**Safeguarding Responsibilities for Registered Early Years & Childcare Settings**

**Self-Evaluation – Updated June 2023**

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| Name of setting |  |
| Name of person completing the self-evaluation and their role |  |

This evaluation tool supports the leadership team in reviewing safeguarding policy and practice in the setting. It is intended that the DSL and/or member of the management team will use it to reflect on current practice and support ongoing evaluation and development. It is therefore important that the user focus on evidence and the impact of policies and procedures, rather than simply having them in place, in order for the tool to be effective, and best practice would be to complete the evaluation with staff members, as this supports a shared understanding, ethos and commitment.

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| **What are we looking for?** | **Note** | **Evidence** | **What do we need to do?** |

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| **Policies** |  |  |  |
| We have a policy which describes our approach to safeguarding and child protection. | Does your policy make a distinction between wider safeguarding concerns and child protection concerns which require referral to statutory services? Please see the Levels of Need threshold guidance for more information. |  |  |
| Our policy has been reviewed within the last 12 months. There is a review date on the policy and the registered provider has ratified it. |  |  |  |
| Our policy is in line with current local authority and Worcestershire Safeguarding Children Partnership guidance, and the current Early Years Foundation Stage Statutory Framework |  |  |  |
| Our policy is personalised. | Templates can be useful but cannot truly represent the practice of the setting, so should be personalised, for example with details of safeguarding leads, internet provider, referral pathways and so on. |  |  |
| The setting has a policy for the use, by staff, other adults and pupils of mobile phones, cameras and other hand held devices.  |  |  |  |
| Our policy is accessible to all adults working in the setting, to visitors and to parents. | Is it truly accessible to everyone, e.g. those whose first language is not English? |  |  |
| Our safeguarding and child protection policy is aligned with other policies, for example health & safety, intimate care, whistle blowing, behaviour, and so on. | Where polices are separate, do they make references to associated policies. |  |  |
| **Date of evaluation** |  |  |  |

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| **Premises and security** |  |  |  |
| Car parking and entry to the site is safe. | Consider the experience of children and families arriving at your setting (and leaving), is it easy to manage for those with small children?What about staff and visitors? |  |  |
| Visitors and those new to the setting are provided with clear signage to the entrance. | If the reception point is clearly sign-posted, visitors are not wandering about the premises, so anyone doing so clearly raises and alarm. |  |  |
| Entrances are locked and controlled. | So that visitors are greeted and checked, and children cannot exit alone. |  |  |
| There are agreements with neighbours and/or landlords over access to boundaries, hedges/fences e.g. to carry out maintenance work. |  |  |  |
| There are site risk assessments that are created with the registered provider, and daily checks, e.g. outdoors, kitchen, bathroom areas. |  |  |  |
| All visitors are asked to sign in (and out) and ID is checked. | Consider having the same robust procedure no matter who the visitor is and whether you know them, so that it becomes routine.Consider giving visitors a badge, so that it is clear that they have been ‘processed’ correctly and that they are not staff members. |  |  |
| Visitors are advised about safety information and what to do if they have any welfare concerns. |  |  |  |
| Visitors are advised about the setting mobile phone/electronic device policy. |  |  |  |
| The setting’s internet service is provided by a fully accredited SP and accredited filtering is in place. |  |  |  |
| There are robust arrangements in place for the receiving and handing over children at the start and end of the day, including procedures for registration and the arrival of those who are later or earlier than expected. |  |  |  |
| There is a policy and procedure for both missing and uncollected children |  |  |  |
| **Date of evaluation** |  |  |  |

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| **Safer working practices** |  |  |  |
| Ratio and qualification requirements are always met. |  |  |  |
| There is a staff code of conduct. | This is not mandatory for settings but supports a shared understanding of appropriate behaviours in and out of the setting, e.g. use of social media. |  |  |
| Staff do not use their own devices for setting purposes and there are policies related to the appropriate use of setting devices.  | E.g. using setting tablets to record observations and keeping these within the setting |  |  |
| Policies and procedures are evaluated after incidents. |  |  |  |
| There is a lone working policy and procedures, which provide staff with guidance when they are working without another adult present. |  |  |  |
| There are policies and procedures providing guidance for staff who are involved in the intimate care of children, e.g. nappy changing. |  |  |  |
| There is appropriate equipment for intimate care procedures and for feeding and sleeping. |  |  |  |
| There is always and adult with a current paediatric first aid certificate on site and available to all parts of the setting. |  |  |  |
| There is appropriate first aid equipment which is regularly checked. |  |  |  |
| There is an appropriate policy and procedure for dealing with children who are ill or infectious.  | Including handling bodily fluids and exclusion from the setting. |  |  |
| There is an appropriate policy and procedure for the administration of medicines. | Procedures and records should include permission for specific medicines and dosage at specific times, and records of the administration of this, along with parent/carer final signature.  |  |  |
| Sleeping children are monitored effectively. | Are they within sight or hearing? How often are they checked? Is this recorded? |  |  |
| There are adequate toilets and hand basins, along with adaptive equipment if required, and children are appropriately supervised. | How do you know the provision is adequate? Can children sue the toilet as soon as they need to?The level of supervision will be dependent on the age and development of the individual children. |  |  |
| There are separate toilet facilities for adults. |  |  |  |
| **Date of evaluation** |  |  |  |

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| **Children’s safety and wellbeing** |  |  |  |
| Children are safe and well cared for in the setting. | How do you know? Do they seem happy, confident and engaged in activities? Are they happy to approach staff when they are upset |  |  |
| A key person system is implemented. | Is it effective? How do you know? |  |  |
| Safeguarding policy and practice includes consideration of how to support children’s mental health. |  |  |  |
| Children are within sight or hearing at all times. |  |  |  |
| The setting is alert to issues of concern in children’s lives. |  |  |  |
| There are rigorous systems in place for the prompt follow up of any absence from the setting. | Do you seek attendance information when children are attending other settings? |  |  |
| The setting ensures that children are aware of behaviour towards them that is not acceptable and how they can keep themselves and others safe. | Consider helping children keep themselves safe both in the setting and beyond, e.g. setting rules, challenge behaviour that is unacceptable, talk about the ‘pants rule’, what is a real friend, and so on. |  |  |
| There is appropriate training for staff who work with children with complex and challenging needs, including behaviour management. |  |  |  |
| Staff recognise that unwanted and challenging behaviour can be a result of adverse childhood experiences. |  |  |  |
| There are appropriate risk assessments in place for children with complex and challenging needs. |  |  |  |
| The setting actively involves other professionals as appropriate. |  |  |  |
| Children have Individual Education Plans where appropriate. |  |  |  |
| Looked after children have a Personal Education Plan. |  |  |  |
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| **What are we looking for?****Safer practices for babies** | **Note** | **Evidence** | **What do we need to do?** |
| Equipment | All equipment offered to babies meets all necessary safety checks and follow all manufacturers guidance with any products used. |  |  |
| Safer sleeping  | Clear flat spaces for sleeping providedRecommended temperature is between 16-20 degrees, thermometer is places in sleep room.Cots not placed next to working radiators or direct sunlight.Do not use cot bumpers.No soft toysNo pillows or duvetSleeping in feet to foot position at bottom of cot.Babies sleeping on backs.Any blankets are firmly tucked in.Sleeping bags are well fitted, weight checked to ensure appropriate size is offered |  |  |
| Car seats | Babies removed from car seat upon arrival and placed into cot if sleeping |  |  |
| Using baby bouncers | Babies always supervisedNot suitable for sleepingLimit time to 20-30 min maxBouncers used on flat stable floorIf the baby can sit up unaided, then the baby bouncer or swing is no longer safe.Do not exceed weight Do not feed while in bouncer |  |  |
| Using highchairs | All straps are checked and in good working orderAll straps are altered to fit the size of childThe base of the highchair is sturdyBabies are not left unattended |  |  |
| Feeding/solids | Babies are adequately supervised during meals.Before a baby/child is admitted to the setting, you must obtain information about any special dietary requirements, preferences and food allergies that the child has, and any special health requirements.Food safety for under 5’s is followed[Food safety - Help for early years providers - GOV.UK (education.gov.uk)](https://help-for-early-years-providers.education.gov.uk/safeguarding-and-welfare/food-safety) |  |  |

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| **Continuous professional development for those working in the setting** |  |  |  |
| All staff completed an induction process, which included safeguarding. |  |  |  |
| Induction is recorded. | Consider the use of an induction pack as this provides information for the new colleague, as well as a record. |  |  |
| All staff have completed safeguarding training at level 2 within the last 3 years. |  |  |  |
| All volunteers, auxiliary staff, administrators have completed appropriate safeguarding training. | The level of training needed will depend on the nature of the role. Those who are on the premises while children are present should complete level 2 training, which includes identification of concerns, disclosure and reporting. |  |  |
| Safeguarding leads and deputies have completed level 3 training within the last 2 years. |  |  |  |
| The registered provider has completed level 3 safeguarding training within the last 3 years. | Where the registered provider is a committee or board, it is recommended that all members undertake some safeguarding training and one person takes the lead for the group and completes level 3. |  |  |
| All staff have taken part in regular updates, at least annually. | Things can change a great deal in two or three years, and those who are not consistently involved in managing safeguarding issues can become deskilled.Updates do not have to be formal training, they can be DSL-led workshops, research, discussion, guidance to read, and so on. |  |  |
| Safeguarding is on the agenda for all leadership and staff meeting and these happen at least quarterly. |  |  |  |
| Dates of training and certificates are easily accessible and there is a training plan. |  |  |  |
| Training is evaluated. | How do you do this? Do you look for the impact of training? What are you doing differently? |  |  |
| The setting’s policies and procedures include the duty to implement the Prevent Strategy. |  |  |  |
| All staff have been received Prevent training or information. | How do you evaluate colleagues’ understanding of prevent? E.g. promoting British values as part of this strategy. |  |  |
| All those working with children have completed training or CPD on specific safeguarding issues* Child sexual exploitation (GET SAFE)
* Female Genital Mutilation
* The impact of domestic violence and abuse on children
* Adverse childhood experiences
* Grooming
 | This can be part of the mandatory training at level 2 or 3, or can be in-house workshops led by the DSL, research projects and so on.This is not mandatory training but those working with children should have an awareness.It is important though to evaluate the impact of CPD, so can staff explain the issues/concepts and say how they would identify and report them?What other subjects have been covered? |  |  |
| We have looked at the learning briefings produced by the WSCP following serious case reviews and have considered how we can improve our knowledge and practice. |  |  |  |
| All staff have regular supervision meetings and safeguarding concerns, progress with specific issues, etc, are included in the discussion. |  |  |  |
| There is a lead for supervision and they have attended appropriate training. |  |  |  |
| The DSL is able to access safeguarding supervision. |  |  |  |
| **Date of evaluation** |  |  |  |

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| **Roles and responsibilities** |  |  |  |
| All staff, SLT, volunteers and regular visitors know about and use the setting safeguarding procedures appropriately. | They have had the information, but how do you know that they would follow procedure in practice? |  |  |
| Staff are aware of how to challenge decisions which they think may not be in the best interests of the child. |  |  |  |
| Staff are able to identify concerns and know ow to report them. |  |  |  |
| Procedures are regularly discussed and evaluated e.g. in staff meetings. | If something doesn’t go to plan, do you discuss this, evaluate your procedure and make changes? |  |  |
| There is guidance around the setting. | Do you have procedures displayed on the wall, notice boards, the back of the toilet door? |  |  |
| A Designated Safeguarding Lead is available at all times. | For most settings it is necessary to have a deputy in place in case of absence, sickness and so on. |  |  |
| All staff, volunteers, etc know who the DSL is. |  |  |  |
| There is a clear line of accountability. | If there is more than one DSL, there should still be a lead who is ultimately accountable, and the role of the registered provider should also be considered.Does the DSL have the authority to make decisions and if necessary recommend and implement changes? |  |  |
| The DSL regularly monitors concerns and outcomes. | Is there an audit process? Does record keeping show that action is always taken when there is a concern? This may be a referral but might be as simple as talking to a parent about whether a child has breakfast before coming to the setting. |  |  |
| All concerns have been discussed with parents/carers in the first instance (unless to do so would impede a police or social care investigation or place the child at further risk, in which case a referral should be made to children’s social care). | Concerns should always be discussed with parents/carers as soon as possible unless there is good reason not to. Think of these as powerful conversations, not difficult ones, and a process of enquiry not an accusation. |  |  |
| The registered provider is aware of the established child protection procedures and understand their own role within them. | This would include all members where the registered provider is a committee or board, and where this is the case, best practice would be to nominate lead for safeguarding. |  |  |
| The DSL reports regularly to the registered provider regarding the safeguarding workload, number of open files, meetings attended and so on. |  |  |  |
| Staff know what to do if concerns arise outside working hours, and they know how to contact children’s social care themselves. |  |  |  |
| **Date of evaluation** |  |  |  |

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| **Record keeping** |  |  |  |
| The setting records the following information for each child:* Full name
* Date of birth
* Name and address of every parent and carer known to the setting
* Information about those who have parental responsibility
* Who the child normally lives with
* Emergency contact details
 | Finding out about a child’s home life, who has responsibility for them, who they live with etc., is not ‘nosy’, but an example of professional curiosity which helps safeguard children. |  |  |
| There is a record of all safeguarding concerns. |  |  |  |
| Children’s records are separate (from other children’s records and their other records, e.g. their development files). | Files should be separate in order to control access. |  |  |
| Records contain sufficient detail to enable the DSL to make informed decisions and take appropriate action. | Is there enough descriptive information which describes the care and condition of the child. Watch out for words like ‘inappropriate’, ‘unusual’, ‘inadequate’. Is the impact on the child described? What about the ‘child’s voice’?Good record keeping results in good responses. |  |  |
| Files are cross referenced, e.g. the development file has a ‘flag’ which indicates a safeguarding file. |  |  |  |
| Safeguarding files are available in the setting, but kept securely and access restricted. |  |  |  |
| Blank forms are available to all adults working in the setting. |  |  |  |
| Safeguarding files include all relevant information. | Chronology, concerns forms, copies of referrals, notes from phone calls, etc. |  |  |
| Chronologies are used. |  |  |  |
| There is a policy and procedure regarding the transfer of files to new settings, which are in line with recommended safeguarding practice and data protection requirements. |  |  |  |
| Archived files are kept until the child’s 26th birthday. |  |  |  |
| Incidents are reported to Ofsted in line with the requirements of the EYFS |  |  |  |
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| **Recruitment and staffing** |  |  |  |
| The registered provider has successfully completed safer recruitment training, and there is a trained interviewer on all interview panels for all posts. | Have any other staff completed safer recruitment training? |  |  |
| Selection process include examination of individuals’ values and attitudes as well as knowledge and skills. |  |  |  |
| Selection processes include an application form rather than reliance on a CV. |  |  |  |
| All relevant checks (e.g. DBS/barred lists, references) have been made before a new member of staff takes up a post. |  |  |  |
| References are obtained from previous employers, including the most recent. |  |  |  |
| Where two appropriate references cannot be obtained, as risk assessment is completed and alternative measures employed. |  |  |  |
| Eligibility to work in UK has been checked. |  |  |  |
| Qualifications are checked. |  |  |  |
| A record is kept of the DBS check, right to work, qualifications, training completed, references, and so on. | This should include all staff. Volunteers, leadership teams, and so on, and where necessary regular contractors. |  |  |
| There is a policy and procedure for managing allegations against adults working with children and this is consistent with local authority guidance and procedures. | All adults, e.g. including volunteers? |  |  |
| The registered provider understands what constitutes and allegation and knows what to do it an allegation is made. | It is the registered provider’s responsibility to deal with allegations. |  |  |
| The registered provider has attended training on managing allegations. | Has anyone else had the opportunity to attend training? |  |  |
| Policy and procedures include allegations against the registered provider. |  |  |  |
| All members of staff are aware of the procedure for responding to and managing allegations against staff, and are clear about how to report and record any concerns they may have.  | How can you be sure? |  |  |
| **Date of evaluation** |  |  |  |

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| **Website** |  |  |  |
| The setting website includes:* Safeguarding tab
* Statement of the setting’s ethos and values
* Safeguarding/child protection policy
* Support for parents, e.g. online safety guidance
* Other associated policies such as behaviour, complaints, and so on
 |  |  |  |
| The setting has appropriate procedures in place to ensure that any images of children used within publications, publicity, on web sites are appropriate and are only used where full parental consent has been obtained. |  |  |  |
| **Date of evaluation** |  |  |  |