



Safeguarding for off-site Provision Policy

Clarity Independent School

Bridge Barn Farm
Woodhill Road
Sandon
CM2 7SG

Clarity Independent School is committed to safeguarding...

"Our school is committed to our whole-school approach to safeguarding, which ensures that keeping children safe is at the heart of everything we do, and underpins all systems, processes and policies...We promote an environment where children and young people feel empowered to raise concerns and report incidents and we work hard in partnership with pupils, parents and care-givers to keep children safe."

Clarity Safeguarding Policy September 2022

Written by Richard Clow

Assistant Head Teacher, SENDCo and DDSL

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Updated / Date:

Name: Richard Clow

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INTRODUCTION

Clarity Independent School is committed to safeguarding all of its pupils as outlined within every school's individual Safeguarding Policy which provides procedural guidance on how to respond to safeguarding concerns.

In order to support the unique abilities of pupils attending Clarity Independent School, there are also occasions when off-site opportunities are identified for pupils to support them with additional skills (including work experience) which will result in them being in receipt of services provided by other agencies and organisations.

When pupils are attending these other agencies and organisations, the safeguarding responsibility for a pupil is retained by the school. Clarity Independent School has a responsibility pursuant to the Education (Independent School Standards) (England) Regulations 2014 to ensure that they 'promote the welfare of pupils at the school'.

Clarity Independent School will follow the latest Keeping Children Safe in Education guidance (at time of writing KCSIE, DfE 2022) and each annual update. Keeping Children Safe in Education (KCSIE) statutory guidance outlines the retention of safeguarding responsibility for schools where placing with an alternative provider:

"Where a school places a pupil with an alternative provision provider, the school continues to be responsible for the safeguarding of that pupil and should be satisfied that the provider meets the needs of the pupil. Schools should obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the school would otherwise perform in respect of its own staff.... Schools and colleges organising work experience placements should ensure that the placement provider has policies and procedures in place to protect children from harm."

It is important to note that not all organisations/agencies that are identified as suitable for off-site provision will be governed by the KCSIE statutory guidance and, as such, the standards of safeguarding that schools are operating to may not be embedded within these organisations.

In addition, not all organisations/agencies that are identified as suitable for off-site provision will have their safeguarding practice overseen by regulatory bodies (such as Ofsted) in the same way that schools are overseen.

Procedurally, it is therefore proportionate to consider two different approaches to auditing the safeguarding practice and standards expected from off-site providers who may be considered suitable to deliver services to Clarity Independent School pupils:

- 1) For those providers to whom KCSIE applies, namely maintained schools and colleges, independent schools (including academies, free schools and alternative provision academies), non-maintained special schools and pupil referral units (PRUs) and where there is regulatory oversight whose reports are publicly available.



2) For those providers who do not have regulatory oversight and to whom KCSIE does not apply but whose practice is guided by Working Together to Safeguarding Children July 2022 and (in many instances) the non-statutory guidance contained within 'Keeping Children Safe in Out of School Settings' Oct 2020.

Please note that this process was previously referred to as the "section 11 process", or Audit 11.

PROCEDURE

In order for Clarity Independent School to ensure that pupils are effectively safeguarded whilst attending an off-site provision, the following process needs to be followed PRIOR to any agreement for pupils to attend that provision.

1. The safeguarding arrangements in place within the provision need to satisfy the school that they are suitable and in line with the safeguarding expectations for a pupil. This should be established with the use of the relevant safeguarding confirmation in Appendix A (for provision whose organisation/agency is subject to KCSIE guidance – see above) or Appendix B (for provision whose organisation/agency is not subject to KCSIE guidance – see above).
2. Any proposed off-site provision must have a joint risk assessment completed and signed off by both the off-site provision and a Clarity Independent School staff member who will have met relevant staff and visited the provision to ensure its suitability – Appendix C.
3. Any Activity being undertaken off-site must be approved by the SLT – Appendix D
4. Consent must be sought and obtained by the relevant individual/s who hold parental responsibility for the child. If the provision is proposed to be for a 'Care Experienced' child (commonly referred to as 'Looked After Child'), clarity should be sought from the School Designated Safeguarding Lead (DSL) as to who holds parental responsibility for the child prior to consent being sought.
5. All paperwork must be signed off and stored in a separate off-site provision folder with relevant contact details disseminated to those who have a need to know in order to management both practical and potential safeguarding arrangements. A front sheet for this folder is included in Appendix E.
6. Off-site provision that continues to be in use should be subject to routine monitoring of their safeguarding practice on an annual basis with any updated information recorded within the folder. Appendix F should be used to support reviews for these providers.
7. Any provider operating as a 'sole trader' or individual, should be included on the commissioning schools' Single Central Register (SCR) alongside the required checks for this register alongside an appropriate Risk Assessment.

For staff involved in the scrutiny of the prospective provider's Safeguarding Policy, there are a number of basics that should be in place to make it compliant with both Clarity Independent School expectations but also the provider's statutory duty. Appendix H is a tool devised to support this process. Should any queries arise, these should be raised with the DSL for the school.



In the event that the requirements of the provision are not deemed to be met, Clarity Independent School will not be authorised to use the provision and the DSL notified for consideration of escalation to the relevant LADO (should the provision be providing services to other children and not have the required statutory safeguarding arrangements in place).

If the organisation is able to demonstrate at a later time that the standards are fully met, then the school may review their decision and undertake the above process from the beginning.

Caution needs to be applied to those providers that have failed in their evidencing of suitable safeguarding arrangements previously and a consultation with the DSL should take place to consider how embedded organisational safeguarding practice may be at the proposed provision.

APPENDIX A – SAFEGUARDING CONFIRMATION FOR SCHOOLS/COLLEGES SUBJECT TO KCSIE



| | | |
|---------------------|------------------|--|
| Organisation: | | |
| Address: | | |
| Contact Name: | Email Address | |
| Position: | Telephone number | |
| Name of DSL: | Email Address | |
| Position: | Telephone number | |
| Name of deputy DSL: | Email Address | |
| Position: | Telephone number | |

In line with the responsibilities outlined within the Keeping Children Safe in Education statutory guidance, Clarity Independent School is required to ensure that the safeguarding arrangements that are in place within any organisation providing off-site provision for its pupils, are sufficient:

“Where a school places a pupil with an alternative provision provider, the school continues to be responsible for the safeguarding of that pupil and should be satisfied that the provider meets the needs of the pupil. Schools should obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the school would otherwise perform in respect of its own staff... Schools and colleges organising work experience placements should ensure that the placement provider has policies and procedures in place to protect children from harm.”

As a registered education provider, please could you confirm the following:

1. I confirm that our school/college is regulated by either Ofsted or the Independent Schools Inspectorate.
2. I confirm that our school/college is fully compliant with its safeguarding requirements as outlined within Keeping Children Safe in Education and Working Together to Safeguard Children 2022 (to reflect updates) statutory guidance.
3. I confirm that appropriate safeguarding checks have been carried out on individuals who will come in to contact with pupils in line with expected safer recruitment practice. This includes, but is not limited to, undertaking enhanced DBS checks and criminal record checks for overseas applicants.
4. I confirm that any concerns/incidents/notable event that relates to a Clarity Independent School pupil will be shared with the Designated Safeguarding Lead (DSL) and/or Head Teacher for the pupil’s school as soon as is practicable. This includes, but is not limited to:



- a) concerns for a pupil's welfare including any safeguarding concerns.
- b) pupil non-attendance (notification to be provided on the same day regardless of the reason provided).

Name of Clarity Independent School DSL:

Contact Email:

Contact Telephone:

Signature: _____

Name of Clarity Independent School Headteacher:

Contact Email:

Contact Telephone:

Provision DSL / Headteacher:

Contact Email:

Contact Telephone:

Date:

APPENDIX B – SAFEGUARDING CONFIRMATION FOR PROVIDERS NOT SUBJECT TO KCSIE

| | | |
|---------------------|------------------|--|
| Organisation: | | |
| Address: | | |
| Contact Name: | Email Address | |
| Position: | Telephone number | |
| Name of DSL: | Email Address | |
| Position: | Telephone number | |
| Name of deputy DSL: | Email Address | |
| Position: | Telephone number | |

In line with the responsibilities outlined within to the Keeping Children Safe in Education statutory guidance, Clarity Independent School is required to ensure that the safeguarding arrangements that are in place within any organisation providing off-site provision for its pupils are sufficient:

“Where a school places a pupil with an alternative provision provider, the school continues to be responsible for the safeguarding of that pupil and should be satisfied that the provider meets the needs of the pupil. Schools should obtain written confirmation from the alternative provider that appropriate safeguarding checks have been carried out on individuals working at the establishment, i.e. those checks that the school would otherwise perform in respect of its own staff....Schools and colleges organising work experience placements should ensure that the placement provider has policies and procedures in place to protect children from harm”

As a setting offering off-site provision for Clarity Independent School pupil/pupils, please could you confirm the following:

1. I confirm that our provision is fully compliant with its safeguarding requirements as outlined within Working Together to Safeguard Children 2022 (to reflect updates) statutory guidance [and Keeping Children Safe in Out of Schools settings non-statutory guidance] – delete where not applicable.
2. I confirm that appropriate safeguarding checks have been carried out on individuals who will come in to contact with pupils in line with expected safer recruitment practice. This includes, but is not limited to, undertaking enhanced DBS checks and criminal record checks for overseas applicants.
3. I confirm that I have provided the following policy documentation for review:



| Documentation | Date of receipt |
|--|-----------------|
| 1. Safeguarding / Child Protection Policy | |
| 2. Whistleblowing Policy (where not included in 1) | |
| 3. Managing Allegations Against Staff Policy (where not included in 1) | |
| 4. Safer Recruitment Policy (where not included in 1) | |
| 5. Staff / Volunteer Code of Conduct | |
| 6. Health and Safety Policy | |
| 7. Complaints Procedure | |
| 8. Information Sharing / Data Protection Policy | |
| 9. Equality and Diversity Policy | |
| 10. SEND Policy | |
| 11. Risk Assessment in relation to provision/activity(to be completed jointly) | |
| 12. Employer Liability Insurance | |
| 13. Public Liability Insurance | |
| 14. Service Level Agreement | |

4. I confirm that any concerns/incidents/notable event that relates to a Clarity Independent School pupil will be shared with the Designated Safeguarding Lead (DSL) and/or Head Teacher for the pupil’s school as soon as is practicable. This includes, but is not limited to:

- a) concerns for a pupil’s welfare including any safeguarding concerns.
- b) pupil non-attendance (notification to be provided on the same day regardless of the reason provided).

Name of Clarity Independent School DSL:

Contact Email:

Contact Telephone:

Off-site Provision Signature: _____

Position (must be Senior Leader for the Provision):

Contact Email:

Contact Telephone:

Date:

Name of Clarity Independent School Headteacher:

Contact Email:

Contact Telephone:

APPENDIX C – Joint Risk Assessment.

Risk Assessment for:

Venue address:

Pupils:

Usual keyworker at school:

Keyworkers/Adults responsible for pupils at this venue:

Please note:

a) This RA must be completed by 4pm 3 days prior to the outreach starting or earlier, printed out, signed and given to SA.

| Severity | Multiplier | | | | | | Key | | |
|------------------------|------------|--------|----------|----------|----------|---------|---------------|---------|---|
| Extreme / Catastrophic | 5 | 5 | 10 | 15 | 20 | 25 | Severe | 20 - 25 | Unacceptable level of risk exposure which requires immediate corrective action to be taken |
| Major | 4 | 4 | 8 | 12 | 16 | 20 | Major | 12 - 16 | Unacceptable level of risk exposure which requires constant active monitoring, and measures to be put in place to reduce exposure |
| Moderate | 3 | 3 | 6 | 9 | 12 | 15 | Moderate | 5 - 10 | Acceptable level of risk exposure subject to regular active monitoring measures |
| Minor | 2 | 2 | 4 | 6 | 8 | 10 | Minor | 3 - 4 | Acceptable level of risk exposure subject to regular passive monitoring measures |
| Insignificant | 1 | 1 | 2 | 3 | 4 | 5 | Insignificant | 1 - 2 | Acceptable level of risk subject to periodic passive monitoring measures |
| Multiplier | | 1 | 2 | 3 | 4 | 5 | | | |
| Likelihood | | Remote | Unlikely | Possible | Probable | Certain | | | |

Headings to cover: Travelling, accidents and emergencies, first aid / medical needs, pupil behaviour, interactions with the public, use of equipment, specific to venue and anything else.

| Details of Risk | To whom | Pupil Initials | Severity | Likelihood | SxL = Risk rate | Risk Level (h,m,l) | Control measures | Further actions |
|-----------------|---------|----------------|----------|------------|-----------------|--------------------|------------------|-----------------|
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APPENDIX D – OFF-SITE PROVISION COVER SHEET

| Pupil Name | Timetable | Enrichment | Provision | Provision Address | Provision Contact Details | Provision Contact Name | Safeguarding Lead (DSL) |
|------------|-----------|------------|-----------|-------------------|---------------------------|------------------------|-------------------------|
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APPENDIX E – PROVISION MONITORING FORM

| RED | Indicates that processes are lacking and need to be developed as a matter of urgency to meet minimum requirements for a specific standard. However, we will not be able to use this provider again. In all cases check with Head Teacher and Schools Proprietor. | | | | | | | |
|--------------|--|---|--|------------------------|--------------------------|-----------------|--------------------------------|--------|
| AMBER | Indicates that processes are in place, but they need to be reviewed or further improved for a specific standard. This must be a time limit for improvement. | | | | | | | |
| GREEN | Indicates that the provider meets the standard fully with all processes in place and up to date, at least to the required minimum. | | | | | | | |
| Provision | Date-Off-Site Provision Commissioned | Updated Policies Received (Annually) | Employers and Public Liability Insurance expiry date | Dates Venue RA checked | Activity Authorised Date | SLA Expiry Date | Most Recent Lesson Observation | Signed |
| | | | | | | | | |
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APPENDIX F – Safeguarding Audit 11 Form

1 Background

- 1.1 The Children Act (2004) places on a statutory footing the obligation for named agencies and individuals to co-operate to safeguard children and promote their welfare. Section 11 of the Act makes clear to whom this duty applies and indicates that they must make arrangements for ensuring that:
- 'their functions are discharged having regard to the need to safeguard and promote the welfare of children;
- 1.2 The same Act established the roles and responsibilities of the Local Safeguarding Children Board, with Section 13 describing their functions as:
- a) to co-ordinate what is done by each person or body represented on the Board for the purpose of safeguarding and promoting the welfare of children in their area
 - b) to ensure the effectiveness of what is done by each such agency
- 1.3 This 'Section 11 Audit' is designed to allow Clarity Independent School to assure itself that agencies placed under a duty to co-operate by this legislation are fulfilling their responsibilities to safeguard children and promote their welfare.
- 1.4 Chapter 2 of 'Working Together' July 2022 details the common features which must be demonstrated by agencies in order to fulfil their commitment to safeguard children and promote the welfare of children. This has been used as the source document for the key standards defined within this audit document.

Key standard 1: LEADERSHIP AND ACCOUNTABILITY:

- A clear line of accountability for the commissioning and / or provision of services designed to safeguard and promote the welfare of children
- A senior board level lead to take leadership responsibility for the organisations safeguarding arrangements
- A designated professional lead for safeguarding

| Standard | Examples of Evidence | Score | Descriptors |
|--|--|----------------------|---|
| 1.1 There is a named senior board level lead to take leadership responsibility for the organisations safeguarding arrangements | <ul style="list-style-type: none"> • Named in Safeguarding Policy • Attendance at LSCB if applicable or similar forums. • Promotion of role within and external to organisation on a regular basis. | Inadequate | <ul style="list-style-type: none"> • No Evidence Submitted / No named person within organisation |
| | | Requires Improvement | <ul style="list-style-type: none"> • Named person but not widely known or advertised • Infrequent attendance at safeguarding forums |
| | | Good | <ul style="list-style-type: none"> • Widely advertised named person who attends MASA or similar forums to promote safeguarding • Job description states role and responsibilities ensures safeguarding policies and procedures are in place • Ultimately responsible for compliance with Section 11 • Understanding of key legislation and guidance |

| Standard | Examples of Evidence | Score | Descriptors |
|---|--|----------------------|--|
| | <ul style="list-style-type: none"> Actively promoting a safeguarding culture. Job description contains roles and responsibilities of designated person. Has received training in safeguarding. Training records appropriate and up-to-date. Legally responsible person for safeguarding within the organisation | Outstanding | Good plus :- <ul style="list-style-type: none"> Takes lead in organisation for safeguarding Has undertaken personal training and a number of initiatives to champion a safeguarding culture Attends and runs forums at which safeguarding practice is developed and improved Provides support to the workforce in safeguarding issues This is monitored and reviewed as a part of supervision |
| 1.2 There is a designated professional for safeguarding clearly named within the organisation. Their role is to champion safeguarding and child protection including: <ul style="list-style-type: none"> Maintaining a sound knowledge of legislation & guidance Communicating to staff Holding managers to account | <ul style="list-style-type: none"> Named individuals and evidence of dissemination. | Inadequate | <ul style="list-style-type: none"> No evidence submitted / No named person within organisation |
| | <ul style="list-style-type: none"> Inclusion in induction. Inclusion in newsletter and other staff communications. | Requires Improvement | <ul style="list-style-type: none"> There is evidence of a designated professional named within the organisation. The designated professional is not widely known in the organisation and their safeguarding role and responsibilities are not clearly articulated in their job description |
| | <ul style="list-style-type: none"> Named within Policy and Procedures Identified within Job description | Good | <ul style="list-style-type: none"> There is a designated professional named within the organisation. The designated professional is widely known in the organisation and their safeguarding role and responsibilities are clearly articulated in their job description Ensures safeguarding policies and procedures are in place, oversees compliance with Section 11. |

| Standard | Examples of Evidence | Score | Descriptors |
|---|--|----------------------|---|
| <ul style="list-style-type: none"> Ensure effective working relationships are in place Responding to identified safeguarding training need <p>Designated professional roles should always be explicitly defined in job descriptions and widely known throughout the organisation.</p> | | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> There is a designated professional named within the organisation. The designated professional is widely known in the organisation and their safeguarding role and responsibilities are clearly articulated in their job description. The designated professional has a high level of visibility and accessibility within the organisation. |
| <p>1.3 There is evidence that the designated professional has sufficient time and support to carry out their responsibilities and an annual appraisal reviews the job role.</p> | <ul style="list-style-type: none"> Evidence of supervision Evidence of annual appraisal Evidence of continuous professional development | Inadequate | <ul style="list-style-type: none"> Designated professional lead does not have access to regular supervision or an annual appraisal. |
| | | Requires Improvement | <ul style="list-style-type: none"> Designated professional lead has access to an annual appraisal but supervision is infrequent |
| | | Good | <ul style="list-style-type: none"> Designated professional lead has access to regular supervision and an annual appraisal |
| | | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> The annual appraisal identifies learning and development needs and supports continuous professional development |
| <p>1.4 The organisation has a clear written accountability framework for safeguarding and promoting the safeguarding of children</p> | <ul style="list-style-type: none"> Evidence of statement. Staff charts, team descriptions, and accountability and individual supervision routes for staff. | Inadequate | <ul style="list-style-type: none"> No evidence submitted / No framework in place. No evidence that commissioned services are section 11 compliant / or no services commissioned are section 11 compliant |
| | | Requires Improvement | <ul style="list-style-type: none"> High-level framework with senior manager responsibilities. Services that are contracted or commissioned are section 11 compliant and this is within their contracts. |

| Standard | Examples of Evidence | Score | Descriptors |
|---|---|-------------|--|
| that applies to all services provided or commissioned | <ul style="list-style-type: none"> • Evidence of volunteer accountability • Staff/ Volunteers supervision policies and procedures. • Safeguarding policies and procedures highlight lines of accountability • Audits taken place to ensure systems in place are being adhered to. • Commissioned services are compliant with section 11 and this is regularly reviewed | Good | <ul style="list-style-type: none"> • Full framework covering individual roles and hierarchy of supervision, available and accessible. • Policy and procedures are in place which highlight accountability framework • Services that are contracted or commissioned are section 11 compliant and this is within their contracts and this is reviewed regularly to evidence compliance. |
| | | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> • Statement of accountability of teams, senior management roles clearly defined in relation to safeguarding children when appropriate. • In areas where children are not direct clients nominated roles ensure safeguarding practices are in place and adhered to (e.g. adult services in which children may be present at client interactions). • The role of contractors in the organisation is clearly defined and managed through clear reporting lines. • Policy and procedures are in place which highlight accountability framework • Staff on secondment know their reporting lines within their host and parent organisation. • Volunteers have clear management structures. • Audits have taken place to ensure accountability frameworks are being adhered to. • Services that are contracted or commissioned are section 11 compliant and this is within their contracts and this is reviewed regularly to evidence compliance. Evidence of audit of services exists and can be shared with the MASA on request. |

Key standard 2: USE OF POLICIES AND PROCEDURES TO SAFEGUARD CHILDREN

- Clear priorities for safeguarding and promoting the welfare of children, explicitly stated in strategic policy documents
- Policies for safeguarding and promoting the welfare of children including a child protection policy, and procedures that are in accordance with guidance and locally agreed inter-agency procedures

| Standard | Examples of Evidence | Score | Descriptors |
|---|--|----------------------|---|
| 2.1 The organisation has written policies and procedures for safeguarding and promoting the wellbeing of children that is accessible to all staff including volunteers. | <ul style="list-style-type: none"> • Up to date safeguarding policy and procedure in place • Code of conduct for staff and volunteer • Evidence that staff can easily access the policy and procedure • Documented evidence of dissemination and availability • Staff have been trained in the use of the policy & procedure. • Induction handbook or e-learning programme | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / No policy or procedure in place |
| | | Requires Improvement | <ul style="list-style-type: none"> • Policy in place but of low standard, not clear, out of date, in process or being written or having key sections missing. • Disseminated and available but only to a small percentage of staff, many without ready availability (e.g. no immediate access to Intranet) |
| | | Good | <ul style="list-style-type: none"> • Policies and procedures are in place and in line with local MASA and national guidance • Regularly reviewed and updated • Evidence of staff accessing policies and procedures • Current policies and procedures and updates to are clearly communicated and available to all staff to ensure they are implementing current practice. |
| 2.2 Staff within the organisation use the policies and procedures when they have safeguarding concerns | <ul style="list-style-type: none"> • Evidence of clear recording of safeguarding concerns and actions | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> • Evidence that policies and procedures are embedded and evidence of impact on practice. • Audits take place to ensure that policy and procedures are adhered to. Findings are implemented |
| | | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / No policy or procedure in place / Evidence that staff are not accessing policies |

| Standard | Examples of Evidence | Score | Descriptors |
|---------------------------------------|---|----------------------|---|
| and to promote wellbeing of children. | <p>that are in line with policies and procedures</p> <ul style="list-style-type: none"> • Audits demonstrating staff understanding and use of policies and procedures • Documented evidence of staff accessing policies | Requires Improvement | <ul style="list-style-type: none"> • Staff rarely refer to policies and procedures or document concerns • Process is not clear or only known by limited number of staff • Staff use processes that are outside of the policies and procedures, demonstrating a lack of understanding/knowledge of the policies |
| | | Good | <ul style="list-style-type: none"> • Evidence of staff using policies and procedures • Clear recording of process and concerns • Staff are consulted on their understanding and the use of safeguarding policies and procedures • Staff are aware of the appropriate process to follow when they have a safeguarding concern |
| | | Outstanding | <p>Good plus: -</p> <ul style="list-style-type: none"> • Evidence that policies and procedures are embedded and evidence of impact on practice. • Audits take place to ensure that policy and procedures are effectively used. Findings are implemented • Staff are regularly consulted, and their views taken into consideration in relation to the effectiveness of policies and use in practice |

Key standard 3: RECRUITMENT AND SELECTION:

- Safe recruitment practices for individuals whom the organisation will permit to work regularly with children, including policies on when to obtain a criminal record check

| Standard | Examples of Evidence | Score | Descriptors |
|---|---|----------------------|--|
| 3.1 The organisation has recruitment and selection procedures for all personnel, including volunteers, which is in line with our Safer Recruitment policy and procedures | <ul style="list-style-type: none"> • Recruitment policy and procedure • Evidence of implementation. | Inadequate/ | <ul style="list-style-type: none"> • No evidence submitted / No written policy and procedures in place |
| | | Requires Improvement | <ul style="list-style-type: none"> • Written recruitment policies are in place but not fully in line with MASA safer recruitment policies |
| | | Good | <ul style="list-style-type: none"> • Written recruitment policies are in place and they are in line with MASA safer recruitment policies • All staff contracts include a clause regarding roles and responsibilities in relation to the safeguarding of children |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> • There is evidence of their effective use |
| 3.2 At least one person on any appointment panel must have received 'safer recruitment' training | <ul style="list-style-type: none"> • Staff attended safer recruitment training. | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / no staff have attended the safer recruitment training |
| | | Requires Improvement | <ul style="list-style-type: none"> • Most panels have an appropriately trained member of staff on them. |
| | | Good | <ul style="list-style-type: none"> • An appropriately trained member of staff is on all relevant recruitment panels |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> • There is evidence to demonstrate that safer recruitment practices are adhered to. |

Key standard 4: TRAINING AND DEVELOPMENT

- Employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- Staff should be given mandatory induction
- All professionals should have regular reviews of their own practice
- Appropriate supervision and support for staff, including undertaking safeguarding training

| Standard | Examples of Evidence | Score | Descriptors |
|---|--|----------------------|--|
| 4.1 The organisation has a clearly communicated training plan/programme that ensures all staff are competent to carry out their responsibilities of safeguarding and promoting the welfare of children in line with Working Together 2018. | <ul style="list-style-type: none"> • Training plan including safeguarding training which includes key safeguarding risks and early help • Monitoring report shows safeguarding training is being implemented | Inadequate | <ul style="list-style-type: none"> • A training plan that ensures all staff are competent to carry out their responsibilities of safeguarding and promoting the welfare of children has not been developed. |
| | | Requires Improvement | <ul style="list-style-type: none"> • A training plan that ensures all staff are competent to carry out their responsibilities of safeguarding and promoting the welfare of children is in place but has not been fully implemented |
| | | Good | <ul style="list-style-type: none"> • A training plan that ensures all staff are competent to carry out their responsibilities of safeguarding and promoting the welfare of children is in place, and fully implemented. • Safeguarding training is available on a single and multi-agency basis • Senior Managers monitor attendance and non-attendance at training |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> • Regular monitoring, updating and review of the effectiveness of the training plan |

| | | | |
|---|--|----------------------|--|
| | | | <ul style="list-style-type: none"> The training plan includes safeguarding training that is available on a single and multi-agency basis to meet the identified needs of staff. Evaluation of the impact of single agency training |
| <p>4.2 The organisation has a mandatory induction process for all staff and volunteers that includes familiarisation with their responsibilities for safeguarding and promoting the welfare of children, as outlined in Working Together 2018.</p> | <ul style="list-style-type: none"> Evidence of induction process with familiarisation of policy and procedures and implementation. Induction and Training records for each staff member. Copies of certificates held. | Inadequate | <ul style="list-style-type: none"> No induction programme |
| | | Requires Improvement | <ul style="list-style-type: none"> Induction programme in place has not been fully implemented |
| | | Good | <ul style="list-style-type: none"> Induction programme is in place, and fully implemented. The process is monitored and reviewed. |
| | | Outstanding | <p>Good plus: -</p> <ul style="list-style-type: none"> There is evidence of impact on practice of the induction programme |
| <p>4.3 Staff working with children receive regular management supervision and appraisals on an individual basis. Supervision and appraisals support continuous professional development.</p> | <ul style="list-style-type: none"> Supervision and appraisal records. Supervision and appraisal policy and procedure. Audit of occurring: frequency and quality. Staff self-report non-compliance. Links from outcomes of supervision and appraisal into training and development plans. Continuous Learning and Development/ personal training and development plans. | Inadequate | <ul style="list-style-type: none"> No evidence submitted / No supervision or appraisal process in place |
| | | Requires Improvement | <ul style="list-style-type: none"> Supervision and appraisals occur at intervals, basic recording. No monitoring of processes. |
| | | Good | <ul style="list-style-type: none"> Regular supervision and appraisals. Monitoring of compliance. Supervisors are trained in supervision skills and have up to date knowledge of legislation, policy and research relevant to safeguarding children |
| | | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> The annual appraisal identifies learning and development needs and supports continuous professional development |

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| | <ul style="list-style-type: none"> • QA reviews. | | |
| <p>4.4 The organisation has in place a programme of internal audit and review and outcomes and findings from reviews, audits & inspections from single agency and multi-agency work are disseminated to appropriate staff and volunteers in line with the MASA Learning Improvement Framework.</p> | <ul style="list-style-type: none"> • Briefings held for staff regarding results of inspections • Recommendations are monitored and reviewed • Training includes lessons learnt from inspection and reviews. • Evidence that lessons learnt are embedded into practice | Inadequate | <ul style="list-style-type: none"> • No evidence of outcomes and finds are not clearly communicated to appropriate staff |
| | | Requires Improvement | <ul style="list-style-type: none"> • Some evidence that staff are aware of outcomes and findings from some serious case reviews, audits and inspections from single and multi-agency work. |
| | | Good | <ul style="list-style-type: none"> • Evidence that staff are aware of information regarding the findings of serious case reviews, domestic homicide reviews, single and multi-agency, audits and inspections. • Some evidence of impact on practice. • Evidence that training includes lessons learnt from serious case review and inspections. |
| | | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> • Internal and external audit programme which questions current practice, develops and ensures implementation of continuous improvement programme. • Staff are encouraged to challenge practice and suggest audit programmes. • Multiagency audits are undertaken to improve interagency processes. • Mixture of methodologies used. • Audits, findings and evidence of implementation are shared with the relevant sub group of the Board. |
| <p>4.5 Impact on practice / effectiveness of training</p> | <ul style="list-style-type: none"> • Evaluation process regarding quality of training is in place and monitored | Inadequate | <ul style="list-style-type: none"> • There is no evidence that training has an impact or is effective |
| | | Requires Improvement | <ul style="list-style-type: none"> • There is limited evidence that training has an impact e.g. on the day evaluations |
| | | Good | <ul style="list-style-type: none"> • Impact is measured following the training via supervision, team meetings, changes in practice |



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| | | Outstanding | Good plus:- <ul style="list-style-type: none">• Impact is monitored and a demonstrable change to practice is measured. |
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Key standard 5: COMPLAINTS, ALLEGATIONS AND WHISTLE BLOWING

- Clear whistle blowing procedures which reflect the principles in Sir Robert Francis’s review and are suitably referenced in staff training and codes of conduct
- A culture that enables issues about safeguarding and promoting the welfare of children to be addressed.
- Clear policies in line with those from MASA for dealing with allegations against people who work with children

| Standard | Examples of Evidence | Score | Descriptors |
|---|---|----------------------|--|
| 5.1 The organisation has effective policies & systems in place to enable whistle blowing on an organisational and individual level. | <ul style="list-style-type: none"> • Whistle blowing policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner. • Evidence of lessons from whistle blowing being incorporated into Service Plans, Policies and Procedures. | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / No policy in place |
| | | Requires Improvement | <ul style="list-style-type: none"> • Policy in place but has not been widely disseminated to service users and professionals. • Policy is not shown to work effectively and there is little evidence of whistle blowing being logged and managed professionally. |
| | | Good | <ul style="list-style-type: none"> • Widely disseminated policy available to professionals and service users. Process demonstrated to work with logs and recorded outcomes. |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> • Policy forms wider part of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvement. |
| 5.2 The organisation has effective policies and procedures for dealing with allegations of abuse against members of staff and volunteers | <ul style="list-style-type: none"> • Allegation policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner. | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / No policy in place |
| | | Requires Improvement | <ul style="list-style-type: none"> • Policy in place but has not been widely disseminated to service users and professionals. • Policy is not shown to work effectively and there is little evidence of allegations being logged and managed professionally. |

| Standard | Examples of Evidence | Score | Descriptors |
|--|---|--------------------------------|--|
| | <ul style="list-style-type: none"> Evidence of lessons from allegations being incorporated into Service Plans, Policies and Procedures. Grievance and Harassment policies. Allegation process is child and young person friendly. Evidence of link to and awareness of LADO notifications when allegation occurs. | <p>Good</p> <p>Outstanding</p> | <ul style="list-style-type: none"> Widely disseminated policy available to professionals and service users. Process demonstrated to work with logs and recorded outcomes. Liaison with local LADO when an allegation occurs. <p>Good plus:-</p> <ul style="list-style-type: none"> Policy forms wider part of culture asking for positive and negative feedback. Outcomes and lessons are fed back into practice for improvement. Allegation procedures are child orientated and adapted to their needs and understanding when required. |
| 5.3 The Organisation has a named senior officer or senior manager(s) with responsibility for ensuring the organisation follows these procedures effectively | Named senior manager and officer in place Policy and procedures in place Policy and procedure reviewed regularly | Inadequate | <ul style="list-style-type: none"> No evidence submitted / no named senior manager or officer in place |
| | | Requires Improvement | <ul style="list-style-type: none"> Evidence of a named senior manager or officer in place. |
| | | Good | Policy and procedure in place |
| | | Outstanding | <p>Good plus:-</p> <p>Policy and procedure reviewed regularly Staff briefed about the policy and procedure.</p> |
| 5.4 Staff have received training to deal with allegations of abuse against members of staff or volunteers, which is appropriate to their role. | <ul style="list-style-type: none"> Record of senior manager undergoing training in line with the MASA training. Evidence of implementation of policy and procedure (e.g. | Inadequate | <ul style="list-style-type: none"> No evidence submitted / No or poor complaint policy/ procedure in place |
| | | Requires Improvement | <ul style="list-style-type: none"> Senior manager has undertaken training Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process. |

| Standard | Examples of Evidence | Score | Descriptors |
|---|---|----------------------|--|
| This includes allegations made by children. | minutes, record of policy reviews and communications). <ul style="list-style-type: none"> Record of outcomes. QA reviews which monitor effectiveness of policies and processes. | Good | <ul style="list-style-type: none"> Senior manager has undertaken training and there is evidence that this has been put in to practice Audit programme of complaint and allegation process in which the effectiveness is monitored. |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> Externally assessed audit programme in which the organisation ensures all parties to allegations are treated fairly and in line with policy and procedure. |
| 5.5 All complaints and allegations of abuse are recorded, monitored and available for internal and external audit. | <ul style="list-style-type: none"> Evidence of implementation of policy and procedure (e.g. minutes, record of policy reviews and communications). Registers of outcomes QA reviews which monitor effectiveness of policies and processes. | Inadequate | <ul style="list-style-type: none"> No evidence submitted / No or poor complaint policy/ procedure in place |
| | | Requires Improvement | <ul style="list-style-type: none"> Basic adherence to allegation and complaint procedures with evidence of activation and monitoring of effectiveness of process. |
| | | Good | <ul style="list-style-type: none"> Audit programme of complaint and allegation process in which the effectiveness is monitored. |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> Externally assessed audit programme in which the organisation ensures all parties to complaints and allegations are treated fairly and in line with policy and procedure. |

Key standard 6: Information Sharing

- Arrangements which set out clearly the processes for sharing information with other professionals and with the MASA

| Standard | Examples of Evidence | Score | Descriptors |
|---|--|----------------------|---|
| 6.1 The organisation should have clear information sharing guidance which sets out the process and principles for sharing information, relevant to safeguarding and promoting the wellbeing of children. | <ul style="list-style-type: none"> • Access to Information sharing guidance that outlines the handling and storage of information and records • Staff briefings regarding information sharing • Supervision • Training records | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / staff have no access to information sharing guidance |
| | | Requires Improvement | <ul style="list-style-type: none"> • Guidance made accessible to practitioners and managers but no evidence that it is being followed |
| | | Good | <ul style="list-style-type: none"> • Guidance is easily accessible & used by staff • Evidence that it is being used in practice at an operational and strategic level |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> • Records are monitored and reviewed in light of the guidance. • Clear guidance evidences how this impacts on outcomes for children and families |
| 6.2 Staff participate in multi-agency meetings appropriate to their role. They take an active role to share information with partner agencies and address any barriers in information sharing | <ul style="list-style-type: none"> • Policies and procedures regarding sharing information • ICT systems that allow sharing of information regarding children whom there are concerns • ICT systems allow to flag children whom there is a concern • Agencies provide an annual report on safeguarding to the MASA | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / staff do not take part in multi-agency meetings / forums |
| | | Requires Improvement | <ul style="list-style-type: none"> • Some files have minutes which illustrate that staff have participated in the multi-agency meeting • Some files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children |
| | | Good | <ul style="list-style-type: none"> • Files have minutes which illustrate that staff have participated in the multi-agency meeting • Files have multi-agency plans which illustrate the contribution of the organisation to improve outcomes for children • Evidence of regular performance information presented to the MASA • Evidence of annual reports presented to the MASA |

| Standard | Examples of Evidence | Score | Descriptors |
|---|--|----------------------|---|
| | <ul style="list-style-type: none"> Agencies provide relevant performance information to the MASA | Outstanding | Good plus:- <ul style="list-style-type: none"> Records are monitored and reviewed. MASA annual report highlights performance information for your agency There is evidence that the organisation contributes to the work of the Board and its subgroup |
| 6.3 Staff should be aware of who to pass information if they think this may be critical to keeping children safe and are sensitive to the 7 golden rules for sharing information. https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice | <ul style="list-style-type: none"> Staff aware of what to do when they have a concern about a child Minutes for multi-agency meetings Multi-agency plans Induction programme includes what to do if you have a concern about a child. Policies and procedures regarding sharing information | Inadequate | <ul style="list-style-type: none"> No evidence submitted or staff are not aware of what to do if they have a concern about a child |
| | | Requires Improvement | <ul style="list-style-type: none"> Record of induction programme undertaken which includes what to do if you are concerned about a child. |
| | | Good | <ul style="list-style-type: none"> Clear accessible policies regarding sharing information in relation to child protection concerns Record of training / briefings undertaken regarding sharing information in relation to child protection concerns. Evidence that information is not shared unless in line with guidance |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> Records are monitored and reviewed to ensure that minutes and plans are on files. Evidence that systems in place to keep information accurate and up to-date |
| 6.4 There is clear evidence that information shared from the safeguarding partnership | <ul style="list-style-type: none"> Staff are aware of the business of the safeguarding partnership | Inadequate | <ul style="list-style-type: none"> No evidence submitted / No audit activity |
| | | Requires Improvement | <ul style="list-style-type: none"> Audits take place but learnings are not shared No monitoring of processes. Little or no reflective supervision |

| Standard | Examples of Evidence | Score | Descriptors |
|------------------------------------|---|-------------|---|
| is making a difference to practice | and are using this to inform their practice | Good | <ul style="list-style-type: none"> • Learning from learning reviews/ campaign updates / news is shared and there is evidence of improvement • Evidence of staff reporting non-compliance • Shared with relevant sub-group of the Board • Multiagency audits are undertaken to improve interagency processes. • Reflective supervision |
| | | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> • Evidence of learning/changes being implemented • Internal and external audit programme which questions current practice, develops and ensures implementation of continuous improvement programme. • Staff encouraged to challenge practice and suggest audit programmes. • Mixture of methodologies used. |

Key standard 7: LISTENING TO CHILDREN AND YOUNG PEOPLE

- A culture of listening to children and taking account of their wishes and feelings both in individual decisions and the development of services

| Standard | Examples of Evidence | Score | Descriptors |
|--|--|----------------------|---|
| 7.1 The organisation has effective policies & systems in place to manage concerns and complaints as well as compliments from service users or other professionals | Complaint policy and procedures and evidence of dissemination to professionals and service users in a sensitive and appropriate manner. <ul style="list-style-type: none"> • Evidence of lessons from complaints being incorporated into service plans, policies and procedures. • Complaint process is child and young person friendly. | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / No policy in place |
| | | Requires Improvement | <ul style="list-style-type: none"> • Policy in place but has not been widely disseminated to service users and professionals. • Policy is not shown to work effectively and there is little evidence of complaints being logged and managed professionally. |
| | | Good | <ul style="list-style-type: none"> • Widely disseminated policy available to professionals and service users. Process demonstrated to work with compliant logs and outcomes. |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> • Complaint policy forms wider part of participant inclusion in asking for positive and negative feedback. • Outcomes and lessons are fed back into practice and Service Plans for improvement. • Complaint procedures are child orientated and adapted to their needs and understanding. |
| 7.2 The organisation seeks and utilises feedback from children to inform their work and influence service | <ul style="list-style-type: none"> • Customer feedback processes, e.g. survey, forums, staff feedback. | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / No process to gather individual child views. • No views of children and families are included in the development of services |

| Standard | Examples of Evidence | Score | Descriptors |
|--|--|----------------------|--|
| provision (Service User feedback) | <ul style="list-style-type: none"> • Business plans for own and contracted organisations have statements that reflect input from children and families • Evidence of implementation. • Trustee minutes of informed decisions. • Evidence referenced in service plan. | Requires Improvement | <ul style="list-style-type: none"> • Services and commissioning of services have been developed indirectly from evidence base of children and families. • No or little correlation between client wishes and service plan content. • Process in place to gather wishes during client consultations which are then used in contract decisions. Some evidence in contract files of this process. |
| | | Good | <ul style="list-style-type: none"> • Direct correlation between service plan contents and the evidence base from children and families. • Reference to specific items in evidence base within service plan. • Child views are gathered and recorded early in contract process and at each appropriate point thereafter. • Evidence of how these views influence case decisions is detailed. |
| | | Outstanding | Good plus:- <ul style="list-style-type: none"> • Service plans developed in sequence with evidence collection and interpretation. • Programme of client feedback and information gathering timed to influence development of service plan. • All areas of organisation include client informed decisions. • Evidence of children and their families influencing the service plan development, verifying, prioritising and agreeing sign off together with the organisation and their partners. |
| 7.3 Children are made aware of their right to be | | Inadequate | <ul style="list-style-type: none"> • No evidence submitted / the organisation does not promote a safeguarding culture. |

| Standard | Examples of Evidence | Score | Descriptors |
|--|---|----------------------|---|
| safe from abuse. This is achieved through information made available, for children, young people and parents about where to go for help in relation to maltreatment and abuse. | <ul style="list-style-type: none"> Websites, posters, prominent display, child guides. Individual case file management involving information given to specific children. Code of conduct. | Requires Improvement | <ul style="list-style-type: none"> Basic promotion through posters and other mass communication means. |
| | | Good | <ul style="list-style-type: none"> Processes ensure children are informed of the right to be safe at the first interaction and at other appropriate points. This is reinforced by prominent display of posters and leaflets. |
| | | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> The organisation utilises a wide variety of communication methods ensuring vulnerable children and hard to reach groups also understand the right to be safe. The information is kept up to date, refreshed and modified to fit the client group. Constantly looking for ways to reach new audiences and keeping messages fresh and appealing. |
| 7.4 The organisation has a culture of listening to children and taking account of their wishes and feelings in individual decisions. | <ul style="list-style-type: none"> Evidence of a culture of listening to children's voices. CAF form, referral forms, feedback, children and young people surveys, young person panels, forums, audits, case file comments, publicity | Inadequate | <ul style="list-style-type: none"> No evidence of consultation on population or individual child basis. No evidence submitted No response process for children's voices. |
| | | Requires Improvement | <ul style="list-style-type: none"> Basic levels of opportunity for children to be listed to and some evidence of response to children's voices. |
| | | Good | <ul style="list-style-type: none"> Evidenced opportunities for children's voices within case files and through other forums such as surveys. Policies in place to ensure children's voices are acted upon |

| Standard | Examples of Evidence | Score | Descriptors |
|---|--|----------------------|--|
| | <p>material, individual responses.</p> <ul style="list-style-type: none"> When a child is not able to provide their views because of age or ability, the case files record the views of other parties, but make judgements on the child's perspective and needs. Evidence in case file | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> Programmed child involvement, planned and co-ordinated. Each child contact provides and evidences an opportunity for the child to be listened and responded to. Regular child forums, opportunities for individual and population feedback The organisation evaluates outcomes of individual decisions from the perspective of the child or young person. Complaint procedures are child orientated and adapted to their needs and understanding. |
| <p>7.5 As a minimum the organisation evaluates outcomes from the perspective of the child or young person.</p> | <ul style="list-style-type: none"> From referral/ initiation of a service to closure activities and outcomes are evaluated from the perspective of the parents and children. Policy and procedures Pro-formas with outcome recording | Inadequate | <ul style="list-style-type: none"> No evidence submitted No evaluation undertaken. C&YP are not identified in evaluation processes as a separate client or potential contact group. |
| | | Requires Improvement | <ul style="list-style-type: none"> Basic or inconsistent evidence of child's perspective in outcome evaluation. |
| | | Good | <ul style="list-style-type: none"> Policies ensure that outcomes are evaluated from the perspective of C&YP, in line with the organisation's legislative requirements. |
| | | Outstanding | <p>Good plus:-</p> <ul style="list-style-type: none"> C&YP's perspectives are evidenced throughout the organisation. Outcome targets are developed, written and evaluated with the input from C&Y |

Key standard 8: Child Sexual Exploitation

| Standard | Examples of Evidence | Score. | Descriptors |
|--|----------------------|--|-------------|
| 8.1 Policies, procedures and guidance are in place for safeguarding and promoting the welfare of children and young people relating to child sexual exploitation (CSE) | | <p>Inadequate</p> <p>Requires improvement</p> <p>Good</p> <p>Outstanding</p> | |
| 8.2 Staff are able to recognise CSE warning signs and risk factors and are able to access the appropriate training, tools and guidance in order to make a referral | | <p>Inadequate</p> <p>Requires improvement</p> <p>Good</p> <p>Outstanding</p> | |

Key standard 9 .Staff Supervision

| Standard | Examples of Evidence | Score. | Descriptors |
|---|----------------------|---|-------------|
| 9.1 The organisations staff supervision policy supports effective safeguarding. | | Inadequate Requires improvement Good Outstanding | |
| 9.2 Staff working with children receive regular management supervision on an individual basis and can access further support when required. | | Inadequate Requires improvement Good Outstanding | |
| 9.3 There is an annual appraisal process which includes a review of each member of staff's role and their skills, competencies and knowledge around safeguarding children | | Inadequate Requires improvement Good Outstanding | |

Key standard 10. Quality Assurance and Outcome Measurement

| Standard | Examples of Evidence | Score. | Descriptors |
|--|----------------------|---|-------------|
| 10.1 The organisation has in place robust information systems that enable them to monitor the quality of practice and the management of work with children and families to ensure their welfare is being effectively safeguarded and promoted. | | Inadequate Requires improvement Good Outstanding | |
| 10.2 The organisation has in place a programme of internal audit and review that enables them to continuously improve the protection of children and young people from harm or neglect. | | Inadequate Requires improvement Good Outstanding | |
| 10.3 All appropriate staff understand the need for accurate, clear and on-going case-work recording. Your agency has arrangements for auditing | | Inadequate Requires improvement Good | |

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| the quality of recording. Acknowledgement: | | Outstanding | |
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Health and Safety Risk Assessment:

| Risk | Examples of Evidence | Score. | Descriptors |
|---|--|---|--|
| Fire Procedures in place | Take a photo/copy of: 1. Fire exit emergency plans/map 2. EXIT signs | Inadequate Requires improvement Good Outstanding | 1. Fire Exits are clear and accessible without obstructions 2. Fire Exit signs are clear and illuminate 3. Fire exit plans/maps displayed in every room 4. Fire safety checks completed daily 5. Fire drills regularly practised |
| Pupil risk assessments completed for all activities. Pupil risk assessments in place for High risk pupils. | | Inadequate Requires improvement Good Outstanding | |
| Care plans in place for pupils with medical needs | | Inadequate Requires improvement | |

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|---|--|----------------------|--|
| | | Good | |
| | | Outstanding | |
| Staff qualifications: - QTS/QTLS - SENCo - DSL | | Inadequate | |
| | | Requires improvement | |
| | | Good | |
| | | Outstanding | |

Pupil Assessments:

| Risk | Examples of Evidence | Score. | Descriptors |
|--|----------------------|----------------------|-------------|
| How are pupils assessed? - Formative - Summative - SEMH - Attitudes to learning - SEND progress against EHCP outcomes | | Inadequate | |
| | | Requires improvement | |
| | | Good | |
| | | Outstanding | |
| Exam Centre Status - Arrangements in place - Storage - Exam rooms - Moderators | | Inadequate | |
| | | Requires improvement | |



| | | | |
|--|--|-------------|--|
| | | Good | |
| | | Outstanding | |

Provision Approved by Local Authority? YES/NO - On Essex Approved Alternative provision list

Provision Assessed by:

Clarity Deputy Headteacher: Sharyn Ailara Signed..... Date:.....

Provision Approved by:

Clarity Headteacher: Debbie Hanson Signed..... Date:.....