

Early Years Safeguarding Annual Practice Review for PVI settings

The review process

The annual Safeguarding Practice Review aims to make sure that PVI settings who deliver early education funding are keeping children safe. The review assesses the ability of the PVI setting to meet the EYFS requirements and the Working Together to Safeguard Children 2018 guidance, Pan London Child Protection Procedures and Inspecting Safeguarding in Early Years, Education and Skills Settings (Updated in 2021).

Step 1: Complete this audit document. This safeguarding audit is designed as a self-evaluation assessment to help early years settings check whether they are compliant with the safeguarding and welfare requirements in Section 3 of the EYFS. Also help to ensure that gaps in safeguarding are identified and prompt action is taken to address these areas.

Step 2: Email the practice review by **27 October 2023** to [PVI.PracticeReviews@merton.gov.uk](mailto:PVI.PracticeReviews@merton.gov.uk)

Please the name of your setting in the subject of the email.

Step 3: An Advisor will assess the information in your audit. Depending on the information in your audit and when your last audit/visit/Ofsted inspection was, will determine when you will receive your visit. Prior to the visit they will send you an information sheet to complete. This will ask for information such as number of children being monitored for safeguarding concerns.

Step 4: The Advisor will visit your setting to observe practices, the environment, talk to staff and review policies and procedures you use to safeguard children. The visit will take between 1 to 3 hours, according to the size of your setting and the availability of staff and the manager to undertake discussions.

Step 5: A final discussion will take place with the manager/owner/DSL to identify strengths and areas for improvement. Recommendations may be given, and if needed, actions with specific completion timescales. Failure to meet requirements and actions within the designated timescale may lead to the involvement of Merton funding team and potential removal from the Directory. A provider can be withdrawn from the Directory of Providers if they fail to meet the quality conditions as defined by Ofsted.  (see section 10.4 of the [Funded Early Education Guidance](https://www.merton.gov.uk/system/files/Funded%20Early%20Education%20Guidance%202023_24%20July%202023%20%281%29.pdf))

Step 6: You will receive a written record with identified strengths, areas for improvement and any required actions (if applicable).

Documentation

Documentation that **may be** reviewed on the day includes:

* Safeguarding/Child Protection Policy and Procedures (to include Prevent Duty, FGM and Allegations)
* Whistleblowing Procedure
* Evidence of CPD/certificates related to safeguarding for all staff
* First Aid training certificates
* Child-led documents of children receiving early help or social work interventions (Child in Need, Child Protection, Looked After/PEP/Children and Families Hub referral)
* Safeguarding Concerns Record
* Documentation linked to safety of the premises e.g. risk assessment, evacuation procedures, Health and Safety policy and records, public liability insurance, medicine procedure
* Safe Recruitment Procedure
* Central DBS record
* Confidentiality Procedure
* Complaints Procedure
* Ofsted certificate
* Child records – including required information laid out in the EYFS guidance.
* Procedures around the safe use of mobile phones and cameras
* Vehicle / driver Insurance
* Attendance registers

Safeguarding quality annual audit for PVI Settings (setting to complete)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Setting & Contact number |  | Date completed | |  | |
| Name of Manager |  | Name of person completing audit | |  | |
| Name of Designated Safeguarding Lead (DSL) & Deputy |  | Numbers of children with early help or social services intervention | | |  |
| Practice Review Area | | Yes / No | Please give brief details of areas developed / improved in the last 12 months. If answered No reasons why. | | |
| Safeguarding culture   * Designated Safeguarding lead (DSL) and deputy have had Merton Designated safeguarding Lead (DDSL) 1 & 2 training or refresher within the last 3 years. Please include dates of training in notes section. | |  |  | | |
| * 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. Children and families Hub/Social Worker/LADO. | |  |
| * All staff are aware of what to do if a child is being abused, neglected or at risk of radicalisation, FGM | |  |
| * All staff have safeguarding training that is updated regularly. Please give dates in notes section. | |  |
| * Where children have interventions (CINP, CPP, LAC) the lead professional is known and there is evidence of multi-agency working and information sharing | |  |
| * Poor child attendance is followed up and action taken | |  |
| Safe recruitment and vetting   * Effective recruitment procedure in place which prevents unsuitable people from being recruited or having the opportunity to harm or place children at risk | |  |  | | |
| * Staff ID has been confirmed | |  |
| * Full work history gained and recorded | |  |
| * Gaps in employment are recorded and followed up | |  |
| * At least 2 references are gained | |  |
| * Information about disqualification sought | |  |
| * Health suitability checked | |  |
| * Risk assessments for staff/volunteers are put in place where necessary | |  |
| * Adequate vetting in place for students/volunteers/apprenticeships | |  |
| * On-going induction and probation to ensure staff’s suitability is monitored | |  |
| * Staff’s on-going suitability is determined | |  |
| * Central DBS register meets requirements | |  |
| * Additional criminal records checks for staff who have lived overseas in the last 5 years. | |  |
| * All newly qualified entrants to the early years workforce, qualification on or after 30 June 2016, must also have either a full paediatric first aid (PFA) or an emergency PFA certificate within three months of starting work (Page 22 footnote 30 to 32) | |  |
| * All newly qualified staff have Maths / English to be counted in ratio as level 2. | |  |
| Safeguarding practice   * Staffing ratios are met | |  |  | | |
| * Supervision of children is adjusted according to risk | |  |
| * Written records in relation to safeguarding concerns have been shared immediately, a written record has been made, with clear decision making and a record of referral (where applicable) | |  |
| * Appropriate follow-up with Children and Families Hub is undertaken and concerns escalated where necessary | |  |
| * Parents are made aware of any concerns or referrals that have been made, and their consent sought, when necessary | |  |
| * Where a child is on a CPP or CINP, there is a written plan in place that identifies the help the child should receive, the action those working with the child have to take, and those working with the child know who/how to report any further concerns | |  |
| * Staff know what to do when a child has an accident or arrives with an existing injury and written records are clear and accurate | |  |
| * Staff respond with clear boundaries about what is safe and acceptable behaviour and understand how to use de-escalation techniques and alternative strategies | |  |
| * Filters and monitoring systems are in place to protect children from potentially harmful online materials | |  |
| * Ofsted notification has been followed within timely manner | |  |
| Health   * The provider promotes the good health of children attending the setting | |  |  | | |
| * Before a child is enrolled at the setting, information is obtained about any special dietary requirements, preferences and food allergies that children have and any special health requirements | |  |
| * Policy and procedures are in place for administering medication | |  |
| * Medications are stored safely | |  |
| * Where children are provided with meals, snacks and drinks they are healthy, balanced and nutritious | |  |
| * There are suitable facilities for hygienic preparation of food and an area adequately equipped to provide healthy meals, snacks and drinks for children as necessary | |  |
| * You are confident that staff responsible for preparing and handling food are competent to do so | |  |
| * Staff have been trained in food hygiene (group settings). | |  |
| * Fresh drinking water is accessible at all times. | |  |
| Premises and risk assessment   * Toys, equipment and activities are safe and suitable for the age group of children accessing them | |  |  | | |
| * The premises are safe, fire safety requirements are met, fit for purpose and comply with space requirements. | |  |
| * Fire detection and control equipment is in place and in working order | |  |
| * Emergency/fire evacuation is practiced regularly | |  |
| * Security arrangements are effective in ensuring that children are kept safe and visitors are managed appropriately | |  |
| * Outings are risk assessed | |  |
| * Sleeping children are frequently checked | |  |
| * Toilets and nappy changing are appropriate | |  |
| Allegation and serious incidents   * Prompt action has been taken in relation to allegations and serious incidents, including notification to other agencies, effective record keeping and clear management decisions | |  |  | | |
| * Investigations undertaken are of a good quality and demonstrate a strong, robust and proactive response to ensure children are safeguarded and cared for by staff who are suitable | |  |
| Any other information | | | | | |