

Herefordshire Safeguarding Audit for: Early Years Ofsted Registered Provision and Governor/School-Run Early Years Provision

Date of completion : _____

Setting name: _____

Please return a copy of the form by e-mail to the following address
educationandbusiness@herefordshire.gov.uk

Introduction and legislative background

The purpose of this checklist is to assist leaders and managers to support their processes to ensure there is a culture of safeguarding and child protection within the setting. The list is not exhaustive but should aid the organisation in quality assuring safeguarding in all its forms.

It is recommended that this checklist is:

- ✎ Discussed at a formal meeting of the **Committee** or proprietors to help them understand their statutory duty to ensure safeguarding responsibilities are met and to assure themselves that this is the case.
- ✎ Used by the **Senior Leadership Team Designated Member of Staff (DSL)** and **Deputy Designated Member of Staff (DDSL)** in order to establish whether the policies, procedures and practices within the establishment, safeguard children effectively.
- ✎ Used by the **Setting Leadership Team** to support their evidence base of effective, high quality safeguarding practice which will, among other functions, support settings in demonstrating the effectiveness and impact of safeguarding procedures. The setting's performance in regard to their responsibility to safeguard and promote the welfare of children in accordance with the relevant legislation and guidance will form part of Ofsted's, or other inspectorate's, judgement of *overall* performance.

The statutory guidance "Safeguarding Children and Safer Recruitment in Education" is still the most recent to which local authorities, governing bodies, committees, managers and proprietors must have regard for the purpose of s175 of the 2002 Act. Failure to have arrangements in place as required by s175 or to have regard to this guidance, may be grounds for the Secretary of State to take action against a local authority, governing body, or proprietor. Governing bodies and proprietors must act reasonably in making decisions about the suitability of the prospective employee based on checks and evidence including: criminal record checks (DBS checks), barred list checks and prohibition checks¹⁸ together with references and interview information

Governing bodies, committees, managers and proprietors of all early years settings should ensure that their safeguarding arrangements take into account the procedures and practice of the local authority as part of the inter-agency safeguarding procedures set up by Herefordshire Safeguarding Children Board (SCYPH). Section 10 of the Children Act 2004 requires a local authority to make arrangements to promote co-operation between itself and its relevant partners and other organisations who are engaged in activities relating to children. Under section 14B of the Children Act 2004 SCYPH can require a setting to supply information in order to perform its functions; this must be complied with. Refer to Statutory Framework for the EYFS legal requirements.

For staff in governor-run early years settings – 'Keeping Children Safe in Education' is statutory guidance from the Department for Education issued under Section 175, Education Act 2002, the Education (Independent School Standards) (England) Regulations 2010 as amended by SI 2012/2962 and the Education (Non-Maintained Special Schools) (England) Regulations 2011. Schools and colleges must have regard to it when carrying out their duties to safeguard and promote the welfare of children.

Further information to support the safeguarding of children is available on the following websites:

Herefordshire Safeguarding Children Partnership website hosts policies and guidance which apply to all agencies working with children across Herefordshire:	https://herefordshiresafeguardingboards.org.uk/herefordshire-safeguarding-children-partnership/
The Department for Education's website contains national guidance and research supporting schools in their safeguarding responsibilities:	www.education.gov.uk/childrenandyoungpeople/safeguardingchildren
Ofsted's ' <i>Inspecting Safeguarding in Early Years, Education and Skills Settings</i> ' - guidance for inspectors undertaking inspection under the Education Inspection Framework:	

The checklist includes the following sections:

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If you require any further help or guidance on using this audit, please contact a member of the early years team: earlyyears@herefordshire.gov.uk

Section 1 – Leadership and Management of Safeguarding in the organisation

1. Leadership and Management	Y/N	Evidence	Action required with completion date
1.1 The setting has a DSL and a Deputy (DDSL) for Safeguarding & Child Protection who has the status and authority within the management structure to carry out the duties of the post.			
1.2 Committee/proprietor have appointed a designated member of staff to promote the educational achievement of children who are looked after and to ensure that this person has appropriate training.			
1.3 The identities, roles and responsibilities of the DSL/DDSL are known to all staff. A detailed DSL job description is available.			
1.4 The DSL and DDSL have undertaken appropriate safeguarding/child protection training; they have attended recognised DSL training which is refreshed every 2 years; they undertake regular updates and broaden their knowledge and skills by attending other safeguarding courses.			
1.5 The DSL and DDSL are aware of guidance issued by the Herefordshire Safeguarding Children's Partnership (SCYPH) and the Local Authority, and are proactive in updating their knowledge. The setting has processes to update staff on changes and to encourage staff to check for updates regularly http://westmidlands.procedures.org.uk/			

1. Leadership and Management	Y/N	Evidence	Action required with completion date
1.6 When the setting is in operation the DSL or DDSL is available during opening hours to be able to talk to staff about safeguarding concerns or to answer queries from partner agencies e.g. MASH/Early Help/Social Worker.			
<p>1.7 Arrangements are in place for training staff and other adults within the organisation. Job descriptions contain information about the expected safeguarding training staff must attend, and staff should have refresher training every 2 years, or when certificate expires, whichever is first.</p> <p>Settings are signed up for, and regularly receive information (e.g. via emails, e-bulletins and newsletters) on safeguarding and child protection from Herefordshire Safeguarding Partnership: https://herefordshiresafeguardingboards.org.uk/news/</p> <p>Training and refresher programmes are recorded.</p>			
<p>1.8 A clear induction policy/checklist is evident which includes safeguarding training, the whistleblowing policy and staff code of conduct.</p> <p>All new staff/volunteers have undertaken a child protection induction session provided by the DSL/DDSL. This includes appropriate behaviour for restraint, abuse of trust and boundaries of behaviour.</p>			
1.9 Safeguarding is an agenda item at all staff meetings, and in other regular communications to staff.			

1. Leadership and Management	Y/N	Evidence	Action required with completion date
1.10 The MASH Education Officer is notified of the name of the DSL/DDSL by the setting and is also notified of any changes. This information will be shared with the safeguarding board.			
Any additional comments.			



Section 2 – Policy and Procedures (including safeguarding training)

Policies and procedures should be: written in straightforward language, compliant with legal requirements, cross referenced with other policies for coherence and consistency and regularly updated.

2. Policy and Procedures	Y/N	Evidence	Action required with completion date
<p>2.1 There is a Safeguarding/Child Protection Policy which links to SCYPH agreed inter-agency procedures and links with other policies and procedures for supporting the organisation's wider responsibilities for child protection, safeguarding and promotion of well-being. It covers the main categories of abuse listed below but also the areas listed in section 7.7 of this document:</p> <ul style="list-style-type: none"> • Neglect • Physical abuse • Emotional abuse • Sexual abuse <p>In addition:</p> <ul style="list-style-type: none"> 🔗 All behaviour and attendance policies cross reference with safeguarding practice. 🔗 Staff performance appraisals & supervisions also include discussions regarding confidence levels and training in safeguarding, as well as discussions about individual children. 			

2. Policy and Procedures	Y/N	Evidence	Action required with completion date
2.9 LADO – committees/trustees and proprietors should ensure a member, usually the chair, is nominated to liaise with the local authority and/or partner agencies on issues of child protection and in the event of allegations of abuse made against the proprietor, manager, or member of committee. In the event of allegations of abuse being made against the manager, and/or where the manager is also the sole proprietor of a setting, allegations should be reported directly to the local authority.			
2.10 Resolution of professional disagreements (escalation): The setting is aware of the current policy for resolution of professional disagreements on the SCYPH website and uses this appropriately when they feel that the appropriate action has not be taken in relation to a child at risk.			
Any additional comments			

Section 3 – Ethos which promotes a culture of value and respect and prioritises safeguarding in all its work

3. Ethos and Culture	Y/N	Evidence	Action required with completion date
<p>3.1 The ethos of the organisation ensures that children and young people are valued, respected, listened to and taken seriously, and the child's wishes or feelings are taken into account when determining what action to take and what services to provide. This is to protect individual children by ensuring there are systems in place for children to express their views and give feedback on a regular basis.</p> <p>Committees and proprietors ensure that staff members do not agree confidentiality and always act in the interests of the child.</p>			
<p>3.2 The culture encourages and enables staff, children and young people to report concerns or complaints including concerns about poor or abusive practices. These are formally reviewed and any resulting action is made clear to those raising the issue.</p> <p>Records and analysis of bullying & peer-on-peer abuse, including racist, disability and homophobic abuse are accessible and shared with the Local Authority on request.</p>			
<p>3.3 The culture helps children to keep themselves safe, including encouraging them to adopt safe and responsible practices and learn how to deal sensibly with risk. Views regarding how safe learners feel are part of the culture.</p>			
<p>3.4 Support is available to all children and young people, with particular arrangements for those who are at particular risk or have disclosed abuse.</p>			

3. Ethos and Culture	Y/N	Evidence	Action required with completion date
<p>3.5 Safety and security are taken seriously for children and young people and a culture of vigilance is evident e.g. by monitoring visitors or those using the premises during opening hours.</p> <p>Staff are supported to have good awareness of the signs of neglect or abuse (see also section 12).</p>			
<p>3.6 The voice of children and young people is taken into consideration for the development of policies and procedures such as e-safety or behaviour.</p>			
<p>3.7 Changes in practice as a result of feedback are communicated to staff, children and young people, and their families.</p>			
<p>Any additional comments:</p>			

Section 4 – Record Keeping and information sharing

4. Record Keeping and information sharing	Y/N	Evidence	Action required with completion date
4.1 There is a clear record keeping and audit process. Basic information sharing and record keeping are standard as part of induction training. Staff are aware of the procedure for logging concerns with the DSL/DDSL.			
4.2 The DSL/DDSL maintains a central record of confidential child protection information in a secure place.			
4.3 Staff are fully aware that they may be required to monitor particular children with regard to child protection concerns and know how to record this for the DSL/DDSL.			
4.4 The DSL/DDSL ensures, where at all possible, that should children leave the establishment their child protection file is copied for the new establishment as soon as possible (within 5 days) and transferred separately and securely from the main pupil file, using a secure system. Permissions provided in parental contracts can support this.			
4.5 There is a clear information sharing protocol for data held about children, young people and their families and which is compliant with GDPR.			
4.6 There is a named setting information sharing champion/lead who is responsible for promoting correct information sharing procedures.			

4. Record Keeping and information sharing	Y/N	Evidence	Action required with completion date
4.7 Information should be recorded on a system that is accessible to all relevant staff and confidentiality protocols are put in place.			
4.8 Records regarding safeguarding incidents or allegations are recorded in such a way that it is easy to see that they have been dealt with in an appropriate and timely way. Contacts with other agencies with outcomes are recorded. The use of chronologies is recommended.			
4.9 Data protection and breaches: all staff receive training to be aware of appropriate forms of secure data transfer, as well as knowing which methods are not secure.			
Any additional comments.			



Section 5 – Teaching and Learning

5 Curriculum	Y/N	Evidence	Action required with completion date
5.1 Safeguarding is promoted to learners through PSED and all other relevant areas of learning. (e.g., personal safety, self-esteem, behaviour, relationships, domestic abuse, e-safety)			
5.2 The setting promotes work with external organisations, where a need is identified.			
5.3 All areas of learning support the safeguarding agenda and the settings can evidence this, through observation, assessment and planning for children's learning and development.			
5.4 Risk assessments are regularly updated. This will include information from MARAC, MAPPA (public protection) and police investigations where necessary.			
5.5 The procedures for educational visits include a full safeguarding assessment.			
5.6 Teaching and learning put a high emphasis on developing behaviour which contributes to learners feeling safe. A culture of care is created and development of personal, social and emotional skills is a priority.			
5.7 Planning and risk assessing outings reflects any locally pertinent issues (e.g. a nearby stream/road) and safeguarding issues that may arise from them.			

5 Curriculum	Y/N	Evidence	Action required with completion date
Any additional comments.			



Section 6 – EHA and Child Protection Conferences (CPCs)

6 Child Protection Conferences – Multi-agency support processes	Y/N	Evidence	Action required with completion date
6.1 The DSL/DDSL attends all relevant multi-agency meetings and uses the expertise of the Early Help Hub and EHA Co-ordinators.			
6.2 The importance of the EHA is supported by the organisation and the number and quality of EHAs are monitored and reported.			
6.3 Staff are trained in and aware of the 'Right Help, Right Time' levels of need guidance, in addition to their safeguarding training (available on SCYPH website).			
6.4 The setting submits high quality written reports for all formal child protection proceedings and works with the agencies involved. Staff are aware of time-frames set out in 'Working together to safeguard children'.			
6.5 Members of staff are informed on a 'need to know' basis of a child's child protection status and areas of concern to enable effective monitoring.			
6.6 Cover arrangements are made wherever possible to enable staff to attend Child Protection Conferences.			
Any additional comment			

Section 7 – Committee Responsibilities (incl. proprietors of private nursery settings)

7 Committee responsibilities	Y/N	Evidence	Action required with completion date
7.1 There is a named committee member/trustee with responsibility for child protection/safeguarding.			
7.2 Members of the committee have accessed appropriate training (online training or induction training from DSL with Safer Recruitment training as appropriate).			
7.3 The Safeguarding/Child Protection Policy is reviewed annually.			
7.4 Committee members/trustees monitor that child protection arrangements are robust and that any deficiencies or weaknesses are remedied without delay.			
7.5 All newly elected committee members have induction which includes relevant safeguarding training. A risk assessment and enhanced DBS is carried out – in line with the EYFS Statutory Framework.			
7.6 The committee/trustees/proprietor reviews the setting's safer recruitment policy and procedures annually and ensures that all pre-employment checks (for both paid and unpaid positions) are carried out appropriately.			
7.7 The committee/trustees, manager/proprietor regularly reviews all policies with regard to safeguarding implications and their impact. All of the following should be included in policies:			

7 Committee responsibilities	Y/N	Evidence	Action required with completion date
<ul style="list-style-type: none"> ⚠ Site security. 			
<ul style="list-style-type: none"> ⚠ Any others deemed relevant. 			
7.8 Reviewing the effectiveness of the leadership including 'effectiveness to promote safeguarding'.			
7.9 Feedback from parents/learners are taken into account when reviewing or developing policy. Committee members are aware of this from written records.			
Any additional comments			

N.B. Neither the committee, nor individual committee members, have a role in dealing with individual cases or a right to know details of cases (except when exercising their disciplinary functions in respect of allegations against a member of staff).

Section 8 – Safer recruitment selection, induction and culture

8 Recruitment and Selection of Staff	Y/N	Evidence	Action required with completion date
<p>8.1 Process for recruitment and volunteers:</p> <p>It is vital that settings create a culture of safe recruitment and adopt recruitment procedures that help deter, reject or identify people who might abuse children. This part of the guidance describes in detail those checks that are, or may be, required for any individual working in any capacity at, or visiting, the school or college. Committees and proprietors must act reasonably in making decisions about the suitability of the prospective employee based on checks and evidence including: criminal record checks (enhanced DBS checks), barred list checks and prohibition checks together with references and interview information</p> <p>The Organisation is aware of the procedures that must be followed when filling staffing vacancies so that recruitment and selection of staff and volunteers is carried out safely.</p>			
<p>8.2 Sufficient staff and committee members have undertaken accredited Safer Recruitment training – on-line or face-to-face. Refresh in line with guidance.</p>			
<p>8.3 High-profile Visitors: In relation to guests and visitors to school, staff need to be vigilant - note findings of the Saville Enquiry.</p>			

8 Recruitment and Selection of Staff	Y/N	Evidence	Action required with completion date
<p>8.4 The setting maintains a single central record of recruitment and vetting checks undertaken on appointment of all staff and volunteers employed:</p> <ul style="list-style-type: none"> • an identity check; • a barred list check; • an enhanced DBS check; • a prohibition from teaching check if applicable; • further checks on people living or working outside the UK; • a check of professional qualifications; and • a check to establish the person's right to work in the United Kingdom. <p>Documentation is checked and signed off and overseas staff have suitable checks.</p>			
<p>8.5 Written confirmation from any supply agencies used that the appropriate checks have been carried out and are satisfactory and identity checks are carried out on all those provided by a third party, such as an agency.</p>			
Any additional comments			

Section 9 – Allegations against Staff

9 Allegations Against Staff	Y/N	Evidence	Action required with completion date
9.1 Staff and committee members are aware of the procedures for managing allegations against staff and volunteers as detailed in HR guidance. Staff are aware of the role of the Local Authority Designated Officer (LADO) and their procedures. https://herefordshiresafeguardingboards.org.uk/news/new-lado-contact-details/			
9.2 The setting has procedures for dealing with allegations of abuse against members of staff and volunteers that comply with DfE guidance, LA and locally agreed inter-agency procedures and has a clear whistleblowing policy.			
9.3 All staff are aware of the procedures for managing allegations and the whistleblowing policy and feel able to raise concerns about poor or unsafe practice they have witnessed.			
9.4 The committee has designated a member (usually the Chair) to be responsible for liaising with the LA and/or partner agencies in the event of an allegation of abuse made against the manager.			
9.5 The Committee is satisfied that the setting has been proactive in making arrangements to reduce the likelihood of allegations against staff - for example, by providing training and guidance on positive physical intervention where required, intimate care and safer working practices.			

9 Allegations Against Staff	Y/N	Evidence	Action required with completion date
Any additional comments.			

For advice and support regarding allegations against staff, contact lado@herefordshire.gov.uk .



Section 10 – Interagency Working

10 Inter- Agency Working	Y/N	Evidence	Action required with completion date
10.1 The setting is pro-active in its work with other agencies (e.g., Social Care, Health etc.) to provide for early identification and support via the EHA, Family Network meetings and Child in Need processes.			
10.2 The setting is aware of the information sharing agreement between all agencies and ensures that any information about children and young people and their families is shared appropriately and accurately.			
10.3 The setting makes sure that lessons learned from concerns and serious case reviews are disseminated and applied. This information will be shared through regular leaders and managers briefings and email bulletins.			
10.4 Relevant staff know how to make an effective referral to MASH (01432-260800).			
10.5 Relevant staff are aware of the Children in Need Policy and Levels of Need Document- 'Right Help, Right Time' (on SCYPH website)			
Any additional comments			



Section 11 Site Health, Safety and Security

11 Health and safety	Y/N	Evidence	Action required with completion date
11.1 The Health and Safety Policy is signed by the Chair of Committee and Manager and has been reviewed within the last 12 months.			
11.2 Risk assessments are carried out. These are reviewed annually or as need dictates.			
11.3 A health and safety audit and inspection have been carried out and is reviewed at least annually and an action plan for addressing defects or problem areas.			
11.4 A fire risk assessment has been carried out, reviewed within the last 12 months and signed by the Manager.			
11.5 There is an up-to-date accident book where all significant injuries are recorded and where appropriate accident form filled in. There is an annual review of accidents to identify trends, problem areas etc.			
11.6 There is an annual review of first aid needs and provisions, numbers of staff trained and availability.			
11.7 Children with a care plan have had those needs met or provision to do so.			
11.8 A critical incident management plan is in place and staff are aware where this can be found should an emergency occur.			
11.9 Medicines and intimate care requirements are clearly thought through with attention paid to dignity and privacy.			

11 Health and safety	Y/N	Evidence	Action required with completion date
11.10 Health and safety training is identified and accurate records kept.			
11.11 Hygiene and cleanliness are a high priority.			
11.12 Accessibility and the impact of disability are taken very seriously and the setting is very clear about the need to make reasonable adjustment under the Equality Act 2010 and to have an Accessibility Plan describing how access to the setting will be improved.			
Additional comments			

At the current time settings must also have a Covid-19 Outbreak Management Plan, a Covid Policy and risk-assessments in place:

<https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/actions-for-early-years-and-childcare-providers-during-the-covid-19-pandemic>

Section 12 Other areas of focus incl. Child Sexual Exploitation (CSE), Prevent and Female Genital Mutilation (FGM)

12 Other Areas incl. CSE, Prevent and FGM	Y/N	Evidence	Action required with completion date
<p>12.1 Child Sexual Exploitation (CSE)</p> <p>Staff have had training so that they have an awareness of the warning signs of Child Sexual Exploitation (CSE) and know what to do if they identify these signs for an individual child or in the community. Online training via Herefordshire CPD Online.</p> <p>The PSED area of learning supports children to be aware of behaviour and its impact on others.</p>			
<p>12.2 PREVENT –</p> <p>The setting leadership is aware of its responsibilities under the PREVENT Duty agenda.</p> <p>Staff have received training in implementing their prevent duties and the importance of extremism and radicalisation under the Counter Terrorism and Security Act 2015. All staff have completed the Home Office online Prevent training</p> <p>There is a designated member of staff for PREVENT who is known to all staff and who knows who to contact in order to make a referral to the 'channel' process (Herefordshire Council 01432 383628).</p> <p>The setting has a range of initiatives that promote the spiritual, moral, social and emotional needs of children aimed at protecting them from radicalisation. This includes training that helps staff caring for older children to support them to develop skills to critically assess information, particularly through on-line or social media.</p>			

12 Other Areas incl. CSE, Prevent and FGM	Y/N	Evidence	Action required with completion date
12.3 Domestic abuse - Setting staff have had training on the significant impact that domestic abuse can have on a child's life and that staff have confidence to make appropriate referrals through the MASH where this places a child at risk.			
12.4 Female genital mutilation/breast ironing- Staff have had training so that they have an awareness of the warning signs of female genital mutilation (FGM) and breast ironing, including the geographical distribution. Staff know what to do if they feel a child is at risk or has been subject to FGM or breast ironing. Staff and DSL understand the need to refer any incidents to MASH. Female genital mutilation - GOV.UK (www.gov.uk) http://nationalfgmcentre.org.uk/breast-flattening/			
12.5 Fabricated and Induced Illness (FII) – Staff are alert to the possibility of FII and unusual patterns of absence, volume of medical appointments, range of reported illnesses or medical conditions are considered. Referrals are made to MASH where appropriate.			
12.6 Peer-on peer-abuse – reference to peer on peer abuse is adequately covered in the setting's Safeguarding/Child Protection Policy and in staff training. Staff understand what peer-on-peer abuse is and how it presents in young children.			
12.7 Online abuse – appropriate filters and monitoring systems are in place to protect children from harmful online material.			

12 Other Areas incl. CSE, Prevent and FGM	Y/N	Evidence	Action required with completion date
Additional comments			



This checklist should be kept in the Setting Safeguarding file. Completed copies can be returned to the early years team by emailing:

educationandbusiness@herefordshire.gov.uk

Checklist completed by:

Name of Setting	Detail and dates of relevant safeguarding training received	Signature
Manager name:		
DSL name:		
DDSL name:		
Designated committee member for Safeguarding:		
Designated person for Health and Safety:		
Chair of Committee/proprietor:		

Date Child Protection Policy updated:	
Date(s) of whole staff training for safeguarding including numbers trained:	
Dates of DSM, DDSL training:	
Training needs – please list (e.g. safeguarding disabled children, Prevent etc.):	