

**Guidance document to support the completion of the**

**Safeguarding in Education Self-Assessment Audit Tool 2024**

***This self-assessment audit is a reflection on the 2023-24 academic year.***

This document provides advice on the completion of the tool, points to the relevant section of government guidance and provides some suggested questions to ask in order to evidence the tool.

**Link to Guidance**

All guidance is from [Keeping children safe in education 2023 (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181955/Keeping_children_safe_in_education_2023.pdf) unless otherwise indicated. ‘Ofsted’ refers to the guidance in the Education Inspection Framework*:* Ofsted handbooks and frameworks - GOV.UK (www.gov.uk)

|  | **Advice / suggested questions** | **Link to Guidance** |
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| 1. **Culture** |  |  |
| 1. *Can the setting demonstrate:* |  |  |
| 1. *an open culture and ethos where safeguarding is an important part of everyday life?* | Is this culture set out by the leadership of the setting?  Are all staff aware of the culture that is being set out and are they all working to implement this?  How is this culture communicated to students and to parents?  Can you evidence this culture?  Are you confident that any policies which set out expectations on culture are being applied? | Paragraph – 343, 424, 430, Annex C |
| 1. *that learning from safeguarding training is embedded across the activities of the school?* | Is safeguarding seen as being more than ‘child protection training?  How do you know that staff know what is required of them?  Is there evidence that learning is being embedded? | Paragraph – 14, 78, 124-128  Annex C – DSL role profile |
| 1. *there is an actively promoted open culture where all individuals feel able to talk freely about their concerns, believing that they will be listened to and valued?* |  |  |
| 1. *Children are able to talk freely about any concerns they have about staying safe.* |  |  |
| 1. *a culture of ‘it could happen here’?* | Do staff have a culture of vigilance?  Are staff aware and willing to accept that children can be abused by: other children; family members; family friends; those in positions of trust within the community; strangers; and colleagues within the setting? | Paragraph - 15 |
| 1. *Staff can demonstrate appropriate levels of professional curiosity* | This is the behaviour that demonstrates the culture of ‘It could happen here’  Can it be evidenced that staff have asked open questions to check out observations?  Is there evidence of on-going monitoring and follow up to concerns identified?  Have staff raised concerns about the practice of colleagues? (allegations of Low Level Concern) and was appropriate action taken in line with policy? | Paragraph - 15 |
| 1. *Settings have identified and addressed any barriers to making disclosures and everyone feels they can talk freely about their concerns* | Are the routes for pupils to raise a concern or a worry tested each year?  Are you confident that students know where they can go to, who they can tell or how to flag up an issue?  Are pupils given alternative options over and above ‘tell a trusted adult’?  While the question refers to children being able to vocalise their concerns, what other methods does the setting have for pupils to raise concerns? | Ofsted |
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| 1. **Policies and Wider Safeguarding** |  |  |
| 1. *Does the setting have the following policies and have they been reviewed and updated:* |  | All taken from Paragraph 13 |
| 1. *A child protection policy and procedure in place that is reviewed at least annually and available publicly?* | If the model IOW policy is not being used as a template, does your policy have regard to the IOW Safeguarding Children Partnership (IOWSCP) guidance and Government guidance including ‘Keeping Children Safe in Education?  Does it contain a section on child-on-child abuse and the specific risks to children more vulnerable such as those with SEND?  Has it been recorded that all staff have read and are following this policy?  Have you checked that **all** staff understand **all** of the policy?  Is the policy covered in all inductions, including temporary staff?  Have staff been involved in the shaping of the policy?  When was it last reviewed? (minimum annually)  Who reviewed it and did this include testing out its consistent implementation?  When did the Governing Body sign it off? Has the child protection policy been used in practice in the last 6 months?  Was it fit for purpose / clear for staff to use?  Is it on the website?  Is it accessible in the office/reception area?  How easy is it for a member of the public to access? i.e. are there hard copies available in setting for parents/carers who do not have access to the internet? | Paragraph - 99  Paragraph – 13, 157, 199  Paragraph - 13  Paragraph - 124  Paragraph - 99  Paragraph - 99 |
| 1. *Appropriate safeguarding responses to the key safeguarding themes (Annex B of KCSiE – Keeping Children Safe in Education) established in policy?* | If you do not use the model safeguarding policy as a starting point, do your existing policies take account of the wider safeguarding concerns laid out in KCSiE, particularly Annex B?  If you use the model policy, have you personalised it to fit your setting and community?  Do staff have access to the relevant IOWSCP procedures?  When were the policies/processes and guidance last reviewed?  When did the Governing Body sign it off?  Have all senior managers and staff working with children read Annex B? | Paragraph – 12, 14, 21, 22, 31, 50 |
| 1. *A staff behaviour policy (code of conduct)?* | Are all staff aware of it, and understand what it requires of them? How do Governors / senior managers know that staff have read the policy and understand it?  Is it clear how low-level-concerns fit with the code of conduct? | Paragraph – 13, 99, 430 |
| 1. *A low-level-concern process?* | Is there a recorded process?  Are all staff aware of what the process is? What a low-level concern (LLC) is? How to report concerns?  Is there evidence that trends and themes are being tracked?  Is learning implemented across the setting where LLC highlights potential gaps in understanding?  Is there clear rationale to confirm why the harm threshold has not been reached? | Part four section two |
| 1. *A behaviour policy for students that is published on your website?* | Is this communicated to parents and students?  Is it published on the setting website?  Are staff aware of the policy and are they clear on how they respond to issues?  Does the policy reflect the DfE guidance <https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools> | Paragraph – 13, 99  [What maintained schools must publish online - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/what-maintained-schools-must-publish-online) |
| 1. *A safeguarding response to students who go missing from education? An understanding of the difference between children missing and children absent from education.* | Is absence seen as a potential indicator for safeguarding issues?  How are these absences followed up and considered?  Do you have at least two emergency contacts for every student?  Are senior leaders aware of the process and timescales for reporting children missing education to the local authority? | Paragraph – 12, 20, 31 Annex B |
| 1. *A whistleblowing policy which includes reference to the LADO?* | Is this easily available to all staff without them having to request it?  Do all staff understand the policy, including who to contact and when?  Is there an internal and external reporting route for raising concerns?  Can staff contact the chair of governors directly?  Do your procedures cover off the requirements of the DfE <https://www.gov.uk/guidance/whistleblowing-procedure-for-maintained-schools> ? | Paragraph – 74-76 |
| 1. *Are staff aware of how to access local safeguarding policies and procedures through IOWSCP* | Are staff aware of and use the CERAF and use their professional judgement to assess risks of Child Exploitation?  Can staff access and use the Inter Agency Referral Form (IARF) for MASH referrals  Do staff know how to access the IOWSCP website for toolkits, procedures and resources?  Staff have undertaken necessary Domestic Abuse training and know how to recognise signs that children have witnessed, and are therefore victims of Domestic Abuse |  |
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| *Can the setting demonstrate that:* |  |  |
| 1. *the governors and/or proprietors have read, followed and acknowledged requirements of KCSiE?* | Do all policies, procedures and training in respect of safeguarding reflect the guidance?  Are responsible governors confident of both the organisation’s and their own responsibilities?  Have governors and proprietors read the guidance? | Introduction (pg. 5), paragraph 78 |
| 1. *the policies, procedures and training are effective and comply with the law at all times?* | Is the setting using resources from reliable sources?  Is training being provided by someone suitably qualified or experienced? | Paragraph -78, 98-102 |
| 1. *all staff have read at least part 1 and, staff who work with children, Annex B of KCSiE?* | Is there a record that confirms that **all** staff (paid and voluntary) have read part 1?  Have all staff who work directly with the children read Annex B?  What mechanisms are in place to help staff understand the guidance? | Title of part one, paragraph 13, 100, intro to Annex B |
| 1. *safeguarding related policies and procedures adopted by the governing body are reviewed at least annually?* | **[note the expectation that safeguarding policies are reviewed annually, with the exception of the child protection policy, has been removed from KCSiE. The requirement is that they are reviewed, but no time frame is currently given. IOWSCP considers an annual review of wider safeguarding policies to be good practice. The child protection policy MUST continue to be reviewed annually.]**  How is this evidenced and recorded?  How are updated policies and procedures shared with staff?  Is the policy reviewed in light of new guidance? | Paragraph – 98-102 |
| 1. *safeguarding related policies and procedures are understood by staff and implemented appropriately?* | What methods do you use to check the understanding of staff?  How is the effectiveness of its implementation evaluated?  How is this evidenced and recorded? | Paragraph 78 |
| 1. *the headteacher or the designated safeguarding lead (DSL) reports annually to the governing body on the effectiveness of safeguarding procedures there is an on-going action plan for safeguarding improvement?* | How is this presented?  Does it provide governors with detail without compromising confidentiality?  Does it give enough information for governors to make a judgement about the effectiveness of the safeguarding framework?  Are governors sufficiently knowledgeable/trained to make that judgement?  Is the safeguarding action plan a standard agenda item at Governing Body meetings?  Are the safeguarding updates/discussions recorded in the Governing Body minutes?  Is this audit used as a ‘tick box’ exercise to evidence compliance, or is it a tool to highlight areas for on-going improvement or development?  Is there a safeguarding plan for the setting that all key leaders and all governors are aware of?  How is this monitored, reviewed and is it clear who is accountable for various actions?  Is the action plan revisited each year to evaluate progress and impact?  How does this happen? How are any actions recorded? Is there effective challenge? Where and how is this recorded? What is the result of evaluation – what further action does it lead to? | [Maintained schools governance guide - Guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/governance-in-maintained-schools)  [Academy trust governance guide - Guidance - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/-governance-in-academy-trusts) |
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| 1. **Leadership and Management** |  |  |
| 1. **Designated Safeguarding Lead (DSL)** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *A senior member of the leadership team has the role of DSL explicitly in their job description and has received appropriate (up-dated) training?* | Is the DSL senior enough to make decisions about provision at CP meetings?  Does the role (job description) of the DSL appear in their contract? (Annex B can be used for this purpose)  Does the DSL receive appropriate supervision in relation to their safeguarding role i.e. through the DSL Network?  How is the supervision undertaken and is there a record of when it happened?  Does the DSL role feature within the DSL’s performance management as part of their job description?  How does the DSL keep updated? Do they sign up to any update service?  Do they meet with other DSLs and share practice with other settings?  How are national and local safeguarding updates presented to the governing body and staff?  How are staff made aware of policy updates?  What processes check that staff understand the updates? | Paragraph 103-106, Annex C  Paragraph 106, 125 and Annex C  Paragraph – 14, 124-128 |
| 1. *the named deputy (or deputies), trained to the same standard, to cover the DSL in their absence?* |  |  |
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| 1. **Governance** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *there is a designated safeguarding governor who has the strategic lead for safeguarding?* | Is this governor identified in the papers of the governing body (or equivalent)?  Is there a deputy Safeguarding Governor with an understanding of safeguarding? (good practice, not a requirement)  Have they had suitable training to help them understand their role?  Do they have meetings with the DSL on a regular basis to discuss both strategic and operational safeguarding matters?  Is the designated governor clear about the separation of operational and strategic responsibilities and play a strategic role? | Paragraph – 80 |
| 1. *the Chair of Governors has the skills required to manage investigations into allegations against the Headteacher?* | If the Chair had to investigate an allegation against the headteacher, would they have the skills and understanding to carry out the investigation and work with other agencies in this process?  Is the procedure clear?  Is it clear in the procedure that the Chair of Governors or equivalent deals with allegations against the headteacher?  Does the Chair of Governors understand what constitutes an allegation and the importance of informing the LADO?  Are staff able to contact the Chair of Governors or the LADO easily?  Would any member of staff be able to contact the Chair of Governors without first having to ask for details from someone else? | Paragraph – 71-73, 356 |
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| 1. **Designated Teacher (DT)** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *there is a designated teacher (DT) to promote and support the educational achievement of students who are in local authority care or have previously been looked after?* | Who is the DT? How many students do they support / have they supported? Do all students who are looked after have a PEP? Is this regularly reviewed? How has the additional funding been used to support the learning of each child looked after? | Paragraph 190 |
| 1. *the DT has had the appropriate training?* | When were they trained? Where is the evidence of the training recorded?  Do they feel confident in their ability to carry out the role?  Is there a training or improvement plan in place for the DT in order for CPD? | Paragraph 190 |
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| 1. **Allegations against staff** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *There are procedures in place for dealing with allegations against staff and they are in accordance with both IOWSCP procedures and DfE guidance?* | Have there been any allegations made in the last year that fall within the remit of this policy? Have all appropriate allegations been referred to the LADO? Are all outcomes recorded and shared with LADO?  Has the governing body checked that staff across the setting community understand what an allegation is and what to do if they see something of concern?  Does the policy reflect guidance about allegations against supply staff? | Paragraph – 71-73, 153  Paragraph 356  Paragraphs 233- 235 |
| 1. *There is a process for reviewing low-level-concerns?* | Is there evidence that low-level-concerns have been reviewed? | Paragraph – 152, 439 |
| 1. *the procedure clearly defines the difference between ‘concerns, complaints, and allegations’?* | Is there a clear procedure for dealing with complaints against staff?  Does the complaints process also highlight how concerns are managed? | [Working Together to Safeguard Children](https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf)  – para 223 page 108 |
| 1. *There is a process for investigating a member of staff who is ‘harming or posing a risk of harm to children’.* |  |  |
| 1. *(Where relevant) there are adequate records of action taken in respect of concerns, complaints or allegations about an individual member of staff which are then stored in their confidential personnel file?* | Are the records of action in the confidential section?  If the records are electronic, how is security and privacy managed?  If a request for records was made by an appropriate authority, would the appropriate staff be able to access the records in the absence of the headteacher? | Paragraph – 415 |
| 1. *where a member of staff has been dismissed following an allegation, considerations is given to a referral being made to the TRA and DBS?* | There is a legal requirement on the setting to do this and make a referral if ‘[the harm test](https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs#what-is-the-harm-test)’ has been met.  If you have dismissed a member of staff, has this check been undertaken and if the harm test has been met, has the setting made a [DBS referral](https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance)?  If the member of staff is as teacher, [a TRA referral](https://www.gov.uk/guidance/teacher-misconduct-referring-a-case) is also required to be considered. | Paragraphs 347 - 352 |
| 1. *staff should have a working understanding of an allegation, what is a low-level-concern and the role of the LADO* | Are staff clear about what makes a situation an allegation or a low-level-concern? Do they know where to report their concerns? Are they aware of the LADO role both in respect of allegations and within the whistleblowing process?  Have staff completed the Managing Allegations and Working with the LADO eLearning on the IWC Learning Hub? | Paragraphs 71-73, 152, 430, 432 |
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| 1. **Child on Child abuse** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *there is a protocol/procedure for dealing with allegations against children within the Child Protection policy?* | Is child on child abuse addressed specifically in the child protection policy and/or separate policy?  Are staff aware of the policy? How do you know this?  Do staff work in a way that demonstrates all concerns raised by students need to be taken seriously?  Is there a recognition within policy that some acts by students on other students need to be referred to outside agencies? | Paragraph 14 |
| 1. *there is a protocol/procedure for responding to sexual violence and sexual harassment between pupils and there is an agreed ‘risk and needs assessment tool’ in place to respond to reports of sexual violence and sexual harassment between pupils?* | While sexual violence and sexual harassment are part of child-on-child abuse, does the setting have a procedure that covers the requirements of part five of KCSiE?  template risk and needs assessment has been included in the current [model policy](http://documents.hants.gov.uk/childrens-services/SaferSchoolsModelChildProtectionPolicy.docx) – is this reflected in the setting’s policy?  Does the setting use Brook materials? (recommended by IOWSCP)  Is there a risk assessment/plan for any specific students as needed?  Is there an understanding of what Sexual Violence and Harassment is for the age and stage of your students? | Paragraph 9  Paragraph – 480-482 |
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| 1. **Curriculum** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *education regarding safeguarding issues is appropriately incorporated within the curriculum?* | Are all areas of safeguarding highlighted by Ofsted and KCSiE covered in an age appropriate way?  Are local issues or trends considered in the curriculum?  Is the RSE/PHSE curriculum used to support students in keeping themselves safe? | Paragraphs 129 - 137 |
| 1. *students are encouraged to adopt safe and responsible practices and deal sensibly with risk?* | How do you teach students to keep themselves safe?  Is there an age-appropriate curriculum offer?  How is the impact of the curriculum monitored and assessed? | Paragraph – 102 |
| 1. *awareness is raised among students to recognise when they are at risk and how and where to get help and support if they need it?* | How has the curriculum been used to raise awareness amongst students?  Have external agencies or programmes been used to support the learning?  Has the setting used student feedback to confirm if this is known?  Is there evidence that students have sought support or made disclosures to staff?  What approaches are there to gaining the voice of students and understanding their lived experiences? | Ofsted |
| 1. *students are educated on keeping themselves safe online?* | Do staff have a good understanding of the apps students use to communicate including those deemed to be unsafe and/or linked to online exploitation?  Is there an age-appropriate online safety curriculum for all students? | Paragraphs 135 – 137 |
| 1. *appropriate online filters and monitoring systems are in place?* | Is there any check on what sites are being attempted to be accessed and by who? Is targeted work being undertaken or referrals made?  If staff are attempting to access unsuitable or inappropriate sites, is there a clear disciplinary procedure in place and action taken in line with the Code of Conduct? | Paragraph – 134, 141-147 |
| 1. *students are supported to understand what constitutes a healthy relationship both on-line and off-line?* | How is this requirement being included in the curriculum?  Are the materials being used suitable and quality assured?  Are staff being provided with support in delivering this requirement? | Paragraph – 130-131, 186-186 |
| 1. *awareness around grooming, radicalisation and extremism is provided for pupils?* | How is this requirement being included in the curriculum?  Are the materials being used suitable and quality assured?  Are staff sufficiently and regularly updated in their duties re Prevent?  Are staff being provided with support in delivering this requirement?  Include child sexual exploitation (CSE) and child criminal exploitation (CCE) in guidance online and offline. | Annex B |
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| 1. **Training** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *the DSL and deputy DSLs have undertaken the required two-yearly training with annual updates?* | Is it clear that the DSL and DDSL have been trained to a higher level than staff and within a multidisciplinary focus?  Has the training supported the DSL to carry out the role as described in Annex B?  If the DSL training is not via IOW, is there clarity about the referral processes within IOW?  Has a refresher course or continuous professional development for safeguarding been undertaken?  Is the DSL keeping updated on national and local matters at least annually, for example through local conferences/networks and national publications? | Paragraph – Annex C |
| 1. *the DSL and DDSL(s) are satisfied that they have the skills and knowledge required to carry out the role?* |  |  |
| 1. *all staff and other adults who work within the setting have received the appropriate training?* | Has the training covered the safeguarding and child protection policies? Does the training cover whistleblowing? Do all staff know the process for making referrals to children’s social care and the role they may play in assessments? Does the training provide information on the safeguarding topics in Annex A of KSCiE? Is there a process for updating staff who miss training?  All staff have had the required ‘Prevent’ training?  Have staff attended the HIPS Child Exploitation Risk Assessment Form (CERAF) training? | Paragraph – 14, 124 – 128  Annex B |
| 1. *regular child protection updates have been provided to all staff?* | How have these been provided? Email / bulletins / staff meetings / e-learning? Is there easily accessible evidence to confirm? | Paragraph –14, 124, 127 |
| 1. *regular (at least annual) child protection updates have been provided to all staff?* |  |  |
| 1. *all new staff, temporary staff, governors, and volunteers have been given induction which includes information on safeguarding procedures and their responsibilities?* | How quickly is this done?  How is it evidenced? | Paragraph –124 |
| 1. *Is there training for supporting children with mental health needs?* |  |  |
| 1. *the governor with lead responsibility for safeguarding is familiar with relevant IOWSCP and national guidance?* | If they can access School Communications, do they make use of these?  Does the DSL share IOWSCP and national updates with the governor? | Paragraph – 80 |
| 1. *governing bodies are aware of their roles and responsibilities with respect to safeguarding?* | Is the governing body confident about their safeguarding arrangements?  Has the safeguarding governor received safeguarding training?  Has the governing body received safeguarding training? | Paragraph 78 |
| 1. *all safeguarding training for staff /volunteers /governors is recorded? That training reflects the current safeguarding trends and risks as set out by the government in national guidance?* | Where do you keep training records? Does the record indicate that all staff have been appropriately trained within timescales?  How do you know if the training is effective? | Paragraph – 125 |
| 1. *all staff are aware of the Early Help process?* | Do they understand their role in identification, sharing information and supporting in plans/assessment? Are staff aware of the threshold chart?  Have referrals for early help been made?  Have early help assessments been carried out and supported within the setting? | Paragraph – 8, 15 |
| 1. *all staff are aware of the Early Help process?* | <https://www.iow.gov.uk/what-is-targeted-early-help/>  [Early Help Assessments : Isle Of Wight Family Centres](https://www.isleofwightfamilycentres.org.uk/early-help-assessments) |  |
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| 1. **Safer Recruitment** |  |  |
| *a. Are there procedures for safer recruitment and vetting in place and do they have regard to KCSiE?* | Are you following advice from HR professionals and requirements of Part 3 of KCSiE? | Paragraph – 102 and part 3 |
| b. [maintained schools only] *Has at least one member of any appointment panel undertaken safer recruitment training?* | Do you have a list of trained staff and governors?  Are the dates of their training reviewed? | Paragraph – Part 3 |
| 1. *Are you compliant with the ‘Disqualification under the Childcare Act 2006’ guidance (DfE 2018)?* | While the ‘disqualification by association’ has now been removed from setting staff working within the definition of childcare, they may still be disqualified by their own actions.  Are checks about offences which can result in disqualification and orders carried out with staff at the point of recruitment and on an on-going basis? | Paragraph – 216, 232, 263 -267 |
| *d. As part of the shortlisting process are online searches take place on shortlisted candidates to identify any incidents or issues that have happened?* |  |  |
| *e. Do schools and colleges obtain written notification from any agency* |  |  |
| *f. Is there a Single Central Record in place? Does it include:* | Does it include all staff (including supply and teacher trainees on salaried routes) and [for non-maintained schools] the proprietor/ body (or equivalent)?  Are checks carried out on the list on a regular basis by someone who has the knowledge to do so accurately?  Is the list checked against the HR files? | Paragraph – 268- 278 |
| * *Identity checks carried out, when and by whom?* | Is it clear when the checks were carried out and who did so? | Paragraph – 271, 322 |
| * *All staff and volunteers working in regulated activity have a DBS check and have been checked against the Children’s Barred List* | If staff or volunteers have not been DBS checked, is there a clear and robust reason for this check not being undertaken (particularly as a school/college is designated as a regulated premises)?  If staff started working prior to DBS clearance, is there a clear risk assessment and management plan in place? | Paragraph – 237– 248, 271, 286, 291 |
| * *A DBS check for all staff appointed on or after 12/05/2006, who come into regular contact with or have unsupervised access to children, and who have had a break in continuous service of more than 3 months immediately prior to appointment?* | If you have any staff on the SCR who have not had either a CRB or DBS check undertaken, what checks have been undertaken to ensure that children are not at risk?  IOWSCP would advise that all staff are checked for suitability using the established method of DBS | Paragraph – 233 |
| * *A Teaching Prohibition Check undertaken for all teaching staff?* | Is this clearly evidenced? | Paragraph – 232, 253 |
| * *Written confirmation from a supply agency, where relevant, that all the appropriate checks that the setting would otherwise perform have been carried out and are satisfactory?* | How does the agency provide this confirmation?  Is there a process for checking the identity of agency staff coming to the setting? | Paragraph – 286 - 289 |
| * *A record of all dates for completed checks?* | Is this clearly evidenced? | Paragraph – 271 |
| * *A record of qualifications where this is a requirement of the job e.g. QTS?* | Is this clearly evidenced? | Paragraph – 271 |
| * *Evidence of the Right to Work in the UK?* | Is this clearly evidenced? Check this is in place for recently appointed staff and there is a risk assessment for staff where appropriate? | Paragraph – 271 |
| * *Evidence of lived abroad / overseas Police check and EEA teacher sanctions and restrictions where applicable?* | Is this clearly evidenced? | Paragraph – 280-285 |
| * *A Section 128 check for management positions [in non-maintained schools only]?* | Is this clearly evidenced? | Paragraph –315, 323, 326 |
| * *A Section 128 check carried out for all governors or equivalents?* | Is this clearly evidenced? | Paragraph – 315, 323, 326 |
| 1. *where a member of staff has been dismissed for misconduct, considerations is given to a referral being made to the TRA and DBS* | There is a legal requirement on the setting to do this and make a referral if “[the harm test](https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs#what-is-the-harm-test)” has been met.  If you have dismissed a member of staff, has this check been undertaken and if the harm test has been met, has the setting made a [DBS referral](https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance)?  If the member of staff is as teacher, [a TRA referral](https://www.gov.uk/guidance/teacher-misconduct-referring-a-case) is also required to be considered. | Paragraph – 347 - 350 |
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| 1. **Behaviour and Safety** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *all staff and volunteers know how to raise concerns about unsafe or poor safeguarding practice or potential failures?* | Where is the expected reporting system recorded?  How do you promote whistleblowing?  Are you confident that staff know what whistleblowing is and how to follow the process?  Is your whistleblowing policy clear and easy to understand for all staff?  Does it give staff information about who to report to and when? | Paragraph – 74 - 76 |
| 1. *any concerns have been acted on and appropriate measures put in place?* | Where is this recorded? How are governors involved in this process?  How do you know that the response is effective and working? | Paragraph – 344 and Annex C |
| 1. *the DSL is aware of high risk and emerging safeguarding issues highlighted by KCSiE, Ofsted and the IOWSCP priorities?* | Does the DSL have a basic knowledge and awareness of the safeguarding issues recorded in the safeguarding policy? | Paragraph –50, 125 |
| 1. *the LA has been notified of students removed from roll where confirmation has not been received that they have transferred into another setting?*   *the LA has been notified of students who become electively home educated (EHE)?* | Schools have a responsibility to retain a student on roll until transfer is complete. In the event a student does not present at a new setting, they should be considered under children missing education guidance. All schools should report to the LA any child who leaves their setting to be electively home educated.  How are notifications recorded? Is the appropriate follow up action taken?  The school identifies children withdrawn for EHE where there are known safeguarding risk and informs the LA  Does the school offer to meet all families considering EHE to discuss their reason and to resolve any issues raised by families? (Good practice) | Paragraph – 175, 177 |
| 1. *the application of the procedures and/or policies relating to physical intervention consistent with DfE guidance ‘Use of Reasonable Force in Schools’?* | Are physical interventions and restraints recorded? Is there a system of reviewing the use of physical intervention and restraint? Are these reported as part of the annual report to governors?  Are parents informed? Is there a system in place to ensure that the policy is followed? Are patterns/trends monitored, identified and acted upon? | Paragraph – 163-165 |
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| 1. **Are Pupils Safe on Site?** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *there are adequate security arrangements for the grounds and buildings?* | Do you know who is on our site at any one time? Do you know why they are on site? Will they have unsupervised access to any student? |  |
| 1. *visitors or volunteers or those using premises are monitored during the ‘school day’?* | What does monitoring mean in the setting? Are staff who are monitoring visitors or volunteers clear about the expectations on them? | Paragraph –301 |
| 1. *assurance in writing is sought from users of the premises confirming that they have appropriate policies (Child protection, vetting, health and safety, insurance) in place to safeguard CYP?* | What documentation is checked? Where are the records kept?  Does their policy require that they inform you of any safeguarding concerns in relation to students of your setting?  Are they accountable to a national body (particularly important for sporting and some arts-based activities)?  Is there a code of conduct or safeguarding guidance from the national body? | Paragraphs 166-167 |
| 1. *there is a policy or procedures for ensuring that visitors to the setting are suitable and checked and monitored as appropriate, for example external speakers at school assemblies?* | Is the procedure known?  Is it followed?  Have checks been undertaken on external speakers? | Paragraph – 299 - 304 |
| 1. *There is effective filtering and monitoring in place with all staff being aware of these arrangements.* |  |  |
|  |  |  |
| 1. **Effective Safeguarding Arrangements** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *there are arrangements to identify students who may need early help or be at risk of neglect, abuse, grooming or exploitation, including witnessing these risks??* | Does the setting use the IOWSCP threshold chart and Neglect toolkit to act as a guide when students are considered to be potentially at risk? Have early help assessments been completed by staff? Have staff attended early help meetings? | Paragraph – 20 - 23 |
| 1. *staff are aware of the signs that children may be at risk of harm within the setting, or in the family, or in the wider community?* | How is this contextual information gathered and recorded?  Is there a system for staff to report or record information that could provide contextual safeguarding details?  Are there relationships developed across settings to share information about siblings on a need to know basis? | Ofsted |
| 1. *the setting is working with the Early Help Hub to provide timely intervention?* | Have referrals been made in the year? Have referrals been accepted by the relevant agencies? When referrals have not been accepted, has support been offered? | Paragraph – 8, 15, 58 |
| 1. *there are effective systems in place for referring safeguarding concerns to relevant agencies in a timely manner?* | Have referrals been made in the year? Have referrals been accepted by the relevant agencies? When referrals have not been accepted, has support been offered? | Paragraph – 16, 54 |
| 1. *the DSL is allocated sufficient time and resource to discharge their responsibilities, including taking part in inter-agency assessments and meetings?* | How is this reviewed?  If more time or resource is needed, is the DSL clear how this would be raised and addressed? | Annex C |
| 1. *the DSL is aware of students in the setting who are, or may be, living in a private fostering arrangement?* | Have referrals been made? Have staff been briefed on private fostering and would they know when to inform the DSL? |  |
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| 1. **Reporting and Recording** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *the child protection (CP) records are stored securely and separately from pupil records?* | Is a recording template used? Is there any evidence of analysis? Has it been used to record all safeguarding concerns?  Are actions clear about what has been or will be done and by whom?  Where are the records kept?  Is the location secure?  If the records are electronic, are there appropriate access restrictions?  Does the policy reflect use of electronic or paper recording systems? | Annex C  Ofsted Paragraph – 15, 19  Paragraph – 68 |
| 1. *the records are of good quality and up to date; and they indicate what action that has been taken?* |  |  |
| 1. *where pupils have left, CP record has been transferred separately from the main student file and in a timely manner? That a receipt of transfer has been received and retained?* | When were these files shared? Was it timely? Has a receipt of the transfer been obtained and stored? Is there a method of flagging students where there are current concerns or social care involvement?  Has a summary sheet been used on students with on-going concerns? | Paragraph – 122, 123 |
| 1. *staff are confident about reporting CP concerns and know what action to take if their concerns are not acted on appropriately or in a timely manner?* | Is this all staff, or is there a limited number reporting concerns?  Do you check that staff know what to do? | Paragraph – 52,53 |
| 1. *all staff are aware of the process for making referrals to children’s social care and/or the police according to the IOWSCP thresholding document?* | Do staff know who to talk to? Could a staff member contact the appropriate person with concerns without having to ask someone else? Is a copy of what to do if you’re worried a child is being abused’ available?  Are staff aware of the new NPCC guidance ‘when to make a referral to the police’? | Paragraph – 16,54  [New NPCC guidance](https://www.npcc.police.uk/SysSiteAssets/media/downloads/publications/publications-log/2020/when-to-call-the-police--guidance-for-schools-and-colleges.pdf) |
| 1. *the setting encourages a clear culture of open communication between students, staff, parents, and other adults working with CYP?* | How do you know this is working?  What evidence of this has been collected over the past year? | Paragraph – 344 |
| 1. *the principles from ‘Information sharing: advice for practitioners providing safeguarding services’ are being followed?* | How is this evidenced?  How does information sharing get recorded?  Are staff trained on data security and information sharing? | Paragraph – 56, 115-123 |
|  |  |  |
| 1. **Keeping Pupils Safe Outside Normal Provision** |  |  |
| *Can the setting demonstrate that:* |  |  |
| 1. *When using alternative provision, all necessary safeguarding checks are carried out by the setting and students are regularly monitored?* | Is the site safe? Have safer recruitment checks been undertaken? Is there a child protection policy and arrangements for sharing concerns with the home setting? Is the AP registered/regulated? If not, what additional checks have been carried out? Are there risk assessments? Is the provision insured? Are staff suitably trained and qualified? Do checks replicate what the setting itself would expect if the provision fell under its jurisdiction?  Are they part of the Local Authority register? | Paragraphs 168-169  See Inclusion Support Service Guidance for schools on the Use of Alternative Provision 2022 |
| 1. *appropriate arrangements are in place to safeguard CYP who take part in, or are affected by, extended services and other activities outside normal ‘school’ hours?* | Are checks carried out on the qualification, training and suitability of 3rd party providers? Is there an expectation on ratios that matches the setting’s own practice? | Paragraphs 166-167 |
| 1. *safeguarding arrangements are in place for those on work-based learning, work experience and educational visits?* | Are expectations clear for worked-based providers?  Are appropriate checks carried out before placement and during placement? | Paragraphs 329-334 |
| 1. *safeguarding arrangements are in place for those children who stay with host families / other settings? i.e. as part of exchange visits or sports tours?* | What mechanisms for checking suitability are being used?  What supervision, oversight and monitoring arrangements are in place? | Paragraphs 135 - 147 |