

Independent Safeguarding Visits to Children in Long-Term Residential Care
DETAILS OF REVIEW

Child's Details	
Name	
Date of Birth	
Synergy ID	
Residential Setting Details	
Residential Home Name	
School Setting Name	
Unique Reference Number (URN)	
Type of provision	Residential Special School <input type="checkbox"/> Registered Children's Home <input type="checkbox"/>
Date of last full Ofsted Inspection	
Ofsted Rating	

Review Details	
Date of Review	
Child/young person's start date at the school	
Statutory timescale for review	Seven days following start date <input type="checkbox"/> Three months following start date <input type="checkbox"/> Six-month review <input type="checkbox"/>
Is this review held within statutory timescales?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason if visit is outside of statutory timescales:	
Name and Designation of person completing review	
List of documents observed during the review:	

REVIEW CHECKLIST

Safeguarding Checks	
All incident notifications and physical interventions in the last 6 months have been followed up appropriately (including staff and young person debrief)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments:	

All risk assessments relevant to the young person's needs been completed and are of good quality	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		
Have there been any safeguarding incidents resulting in LADO referral in the last 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any of these proceeded to investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	
Has Dorset Council LADO been informed of any investigation and the outcome?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	
Comments:		
Mandatory training is up to date for all care staff in the home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	
Comments:		
Medication and Physical Intervention training is up to date for all care staff in the home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	
Comments:		
Correct staff ratios are in place in the home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		

Behaviour Support Planning and Communication		
Overview of the young person's additional needs:		
An appropriate behaviour support plan, missing protocol and personal emergency evacuation plan is in place that takes account of the young person's individual needs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		
There is evidence that staff regularly review and update the child/young person's care documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:		
The child/young person communicates verbally	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A communication plan is in place if required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	N/A <input type="checkbox"/>	
Comments:		

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Child's Voice and Lived Experience	
The child/young person been seen alone	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments: Please see Student Independent Visitor Questionnaire	
The child/young person's bedroom has been seen	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Observations of the physical environment of the home	
Comments:	
Overview of daily recording	
Comments:	
Feedback from the child/young person's family	
Comments:	
Feedback from home staff	
Comments: Please see Staff Independent Visitor Questionnaire	

Health	
What measures are in place to ensure that the children have access to relevant health care services	
Comments:	
Health services are being sought appropriately	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
There is an accurate and up to date medication record	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments:	
Medications are appropriately stored	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments:	
There is appropriate use of over-the-counter medication and appropriate consent been sought from the child/young person's parents/carer	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments:	

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Education	
Name of SEND Provision Lead	
Date of initial Education Health Care Plan	
Date of most recent Education Health Care Plan	
Does the home have a copy of the most recent Education Health Care Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of last Education Health Care Plan Annual Review Meeting	
Is the Annual Review Meeting	Not due <input type="checkbox"/> Due <input type="checkbox"/> Overdue <input type="checkbox"/>
The child/young person is attending school	Yes <input type="checkbox"/> No <input type="checkbox"/>
Attendance % for the last full academic term	

Any other information

EVAULATION AND ACTIONS

Evaluate how effectively the home is safeguarding the child/young person and promoting their wellbeing

Recommendations	Person Responsible	Date to complete

SIGNATURES

I confirm that this is an accurate report of my findings
Signature:
Date:

Overview and comments by Service Manager for Safeguarding in Education
I confirm that I have reviewed the report
Signature:
Date: