11 Risk appetite

- 11.1 Risk appetite refers to the council's attitude towards risk, which in turn dictates the amount of risk that it considers acceptable.
- 11.2 The council recognises that it must take risks. By taking risks can it achieve its aims and deliver beneficial outcomes to its customers. It must, however, take risks in a controlled manner, thus reducing its exposure to a level deemed acceptable by the council and by relevant auditors, regulators and inspectors.
- 11.3 Methods of controlling risks must be balanced in order to support innovation and the imaginative use of resources, especially when it is to achieve substantial benefit. Calculated controlled risks, such as accepting new opportunities or using innovative approaches for the benefit of the council, may be taken providing the risk exposure is within the council's 'risk tolerance' levels.
- 11.4 These are defined as: Acceptable risks – the risks associated with any proposed actions and decisions need to be clearly identified, evaluated and managed to ensure that risk exposure is acceptable. Particular care is needed in considering actions that could:
 - Have an adverse effect on the council's reputation and/or performance
 - Undermine the independent and objective review of activities
 - Result in censure or fines being imposed by regulatory bodies
 - Result in financial loss.

- 11.5 Any threat or opportunity that could have a significant impact on the council's reputation or its services must be closely examined, and all risks clearly evaluated and referred to the Executive Team. Where there is risk that could potentially have a corporate impact on the council, it must be considered by the Executive Team.
- 11.6 Prohibited risks – risks are not acceptable where they could result in physical harm; non-compliance with legislation or government regulations; or non- compliance with council policy, rules and procedures. Therefore, any opportunity or innovative approach that may result in such outcomes must not be pursued.
- 11.7 The organisation's current overall risk appetite is defined as 'open'. The council is prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risk.

12 Risk management training

- 12.1 Risk management training will be provided to relevant officers with the aim of ensuring that they have the skills necessary to identify, appraise and control the risks associated with the services they provide and projects that they manage. Elected members will receive training on risk so that they can consider the implications of risk whilst engaged with council activities.

13 Health implications

- 13.1 The strategy is a key part of the council's governance framework and will contribute towards wider health policies through mitigation measures.

14 Equalities implications

- 14.1 The policy is considered to have no equalities implications.

15 Reference documents

- 15.1 The policy provides direction to the council's Risk Management Strategy.

16 Additional information or resources

- 16.1 The related Risk Management Strategy and Strategic and Operational Risk Register can be found on the Intranet.
- 16.2 Further information can be obtained from Corporate Governance.

17 Implementation/distribution

- 17.1 The policy will be distributed to senior managers, staff and members.



Risk Management Strategy 2025

Policy name	Risk Management Strategy			
Policy description	The risk management approach described in this strategy is key to identifying, assessing, mitigating, managing and reviewing risks to the achievement of the council's objectives.			
Responsible Officer	Debbie Ess, Corporate Performance Officer			
Version number	Date formally approved	Reason for update	Author	Review date
1	March 2016	Refresh		March 2019
2	26 March 2019	Planned refresh	G Greaves	March 2022
3	26 Sept 2022	Planned refresh	G Greaves	Sept 2025
4	20 January 2026	Planned refresh	D Ess	January 2029

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1. Introduction

- 1.1 Risk management can be defined as the process of identifying risks, evaluating their potential consequences and determining the most effective methods of controlling or responding to them.
- 1.2 The council's risk management objectives and approach are stated in the Risk Management Policy. This strategy explains the processes required to implement the policy and provides templates designed to evaluate the effect of a risk.
- 1.3 The purpose of risk management is to:
 - Improve performance
 - Promote a risk aware culture to avoid unnecessary liabilities and costs, but to encourage the taking of calculated risks in pursuit of opportunities that benefit the council
 - Promote corporate governance by integrating risk management and internal control
 - Preserve and protect the council's assets, reputation and staff.
- 1.4 The policy and strategy will be reviewed every three years, or earlier in the light of new guidance, to ensure it remains relevant to the needs of the council. The next review will take place no later than January 2029.

2. Legal framework and relevant legislation

- 2.1 Risk management is an integral part of internal control, and for local government a statutory requirement, defined in the Audit & Accounts Regulations 2003, as amended by the Accounts and Audit (Amendment) (England) Regulations 2006. Paragraph (1) of Regulation 4 (responsibility for financial management) states:

'The relevant body shall be responsible for ensuring that the financial management of the body is adequate and effective and that the body has a sound system of internal control which facilitates the effective exercise of that body's functions and which includes arrangements for the management of risk.'

- 2.2 Regulation 6 requires relevant bodies to conduct an annual review of the effectiveness of their system of internal audit. CIPFA's guidance on the Review of the System of Internal Audit, published in January 2009, defines the system of internal audit as:

'The framework of assurance available to satisfy a local authority that the risks to its objectives, and the risks inherent in undertaking its work, have been properly identified and are being managed by controls that are adequately designed and effective in operation.'

- 2.3 Risk management represents a part of the governance arrangements which are required to be reported on in the annual governance statement incorporated in the council's annual statement of accounts.

2.4 In addition to the above requirements there are several other specific duties that the council is obliged to observe including, as examples, responsibilities arising from the Civil Contingencies Act 2004, Health and Safety at Work Act 1974 and equality impact assessments under the Equality Act 2010.

3. Risk management overview

3.1 Risk management consists of initially defining the risk appetite and then applying four basic processes:

1. Identifying risks
2. Evaluating
3. Minimising, controlling and responding
4. Monitoring and reporting

3.2 Risk appetite

This is the amount of risk that an organisation is willing to seek or accept in the pursuit of its long-term objectives. The council's risk appetite is defined in the Risk Management Policy as 'open', which means that the council is prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risk.

3.3 Identify the risk

The purpose of this stage is to identify anything that might affect the achievement of the council's objectives and assess what that effect might be. The question to ask is 'What might possibly present itself in the course of delivering the objectives, which has the capacity to threaten or improve the success?' Once identified, the extent to which it might affect the objectives needs to be considered.

A number of approaches are taken to identify risks to the council at the earliest opportunity and ensure that they are managed from a very early stage. These include:

- Regular monitoring of the Corporate Strategy
- Regular monitoring of committee and performance monitoring reports
- Regular reviews by Executive Team to ensure all strategic and operational risks have been recorded on the Corporate Risk Register and accurately assessed
- Robust processes at the commencement of projects, particularly major ones, and ongoing monitoring
- Use of Internal Audit and peer reviews
- Horizon scanning informed by professional and advisory bodies such as the Local Government Association.

3.4 Evaluate the risk

This stage develops a greater understanding of each risk, its impact and the likelihood of those consequences. It provides an input to risk evaluation and to decisions on how risk will be managed.

The likelihood and impact criteria should be considered during the evaluation of the risk by the risk owner and with wider insight from Corporate Leadership Team. The scoring is based upon officer judgements and may be informed through external independent sources for example from professional services.

Likelihood

Score/Criteria Definition	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain
Description	The likelihood of the risk has been minimised to a negligible possibility	The risk is technically possible but an occurrence is not foreseeable in the medium-long term	The risk is a real possibility but the likelihood of an occurrence in the short-medium term is small	The risk is probably going to occur at some point in the medium term, possibly sooner	The risk is probably going to occur imminently
Timeframe	Will occur at some point in the next 50 years	Will occur at some point in the next 25 years	Will occur at some point in the next 10 years	Will occur at some point in the next 5 years	Will occur at some point in the next year
Probability	10% or less	Between 10-30%	Between 30-50%	Between 50-85%	85% or more

Impact

Score/Criteria Definition	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Impact on service	Little	Some	Significant	Service not available for 2-7 days	Service not Available for >7 days
Personal safety	No injury	Minor injury	Violence or threat of serious injury	Extensive or multiple injuries	Fatality
Financial loss	<£25,000 or 1% of budget	>£25,000 or >2.5% of budget	>£175,000 or >5% of budget	>£500,000 or >10% of budget	>£1m or >15% of budget
Legal & Regulatory	Minor civil litigation or regulatory criticism	Minor regulatory enforcement	Major civil litigation and/or public enquiry	Major civil litigation and/or national public enquiry.	Section 151 or government intervention or criminal charges
Corporate objective	No effect on delivery	Little effect on delivery	Possible impact on delivery	Significant impact on delivery	Non delivery
Environmental impact	None or insignificant	Minor damage	Moderate damage	Major damage	Significant damage locally or nationally
Reputation	No damage	Minimal damage (minimal coverage in local press)	Significant coverage in local press	Coverage in national press	Requires resignation of Chief Executive or Leader
Climate change	No negative impact upon CO2 emissions	Minor negative Impact upon CO2 emissions	Major negative impact upon CO2 emissions	Significant negative impact upon CO2 emissions	Critical negative impact upon CO2 emissions

The assessments for each impact criteria should inform ongoing mitigation measures and risk actions. An overall score is arrived at and “sense checked” by Corporate Leadership Team.

Apply the definitions of likelihood and impact to establish the risk score and rating using the following risk matrix. This will determine what level of action is required and who by. The categories for likelihood and impact are shown below.

Risk matrix

		IMPACT				
		1	2	3	4	5
LIKELIHOOD	Insignificant	Minor	Moderate	Major	Extreme	
	5 Almost Certain	(5) G	(10) A	(15) R	(20) R	(25) R
	4 Likely		(8) G	(12) A	(16) R	(20) R
	3 Possible		(6) G	(9) G	(12) A	(15) R
	2 Unlikely			(6) G	(8) G	(10) A
	1 Rare					(5) G

For example, a risk that is ‘likely’ to occur, and has a ‘minor’ impact will score $4 \times 2 = 8$ which is a ‘low’ risk.

High 15-25	Risks scored at this level represent a high threat to the delivery of council objectives and service delivery and should be treated as a priority, action is required to reduce the rating to a score within tolerance or removed. Reporting on progress will be required to CLT/ Audit Committee/Cabinet until risk level is reduced to tolerance.
Medium 10-12	Risks scored at this level represent a medium threat to the delivery of council objectives and service delivery, proportionate mitigation and regular monitoring required. These risks can be managed at operational/ service level but regular management review of assurance on control effectiveness should occur. Routine reviews should also be carried out to ensure there is no change.
Low 5-9	Risks scored at this level represent a low threat to the delivery of council objectives and service delivery. Review required to ensure risk score does not change/increase, however these risks can be managed operational/ service level.
Very Low 0-4	Risks scored at this level represent an insignificant threat to the delivery of council objectives and service delivery. No further action is required.

3.5 Minimising, controlling and responding

When deciding how to manage risks, the cost effectiveness of implementing proposed controls needs to be considered. There is little benefit to be gained from pursuing a course of action if the cost of controlling a risk outweighs the benefits to be gained.

There are four basic ways of responding to risk:

Avoidance	Deciding not to continue or proceed with the activity in view of the level of risk involved. This may be as a result of the cost of mitigating the risk being too high, or the consequences being too adverse. (Note: statutory requirements cannot be avoided).
Transfer	Involves another party bearing or sharing the risk, a typical example being the use of insurance. (Note: ultimate responsibility to undertake statutory requirements remains with the Council even if third party provision is engaged).
Mitigate	Ensuring existing controls are effective by periodic review and testing, and implementing additional controls where necessary.
Acceptance	Certain risks cannot be adequately treated by any of the above. In such cases, there is no alternative but for the Council to accept the residual risks concerned. Details of how these risks and their possible effects are to be managed must be recorded in the risk register at corporate, directorate or project level as appropriate, and subject to regular review.

3.6 Monitoring and reporting

Corporate Leadership Team reviews the strategic and operational risk register at regular intervals to assess if any risk has increased, reduced or stopped altogether, or if new risks need to be added.

The Terms of Reference for the Audit Committee state that the purpose of an audit committee is to provide independent assurance of the adequacy of the risk management framework, and as such one of its functions is to consider the effectiveness of the council's risk management arrangements.

The committee will therefore receive regular updates on the strategic and operational risk register and will consider the effectiveness of the Risk Management Strategy.

Reports to committees will include an appraisal of all associated risks and their implications. This is specified in the mandatory report template.

Where officers have concerns about risks, they should be reported to the relevant director or the Governance team. These concerns may for example include:

- Operational risks that have identified a potential strategic risk
- Risks that have not been controlled within the pre-agreed timescales
- Risks that have increased since initial evaluation
- An identified risk occurs and results in failure/loss due to inadequate controls

- Risks that may need to be moved to a new owner
- Risks that become too unwieldy to manage at the current level
- Risks that remain very high even after mitigations are implemented
- Risks that impact on more than one service/project or function if the risk event materialises
- Risks that move outside the appetite boundaries.

Corporate Leadership Team will determine whether risks move from the operational level to the strategic level.

4. Strategic and operational risk register

- 4.1 The strategic and operational risk register records high level risks that pose a threat or opportunity to the council's ability to operate and deliver services that could have an adverse effect on public wellbeing and affect our ability to provide important public services or corporate strategy objectives.
- 4.2 Executive Team are responsible for identifying risks that have a strategic and corporate impact. The Governance team should be notified of any such risk so that it can be added to the strategic and operational risk register and included in the next review by Corporate Leadership Team.
- 4.3 The register is reviewed by the Corporate Leadership Team on a regular basis. Any existing entries on the register are considered for changes to the nature of the risk, progress to be reported and any adjustments to the risk scores. Risks that are no longer relevant are removed and new risks considered in the context of current circumstances are added.
- 4.4 Following each review, an overview of changes to the register is provided to the Audit Committee.

5. Major project risks

- 5.1 A risk register will be maintained for each project on the list of approved major projects. Oversight of risk will be provided via the Officer Major Project Board and Member Major Project Board.
- 5.2 For projects at concept stage and not on the approved list of major projects risk oversight will be via the officer Project Development Group.

6. Roles and responsibilities

- 6.1 Risk management is the responsibility of everyone. It is important that risk management becomes part of daily routines to ensure achievement of the council's objectives is not jeopardised by unrecognised risks.

All council employees and members are responsible for ensuring there are robust and fit-for-purpose systems of internal control and risk management in place; and they are aware of the risks that:

- they are empowered to take
- must be avoided or reported upwards.

6.2 **Members**

The Leader is responsible for acting as lead councillor for risk management.

The Audit Committee has specific responsibility for the scrutiny of risk management. The committee receives the triennial review of the Risk Management Policy and Strategy and periodic reports on the update of the Corporate Risk Register. It is the committee's responsibility to ensure that risks are being actively managed.

The risk management policy and strategy are approved by Cabinet.

6.3 **Executive Team**

Ultimately the Executive Team is responsible for managing risk. The responsibility cannot be devolved down, although actions to mitigate risk can be assigned to officers.

Corporate Leadership Team must inform the Section 151 Officer of any financial viability or resilience issues as soon as they emerge so that any appropriate action that may be required can be taken.

In addition, Executive Team should:

- Nominate a member of Executive Team with overall responsibility for risk management, currently the Chief Executive Officer
- Identify risks within their respective directorates through section and project meetings.
- Take ownership of risks within their respective directorates and assign a responsible officer to all significant service risks
- Receive regular updates on identified and any new significant emerging risks within their directorate
- Ensure that the risk management process is reviewed on a regular basis.

6.4 **Section 151 Officer**

The Section 151 Officer has a responsibility to monitor the viability and resilience of the council's finances and take appropriate action if required to ensure the ongoing financial sustainability of the council. The officer must be informed of any potential financial risk arising from project or service activities as it emerges.

6.5 **Service managers**

Service managers are responsible for raising awareness of the risk management strategy in their own service area and notifying the Executive Team of any significant risks.

Service managers, in conjunction with their assistant director, should:

- Lead reviews of the operational risks relating to their services
- Ensure a responsible officer is assigned to manage significant risks
- Identify resources to address the highest priority risks
- Monitor progress on a regular basis

- Review the risks on an annual basis and when new situations arise
- Ensure committee reports include an appraisal of all associated risks and their implications.

6.6 Project managers

Managers of major and capital projects are responsible for raising awareness of the strategy in their own projects and should monitor the project risk register on a regular basis. Any significant risks should be notified to the Executive Team.

Project managers, in conjunction with their assistant director, should:

- Lead reviews of the operational risks relating to their projects
- Ensure a responsible officer is assigned to manage significant risks
- Identify resources to address the highest priority risks
- Monitor progress on a regular basis
- Review the risks on an annual basis and when new situations arise.

6.7 Directors of council owned companies

Councillors and senior council officers are appointed as company directors on council owned companies such as West Norfolk Housing Company Ltd. There is a responsibility upon board directors to consider the risk management arrangements in place for these types of company.

6.8 Governance team

This team has responsibility for coordinating the implementation of the risk management strategy and reviewing the policy and strategy. This will include updating the corporate risk register, reporting where required to Corporate Leadership Team, Audit Committee and Cabinet and supporting ongoing communication and development.

6.9 Internal Audit

Audit of the risk management process is independently reviewed by Internal Audit to avoid a conflict of interest. Internal Audit can provide the Audit Committee with independent assurance as to the robustness of the council's risk management arrangements.

Internal auditors will consider any potential unidentified risks during their audit work and bring any issues to the attention of management where necessary.

The council's Fraud and Corruption Risk Register is maintained by Internal Audit. This forms part of the internal control environment and mitigation measures.

6.10 Health and safety risk management

The ongoing management of these types of risks is covered by the council's Health, Safety and Welfare General Policy.

Each directorate is responsible for undertaking their own annual risk assessments with support from the Corporate Health and Safety Group.

7. Risk management training

Risk management training is provided to relevant officers with the aim of ensuring that they have the skills necessary to identify, appraise and control the risks associated with the services they provide and projects that they manage. Elected members will receive training on risk so that they can consider the implications of risk whilst engaged with council activities.

8. Health implications

The strategy is a key part of the council's governance framework and will contribute towards wider health policies through mitigation measures.

9. Equalities implications

The strategy is considered to have no equalities implications.

10. Reference documents

The strategy supports the council's Risk Management Policy.

11. Additional information or resources

The related Risk Management Policy and Strategic and Operational Risk Register can be found on the intranet. Further information can be obtained from the Governance team.

REPORT TO CABINET

Open/Exempt Open		Would any decisions proposed :					
Any especially affected Wards Borough-wide (all wards)	Operational	Be entirely within Cabinet's powers to decide		YES/NO	YES/NO		
		Need to be recommendations to Council		YES/NO			
Lead Member: Cllr Jo Rust E-mail: cllr.jo.rust@west-norfolk.gov.uk			Is it a Key Decision				
			YES/NO				
Lead Officer: Charlotte Marriott E-mail: charlotte.marriott@west-norfolk.gov.uk Direct Dial: 01553 616642			Other Cabinet Members consulted: Portfolio Holder for People and Communities				
			Other Members consulted: Environment & Community Panel (25 November 2025)				
Financial Implications YES/NO	Policy/ Personnel Implications YES/NO	Statutory Implications YES/NO	Equality Impact Assessment YES/NO If YES: Pre-screening/ Full Assessment	Risk Management Implications YES/NO	Environmental Considerations YES/NO		

Date of meeting: 20 January 2026

TITLE: SAFEGUARDING POLICY REVIEW 2025

Summary

This report seeks Cabinet approval to adopt the revised corporate Safeguarding Policy 2025.

The policy has undergone its first substantive review since 2019, prompted by legislative updates, partner feedback, and internal review. The revised policy has been streamlined, modernised, and refocused on practical guidance, ensuring compliance with statutory duties while improving usability.

Recommendation

Cabinet is recommended to resolve that:

1. Cabinet endorses and adopts the revised Safeguarding Policy.
2. Cabinet delegates authority to amend/update this policy to ensure it remains compliant with legislation to a member of the Executive Leadership Team in consultation with the relevant portfolio holder.

Cabinet recommends to Full Council that:

3. Cabinet recommends that Full Council agree changes to the Members' Code of Conduct to include explicit safeguarding responsibilities.

Reason for Decision

- To ensure the Council continues to meet its statutory safeguarding duties under the Children Act 2004 and the Care Act 2014, reflects

current guidance (Working Together 2023, Care and Support Statutory Guidance 2024), and is prepared for anticipated duties in the forthcoming Crime and Policing Bill 2025.

- The updated policy improves clarity and accountability, reflects new safeguarding priorities (including domestic abuse, modern slavery, cuckooing, self-neglect and hoarding), and provides stronger support for staff wellbeing.

1 Background

- 1.1 The council first adopted its Safeguarding Policy in 2017, with minor updates in 2018, 2019 and 2022. The policy outlines the council's approach to safeguarding and details how we comply with the requirements of the relevant legislation, including:
 - Children Act 2004
 - Care Act 2014
 - Modern Slavery Act 2015
 - Working together to Safeguard Children 2023
 - Domestic Abuse Act 2021
- 1.2 The statutory inquiry into the death of Victoria Climbié highlighted the lack of priority status given to safeguarding. The Government's responses to these findings included the 'Every Child Matters' green paper and the 2004 Children Act. Section 11 of this act places a duty on organisations and individuals (including this authority) to ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children, in particular highlighting the need for multi-agency approaches.
- 1.3 The current review is the first comprehensive refresh since 2019. Over time the policy had grown to more than sixty pages, becoming lengthy and repetitive. While detailed, it was not easy to use, particularly for staff or volunteers who needed to act quickly when a safeguarding concern arose.
- 1.4 Alongside this, the wider safeguarding environment has evolved. New legislation and guidance - including Working Together to Safeguard Children 2023, the updated Care and Support Statutory Guidance 2024, and the Domestic Abuse Act 2021 - has introduced fresh duties and expectations. The forthcoming Crime and Policing Bill 2025 is also expected to place a statutory duty on councils to tackle "cuckooing". These changes, together with local priorities around issues such as modern slavery, self-neglect and hoarding, have underlined the need for the council to modernise our policy and approach.
- 1.5 Feedback from partners and from the council's Internal Safeguarding Group supported this view, emphasising that the policy needed to be extensively updated to ensure compliance and clarity. The revised draft responds to that challenge, balancing clarity with compliance, and ensuring that all those connected with the council, including staff, councillors, contractors and volunteers, can understand their safeguarding duties.

Proposal

- 1.6 The revised policy has been streamlined to around 20 pages, supported by appendices and intranet resources. It focuses on clear definitions, straightforward processes and accessible guidance, removing duplication while strengthening emphasis on partnership working.
- 1.7 A key change is the introduction of a tiered training framework, which establishes mandatory learning at three levels: universal e-learning for all (Tier 1), enhanced face-to-face training for customer-facing roles (Tier 2), and specialist CPD for safeguarding leads and managers (Tier 3). This ensures a consistent baseline of knowledge while targeting more intensive training where risk and contact is highest.
- 1.8 The policy also gives greater attention to emerging safeguarding issues. Domestic abuse is covered more explicitly, with reference to the Council's White Ribbon and Domestic Abuse Housing Alliance (DAHA) accreditation work; modern slavery and human trafficking are integrated with the council's Modern Slavery Statement; self-neglect and hoarding are highlighted in line with Norfolk-wide priorities; and cuckooing is recognised in anticipation of new national duties.
- 1.9 The policy places more emphasis on supporting staff who may themselves be affected by safeguarding issues and recognises the impact a disclosure may have on people. It sets out the role of our Trauma Risk Management (TRiM) practitioners, directs to support resources available through Vivup, and recognises the importance of creating a safe, supportive culture within the organisation itself.

2 Options Considered

- 2.1 Do nothing - retain outdated policy, offering limited compliance and assurance. This option is not recommended, as it would present significant risk to the council.
- 2.2 Minor revision only – this would be insufficient to meet statutory requirements or address new safeguarding risks.
- 2.3 Comprehensive review, as presented at Appendix 1 - adoption of revised policy - ensures compliance, usability, and proactive response to safeguarding duties. This is the recommended option.

3 Policy Implications

- 3.1 The proposed Safeguarding Policy is an update to/rewrite of the council's existing Safeguarding Policy. It embeds a clear, corporate approach across all council functions.
- 3.2 Implementation of the revised policy, if adopted, will be led by the Corporate Governance Team, supported by the council's Safeguarding Leads and Internal Safeguarding Group.

3.3 If the policy is adopted and cabinet resolves to amend the Members' Code of Conduct, then this will require updating in line with relevant processes. Suggested wording to be included in the Members Code of Conduct:

(Insert a new section 3).

Safeguarding

As a Councillor:

I have due regard to the need to safeguard and promote the welfare of children, young people and adults at risk when carrying out my role as a Councillor.

If I become aware of, or am given information about, a safeguarding concern or allegation, I report it promptly through appropriate safeguarding routes and do not attempt to investigate or resolve the matter myself.

3.4 There is a need to review and fully embed the safeguarding risk assessment within our procurement processes.

4 Financial Implications

4.1 The revised training framework will require a financial commitment, although this is yet to be determined and will be led by staff need. Financial budgeting for 2025/26 (and subsequent years) should consider this within the allocated training budget.

4.2 There are no other costs associated with the adoption of this policy. Any work undertaken to update and implement the new policy will be contained within existing staff and resource budgets.

5 Personnel Implications

5.1 All staff will be required to familiarise themselves with the revised policy and undertake a certain level of training. It is proposed that all staff will be required to undertake e-learning training, regardless of their role within the council – '*Safeguarding is everyone's business*'.

5.2 The HR team will be required to support the rollout of the new tiered training framework.

5.3 The Communications team will be required to support the launch of the revised policy.

5.4 The Procurement team will need to ensure the safeguarding risk assessment is fully embedded within procurement practices and processes.

5.5 Overall responsibility for the policy sits with the Corporate Governance Team.

6 Environmental Considerations

6.1 None

7 Statutory Considerations

7.1 The council has a statutory duty to comply with the following key pieces of safeguarding legislation and guidance:

- Children Act 2004 (s.11 duty).
- Care Act 2014 (s.42 duty).
- Domestic Abuse Act 2021.
- Counter Terrorism & Security Act 2015 (Prevent duty).
- Equality Act 2010.
- Modern Slavery Act 2015.
- Serious Crime Act 2015 (mandatory reporting duty for Female Genital Mutilation).
- Working Together to Safeguard Children 2023.
- Care and Support Statutory Guidance 2024.
- Anticipated Crime and Policing Bill (2025).

8 Equality Impact Assessment (EIA)

8.1 EIA attached - no adverse impacts identified.

- **Age** - The policy demonstrates the council's commitment to safeguarding all children, young people and adults with care and support needs from harm.
- **Disability** – The Care Act 2014 specifically relates to adults that have care and support needs, and this policy demonstrates how we meet our responsibilities as defined in Section 42 of this act.
- **Sex** – The policy considered the duties defined within the Domestic Abuse Act. Whilst both men and women are victims and survivors of domestic abuse, it is known that it disproportionately effects women and girls. The policy references our work to tackle violence against women and girls through our White Ribbon Accreditation work.
- **Race** – The safeguarding policy covers issues that typically (although not exclusively) are experienced in certain cultures, including forced marriage and Female Genital Mutilation (FGM).

9 Risk Management Implications

9.1 All Local Authorities have statutory safeguarding duties, as outlined in the extensive body of legislation. The Deputy Chief Executive has taken on the statutory role of 'Designated Safeguarding Coordinator' for the Council. The lack of an up-to-date, clear and concise policy would leave the council open to risk and legal action if safeguarding practices were not being followed and a child, young person, or adult with care and support needs suffers serious harm or loses their life.

10 Declarations of Interest / Dispensations Granted

None

10 Background Papers

- 10.1 Draft Safeguarding Policy 2025 (Appendix 1)
- 10.2 Grid of Policy Changes (Appendix 2)

Stage 1 - Pre-Screening Equality Impact Assessment

For equalities profile information please visit [Norfolk Insight - Demographics and Statistics - Data Observatory](#)

Name of policy/service/function	Safeguarding Policy				
Is this a new or existing policy/service/function? (tick as appropriate)	New		Existing	X	
Brief summary/description of the main aims of the policy/service/function being screened. Please state if this policy/service is rigidly constrained by statutory obligations, and identify relevant legislation.	<p>The Safeguarding Policy explains how the Borough Council of King's Lynn and West Norfolk ("the Council") prevents harm, identifies concerns and acts swiftly to protect children, young people and adults at risk.</p> <p>The Policy is mandated by the Council's duties under section 11 of the Children Act 2004 and section 42 of The Care Act 2014 to ensure that it considers the need to safeguard and promote the welfare of children and safeguard adults.</p>				
Who has been consulted as part of the development of the policy/service/function? – new only (identify stakeholders consulted with)	<p>Internal stakeholders:</p> <ul style="list-style-type: none"> • Housing • HR • The Internal Safeguarding Board • Senior Management Team • Alive West Norfolk 				
Question	Answer				
<p>1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups, for example, because they have particular needs, experiences, issues or priorities or in terms of ability to access the service?</p> <p>Please tick the relevant box for each group.</p> <p>NB. Equality neutral means no negative impact on any group.</p> <p><i>If potential adverse impacts are identified, then a full Equality Impact Assessment (Stage 2) will be required.</i></p>		Positive	Negative	Neutral	Unsure
	Age	✓			
	Disability	✓			
	Sex	✓			
	Gender Re-assignment			✓	
	Marriage/civil partnership			✓	
	Pregnancy & maternity			✓	
	Race	✓			
	Religion or belief			✓	
	Sexual orientation			✓	
	Armed forces community			✓	
	Care leavers			✓	
Health inequalities*			✓		

*For more information on health inequalities please visit The King's Fund	Other (eg low income, caring responsibilities)			✓	
---	--	--	--	---	--

Please provide a brief explanation of the answers above:

Age - The policy demonstrates the council's commitment to safeguarding all children, young people and adults with care and support needs from harm.

Disability – The Care Act 2014 specifically relates to adults that have care and support needs, and this policy demonstrates how we meet our responsibilities as defined in Section 42 of this act.

Sex – The policy considered the duties defined within the Domestic Abuse Act. Whilst both men and women are victims and survivors of domestic abuse, it is known that it disproportionately affects women and girls. The policy references our work to tackle violence against women and girls through our White Ribbon Accreditation work.

Race – The safeguarding policy covers issues that typically (although not exclusively) are experienced in certain cultures, including forced marriage and Female Genital Mutilation (FGM).

Impact on other groups has been identified as neutral, however this policy applies to all children, young people and adults, regardless of any protected characteristic they may hold.

Question	Answer	Comments
2. Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favouring a particular community or denying opportunities to another?	No	
3. Could this policy/service be perceived as impacting on communities differently?	No	
4. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions? If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section	No	<p>Actions: N/A – no adverse impacts identified.</p> <p>Actions agreed by EWG member:</p> <p>.....</p>

If 'yes' to questions 2 - 4 a full impact assessment will be required unless comments are provided to explain why this is not felt necessary:

Decision agreed by EWG member:

5. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	Yes	Please provide brief summary: The Policy is established to meet the council's safeguarding duties. While this will inevitably benefit individuals who are disadvantaged, the Policy does not seek to tackle disadvantage or discrimination specifically.			
Assessment completed by: Name	Charlotte Marriott				
Job title	Interim Corporate Governance Manager				
Date completed	03.10.2025				
Reviewed by EWG member	Alison Demonty	Date	17.10.25		

✓ Please tick to confirm completed EIA Pre-screening Form has been shared with Corporate Policy
corporate.policy@west-norfolk.gov.uk



Corporate Safeguarding Policy

Owner		Deputy Chief Executive		
Responsible Person		Interim Corporate Governance Manager		
Review Cycle		3 years	Next Review Date	Jan 2029
Equality Impact Assessment (EIA) Date		03.10.2025	Date approved by the CEWG	17.10.2025
List any other impact assessments that have been completed		N/A		
Date initially approved by Cabinet/Full Council		TBC		
Published to		Intranet and BCKL&WN website		
Stakeholders consulted		Internal Safeguarding Group Corporate Leadership Team Portfolio Holder for People & Communities		
Revision Record				
Rev. No.	Date of Issue	Reason for Revision		
05	XX/XX/XX	Substantive review – policy refreshed throughout		
04	December 2022	Scheduled review – revisions throughout to ensure compliance with legislation and practice. Updates to terminology, legislation (Working Together 2018, Domestic Abuse Act 2021), inclusion of new referral forms, guidance, and processes. Inclusion of roles and responsibilities section. Inclusion of Terms of Reference (ToRs) for Internal Safeguarding Group.		
03	August 2019	Revised to reflect new working arrangements in leisure		
02	July 2018	Revised to reflect Alive Leisure charity status		
01	October 2017	Revised to reflect new reporting arrangements in leisure		

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The Designated Safeguarding Coordinator for the Borough Council of King's Lynn & West Norfolk is **Michelle Drewery, Deputy Chief Executive**

Michelle Drewery Deputy Chief Executive 01553 616432
Michelle.drewery@west-norfolk.gov.uk
King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX

The Council's Deputy safeguarding co-ordinator, who should be contacted in Michelle's absence, is **Charlotte Marriott**, who can be contacted on 01553 616642, Charlotte.marriott@west-norfolk.gov.uk, address as above

Safeguarding — Policy Summary for Officers

What is safeguarding?	Protecting children, young people and adults at risk from abuse or neglect – and acting early so they can live safe, healthy lives.
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Your duty – three simple steps

1. **RECOGNISE** – Know the signs (physical, emotional, neglect, domestic abuse, modern slavery, self-neglect/hoarding, etc.).
2. **RECORD** – Write down the facts **immediately** (time, date, exact words).
3. **REPORT** – Follow the flow-chart on the intranet:
 - o **Emergency = 999.**
 - o Otherwise, speak to your **Safeguarding Lead** the **same day** and [submit the online referral form](#).
 - o If you have a concern that relates to the action or behaviours of a colleague, call the Designated Safeguarding Coordinator (DSC) or Deputy DSC first.

Never promise total confidentiality. Reassure the person their information will be treated sensitively but explain you may have to share it with relevant colleagues (i.e. your Safeguarding Lead or the DSC) and/or external organisations (e.g. Social Care, Police) to keep them (or others) safe.

Information sharing

- “Need-to-know” only – but do share if someone is at risk.
- Use the [NSAB 7 Golden Rules](#) as your quick guide.

Training you must complete

Tier	Who	Core learning	Renewal
T1 – Awareness	All staff, councillors and volunteers with incidental contact	E-learning: basic signs, how to report	Every 3 years
T2 – Enhanced	Housing, Customer-Facing, Licensing, Enforcement, Community Safety	Spotting self-neglect/hoarding, domestic abuse, modern slavery; case studies	Every 3 years
T3 – Specialist / Decision makers	Safeguarding Leads, Designated Officers, relevant councillors (such as portfolio holders) Alive West Norfolk leads	Bespoke and specialist training	Annual CPD & peer supervision

Partnership contacts at a glance

- Social Services - Children (CADS) 0344 800 8021
- Social Services - Adults - 0344 800 8020 or for non-urgent referrals, use the [online form](#)
- Police MASH Duty DS 01603 276 151
- Modern-Slavery 24 / 7 Helpline 0800 0121 700

Further external contacts can be found at XXXX

Looking after yourself

Dealing with Safeguarding concerns or disclosures can be upsetting. It is important that you take time to look after yourself and get help if you need it:

- Speak to your Line Manager
- Speak to a Trauma Risk Management (TRiM) Practitioner for peer support – access via HR
- Access free counselling via Vivup (Employee Assistance Programme).

Remember: Safeguarding is everybody's business – your swift action could save a life.

Executive Summary

Safeguarding is everyone's business. This policy explains how the Borough Council of King's Lynn and West Norfolk ("the council") prevents harm, identifies concerns and acts swiftly to protect children, young people and adults at risk.

Safeguarding and promoting welfare is defined for the purposes of this policy as:

- protecting children, young people and adults experiencing or at risk from abuse or neglect from maltreatment.
- preventing the impairment of the health or development of children, young people and adults experiencing or at risk from abuse or neglect.
- ensuring that children, young people and adults experiencing or at risk from abuse or neglect grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children, young people and adults experiencing or at risk from abuse or neglect have the best outcomes.
- A commitment to working in multi-disciplinary partnerships, sharing information lawfully and proactively to secure the best outcomes for children and adults at risk.

The council, together with local agencies including the police and health services, have a duty under section 11 of the Children Act 2004 to ensure that it considers the need to safeguard and promote the welfare of children when carrying out its functions. This duty extends to contractors who deliver services on behalf of the council.

Under section 42 of The Care Act 2014 the Council has a duty to safeguard adults who have care and support needs. Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer.

1. Introduction

1.1 Safeguarding is everyone's business – this is central to our approach and applies to the public, volunteers and professionals.

1.2 The council believes that all residents have the right to:

- live their lives to their fullest potential
- be protected
- have the opportunity to participate in and enjoy any activity
- be treated with dignity and respect.

1.3 This Policy is designed to ensure the council meets its safeguarding responsibilities. This applies to:

- Children (including unborn babies), young people and adults experiencing or at risk from abuse or neglect
- The Council itself and its staff, elected members, volunteers and contractors.

1.4 The council is committed to safeguarding and will establish policies, procedures and guidance to support the effective delivery of this policy across all its services and functions.

2. Definitions

Term	Meaning	Abbreviation used (if any)
Safeguarding	Safeguarding is protecting children, young people and adults experiencing or at risk from abuse or neglect. This includes: <ul style="list-style-type: none">• Preventing abuse and maltreatment• Preventing harm to health or development• Ensuring all those at risk have safe and effective care• Ensuring all those at risk have the best outcomes• Providing specialist services where needed.	
Children and young people ¹	The term children or young person is used to refer to anyone under 18 years of age, including unborn babies.	CYP
Adults experiencing or at risk from abuse or neglect ²	Under the Care Act 2014, a person who is 18 years of age or older is considered to be an adult at risk if they: <ul style="list-style-type: none">• Have needs for care and support (whether or not the Local Authority is meeting any of those needs) and;• Are experiencing, or at risk of, abuse or neglect; and;• As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.¹	AAR
Parent	The term parent is used as a generic term to represent parents, carers and guardians	

¹ Note: Where someone over 18 is still receiving children's services, for example in an education setting until the age of 25, and a safeguarding issue is raised the matter should be dealt with through adult safeguarding arrangements. Children's safeguarding and other

Staff	All employees, agency workers, apprentices or volunteers (including those undertaking work experience placements) working on behalf of the Council	
Contractor / Third Party	Any individual or organisation delivering Council-commissioned services or using Council premises / licences.	
Disclosure and Barring Service	The UK agency that helps employers make safer recruitment decisions. A DBS check is a background check for criminal convictions and other information, required for individuals working in roles with children or adults at risk. Certain serious convictions will result in a person being barred from working with those groups.	DBS
Abuse (or Neglect)	Causing harm to a child or adult at risk. This can be a single act or repeated acts. It can take many forms – physical, emotional, sexual, financial, discriminatory, organisational, neglect (failure to meet basic needs), or exploitation. Abuse can be deliberate or result from negligence or lack of knowledge.	
Hoarding	Persistent accumulation of possessions and living spaces rendered unsafe, which may require joint response from Housing, Environmental Health and Adult Social Care.	
Multi-Agency Safeguarding Hub	The team of local agencies (such as Children's Services, Police, health etc.) that share information and coordinate responses to safeguarding referrals.	MASH
Local Authority Designated Officer	An officer at the County Council who is notified when there are allegations of abuse against people who work or volunteer with children. The LADO oversees and advises on such cases to ensure they are handled properly.	LADO
Norfolk Safeguarding Children Partnership and Norfolk Safeguarding Adults Board	Norfolk Safeguarding Children Partnership (NSCP) and Norfolk Safeguarding Adults Board (NSAB). These are the county-level multi-agency bodies that set policy and oversee safeguarding practice across Norfolk.	NSCP / NSAB

2. Policy Statement

2.1 The council believes that all children, young people and adults have the right to protection from harm. We have a duty to promote the welfare of and safeguard all CYP and AAR as far as is reasonably practicable. We will do this by:

- Raising awareness of safeguarding across the organisation so that all staff are aware of their responsibilities
- Ensuring our recruitment procedures are robust, with proper checks and procedures followed

relevant partners should be involved as appropriate. The level of needs is not relevant and the young adult does not need to have eligible needs for care and support under the Care Act.

- Where appropriate, ensuring contractors and funded organisations and other relevant third parties have safeguarding policies and procedures in place.

2.2 This policy is written in accordance with:

- the Children Act 2004,
- the Care Act 2014,
- the Counter Terrorism and Security Act 2015
- and associated guidance, council policies and procedures.

2.3 The council works in partnership with a range of agencies to safeguard children and adults at risk of or experiencing abuse or neglect. This includes the Norfolk Safeguarding Children Partnership and the Norfolk Safeguarding Adults Board. This policy aligns with the Norfolk Multi-Agency Safeguarding Arrangements.

2.4 This policy will be made available to all employees, Councillors, volunteers, contractors, those we fund and other relevant third parties. Training will be provided commensurate with roles and responsibilities.

2.5 Authority to amend/update this policy to ensure it remains compliant with legislation has been delegated to a member of the Executive Leadership Team in consultation with the relevant portfolio holder. The policy will be fully reviewed on a rolling three-year basis or updated as required between formal reviews.

The Council accepts the moral and legal responsibility to implement procedures, to provide a duty of care for children, young people and adults experiencing or at risk from abuse or neglect, safeguard their wellbeing and protect them from harm when they are engaged in services organised and provided by the Council.

3. Scope

3.1 This policy applies to all council activity, including that of our wholly owned companies, West Norfolk Housing Company Limited and West Norfolk Property Limited) whether functions are directly provided or commissioned from a third party.

3.2 This policy applies to staff who are currently experiencing or at risk of experiencing abuse. We will ensure all managers received training on how to appropriately respond in these situations and ensure staff are supported.

3.3 It sets out the corporate arrangements made by the council to meet its responsibilities. It remains the responsibility of each service area to make appropriate arrangements to comply with these responsibilities. These arrangements will reflect local circumstances, and the nature of the service provided.

- 3.4 Safeguarding will also apply to procured services. Where appropriate, for higher value tender exercises, the council's safeguarding policy will be included in the tender pack. Bidders will be asked to confirm they have read this and will abide by it in their work for the council.
- 3.5 Certain services, such as Housing and Community Safety, have specific operational safeguarding guidance and procedures which should always be adhered to.

4. Aims

- 4.1 With this Policy, the council aims to:

- Raise awareness of the duty of care responsibilities relating to children, young people and adults experiencing or at risk from abuse or neglect.
- Create a safe and healthy environment within all our services
- Recruit, train, supervise and support staff to adopt best practice to safeguard and protect children, young people and adults. All staff will abide by this Policy, appropriate procedures and the [Officer Code of Conduct](#). Staff who work with CYP and AAR will be subject to the appropriate level of Disclosure and Barring Services (DBS) check. Any allegations or concerns against staff will be responded to appropriately.
- Require elected members to adopt and abide by the Policy and the [Members Code of Conduct](#).

5. How we will achieve this

- 5.1 The council will:

- Provide appropriate training for staff and Elected Members
- Aid staff to respond sensitively and seriously to someone who discloses information about abuse and be confident and able to take appropriate action swiftly
- Always maintain a level of good working practice
- Promote the general welfare and wellbeing of CYP and AAR while using council services
- Develop and implement effective procedures for recording and responding to incidents, of actual or suspected abuse.

6. Roles and Responsibilities

- 6.1 Safeguarding is everyone's responsibility. Therefore, **responsibility for the implementation of this policy lies at all levels of the council.**

- 6.2 Key roles include:

Role	Responsibility
Designated Safeguarding Co-Ordinator (DSC)	The senior officer responsible for leading and coordinating the Council's response to safeguarding concerns.

	Michelle Drewery, Deputy Chief Executive, Michelle.drewery@west-norfolk.gov.uk , 01553 616432
Deputy Designated Safeguarding Co-Ordinator (DDSC)	Key responsible officer/deputy senior responsible officer, maintains policy, liaise with partners: Charlotte Marriott, Interim Corporate Governance Manager, Charlotte.marriot@west-norfolk.gov.uk , 01553 616642
Members of our Internal Safeguarding Group	Provides strategic oversight for all aspects of safeguarding across the council, identifies priorities, suggests improvements to procedures and oversees policy delivery. The group also serves to monitor progress against key safeguarding actions and the dissemination of relevant information to staff.
Assistant Directors	Monitor compliance, oversee policy implementation and resources, manage contractor risk assessments
Line Managers	Ensure staff complete training and are supported to carry out their duties
Every employee and volunteer	Be able recognise, record and report. Attend training to ensure up to date knowledge is maintained
Elected Members	Champion safeguarding; attend mandatory briefings
Corporate Governance Team	Co-ordinating the council's day to day safeguarding activities, policies and procedures and providing advice and guidance on safeguarding matters

7. Legislation and Guidance

7.1 Everyone who works with or around children and adults at risk needs to be aware of the laws and guidance that aim to protect those individuals from harm.

7.2 There is a considerable body of legislation, government guidance and standards designed to ensure that children and adults are safeguarded from harm. These include:

- Children Act 1989 and 2004
- Protection of Children Act 1999
- Human Rights Act 1998
- Sexual Offences Act 2003
- Care Act 2014 – Section 42 highlights need to escalate concerns that meet the S42 threshold.
- Counter Terrorism and Security Act 2015 (Prevent)
- Equality Act 2010
- Mental Capacity Act 2005

- Modern Slavery Act 2015
- Serious Crime Act 2015
- Domestic Abuse Act 2021
- Working Together to Safeguard Children 2023 and Care and Support Statutory Guidance 2024.
- Crime and Policing Bill (expected 2025) - expected to create a duty to tackle 'cuckooing'.

8. Oversight and Assurance of Policy

8.1 The Council's governance and assurance procedures ensure that the Policy remain robust and up to date.

Body / Role	Frequency	Purpose
Environment and Communities Panel and Cabinet	Three-year policy approval;	Democratic oversight.
Portfolio Holder for People and Communities	Regularly	Elected Member oversight.
Internal Safeguarding Group (ISG)	Quarterly	Cross-service learning, data review and action plan tracking. More information about the ISG can be found here .
Designated Safeguarding Coordinator (DSC)	Ongoing	The lead officer for safeguarding within the council, the DSC can escalate complex cases and authorise policy updates.
Deputy DSC	Ongoing	Lead on actions, provide advice, promote training update and quality check.
Section 11 self-assessment	Annual	The Council participates in an annual Section 11 self-assessment process, led by the Norfolk Safeguarding Children Partnership (NSCP). This assesses practice against the standards set out in Section 11 of the Children Act 2004 and NSCP priorities.

9. Partnerships and Networks

9.1 The council participates in several groups as part of its commitment to meeting its responsibilities with regards to safeguarding, including:

- The Norfolk Safeguarding Children Partnership (NSCP), which works to ensure that all children and young people in Norfolk can expect to stay safe and that the appropriate action will be taken by relevant organisation. For further information about the NSCP, please visit their website: <https://www.norfolkscb.org/>
- The West Norfolk Local Safeguarding Children Group, which considers matters relating specifically to children in West Norfolk.

- The District Councils Safeguarding Group (DCSG), which considers broader safeguarding issues affecting district councils across Norfolk.
- The Norfolk Safeguarding Adults Board (NSAB), which brings together organisations to actively promote effective working relationships that address the issue of abuse and harm relating to adults. For further information about NSAB, please visit their website: <https://www.norfolksafeguardingadultsboard.info/>
- The Western Locality Safeguarding Adult Partnership, which communicates and delivers key adult safeguarding objectives at a local level from the Norfolk Safeguarding Adults Board.
- The council is a member of the Norfolk Anti-Slavery Network and utilise the county Exploitation website for up-to-date pathways: [Child and adult exploitation | Norfolk Safeguarding Adults Board](#)
- Council Officers attend a number of Domestic Abuse subgroups

10. Allegations of Previous Abuse among Council Staff

10.1 The Protection of Children Act 1999 states that it is an offence for an individual with a history of abusing children or vulnerable adults to apply for a role or be employed working with CYP and vulnerable adults. A Disclosure and Barring Service (DBS) check is required for staff who will have contact with CYP or adults at risk, which is rechecked every three years. DBS checks are carried out by the council's Human Resources (HR) team, in line with relevant legislation and guidance.

11. What You Should do if you have a Concern – Safeguarding Procedures

11.1 The following procedures are intended to inform all staff and volunteers of what actions they should take if they have concerns or encounter a case of alleged or suspected abuse.

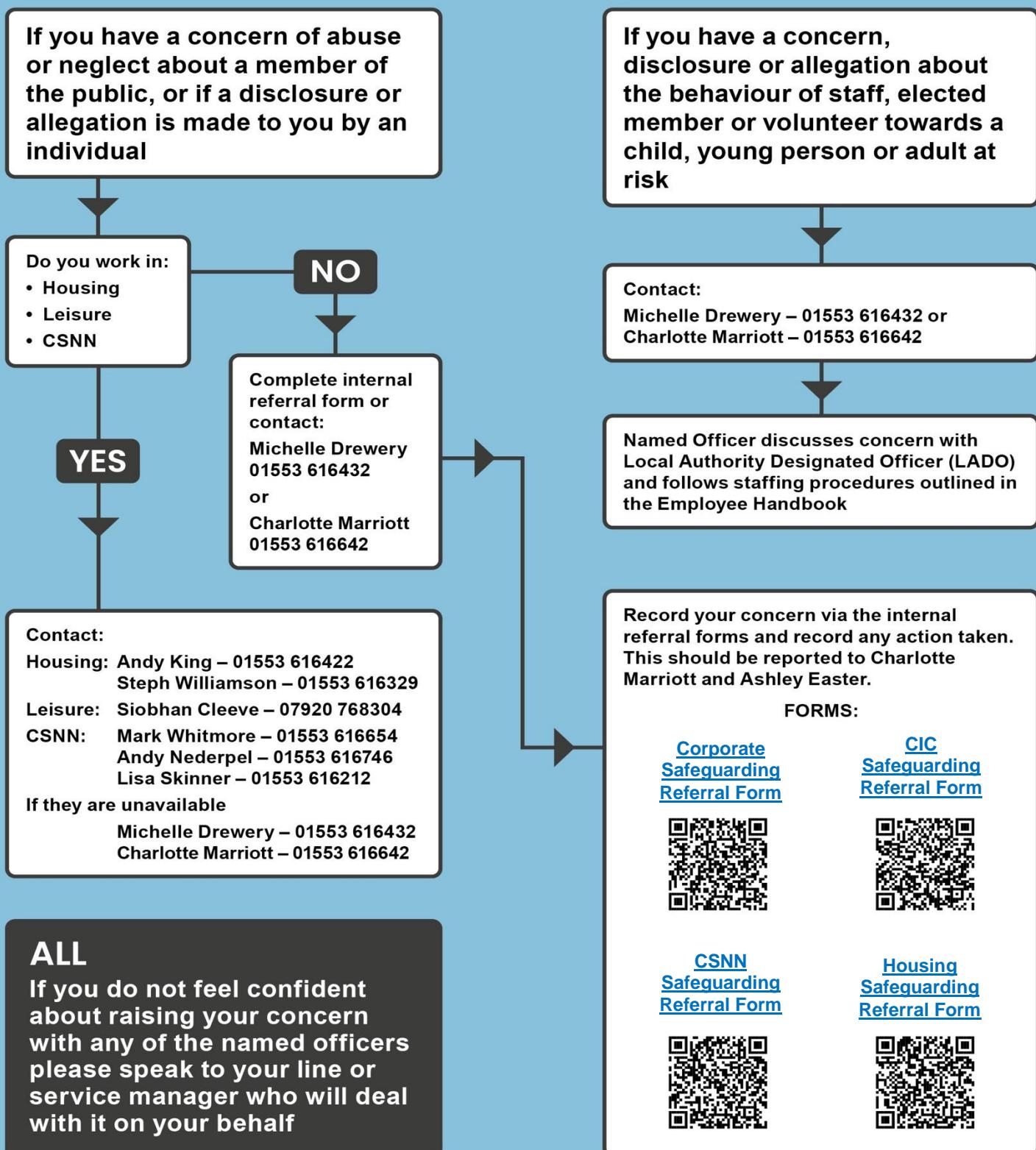
11.2 Safeguarding Procedure Flowchart:

SAFEGUARDING REPORTING PROCEDURE FLOWCHART

Borough Council of
King's Lynn &
West Norfolk



If you have immediate concerns for the safety of a child/young person/adult experiencing or at risk from abuse or neglect call 999 for an emergency response



11.3 Always speak to your Safeguarding Lead if you are unsure and always record your concerns and the action you took via our internal reporting process, even if you have not made a referral to an external agency.

For concerns related to a child or adult at risk	Child	Children Social Services via Children's Advice and Duty Service (CADS) - Norfolk County Council - provide advice, support and signposting, identifying the correct services and support for children and young person	If you are a professional: 0344 800 8021 . If you are a member of the public: 0344 800 8020 .
	Adult	Adult Social Services – Norfolk County Council – provide help and support for adults experiencing abuse and neglect. <u>Raising a Safeguarding Adults Concern: Checklist</u>	0344 800 8020 For non-urgent concerns regarding an adult, you can raise a concern using the online portal here .
Duty Detective Sergeant within the MASH	For specialist Police advice	Email: MASHSupervisors@norfolk.pnn.police.uk Call: 01603 27(6151)	
Emergency services		If you have a concern: 101 If there is an immediate danger: 999	
Other contact details for advice	Norfolk Local Authority Designated Officer (LADO) Team <u>You must consult the DSC or Deputy DSC before contacting the LADO.</u>	01603 223473 Email: lado@norfolk.gov.uk If you have concerns about the behaviour or actions of an adult working with a child under the age of 18 that you would like to report, please see the LADO Guidance and consultation documents below. LADO consultation and referral guidance LADO referral/consultation form	

12. Responding to Concerns, Disclosures and Allegations

12.1 Any allegations or disclosures should be taken seriously. There is a duty on us all to report concerns about children, young people and adults where they may be at risk of harm or abuse. It is appropriate to gather and record facts about the concern, but care must be taken not to prejudice formal investigations. There are a range of situations that staff, Elected Members and volunteers may need to respond where there is a concern or case of alleged or suspected harm. For example:

- responding to a CYP or AAR disclosing abuse
- responding to allegations or concerns about a member of staff or volunteer
- responding to allegations or concerns about any other person.

12.2 All staff should:

- Stay calm and listen carefully to what is said
- If a vulnerable person is reported missing, notify Police immediately
- Take the disclosure or concern seriously
- Consider any allegation or concern to be potentially dangerous to the individual
- Remember that it is not your job to judge or investigate BUT to report.
- Remember not to promise confidentiality – offer reassurance that their information will be treated sensitively but be clear that you may have to share it with appropriate safeguarding professionals (such as your Safeguarding Lead, the DSC or external organisations), if it is necessary to protect them or others from harm.

If there is an immediate risk to a child, young person or adult, call 999

13. Staff Wellbeing

13.1 The wellbeing of staff is important. Dealing with safeguarding concerns, particularly when someone discloses abuse or harm to you, can be upsetting or even potentially traumatic. Staff are not expected to manage these feelings alone, and support is available. If you find an incident difficult or distressing, you can ask for a TRiM referral to be made. TRiM Practitioners are trained to talk with you, assess how you're coping, and refer you to further help if needed.

13.2 You can also contact the Vivup 24/7 confidential freephone helpline at any time and this will give you access to free, qualified counselling.

Please contact the Personnel Officer, Welfare (01553 616368) for more information and guidance.

14. Support to staff experiencing abuse or at risk of harm

14.1 Employees who are experiencing abuse (inside or outside the workplace) or are at risk of harm can seek confidential advice. Where staff feel comfortable, they are encouraged to discuss concerns with their line manager, a trusted colleague, a Safeguarding Lead or a member of the HR team so that appropriate safety planning and reasonable adjustments can be put in place. Where the alleged perpetrator is a Council employee, the matter will be managed under HR procedures; where the perpetrator is a member of the public, concerns should be raised through the safeguarding route.

15. Confidentiality and Information Sharing

15.1 Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated among appropriate officer when necessary. Any breach of confidentiality could be damaging to the child, young person or adult experiencing or at risk from abuse or neglect, their family, the person whom the allegation is being made against and any safeguarding investigations that may follow.

15.2 The Norfolk Safeguarding Adults Board sets out the 'Seven Golden Rules' for information sharing, which represents good practice for staff: <7-golden-rules-for-info-sharing.pdf>

15.3 Remember: Sharing early with the appropriate partners is central to effective safeguarding.

15.4 Guidance for Photography and Filming:
Staff are advised to speak to the Communications team if involved in any external communications or marketing activity, particularly those that could involve CYP or AAR. It is important that staff remember to ensure that any photographs of residents, especially CYP and AAR, are covered by photo consent using the form available here: <Photography and Videos Consent Form 2025.docx>.
If you are allowing third party filming and photography at a council event, reasonable precautions should be taken to ensure attendees are aware of this (such as signage notifying for potential filming or flash photography).

16. Good practice conduct – the “golden rules”

15.1 Detailed advice on staff conduct can be seen on the intranet (<Officer Code of Conduct>). However, always remember the golden rules:

- **Respect** – Treat every child or adult at risk with dignity; be mindful of culture, age, disability and language
- **Empower** – Listen, ask open questions, offer choice wherever possible, and involve people in decisions that affect them
- **Maintain boundaries** – Meet in appropriate settings, do not give personal contact details or accept friend requests
- **Record and report** – Write facts (time, date, quote) immediately; pass the concern on the same day and record via the online form (details can be found here [LINK](#)) – do not investigate yourself
- **Confidentiality** – Share on a “need to know” basis only and never promise secrecy
- **Whistleblowing** – If you suspect malpractice, follow the Council’s [Whistleblowing policy](#). You are protected.

17. Work with Third Parties and Contracted Services

17.1 Children, young people and vulnerable adults can be subjected to abuse by those who work with them in any setting. It is important that all reasonable steps are taken by the council to ensure that unsuitable people are prevented from gaining access to them.

17.2 The council recognises that:

- some services are undertaken on its behalf by third party organisations, who may have contact with CYP and AAR
- it has property that may be used by third parties that involve contact with CYP and AAR
- it provides funding to some groups and organisations who provide services to or on behalf of CYP and AAR.

17.3 The Council has therefore developed a ‘safeguarding risk assessment’ (which forms part of our Procurement Handbook) to enable members of the Corporate Leadership Team and Service Managers to assess the level of appropriate action to take in respect of safeguarding in circumstances where the Council is:

- letting contracts, including preferred contractors
- providing grants or funding to third parties
- leasing Council owned property
- issuing licences for concessionary activities (outside the statutory licence process)
- undertaking event management
- undertaking general licensing functions

17.4 The risk assessment recognises the need to differentiate between the different levels of contact with CYP and AAR to apply the most appropriate level of action.

18. Recruitment

17.1 The Council follows robust recruitment, selection and appointment procedures for all vacancies. The fundamental stages of the procedure for recruiting and selecting staff are illustrated in the following table:

Pre-recruitment	It is essential that the need to work with children or vulnerable adults is clearly identified from the outset of the recruitment process for any post.
Pre-application	Information on all Council job opportunities are published on the recruitment pages of the Council's website.
Application	If the job advert highlights the need for a Disclosure and Barring Service (DBS) check, the Council is fulfilling its obligation to make applicants aware of the need for such a check, should they be successful in their application. All DBS checks are undertaken by our HR team and are conducted in line with relevant legislation and guidance.
Interview	The applicant is interviewed on the basis of suitability for the advertised role.
Checks and references	In cases where a DBS is required, a pre-employment check must be made. A provisional job offer will not be made formal until satisfactory DBS and references have been received. DBS certificates are rechecked every three years.
Induction and training	See section 16.

18.1 You can find more detailed information on each recruitment stage in the recruitment policy available on Ciphr.

19. Domestic abuse and Modern-Day Slavery

Domestic abuse

19.1 The Council adheres to the Norfolk-wide [Safer Norfolk Plan](#), 2025-2028, set out by the Norfolk Community Safety Partnership. The Council has gained White Ribbon accreditation. White Ribbon encourages people, especially men and boys, to take action and change behaviour individually or collectively to end male violence against women and girls.

19.2 For more information on Domestic Abuse, please see Appendix A.

Modern Slavery

19.3 The Council's approach to Modern Slavery and Human Trafficking are set out in the [Modern Slavery and Human Trafficking Policy Statement \(LINK\)](#)

20. Induction and Training

20.1 It is important that the recruitment and selection process is followed by relevant induction and training in order to further protect CYP and AAR. To make sure every individual linked to the Council receives the right depth of safeguarding knowledge, we use a three-tiered system.

20.2 Tier 1 – Awareness - This baseline training level is mandatory for all employees, including councillors, regardless of their level of contact with CYP or AAR.

- Format: an e-learning package available on the Learning Hub.
- Frequency: at induction and every three years.

19.3 Tier 2 – Enhanced contact - An in-person interactive workshop for staff who have regular and/or unsupervised contact with CYP and AAR.

- Format: One day, in-person workshop, covering recognising the signs of safeguarding issues, threshold and consent decisions, accurate recording.
- Frequency: Every three years.

19.4 Tier 3 – Specialist - This is more bespoke or specialist training, commissioned specifically for these groups and individuals. This level is required for:

- Appropriate elected members, such as portfolio holders
- Leisure and culture staff
- The council's Safeguarding Leads and other selected officers (such as members of the Internal Safeguarding Group).
- Frequency: Every three years or as necessary.

19.5 An annual safeguarding training plan is developed to ensure that staff are kept up to date on changes in legislation, recommended practice and new legislation or developments. This training plan is overseen by the Corporate Leadership Team.

20 Useful Links and Further Information

Organisation	Contact
Children's Services	For reporting concerns about a child. <ul style="list-style-type: none">• Phone: 0344 800 8020 (8am-8pm Mon-Fri)• Out of Hours Emergency Duty: 0344 800 8020 (same number – will divert)• If immediate danger to a child, call police 999 as well.
Children's Advice and Duty Service (CADS)	
Norfolk Safeguarding Children Partnership (NSCP)	For information on local protocols, threshold guide, referral form, training opportunities, and latest news on safeguarding children in Norfolk:

	Website: www.norfolkscb.org
Adult Social Care – Safeguarding Adults Team (Norfolk County Council)	<p>To report concerns about an adult at risk.</p> <ul style="list-style-type: none"> • Phone: 0344 800 8020 (Customer Service Centre, 24/7) • Safeguarding Adults concern form (for professionals) on NCC website secure portal. • If immediate danger to adult, call police 999 as well.
Norfolk Safeguarding Adults Board (NSAB)	<p>For policy documents like self-neglect strategy, referral guidance, and training info:</p> <p>Website: www.norfolksafeguardingadultsboard.info</p>
Norfolk Constabulary (Police)	<p>Emergency: 999 (if a crime is in progress, life is in immediate danger or someone is at immediate risk of serious harm)</p> <ul style="list-style-type: none"> • Non-emergency: 101 (to discuss or report a safeguarding concern that isn't immediate; they have dedicated Safeguarding units – for example, ask for the Child Abuse Investigation Unit or Adult Protection Team as needed.) • Prevent (Counter-Terrorism) Team: prevent@norfolk.pnn.police.uk or call 101 and ask for Prevent Lead (to report radicalisation concerns).
Childline (for children & young people direct)	<ul style="list-style-type: none"> • Phone: 0800 1111 (Free, confidential, 24/7)
National Domestic Abuse Helpline (for anyone experiencing domestic abuse)	<ul style="list-style-type: none"> • Phone: 0808 2000 247 (Free, 24/7, run by Refuge)
Modern Slavery Modern Slavery Helpline	<p>For advice or reporting suspected modern slavery or trafficking, besides police:</p> <ul style="list-style-type: none"> • Phone: 08000 121 700 (24/7)
Crimestoppers	<p>Public or staff can use this if they want to report something criminal but remain anonymous:</p> <ul style="list-style-type: none"> • Phone: 0800 555 111 (Anonymous reporting of crime)

21 Types and the potential signs of abuse

- 21.1 All staff are responsible for ensuring they are aware of the different types of abuse and any potential signs that may indicate someone is experiencing abuse or neglect.
- 21.2 Children and adults can be subject to different types of abuse, in different contexts, and therefore the signs will be different. For further information on the different categories and potential signs of abuse, please visit our [safeguarding intranet page](#) or visit the [NSCP](#) or [NSAB](#) website.
- 21.2 It is highly unlikely that an individual, especially a child, will ever directly say that they are being abused – it is up to you to remain alert and know the signs.

Appendix A – Domestic Abuse Policy Statement

1. Purpose and scope

Domestic abuse is any incident or pattern of incidents of controlling, coercive, threatening or violent behaviour between those aged 16 or over who are or have been intimate partners or family members. Children who witness such behaviour are victims.

This statement sets out how the Borough Council of King's Lynn and West Norfolk ("the Council") prevents, identifies and responds to domestic abuse affecting:

- residents, customers and visitors
- employees, agency workers, volunteers and Elected Members
- contractors and partner organisations delivering Council services.

It complements the main Safeguarding Policy, aligns with the Domestic Abuse Act 2021 and reflects current best practice drawn from Domestic Abuse Housing Alliance (DAHA), Local Government Association and district-council exemplars. Please note: a separate Domestic Abuse policy covering housing services can be found here ([link](#)).

2. Our commitment

We adopt a zero-tolerance stance towards domestic abuse and will:

- **Prevent** – raise awareness, encourage behaviour change and design out opportunities for abuse wherever the Council has influence.
- **Protect** – provide a trauma-informed response that puts the safety and voice of victim-survivors, including children, first.
- **Support** – ensure swift access to housing options, welfare advice, specialist advocacy and workplace help.
- **Pursue** – co-operate with police and other agencies to hold perpetrators to account, using tenancy, licensing and safeguarding powers when necessary.
- **Progress** – monitor data, listen to lived experience and improve policies and training continuously.

3. Guiding principles

Principle	What it means in practice
Safety first	Every disclosure or indicator of abuse is treated as urgent, and risk assessed the same working day.
Believe and validate	Staff will respond calmly, avoid judgement and believe what they are told.
Child-centred	Whenever children are involved, they are treated as victims.

Equality and inclusion	Services (both in-house and commissioned) are accessible regardless of sex, gender identity, disability, ethnicity, religion, immigration status or socio-economic position.
Confidentiality	Information is shared only on a “need-to-know” basis, except where risk of harm overrides consent.
Partnership	We follow the MARAC (Multi Agency Risk Assessment Co-ordination), CADS and MAPPA (Multi-Agency Public Protection Arrangements) arrangements agreed in Norfolk.

4. Roles and responsibilities

Role	Key duties
Designated Safeguarding Coordinator	Strategic oversight; partnership liaison;
Deputy Coordinator	Day-to-day advice; maintain referral pathways; case advice and guidance.
Managers	Ensure staff complete mandatory training; implement workplace adjustments and support. Ensure staff have access to the right support if they have experienced or are experiencing domestic abuse. Available from Ciphr: Domestic Abuse Procedure to Safeguarding Employees.
DA Champions	Network of officers to promote guiding principles and signpost staff and customers to relevant support.
All staff, volunteers and Members	Recognise, record and report concerns promptly; maintain professional curiosity.

5. Support for victims and staff

- Residents and customers – 24/7 Norfolk Helpline 0300 561 0555, Live-Chat link and quick-exit button on the Council [website](#); [Sanctuary Scheme](#); flexible rent or council-tax arrangements; priority transfers where risk is confirmed.
- Employees – free, confidential support via VIVUP Employee Assistance (0800 023 9857); time-off and workplace safety planning; TRiM peer-support after traumatic disclosures.
- Perpetrators in the workforce –referral to behaviour-change programmes where available, and support organisations. Managed through the Domestic Abuse Procedure to Safeguard Employees, available from Ciphr.

6. Procedures and referral routes

- Immediate danger: Dial 999.
- A DASH - Domestic Abuse, Stalking, Harassment and Honour Based Violence – Risk Assessment will be conducted by an appropriately trained member of staff. This tool is used to identify risk and will determine referral routes for the individual. For more information visit the [MARAC](#) webpage or speak to a Safeguarding Lead or a Domestic Abuse Champion.

7. Document control

Version 1.0

- Approved by Cabinet **DD/MM/2025**
- Review due December 2028

Appendix 2 - Grid of Policy Changes

Section / Heading	Changes Made	Explanation / Rationale
NEW: Safeguarding – Policy Summary for Officers	One page summary: New section added as a clear one-page summary for all officers.	Enhances usability, offering accessible, concise guidance on essential safeguarding duties.
Executive Summary	<p>Rewritten for clarity: The opening was changed from a formal description of authorities' duties (e.g. "Local authorities have overarching responsibility...") to a direct statement ("Safeguarding is everyone's business... explains how the Council prevents harm...").</p> <p>Key definitions of safeguarding remain, but minor phrasing fixes were made (e.g. correcting grammar in "preventing the impairment of...health or development").</p> <p>Added explicit commitment to multi-disciplinary partnership and information sharing.</p>	<p>Improve engagement and clarity: The introduction is now more concise, and reader focused.</p> <p>The new opening emphasises collective responsibility in plain language, making the summary more accessible. Minor edits (grammar, wording) ensure accuracy and readability. These changes make the policy's purpose clearer from the outset.</p> <p>Also demonstrates a strengthened approach to collaboration and sharing responsibilities, reflecting best practice advice from LSAP.</p>
Introduction	The intro's content – affirming everyone's right to live safely and the Council's commitment to safeguarding – is retained but shortened slightly and edited to avoid repetition with the Policy Statement. For example, sentences about residents' rights "to live their lives to their fullest potential... and be treated with dignity and respect" now appear without a separate heading.	<p>Avoid redundancy: The introduction's content overlapped with the Policy Statement.</p> <p>The important principles are still included but folding them into the Policy Statement eliminates duplication and keeps the policy focused.</p>
Definitions (formerly "Overarching Definitions")	<p>Renamed and reformatted: The section title "Overarching Definitions" (old Section 2) is now just "Definitions." The content was transformed from narrative paragraphs into a glossary-style table of key terms and meanings.</p> <p>Terms like Safeguarding, Children and young people, Adults at risk, Parent, Staff, Contractor/Third Party, DBS, Abuse (Neglect), MASH, LADO, and NSCP/NSAB are listed with concise definitions and any abbreviations.</p>	<p>Clarity and quick reference: Converting definitions into a table creates a convenient glossary. This format makes it easier for readers to find definitions and ensures consistency (including commonly used abbreviations). It also declutters the main text – detailed and unnecessary legal text was removed for brevity. The term "Overarching" was dropped from the title to keep it simple.</p>

	<p>Definitions that were previously prose are now in table rows (e.g. “Children and young people – anyone under 18”, with abbreviation CYP). The detailed statutory wording for child and adult definitions was moved out of the main body. Footnotes reference official sources. The old sub-headings “Safeguarding,” “Child,” “Adults...,” “Other Terms” are eliminated – all terms are integrated into the single glossary table.</p>	<p>Overall, these changes improve readability and keep definitions up to date by referencing external sources rather than embedding lengthy statutory text.</p>
Policy Statement	<p>Minor content edits: The Policy Statement retains its core message but has slight wording updates for inclusivity and accuracy.</p> <p>For example, it still affirms the right of all children, young people and adults “irrespective of...age, class, religion, culture, disability, gender, ethnicity or sexual preference” to be protected, same as before.</p> <p>The list of how the Council will do this remains, but one bullet about contractor obligations was trimmed for conciseness (e.g. “Where appropriate, ensuring contractors...and other relevant third parties have safeguarding policies in place”). A new closing paragraph was added to affirm the policy’s alignment with laws and multi-agency arrangements.</p>	<p>Clarity and currency: Minor rewording makes the statement more succinct without changing its meaning. The added note that the policy is written in accordance with specific Acts and “aligns with Norfolk Multi-Agency Safeguarding Arrangements” ties the statement to current law and local frameworks, reinforcing accuracy. These edits improve the statement’s precision and ensure it reflects the latest partnerships and terminology.</p>
Scope	<p>The Scope still specifies that the policy applies to all Council services and its wholly owned companies and includes procured services, essentially unchanged from before.</p> <p>Clarified that the policy also applies to staff who are currently experiencing or at risk of experiencing abuse</p>	<p>Maintaining clarity: The scope remains comprehensive.</p>
Aims	<p>Reworded for focus: The aims are still listed, but phrased as outcomes the Council seeks. For example, an aim in the old version, “Raise awareness of the duty of care responsibilities...” is retained in substance. However, some aim statements were consolidated or tightened. One combined aim now covers safe environments, proper recruitment, training, and response to</p>	<p>Improved coherence: The aims were refined to avoid repetition and group related ideas. By tightening the language and combining closely related points (e.g. staff recruitment/training and adherence to codes of conduct), the policy’s goals are clearer. This makes the aims easier to read</p>

	<p>allegations all in one bullet (whereas previously these points were scattered).</p>	<p>and aligns them directly with the Council's duties (training, safe environment, compliance with conduct codes).</p>
“Objectives” - renamed “How we will achieve this”	<p>Section renamed and phrasing changed: The old Objectives section (3.3) is now titled “How we will achieve this.” Instead of descriptive text (“The Council will do this by:...”) followed by gerund phrases, the new version uses a directive tone with the Council as subject (“The Council will: Provide... Aid... Maintain... Promote... Develop...”).</p> <p>The content of the five bullet points is very similar but slightly streamlined. For example, “Maintaining a level of good working practice at all times and therefore reducing risk...” is shortened to “Always maintain a level of good working practice”.</p> <p>All five original objectives (training, sensitive response, good practice, promoting welfare, effective procedures) remain, just phrased more succinctly.</p>	<p>Greater clarity and active voice: Renaming to “How we will achieve this” makes the section’s purpose obvious (it describes implementation of the aims). The shift to active voice (“The Council will...”) and eliminating unnecessary words (like “at all times” or explanatory clauses) makes each commitment sharper. These edits improve readability and ensure staff quickly grasp the actionable steps the Council will take to meet its safeguarding aims.</p>
Roles and Responsibilities	<p>Major rewrite & format change: This section was overhauled from a long narrative list of duties for various roles to a concise table of key roles and their responsibilities.</p> <p>The old version enumerated roles with sub-paragraphs 3.4.1 through 3.4.9 (Safeguarding Coordinator, Management Team, Assistant Directors, all employees, specific teams like Personnel, etc.).</p> <p>In the new policy, it opens with a brief statement “Safeguarding is everyone’s responsibility... responsibility lies at all levels” and then presents a table of six role categories: Designated Safeguarding Coordinator (DSC), Deputy Coordinators & Service Champions, Assistant Directors, Line managers, Every employee/volunteer, and Elected Members.</p> <p>Each is paired with a one-line summary of their duty (e.g. “Line managers – ensure staff complete training; safe staffing”). Roles that were previously listed in detail (e.g. Management Team,</p>	<p>Brevity and usability: The original list was lengthy and risked making readers get lost. The new table format is intended to make it easy to scan who is responsible for what.</p> <p>By focusing on key roles, the policy highlights accountability without minor repetition. Less critical sub-roles (e.g. specific teams or management layers) were omitted because their duties overlap with the broader categories listed and will be documented in internal guidance.</p> <p>The table format improves clarity and serves as a quick reference “who does what” guide for staff, aligning with best practice for clarity in role definition.</p>

	Personnel Services, Corporate Policy Team) are no longer individually detailed; only the key positions are highlighted.	
Legislation and Guidance	<p>Updated and externalised: The list of relevant laws and guidance was updated to include the latest references – for example, “Working Together to Safeguard Children 2023” (replacing the 2018 version) and “Care and Support Statutory Guidance 2024” were added.</p> <p>All the previous Acts (Children Act, Care Act, etc.) remain listed. In addition, it includes a reference to the anticipated “Crime and Policing Bill”, expected later in 2025, referring a new duty on cuckooing. However, instead of reproducing summaries of each law in the appendix, Appendix A’s detailed statute summaries were removed from the document (no longer printed in full). The new section still briefly explains the importance of being aware of laws but pushes the detailed content to the intranet. The policy now sets out an intranet link for more information.</p>	<p>Ensure currency and reduce bulk: Listing the most up-to-date legislation makes the policy accurate as of 2025. The changes update policy to include forthcoming legislative requirements, ensuring compliance and preparedness. At the same time, the detailed descriptions of each law are likely to become outdated. By moving detailed legal synopses to the intranet (with a hyperlink in the policy), the Council can update legislative guidance in one place without re-issuing the policy each time a law changes. This approach also shortens the policy document while still providing readers access to necessary details if needed. It balances completeness with maintainability.</p>
Oversight and Assurance	<p>Restructured: The narrative paragraphs describing audit processes and governance were replaced by a structured table. The old text explained the annual Section 11 audit, internal audits, and Cabinet approval in a descriptive way.</p> <p>The new version condenses these into a table of oversight “Body/Role – Frequency – Purpose”. For example, it lists: “Cabinet and Council – Three-year policy approval; annual update – (Purpose) Democratic oversight”, “Audit Committee – twice-yearly – monitors internal audit findings and risk register”, “Internal Safeguarding Group (ISG) – quarterly – cross-service learning, data review, action plan tracking”, and “Section 11 Self-Audit – every March – assesses practice against Children Act 2004 standards”.</p> <p>The full Terms of Reference for the ISG are no longer appended.</p>	<p>Clarity and accountability: The change provides a snapshot of how the policy is monitored and kept up to date. Presenting the oversight mechanisms in a table makes it clear which body is responsible for what oversight activity and how often.</p> <p>The rationale is to improve transparency about governance in a concise format. Additionally, removing the ISG’s Terms of Reference from the main document keeps the policy focused; those detailed TOR are an internal governance matter and can be maintained elsewhere.</p> <p>Overall, these edits make the policy’s assurance framework easier to understand at a glance and ensure that lengthy procedural details (like TOR) don’t clutter the public policy document.</p>

	Added reference to annual Section 11 audit process, with submission to NSCP.	The update on Section 11 ensures that the policy reflects statutory requirements for annual audit, clarifies accountability, and demonstrates the Council's participation in external safeguarding assurance.
Partnerships and Networks	<p>Streamlined and updated: The section still lists the multi-agency groups the Council engages with, but in a much shorter form. Previously, this part included an “Active participation in...” bullet list and then lengthy sub-sections describing the Norfolk Safeguarding Children Partnership (NSCP) and Norfolk Safeguarding Adults Board (NSAB) – their history, legal basis, structure, functions, etc. – spanning several paragraphs.</p> <p>In the new draft, all that detail is removed. The policy now simply states that “The Council participates in a number of groups... including:” and then bullet-points or brief lines for: District Councils Safeguarding Group (DCSG) to the NSCP, the local Safeguarding Children Group, the NSAB, and the Western Locality Safeguarding Adult Partnership.</p> <p>Each is described in one sentence and, where appropriate, points the reader to the external website for more information (e.g. “For further information about NSCP, please visit their website.”). The detailed explanation of NSCP’s internal structure, the Children and Social Work Act changes, etc., is no longer in the policy.</p> <p>There is, however, added confirmation of membership of the “Norfolk Anti-Slavery Network” and reference to the county’s exploitation website.</p>	<p>Focus and currency: The detailed descriptions of NSCP and NSAB are more suited to training or guidance documents rather than the policy itself. Removing them cuts out several pages of text that were effectively paraphrasing external documents (which could become outdated).</p> <p>The new approach ensures the policy names all key partnerships to show compliance with duties but directs readers to the official sources for details. This makes the policy more succinct and prevents it from becoming stale or lengthy by duplicating information available on partner agencies’ websites. It also highlights only the necessary information (that the Council is involved in these groups), which is clearer for readers who just need to know the fact of participation and where to learn more.</p>
Definitions of Abuse and Neglect	Content moved from main body to Appendix: The old policy included a full section defining types of abuse and neglect (with over 20 sub-definitions like physical, sexual, emotional abuse, neglect, domestic abuse, modern slavery, etc.) in the main body.	<p>Streamlining and relying on up-to-date guidance: This change removes about 12 pages of detailed content from the body of the policy, which overwhelmed the policy.</p> <p>Front-line staff now typically refer to live guidance from NSCP/NSAB for detailed indicators of abuse. By moving these details to an internal resource and keeping only a summary in policy, the document stays concise and avoids potential</p>

	<p>The long ‘indicators of Abuse’ appendix is removed. The policy now carries a brief main-body section ‘Types and the potential signs of abuse’ and directs staff to the intranet for full indicators.</p> <p>The separate short Section 8 on “Definition of Grooming” was also removed as a standalone section – grooming is now included as one of the entries in the consolidated abuse definitions table (labelled “Grooming”).</p>	<p>inconsistencies with external definitions. It also ensures that as definitions evolve (e.g. new forms of abuse, updated descriptions), the policy doesn’t require a full rewrite – staff will be directed to current resources. In short, the policy now highlights that all these abuse categories exist and are recognised but trusts dynamic sources (intranet or partner websites) for exhaustive descriptions, thereby maintaining accuracy over time.</p>
Allegations of Previous Abuse (among Council Staff)	<p>Repositioned and condensed: What was Section 11 in the old policy (“Allegations of Previous Abuse”) is now brought forward as Section 7, retitled “Allegations of Previous Abuse among Council Staff.”</p> <p>Content-wise, it is significantly shortened. The original section described scenarios of historic abuse allegations coming to light (e.g. an adult reporting past abuse by a staff member) and instructed that standard procedures should be followed and authorities informed; it also mentioned that anyone with a prior conviction for abuse is barred from such work by law (Protection of Children Act 1999) and outlined the need for DBS checks and re-checks every 3 years.</p> <p>The revised section omits the scenario-based discussion and simply states the legal and policy bottom line: Under the Protection of Children Act 1999, it is an offence for an individual with a history of abusing children or vulnerable adults to seek or hold a role working with those groups, and that staff in contact with children/vulnerable adults require a DBS check rechecked every 3 years. This captures the key points from the old text (the legal prohibition and the DBS requirement) and leaves out the earlier narrative about reporting procedure (which is covered elsewhere).</p>	<p>Clarity and avoiding duplication: By moving this topic earlier in the document (from 11 to 7), it now sits alongside other policy framework content (like oversight and HR practices) rather than after procedures. This is intended to improve logical flow.</p> <p>The heavy edit in content focuses on the essential preventative policy: do not employ past abusers (legal compliance) and conduct regular DBS checks. The rationale is that the procedural response to allegations (even historic ones) is already covered under the general “what to do if you have a concern” procedures. In this way, the new text avoids repeating those instructions and instead emphasises compliance and prevention. It’s more succinct and ensures the policy statement remains forward-looking (preventing unsuitable individuals in the workforce) rather than case-handling, which is addressed later.</p>

<p>“What to do if you have a Concern” – Safeguarding Procedures</p>	<p>Procedures section retained, minor tweaks: This section remains a step-by-step guidance for staff, members, and volunteers on how to respond to concerns or allegations.</p> <p>The overall content is similar, but some improvements were made for clarity and ease of use. For example, the safeguarding contact information was reorganised into a clear table/chart.</p> <p>In the old policy, after the narrative, there were lists of whom to contact (e.g. specific coordinators or external numbers) within the text. In the new version, key contacts are presented in a table format for quick reference.</p> <p>For example, there is a table under “Who to talk to if you have a concern” that lists types of issues and the correct organisation/contact. This is a new addition that makes the procedure more actionable.</p> <p>This new sub-section adds specific contact guidance for concerns. In addition, there are details for missing persons/</p>	<p>User-friendly guidance: The minor modifications aim to make the procedure section more user centric. By adding a contact table, the policy ensures that anyone with a concern can quickly find the correct reporting route without wading through paragraphs. This change was made for clarity – it turns what was prose into an easy-to-scan reference.</p> <p>These updates refine the section so that in a moment of need, the reader can easily follow the steps and reach out to the right resources, thereby enhancing the effectiveness of the policy’s guidance.</p>
<p>Safeguarding Procedure Flowchart</p>	<p>Updated to remove legacy named contacts and to point users to online referral forms.</p>	<p>Clarity and consistency: The update of the flowchart underscores its importance as a quick guide. Updating the content ensures it is up to date, but with no loss of information – the focus is on making the flowchart as clear and accessible as possible, since it’s a critical tool for staff in an urgent situation.</p>
<p>Responding to Concerns, Disclosures and Allegations</p>	<p>Reference to guidance added: This section remains in place to guide how to respond once a concern is reported (e.g. duties to refer and general actions).</p> <p>The structure is kept similar, but the main change is to explicitly tell the reader that a detailed breakdown of actions is available elsewhere and then provide a short list of key things all staff should do.</p>	<p>Avoiding duplication and emphasising key actions: Since Appendix C contains a comprehensive “how-to” for recording and responding to concerns, the main policy doesn’t need to duplicate all that.</p> <p>By referencing Appendix C, the policy ensures staff know where to find the detailed checklist. Meanwhile, highlighting that “all staff should:” followed by a few critical bullet points ensures the most important messages (like refer immediately,</p>

	<p>In other words, rather than listing all action steps in the main text, it now summarises and points to the appendix for full details. The content itself (e.g. remind staff not to investigate, to report in writing promptly, etc.) has not materially changed – it's just been offloaded to the guidance notes to avoid repetition.</p> <p>Also includes explicit guidance on not promising confidentiality, with clear reasoning.</p> <p>The text also explicitly reminds that if there is immediate risk, call 999 (reiterated for emphasis).</p>	<p>don't delay, etc.) are front and centre. This approach provides a layered detail – simple instructions in policy with detailed guidance in an appendix – which keeps the policy concise while still covering all bases.</p> <p>Provides clarity on managing disclosures sensitively while fulfilling safeguarding obligations.</p> <p>Reiterating urgent guidance (dial 999 if immediate danger) in bold doubles down on critical advice.</p>
Confidentiality and Information Sharing	<p>Largely unchanged: This section still emphasises maintaining confidentiality and only sharing information on a need-to-know basis to protect those involved.</p> <p>The content in the new draft remains very similar in meaning and wording, reiterating government guidance that data protection is not a barrier to sharing information in safeguarding cases, etc.</p> <p>One structural change is that the subsection on “Guidance for use of Photographic/Filming Equipment” was moved under this section (see next row). The confidentiality section’s primary text stayed stable, continuing to stress proper handling of sensitive info and the principle that safeguarding concerns override typical confidentiality where necessary.</p>	<p>Consistency with best practice: The existing content did not require much alteration.</p>
Guidance on Photographic/Filming Equipment	<p>Relocated under Confidentiality section: This guidance was originally a sub-heading under “Good Practice” (Section 13.03 in old policy). In the new draft, it appears as subsection 11.03 under Confidentiality and Information Sharing.</p> <p>The changes add explicit reference and link to NSAB’s “Seven Golden Rules” for information sharing.</p>	<p>Thematic reorganisation: Moved here because the use of images and recordings has as much to do with data protection and consent as it does with general “good practice.”</p> <p>Situating it under Confidentiality makes it clear that photo/video usage is considered in the context of information governance and privacy. It also slimmed down the Good Practice section to focus on behaviour “golden rules,” while all technical guidance (like photography rules) now sits elsewhere.</p>

		More broadly, this section now reinforces the importance of proactive information sharing.
Good Practice Guidelines	<p>Reframed and reduced: The old policy's Section 13 introduced general good practice principles and then pointed to Appendix E for a detailed "Always/Never" list of dos and don'ts.</p> <p>Essentially, the exhaustive list of do's and don'ts was condensed into a concise half-page summary of best practices, with a reference to where the full guidelines can be found if needed. In the updated draft, Appendix E is removed (see Appendix E row), and a new "Good practice conduct – the 'golden rules'" section is included in the main body.</p> <p>This new section distils the guidance into a short, memorable list of key principles (described as "golden rules"), each with a brief explanation (e.g. "Respect – treat every child or adult at risk with dignity...").</p> <p>It explicitly states that detailed advice on staff conduct is available on the intranet and then focuses on the core rules to always remember.</p>	<p>Avoiding duplication & emphasizing core behaviour: The full 2-page checklist in Appendix E was too lengthy for the policy. By removing it, the policy avoids replicating information that is elsewhere in corporate policies.</p> <p>Introducing "golden rules" serves to highlight the spirit of those guidelines in a digestible way. This change was made to keep the policy document lean and focused on key messages – staff and volunteers get the high-level principles up front, while still being directed to more detailed guidance when needed. It improves recall (people are more likely to remember a handful of golden rules) and ensures consistency with the Codes of Conduct (since the detailed list can be maintained on the intranet and updated in sync with any code of conduct changes).</p>
Work with Third Parties and Contracted Services	<p>Minor clarification: This section's title and position remain the same. The content continues to outline the Council's expectations that third-party service providers and contractors also adhere to safeguarding responsibilities.</p> <p>There were no major content overhauls; however, references were adjusted to link with the new risk assessment process. For instance, the policy still insists on ensuring contractors have appropriate safeguarding policies, but now explicitly mentions using the Council's safeguarding risk assessment process for contractors, which ties into Appendix G. However, Appendix G has been removed, as considered unnecessary by Procurement.</p>	<p>Maintaining policy, integrating new tools: The slight tweak referencing the risk assessment aligns this section with former Appendix G, reinforcing that the Council has a mechanism to vet third parties.</p> <p>The original content was sound, and only a small update was needed to ensure readers know to apply the formal risk assessment for contractors, grants, or licensees as part of safeguarding due diligence.</p>

	Any duplication with Appendix F (which was removed) was cleaned up.	
Recruitment	<p>Section shorted, linked to intranet: The Recruitment section was shortened in narrative and the table (based on the diagram previously in the Appendix moved to the policy section). More details on the intranet – to be added.</p> <p>Details on the recruitment procedure for posts where 'Disclosure' (formally police checks) are signposted to intranet.</p>	<p>Ensuring safer recruitment and avoiding redundancy: The old appendix on recruitment duplicated standard HR procedures and contained details that could change (like DBS eligibility criteria).</p> <p>The new approach is to host the detailed recruitment guidance on the HR intranet and include a simplified overview in the policy. By doing so, the policy still underscores that safe recruitment is essential (and shows the critical steps in an easy-to-follow format), but it doesn't repeat entire HR policies. The inserted table (taken and summarised from the original appendix) makes the process clear at a glance which is practical for managers.</p> <p>The reason for this change is both to improve clarity (visual timeline of actions) and to prevent outdated info: as DBS rules or HR practices update, the intranet can be updated accordingly without changing the policy document.</p>
Current Employees and Safeguarding	<p>No substantive change: This section addresses safeguarding considerations for existing employees (e.g. how to handle concerns about staff, ongoing responsibilities, etc.). The content was largely retained.</p> <p>It continues to emphasise that safeguarding obligations extend to all staff and even those under 18 or on work experience, and that internal mechanisms (like support and training) are in place.</p>	<p>Already fit for purpose: Keeping it unchanged maintains continuity – the expectations of their conduct and the support they receive (like welfare support or TRIM for traumatic incidents) remain steady.</p>
Induction and Training	<p>Revised training approach: Clearly sets out a tiered approach to safeguarding training. This sets out the different levels and expectations, with additional emphasis on modern slavery, domestic abuse and self-neglect/hoarding.</p>	<p>This incorporates best practice around targeted training for specific teams – while guaranteeing that the entire council has a strong baseline of understanding, it also ensures teams understand mandatory training requirements clearly.</p>

Support for Staff	<p>Enhanced emphasis on staff welfare: This subsection continues to recognise that staff may themselves be affected by safeguarding issues (like domestic abuse) and outlines support. The content was updated slightly to strengthen this message. The new draft explicitly commits to a “zero tolerance for abuse” in the workplace and encourages a supportive culture. It reiterates that any employee suffering domestic abuse can confidentially seek help (line manager or HR welfare officer) and will receive support. It then covers how the Council will treat any allegations or convictions of domestic abuse by employees on a case-by-case basis using appropriate HR policies – this remained as before. The Trauma Risk Management (TRiM) programme is still included. The support offered (Vivup, TRiM) are explicitly set out in simplified, plain-English to ensure support is accessible.</p>	<p>Caring for the carers: The updates here serve to underline the Council’s dedication to its employees’ welfare. By adding “zero tolerance” and clearly inviting those experiencing domestic abuse to seek support, the policy sends a strong message that staff safety is also a priority.</p>
Useful Links and Further Information	<p>Expanded and formatted as reference list: In the old policy, this was a brief section listing a few key contacts or resources in text form. The updated draft greatly expands this into a comprehensive contact directory in table format. It now provides a list of relevant agencies and helplines with descriptions and up-to-date contact information, making it much more practical. This means the policy now serves as a handy reference for anyone needing to quickly find where to report or seek advice on a safeguarding issue.</p>	<p>Improved utility and comprehensiveness: The change here was to turn a simple list into a robust (but accessible) resource. The rationale is to ensure that no matter the situation (child concern, adult concern, concern about staff, general advice), the reader can find the right contact easily. Presenting it in a table ensures readability and quick access.</p>
Appendix A: Legislation and Guidance	<p>Retained in name, content pared down: Appendix A in the old policy contained “A summary of the key legal requirements” – multiple paragraphs describing various Acts (Children Act, Care Act, etc.). In the new version, the appendix is removed, and the</p>	<p>Up-to-date and slimmed down: The reasoning for this change is that while it’s important to cite relevant legislation, maintaining lengthy descriptions in the policy is impractical. Laws can change and the summaries can become obsolete. By keeping a brief list of statutes (in the main text) and moving detailed descriptions to an intranet page, the Council can</p>

	<p>policy instructs readers to consult the intranet for the summaries instead of including them.</p>	<p>update legal references more nimbly. This also prevents the policy from becoming too long.</p>
Appendix B: Indicators of Abuse	<p>Removed from policy: Appendix B was drastically overhauled. The original appendix spanned around 12 pages of detailed signs and indicators for each type of abuse (physical, emotional, sexual, domestic, etc.).</p> <p>In the revised policy, Appendix B is now operationalised via the intranet.</p>	<p>Making the policy digestible and current: The full indicator tables are more suitable for training reference than for a policy document – they were very lengthy and could quickly go out-of-date as guidance evolves.</p> <p>The new Appendix B approach gives all readers a common understanding of each abuse category (so terminology is clear) while directing those who need in-depth indicators to external resources (which are kept updated by expert bodies). This reduces the policy by approximately 12 pages, hugely improving readability.</p> <p>The reason for keeping short definitions is to ensure the policy still defines its scope – it lists what constitutes abuse in general terms – fulfilling a glossary function. The intranet link ensures no loss of information, merely a relocation. This strikes a balance between comprehensiveness and practicality.</p>
Appendix C: Guidance Notes (Recording Concerns & Allegations)	<p>Removed from policy: Appendix C, which provides step-by-step guidance on how to document safeguarding concerns and allegations, has been removed.</p>	<p>Moved to intranet for practical usage: These guidance notes may be a useful tool for staff to handle disclosures correctly but is not practical within the policy itself.</p>
Appendix D: Internal Safeguarding Referral Form	<p>Removed from policy: Appendix D in the old policy contained both the internal form for reporting a concern (a blank template) and guidance for filling it out.</p> <p>In the new draft, the blank template is no longer included. The text in the policy now guides users to complete the live form on the intranet instead of providing a static form.</p>	<p>Moved to intranet for practical usage: If the idea was to complete the copy found on the policy, then it is an overcomplicated and unusual approach. Better to have a downloadable version that can be filled out using guidance from the policy, which is retained.</p> <p>The approach now is to ensure everyone uses the form available on the intranet (if it isn't there already, it should be added).</p>

Appendix E: Good Practice for Staff/Members (Guidelines)	<p>Removed from policy: Appendix E, which contained the detailed guidelines (“Always do this, Never do that”) for staff and volunteers, was removed in its entirety.</p> <p>The content (two pages of bullet-pointed best practices) is no longer printed in the policy. Instead, the key points have been summarised into the “golden rules” section in the main body.</p>	<p>Overlong and impractical: The rationale was that Appendix E’s content, while useful, was much too overlong to be useful. It also made the policy lengthy. The solution is to collate it into a brief in-policy summary. This way, employees still have access to guidance (which can be updated in one place), but the policy document remains concise.</p>
Appendix F: Recruitment and Selection of Staff	<p>Removed from policy (intranet and table replacement): Appendix F, which gave specific instructions on safe recruitment (including annual DBS eligibility updates, procedural steps, etc.), has been removed. Its content is now intended to reside on the HR intranet, and the policy body itself was supplemented with a simplified table of the recruitment process (as described in the Recruitment section above).</p>	<p>Preventing outdated HR info and focusing on process: The recruitment guidelines can change (especially DBS rules or best practices), so having them in an appendix posed a maintenance issue.</p> <p>Moreover, much of Appendix F reiterated standard HR policy. In place of the appendix, the policy now gives a visual summary that is unlikely to change (the need for DBS, reference checks, etc. in sequence). This keeps the policy lean and ensures alignment with HR’s official procedures. If HR updates the recruitment process or legal requirements shift, those can be addressed in the intranet guidance without touching the Council’s Safeguarding Policy text.</p>
Appendix G: Safeguarding Risk Assessment (for contracts/grants/licenses)	<p>Removed from policy: Appendix G has been removed from the policy. The assessment will be used by procurement, but the team consider its use to be rare.</p>	<p>Irrelevant: Appendix G has been removed as the risk assessment will only be used for certain procurement processes.</p>
Appendix H: Internal Safeguarding Group Terms of Reference (ToR)	<p>Removed from policy: Appendix H contained the Terms of Reference for the Council’s Internal Safeguarding Group. This content has been removed from the policy.</p>	<p>Internal detail moved out: The Terms of Reference are procedural/administrative details about an internal committee – not essential for the general policy reader.</p>
NEW Appendix	<p>Domestic Abuse Policy Statement: Comprehensive standalone appendix developed, aligning clearly with the Domestic Abuse Act 2021, the Norfolk Domestic Abuse Strategy, best practice and the councils own prospective DAHA status.</p>	<p>Provides focused guidance and meets statutory requirements. It offers clear accessible information for staff handling DA concerns, without over committing the council in the short term. This is set out on the acknowledgment that a more in-depth</p>

		review of domestic abuse policy may be required in coming years.
Section / Heading	Changes Made	Explanation / Rationale
NEW: Key Take-away Sheet	One page summary: New section added as a clear one-page summary for all officers.	Enhances usability, offering accessible, concise guidance on essential safeguarding duties.
Executive Summary	<p>Rewritten for clarity: The opening was changed from a formal description of authorities' duties (e.g. "Local authorities have overarching responsibility...") to a direct statement ("Safeguarding is everyone's business... explains how the Council prevents harm...").</p> <p>Key definitions of safeguarding remain, but minor phrasing fixes were made (e.g. correcting grammar in "preventing the impairment of...health or development").</p> <p>Added explicit commitment to multi-disciplinary partnership and information sharing.</p>	<p>Improve engagement and clarity: The introduction is now more concise, and reader focused.</p> <p>The new opening emphasises collective responsibility in plain language, making the summary more accessible. Minor edits (grammar, wording) ensure accuracy and readability. These changes make the policy's purpose clearer from the outset.</p> <p>Also demonstrates a strengthened approach to collaboration and sharing responsibilities, reflecting best practice advice from LSAP.</p>
Introduction	The intro's content – affirming everyone's right to live safely and the Council's commitment to safeguarding – is retained but shortened slightly and edited to avoid repetition with the Policy Statement. For example, sentences about residents' rights "to live their lives to their fullest potential... and be treated with dignity and respect" now appear without a separate heading.	<p>Avoid repetition: The introduction's content overlapped with the Policy Statement.</p> <p>The important principles are still included but folding them into the Policy Statement eliminates duplication and keeps the policy focused.</p>
Definitions (formerly "Overarching Definitions")	<p>Renamed and reformatted: The section title "Overarching Definitions" (old Section 2) is now just "Definitions." The content was transformed from narrative paragraphs into a glossary-style table of key terms and meanings.</p> <p>Terms like Safeguarding, Children and young people, Adults at risk, Parent, Staff, Contractor/Third Party, DBS,</p>	<p>Clarity and quick reference: Converting definitions into a table creates a convenient glossary. This format makes it easier for readers to find definitions and ensures consistency (including commonly used abbreviations). It also declutters the main text – detailed and unnecessary legal text was removed for</p>

	<p>Abuse (Neglect), MASH, LADO, and NSCP/NSAB are listed with concise definitions and any abbreviations.</p> <p>Definitions that were previously prose are now in table rows (e.g. "Children and young people – anyone under 18", with abbreviation CYP). The detailed statutory wording for child and adult definitions was moved out of the main body. Footnotes reference official sources. The old sub-headings "Safeguarding," "Child," "Adults...," "Other Terms" are eliminated – all terms are integrated into the single glossary table.</p>	<p>brevity. The term "Overarching" was dropped from the title to keep it simple.</p> <p>Overall, these changes improve readability and keep definitions up to date by referencing external sources rather than embedding lengthy statutory text.</p>
Policy Statement	<p>Minor content edits: The Policy Statement retains its core message but has slight wording updates for inclusivity and accuracy.</p> <p>For example, it still affirms the right of all children, young people and adults "irrespective of...age, class, religion, culture, disability, gender, ethnicity or sexual preference" to be protected, same as before.</p> <p>The list of how the Council will do this remains, but one bullet about contractor obligations was trimmed for conciseness (e.g. "Where appropriate, ensuring contractors...and other relevant third parties have safeguarding policies in place"). A new closing paragraph was added to affirm the policy's alignment with laws and multi-agency arrangements.</p>	<p>Clarity and currency: Minor rewording makes the statement more succinct without changing its meaning. The added note that the policy is written in accordance with specific Acts and "aligns with Norfolk Multi-Agency Safeguarding Arrangements" ties the statement to current law and local frameworks, reinforcing accuracy. These edits improve the statement's precision and ensure it reflects the latest partnerships and terminology.</p>
Scope	<p>No major changes: The Scope still specifies that the policy applies to all Council services and its wholly owned companies, and includes commissioned services, essentially unchanged from before.</p>	<p>Maintaining clarity: The scope remains comprehensive.</p>

	Through research and conversation it was discovered that Alive West Norfolk do not follow our policy and have their own.	
Aims	<p>Reworded for focus: The aims are still listed, but phrased as outcomes the Council seeks. For example, an aim in the old version, "Raise awareness of the duty of care responsibilities..." is retained in substance. However, some aim statements were consolidated or tightened. One combined aim now covers safe environments, proper recruitment, training, and response to allegations all in one bullet (whereas previously these points were scattered).</p>	<p>Improved coherence: The aims were refined to avoid repetition and group related ideas. By tightening the language and combining closely related points (e.g. staff recruitment/training and adherence to codes of conduct), the policy's goals are clearer. This makes the aims easier to read and aligns them directly with the Council's duties (training, safe environment, compliance with conduct codes).</p>
"Objectives" - renamed "How we will achieve this"	<p>Section renamed and phrasing changed: The old Objectives section (3.3) is now titled "How we will achieve this." Instead of descriptive text ("The Council will do this by:...") followed by gerund phrases, the new version uses a directive tone with the Council as subject ("The Council will: Provide... Aid... Maintain... Promote... Develop...").</p> <p>The content of the five bullet points is very similar but slightly streamlined. For example, "Maintaining a level of good working practice at all times and therefore reducing risk..." is shortened to "Always maintain a level of good working practice".</p> <p>All five original objectives (training, sensitive response, good practice, promoting welfare, effective procedures) remain, just phrased more succinctly.</p>	<p>Greater clarity and active voice: Renaming to "How we will achieve this" makes the section's purpose obvious (it describes implementation of the aims). The shift to active voice ("The Council will...") and eliminating unnecessary words (like "at all times" or explanatory clauses) makes each commitment sharper. These edits improve readability and ensure staff quickly grasp the actionable steps the Council will take to meet its safeguarding aims.</p>
Roles and Responsibilities	Major rewrite & format change: This section was overhauled from a long narrative list of duties for various	Brevity and usability: The original list was lengthy and risked making readers get lost. The new table

	<p>roles to a concise table of key roles and their responsibilities.</p> <p>The old version enumerated roles with sub-paragraphs 3.4.1 through 3.4.9 (Safeguarding Coordinator, Management Team, Assistant Directors, all employees, specific teams like Personnel, etc.).</p> <p>In the new policy, it opens with a brief statement "Safeguarding is everyone's responsibility... responsibility lies at all levels" and then presents a table of six role categories: Designated Safeguarding Coordinator (DSC), Deputy Coordinators & Service Champions, Assistant Directors, Line managers, Every employee/volunteer, and Elected Members.</p> <p>Each is paired with a one-line summary of their duty (e.g. "Line managers – ensure staff complete training; safe staffing"). Roles that were previously listed in detail (e.g. Management Team, Personnel Services, Corporate Policy Team) are no longer individually detailed; only the key positions are highlighted.</p>	<p>format is intended to make it easy to scan who is responsible for what.</p> <p>By focusing on key roles, the policy highlights accountability without minor repetition. Less critical sub-roles (e.g. specific teams or management layers) were omitted because their duties overlap with the broader categories listed and will be documented in internal guidance.</p> <p>The table format improves clarity and serves as a quick reference "who does what" guide for staff, aligning with best practice for clarity in role definition.</p>
Legislation and Guidance	<p>Updated and externalised: The list of relevant laws and guidance was updated to include the latest references – for example, "Working Together to Safeguard Children 2023" (replacing the 2018 version) and "Care and Support Statutory Guidance 2024" were added.</p> <p>All the previous Acts (Children Act, Care Act, etc.) remain listed. In addition, it includes a reference to the anticipated "Crime and Policing Bill", expected later in 2025, referring a new duty on cuckooing. However, instead of reproducing summaries of each law in the appendix, Appendix A's detailed statute summaries were removed from the document (no longer printed in full).</p>	<p>Ensure currency and reduce bulk: Listing the most up-to-date legislation makes the policy accurate as of 2025. The changes update policy to include forthcoming legislative requirements, ensuring compliance and preparedness. At the same time, the detailed descriptions of each law are likely to become outdated. By moving detailed legal synopses to the intranet (with a hyperlink in the policy), the Council can update legislative guidance in one place without re-issuing the policy each time a law changes. This approach also shortens the policy document while still</p>

	<p>The new section still briefly explains the importance of being aware of laws but pushes the detailed content to the intranet. The policy now sets out an intranet link for more information.</p>	<p>providing readers access to necessary details if needed. It balances completeness with maintainability.</p>
Oversight and Assurance	<p>Restructured: The narrative paragraphs describing audit processes and governance were replaced by a structured table.</p> <p>The old text explained the annual Section 11 audit, internal audits, and Cabinet approval in a descriptive way.</p> <p>The new version condenses these into a table of oversight "Body/Role – Frequency – Purpose". For example, it lists: "Cabinet and Council – Three-year policy approval; annual update – (Purpose) Democratic oversight", "Audit Committee – twice-yearly – monitors internal audit findings and risk register", "Internal Safeguarding Group (ISG) – quarterly – cross-service learning, data review, action plan tracking", and "Section 11 Self-Audit – every March – assesses practice against Children Act 2004 standards".</p> <p>The full Terms of Reference for the ISG are no longer appended.</p> <p>Added reference to annual Section 11 audit process, with submission to NSAB.</p>	<p>Clarity and accountability: The change provides a snapshot of how the policy is monitored and kept up to date. Presenting the oversight mechanisms in a table makes it clear which body is responsible for what oversight activity and how often.</p> <p>The rationale is to improve transparency about governance in a concise format. Additionally, removing the ISG's Terms of Reference from the main document keeps the policy focused; those detailed TOR are an internal governance matter and can be maintained elsewhere.</p> <p>Overall, these edits make the policy's assurance framework easier to understand at a glance and ensure that lengthy procedural details (like TOR) don't clutter the public policy document.</p> <p>The update on Section 11 ensures that the policy reflects statutory requirements for annual audit, clarifies accountability, and demonstrates the Council's participation in external safeguarding assurance.</p>
Partnerships and Networks	<p>Streamlined and updated: The section still lists the multi-agency groups the Council engages with, but in a much shorter form. Previously, this part included an "Active participation in..." bullet list and then lengthy sub-</p>	<p>Focus and currency: The detailed descriptions of NSCP and NSAB are more suited to training or guidance documents rather than the policy itself. Removing them cuts out several pages of text that</p>

	<p>sections describing the Norfolk Safeguarding Children Partnership (NSCP) and Norfolk Safeguarding Adults Board (NSAB) – their history, legal basis, structure, functions, etc. – spanning several paragraphs.</p> <p>In the new draft, all that detail is removed. The policy now simply states that “The Council participates in a number of groups... including:” and then bullet-points or brief lines for: Norfolk District Council Advisory Group to the NSCP, the local Safeguarding Children Group, the NSAB, and the Western Locality Safeguarding Adult Partnership.</p> <p>Each is described in one sentence and, where appropriate, points the reader to the external website for more information (e.g. “For further information about NSCP, please visit their website.”). The detailed explanation of NSCP’s internal structure, the Children and Social Work Act changes, etc., is no longer in the policy.</p> <p>There is, however, added confirmation of membership of the “Norfolk Anti-Slavery Network” and reference to the county’s exploitation website.</p>	<p>were effectively paraphrasing external documents (which could become outdated).</p> <p>The new approach ensures the policy names all key partnerships to show compliance with duties but directs readers to the official sources for details. This makes the policy more succinct and prevents it from becoming stale or lengthy by duplicating information available on partner agencies’ websites. It also highlights only the necessary information (that the Council is involved in these groups), which is clearer for readers who just need to know the fact of participation and where to learn more.</p>
Definitions of Abuse and Neglect	<p>Content moved from main body to Appendix: The old policy included a full section defining types of abuse and neglect (with over 20 sub-definitions like physical, sexual, emotional abuse, neglect, domestic abuse, modern slavery, etc.) in the main body.</p> <p>In the new draft, this section was removed from the main text. Instead, the policy provides a summarised Appendix B (see Appendix B changes below) and indicates in the Definitions section that “different kinds of safeguarding issues are defined in Appendix B”.</p>	<p>Streamlining and relying on up-to-date guidance: This change removes about 12 pages of detailed content from the body of the policy, which overwhelmed the policy.</p> <p>Front-line staff now typically refer to live guidance from NSCP/NSAB for detailed indicators of abuse. By moving these details to an internal resource and keeping only a summary in policy, the document stays concise and avoids potential inconsistencies with external definitions. It also ensures that as definitions evolve (e.g. new forms of abuse, updated</p>

	<p>The detailed indicators and lengthy explanations for each abuse type are no longer printed in the policy; only concise one-line definitions for each abuse type are given (in the new Appendix B table). More detailed guidance than this should be put on the intranet and linked.</p> <p>The separate short Section 8 on "Definition of Grooming" was also removed as a standalone section – grooming is now included as one of the entries in the consolidated abuse definitions table (labelled "Grooming").</p>	<p>descriptions), the policy doesn't require a full rewrite – staff will be directed to current resources. In short, the policy now highlights that all these abuse categories exist and are recognised but trusts dynamic sources (intranet or partner websites) for exhaustive descriptions, thereby maintaining accuracy over time.</p>
Allegations of Previous Abuse (among Council Staff)	<p>Repositioned and condensed: What was Section 11 in the old policy ("Allegations of Previous Abuse") is now brought forward as Section 7, retitled "Allegations of Previous Abuse among Council Staff."</p> <p>Content-wise, it is significantly shortened. The original section described scenarios of historic abuse allegations coming to light (e.g. an adult reporting past abuse by a staff member) and instructed that standard procedures should be followed and authorities informed; it also mentioned that anyone with a prior conviction for abuse is barred from such work by law (Protection of Children Act 1999) and outlined the need for DBS checks and re-checks every 3 years.</p> <p>The revised section omits the scenario-based discussion and simply states the legal and policy bottom line: Under the Protection of Children Act 1999, it is an offence for an individual with a history of abusing children or vulnerable adults to seek or hold a role working with those groups, and that staff in contact with children/vulnerable adults require a DBS check rechecked every 3 years. This captures the key points from the old text (the legal prohibition and the DBS requirement) and leaves out the</p>	<p>Clarity and avoiding duplication: By moving this topic earlier in the document (from 11 to 7), it now sits alongside other policy framework content (like oversight and HR practices) rather than after procedures. This is intended to improve logical flow.</p> <p>The heavy edit in content focuses on the essential preventative policy: do not employ past abusers (legal compliance) and conduct regular DBS checks. The rationale is that the procedural response to allegations (even historic ones) is already covered under the general "what to do if you have a concern" procedures. In this way, the new text avoids repeating those instructions and instead emphasises compliance and prevention. It's more succinct and ensures the policy statement remains forward-looking (preventing unsuitable individuals in the workforce) rather than case-handling, which is addressed later.</p>

	earlier narrative about reporting procedure (which is covered elsewhere).	
"What to do if you have a Concern" – Safeguarding Procedures	<p>Procedures section retained, minor tweaks: This section remains a step-by-step guidance for staff, members, and volunteers on how to respond to concerns or allegations.</p> <p>The overall content is similar, but some improvements were made for clarity and ease of use. For example, the safeguarding contact information was reorganised into a clear table/chart.</p> <p>In the old policy, after the narrative, there were lists of whom to contact (e.g. specific coordinators or external numbers) within the text. In the new version, key contacts are presented in a table format for quick reference.</p> <p>For example, there is a table under "Who to talk to if you have a concern" that lists types of issues and the correct organisation/contact. This is a new addition that makes the procedure more actionable.</p> <p>This new sub-section adds specific contact guidance for concerns. In addition, there are details for missing persons/</p>	<p>User-friendly guidance: The minor modifications aim to make the procedure section more user centric. By adding a contact table, the policy ensures that anyone with a concern can quickly find the correct reporting route without wading through paragraphs. This change was made for clarity – it turns what was prose into an easy-to-scan reference.</p> <p>These updates refine the section so that in a moment of need, the reader can easily follow the steps and reach out to the right resources, thereby enhancing the effectiveness of the policy's guidance.</p>
Safeguarding Procedure Flowchart	No changes: Needs to be checked and updated for accuracy.	Clarity and consistency: The retention of the flowchart underscores its importance as a quick guide. Keeping the content the same ensures no loss of information – the focus was on making the flowchart as clear and accessible as possible, since it's a critical tool for staff in an urgent situation.

Responding to Concerns, Disclosures and Allegations	<p>Reference to guidance added: This section remains in place to guide how to respond once a concern is reported (e.g. duties to refer and general actions).</p> <p>The structure is kept similar, but the main change is to explicitly tell the reader that a detailed breakdown of actions is available in Appendix C (the guidance notes) and then provide a short list of key things all staff should do.</p> <p>In other words, rather than listing all action steps in the main text, it now summarises and points to the appendix for full details. The content itself (e.g. remind staff not to investigate, to report in writing promptly, etc.) has not materially changed – it's just been offloaded to the guidance notes to avoid repetition.</p> <p>Also includes explicit guidance on not promising confidentiality, with clear reasoning.</p> <p>The text also explicitly reminds that if there is immediate risk, call 999 (reiterated for emphasis).</p>	<p>Avoiding duplication and emphasising key actions: Since Appendix C contains a comprehensive "how-to" for recording and responding to concerns, the main policy doesn't need to duplicate all that.</p> <p>By referencing Appendix C, the policy ensures staff know where to find the detailed checklist. Meanwhile, highlighting that "all staff should:" followed by a few critical bullet points ensures the most important messages (like refer immediately, don't delay, etc.) are front and centre. This approach provides a layered detail – simple instructions in policy with detailed guidance in an appendix – which keeps the policy concise while still covering all bases.</p> <p>Provides clarity on managing disclosures sensitively while fulfilling safeguarding obligations.</p> <p>Reiterating urgent guidance (dial 999 if immediate danger) in bold doubles down on critical advice.</p>
Confidentiality and Information Sharing	<p>Largely unchanged: This section still emphasises maintaining confidentiality and only sharing information on a need-to-know basis to protect those involved.</p> <p>The content in the new draft remains very similar in meaning and wording, reiterating government guidance that data protection is not a barrier to sharing information in safeguarding cases, etc.</p> <p>One structural change is that the subsection on "Guidance for use of Photographic/Filming Equipment" was moved under this section (see next row). The confidentiality section's primary text stayed stable, continuing to stress proper handling of sensitive info and the principle that</p>	<p>Consistency with best practice: The existing content did not require much alteration.</p>

	<p>safeguarding concerns override typical confidentiality where necessary.</p>	
Guidance on Photographic/Filming Equipment	<p>Relocated under Confidentiality section: This guidance was originally a sub-heading under "Good Practice" (Section 13.03 in old policy). In the new draft, it appears as subsection 11.03 under Confidentiality and Information Sharing.</p> <p>The changes add explicit reference and link to NSAB's "Seven Golden Rules" for information sharing.</p>	<p>Thematic reorganisation: Moved here because the use of images and recordings has as much to do with data protection and consent as it does with general "good practice."</p> <p>Situating it under Confidentiality makes it clear that photo/video usage is considered in the context of information governance and privacy. It also slimmed down the Good Practice section to focus on behaviour "golden rules," while all technical guidance (like photography rules) now sits elsewhere.</p> <p>More broadly, this section now reinforces the importance of proactive information sharing.</p>
Good Practice Guidelines	<p>Reframed and reduced: The old policy's Section 13 introduced general good practice principles and then pointed to Appendix E for a detailed "Always/Never" list of dos and don'ts.</p> <p>Essentially, the exhaustive list of do's and don'ts was condensed into a concise half-page summary of best practices, with a reference to where the full guidelines can be found if needed. In the updated draft, Appendix E is removed (see Appendix E row), and a new "Good practice conduct – the 'golden rules'" section is included in the main body.</p> <p>This new section distils the guidance into a short, memorable list of key principles (described as "golden</p>	<p>Avoiding duplication & emphasizing core behaviour: The full 2-page checklist in Appendix E was too lengthy for the policy. By removing it, the policy avoids replicating information that is elsewhere in corporate policies.</p> <p>Introducing "golden rules" serves to highlight the spirit of those guidelines in a digestible way. This change was made to keep the policy document lean and focused on key messages – staff and volunteers get the high-level principles up front, while still being directed to more detailed guidance when needed. It improves recall (people are more likely to remember a handful of golden rules) and ensures consistency with the Codes of Conduct (since the detailed list can be</p>

	<p>rules”), each with a brief explanation (e.g. “Respect – treat every child or adult at risk with dignity...”).</p> <p>It explicitly states that detailed advice on staff conduct is available on the intranet and then focuses on the core rules to always remember.</p>	<p>maintained on the intranet and updated in sync with any code of conduct changes).</p>
Work with Third Parties and Contracted Services	<p>Minor clarification: This section’s title and position remain the same. The content continues to outline the Council’s expectations that third-party service providers and contractors also adhere to safeguarding responsibilities.</p> <p>There were no major content overhauls; however, references were adjusted to link with the new risk assessment process. For instance, the policy still insists on ensuring contractors have appropriate safeguarding policies, but now explicitly mentions using the Council’s safeguarding risk assessment process for contractors, which ties into Appendix G. However, Appendix G has been removed, as considered unnecessary by Procurement.</p> <p>Any duplication with Appendix F (which was removed) was cleaned up.</p>	<p>Maintaining policy, integrating new tools: The slight tweak referencing the risk assessment aligns this section with former Appendix G, reinforcing that the Council has a mechanism to vet third parties.</p> <p>The original content was sound, and only a small update was needed to ensure readers know to apply the formal risk assessment for contractors, grants, or licensees as part of safeguarding due diligence.</p>
Recruitment	<p>Section shorted, linked to intranet: The Recruitment section was shortened in narrative and the table (based on the diagram previously in the Appendix moved to the policy section). More details on the intranet – to be added.</p> <p>Details on the recruitment procedure for posts where ‘Disclosure’ (formally police checks) are required is still in the Appendices. NEED TO DECIDE WHETHER TO REFERENCE etc.</p>	<p>Ensuring safer recruitment and avoiding redundancy: The old appendix on recruitment duplicated standard HR procedures and contained details that could change (like DBS eligibility criteria). The new approach is to host the detailed recruitment guidance on the HR intranet and include a simplified overview in the policy. By doing so, the policy still underscores that safe recruitment is essential (and shows the critical steps in an easy-to-follow format),</p>

		<p>but it doesn't repeat entire HR policies. The inserted table (taken and summarised from the original appendix) makes the process clear at a glance which is practical for managers.</p> <p>The reason for this change is both to improve clarity (visual timeline of actions) and to prevent outdated info: as DBS rules or HR practices update, the intranet can be updated accordingly without changing the policy document.</p>
Current Employees and Safeguarding	<p>No substantive change: This section addresses safeguarding considerations for existing employees (e.g. how to handle concerns about staff, ongoing responsibilities, etc.). The content was largely retained.</p> <p>It continues to emphasise that safeguarding obligations extend to all staff and even those under 18 or on work experience, and that internal mechanisms (like support and training) are in place.</p>	<p>Already fit for purpose: Keeping it unchanged maintains continuity – the expectations of their conduct and the support they receive (like welfare support or TRiM for traumatic incidents) remain steady.</p>
Induction and Training	<p>Revised training approach: Clearly sets out a tiered approach to safeguarding training. This sets out the different levels and expectations, with additional emphasis on modern slavery, domestic abuse and self-neglect/hoarding.</p>	<p>This incorporates best practice around targeted training for specific teams – while guaranteeing that the entire council has a strong baseline of understanding, it also ensures teams understand mandatory training requirements clearly.</p>
Support for Staff	<p>Enhanced emphasis on staff welfare: This subsection continues to recognise that staff may themselves be affected by safeguarding issues (like domestic abuse) and outlines support.</p> <p>The content was updated slightly to strengthen this message. The new draft explicitly commits to a "zero tolerance for abuse" in the workplace and encourages a supportive culture. It reiterates that any employee</p>	<p>Caring for the carers: The updates here serve to underline the Council's dedication to its employees' welfare. By adding "zero tolerance" and clearly inviting those experiencing domestic abuse to seek support, the policy sends a strong message that staff safety is also a priority.</p>

	<p>suffering domestic abuse can confidentially seek help (line manager or HR welfare officer) and will receive support.</p> <p>It then covers how the Council will treat any allegations or convictions of domestic abuse by employees on a case-by-case basis using appropriate HR policies – this remained as before.</p> <p>The Trauma Risk Management (TRiM) programme is still included.</p> <p>The support offered (Vivup, TRiM) are explicitly set out in simplified, plain-English to ensure support is accessible.</p>	
Useful Links and Further Information	<p>Expanded and formatted as reference list: In the old policy, this was a brief section listing a few key contacts or resources in text form.</p> <p>The updated draft greatly expands this into a comprehensive contact directory in table format. It now provides a list of relevant agencies and helplines with descriptions and up-to-date contact information, making it much more practical.</p> <p>This means the policy now serves as a handy reference for anyone needing to quickly find where to report or seek advice on a safeguarding issue.</p>	<p>Improved utility and comprehensiveness: The change here was to turn a simple list into a robust (but accessible) resource. The rationale is to ensure that no matter the situation (child concern, adult concern, concern about staff, general advice), the reader can find the right contact easily.</p> <p>Presenting it in a table ensures readability and quick access.</p>
Appendix A: Legislation and Guidance	<p>Retained in name, content pared down: Appendix A in the old policy contained “A summary of the key legal requirements” – multiple paragraphs describing various Acts (Children Act, Care Act, etc.). In the new version, the appendix is removed, and the policy instructs readers to consult the intranet for the summaries instead of including them.</p>	<p>Up-to-date and slimmed down: The reasoning for this change is that while it’s important to cite relevant legislation, maintaining lengthy descriptions in the policy is impractical. Laws can change and the summaries can become obsolete. By keeping a brief list of statutes (in the main text) and moving detailed descriptions to an intranet page, the Council can</p>

		update legal references more nimbly. This also prevents the policy from becoming too long.
Appendix B: Indicators of Abuse	<p>Replaced with concise definitions and link: Appendix B was drastically overhauled. The original appendix spanned around 12 pages of detailed signs and indicators for each type of abuse (physical, emotional, sexual, domestic, etc.).</p> <p>In the revised policy, Appendix B is now a short summary table of abuse types with short definitions. After the table, the policy notes that “extended indicator tables are available on the intranet or NSCP/NSAB websites” for staff who need more detailed symptomology.</p>	<p>Making the policy digestible and current: The full indicator tables are more suitable for training reference than for a policy document – they were very lengthy and could quickly go out-of-date as guidance evolves.</p> <p>The new Appendix B approach gives all readers a common understanding of each abuse category (so terminology is clear) while directing those who need in-depth indicators to external resources (which are kept updated by expert bodies). This reduces the policy by approximately 12 pages, hugely improving readability.</p> <p>The reason for keeping short definitions is to ensure the policy still defines its scope – it lists what constitutes abuse in general terms – fulfilling a glossary function. The intranet link ensures no loss of information, merely a relocation. This strikes a balance between comprehensiveness and practicality.</p>
Appendix C: Guidance Notes (Recording Concerns & Allegations)	<p>Removed from policy: Appendix C, which provides step-by-step guidance on how to document safeguarding concerns and allegations, has been removed.</p>	<p>Moved to intranet for practical usage: These guidance notes may be a useful tool for staff to handle disclosures correctly but is not practical within the policy itself.</p>
Appendix D: Internal Safeguarding Referral Form	<p>Removed from policy: Appendix D in the old policy contained both the internal form for reporting a concern (a blank template) and guidance for filling it out.</p> <p>In the new draft, the blank template is no longer included. The text in the policy now guides users to</p>	<p>Moved to intranet for practical usage: If the idea was to complete the copy found on the policy, then it is an overcomplicated and unusual approach. Better to have a downloadable version that can be filled out using guidance from the policy, which is retained.</p>

	complete the live form on the intranet instead of providing a static form.	The approach now is to ensure everyone uses the form available on the intranet (if it isn't there already, it should be added).
Appendix E: Good Practice for Staff/Members (Guidelines)	<p>Removed from policy: Appendix E, which contained the detailed guidelines ("Always do this, Never do that") for staff and volunteers, was removed in its entirety.</p> <p>The content (two pages of bullet-pointed best practices) is no longer printed in the policy. Instead, the key points have been summarised into the "golden rules" section in the main body.</p>	<p>Overlong and impractical: The rationale was that Appendix E's content, while useful, was much too overlong to be useful. It also made the policy lengthy. The solution is to collate it into a brief in-policy summary. This way, employees still have access to guidance (which can be updated in one place), but the policy document remains concise.</p>
Appendix F: Recruitment and Selection of Staff	<p>Removed from policy (intranet and table replacement): Appendix F, which gave specific instructions on safe recruitment (including annual DBS eligibility updates, procedural steps, etc.), has been removed. Its content is now intended to reside on the HR intranet, and the policy body itself was supplemented with a simplified table of the recruitment process (as described in the Recruitment section above).</p>	<p>Preventing outdated HR info and focusing on process: The recruitment guidelines can change (especially DBS rules or best practices), so having them in an appendix posed a maintenance issue.</p> <p>Moreover, much of Appendix F reiterated standard HR policy. In place of the appendix, the policy now gives a visual summary that is unlikely to change (the need for DBS, reference checks, etc. in sequence). This keeps the policy lean and ensures alignment with HR's official procedures. If HR updates the recruitment process or legal requirements shift, those can be addressed in the intranet guidance without touching the Council's Safeguarding Policy text.</p>
Appendix G: Safeguarding Risk Assessment (for contracts/grants/licences)	<p>Removed from policy: Appendix G has been removed from the policy. The assessment will be used by procurement, but the team consider its use to be rare.</p>	<p>Irrelevant: Appendix G has been removed as the risk assessment will only be used for certain procurement processes.</p>

Appendix H: Internal Safeguarding Group Terms of Reference (ToR)	Removed from policy: Appendix H contained the Terms of Reference for the Council's Internal Safeguarding Group. This content has been removed from the policy.	Internal detail moved out: The Terms of Reference are procedural/administrative details about an internal committee – not essential for the general policy reader.
NEW Appendix	Domestic Abuse Policy Statement: Comprehensive standalone appendix developed, aligning clearly with the Domestic Abuse Act 2021, the Norfolk Domestic Abuse Strategy, best practice and the councils own prospective DAHA status.	Provides focused guidance and meets statutory requirements. It offers clear accessible information for staff handling DA concerns, without over committing the council in the short term. This is set out on the acknowledgment that a more in-depth review of domestic abuse policy may be required in coming years.

REPORT TO CABINET

Open/Exempt		Would any decisions proposed :			
Any especially affected Wards	Mandatory/	Be entirely within Cabinet's powers to decide			YES/NO
	Discretionary / Operational	Need to be recommendations to Council			YES/NO
		Is it a Key Decision			YES/NO
Lead Member: Cllr Alistair Beales, Leader E-mail: cllr.alistair.beales@west-norfolk.gov.uk		Other Cabinet Members consulted: Cabinet			
		Other Members consulted: Corporate Performance Panel			
Lead Officer: Kate Blakemore, Chief Executive Officer E-mail: kate.blakemore@west-norfolk.gov.uk Direct Dial:		Other Officers consulted: Corporate Leadership Team Greg Pearson – LGR Policy Officer			
Financial Implications YES/NO	Policy/ Personnel Implications YES/NO	Statutory Implications YES/NO	Equal Impact Assessment YES/NO If YES: Pre-screening/ Full Assessment	Risk Management Implications YES/NO	Environmental Considerations YES/NO
If not for publication, the paragraph(s) of Schedule 12A of the 1972 Local Government Act considered to justify that is (are) paragraph(s)					

Date of meeting: 20 January 2026

TRANSFORMATION PROGRAMME AND LOCAL GOVERNMENT REORGANISATION READINESS

Summary

In January 2025, Cabinet resolved to establish a Transformation Board to oversee the council's Transformation Programme which consisted of three key pillars of transformational change:

- Organisational Development
- Service Innovation and Digital Transformation
- Enterprising our Assets

The projects within our Transformation Programme were established to support the overarching Corporate Strategy. In July 2025, Cabinet endorsed our updated two-year action plan which outlined our key priorities and actions to achieve the strategic outcomes defined in the Corporate Strategy, taking us to 2027 when a shadow unitary council will be established following Local Government Reorganisation (LGR).

The Transformation Programme is designed to transform the council to a modern, agile organisation, harnessing modern technology and giving our staff the resources to deliver much needed services to our communities more efficiently. This outcome remains of key importance to the council as we move towards LGR.

Alongside our Transformation Programme, we have been working on a programme of projects which will prepare our organisation, staff, and place for LGR. It is clear there are significant synergies between the projects defined within the Transformation Programme and our LGR Readiness Plan. Consequently, it is recommended that the transformation programme is redefined to an 'LGR Readiness Programme' to align our key programmes of work under transformation and LGR readiness in one governance framework, recognising the importance of our transformation programme to our organisation alongside our work to prepare for LGR.

Recommendation

Cabinet is asked to endorse the Transformation Programme is redefined the 'LGR Readiness Programme'.

Cabinet Resolves:

- To agree that the Transformation Programme is redefined as the 'LGR Readiness Programme'
- That the governance framework which supports the Transformation Programme continues to monitor the workstreams, key objectives and outputs from projects identified under LGR Readiness and Transformation.
- That reporting on progress, operational readiness and any issues and risks arising will continue via the Transformation Board, Corporate Performance Panel and Cabinet.

Reason for Decision

To recognise the synergy between the LGR Readiness programme and our Transformation Programme and to utilise the established formal governance framework for the delivery and monitoring of the LGR Readiness programme within the Transformation Programme, delivering defined outcomes through effective management and oversight.

1 Background

- 1.1 In January 2025, Cabinet resolved to establish a Transformation Board to oversee the Council's Transformation Programme. The Transformation Programme consists of three key pillars of transformational change:
 - Organisational Development
 - Service Innovation and Digital Transformation
 - Enterprising our Assets
- 1.2 The pillars of change are underpinned by cross cutting themes led by a Senior Responsible Officer (SRO) by which each of the projects within the pillar are assessed against. The cross-cutting themes are:
 - Financial sustainability
 - Governance
 - Communication

- Equality/Diversity and Inclusion
- Climate Action

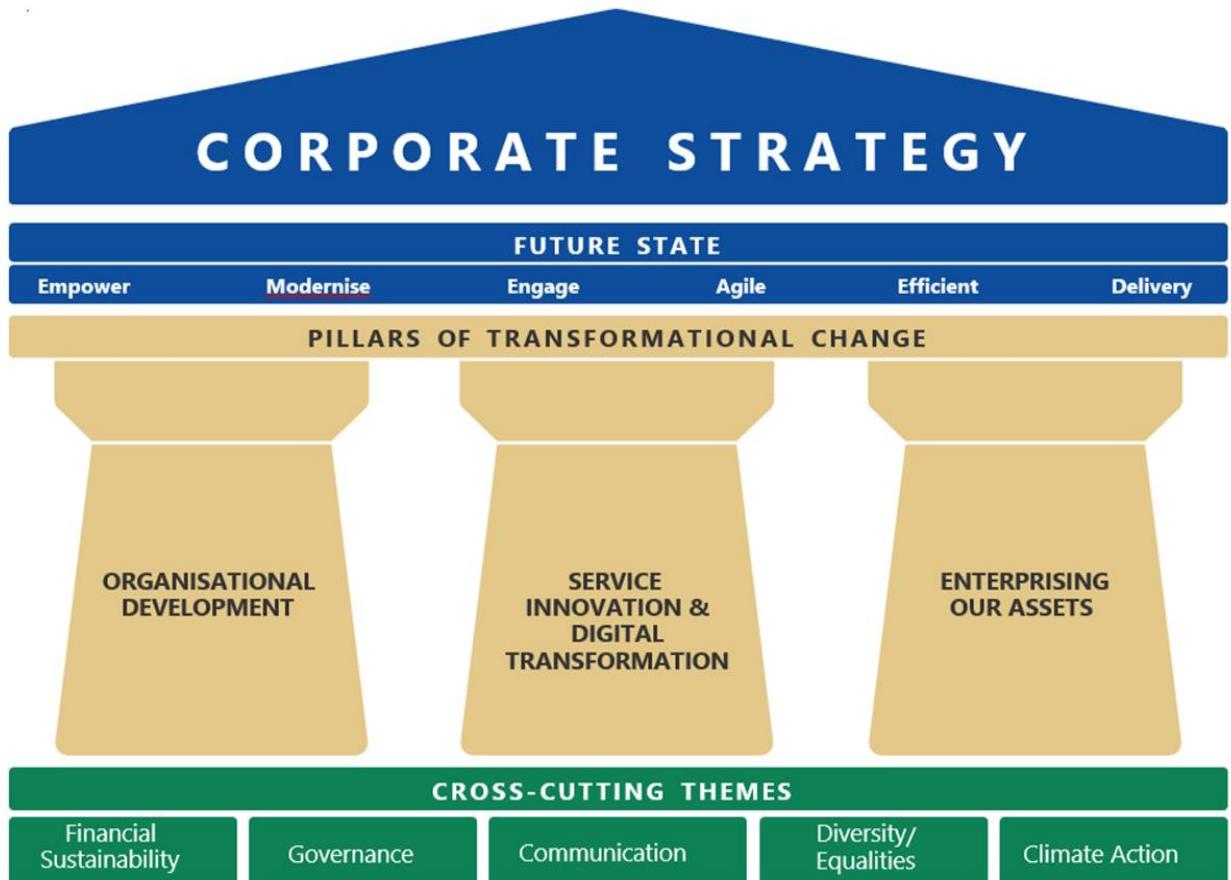


Fig. 1 – Transformation Programme

2.0 Transformation and LGR Readiness

- 2.1 The Transformation Programme is progressing well with projects reporting progress against anticipated timelines and deliverables. Progress is reported to the Transformation Board, Corporate Performance Panel and Cabinet quarterly.
- 2.2 The projects within our Transformation Programme were established to support the overarching Corporate Strategy. In July 2025, Cabinet endorsed our updated two-year action plan which outlined our key priorities and actions to achieve the strategic outcomes defined in the Corporate Strategy, taking us to 2027 when a shadow unitary council will be stood up.
- 2.3 The Transformation Programme is designed to transform the council to a modern, agile organisation, harnessing modern technology and giving our staff the resources to deliver much needed services to our communities more efficiently.

2.3 Following the submission of the business case for three unitary councils in Norfolk, alongside our Transformation Programme, we have been developing our 'LGR Readiness' Programme to prepare the organisation, our staff, communities and members for LGR. This work has been running parallel to our transformation programme.

2.4 LGR is a large and complex programme of work. The council as we know it will cease to exist and will be replaced by either one, two or three unitary councils. It is the largest change to the way local services are delivered to our residents in over 50 years and will result in staff transferring to a new unitary authority. We cannot underestimate the amount of work required to prepare the organisation, our staff, and members for reorganisation for this change and it is vital we make sure we allocate sufficient resource and capacity to support the delivery of this programme.

2.5 We have identified a range of outcomes and outputs for our LGR Readiness Programme and the key workstreams are:

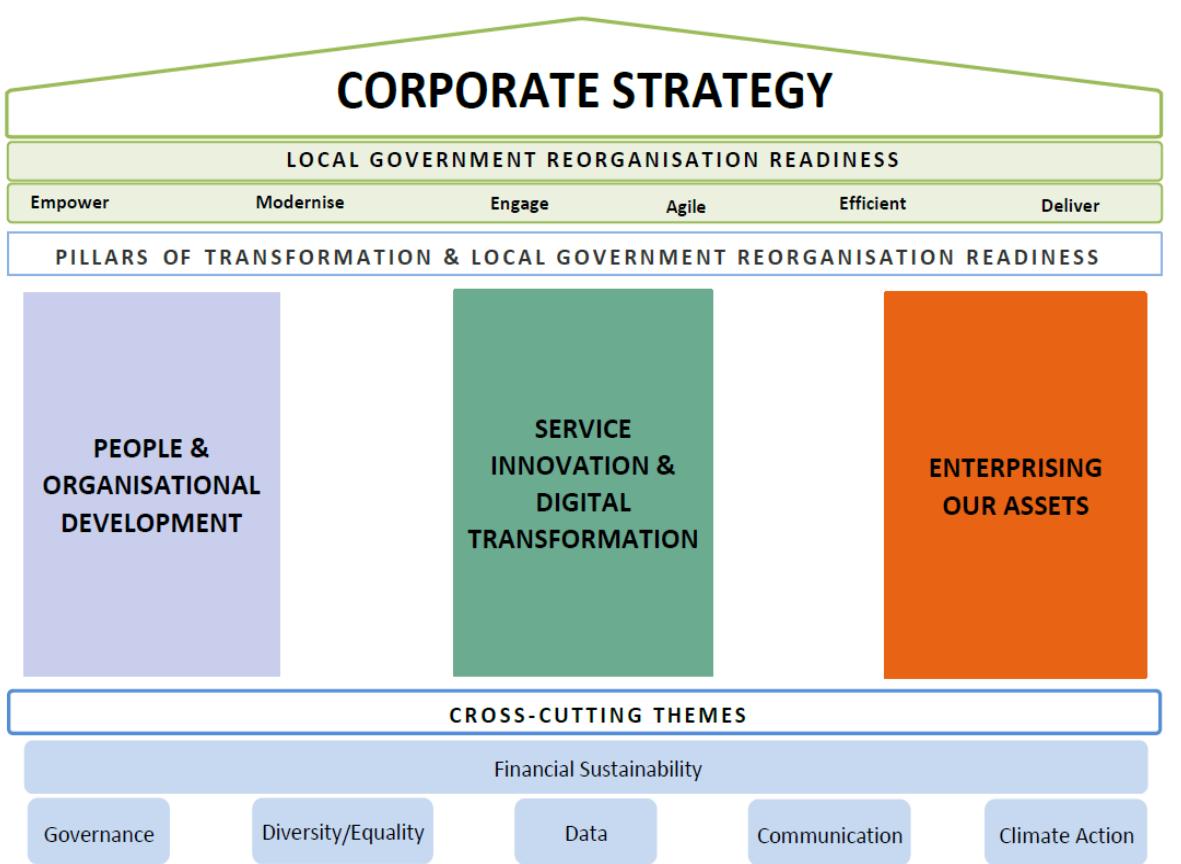
- Strategy, politics, and external engagement
- Organisational readiness
- Data
- People
- Stakeholder Communications
- Programme Management

Each of the workstreams have been allocated a Senior Responsible Officer (SRO) and have Project Initiation Documents and project plans assigned to them.

3. Proposal

4.1 It is clear there are significant synergies between the projects defined within the Transformation Programme and our LGR Readiness Plan. The Transformation Programme remains highly relevant and needs to be aligned with our work on LGR Readiness. Following a review, it is recommended that the transformation programme is redefined to an 'LGR Readiness Programme' to align our various programmes of work under one governance framework. This will avoid duplication and provide members and the Transformation Board with assurance and reporting of outcomes and progress against the outputs and outcomes identified.

4.2 To reflect the proposed change to the Transformation Programme, the Transformation Diagram has been updated to reflect the inclusion of LGR Readiness. Data has been added to the cross-cutting themes as a key area of the LGR Readiness programme.



5. Governance and reporting

- 5.1 Due to the significant areas of crossover within the workstreams identified for the LGR Readiness and Transformation Programme, the proposal is to 'rebrand' our current Transformation Programme to the 'LGR Readiness Programme' and to use the existing governance framework established to monitor and review the progress of the programme. The Transformation Board was established to provide member oversight of the Transformation Programme along with the usual performance monitoring framework of the quarterly reports to Corporate Performance Panel and Cabinet.
- 5.2 As part of the ongoing project assurance framework, highlight reports on the progress of the LGR Readiness Programme and transformation projects will be presented to the Transformation Board by the Senior Responsible Officers. The highlight reports will provide an overview of the actions conducted in the previous quarter, outline the actions and priorities for the next quarter, provide updates on outcomes, risks and risk mitigation.
- 5.3 By using the existing established governance framework, this will reduce duplication in the reporting of the various workstreams within the LGR Readiness programme and retain the focus on both LGR Readiness and the Transformation Programme.
- 5.4 It is important to note the timeline for LGR and how the programme fits into this. We are due to receive the ' minded to' decision from MHCLG at the end of March

2026. Regardless of the outcome of that decision, the work to prepare the council for LGR is essential to ensure the organisation, our staff and members are in the best position to manage the transition to a unitary authority. Similarly, if LGR is delayed for any reason, the work is important to the organisation and will not be wasted. The improvements and investment in our staff, our ICT and systems and our data is fundamental to transforming the council to a modern and agile organisation.

6. Conclusions and Next Steps

- 6.1 Following the publishing of the Government's Devolution White Paper in December 2024 and the inclusion of Norfolk and Suffolk on the Devolution Priority Programme, we have reviewed the transformation programme in the context of the work required to ensure the council is ready for the significant impact and change LGR will bring. Regardless of the model of unitary authorities implemented in Norfolk, the council, its staff and members will enter a period of unprecedented change and it is essential we are prepared for that.
- 6.2 With Cabinet approval, the transformation programme will be rebranded the LGR Readiness Programme. A communication plan to update all staff and members on this change will be prepared. The Transformation Board will become the LGR Readiness Board, and the first highlight reports will be presented to the Board in March 2026.

7. Options Considered

- 7.1 Consideration was given to running both the Transformation Programme and the LGR Readiness Programme in parallel. This would have resulted in significant duplication of work and effort as key areas of both programmes of work, most notably the People and Asset Management aspects have significant overlap. It is considered that the most efficient way of managing both areas of work is to combine the LGR Readiness Programme with the existing Transformation Programme and use the established governance framework and the Transformation Board oversight to provide assurance to members that the outputs and outcome identified are progressing.

8 Policy Implications

- 8.1 There are no policy implications.

9. Financial Implications

- 9.1 There are no direct financial implications from the redesignation of the Transformation Programme to an LGR Readiness Programme.

10. Personnel Implications

- 10.1 There are no direct personnel implications. The LGR Readiness Programme is managed within the Transformation and Change Directorate and resource has

been allocated from the Project Management Office to carry out project and programme management. Senior Responsible Officers from the Corporate Leadership Team have been allocated to oversee the workstreams within the LGR Readiness Programme.

11 Environmental Considerations

- 11. There are no environmental considerations.

12 Statutory Considerations

- 12.1 There are no statutory considerations.

13 Equality Impact Assessment (EqIA)

- 13.1 Pre screening proforma attached. There are no equality impacts.

14. Risk Management Implications

- 14.1 The council, as part of the Future Norfolk group of district councils submitted their business case for local government reorganisation in September 2025. The government is expected to announce the future model of unitary councils in Norfolk in March 2026. In the intervening months, the council has established a significant programme of work to become 'LGR Ready'. The projects include people, data, governance, communications as well as continuing to engage with all other Norfolk Districts and the County Council.
- 14.2 In addition to LGR, the council is undergoing a significant period of transformation and the projects remain extremely relevant and key to the organisational improvement and efficiency. Workstreams include organisational development, improvements to our ICT systems and infrastructure, an Asset Management Strategy and work to improve our working environment. Resources have been allocated to work on these projects alongside business as usual. By combining both key areas of work, it's anticipated that duplication across workstreams will be reduced, and priorities are identified early where resource needs to be allocated.
- 14.3 The 'LGR Readiness Programme' will have a detailed risk register and mitigation plan which will be presented to the Transformation Steering Group on a quarterly basis.

15 Declarations of Interest / Dispensations Granted

- 15.1 None.

16 Background Papers

- 16.1 [Transformation Programme Cabinet Report](#)

Stage 1 - Pre-Screening Equality Impact Assessment

For equalities profile information please visit [Norfolk Insight - Demographics and Statistics - Data Observatory](#)

Name of policy/service/function	Transformation Programme and LGR Readiness				
Is this a new or existing policy/service/function? (tick as appropriate)	New	X	Existing		
Brief summary/description of the main aims of the policy/service/function being screened. Please state if this policy/service is rigidly constrained by statutory obligations, and identify relevant legislation.	Refocus the Transformation Programme to an LGR Readiness Programme due to the overlap of priorities within both programmes of change and transformation.				
Who has been consulted as part of the development of the policy/service/function? – new only (identify stakeholders consulted with)	Transformation Board. LGR Steering Group and the Corporate Leadership Team				
Question	Answer				
<p>1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups, for example, because they have particular needs, experiences, issues or priorities or in terms of ability to access the service?</p> <p>Please tick the relevant box for each group.</p> <p>NB. Equality neutral means no negative impact on any group.</p> <p><i>If potential adverse impacts are identified, then a full Equality Impact Assessment (Stage 2) will be required.</i></p>		Positive	Negative	Neutral	Unsure
	Age		X		
	Disability		X		
	Sex		X		
	Gender Re-assignment		X		
	Marriage/civil partnership		X		
	Pregnancy & maternity		X		
	Race		X		
	Religion or belief		X		
	Sexual orientation		X		
	Armed forces community		X		
	Care leavers		X		
Other (eg low income, caring responsibilities)		X			

Question	Answer	Comments	
2. Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favouring a particular community or denying opportunities to another?	Yes / No		
3. Could this policy/service be perceived as impacting on communities differently?	Yes / No		
4. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	Yes / No		
5. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions? If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section	Yes / No	<p>Actions:</p> <p>.....</p> <p>Actions agreed by EWG member:</p> <p>.....</p>	
<p>If 'yes' to questions 2 - 4 a full impact assessment will be required unless comments are provided to explain why this is not felt necessary:</p> <p>.....</p> <p>Decision agreed by EWG member:</p> <p>.....</p>			
Assessment completed by: Name	Honor Howell		
Job title	Interim Assistant Director, Transformation and Change		
Date completed	22.11.25		
Reviewed by EWG member		<table border="1" style="width: 100px; text-align: center;"> <tr> <td>Date</td> </tr> </table>	Date
Date			

Please tick to confirm completed EIA Pre-screening Form has been shared with Corporate Policy (corporate.policy@west-norfolk.gov.uk)

REPORT TO CABINET

Open		Would any decisions proposed :			
Any especially affected Wards	ALL	Be entirely within Cabinet's powers to decide	NO	Need to be recommendations to Council	YES
		Is it a Key Decision	YES		
Lead Member: Councillor Simon Ring E-mail: clrr.simon.ring@west-norfolk.gov.uk		Other Cabinet Members consulted: All Cabinet Members			
		Other Members consulted:			
Lead Officer: Jason Birch E-mail: jason.birch@west-norfolk.gov.uk Direct Dial: 07968 826865		Other Officers consulted: All Corporate Leadership Team Officers			
Financial Implications YES	Policy/ Personnel Implications YES	Statutory Implications YES	Equality Impact Assessment YES If YES: Pre-screening/ Full Assessment	Risk Management Implications YES	Environmental Considerations YES

Date of meeting: 20th January 2026

TITLE: ADOPTION OF THE PROPERTY DISPOSAL POLICY

Summary

This report proposes the adoption of a Property Disposal Policy, attached as Appendix 1. The Policy sets out the Council's approach to identifying and managing surplus assets as part of proactive property portfolio management.

Recommendation

Cabinet Resolves to recommend to Full Council:

The adoption of the Property Disposal Policy attached as Appendix 1.

Reason for Decision

There is currently no formal policy in place.

1 Background

The Council holds a significant property portfolio, including operational buildings, land, and investment assets. Over time, some assets become surplus to requirements or underperform financially.

A structured disposal policy ensures these assets are managed in a way that is:

- Legally compliant
- Aligned with strategic objectives

- Financially responsible
- Transparent and accountable

It provides a clear framework for decision-making, governance and risk management. It also ensures consistency and fairness in the disposal process

2 Options Considered

Option 1: Adopt the draft Property Disposal Policy attached as Appendix 1, with or without proposed amendments. This would provide a clear, consistent framework for decision making and reduce the risk of legal challenge. It will also offer a strategy for financial opportunities, efficiencies and value for money.

Option 2: Take no action. Not recommended, as the current ad-hoc approach provides a higher risk of inconsistency and challenge and may miss opportunities for strategic asset management and value for money.

3 Policy Implications

Adopting a Property Disposal Policy provides a clear, legally compliant framework for managing surplus assets, ensuring transparency, consistency, and alignment with statutory duties under the Local Government Act 1972 and related guidance. It will help to optimise the property portfolio, generate capital receipts, reduce ongoing liabilities. It will help to ensure that the property portfolio stays relevant and to retain its financial and organizational value.

4 Financial Implications

The policy will assist disposal procedures which will raise capital receipts and reduce costs and liabilities. The disposals will be assessed against potential revenue loss to contribute to financial sustainability.

5 Personnel Implications

Implementing the policy will include additional workloads for the Property and Legal Teams. There will also be a requirement for greater collaboration between property, finance, planning and legal to ensure that disposals align with corporate priorities and legal obligations.

6 Environmental Considerations

The Policy requires environmental checks to be carried out as part of due diligence prior to disposals. Environmental well-being may preclude the sale of some amenity land and may also provide a reason for disposals at less than best consideration under the General Disposal Consent Order (England) 2003.

7 Statutory Considerations

The draft Policy addresses key statutory requirements including:

- Local Government Act 1972 section 123- “best consideration reasonably obtainable”
- General Disposal Consent (England) 2003 – permits certain disposals below market value

8 Equality Impact Assessment (EIA)
(Pre screening report template attached)

The policy itself is equality neutral but it will require each proposed property disposal to undergo an equality impact assessment.

9 Risk Management Implications

Without a robust property disposal policy the council faces a range of risks spanning legal, financial, environmental and reputational. The policy will significantly mitigate these risks.

10 Declarations of Interest / Dispensations Granted

None

11 Background Papers

None

Stage 1 - Pre-Screening Equality Impact Assessment

For equalities profile information please visit [Norfolk Insight - Demographics and Statistics - Data Observatory](#)

Name of policy/service/function	Property Disposal Policy																																																																										
Is this a new or existing policy/service/function? (tick as appropriate)	New		Existing																																																																								
Brief summary/description of the main aims of the policy/service/function being screened. Please state if this policy/service is rigidly constrained by statutory obligations, and identify relevant legislation.	This policy sets out the principles and procedures for the disposal of land and property assets owned by the Borough Council of King's Lynn and West Norfolk. It ensures that disposals are conducted in a transparent, consistent, and lawful manner, supporting the Council's strategic objectives and delivering best value for the community.																																																																										
Who has been consulted as part of the development of the policy/service/function? – new only (identify stakeholders consulted with)	All Cabinet Members, all CLT members and Property team colleagues.																																																																										
Question	Answer																																																																										
<p>1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups, for example, because they have particular needs, experiences, issues or priorities or in terms of ability to access the service?</p> <p>Please tick the relevant box for each group. NB. Equality neutral means no negative impact on any group.</p> <p>If potential adverse impacts are identified, then a full Equality Impact Assessment (Stage 2) will be required.</p> <p>*For more information on health inequalities please visit The King's Fund</p>	<table border="1"> <thead> <tr> <th></th> <th>Positive</th> <th>Negative</th> <th>Neutral</th> <th>Unsure</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Disability</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Sex</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Gender Re-assignment</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Marriage/civil partnership</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Pregnancy & maternity</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Race</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Religion or belief</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Sexual orientation</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Armed forces community</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Care leavers</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Health inequalities*</td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Other (eg low income, caring responsibilities)</td> <td></td> <td>X</td> <td></td> <td></td> </tr> </tbody> </table>		Positive	Negative	Neutral	Unsure	Age		X			Disability		X			Sex		X			Gender Re-assignment		X			Marriage/civil partnership		X			Pregnancy & maternity		X			Race		X			Religion or belief		X			Sexual orientation		X			Armed forces community		X			Care leavers		X			Health inequalities*		X			Other (eg low income, caring responsibilities)		X						
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Please provide a brief explanation of the answers above:																																																																											
The policy has a neutral affect across the protected characteristics and for each lot being disposed of, a separate EIA will be undertaken.																																																																											

Question	Answer	Comments	
2. Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favouring a particular community or denying opportunities to another?	No		
3. Could this policy/service be perceived as impacting on communities differently?	No		
If 'yes' to questions 2 - 3 a full impact assessment will be required unless comments are provided to explain why this is not felt necessary:			
Decision agreed by EWG member: Allison Bingham			
4. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions? If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section	No	<p>Actions:</p> <p>Actions agreed by EWG member: Allison Bingham</p>	
5. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	No	Please provide brief summary:	
Assessment completed by: Name	Jason Birch		
Job title	Assistant Director of Property and Projects		
Date completed	16th December 2025		
Reviewed by EWG member	Allison Bingham	Date	16/12/2025

Please tick to confirm completed EIA Pre-screening Form has been shared with Corporate Policy (corporate.policy@west-norfolk.gov.uk)



BCKL&WN Corporate Policy

Property Disposal Policy

Owner – senior responsible officer	Jason Birch		
Responsible Person - non-substantive updating	Assistant Director Property & Projects		
Review Cycle	3 years	Next Review Date	2029
Equality Impact Assessment (EIA) Date		Date approved by the CEWG	
List any other impact assessments that have been completed – eg Data Protection IA, Environmental IA			
Date initially approved by Cabinet/Full Council			
Published to - internal, external or both			
Stakeholders consulted	All Cabinet Members, CLT Officers and Property and Projects Officers		
Revision Record			
Rev. No.	Date of Issue	Reason for Revision	
1	XX/XX/XXXX	Introduction of a new Policy	

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2. Executive summary

To Follow

3 Introduction

The Borough Council owns about 1200 property interests of various types including operational buildings, offices, retail, industrial, land, car parks, public open spaces, community centres, historic buildings and a whole range of miscellaneous properties.

The efficient management of any property portfolio includes a regular review of assets to ensure that objectives are met by each asset. If the asset is surplus to requirements or uneconomic to retain after review, then active management actions need to be taken that lead to disposal. Surplus assets should not be retained.

The UK government encourages local authorities to dispose of surplus and under-used assets. Where disposal is proposed, the Council must comply with S123 of the Local Government Act 1972 and related guidance. The aim is to ensure public land is used efficiently and to generate funds for public services and housing.

The council is currently subject to Local Government Reorganisation (LGR) and will not exist in its current form from May 2028. On 24 July 2025 the Minister of Housing Communities and Local Government (MHCLG) wrote to all councils concerned with guidance on financial decisions before LGR. The council must be cognisant of the sale or purchase of significant assets so that those actions will not “fetter the future decisions of new councils...” Similarly, the council should as part of the preparation to the lead up to LGR review its holdings and assist in the asset review of real estate holdings being considered for transfer to new organisations.

The Council considers that the same duties regarding efficient portfolio management would apply to the new authority. If the position is that the same services will continue to be delivered and there is no obvious service need to retain additional land/buildings for the benefit of the new authority, then it is appropriate for us to discharge the efficient portfolio management duty now rather than to wait.

Transactions over £500,000 require Cabinet approval as a key decision under the Council's constitution. This will require Monitoring Officer and S151 officer sign off and consultation with successor/shadow bodies where appropriate.

4 Aims

This policy sets out the principles and procedures for the disposal of land and property assets owned by the Borough Council of King's Lynn and West Norfolk. It ensures that disposals are conducted in a transparent, consistent, and lawful manner, supporting the Council's strategic objectives and delivering best value for the community.

Objectives

- Ensure that disposals are lawful and evidence based.
- Comply with statutory obligations, governance procedures and best practice to mitigate risks to the Council
- To optimise capital receipts for reinvestment or debt repayment.
- To optimise investment returns where income from capital receipts can be better deployed.
- Reduce liabilities and maintenance costs – particularly where older properties have been poorly maintained, need significant enhancement for effective use or alternative use or are reaching the end of their economic life. Vacant land and buildings present liabilities and no revenue.
- Promote regeneration, economic development, and community benefit. Releasing surplus land and properties to the private sector can stimulate regeneration, create jobs and boost the local economy and lead to more efficient and innovative use and potentially provide much needed housing .
- Ensure disposals align with the Council's Corporate Strategy, most specifically the efficient and effective delivery of our services and to promote growth and prosperity.
- Estate modernisation, maintenance reduction, co-location.

5. Scope

The policy applies to the entire council owned property portfolio of both operational and non-operational land, buildings and property investments.

Disposal includes:

- Sale of freehold interest.
- Grant or assignment of lease over 7 years.
- Agreements for leases where the resulting term exceeds 7 years.
- Surrenders where materially altering interests.
- Options/overages.
- Granting of easements, options, or other property rights.

Short-term leases (under 7 years) are generally outside this policy but should follow its principles

6. Legal framework and relevant legislation

Disposals will comply with:

- Section 123 of the Local Government Act 1972 – duty to obtain “best consideration reasonably obtainable
- General Disposal Consent order (England) 2003 – allows disposal at less than best consideration where it promotes economic, social, or environmental well-being.
- Localism Act 2011 – general power of competence.
- Section 123(2A) Local Government Act 1972 – duty to advertise and consider objections before sale of public open space.
- Allotments Act 1925 (s8) - conditions before disposing of allotment land held by allotment societies
- Subsidy Control Act 2022 – relevant to below market value disposals.
- Assets of Community Value (Localism Act 2011 Pt5 CH3) - enables time for communities to bid.
- Other relevant legislation and guidance including MHCLG disposal guidance.

7. Roles and responsibilities

Under the Councils scheme of Delegation property disposals transactions, not affecting more than one third of the resident population of a ward, can be authorised as follows:

At market Value up to £250,000	AD Property and Projects or CEO
At market Value £251,000 to £499,999	AD Property and Projects or CEO following consultation with Portfolio Holders for Business and Finance
At market value at or above £500,000	Cabinet
Below market value	Cabinet
Affecting more than 1/3 of the residents of a Ward	Cabinet

8. Identification of Surplus Assets

Assets may be deemed surplus at any time if:

- No longer required for operational purposes. If after engagement with service departments the property is identified as underused, vacant or not fit for purpose, it may be deemed surplus.
- A condition survey makes the property less viable to continue in its current use or form.
- Underperforming or uneconomical to retain. This requires an analysis of true lifecycle net internal rate of return (IRR) taking income, true costs (including officer time), and capital value into account. Where dilapidations at the end of a lease will be difficult to recover or unrecoverable maintenance costs are required, these need to be considered. An IRR below a rate assessed annually by the S151 officer.
- They provide no real social value to the Borough community at large and where it only provides a benefit that is disproportionate to the opportunity cost of the capital tied up in the asset.
- They do not form part of a wider strategic plan in the near future.
- Their disposal will not fetter the future decisions of a post LGR council.

Generally protected from being deemed surplus

- Historic assets unless a disposal via a Community Asset Transfer or an operational lease to a charity, trust or another public body.
- For open spaces of “public value” which are enjoyed by the wider community there will be a general presumption against declaring as surplus unless:
 - Alternative provision of equal benefit is made locally
 - It is deemed as important to the character of the area
 - The area no longer provides an opportunity for sport recreation or leisure
 - It is a small part of a larger site where sport, recreation, and leisure facilities can be retained and enhanced through redevelopment of that part.
- The assets are required for the regeneration of the area.
- Assets where there is an implied trust.
- There will be a general presumption against disposal of land designated as Protected Local Green Space through either the Local Plan or a Neighborhood plan. Any proposal must reference the relevant Local/Neighbourhood Plan policy and planning strategy.

- **Allotments:**

- Where land has been purchased or appropriated by the Council for use as statutory allotments, the Council cannot, without the consent of the Secretary of State, sell, appropriate, use or dispose of the land for any purpose other than use for allotments.

- The Council will consider the disposal of an allotment against the following criteria, having regard to the Secretary of State's guidance on allotment disposal:
- The number of people on the waiting list has been effectively taken into account.
- The Council has actively promoted and publicised the availability of other sites and has consulted the National Allotment Society; and
- The implications of disposal for other relevant policies, in particular, the local plan and neighbourhood plan policies have been considered.
- Consideration should be given to disposing to the Allotment Holders if they are incorporated (Allotments Act 1925 s8).

- **Amenity land:**

Amenity land is open space and landscaping areas that are common and valued features in most housing development. These can be provided for a number of reasons including:

- Highway verges or visibility splays to provide good safety standards for drivers, cyclists and pedestrians
- Children's play areas or informal recreation
- Areas of landscaping to improve the appearance of the housing estate

Certain rights, environmental or economic conditions may preclude the sale of amenity land for example:

- The land is subject to rights of way over it;
- The land is an important landscaping feature of the local environment or designated public open space.
- Sale of the land would incur additional costs for the Council (for example, the re-siting of lamp posts or telephone cables) unless the applicant is willing to finance the additional costs (payable in advance);
- The land has been identified for future regeneration or development by the Council.
- Following a request to purchase amenity land, a review identifies future regeneration or development opportunities for the Council.
- The sale of the land may prejudice future development by the Council.
- There are management or other issues that would cause inconvenience to the Council if the land was to be sold.

- **Small Parcels of Land:**

From time to time, enquiries are received from residents who are interested in purchasing small parcels of land of less than 0.25 acres (1,011 m²). Dealing with casual requests can require significant officer time with no guarantee of a capital receipt.

Persons wishing to purchase small land parcels owned by the council can nominate the land to be considered for disposal for a fee as published on the council's website. Such nominated land will be investigated by council officers and, if appropriate, scheduled for disposal subject to the terms of this Policy. The nomination fee does not grant the nominee any rights to purchase and is non-returnable.

- **Housing**

A specific category of asset disposals falls under the Council's major housing programme, concerning properties and land interests that have been explicitly developed or acquired for the purpose of housing development and subsequent sale.

The disposal of these housing assets, which is essential for realising capital receipts to fund the ongoing programme, is distinct from the general portfolio review. Furthermore, in facilitating efficient site completion and future management, the policy extends to cover necessary land transfers. This includes the transfer of land for road and utility adoptions to the relevant statutory undertakers or highway authorities, and transfers to management companies established to oversee the future efficient management of communal areas and infrastructure on the site.

Authority also extends to cover bulk transfers of newly developed housing assets to Council-owned housing transfer organisations where the intended use is consistent with the original development brief. Specific Cabinet approval will only be required for bulk transfers to companies not owned by the Borough Council, or where the proposed use of the assets is not in accordance with the original intention underpinning the development programme.

To ensure efficient and timely progression of the major housing programme, delegated authority for the sale of developed properties and for these necessary land transfers rests with the Assistant Director for Housing, Regeneration and Place and/or the Principal Project Manager responsible for the relevant scheme. These disposals and transfers will adhere to the principles of best consideration and transparency outlined in this policy, whilst ensuring the smooth delivery of the Council's housing strategy.

9. Methods of Disposal

- Open Market Sale – via auction, tender, or private treaty.
- Community Asset Transfer – where appropriate, under separate policy.
- Lease or Licence – where full disposal is not appropriate and greater ongoing control is required.
- Transfer to Public Sector Partners – where aligned with strategic goals. Eg Parish Councils or Freebridge Community Housing.

10. Governance arrangements and oversight

- Each asset disposal is treated on its own merits and nothing in this Policy will bind the Council to a particular course of action.
- The reason for retaining an asset should be identified. Is it needed to discharge a statutory duty or a discretionary one.
- Potential disposals should be discussed with the portfolio holder and ward members at an early stage.
- All disposals must be approved in accordance with the Council's Constitution and Scheme of Delegation.
- Best value must be reasonably demonstrated through transparent market testing and/or valuation advice from suitably qualified professional advisors.
- Disposals below market value require Cabinet approval and justification under the General Disposal Consent.
- Requests to purchase Council owned assets will be dealt with in a fair manner but any person with an interest will have the opportunity to do so in circumstances no less favourable than anyone else at an open market level.
- Public open space disposals must be pre-advertised in a local newspaper for two consecutive weeks and objections should be considered by Cabinet with the option for call-in for scrutiny. Objections received under s123(2A) will be formally considered by Cabinet before any decision.
- Where planning permission is required, consultation must take place with the Assistant Director -Environment & Planning, to ascertain the likelihood of obtaining permission.

11. Marketing and Transparency

- Assets will be marketed openly unless there is a compelling reason not to.
- All interested parties will be treated fairly and equitably.
- Disposal decisions will be documented and auditable.

12. Due Diligence

- Legal, financial, and environmental checks will be undertaken.
- Risks will be assessed and mitigated.
- Disposal terms will be clearly defined and legally binding.
- When disposing to voluntary groups or charitable organisations, business plans should be submitted and in the first instance disposal by leasehold rather than freehold should be considered.

13. Monitoring and Review

The policy will be reviewed every three years or sooner if required.

Disposal outcomes will be reported annually to Cabinet or as delegated.

14. Environmental implications

The Policy requires environmental checks to be carried out as part of due diligence prior to disposals. Environmental well-being may preclude the sale of some amenity land and may also provide a reason for disposals at less than best consideration under the General Disposal Consent Order (England) 2003.

15. Equality, Diversity and Inclusion

TO FOLLOW

We will continue to monitor this procedure to ensure that it allows equal access and does not discriminate against any individual or group of people.

16. Associated Documents

The Policy will form part of the Strategic Asset Management Plan that is due to be published later in 2006.

17. Appendices

TO FOLLOW