



# Policy Document

SETTING NAME: PLAY2LEARN CHILDCARE LIMITED

These policies apply to all staff working in the setting. It takes into account statutory guidance provided by the Department for Education, Ofsted and local guidance issued by the Hounslow Safeguarding Children's Partnership

<b>These policies were adopted by:</b>	<b>Wajeeha Tariq</b>
<b>Date:</b>	<b>03/10/2025</b>
<b>Signed on behalf of the provider:</b>	<b>Wajeeha Tariq</b>
<b>Name of signatory:</b>	
<b>Role of signatory:</b>	<b>Manager</b>
<b>Date to be reviewed:</b>	<b>September 2026</b>

These policies are reviewed and updated regularly or when a change is required and shared with staff and parents.

## Contents

<a href="#">Children's rights and entitlements</a>	5
<a href="#">Safeguarding children young people and vulnerable adults</a>	Error! Bookmark not defined.
<a href="#">Whistleblowing</a>	22
<a href="#">Looked after children</a>	25
<a href="#">Private Fostering</a>	28
<a href="#">Uncollected child</a>	29
<a href="#">Missing child</a>	33
<a href="#">Attendance, punctuality and Absence</a>	37
<a href="#">Online safety (including mobile phones and cameras)</a>	40
<a href="#">Employment</a>	46
<a href="#">staff deployment</a>	46
<a href="#">student placement</a>	48
<a href="#">Induction of employees and volunteers</a>	55
<a href="#">First aid</a>	57
<a href="#">The role of the key person and settling-in</a>	59
<a href="#">Staffing</a>	62

<a href="#">Administering medicines</a>	64
<a href="#">Managing children who are sick, infectious, or with allergies</a>	67
<a href="#">Recording and reporting of accidents and incidents</a>	71
<a href="#">Lockdown procedure</a>	72
<a href="#">Intimate care and nappy changing</a>	81
<a href="#">Food safety and nutrition</a>	83
<a href="#">Food hygiene</a>	Error! Bookmark not defined.
<a href="#">Health Policy</a>	83
<a href="#">Oral Health</a>	98
<a href="#">Promoting positive behaviour</a>	100
<a href="#">Health and safety general standards</a>	105
<a href="#">Infection control</a>	112
<a href="#">Staff manual handling</a>	113
<a href="#">Staff personal safety including home visits</a>	114
<a href="#">Threats and abuse towards staff and volunteers</a>	115
<a href="#">Maintaining children's safety and security on premises</a>	117
<a href="#">Short trips</a>	107
<a href="#">Risk Assessment</a>	111
<a href="#">Fire safety and emergency evacuation</a>	123
<a href="#">Animals in the setting</a>	126
<a href="#">No-smoking/ Vaping</a>	128
<a href="#">Valuing diversity and promoting inclusion and equality</a>	129
<a href="#">Guidance to support production and review of SEND/Inclusion policy for Early year setting</a>	126
<a href="#">British values</a>	145
<a href="#">Admissions</a>	148
<a href="#">Working in partnership with parents</a>	149
<a href="#">Children's records</a>	Error! Bookmark not defined.
<a href="#">Provider records</a>	Error! Bookmark not defined.
<a href="#">Transfer of records to another early years setting or school</a>	156
<a href="#">Confidentiality and client access to records</a>	157
<a href="#">Privacy notice</a>	163
<a href="#">Information sharing</a>	166
<a href="#">Working in partnership with other agencies</a>	171
<a href="#">Making a complaint</a>	173
<a href="#">Mental Health and Wellbeing</a>	165Error! Bookmark not defined.

## **Introduction**

Early years providers must meet all the statutory requirements of the Early Years Foundation Stage (EYFS) and take all necessary steps to keep children safe and well, including by maintaining records, policies and procedures.

As working documents policies and procedures govern all aspects of our setting's operations and are vital for consistency and quality assurance across the provision.

Policies describe the approach of operating as an organisation and incorporate current legislation and registration requirements. Procedures detail the methods by which the policies are implemented. Some may need adjustment following risk assessment carried out in the setting.

Staff, agency, volunteers, assistants and students need to fully understand and know how to implement the policies and procedures, which must also be accessible to parents, so that everyone knows what actions they need to take in practice to achieve them.

## **Adopting, implementing and reviewing policies**

- Copies of the policies and procedures to be adopted are made available to all parents and staff; giving everyone the opportunity to discuss and fully understand each policy and procedure. They are available on our website [play2learncranford.com](http://play2learncranford.com) and a paper copy in the office.
- It is explained to parents, employees and volunteers that the policies contain the rules required for running the setting in a way which complies with the requirements of the EYFS and Ofsted registration and must be adhered to.
- All staff and volunteers are aware of the content of the policies and procedures, and their role and responsibility in implementing them.
- Each policy and procedure are continually monitored by collecting evidence about the results of their implementation. The evidence is then used to make any necessary changes to the policies and procedures and/or the way they are implemented.
- Named/designated persons in our setting have a delegated responsibility to make sure that relevant procedures are known by all members of staff and are adhered to, bringing any cause for concern to the setting manager's attention.

## **Setting managers adhere to and implement operational policies and procedures by:**

- ensuring that all members of staff members of staff, agency workers, assistants, and students (hereon referred to collectively as staff), are aware of their role and responsibility in policy and procedure implementation
- ensuring that members of staff are aware of the content of the policies and procedures through:

- induction
  - line management and staff meetings and training events
  - contributing feedback to procedure review
  - use of relevant publications
- Staff are aware of their duty to adhere to the operational policies and procedures and how they contribute to a consistent approach throughout the organisation.
  - The setting manager offers advice and support to staff regarding procedure implementation.
  - An overview of policies and procedures is included in induction for individual members of staff, with specific emphasis given to safeguarding procedures.
  - Members of staff must sign to say that they are aware of and will adhere to the current policies and procedures.
  - Staff meetings and in-house training events are used as opportunities to focus on procedures as required, and to discuss their implementation.
  - Where there is an outbreak of a communicable disease or infection, the relevant procedure is photocopied and displayed for parents' reference during the outbreak.
  - Other procedures may be displayed where a situation arises, for example to highlight health and safety concerns such as closing the gate.

## **Parents**

- Parents know how to access a full set of policies and procedures.
- Parent meetings are used as opportunities to explain and discuss the implementation of the policies and procedures.

## **Implementation and review procedure**

- It is the responsibility of every member of staff, agency worker, volunteer, assistant and student within the setting to adhere to and always implement the policies and procedures.
- The setting manager offers advice and support to staff regarding procedure implementation.
- An overview of policies and procedures is included in induction for individual members of staff, with specific emphasis given to safeguarding procedures.
- Members of staff must sign to say that they are aware of and will adhere to the current policies and procedures.
- Members of staff understand that they must refer to the procedures as they support all aspects of their work within the setting.
- Staff meetings and in-house training events are used as opportunities to focus on procedures as required, and to discuss their implementation.
- Parents know how to access a full set of policies and procedures.

## Children's rights and entitlements

### Policy statement

This statement underpins the policies and procedures—in particular, to Safeguarding Children, Young People and Vulnerable Adults procedures. It is important that all staff uphold and work with the principles and ethos within this statement.

We support the 54 Articles contained within the UN Convention on the Rights of the Child (1989). We recognise that these articles apply to children globally and draw attention to the disparity between and within countries and across regions of the world in the way that children receive and enjoy basic rights. We support organisations and statutory agencies to promote recognition and achievement of children's rights to ensure a better experience for all children.

Our 'four key commitments' that are broad statements against which policies and procedures are drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults.

1. We are committed to empowering children, young people, and vulnerable adults, promoting their right to be 'strong, resilient, actively listened to, and heard'.
2. We uphold a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.
3. We are committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.
4. We are dedicated to increasing safeguarding confidence, knowledge and good practice throughout its training and learning programmes for adults, advocating support and representation for those in greatest need.

### What it means to promote children's rights and entitlements:

To be **strong** means to be

- *secure* in their foremost attachment relationships where they are loved and cared for, by at least one person who is able to offer consistent, positive and unconditional regard and who can be relied on
- *safe and valued* as individuals in their families and in relationships beyond the family, such as day care or school
- *self-assured* and form a positive sense of themselves – including all aspects of their identity and heritage
- *included equally and belong* in early years settings and in community life
- *confident in abilities* and *proud* of their achievements

- *progressing optimally* in all aspects of their development and learning
- *to be part of a peer group* in which to learn to negotiate, develop social skills and identity as global citizens, respecting the rights of others in a diverse world
- *to participate and be able to represent themselves* in aspects of service delivery that affects them as well as aspects of key decisions that affect their lives.

To be **resilient** means to

- *be sure* of their self-worth and dignity
- be able to be *assertive* and state their needs effectively.
- be able to *overcome* difficulties and problems.
- *be positive* in their outlook on life.
- be able to *cope* with challenge and change.
- have a *sense of justice* towards self and others.
- to develop a *sense of responsibility* towards self and others
- to be able to *represent* themselves and others in key decision-making processes.

To be **listened to** means:

- adults who are close to children recognise their need and *right to express and communicate* their thoughts, feelings and ideas.
- adults who are close to children are able to *tune in* to their verbal, sign and body language in order to understand and interpret what is being expressed and communicated.
- adults who are close to children are able to *respond appropriately and, when required, act upon their understanding* of what children express and communicate.
- adults *respect children's rights and facilitate children's participation and representation* in imaginative and child centres ways in all aspects of core services.

# Safeguarding children's young people and vulnerable adults

Designated safeguarding lead is: (Wajeeha Tariq)

## Aim

We are committed to safeguarding children, young people and vulnerable adults and will do this by putting young people and vulnerable adult's right to be '*strong, resilient and listened to*' at the heart of all our activities.

Our 'four commitments' are broad statements against which policies and procedures across the organisation are drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults. The four key commitments are:

1. We are committed to empowering children, young people, and vulnerable adults, promoting their right to be 'strong, resilient, actively listened to, and heard'.
2. We uphold a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.
3. We are committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.
4. We are dedicated to increasing safeguarding confidence, knowledge and good practice throughout its training and learning programmes for adults, advocating support and representation for those in greatest need.

NB: A 'young person' is defined as 16–19-year-old. In an early years setting, they may be a student, apprentice educator, or parent/carer.

A 'vulnerable adult' (see guidance to the Care Act 2014) as: '*a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation*'. In early years, this person may be a service user, parent/carer of a service user, or a volunteer.

## Key Commitment 1

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the Hounslow Safeguarding Children's Partnership.
- All staff have adequate information on issues affecting vulnerability in families such as social exclusion, domestic violence, mental illness, substance misuse and parental learning disability, together with training that takes account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- We use available curriculum materials for young children, taking account of information in the Early Years Foundation Stage, that enable children to be *strong, resilient, and listened to and heard*.
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

## Key Commitment 2

- All staff are trained in line with the Criteria set out in Annex C of the EYFS (November 2025). Safeguarding training is refreshed annually and renewed every two years. The designated safeguarding lead ensures support, advice and guidance for all staff to meet their safeguarding responsibilities by:

- Regular supervision and 1:1 Team briefings, newsletters, reviewing safeguarding procedures together.
- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using Hounslow Safeguarding Children's Partnership threshold documents.
- There are procedures in place for reporting abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and Hounslow Safeguarding Children's Partnership guidance in relation to extremism.
- The procedures of Hounslow Safeguarding Children's Partnership must be followed.

### **Key Commitment 3**

- We have a 'designated safeguarding lead person', who is responsible for carrying out child, young person, or adult protection procedures.
- The designated safeguarding lead is responsible for overseeing all child, young person or adult protection matters.
- The 'designated safeguarding lead' ensures they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated safeguarding lead' ensures they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise child abuse in the categories of physical, emotional, and sexual abuse and neglect.
- The 'designated safeguarding lead' ensures all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or



culture and that these receive full consideration in child, young person, or adult protection related matters.

- The 'designated safeguarding lead ensures that staff are aware and receive training in social factors affecting children's vulnerability including, but not limited to:
  - social exclusion
  - domestic violence and controlling or coercive behaviour
  - mental illness
  - drug and alcohol abuse (substance misuse)
  - parental/carer learning disability
  - radicalisation
- The 'designated safeguarding lead' ensures that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
  - abuse of disabled children
  - fabricated or induced illness
  - child abuse linked to spirit possession
  - sexually exploited children
  - children who are trafficked and/or exploited
  - female genital mutilation
  - extra-familial abuse and threats
  - children involved in violent offending, with gangs and county lines.

The 'designated safeguarding lead' ensures they are adequately informed in vulnerable adult protection matters.

#### **Key commitment 4**

- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond using local early help processes. Designated safeguarding leads should ensure all staff understand how to identify and respond to families who may need early help.
- Staff are supported to make the right decisions that enable timely and appropriate action to be taken.
- Designated safeguarding leads contribute towards local safeguarding arrangements to ensure that the views of the sector are heard at the highest level.

#### **Responding to safeguarding or child protection concerns**

**The designated safeguarding lead is *Wajeeha Tariq* the deputy designated safeguarding lead is *Laela Hamadi*, the designated officer setting manager's line manager is *Annette Kirk***

#### **Safeguarding roles**

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act

immediately by discussing their concerns with the designated safeguarding lead or a named back-up designated safeguarding lead.

- The manager and deputy are the designated safeguarding lead and back-up designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults. The designated safeguarding lead is also responsible for liaising with local statutory children's services and with the Hounslow Safeguarding Children's Partnership.
- All concerns about the welfare of children in the setting, at home, or elsewhere should be reported to the designated safeguarding lead or the back-up designated safeguarding lead.
- The designated safeguarding lead ensures that all educators are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated safeguarding lead at any time.
- The line manager of the designated safeguarding lead is the designated officer.
- The designated safeguarding lead informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to decide regarding notification. The designated safeguarding lead and designated officer must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees as appropriate. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR.
- We follow procedures of Hounslow Safeguarding Children's Partnership for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, through whistleblowing and escalation.

### **Responding to marks or injuries observed**

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated safeguarding lead as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken and completing Safeguarding incident reporting form.

- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated safeguarding lead.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated safeguarding lead decides the course of action required and Safeguarding incident reporting form is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated safeguarding lead.
- If there is no cause for further concern, a record is made in the Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated safeguarding lead who informs the designated officer.
- The parent/carer is advised at the earliest opportunity.
- If the parent/carer believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record of the discussion is made on the child's personal file.

### **Responding to the signs and symptoms of abuse**

- Concerns about the welfare of a child are discussed with the designated safeguarding lead without delay.
- A written record is made of the concern on Safeguarding incident reporting form as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

### **Responding to a disclosure by a child**

- We understand that children are not always ready or able to talk about their experiences of abuse and/or may not always recognise that they are being abused.
- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The member of staff listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying '*tell me more about that*' or '*show me again*'.
- After the initial disclosure, staff speak immediately to the designated safeguarding lead. They do not further question or attempt to interview a child.
- When recording a child's disclosure on Safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

### **Decision making (all categories of abuse)**

- The designated safeguarding lead makes a professional judgement about referring to other agencies, including Social Care using the Hounslow Safeguarding Children's Partnership threshold document:

- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated safeguarding lead, also completing Safeguarding incident reporting form if they have not already done so.

### **Seeking consent from parents/carers to share information before making a referral for early help**

Parents/carers are made aware of the setting's Privacy Notice which explains the circumstances under which information about their child will be shared with other agencies. When a referral for early help is necessary, the designated safeguarding lead must always seek consent from the child's parents to share information with the relevant agency.

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.
- If a parent/carer withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

### **Informing parents/carers when making a child protection referral**

In most circumstances consent will not be required to make a child protection referral, because even if consent is refused, there is still a professional duty to act upon concerns and make a referral. When a child protection referral has been made, the designated safeguarding lead contacts the parents/carers (only if agreed with social care) to inform them that a referral has been made, indicating the concerns that have been raised, unless social care advises that the parent/carer should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents/carers are not informed prior to making a referral if:

- there is a possibility that a child may be put at risk of harm by discussion with a parent/carer, or if a serious offence may have been committed, as it is important that any potential police investigation is not jeopardised
- there are potential concerns about sexual abuse, fabricated illness, FGM or forced marriage
- contacting the parent/carer puts another person at risk; situations where one parent may be at risk of harm, e.g. abuse; situations where it has not been possible to contact parents/carers to seek their consent may cause delay to the referral being made

The designated safeguarding lead makes a professional judgment regarding whether consent (from a parent/carer) should be sought before making a child protection referral as described above. They record their decision about informing or not informing parents along with an explanation for this decision. Advice will be sought from the appropriate children's social work team if there is any doubt.

### **Making a referral to the local authority children's social care team**

All referrals should be submitted via the online portal, using one of the following ways:

- Urgent referrals – those intending to submit urgent or emergency referrals should first telephone the Front Door Team on 0208 583 6600 option 2 option 3 to determine professional accountability and complete the referral.

- Non-urgent referrals – submit the referral directly via the portal <https://earlyhelp.hounslow.gov.uk>.

### *Escalation process*

- There may be situations where professionals differ in their opinions. If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the Hounslow Safeguarding Children Partnership escalation policy, updated in September 2024 <https://www.hscb.org.uk/wp-content/uploads/2024/09/HSCP-Escalation-Policy-2024.pdf>.
- We will ensure that staff are aware of how to escalate concerns.
- We will follow local procedures published by Hounslow Safeguarding Children Partnership to resolve professional disputes.
- This policy does not replace any single agency escalation or complaint policies and should be used in conjunction with our internal policies and procedures.

### **Further recording**

- Discussion with parents/carers and any further discussion with social care is recorded. If recording a conversation with parents/carers that is significant, regarding the incident or a related issue, parents/carers are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies) in the child's safeguarding file.
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement on Safeguarding incident reporting form, as above.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

### **Professional disagreement/escalation process**

- If a member of staff disagrees with a decision made by the designated safeguarding lead not to make a referral to social care they must initially discuss and try to resolve, it with them.
- If the disagreement cannot be resolved with the designated safeguarding lead and the member of staff continues to feel a safeguarding referral is required, then they discuss this with the designated officer.
- If issues cannot be resolved the whistle-blowing policy should be used, as set out below.
- Supervision sessions are also used to discuss concerns, but this must not delay making safeguarding referrals.

### **Categories of abuse**

#### **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer

fabricates the symptoms of, or deliberately induces illness in a child (this used to be called Munchausen's Syndrome by Proxy, However, is now more usually referred to as fabricated or induced illness).

### **Emotional abuse**

Emotional abuse is the persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate or valued only for meeting the needs of another person. It may feature age – or developmentally-inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

### **Sexual abuse**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

### **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing or shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision, including the use of inadequate care-takers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

(Definitions taken from Working Together to Safeguard Children 2023)

### **Domestic Abuse**

Domestic abuse can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. That abuse can be, but is not limited to, psychological, physical, sexual, financial or emotional. Children can be victims of domestic abuse. They may see, hear, or experience the effects of abuse at home and/or suffer domestic abuse in their own intimate relationships (teenage relationship abuse). All of which can have a detrimental and long-term impact on their health, well-being, development, and ability to learn.

## **Indicators of abuse and what you might see**

It is vital that staff are aware of the range of behavioural indicators of abuse and report any concerns to the Designated Safeguarding Lead. We are aware that it is my/our responsibility to report concerns. It is not my/your responsibility to investigate or decide whether a child has been abused.

A child who is being abused and/or neglected may:

- have bruises, bleeding, burns, fractures or other injuries
- show signs of pain or discomfort
- look unkempt and uncared for
- change their eating habits
- have difficulty in making or sustaining friendships
- showing signs of emotional/mental ill health
- appear fearful
- be reckless with regard to their own or other's safety
- self-harm
- frequently be absent or arrive late
- show signs of not wanting to go home
- display a change in behaviour – from quiet to aggressive, or happy-go-lucky to withdrawn
- become disinterested in play activities
- be constantly tired or preoccupied
- be wary of physical contact
- display sexual knowledge or behaviour beyond that normally expected for their age.

We understand that there are indicators of child abuse; however, these should not be considered as a definitive list but used when considering the possibility of abuse in children.

## **Female genital mutilation (FGM)**

Staff should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated safeguarding leads should contact the police immediately as well as refer to children's services local authority social work if they believe that FGM may be about to occur.

It is illegal to undertake FGM or to assist anyone to enable them to practice FGM under the Female Genital Mutilation Act 2003, it is an offence for a UK national or permanent UK resident to perform FGM in the UK or overseas. The practice is medically unnecessary and poses serious health risks to girls. FGM is mostly carried out on girls between the ages of 0-15, statistics indicate that in half of countries who practise FGM girls were cut before the age of 5. LSP guidance must be followed in relation to FGM, and the designated person is informed regarding specific risks relating to the culture and ethnicity of children who may be attending their setting and shares this knowledge with staff.

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting

routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

### **Further guidance**

NSPCC 24-hour FGM helpline: 0800 028 3550 or email [fgmhelp@nspcc.org.uk](mailto:fgmhelp@nspcc.org.uk)

Government help and advice: [www.gov.uk/female-genital-mutilation](http://www.gov.uk/female-genital-mutilation)

### **Children and young people vulnerable to extremism or radicalisation**

Early years settings, schools and local authorities have a duty to identify and respond appropriately to concerns of any child or adult at risk of being drawn into terrorism. LSP's have procedures which cover how professionals should respond to concerns that children or young people may be at risk of being influenced by or being made vulnerable by the risks of extremism.

There are potential safeguarding implications for children and young people who have close or extended family or friendship networks linked to involvement in extremism or terrorism.

- The designated safeguarding lead is required to familiarise themselves with LSP procedures, as well as online guidance including:
  - Channel Duty guidance: Protecting people vulnerable to being drawn into terrorism  
[www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance](http://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance)
  - Prevent Strategy (HMG 2011) [www.gov.uk/government/publications/prevent-strategy-2011](http://www.gov.uk/government/publications/prevent-strategy-2011)
- The prevent duty: for schools and childcare providers [www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty](http://www.gov.uk/government/publications/protecting-children-from-radicalisation-the-prevent-duty)
- The designated safeguarding lead should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated safeguarding lead must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead also ensures that all staff are aware of their responsibilities with regard to equality and inclusion and children's rights. Training is available from the [Early Years Alliance](#). If available in the area, the designated safeguarding lead should complete WRAP (or equivalent) training and support staff to access the training as offered by local authorities. WRAP training covers local arrangements for dealing with concerns that a child may be at risk of extremism and/or radicalisation.
- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.



## **Parental consent for radicalisation referrals**

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from line managers and local agencies responsible for safeguarding, as to whether consent should be sought on a case-by-case basis. Designated safeguarding leads should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but LSP procedures should be followed regarding this.

If there is a concern that a person is already involved in terrorist activity this must be reported to the Anti-Terrorist Hot Line 0800 789 321-Text/phone 0800 0324 539. Police can be contacted on 101.

## **Concerns about children affected by gang activity/serious youth violence**

Educators should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst young children will be very unlikely to become involved in gang activity they may potentially be put at risk by the involvement of others in their household in gangs, such as an adult sibling or a parent/carer. Designated safeguarding leads should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

## **Forced marriage/Honour based violence**

Forced marriage is a marriage in which one or both spouses do not consent to the marriage but are forced into it. Duress can include physical, psychological, financial, sexual and emotional pressure. In the cases of some vulnerable adults who lack the capacity to consent coercion is not required for a marriage to be forced. A forced marriage is distinct from an arranged marriage. An arranged marriage may have family involvement in arranging the marriages, but crucially the choice of whether to accept the arrangement remains with the prospective spouses.

Forced marriage became criminalised in 2014. There are also civil powers for example a Forced Marriage Protection Order to protect both children and adults at risk of forced marriage and offers protection for those who have already been forced into marriage.

Risks in relation to forced marriage are high and it is important that educators ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be

linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

Forced Marriage Unit can be contacted either by professionals or by potential victims seeking advice in relation to their concerns. The contact details are below.

- Telephone: +44 (0) 20 7008 0151
- Email: [fmufco.gov.uk](mailto:fmufco.gov.uk)
- Email for outreach work: [fmufcooutreach@fco.gov.uk](mailto:fmufcooutreach@fco.gov.uk)

### **Concerns and allegations of serious harm or abuse against staff, volunteers or agency staff**

Concerns may come from a parent/carer, child, colleague, or the public. Allegations or concerns must be referred to the designated safeguarding lead without delay - even if the person making the allegation later withdraws it.

#### **What is a low-level concern?**

The NSPCC defines a low-level concern as *‘any concern that an adult has acted in a way that:*

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work*
- doesn’t meet the threshold of harm or is not considered serious enough...to refer to the local authority.*

*Low-level concerns are part of a spectrum of behaviour. This includes:*

- inadvertent or thoughtless behaviour*
- behaviour that might be considered inappropriate depending on the circumstances.*
- behaviour which is intended to enable abuse.*

*Examples of such behaviour could include:*

- being over friendly with children*
- having favourites*
- adults taking photographs of children on their mobile phone.*
- engaging with a child on a one-to-one basis in a secluded area or behind a closed door*
- using inappropriate sexualised, intimidating or offensive language’*

(NSPCC [Responding to low-level concerns about adults working in education](#))

#### **Responding to low-level concerns**

Any concerns about the conduct of staff, students or volunteers must be shared with the designated safeguarding lead and recorded. The designated safeguarding lead should be informed of all concerns, including those that may initially be considered ‘low level’ and make the final decision on how to respond. Where appropriate this can be done in consultation with their line manager.

Reporting concerns about the conduct of a colleague, student or volunteer contributes towards a safeguarding culture of openness and trust. It ensures that adults consistently model the setting’s values and helps keep children safe. It protects adults from potential false allegations or misunderstandings.

If it is not clear that a concern meets the local authority threshold, the designated safeguarding lead should contact the LADO for clarification.

In most instances, low-level concerns about staff conduct can be addressed through supervision, training, or disciplinary processes where an internal investigation may take place.

### **Identifying concerns about serious harm, or abuse**

An allegation against a member of staff, volunteer or agency staff constitutes serious harm or abuse if they:

- behaved in a way that has harmed, or may have harmed a child
- possibly committed a criminal offence against, or related to, a child
- behaved towards a child in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

### **Informing**

- All staff report allegations to the designated safeguarding lead.
  - The designated safeguarding lead alerts the designated officer for their setting. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
  - It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to understand what explicitly is being alleged.
  - The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
  - We refer any allegations to the Safeguarding Advice and Allegations Management (SAAM). The Duty systems include the Child Protection Chairs who are the people who take part in the SAAM Duty structure. They identify designated officer (LADO) cases.
  - Duty desk on: 0208 583 5730
  - LADO: Sarah Paltenghi 0208 583 3423 / Grace Murphy 0208 583 4933
  - The LADO is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
  - A child protection referral is made if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated safeguarding lead asks for clarification from the LADO on the following areas:
  - what actions the designated safeguarding lead must take next and when and how the parents/carers of the child are informed of the allegation
  - whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so, who will inform them

- whether the LADO is happy for the provider to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
- whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting
- The designated safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents/carers are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents/carers of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents/carers and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated safeguarding lead ensures staff fill in Safeguarding incident reporting form.
- If after discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
- Notification to Ofsted is required for any allegations made against a member of staff, therefore the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated officer/line manager about notifying Ofsted.
- Ofsted must be updated of the actions taken by the setting, even if the LADO decides the allegation does not meet their threshold for investigation. If the designated officer is unavailable their equivalent must be contacted, for providers registered with a childminding agency, this may be the named person within the agency.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents/carers and staff are coming and going, and doors are left open.

- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

### **Allegations against agency staff**

Any allegations against agency staff must be responded to as detailed in this procedure. In addition, the designated safeguarding lead must contact the agency following advice from the LADO

### **Allegations against the designated safeguarding lead.**

- If a member of staff has concerns that the designated safeguarding lead has behaved in a way that indicates they are not suitable to work with children as listed above, this is reported to the designated officer following the setting's whistleblowing process, who will investigate further.
- During the investigation, the designated officer/line manager will identify another suitably experienced person to take on the role of designated safeguarding lead.
- If an allegation is made against the designated officer/line manager, then the owners/directors/trustees are informed.

### **Recording**

- A record is made of an allegation/concern, along with supporting information using the setting's safeguarding management software or it is entered on the file of the child,(if the allegation involves a specific child or children.
- If the allegation refers to more than one child, this is recorded in each child's file
- If relevant, a child protection referral is made, with details held on the child's file.

### **Disclosure and Barring Service**

- If a member of staff is dismissed because of a proven or strong likelihood of child abuse, inappropriate behaviour towards a child, or other behaviour that may indicate they are unsuitable to work with children such as drug or alcohol abuse, or other concerns raised during supervision when the staff suitability checks are done, a referral to the Disclosure and Barring Service is made.

### **Escalating and whistleblowing concerns**

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated safeguarding lead.
- If after discussions with the designated safeguarding lead, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer/line manager.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in Responding to safeguarding or child protection concerns.

### **Legal references**

#### **Primary legislation**

Children Act 1989 – s 47

Protection of Children Act 1999

Care Act 2014

Children Act 2004 s11

Children and Social Work Act 2017

Safeguarding Vulnerable Groups Act 2006

Counter-Terrorism and Security Act 2015

General Data Protection Regulation 2018  
Data Protection Act 2018  
Modern Slavery Act 2015  
Sexual Offences Act 2003  
Serious Crime Act 2015  
Criminal Justice and Court Services Act (2000)  
Human Rights Act (1998)  
Equalities Act (2006)  
Equalities Act (2010)  
Disability Discrimination Act (1995)  
Data Protection Act (2018)  
Freedom of Information Act (2000)

### **Legal references**

Working Together to Safeguard Children (HMG 2023)  
Statutory Framework for the Early Years Foundation Stage 2025  
What to Do if You are Worried a Child is Being Abused (HMG 2015)  
Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counterterrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism' (HMG 2015)  
Keeping Children Safe in Education 2024  
Education Inspection Framework (Ofsted 2024)  
The framework for the assessment of children in need and their families (DoH 2000)  
The Common Assessment Framework (2006)  
Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

### **Further guidance**

Information sharing advice for safeguarding practitioners (DfE 2024)  
The Team Around the Child (TAC) and the Lead Professional (CWDC 2009)  
The Common Assessment Framework (CAF) – guide for practitioners (CWDC 2010)  
Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2016)  
Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)  
Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 2010)  
Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)  
Safeguarding Disabled Children: Practice Guidance (DfE 2009)  
Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)  
Child sexual exploitation: definition and guide for practitioners (DfE 2017)  
Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

## **Whistleblowing**

It is important to the provision that any fraud, misconduct or wrongdoing by employees or people engaged in the organisations business, is reported and properly dealt with. The provision therefore encourages all individuals to raise any concerns that they may have about the conduct of others in the provision or the way in which the provision is run.

The whistle blowing procedure must be followed in the first instance if:

- a criminal offence has been committed, is being committed or is likely to be committed,
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are

subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements,

- a miscarriage of justice has occurred, is occurring or is likely to occur,
- the health and safety of any individual has been, is being or is likely to be endangered,
- the working environment has been, is being or is likely to be damaged,
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed.

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their line manager which is the deputy
2. Staff who are unable to raise the issue with their line manager lead should raise the issue with their setting Manager.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with Annette Kirk Director 07538155667

Ultimately, if an issue cannot be resolved and the member of staff believes a child remains at risk because the setting or the local authority have not responded appropriately, the NSPCC have introduced a whistle-blowing helpline 0800 028 0285 for professionals.

The provision recognises that effective and honest communication is essential if malpractice is to be effectively dealt with and the organisation's success ensured.

Whistleblowing relates to all those who work with or within the provision who may from time to time think that they need to raise with someone in confidence certain issues relating to the organisation.

Whistleblowing is separate from the grievance procedure. If you have a complaint about your own personal circumstances, you should use the normal grievance procedure. If you have a concern about malpractice within the organisation, then you should use the procedure outlined below.

- Report any concerns to management.
- All employees and those involved with the provision should be aware of the importance of preventing and eliminating wrongdoing within the organisation. You should be watchful for illegal, inappropriate or unethical conduct and report anything of that nature that you become aware of.

- Any matter you raise under this procedure will be investigated thoroughly, promptly and confidentially, and the outcome of the investigation will be reported back to you.
- You will not be victimised for raising a matter under this procedure. This means that your continued employment and opportunities for future promotion or training will not be prejudiced because you have raised a legitimate concern.
- Victimisation of an individual for raising a qualified disclosure will be a disciplinary offence.
- If misconduct is discovered as a result of any investigation under this procedure the provision's disciplinary procedure will be used, in addition to any appropriate external measures.
- If you make a maliciously, vexatious or a false allegation then this will be considered to be a disciplinary offence and disciplinary action will be taken against you.
- An instruction to cover up wrongdoing is itself a disciplinary offence. If you are told not to raise or pursue any concern, even by a person in authority such as a manager, you should not agree to remain silent. In this event you should report the matter to Ofsted.

Contact Ofsted at:

- [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)
- 0300 123 4666 (Monday to Friday from 8.00am to 6.00pm).

### **Low level concerns against staff, volunteers, or agency staff**

Concerns may come from a parent, child, colleague, or member of the public. Low level concerns must be referred to the designated safeguarding lead without delay - even if the person raising the concern later withdraws it.

### **What is a low-level concern?**

The NSPCC defines a low-level concern as 'any concern that an adult has acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work.
- doesn't meet the threshold of harm or is not considered serious enough, to refer to the local authority.

### **Responding to low-level concerns**

Any low-level concerns about the conduct of staff, students or volunteers must be shared with the designated safeguarding lead and recorded. The Designated Safeguarding Lead/ manager should be informed of all low-level concerns and make the final decision on how to respond.

Reporting low-level concerns about the conduct of a colleague, student or volunteer contributes towards a safeguarding culture of openness and trust. It helps ensure that adults consistently model the setting's values and helps keep children safe. It protects adults working in the setting from potential false allegations or misunderstandings.

If it is not clear that a low-level concern meets the local authority threshold, the Designated Safeguarding Lead should contact the LADO for clarification and advice.



In most instances, low level concerns about staff conduct can be addressed through supervision, training, or disciplinary processes where an internal investigation may take place.

### **Informing**

- The Designated Safeguarding Lead/ Manager should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- The Designated Safeguarding Lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate.
- The Designated Safeguarding Lead must consider revising or writing a new risk assessment where appropriate.

### **Allegations against agency staff**

Any allegations against agency staff must be responded to as detailed in the safeguarding policy.

### **Recording**

- A record is made of a concern, along with supporting information.

### **Escalating concerns**

- If a member of staff believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the Designated Safeguarding Lead.
- If after discussions with the Designated Safeguarding Lead, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer.
- If there are still concerns, then the whistle blowing procedure must be followed.

## **Looked after children.**

### **Policy statement**

We are committed to providing quality provision based on equality of opportunity for all children and their families. All staff in our provision are committed to doing all they can to enable 'looked after' children in our care to achieve and reach their full potential.

Children become 'looked after' if they have either been taken into care by the local authority or have been accommodated by the local authority (a voluntary care arrangement). Most looked after children will be living in foster homes, but a smaller number may be in a children's home, living with a relative or even placed back home with their natural parent(s).

We recognise that children who are being looked after have often experienced traumatic situations; physical, emotional or sexual abuse or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken in to the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has an impact on their emotional well-being. Most local authorities do not place children under five with foster carers who work outside the home; however, there are instances when this does occur or where the child has been placed with another family member who works. It is not appropriate for a looked after child who is under two years to be placed in a day care setting in addition to a foster placement.

We place emphasis on promoting children's right to be strong, resilient and listened to. Our policy and practice guidelines for looked after children are based on two important concepts: attachment and resilience. The basis of this is to promote secure attachments in children's lives, as the foundation for resilience. These aspects of well-being underpin the child's responsiveness to learning and enable the development of positive dispositions for learning. For young children to get the most out of educational opportunities they need to be settled enough with their carer to be able to cope with further separation, a new environment and new expectations made upon them.

### *Principles*

- The term 'looked after child' denotes a child's current legal status; this term is never used to categorise a child as standing out from others. We do not refer to such a child using acronyms such as LAC.
- We do not normally offer placements for babies and children under two years who are in care; we offer instead other services to enable a child to play and engage with other children while their carer stays with them (only if applicable).
- We offer places for funded two-year-olds who are in care to ensure they receive their entitlement to early learning. In such cases, the child should have been with the foster carer for at least two months and show signs of having formed a secure attachment to the carer, and the placement in the setting will last a minimum of three months.
- We offer places for funded three and four-year-olds who are in care to ensure they receive their entitlement to early education. We expect that a child will have been with a foster carer for a minimum of one month and that they will have formed a secure attachment to the carer. We expect that the placement in the setting will last a minimum of six weeks.
- We will always offer 'stay and play' provision for a child who is two to five years old who is still settling with their foster carer, or who is only temporarily being looked after.

- Where a child who normally attends our setting is taken into care and is cared for by a local foster carer, We will continue to offer the placement for the child.

## Procedures

- The designated person for looked after children is the designated child protection co-ordinator.
- Every child is allocated a key person before they start and this is no different for a looked after child. The designated person ensures the key person has the information, support and training necessary to meet the looked after child's needs.
- The designated person and the key person liaise with agencies, professionals and practitioners involved with the child and his or her family and ensure that appropriate information is gained and shared.
- The setting recognises the role of the local authority children's social care department as the child's 'corporate parent' and the key agency in determining what takes place with the child. Nothing changes, especially with regard to the birth parent's or foster carer's role in relation to the setting, without prior discussion and agreement with the child's social worker.
- At the start of a placement there is a professional's meeting to determine the objectives of the placement and draw up a care plan that incorporates the child's learning needs. This plan is reviewed after two weeks, six weeks and three months. Thereafter at three to six monthly intervals.
- The care plan needs to consider issues for the child such as:
  - their emotional needs and how they are to be met;
  - how any emotional issues and problems that affect behaviour are to be managed;
  - their sense of self, culture, language(s) and identity – and how this is to be supported;
  - their need for sociability and friendship;
  - their interests and abilities and possible learning journey pathway; and
  - how any special needs will be supported.
- In addition, the care plan will also consider:
  - how information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with whom and how it will be recorded and stored.
  - what contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be at the setting, when, where and what form the contact will take will be discussed and agreed.
  - what written reporting is required.
  - wherever possible, and where the plan is for the child to return home, the birth parent(s) should be involved in planning; and
  - with the social worker's agreement, and as part of the plan, the birth parent(s) should be involved in the setting's activities that include parents, such as outings and fun-days etc alongside the foster carer.

- The settling-in process for the child is agreed. It should be the same as for any other child, with the foster carer taking the place of the parent, unless otherwise agreed. It is even more important that the 'proximity' stage is followed until it is visible that the child has formed a sufficient relationship with his or her key person for them to act as a 'secure base' to allow the gradual separation from the foster carer. This process may take longer in some cases, so time needs to be allowed for it to take place without causing further distress or anxiety to the child.
- In the first two weeks after settling-in, the child's well-being is the focus of observation, their sociability and their ability to manage their feelings with or without support.
- Further observations about communication, interests and abilities will be noted to form a picture of the whole child in relation to the Early Years Foundation Stage prime and specific areas of learning and development.
- Concerns about the child will be noted in the child's file and discussed with the foster carer.
- If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social care worker according to the setting's safeguarding children procedure.
- Regular contact should be maintained with the social worker through planned meetings that will include the foster carer.
- The transition to school will be handled sensitively. The designated person and/or the child's key person will liaise with the school, passing on relevant information and documentation with the agreement of the child's social worker as detailed in the care plan.

### **Further guidance**

- Guidance on the Education of Children and Young People in Public Care (DfEE 2000)
- Who Does What: How Social Workers and Carers can Support the Education of Looked After Children (DfES 2005)
- Supporting Looked After Learners - A Practical Guide for School Governors (DfES 2006)

### **Private Fostering**

Parents have often made arrangements for their children to be cared for by other people for temporary period of time. For example, young people and their parents may need a breathing space apart; children may come from abroad for their education or children may have been sent to the UK out of fear for their safety in their country of origin.

These arrangements may be called Private Fostering. The children are not in the care of the local authority but live with families by a private arrangement between their parents and their carers.

## Regulations for Private Fostering

The local authority has a duty to ensure that children who are privately fostered are being properly cared for. This is done by social workers assessing and monitoring the homes where the children are living, until the children reach the age of 16 or move back to live with their parents.

### What should you do if you suspect a child is privately fostered?

If we know of or suspect a child living in Hounslow is being privately fostered, we will call Hounslow Children's Services Front Door on **020 8583 6600** or Fostering Duty on **020 8583 3426**. By doing so we are ensuring that the privately fostered child will be visited by a social worker to ensure that they are safe and well cared for. The private foster carer will also be offered practical and financial advice and support.

## Uncollected child

### Policy statement

In the event that a child is not collected by an authorised adult by their expected collection time, we put into practice agreed procedures. The child will receive a high standard of care in order to cause as little distress as possible.

We inform parents/carers of our procedures so that, if they are unavoidably delayed, they will be reassured that their children will be properly cared for.

### *Procedures*

- Parents are asked to provide the following specific information when their child starts attending our setting, which is recorded on our Registration Form:
  - Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
  - Place of work, address and telephone number (if applicable).
  - Mobile telephone number (if applicable).
  - Names, addresses, telephone numbers and signatures of adults who are authorised by the parents to collect their child from the setting, for example a childminder or grandparent.
  - Who has parental responsibility for the child.
  - Information about any person who does not have legal access to the child.
- On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.
- On occasions when parents, or the persons normally authorised to collect the child, are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child. (password system). The parents send us the name of the person, contact number and photograph of the person (if possible) on the nursery what's app number.

- Should the parent not informed who is picking up the child, ask the person who is to collect the child to contact the parent and make a video call to the parent and then have a chat with the parent. Ask the parent to let the nursery know before hand if someone else is picking up the child.
- Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures. Our contact telephone number is 0208 759 5017.
- If a child is not collected at their expected collection time, we follow the procedures below:
  - The child's file is checked for any information about changes to the normal collection routines.
  - If no information is available, parents/carers are contacted at home or at work.
  - If this is unsuccessful, the adults who are authorised by the parents to collect their child - and whose telephone numbers are recorded on the Registration Form - are contacted.
  - All reasonable attempts are made to contact the parents or nominated carers.
  - The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
  - If no-one collects the child within 30 minutes of their expected collection time and there is no named contact who can be contacted to collect the child, we apply the procedures for uncollected children.
  - If the children's social care team is unavailable, we will contact the local police.

We contact the Hounslow Children's Services Front Door: 0208  
583 6600

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- The designated safeguarding lead is informed of the uncollected child as soon as possible and attempts to contact the parents/carers by phone.
  - If the parents/carers cannot be contacted, the designated safeguarding lead uses the emergency contacts to inform a known carer of the situation and arrange collection of the child.
  - After one hour, the designated safeguarding lead contacts the local social care out-of-hours duty officer if the parents/carers or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents/carers.
  - The designated safeguarding lead should arrange for the collection of the child by social care.
  - The child stays at the setting in the care of two of our fully vetted workers, one of whom will be our manager or deputy manager until the child is safely collected either by the parents or by a social care worker, or by another person specified by social care.
  - Where appropriate the designated safeguarding lead should also notify police.

Members of staff do not:

- go off the premises to look for the parents/carers
- leave the premises to take the child home, or to another carer
- offer to take the child home with them to care for them in their own home until contact with the parent/carer is made

- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
  - a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
  - This is logged on the child's personal file along with the actions taken.
  - If there are recurring incidents of late collection, a meeting is arranged with the parents/carers to agree a plan to improve timekeeping and identify any further support that may be required.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked.
  - Ofsted may be informed: 0300 123 1231 (helpline is open from **9am to 5pm** (Monday to Friday)).
  - 
  - The child stays at the setting in the care of two of our fully vetted workers, one of whom will be our manager or deputy manager until the child is safely collected either by the parents or by a social care worker, or by another person specified by social care.
  - Social care will aim to find the parent or relative. If they are unable to do so, the child will become looked after by the local authority.
  - Under no circumstances will we go to look for the parent, nor leave the setting premises with the child.
  - We do all we can to ensure that the child is not anxious, and we do not discuss our concerns in front of them.
  - A full written report of the incident is recorded in the child's file.
  - Depending on circumstances, we reserve the right to charge parents for the additional hours worked.  
Ofsted may be informed: 0300 123 1231 (helpline is open from 9am to 5pm (Monday to Friday)).
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#### Procedures for parents thought to be under the influence of alcohol or drugs.

Should a parent /carer picking up children from the provision present themselves as being under the influence of alcohol or drugs the following procedures will be undertaken.

- Should any parent/carers be under the influence of alcohol or drugs we will ask that someone comes with the parent/ carer to take responsibility of the child before a member of staff gives up his/her responsibility of the child.
- Should this not happen, although we have no legal right to withhold a child from a parent/ carer, we however reserve the right to contact any relevant authorities that we may feel appropriate i.e the police, partner, etc.

## **Incapacitated parent/carer**

Incapacitated refers to a condition which renders a parent/carer unable to take responsibility for their child; this could be at the time of collecting their child from the setting or on arrival. Concerns may include:

- appearing drunk
- appearing under the influence of drugs
- demonstrating angry and threatening behaviour to the child, members of staff or others
- appearing erratic or manic

## **Informing**

- If a member of staff is concerned that a parent/carer display any of the above characteristics, they inform the designated safeguarding lead as soon as possible.
- The designated safeguarding lead assesses the risk and decides if further intervention is required.
- If it is decided that no further action is required, a record of the incident is made on form Safeguarding incident reporting form.
- If intervention is required, the designated safeguarding lead speaks to the parent/carer in an appropriate, confidential manner.
- The designated safeguarding lead will, in agreement with the parent/carer, use emergency contacts listed for the child to ask an alternative adult to collect the child.
- The emergency contact is informed of the situation by the designated safeguarding lead and of the setting's requirement to inform social care of their contact details.
- If there is no one suitable to collect the child social care are informed.
- If violence is threatened towards anybody, the police are called immediately.
- If the parent/carer takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.
- Further updates/notes/conversations/ telephone calls are recorded.



## Missing child

### Policy statement

Children's safety is our highest priority, both on and off the premises. Every attempt is made, through the implementation of our outing's procedure and our exit/entrance procedure, to ensure the security of children is maintained at all times. In the unlikely event of a child going missing, our missing child procedure is followed.

### Procedures

#### *Child going missing on the premises.*

- As soon as it is noticed that a child is missing, the child's key person alerts our setting manager and the designated safeguarding lead who initiates a search within the setting.
- The register is checked to make sure no other child has also gone astray.
- Our manager will carry out a thorough search of the building and garden.
- If the child is found on-site, the designated safeguarding lead checks on the welfare of the child and investigates the circumstances of the incident.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- If the child is not found, our manager calls the police immediately and reports the child as missing. If it is suspected that the child may have been abducted, the police are informed of this.
- The parent(s) are then called and informed.
- A recent photo and a note of what the child is wearing is given to the police.
- Our manager talks to our staff to find out when and where the child was last seen and records this.
- Our manager contacts our registered provider and reports the incident. Our registered provider comes to the provision immediately to carry out an investigation, with our management team.

#### *Child going missing on an outing*

This describes what to do when our staff have taken a small group on an outing, leaving our manager and/or other staff back in our setting premises. If our manager has accompanied children on the outing the procedures are adjusted accordingly. What to do when a child goes missing from a whole group outing may be a little different, as parents usually attend and are responsible for their own child.

- As soon as it is noticed that a child is missing, the staff members on the outing ask children to stand with their designated carer and carry out a headcount to ensure that no other child has gone astray.
- One staff member searches the immediate vicinity but does not search beyond that.
- Our senior staff member on the outing contacts the police and reports that child as missing.
- Our manager is contacted immediately (if not on the outing) and the incident is recorded.
- Our manager contacts the parent(s).

- Our staff take the remaining children back to the setting as soon as possible.
- According to the advice of the police, a senior member of staff, or our manager where applicable, should remain at the site where the child went missing and wait for the police to arrive.
- A recent photo and a description of what the child is wearing is given to the police.
- Our manager contacts our registered provider and reports the incident. Our registered provider comes to our premises immediately to carry out an investigation, with our management team.
- Our staff keep calm and do not let the other children become anxious or worried.

### *The investigation*

- Ofsted are informed as soon as possible and kept up to date with the investigation.
- Our registered provider, carries out a full investigation, taking written statements from all our staff and volunteers who were present.
- Our manager, together with our registered provider speaks with the parent(s) and explains the process of the investigation.
- The parent(s) may also raise a complaint with us or Ofsted.
- Each member of staff present writes an incident report detailing:
  - The date and time of the incident.
  - Where the child went missing from e.g. the setting or an outing venue.
  - Which staff/children were in the premises/on the outing and the name of the staff member who was designated as responsible for the missing child.
  - When the child was last seen in the premises/or on the outing, including the time it is estimated that the child went missing.
  - What has taken place in the premises or on the outing since the child went missing.
  - The report is counter-signed by the senior member of staff and the date and time added.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all our staff co-operate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff and parents. Children's social care may be involved if it seems likely that there is a child protection issue to address.
- In the event of disciplinary action needing to be taken, Ofsted are advised.
- The insurance provider is informed.

### **Managing people**

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- Our staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.

- They may be the understandable target of parental anger and they may be afraid. Our manager ensures that any staff under investigation are not only fairly treated, but receive support while feeling vulnerable.
- The parents will feel angry, and fraught. They may want to blame our staff and may single out one staff member over others; they may direct their anger at our manager. When dealing with a distraught and angry parent, there should always be two members of staff one of whom is our manager and the other should be our registered provider. No matter how understandable the parent's anger may be, aggression or threats against our staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. Our remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly, but also reassure them.
- In accordance with the severity of the final outcome, our staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. Our registered provider will use their discretion to decide what action to take.
- Our staff must not discuss any missing child incident with the press without taking advice.

### **Dealing with the media**

Dealing with the media, whether the press, television, or radio, requires specific skills and expertise. The only employees who can deal with the media are those specifically authorised to do so.

- We will seek legal advice on how to handle social media requests and refer to the following guidance- Handling media attention after a major incident - GOV.UK ([www.gov.uk](http://www.gov.uk)).
- Only the following person is authorised to deal with the media Annette Kirk
- Except the individual identified above, employees are not authorised to deal with the media and should ensure that:
  - a. they do not speak, write or give interviews to the media.
  - b. they do not bring the nursery into disrepute by publicising material which is confidential or against the interests of the nursery or its employees and families.
  - c. if approached by the media, they immediately refer all enquiries to the appropriate person without answering questions.

### **Visitor or intruder on the premises**

The safety and security of the premises is maintained at all time and staff are vigilant in areas that pose a risk, such as shared premises. A risk assessment is completed to ensure that unauthorised visitors cannot gain access.

Visitors with legitimate business - generally a visitor will have made a prior appointment

- On arrival, they are asked to verify their identity and confirm who they are visiting.
- Staff will ask them to sign in and explain the procedures for the use of mobile phones and emergency evacuation.
- Visitors are never left alone with the children at any time.

- Visitors to the setting are monitored and asked to leave immediately should their behaviour give cause for concern.

### Intruder

An intruder is an individual who has not followed visitor procedures and has no legitimate business to be in the setting; he or she may or may not be a hazard to the setting.

- An individual who appears to have no business in the setting will be asked for their name and purpose for being there.
- The staff member identifies any risk posed by the intruder.
- The staff member ensures the individual follows the procedure for visitors.
- The setting manager is immediately informed of the incident and takes necessary action to safeguard children.
- If there are concerns for the safety of children, staff evacuate them to a safe place in the building and contact police. In some circumstance this could lead to 'lock-down' of the setting and will be managed by the responding emergency service.
- The designated safeguarding lead informs their designated officer of the situation at the first opportunity.
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/designated person completes incident report form and copies in their line manager on the day of the incident. The owners/trustees/directors ensure a robust organisational response and ensure that learning is shared.

## **Attendance, punctuality, and absence procedures**

### **Aim**

We aim to promote good attendance and punctuality in partnership with parents and carers in early years, ensuring that good habits are formed early so that children are school ready. We recognise the importance of monitoring attendance and will encourage families to participate in early education by ensuring that children take advantage of their funded entitlement of hours, if eligible.

### **Rationale**

The Statutory Framework for the Early Year Foundation Stage (2024) defines that providers must work in partnership with parents and/or carers to promote the learning and development of all children in their care, and to ensure they are ready for school. As stated in Inspecting safeguarding in early years, education and skills settings, Ofsted expects Early Years providers to promote good attendance within their settings.

### **Regular attendance has a positive impact on all aspects of a young child's learning and development:**

- Regular attendance and good punctuality are important for maximising achievement and obtaining the greatest benefit from education.
- Good relationships with children and their families are vital in encouraging regular attendance and punctuality.
- Children settle well and want to attend settings when they feel valued and have a sense of belonging.
- Good habits of attendance and punctuality are key skills for adult life.

### **Attendance monitoring**

We promote good attendance and punctuality by:

- Ensuring children attend for the expected hours, arriving and leaving at the stated session times.
- Recording arrival and departure times in on the paper register
- Recording late arrivals or early collections on the register and including the reason
- Monitoring late arrival and early collection via the paper register
- Requiring parents to call the setting if they are going to be late or absent.
- Communicating with parents and following up on non-notification of absences and poor punctuality as part of promoting good attendance and punctuality
- Following up consistent poor attendance and punctuality and making a record of it as appropriate

### **Absence procedures**

This attendance policy supports should be used in line with our safeguarding policy if a child's attendance is becoming a concern.

- We will inform parents about this process.
- Ensure children are signed in/ recorded on the registers promptly.
- Manager will listen to absence calls, read absence emails.
- Bring together registers, lates, absence calls - produce the list of children absent with no explanation (we will double check in rooms before we start calling).
- We will then start first day calling for children absent without explanation; we will call everyone on the contact list until we get an answer. We will leave messages if there is a voicemail option. However, we will not leave it at that.
- We might get an overseas ring tone and consider if the family are taking a holiday, they haven't informed us about?
- We will call the contact list at least twice.

- By this stage, if we have a good contact list (4 numbers minimum) we probably have a reply.
- If we have been unsuccessful at receiving a reply, we will consider whether any children have additional agency support, such as a social worker, and we will contact them.
- We will explore any internal intelligence within the provision to find out if anyone knows the family.
- Make a prompt home visit.
- If we cannot get an answer, we will refer immediately to Hounslow Children services Front Door/ Police and request a welfare call (if we can see family inside the home avoiding our knock, we will not refer - unless we think the children are at risk of significant harm).

## **Children / Families accessing free entitlement places.**

What should I do if a child registers for a free entitlement place and he/she does not show up on the first day?

If you have claimed the free entitlement for a child who does not attend on the first day contact the parent/ carer to ask if the child will still be taking up the place. Find out the date they intend to start to instead, if at all, and then make the appropriate adjustment via the claims process later in the term.

However, if the parent/ carer keeps giving you a start date (or you are unable to contact them) and they do not show up by the end of the second week, you must write to the parent/ carer to inform them that their free entitlement place has been withdrawn. Copies of all correspondence should be kept in the child's records (in compliance with United Kingdom General Data Protection Regulation (UK-GDPR)). Ensure that make an adjustment via the claims process.

## **The steps we will take for unnotified absences of children with a free entitlement place?**

### **In addition to the procedure above**

1. Ask the parent/carers for the child's expected return date.
2. If the child still does not return on the expected date, we will follow up with another telephone call and if the family are known to services, we will inform the support worker that the child has still not returned.
3. Work with the support worker to try and re-engage the child again.
4. If the child still does not return, we will agree with the support worker what the funding end date should be. This is to give services any additional time they need to try and re-engage the family. Once the date has been agreed, we will send a letter to the family to inform them that the free entitlement place has been withdrawn.
5. If we do re-engage with the parent, we will discuss/ consider a reduction in the number of sessions per week or a change in the session times if it would help with the child's attendance. We will make every effort to encourage and support improved attendance.
6. The parent/carers will be advised that any further absences may result in the funding being withdrawn. We will continue monitoring attendance and contact the support worker if the absence continues or the attendance remains low.
7. NB: If you are aware that the child's place was brokered via the 2-Year-Old Early Learning Officer please contact her and follow the steps above.

**If funding is withdrawn-** we will be paid for a 2 week notice period from when a decision has been made to withdraw the entitlement.

## **What is an acceptable number of weeks a child may take a holiday and still receive the entitlement?**

Term time (non-stretched offer) – It is not acceptable for a child to take a holiday during term time just as it is in schools.

All year round (stretched offer) – it is acceptable for a child to take up to 6 weeks holiday over a twelve-month period.

If there is an exceptional circumstance, please contact Early Education Funding Team to discuss.

## **Supporting families**

We recognise that sometimes families may need extra support with attendance and punctuality, therefore good communication is essential between them and their child's key person. We will work with parents/carers to support a child's good attendance and punctuality.

## **Safeguarding**

We all have a duty to keep children safe. If we are concerned about the welfare of a child who is absent, we reserve the right to contact Children's Services.

## **Children's Services:**

- If the child/ren are open to Children's Services and have an allocated Social Worker- 020 85836600 (option 2 followed by option 1)
- If worried about a child, to report concerns- 020 8583 6600 (option 2 followed by option 3)
- Email: [childrensocialcare@hounslow.gov.uk](mailto:childrensocialcare@hounslow.gov.uk)

Out of hours (after 5pm weekdays or weekends)- 020 8583 2222.

For further information please contact  
Early Education Funding Team  
[earlyyearsandchildcare@hounslow.gov.uk](mailto:earlyyearsandchildcare@hounslow.gov.uk)  
020 8583 6421

## **Online safety (including mobile phones, cameras and other electronic devices with imaging and sharing capabilities)**

### **Policy statement**

It is important that children and young people receive consistent messages about the safe use of technology and can recognise and manage the risks posed in both the real and the virtual world.

Terms such as 'e-safety, online', 'communication technologies and digital technologies refer to fixed and mobile technologies that adults and children may encounter, now and in the future, which allow them access to content and communications that could raise issues or pose risks; the issues are:

*Content* – being exposed to illegal, inappropriate or harmful material

*Contact* – being subjected to harmful online interaction with other users

*Conduct* – personal online behaviour that increases the likelihood of, or causes, harm

We take steps to ensure that there are effective procedures in place to protect children, young people and vulnerable adults from the unacceptable use of Information Communication Technology (ICT) equipment or exposure to inappropriate materials in the setting.

To ensure our online safeguarding practice is in line with statutory requirements and best practice we will access the guidance 'Safeguarding children and protecting professionals in early years settings: online safety considerations'. Furthermore, we will share with our staff the 'Online Safety Guidance for Practitioners' guidance (please refer to further guidance section).

### **Procedures**

- Our designated person (manager/deputy) responsible for co-ordinating action taken to protect children is:  
Wajeeha Tariq
- 

#### *Information Communication Technology (ICT) equipment*

- Only ICT equipment belonging to the setting is used by staff and children.
- The designated person is responsible for ensuring all ICT equipment is safe and fit for purpose.
- All computers have virus protection installed.
- The designated person ensures that safety settings are set to ensure that inappropriate material cannot be accessed.
- Tablets are only used by educators for the purposes of observation, assessment, and planning and to take photographs for individual children's learning journeys.
- Tablets are always stored securely when not in use.



- When staff is borrowing the tablet to take home, they have signed the borrowing tablet policy and sign the tablet borrowing sheet when taking and returning the tablets. (Ask Annette)

#### *Internet access*

- Children do not normally have access to the internet and never have unsupervised access.
- If staff access the internet with children for the purposes of promoting their learning, written permission is gained from parents who are shown this policy.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Video sharing sites such as YouTube are not accessed due to the risk of inappropriate content.
- The designated person has overall responsibility for ensuring that children and young people are safeguarded and risk assessments in relation to online safety are completed.
- Children are taught the following stay safe principles in an age-appropriate way prior to using the internet;
  - only go on line with a grown up
  - be kind online
  - keep information about me safely
  - only press buttons on the internet to things I understand
  - tell a grown up if something makes me unhappy on the internet
- Designated persons will also seek to build children's resilience in relation to issues they may face in the online world, and will address issues such as staying safe, having appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.
- If a second-hand computer is purchased or donated to the setting, the designated person will ensure that no inappropriate material is stored on it before children use it.
- All computers for use by children are located in an area clearly visible to staff.
- Children are not allowed to access social networking sites.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at [www.iwf.org.uk](http://www.iwf.org.uk).
- Suspicions that an adult is attempting to make inappropriate contact with a child on-line is reported to the National Crime Agency's Child Exploitation and Online Protection Centre at [www.ceop.police.uk](http://www.ceop.police.uk).
- The designated person ensures staff have access to age-appropriate resources to enable them to assist children to use the internet safely.
- If staff become aware that a child is the victim of cyber-bullying, they discuss this with their parents and refer them to sources of help, such as the NSPCC on 0808 800 5000 or [www.nspcc.org.uk](http://www.nspcc.org.uk), or Childline on 0800 1111 or [www.childline.org.uk](http://www.childline.org.uk).

#### **Strategies to minimise risk include:**

- Check apps, websites and search results before using them with children.

- Children in Early Years should always be supervised when accessing the internet.
- Ensure safety modes and filters are applied - default settings tend not to ensure a high level of privacy or security. But remember you still need to supervise children closely.
- Role model safe behaviour and privacy awareness. Talk to children about safe use, for example ask permission before taking a child's picture even if parental consent has been given.
- Make use of all about me form to gather information about technology at home (mobile, tablet, iPad, laptop, online access on TV, asking about parental controls) to understand how technology is used within the home and the context of the child with regards to technology.
- Check privacy settings to make sure personal data is not being shared inadvertently or inappropriately. (source: <https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-guidance-for-practitioners>)

#### *Email*

- Children are not permitted to use email in the setting. Parents and staff are not normally permitted to use setting equipment to access personal emails.
- Staff do not access personal or work email whilst supervising children.
- Staff send personal information by encrypted email and share information securely at all times.

#### *Mobile phones – children*

- Children do not bring mobile phones or other electronic devices with them to the setting. If a child is found to have a mobile phone or electronic device with them, this is removed and stored in managers office until the parent collects them at the end of the session.

#### *Mobile phones – staff and visitors*

- Personal mobile phones are not used by our staff on the premises during working hours. They will be stored in the white locker provided in the office where they store their bags and phones.
- In an emergency, personal mobile phones may be used in an area where there are no children present, with permission from the manager.
- Our staff and volunteers ensure that the setting telephone number is known to family and other people who may need to contact them in an emergency.
- If our members of staff or volunteers take their mobile phones on outings, for use in case of an emergency, they must not make or receive personal calls, or take photographs of children.
- Parents and visitors are requested not to use their mobile phones whilst on the premises. We make an exception if a visitor's company or organisation operates a lone working policy that requires contact with their office periodically throughout the day. Visitors will be advised of a quiet space where they can use their mobile phone, where no children are present.

- These rules also apply to the use of work-issued mobiles, and when visiting or supporting staff in other settings.

#### **Other electronic devices with imaging and sharing capabilities- staff**

- We promote the safety and welfare of all children in our care. We believe our staff should be completely attentive during their hours of working to ensure all children in the nursery receive good quality care and education. To ensure the safety and well-being of children we do not allow staff to use personal mobile phones, smartwatches and/or Fitbits (that receive calls and messages) during working hours. We use mobile phones supplied by the nursery to provide a means of contact in certain circumstances, such as outings.
- Staff must adhere to the following:
  - Smartwatches/Fitbits are either turned off or on silent and not accessed during working hours
  - Smartwatches/Fitbits can only be used on a designated break and this must be away from the children
  - Smartwatches/Fitbits should be stored safely in staff lockers at all times during working hours.
  - During outings, staff will use mobile phones belonging to the nursery. Photographs must not be taken of the children on any personal phones or any other personal information storage device.
  - Only nursery owned devices will be used to take photographs or film videos
  - We aim not to send nursery devices home with staff on a regular basis, however on the rare occasions this may happen we have the following procedures in place; staff sign in and out on a form when taking home the ICT equipment. They also come in the next and sign and date when returning the ICT equipment. They have also signed a borrowing a tablet phone or laptop policy which are kept in the folder on top on the pink draws on the desk in the office.
- Whilst we recognise that there may be emergency situations which necessitate the use of an electronic device, in order to ensure the safety and welfare of children in our care, we ask parents and visitors to refrain from using their devices whilst in the premises or when collecting and dropping off their children. We do this to ensure all children are safeguarded and the time for dropping off and picking up is a quality handover opportunity where we can share details about your child. Visitors are requested to leave their smart watches in the safety of the office where they will be locked away safely. Parents are requested not to allow their child to wear or bring in devices that may take photographs or record videos or voices. This includes smart watches with these capabilities. This ensures all children are safeguarded and also protects their property as it may get damaged or misplaced at the nursery.

## **Cameras and videos**

- Our staff and volunteers must not bring their personal cameras or video recording equipment into the setting.
- Photographs and recordings of children are only taken for valid reasons i.e. to record their learning and development, or for displays within the setting, with written permission received by parents (see the Registration form). Such use is monitored by the manager.
- Where parents request permission to photograph or record their own children at special events, general permission is gained from all parents for their children to be included. Parents are advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's children.
- If photographs of children are used for publicity purposes, parental consent must be given and safeguarding risks minimised, for example, ensuring children cannot be identified by name or through being photographed in a sweatshirt with the name of their setting on it.

## **Cyber Bullying**

- If staff become aware that a child is the victim of cyber-bullying at home or elsewhere, they discuss this with the parents and refer them to help, such as: NSPCC Tel: 0808 800 5000 [www.nspcc.org.uk](http://www.nspcc.org.uk) or ChildLine Tel: 0800 1111 [www.childline.org.uk](http://www.childline.org.uk)

## **Social media**

- Staff are advised to manage their personal security settings to ensure that their information is only available to people they choose to share information with.
- Staff should not accept service users, children and parents as friends due to it being a breach of expected professional conduct.
- Ensure the organisation is not negatively affected by their actions and do not name the setting. In the event that staff name the organisation or workplace in any social media they do so in a way that is not detrimental to the organisation or its service users.
- Staff are aware that images, such as those on Snapshot may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone.
- Staff observe confidentiality and refrain from discussing any issues relating to work.
- Staff should not share information they would not want children, parents, or colleagues to view.
- Staff should report any concerns or breaches to the designated person in their setting.
- Staff avoid personal communication, including on social networking sites, with the children and parents with whom they act in a professional capacity. If an early year's educator and family are friendly prior to the child coming into the setting, this information is shared with the manager prior to a child attending and a risk assessment and agreement in relation to boundaries are agreed.

### *Electronic learning journals for recording children's progress (Eylog)*

- A risk assessment is completed with details on how the learning journal is managed to ensure children are safeguarded.
- Staff adhere to the guidance provided with the system at all times.

### *Use and/or distribution of inappropriate images*

- Staff are aware that it is an offence to distribute indecent images. In the event of a concern that a colleague or other person is behaving inappropriately, the Safeguarding Children and Child Protection policy, in relation to allegations against staff and/or responding to suspicions of abuse, is followed
- Staff are aware that grooming children and young people on line is an offence in its own right and concerns about a colleague's or others' behaviour are reported (as above).

### **Further guidance**

- NSPCC and CEOP *Keeping Children Safe Online* training: [www.nspcc.org.uk/what-you-can-do/get-expert-training/keeping-children-safe-online-course/](http://www.nspcc.org.uk/what-you-can-do/get-expert-training/keeping-children-safe-online-course/)
- Safeguarding Children and Protecting Professionals in Early Years Settings Online Safety Considerations for Managers:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/776470/U\\_KCIS\\_Early\\_Years\\_Online\\_Safety\\_Considerations\\_for\\_Managers.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776470/U_KCIS_Early_Years_Online_Safety_Considerations_for_Managers.pdf)
- Safeguarding Children and Protecting Professionals in Early Years Settings Online Safety Guidance for Practitioners:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/776473/U\\_KCIS\\_Early\\_Years\\_Online\\_Safety\\_Guidance\\_for\\_Practitioners\\_1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776473/U_KCIS_Early_Years_Online_Safety_Guidance_for_Practitioners_1.pdf)
- Early Years practitioners: using cyber security to protect your settings:  
<https://www.ncsc.gov.uk/guidance/early-years-practitioners-using-cyber-security-to-protect-your-settings>

## **Employment**

### **Policy statement**

We meet the Safeguarding and Welfare Requirements of the Early Years Foundation Stage, ensuring that our staff and volunteers are appropriately qualified, and we carry out checks for criminal and other records through the Disclosure and Barring Service (DBS) in accordance with statutory requirements.

### **Procedures**

#### *Vetting and staff selection*

- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection. We follow our legal responsibilities under the Equality Act 2010 including the fair and equal treatment of early years educators regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- All our staff have job descriptions, which set out their roles and responsibilities.
- We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex, age, marriage or civil partnership. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.
- We follow the requirements of the Early Years Foundation Stage and Ofsted guidance on checking the suitability of all staff and volunteers who will have unsupervised access to children. This includes obtaining references and ensuring they have a satisfactory enhanced criminal records check with barred list(s) check through the DBS. This is in accordance with requirements under the Safeguarding Vulnerable Groups Act (2006) and the Protection of Freedoms Act (2012) for the vetting and barring scheme.
- During our recruitment process we explore candidate use of spoken and written English allowing us to meet the standards of the EYFS.
- Staff must have the relevant qualifications, training and have passed any required checks to fulfil their roles. We will take the appropriate steps to verify qualifications, including in cases where physical evidence cannot be produced.
- All staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be included in the required staff: child ratios at level 2 or level 3 in an early year setting. To continue to be included in the ratio requirement the certificate must be renewed every 3 years.
- Where an individual is subscribed to the DBS Update Service, we carry out a status check of their DBS certificate, after checking their identity and viewing their original enhanced DBS certificate to ensure that it does not reveal any information that would affect their suitability for the post.

- We keep all records relating to the employment of our staff and volunteers; in particular those demonstrating that suitability checks have been done, including the date of issue, name, type of DBS check and unique reference number from the DBS certificate, along with details of our suitability decision.
- We require that all our staff and volunteers keep their DBS check up-to-date by subscribing to the DBS Update Service throughout the duration of their employment with us.
- The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice Website and on the websites of charities NACRO and UNLOCK.
- Our staff are expected to disclose any convictions, cautions, court orders, reprimands and warnings that are not eligible for 'filtering' by the disclosure and barring service (DBS), which may affect their suitability to work with children – whether received before, or at any time during, their employment with us. For more information please follow this link <https://www.gov.uk/government/publications/dbs-filtering-guidance/dbs-filtering-guide>
- We obtain consent from our staff and volunteers to carry out on-going status checks of the Update Service to establish that their DBS certificate is up-to-date for the duration of their employment with us.
- In regards to what is disclosed on an Enhanced DBS certificate, the following rules were updated on 28th November 2020. Warnings, reprimands and youth cautions will no longer be automatically disclosed on a DBS certificate and the multiple conviction rule has been removed, meaning that if an individual has more than one conviction, regardless of offence type or time passed, each conviction will be considered against the remaining rules individually, rather than all being automatically disclosed.
- Where we become aware of any relevant information which may lead to the disqualification of an employee, we will take appropriate action to ensure the safety of children. In the event of disqualification, that person's employment with us will be terminated.

#### *Notifying Ofsted of changes*

- We inform Ofsted of any changes to our Registered Person and/or our manager.

#### *Training and staff development*

- Our manager holds an approved level 3 qualification or above. Managers appointed on or after 1 January 2024 must have already achieved a suitable level 2 qualification in maths or must do so within two years of starting in the position.
- At least half of all other staff holds at least an approved level 2 qualification. We ensure there is a named deputy who, in our judgement, is capable and qualified to take charge in the manager's absence.

- Managers are responsible for ensuring staff have the right level of maths knowledge to effectively deliver the EYFS curriculum.
- To count within the ratios at level 3, staff holding an Early Years Educator qualification must also have achieved a suitable level 2 qualification in English.
- We provide regular in-service training to all our staff - whether paid staff or volunteers - through the local authority and external agencies.
- Our budget allocates resources to training.
- We provide our staff with induction training in the first week of their employment. This induction includes our Health and Safety Policy and Safeguarding Children and Child Protection Policy. Other policies and procedures are introduced within an induction plan.
- We support the work of our staff by holding regular supervision meetings and appraisals.
- We are committed to recruiting, appointing, and employing staff in accordance with all relevant legislation and best practice.

*Staff taking medication/other substances.*

- If a member of staff is taking medication which may affect their ability to care for children, We ensure that they seek further medical advice. Our staff will only work directly with the children if medical advice confirms that the medication is unlikely to impair their ability to look after children properly.
- Staff medication on the premises will be stored securely and kept out of reach of the children at all times.
- If we have reason to believe that a member of our staff is under the influence of alcohol or any other substance that may affect their ability to care for children, they will not be allowed to work directly with the children and further action will be taken.

*Managing staff absences and contingency plans for emergencies*

- Our staff take their holiday breaks when the setting is closed. Where a staff member may need to take time off for any reason other than sick leave or training, this is agreed with our manager with sufficient notice.

We have part time staff who can cover as well as the Manager if this is not possible then we call our sister setting First Step Playgroup to transfer staff where necessary.



## Further guidance:

Early years qualification requirements and standards - GOV.UK ([www.gov.uk](http://www.gov.uk))

## Recruitment Checks

### Obtaining references

As part of our commitment to safer recruitment Play2learn will always obtain references from applicants for roles in our setting. Robust recruitment checks are essential to ensuring that unsuitable persons cannot have contact with children through employment with us.

Obtaining references is an essential element of our recruitment process. We will always obtain a reference prior to employment commencing in line with the requirements of the EYFS as follows:

- Our application process requires candidates, to supply us with the contact details of a suitable referee from:
  - Their current employer, training provider or early years education and care setting
  - A senior person within the organisation who is authorised to provide a reference.
- If the applicant is not currently employed, or is not currently working with children we will:
  - Obtain verification of the applicants most recent relevant employment if they are not currently employed
  - Obtain a reference from the applicants most recent relevant employer from the last time they worked with children
- If the applicant has never worked with children we will obtain a reference from their current employer, training provider or education setting.
- We do not accept references from the following
  - Family members
  - A generic reference i.e. 'to whom it may concern'.

### Once a reference is received

- A reference received electronically will be checked to ensure that it originates from a legitimate source.
- We will compare the information on the original application form against relevant information given in the reference, for example, checking that dates align, and roles and responsibilities listed are consistent. Where this is not the case, we will take up any discrepancies with the applicant.
- If information is incomplete or we feel it is insufficient for us to make an informed decision about the applicant's suitability, we will contact the referee for clarification.
- Before an offer of employment is made, we will ensure any concerns are resolved satisfactorily.
- In line with best practice, we will seek to gain explanations for any gaps in employment.

## Staff deployment

Members of staff, volunteers and students are deployed to meet the care and learning needs of children and to ensure their safety

and well-being at all times

- A minimum of two members of staff are on the premises before children are admitted in the morning and the end of the day; one of which should be the manager or deputy.
- Only those staff aged 17 or over are included in ratios. Staff working as apprentices (aged 16 or over) may be included in the ratios if the setting manager is satisfied that they are competent and responsible. Except in the cases of apprentices, only those aged 17 and over may be included in the ratios and only if the setting manager is satisfied, they are suitable, (staff under 17 should be supervised at all times).
- At least one Paediatric First Aider must be on site at all times when children are present and at least one Paediatric First Aider must be present and within sight and sound of children at mealtimes. Consideration will be given around staff breaks, lunchtimes and absences from the setting so that Play2learn is compliant with paediatric first aid requirements.
- The setting manager deploys staff to give adequate supervision of indoor and outdoor areas, ensuring that children are usually within sight and hearing of staff and always within sight or hearing of staff at all times. Whilst eating, children must be within sight and hearing of a member of staff and where possible the staff member will be sat facing children when eating.
  - All staff are deployed according to the needs of the setting and the children attending.
  - In open plan provision, staff are positioned in areas of the room and outdoors to supervise children and to support their learning.
  - Staff are responsible for ensuring that equipment in their area is used appropriately and that the area is tidy at the end of the session.
  - Staff plan their focus on activities.
  - Staff inform colleagues if they have to leave the room for any reason.
  - There are generally two members of staff outside in the garden when it is being used, one of whom supervises climbing equipment that has been put out.
  - The setting manager may direct other members of staff to join those outside, if the numbers of children warrant additional staff.
  - Staff focus their attention on the children at all times whilst having a wider awareness of what is

happening around them.

- Staff do not spend working time in social conversation with colleagues.
- Staff allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Sufficient staff are available at story times to engage children.
- Key persons spend time with key groups daily; these times are not for focussed activities but for promoting shared times and friendship.

### **Staff children**

- Where members of staff have their own children with them at the setting, the age of the child must fall within the stipulated ages of the setting's Ofsted registration.
- Where members of staff are likely to be working directly with their own children, this is subject to discussion before commencement with the setting manager.
- Where it is agreed that a member of staff's child attends the setting, it is subject to the following:
  - the child is treated by the parent and all staff as any other child would be
  - the child will not be in the parent's key group of children
  - the key person and parent will work towards helping the child to make a comfortable separation from the parent to allow the parent to fully undertake their role as a staff member of the setting
  - the key person will take responsibility for the child's needs throughout the day, unless the child is sick or severely distressed
  - time and space are made for the parent to breastfeed during the day, if that is their chosen method of feeding
  - the situation is reviewed as required, to ensure that the needs of the child are being met, and that the parent is able to fulfil his/her role as a member of staff.

If it is the setting manager's child, then their line manager ensures the criteria above is met.

## **Staff: child ratios**

### **Policy statement**

We provide a staffing ratio in line with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage to ensure that children have sufficient individual attention and to guarantee care and education of a high quality. Our staff are appropriately qualified and we carry out checks for enhanced criminal records and barred list checks through the Disclosure and Barring Service in accordance with statutory requirements.

### **Procedures**

To meet this aim, we use the following ratios of adult to children:

- Children under two years of age: 1 adult: 3 children:
  - at least one member of staff holds an approved level 3 qualification and is suitably experienced in working with children under two;
  - at least half of all other staff hold an approved level 2 qualification;
  - at least half of all staff have received training that specifically addresses the care of babies; and delete
- Children aged two years: 1 adult: 5 children:
  - at least one member of staff holds an approved level 3 qualification; and
  - at least half of all other staff hold an approved level 2 qualification.
- Children aged three years and over: 1 adult: 8 children:
  - at least one member of staff holds an approved level 3 qualification; and
  - at least half of all other staff hold an approved level 2 qualification.
- We follow the Early Years Foundation Stage Safeguarding and Welfare Requirements where a Qualified Teacher, Early Years Professional or other suitable level 6 qualified person is working directly with children aged three and over between the hours of 8am and 4pm as follows:
  - there is at least one member of staff for every 13 children; and
  - at least one other member of staff holds a approved level 3 qualification.

The number of children for each key person takes into account the individual needs of the children and the

capacity of the individual key person to manage their cohort.

- We only include those aged 17 years or older within our ratios where they are competent and responsible, we may include students on long-term placements and volunteers (aged 17 or over) and apprentices (aged 16 or over), where we deem them to be suitably qualified and experienced.
- A minimum of two staff/adults are on duty at any one time; one of whom is either our manager or deputy.
- Our manager deploys our staff, students, and volunteers to give adequate supervision of indoor and outdoor areas, ensuring that children are usually within sight and hearing of staff, and always within sight or hearing of staff at all times.
- Our children are adequately supervised, including whilst eating.
- All staff are deployed according to the needs of the setting and the children attending.
- Our staff, students and volunteers inform their colleagues if they have to leave their area and tell colleagues where they are going.
- Our staff, students and volunteers focus their attention on children at all times and do not spend time in social conversation with colleagues while they are working with children.
- We assign each child a key person to help the child become familiar with the setting from the outset and to ensure that each child has a named member of staff with whom to form a relationship. The key person plans with parents for the child well-being and development in the setting. The key person meets regularly with the family for discussion and consultation on their child progress and offers support in guiding their development at home.
- We hold regular staff meetings to undertake curriculum planning and to discuss children progress, their achievements and any difficulties that may arise from time to time.

## **Student placements**

### **Policy statement**

We recognise that qualifications and training make an important contribution to the quality of the care and education we provide. As part of our commitment to quality, we offer placements to students undertaking early years qualifications and training. We also offer placements for school pupils on work experience.

We aim to provide for students on placement with us, experiences that contribute to the successful completion of their studies and that provide examples of quality practice in early years care and education.

### **Procedures**

- We require students on qualification courses to meet the Suitable Person requirements of the Early Years Foundation Stage and have a satisfactory enhanced DBS check with barred list check(s).
- We require students in our setting to have a sufficient understanding and use of English to contribute to the well-being of children in our care.
- We require schools, colleges or universities placing students under the age of 17 years with us to vouch for their good character.
- We supervise students under the age of 17 years at all times and do not allow them to have unsupervised access to children.
- Students undertaking qualification courses who are placed in our setting on a short-term basis are not counted in our staffing ratios.
- Suitable students on long term placements and volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in the ratios at the level below their level of study, if our manager deems them to be competent and responsible and if they hold a valid and current PFA qualification.
- Students and apprentices, over the age of 17, who are undertaking a level 3 qualification may be considered to be counted in the ratios if our manager deems them to be suitably qualified and experienced.
- Trainee staff and students over the age of 17 may be included in the ratios if they are deemed competent and responsible. This will be monitored through the discussion and recording of competences over a period of time before being counted into the setting adult / child ratio
- We take out employers' liability insurance and public liability insurance, which covers both students and voluntary helpers.
- We require students to keep to our Confidentiality and Client Access to Records Policy.
- We co-operate with students' tutors in order to help students to fulfil the requirements of their course of study.
- We provide students, at the first session of their placement, with a short induction on how our setting is managed, how our sessions are organised and our policies and procedures.
- We communicate a positive message to students about the value of qualifications and training.

- We make the needs of the children paramount by not admitting students in numbers that hinder the essential work of the setting.
- We ensure that trainees and students placed with us are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

## **Induction of employees and volunteers**

### **Policy statement**

We provide an induction for all employees and volunteers in order to fully brief them about the setting, the families we serve, our policies and procedures, curriculum and daily practice.

### **Procedures**

- We have a written induction plan for all new staff, which includes the following:
  - Introductions to all employees and volunteers.
  - Familiarisation with the building, health and safety, and fire and evacuation procedures.
  - Ensuring our policies and procedures are read and adhered to.
  - Introduction to the parents, especially parents of allocated key children where appropriate.
  - Familiarisation with confidential information in relation to any key children where applicable.
  - Details of the tasks and daily routines to be completed.
- The induction period lasts at least three months.
- A senior member of the team inducts new employees and volunteers. A member of the senior management team inducts new managers.
- During the induction period, the individual must demonstrate understanding of and compliance with policies, procedures, tasks and routines.
- Successful completion of the induction forms part of the probationary period.
- Following induction, we continue to support our staff to deliver high quality performance through regular supervision and appraisal of their work.

## **Supervision**

### **Structure**

- Supervision meetings are held once a term for key persons and other staff members, more frequently if requested or for a new member of the staff.
- Key persons are supervised by the setting manager or deputy.
- Supervision meetings are held in a confidential space suitable for the task.
- Key persons should prepare for supervision by having the relevant information to hand.

### **Content**

The child focused element of supervision meetings must include discussion about:

- the development and well-being of the supervisee's key children and offer staff opportunity to raise concerns in relation to any child attending. Safeguarding concerns must always reported to the Designated Safeguarding Lead immediately and not delayed until a scheduled supervision meeting
  - reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for
  - promoting the interests of children.
  - coaching to improve professional effectiveness based on a review of observed practice/teaching.
  - reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff.
- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues but must never delay until a scheduled supervision to raise concerns.
  - Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment.

### **Recording**

- Key person supervision discussions are recorded and is retained by the supervisor and a copy provided to the key person.
- The key person and supervisor must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is stored securely at all times.



- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on safeguarding reporting form and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor (if not the designated safeguarding lead) should ensure the recording is made and the Designated Safeguarding Lead is notified.

### **Checking continuing suitability**

- Supervisors check with staff if there is any new information pertaining to their suitability to work with children.
- Regarding the use of agency staff/support workers/self-employed persons there is an expectation that as part of the agreement with agencies they have sought information regarding their employee's suitability to work with children. Line managers must review this regularly.
- The position for students on placement is the same as that for agency staff.

### **Exceptional Circumstances**

Where exceptional circumstances prevent staff from conducting supervision as outlined in this procedure, the line manager is informed in writing, a copy placed on the supervision file and the appropriate actions agreed to ensure that the setting meets its obligations within the EYFS.

## **First aid**

### **Policy statement**

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one adult with a current first aid certificate is on the premises, or on an outing, at any one time. Newly qualified staff who achieved an early year's qualification at level 2 or 3 on or after 30 June 2016 also have a paediatric first aid certificate in order to be counted in the adult: child ratios. The first aid qualification includes first aid training for infants and young children. We have evidence of due diligence when choosing first aid training and ensure that it is relevant to adults caring for young children.

### **Procedures**

*The first aid kit must be HSE compliant.*

Our first aid kit is accessible at all times and contains the following items

Triangular bandages (ideally at least one should be sterile) x 4.

Sterile dressings:

- Small x 3.
- Medium x 3.
- Large x 3.
- Composite pack containing 20 assorted (individually-wrapped) plasters x 1.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.

In addition, the following equipment is kept near to the first aid box:

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer.
- A supply of ice is kept in the freezer.
  
- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers.
- The first aid box is easily accessible to adults and is kept out of the reach of children.
- There is a named person in the setting who is responsible for checking and replenishing the first aid box contents.
- Medication is only administered in line with our Administering Medicines policy.
- In the case of minor injury or accidents, first aid treatment is given by a qualified first aider.
- In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset or we have concerns about the injury. In which case we will contact the child's parents for clarification of what they would like to do, i.e. whether they wish to collect the child and/or take them to their own GP.
- An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken.
- Parents sign a consent form at registration allowing a member of staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that they have been informed and are on their way to the hospital.
- Accidents and injuries are recorded on EYlog and, where applicable, notified to the Health and Safety Executive, Ofsted and/or local child protection agencies in line with our Recording and Reporting of Accident and Incidents Policy.

## **The role of the key person and settling-in**

### **Policy statement**

We believe that children settle best when they have a key person to relate to, who knows them and their parents well, and who can meet their individual needs. Research shows that a key person approach benefits the child, the parents, the staff and the setting by providing secure relationships in which children thrive, parents have confidence, our staff are committed, and the setting is a happy and dedicated place to attend or work in.

We want children to feel safe, stimulated and happy in the setting and to feel secure and comfortable with our staff. We also want parents to have confidence in both their children's well-being and their role as active partners with our setting. We aim to make our setting a welcoming place where children settle quickly and easily because consideration has been given to the individual needs and circumstances of children and their families.

The key person role is set out in the Safeguarding and Welfare Requirements of the Early Years Foundation Stage. Each child must have a key person. We inform parents and/or carers of the name of the key person, and explain their role, when a child starts attending a setting. The key person must help ensure that every child's learning and care is tailored to meet their individual needs. The key person must seek to engage and support parents and/or carers in guiding their child's development at home. They should also help families engage with more specialist support if appropriate. These procedures set out a model for developing a key person approach that promotes effective and positive relationships for children.

### **Procedures**

- We allocate a key person before the child starts.
- The key person is responsible for:
  - Providing an induction for the family including building a relationship, finding out about the child and families journey and for organising an individualised settling for the child and their family.
  - Completing relevant forms with parents, including consent forms, and all about me and my family. Collecting and sharing photos, information booklets and any other relevant resources to support the settling process.
  - Explaining our policies and procedures to parents with particular focus on policies such as safeguarding and our responsibilities under the Prevent Duty.
  - Offering unconditional regard for the child and being non-judgemental.
  - Working with the parents to plan and deliver a personalised plan for the child's well-being, care and learning including how families can enhance their child's development and learning at home and how to use any online communication systems.
  - Acting as the key contact for the parents.

- Developmental records and for sharing information on a regular basis with the child's parents to keep those records up-to-date, reflecting the full picture of the child in our setting and at home.
- Having links with other carers involved with the child and co-ordinating the sharing of appropriate information about the child's development with those carers. This includes any other early years providers a child attends.
- Encouraging positive relationships between children in her/his key group, spending time with them as a group each day.
- We promote the role of the key person as the child's primary carer in our setting, and as the basis for establishing relationships with other adults and children.

### *Settling-in*

- Before a child starts to attend our setting, We use a variety of ways to provide his/her parents with information. These include written information (including our prospectus and policies via WhatsApp or email), routines, photos of key staff members, information days and individual meetings with parents.
- During the half-term before a child is enrolled, we provide opportunities for the child and his/her parents to visit the setting and join in with activities.
- The key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.
- We may offer a home visit by the person who will be the child's key person to ensure all relevant information about the child can be made known.
- We use pre-start visits and the first session at which a child attends to explain and complete, with his/her parents, the child's registration records.
- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting.
- Some children may take longer to settle in, especially those who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re-settle them.
- We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when he/she arrives, goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.
- When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when (we use visual timetables so children can see what happens first, next and then when their parent will return).
- We recognise that some children will settle more readily than others, but that some children who appear to settle rapidly may become upset later on. We will support them by using our emotional connectedness training, offering visual support for routines, photographs of family members and

emotional support from their keyperson. In some cases we will use a WhatsApp video call to parents to help settle their child.

- We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child's distress will prevent them from learning and gaining the best from the setting.
- We reserve the right not to accept a child into the setting without a parent or carer if the child finds it distressing to be left. This is especially the case with very young children.
- Within the first four to six weeks of starting, we discuss and work with the child's parents to begin to create their child's record of achievement. Plan for their next steps in their learning.

#### *The progress check at age two*

- The key person carries out the progress check at age two in accordance with any local procedures that are in place and referring to the guidance *The progress check at age two* – non statutory guidance for the early years foundation stage 2022.
- The progress check aims to review the child's development and ensures that parents have a clear picture of their child's development.
- Within the progress check, the key person will note areas where the child is progressing well and identify areas where progress is less than expected.
- The progress check will describe the actions that will be taken by us to address any developmental concerns (including working with other professionals where appropriate) as agreed with the parent(s).
- The key person will plan activities to meet the child's needs within the setting and will support parents to understand the child's needs in order to enhance their development at home.

## **Staffing**

### **Policy statement**

We provide a staffing ratio in line with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage to ensure that children have sufficient individual attention and to guarantee care and education of a high quality. Our staff are appropriately qualified, and we carry out checks for enhanced criminal records and barred list checks through the Disclosure and Barring Service in accordance with statutory requirements.

### **Procedures**

To meet this aim we use the following ratios of adult to children:

- Children under two years of age: 1 adult : 3 children:
  - at least one member of staff holds a approved level 3 qualification and is suitably experienced in working with children under two.
  - at least half of all other staff hold a approved level 2 qualification.
  - at least half of all staff have received training that specifically addresses the care of babies; and
  - where there is an under two-year-olds' room, the member of staff in charge of that room has suitable experience of working with under twos.
- Children aged two years: 1 adult: 5 children:
  - at least one member of staff holds an approved level 3 qualification; and
  - at least half of all other staff hold an approved level 2 qualification.
- Children aged three years and over: 1 adult: 8 children:
  - at least one member of staff holds an approved level 3 qualification; and
  - at least half of all other staff hold an approved level 2 qualification.
- We follow the Early Years Foundation Stage Safeguarding and Welfare Requirements where a Qualified Teacher, Early Years Professional or other suitable level 6 qualified person is working directly with children aged three and over between the hours of 8am and 4pm as follows:
  - there is at least one member of staff for every 13 children; and
  - at least one other member of staff holds a approved level 3 qualification.

The number of children for each key person takes into account the individual needs of the children and the capacity of the individual key person to manage their cohort.

- We only include those aged 17 years or older within our ratios where they are competent and responsible, we may include students on long-term placements and volunteers (aged 17 or over) and apprentices (aged 16 or over), where we deem them to be suitably qualified and experienced.
- A minimum of two staff/adults are on duty at any one time; one of whom is either our manager or deputy.

- Our manager deploys our staff, students and volunteers to give adequate supervision of indoor and outdoor areas, ensuring that children are usually within sight and hearing of staff, and always within sight or hearing of staff at all times.
- Our children are adequately supervised, including whilst eating.
- All staff are deployed according to the needs of the setting and the children attending.
- Our staff, students and volunteers inform their colleagues if they have to leave their area and tell colleagues where they are going.
- Our staff, students and volunteers focus their attention on children at all times and do not spend time in social conversation with colleagues while they are working with children.
- We assign each child a key person to help the child become familiar with the setting from the outset and to ensure that each child has a named member of staff with whom to form a relationship. The key person plans with parents for the child's well-being and development in the setting. The key person meets regularly with the family for discussion and consultation on their child's progress and offers support in guiding their development at home.
- We hold regular staff meetings to undertake curriculum planning and to discuss children's progress, their achievements and any difficulties that may arise from time to time.

## **Administering medicines**

### **Policy statement**

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, We will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness. We ensure that where medicines are necessary to maintain health of the child, they are given correctly and in accordance with legal requirements.

In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first 48 hours to ensure there are no adverse effects, as well as to give time for the medication to take effect.

Our staff are responsible for the correct administration of medication to children for whom they are the key person. This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. In the absence of the key person, the manager is responsible for the overseeing of administering medication. We notify our insurance provider of all required conditions, as laid out in our insurance policy.

### **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor, dentist, nurse or pharmacist. It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer and only when there is a health reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children. On receiving the medication, the member of staff checks that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of child and date of birth;



- the name of medication and strength;
  - who prescribed it;
  - the dosage and times to be given in the setting;
  - the method of administration;
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected; and
  - the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately in our medication record folder each time it is given and is signed by the person administering the medication and a witness. Parents are shown the record at the end of the day and asked to sign the record folder to acknowledge the administration of the medicine. The medication record folder records the:
    - name of the child;
    - name and strength of the medication;
    - name of the doctor that prescribed it;
    - date and time of the dose;
    - dose given and method;
    - signature of the person administering the medication
    - countersigned by a witness and
    - parent's signature.
  - We use the Medication Administration Record for recording the administration of medicine
  - If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
  - If rectal diazepam is given, another member of staff must be present and co-signs the record book.
  - No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
  - We monitor the medication record book is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

### *Storage of medicines*

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

*Medicines are stored in a sealed clear box with the children name in the kitchen fridge or the changing room in a cupboard unreachable by children. Staff and assistants are informed of this during induction and whenever a new child starts with medication.*

#### *Children who have long term medical conditions and who may require ongoing medication*

- We carry out a risk assessment for each child with a long term medical condition that requires on-going medication. This is the responsibility of our manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- We review the health care plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

#### *Managing medicines on trips and outings*

- If children are going on outings, the key person for the child will accompany the children with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
- This procedure should be read alongside the outings procedure.

## **Managing children who are sick, infectious, or with allergies**

### **Policy statement**

We aim to provide care for healthy children through preventing cross infection of viruses and bacterial infections and promote health through identifying allergies and preventing contact with the allergenic trigger.

### **Procedures for children who are sick or infectious**

- If children appear unwell during the day – for example, if they have a temperature, sickness, episodes of diarrhoea or pains, particularly in the head or stomach – the Deputy Laela Hamadi will call the parents and ask them to collect the child, or to send a known carer to collect the child on their behalf.

Public Health England's definition of Diarrhoea is 3 or more liquid or semi-liquid stools in a 24-hour period. ([www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis))

- If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water but kept away from draughts.
- The child's temperature is taken using a forehead thermometer, kept in the first aid box.
- If the child's temperature does not go down and is worryingly high, then we may give them Calpol or another similar analgesic, after first obtaining verbal consent from the parent where possible. This is to reduce the risk of febrile convulsions, particularly for babies. Parents sign the medication record when they collect their child.

### **Paracetamol based medicines (e.g. Calpol)**

*The use of paracetamol-based medicine may not be agreed in all cases. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis unless there is an immediate reason for doing so. Settings do not normally keep such medicine on the premises as they are not allowed to 'prescribe'. However, given the risks to very young babies of high temperatures, insurers may allow minor infringement of the regulations as the risk of not administering may be greater. Ofsted is normally in agreement with this. In all cases, parents of children under two years must sign to say they agree to the setting administering paracetamol-based medicine in the case of high temperature on the basis that they are on their way to collect. Such medicine should never be used to reduce temperature so that a child can stay in the care of the setting for a normal day. The use of emergency medicine does not apply to children over 2 years old. A child over two who is not well, and has a temperature, must be kept cool and the parents asked to collect straight away.*

*Whilst the brand name Calpol is referenced, there are other products which are paracetamol or Ibuprofen based pain and fever relief such as Nurofen for children over 3 months.*

*Further guidance:*

*Health protection in education and childcare settings - GOV.UK ([www.gov.uk](http://www.gov.uk))*

- In extreme cases of emergency, an ambulance is called, and the parent informed.
- Parents are asked to take their child to the doctor before returning them to the setting; we can refuse admittance to children who have a temperature, sickness, and diarrhoea (3 or more episodes in 24 hours) or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, we ask parents to keep them at home for 48 hours before returning to the setting.
- After diarrhoea, we ask parents keep children home for 48 hours following the last episode.
- Some activities, such as sand and water play, and self-serve snacks where there is a risk of cross-contamination may be suspended for the duration of any outbreak.
- We have a list of excludable diseases and current exclusion times. The full list is obtainable from Exclusion table – GOV.UK ([www.gov.uk](http://www.gov.uk)) and includes common childhood illnesses such as measles.

### *Reporting of 'notifiable diseases'*

If educators suspect a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted in the United Kingdom or abroad, immediate medical assessment is required. The service manager or deputy will call 111 and inform parents / carers.

Preventative measures are taken to reduce the risk of an outbreak returning. When an individual shows signs of an infectious illness, they are advised not to attend the service. If a child is already at the setting, they will be made comfortable in a space away from the other children to rest until they are able to be collected. The importance of thorough handwashing will be reiterated, and the educators will promote the 'catch it, bin it, kill it' approach with children and young people.

In the case of an outbreak of a notifiable disease which has been confirmed by a medical professional, the setting manager will seek further advice from the UKHSA, if not already contacted by them.

The setting manager has a list of notifiable diseases and contacts the UK Health Security Agency (UKHSA), Ofsted, or the childminder agency in the event of an outbreak.

- If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the UK Health Security Agency.
- When we become aware, or are formally informed of the notifiable disease, [our manager informs] Ofsted and the local UK Health Security Agency, and act[s] on any advice given.

## *HIV/AIDS/Hepatitis procedure*

HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. We:

- Wear single-use vinyl gloves and aprons when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Use protective rubber gloves for cleaning/slucing clothing after changing.
- Rinse soiled clothing and either bag it for parents to collect or launder it in the setting.
- Clear spills of blood, urine, faeces or vomit using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.
- Clean any tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit using a disinfectant.
- Ensure that children do not share toothbrushes, which are also soaked weekly in sterilising solution.

## **Handwashing**

Handwashing is a crucial infection control measure which reduces the spread of illness. Adults, children and young people should regularly wash their hands, and increase this where there is an infection outbreak.

This should be carried out by all:

- After outside breaks
- Before meals and snack times
- Before preparation of snack and meals
- After using the toilet
- After nappy or clothing changes
- After the removal of personal protective equipment (PPE), including gloves.
- After blowing noses
- Before and after administering medication

## *Nits and head lice*

- Nits and head lice are not an excludable condition; although in exceptional cases we may ask a parent to keep the child away until the infestation has cleared.
- On identifying cases of head lice, we inform all parents ask them to treat their child and all the family if they are found to have head lice.

## *Procedures for children with allergies*

- When children at the setting we ask their parents if their child suffers from any known allergies or food intolerance. This is recorded on the Registration Form.
- If a child has an allergy, we complete a risk assessment form to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc) the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen, control measures - such as how the child can be prevented from contact with the allergen and review measures.
- Health care plan form must be completed with:
  - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
    - The nature of the allergic reactions (e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc).
    - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
    - Control measures - such as how the child can be prevented from contact with the allergen.
    - Review measures.
- This risk assessment form is kept in the child's personal file and a copy is displayed where our staff can see it.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

#### *Insurance requirements for children with allergies and disabilities*

- If necessary, our insurance will include children with any disability or allergy, but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions or requiring invasive treatments; written confirmation from our insurance provider must be obtained to extend the insurance.
- At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.
- Oral medication:
  - Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
  - We must be provided with clear written instructions on how to administer such medication.
  - We adhere to all risk assessment procedures for the correct storage and administration of the medication.
  - We must have the parents or guardian's prior written consent. This consent must be kept on file. It is

not necessary to forward copy documents to our insurance provider.

■ Life-saving medication and invasive treatments:

These include adrenaline injections (EpiPens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatments such as rectal administration of Diazepam (for epilepsy).

- We must have:

- a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered.
- written consent from the parent or guardian allowing [our staff/me] to administer medication; and
- proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.

- Copies of all three documents relating to these children must first be sent to the Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

■ Key person for special needs children requiring assistance with tubes to help them with everyday living e.g. breathing apparatus, to take nourishment, colostomy bags etc.:

- Prior written consent must be obtained from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- The key person must have the relevant medical training/experience, which may include receiving appropriate instructions from parents or guardians.
- Copies of all letters relating to these children must first be sent to the Insurance Department for appraisal. Written confirmation that the insurance has been extended will be issued by return.

If we are unsure about any aspect, we contact our Insurance Department details of your insurance provider].

Further guidance:

Health protection in education and childcare settings - GOV.UK ([www.gov.uk](http://www.gov.uk))

## **Recording and reporting of accidents and incidents**

### **Policy statement**

Staff respond swiftly, appropriately and effectively to any health and safety incident within the setting. We follow the guidelines of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are not regarded as incidents and there are separate procedures for this.

This policy will provide staff and parents information and guidance in the case of an emergency occurring. In responding to an emergency, the aim will always be to ensure:

- Rapid and appropriate response is taken
- Accurate information is relayed to parents and emergency services regarding the incident (if applicable)
- Normal setting routine is maintained as far as possible, offering continuity to the children
- Immediate support and clear guidance are offered by the management team

## Procedures

### *Our accident log:*

- is kept on the tablets which the key person has access to with a pin and is sent to the parents in a secure format;
- is accessible to our staff and volunteers, who all know how to complete it; and
- is reviewed monthly to identify any potential or actual hazards.

### *Reporting accidents and incidents*

- Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:
  - food poisoning affecting two or more children looked after on our premises;
  - a serious accident or injury to, or serious illness of, a child in our care and the action We take in response; and
  - the death of a child in our care.
- Local child protection agencies are informed of any serious accident or injury to a child, or the death of any child, while in our care and We act on any advice given by those agencies.
- Any food poisoning affecting two or more children or adults on our premises is reported to the local Environmental Health Department.
- We meet our legal requirements in respect of the safety of our employees and the public by complying with RIDDOR. We report to the Local Authority (LA). Please note that providers on school premises or domestic premises report to the Health and Safety Executive (HSE):
  - Any work-related accident leading to an injury to a member of the public (child or adult), for which they are taken directly to hospital for treatment.
  - Any work-related accident leading to a specified injury to one of our employees. Specified injuries include injuries such as fractured bones, the loss of consciousness due to a head injury, serious burns or amputations.
  - Any work-related accident leading to an injury to one of our employees which results in them being unable to work for seven consecutive days. All work-related injuries that lead to one of our employees being incapacitated for three or more days are recorded in our accident book.
  - When one of our employees suffers from a reportable occupational disease or illness.
  - Any death, of a child or adult, that occurs in connection with a work-related accident.
  - Any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.



- Information for reporting incidents to the Local Authority or Health and Safety Executive is provided in Accident Record format. Any dangerous occurrence is recorded in our incident book (see below).

#### *Incident book*

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where we rent premises, we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure that our staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, we report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, our manager risk assess[es] this situation and decide[s] if the premises are safe to receive children. Our manager may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- We keep an incident book for recording major incidents, including some of those that that are reportable to the Local Authority or Health and Safety Executive as above.
- These incidents include:
  - a break in, burglary, or theft of personal or our setting's property;
  - an intruder gaining unauthorised access to our premises;
  - a fire, flood, gas leak or electrical failure;
  - an attack on an adult or child on our premises or nearby;
  - any racist incident involving families or [our staff/myself or my staff] on the setting's premises;
  - a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises;
  - the death of a child or adult; and
  - a terrorist attack, or threat of one.
  - a pandemic or epidemic
  - severe weather that has caused an incident or damage to property
  - staff, parent or visitor mugged or assaulted on site or in vicinity on the way to or from the setting
  - staff or parent threatened/assaulted on the premises by a parent or visitor
  - accidents due to any other faults (that are reportable under RIDDOR)
  - any event or information that becomes known, that may have implications for the setting or the wider organisation in the future use.

- In the incident chart we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on our premises, through cot death in the case of a baby for example, the emergency services are called and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

The following procedure applies:

1. Gather the children into one large group, they will be transported to safety. Dependent upon the situation the large group may be left with one or two adults whilst another adult deals with the emergency if applicable.
1. Children will be reassured.
2. Ensure all adults involved are aware of the situation.
3. Staff must remain calm
4. Assess the situation:
  - Make sure everyone is safe
  - What is the disruption?
  - Who is affected?
  - How has it affected you?
  - Will anyone else be affected by it?
  - Could it escalate into a larger incident potentially affecting others?
5. Determine if service can continue to be provided.
6. Parents will be called at the first available opportunity.
7. Contact any contractors/partner organisations to inform them of the situation.
8. Contact any other service who are involved in the delivery of your service and inform them of the situation.
9. Ensure that you keep in regular contact with your staff and families.

## **Emergency evacuation**

In most instances, children will not be evacuated from the premises unless there is an immediate risk or unless they are advised to do so by the emergency services.

- There is an emergency evacuation procedure in place which is unique to the setting and based upon risk assessment in line with others using the building.

- Emergency evacuation procedures are practised regularly and are reviewed according to risk assessment (as above).
- Staff evacuate children to a pre-designated area (as per the fire drill), unless advised by the emergency services that the designated area is not suitable at that time.
- Once evacuated, nobody enters the premises, until the emergency services say so.
- Members of staff will act upon the advice of the emergency services at all times.

*We evacuate to the front of the building to the grassed area if the fire is in this area we go through the gate and evacuate onto the path outside the school. The senior staff member is responsible for checking the building and closing all fire doors. Another senior staff member takes the registers, visitors book and phone and leads the evacuation. (see procedure attached)*

#### **RIDDOR reportable events include:**

- Specified injuries at work, as detailed at [www.hse.gov.uk/pubns/indg453.pdf](http://www.hse.gov.uk/pubns/indg453.pdf)
- Fatal accidents to staff, children and visitors (parents).
- Accidents resulting in the incapacitation of staff for more than seven days.
- Injuries to members of the public, including parents' and children, where they are taken to hospital.
- Dangerous 'specified' occurrences, where no-one is injured but they could have been. (these are usually industrial incidents).

If the incident is RIDDOR reportable, the setting manager telephones HSE Contact Centre on 0345 300 9923 or reports online at [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm)

RIDDOR Reportable events require reporting to RIDDOR within 15 days of the event occurring.

#### **Dealing with people's reactions**

We accept that the children's parents may be frightened, distressed and angry dependent upon the type of incident. We understand that staff involved in the incident may also be affected by the incident. If the setting shares all policies with parents/carers, the situation will be easier for all because there will be an understanding of working within a framework of mutual trust and understanding.

#### **Training:**

Managers will brief or train staff on their role in the prevention, management and response to incidents. Managers will ensure that all staff, volunteers and students are aware of the procedures in place and what is expected of them.

## **Setting closure**

The decision to close the setting is not taken lightly and will be made based on the assessment of a number of factors and information which may include weather and travel circumstances, access to and condition of the setting, infection outbreaks and availability of appropriate levels of qualified staff. Ultimately the decision to open or close the setting will be made by the director and every effort will be made to contact all staff, parents and carers as soon as is practicably possible.

We will use a risk measurement table format to assess the key risks to business before and during a closure. The risk assessment will detail the risk factors, likelihood and impact.

- If a decision to close is made all parents and carers will be contacted by text or telephone accordingly.
- The decision for ongoing closures will be assessed on a daily basis.
- The management committee will be consulted and kept informed for all closures.
- An up to date record of emergency contact details for each child and staff member will be kept in the setting.

## **Contingency planning for emergency staff cover**

In the event of unforeseen staff shortages, the setting will endeavour to cover absences by calling in part-time staff or agency staff. If we are subsequently still unable to secure sufficient cover the above procedures will be implemented.

We appreciate that closing the setting at short notice may cause inconvenience for parents and carers, but we ask for your cooperation and understanding when we have to deal with circumstances out with our control.

Please ensure that child's emergency contact details, email addresses and mobile phone numbers are current and that the setting is advised immediately of any changes.

We will be reliant on staff and parents to provide us emergency contact details, email addresses and mobile phone numbers ensuring they are current and up to date. Management will follow procedures to ensure these contacts are reflected on BI-annually. Unless notified otherwise, parents and carers should always assume that the setting is open

## **Actions to be taken after the incident**

- Evaluate the incident, how it was dealt with and were the policies and procedures in place followed.
- Identify any improvements that could be made in the future.
- Draw up an action plan of any changes to be made to the current procedures in place.
- We will evaluate processes and make necessary adjustments to ensure future effectiveness.

## Education Inspection Framework

- As required under the *Education Inspection Framework*, we maintain a summary record of all accidents, exclusions, children taken off roll, incidents of poor behaviour and discrimination, including racist incidents, and complaints and resolutions.

## Legal framework

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)
- The Health and Safety (Enforcing Authority) Regulations 1998

## Lockdown procedure

Most procedures for handling an emergency are focussed on an event happening in the building. However, in some situations, you will be advised to stay put (lock-down) rather than evacuate. 'Lock-down' of a building/group of buildings is intended to secure and protect occupants in the proximity of an immediate threat. By controlling movement in an area, emergency services can contain and handle the situation more effectively.

- The setting manager assesses the likelihood of an incident happening based on their location.
- The setting manager will check the police website for advice and guidance.
- Staff rehearse simple 'age appropriate' actions with the children such as staying low to the floor, keeping quiet and listening to instructions in the same way that fire procedures are practiced. Lock down should be rehearsed and recorded.
- The setting manager is aware of the current terrorist alert level, as available at [www.mi5.gov.uk/threat-levels](http://www.mi5.gov.uk/threat-levels).
- We follow any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.
- Information about this procedure is shared with parents and all staff are aware of their role during 'lockdown'.
- A text/phone message is issued to parents when lockdown is confirmed.

## Lockdown procedures

If an incident happens the setting manager acts quickly to assess the likelihood of immediate danger. In most cases the assumption will be that it is safer to stay put and place the setting into 'lockdown' until the emergency services arrive. As soon as the emergency services arrive at the scene staff comply with their

instructions.

### **During lockdown:**

- Staff and children stay in their designated areas if it is safe to do so.
- Doors and windows are secured until further instruction is received.
- Curtains and blinds are closed where possible.
- Staff and children stay away from windows and doors.
- Children are encouraged to stay low and keep calm.
- Staff do NOT make non-essential calls on mobile phones or landlines.
- If the fire alarm is activated, staff and children remain in their designated area and await further instructions from emergency services, unless the fire is in their area. In which case, they will move to the next room/area, following usual fire procedures.
- The door will not be opened once it has been secured until the manager is officially advised “all clear” or is certain it is emergency services at the door.

### **During lockdown staff do NOT:**

- travel down long corridors.
- assemble in large open areas.
- call 999 again unless there is immediate concern for their safety, the safety of others, or they feel they have critical information that must be passed on

### **Following lockdown:**

- Staff will cooperate with emergency services to assist in an orderly evacuation.
- Staff will ensure that they have the register and children’s details.
- Staff or children who have witnessed an incident will need to tell the police what they saw. The police may require other individuals to remain available for questioning.
- In the event of an incident, it is inevitable that parents will want to come to the setting and collect their children immediately. They will be discouraged from doing so, until the emergency services give the ‘all clear’. Staff will be always acting on the advice of the emergency services.

### **Recording and reporting**

- The setting manager reports the lockdown to the owners/directors/trustees as soon as possible. In some situations, this may not be until after the event.

A record is completed as soon as possible.

### **Further guidance**

- Members of the public should always remain alert to the danger of terrorism and report any suspicious activity to the police on 999 or the anti-terrorist hotline: 0800 789 321.

- For non-emergency, call the police on 101.

## Accidents and emergency treatment

**Person responsible for checking and stocking first aid box:** *Sumra Arif*

The setting provides care for children and promotes health by ensuring emergency and first aid treatment is given as required. There are also procedures for managing food allergies in section 03 Food safety and nutrition and Health.

- Parents/carers' consent to emergency medical treatment consent on registration.
- At least one person who has a current paediatric first aid (PFA) certificate **must** always be on the premises and available when children are on the premises and must accompany children on outings, [or all staff are paediatric first aiders], who regularly update their training. We consider the number of children, staff, staff breaks and the layout of our setting to ensure that a paediatric first aider is always available and can respond to emergencies. We ensure that the training provider who delivers PFA training to our staff are competent.
- Students and trainees that have PFA training may be included in ratios at the level below their level of study if we are satisfied that they are competent and responsible.
- First Aid certificates are renewed at least every three years. In line with the EYFS, all staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work to be counted in ratios.
- All members of staff know the location of First Aid boxes, the contents of which are in line with St John's Ambulance recommendations as follows:
  - 20 individually wrapped sterile plasters (assorted sizes)
  - 2 sterile eye pads
  - 4 individually wrapped triangular bandages (preferably sterile)
  - 6 safety pins
  - 2 large, individually wrapped, sterile, un-medicated wound dressings
  - 6 medium, individually wrapped, sterile, un-medicated wound dressings
  - a pair of disposable gloves
  - adhesive tape

- a plastic face shield (optional)
- No other item is stored in a First Aid box.
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- A supply of ice is kept in the milk kitchen and main kitchen fridges.
- For minor injuries and accidents, First Aid treatment is given by a qualified first aider; the event is recorded in the setting's Accident Record book or digital recording system. Parents/carers may have a photocopy of the accident form on request.
- In the event of minor injuries or accidents, parents/carers are normally informed when they collect their child, unless the child is unduly upset, or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

### **Serious accidents or injuries**

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.7 Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents/carers are contacted and informed of what has happened and where their child is being taken to.
- If the parents/carers do not arrive at the setting before the ambulance sets off for the hospital, a member of staff accompanies the child and remains with them until the parent/carer arrives.
- The setting manager arranges for a taxi to take the child and carer to hospital for further checks for minor injuries, if deemed to be necessary.

### **Recording and reporting**

- In the event of a serious accident, injury, or serious illness, the setting manager notifies the owner/trustees/committee using 6.1c Confidential Safeguarding Incident report form, or other agreed reporting format, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent/carer, one for the child's file and one for the local authority Health and Safety Officer.

The owners//trustees/committee are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always



within 14 days of the incident occurring. The designated person will, after consultation with the owners/directors/trustees, inform local child protection agencies of these events

## **Intimate care and nappy changing**

### **Policy statement**

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We provide nappy changing facilities and exercise good hygiene practices in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

### **Procedures**

- Our key persons have a list of personalised changing times for the children in their care who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary.
- We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.
- Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes.
- Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times
- Each child has their own bag to hand with their nappies or pull ups and changing wipes.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. Paper roll is put down on the changing mat freshly for each child.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; We avoid pulling faces and making negative comments about 'nappy contents'.

- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children. We also use this time to sing favourite songs, tell stories together and introduce new words and vocabulary.
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- We encourage children to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home.

We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting this may constitute neglect and will be a disciplinary matter.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables.

## **Food safety and nutrition**

### **Aim**

Our setting is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for food safety and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

### **Objectives**

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- General hygiene and safety procedures are followed in food preparation areas.
- We provide nutritionally sound meals and snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.
- We ensure that children are supervised at mealtimes and that children are within sight and hearing of a member of staff at all times.
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:
  - meat, fish, and protein alternatives
  - milk and dairy products
  - cereals and grains
  - fresh fruit and vegetables.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.
- Parents/carers share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.

- We take into account every child's individual development needs and work in partnership with parents/carers to help children to move on to the next stage with regard to weaning as per the guidance listed below.
- Foods provided by the setting for children have any allergenic ingredients identified on the menus.
- Care is taken to ensure that children with food allergies and intolerances do not have contact with food products that they are allergic to.
- We notify Ofsted or the childminder agency (CMA if registered with a CMA) of any food poisoning affecting two or more children in our care as soon as possible and at least within 14 days.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.
- If a child chokes at mealtime and intervention is given. We record details of the incident and ensure that parents/carers are informed.

### **Legal references**

Regulation (EC) 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs.

Food Information Regulations 2014

The Childcare Act 2006

### **Further guidance**

[Safer Food Better Business for Caterers](#) (Food Standards Agency)

[Paediatric Allergy Action Plans - BSACI](#)

[Food allergy - NHS](#)

[Anaphylaxis - NHS](#)

[Weaning - Start for Life - NHS](#)

[Help for early years providers : Food safety](#)

[Early Years Foundation Stage Nutrition Guidance \(2025\)](#)

## **Food preparation, storage and purchase**

### **General**

- All staff have up to date certificated training on food safety.
- Cooks refer to Early Years Foundation Stage Nutrition Guidance (2025) which contains guidance on menu planning, food safety, managing food allergies and reading food labels.

- The setting manager is responsible for ensuring that the requirements in Safer Food Better Business are implemented.
- Cooks and all staff responsible for preparing food have undertaken the Food Allergy Online Training CPD module available at <http://allergytraining.food.gov.uk/>.
- The setting manager is responsible for overseeing the work of the cook and all food handlers to ensure hygiene and allergy procedures are complied with.
- The setting manager has responsibility for conducting risk assessment based on the 'Hazard Analysis and Critical Control Point' method set out in Safer Food Better Business.
- Cooks carry out and record daily opening/closing checks, four weekly reviews and dated records of deep cleaning.
- The cook and setting manager maintain a Food Allergy and Dietary Needs folder with:
  - a list of all children with known food allergies, intolerances or dietary needs updated at least once a term (the personal/medical details about the allergy or dietary needs remain in the child's file along with a copy of the risk assessment). This is displayed for all staff and the risk assessment shared.
  - a record of food menus along with any allergens
  - a copy of the FSA booklet 'Allergen information for pre-packed and loose foods' available at <https://www.food.gov.uk/business-guidance/allergen-information-for-pre-packed-and-loose-foods>
  - a copy of the Food Allergy Online Training CPD certificate for the cook and each member of staff that has undertaken the training
- The setting manager is responsible for informing the owners/trustees/directors who then reports to Ofsted of any food poisoning affecting two or more children looked after on the premises. Notification must be made as soon as possible and within 14 days of the incident.

### **Purchasing and storing food**

- Food is purchased from reputable suppliers.
- Pre-packed food (any food or ingredient that is made by one business and sold by another such as a retailer or caterer) is checked for allergen ingredients and this information is communicated to parents alongside menu information. For example, a meat pie bought at a supermarket or a tin of baked beans or the ingredients for a recipe prepared on site.
- If food that is not pre-packed (described as 'loose food'), such as sandwiches bought from a bakery is served, then allergen information will have been provided by the retailer, this information must then be shared in the same way with parents.
- Parents/carers are requested not to bring food that contains (or may contain) nuts. Staff check packets to make sure they do not contain nuts or nut products.
- Bulk buy is avoided where food may go out of date before use.

- All opened dried food stuffs are stored in airtight containers.
- Dried packaged food is not decanted from packaging into large bins or containers as this prevents monitoring of sell by/use by dates and allergen information.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- 'Squeezy' plastic bottles are not used for sauces.
- Items are not stored on the floor; floors are kept clear so they can be easily swept.
- Perishable foods such as dairy produce, meat and fish are to be used the next/same day. Soft fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.
- Packaged frozen food should be used by use by dates.
- Food left over should not be frozen unless it has been prepared for freezing, such as home-made bread or stews. Hot food should be left to cool for up to 1.5 hours and then quickly frozen.
- Freezer containers should be labelled, dated and used within 1-3 months.
- Fridge and freezer thermometers should be in place. Recommended temperatures for fridge 37 degrees Fahrenheit (3 degrees Celsius), and freezers 0 degrees Fahrenheit (-18 degrees Celsius). Temperatures must be recorded daily to ensure correct temperatures are being maintained.
- Freezers are defrosted every 3 months or according to the manufacturer's instructions.
- Meat/fish is stored on lower shelves and in drip-free dishes.
- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E. coli contamination.
- Staff's own food or drink should be kept in separate designated area of the fridge; where possible, a fridge should be kept in the staff room to avoid mix ups.
- Items in fridges must be regularly checked to ensure they are not past use by dates.

### **Preparation of food**

- Food handlers must check the content of food/packets to ensure they do not contain allergens.
- Food allergens must be identified on the menus and displayed for parents.
- Food handlers wash hands and cover any cuts or abrasions before handling food.
- Separate boards and knives are used for chopping food, usually colour coded.
- Raw and cooked foods are prepared separately.
- Meat and fish should be washed and patted dry with paper towels. This does not include chicken which must not be washed because of the risk of campylobacter.
- All vegetables and fruit are washed before preparing.

- Food left out is covered, for example when cooling down.
- Frozen meat, fish and prepared foods are thawed properly before cooking.
- Meat and fish are cooked thoroughly; a food probe is to be used to check temperature of roasted meat or baked meat products.
- Where a microwave is used, food is cooked according to manufacturer's instructions. It is not used to reheat children's food and never used to heat babies' bottles.
- Microwaved food is left to stand for a few minutes before serving.
- A food probe is used to check temperature of food, including where heated in a microwave; it is checked in several places to avoid hot spots.
- Food is cooked in time for serving and is not prepared in advance of serving times.
- Hot cupboards or ovens are not used to keep food warm.
- Potatoes and vegetables are peeled when needed, not in advance and left in water.
- Food prepared and cooked for different religious dietary needs and preferences, such as Halal or Kosher meat is cooked in separate pans and served separately.
- Food cooked for vegetarians does not come into contact with meat or fish or products.
- Food cooked and prepared for children with specific dietary needs is cooked in separate pans and served separately.
- A separate toaster is kept and used for children with a wheat or gluten allergy.
- Food prepared for children with dietary needs and preferences is clearly labelled and every effort is made to prevent cross-contamination.
- Raw eggs are not to be given in any form, such as mousse or mayonnaise.
- When given to children, eggs are fully cooked.

## **Serving Food**

- There is a named person who is responsible for ensuring that the food being provided meets all the requirements for each child.
- Food is served for children in separate covered containers for each table.
- Staff risk assess the likelihood of children with dietary restrictions accessing the food of other children and must take appropriate action to prevent this from happening, for example:
  - check the list of children's dietary requirements displayed in the food preparation area
  - coloured plates

- place mats
- other methods as agreed by the setting manager
- Children with allergies/food preferences are not made to feel 'singled out' by the methods used to manage their allergy/food preference.
- Food served to children with identified allergies is checked by the key person to ensure that the meal (and its ingredients) does not contain any of the allergens for that child.
- The child's key person remains present throughout the child's mealtime.
- Food is taken from the kitchen to the rooms on a trolley, not carried across rooms.
- Tables are cleaned before and after, with soapy water or a suitable non-bleach product.
- Members of staff serving food wash their hands and cover any cuts with a blue plaster.

### **E.coli prevention**

Staff who are preparing and handling food, especially food that is not pre-prepared for consumption e.g. fruit and vegetables grown on the premises, must be aware of the potential spread of E.coli and must clean and store food in accordance with the E.coli 0157 guidance, available at:

[www.food.gov.uk/business-industry/guidancenotes/hygguid/ecoliguide#.U7FCVGIOWdI](http://www.food.gov.uk/business-industry/guidancenotes/hygguid/ecoliguide#.U7FCVGIOWdI)

### **Further guidance**

Safer Food Better Business [www.food.gov.uk/business-guidance/safer-food-better-business-sfbb](http://www.food.gov.uk/business-guidance/safer-food-better-business-sfbb)

Campylobacter (Food Standards Agency) [www.food.gov.uk/news-updates/campaigns/campylobacter/fsw-2014](http://www.food.gov.uk/news-updates/campaigns/campylobacter/fsw-2014)

### **Food allergy/anaphylaxis guidance**

<https://www.bsaci.org/wp-content/uploads/2020/02/BSACIAllergyActionPlan2018NoAAI2981-2.pdf>

<https://www.nhs.uk/conditions/anaphylaxis/>

<https://www.nhs.uk/conditions/food-allergy/>

[Early Years Foundation Stage nutrition guidance](#)

[Common allergens.pdf](#)

[Allergen checklist for food businesses | Food Standards Agency](#)



## Allergies and food intolerance

Before a child starts at play2learn, parents/carers are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form. On going discussions must take place with parents/carers and where appropriate health professionals to develop allergy action plans for managing any known allergies and food intolerances. This information must be kept up to date on a child's registration form and shared with all staff.

- All staff at play2learn must be aware of the symptoms and treatments for allergies and anaphylaxis and the difference between allergies and food intolerances
- If a child has an allergy or food intolerance, 01.1a Generic risk assessment form is completed with the following information:
  - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
  - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
  - control measures, such as prevention from contact with the allergen
  - review measures
- A Health care plan form must be completed with:
  - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - managing allergic reactions, medication used and method (e.g. Epipen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the cook's Food Allergy and Dietary Needs file.
- Parents/carers show staff how to administer medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents/carers are made aware, so that no nut or nut products are accidentally brought in.

- Any foods containing food allergens are identified on children's menus.

#### *Oral Medication*

- Oral medication must be prescribed or have manufacturer's instructions written on them.
- Staff must be provided with clear written instructions for administering such medication.
- All risk assessment procedures are adhered to for the correct storage and administration of the medication.
- The setting must have the parents/carers' prior written consent. Consent is kept on file.

## Menu planning and nutrition

Food provides a healthy, balanced diet for growth and development. Foods containing any of 14 allergens identified by the FSA are identified on menus. Dietary guidance to promote health and reduce risk of disease is followed. When planning menus, the setting manager and cook ensure that:

- Parents/carers and staff can contribute ideas for menus which are confirmed each week in advance. A four- to six-week cycle reviewed seasonally is a good way of working out menus.
- Menus reflect cultural backgrounds, religious restrictions and food preferences of some ethnic groups.
- Menus are clearly displayed so that parents and staff know what is being provided.
- Foods that contain any of the 14 major allergens are identified on the menu that is displayed for parents/carers.
- Parents/carers must share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person.
- Key persons regularly share information about the children's levels of appetite and enjoyment of food with parents/carers.
- Staff refer to Help for early years providers : Food safety which includes:  
Example menus for early years settings in England: Guidance and Example menus for early years settings in England : Recipes
- Eat Better, Start Better - Foundation Years.
- The cook maintains a record of children's dietary needs in a Food Allergy and Dietary Needs folder.

## Packed lunches

Where children have packed lunches, staff promote healthy eating, ensuring that parents/carers are given advice and information about what is appropriate content for a child's lunch box. Parents/carers are also advised to take measures to ensure children's lunch box contents remain cool i.e. ice packs, as the setting may not have facilities for refrigerated storage.

## Meeting dietary requirements

Snack and mealtimes are an important part of the day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We aim to provide nutritious food, which meets the children's individual dietary needs and preferences.

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents/carers. A child's special dietary requirements are recorded on registration to the setting and information is shared with all staff.
- If a child has a known food allergy, procedure for Allergies and food intolerance is followed.

- Staff record information about each child's dietary needs in the individual child's registration form; parents/carers sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent/carer's wishes. At each mealtime, a member of staff is responsible for checking that the food provided meets the dietary requirements for each child.
- The menus of meal and snacks are displayed on the notice board for parents/carers to view. Foods that contain any food allergens are identified.
- Staff aim to include food diets from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- Through on-going discussion with parents/carers and research by staff, staff obtain information about the dietary rules of religious groups to which children and their parents belong, and of vegetarians and vegans, as well as food allergies. Staff take account of this information when providing food and drink.
- Staff provide a vegetarian alternative when meat and fish are offered and make every effort to ensure Halal meat or Kosher food is available to children who require it.
- Where it is not possible to source and provide Halal meat or Kosher food, a vegetarian option is available; this will be discussed and agreed with parents at the time of the child's registration.
- All staff show sensitivity in providing for children's diets, allergies and cultural or ethnic food preferences. A child's diet or allergy is never used as a label for the child, they are not made to feel 'singled out' because of their diet, allergy or cultural/ethnic food preferences.
- Fresh drinking water is available throughout the day. Staff inform children how to obtain the drinking water and that they can ask for water at any time during the day.
- Meal and snack times are organised as social occasions.

### **Fussy/faddy eating**

- Children who are showing signs of 'strong food preferences, or aversions to food ' are not forced to eat anything they do not want to.
- Staff recognise the signs that a child has had enough and remove uneaten food without comment.
- Children are not made to stay at the table after others have left if they refuse to eat certain items of food.
- Staff work in partnership with parents/carers to support them with children who are showing signs of 'food preference or aversion' and sign post them to further advice, for example, How to Manage Simple Faddy Eating in Toddlers (Infant & Toddler Forum) <https://infantandtoddlerforum.org/health-and-childcare-professionals/factsheets/>

## **Food for play and cooking activities**

Some parents/carers and staff may have strong views about food being used for play. It is important to be sensitive to these issues. For example, children who are Muslim, Jewish, Rastafarian, or vegetarian, should not be given any food to play with that contains animal products (Gelatine). Parents/carers' views should be sought on this. In some cases, it is not appropriate to use food for play, particularly in times of austerity.

- Food for play may include dough, corn flour, pasta, rice, food colourings/flavourings.
- Jelly (including jelly cubes) is not used for play.
- Food for play is risk assessed against the 14 allergens referred and is included in the written risk assessment undertaken for children with specific allergies.
- Staff are constantly alert to the potential hazards of food play, in particular choking hazards and signs of previously undetected allergies.
- Pulses are not recommended as they can be poisonous when raw or may choke.
- The use of raw vegetables for printing is discouraged.
- Dried food that is used for play should be kept away from food used for cooking.
- Foods that are cooked and used for play, such as dough, have a limited shelf life.
- Cornflour is always mixed with water before given for play.
- Cornflower and cooked pasta are discarded after an activity; high risk of bacteria forming.
- Utensils used for play food are washed thoroughly after use.

## **Children's cooking activities**

- Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.
- The area to be used for cooking is cleaned; a plastic tablecloth is advised.
- Children should wear aprons that are used just for cooking.
- Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen.
- Members of staff encourage children to handle food in a hygienic manner.
- Food ready for cooking or cooling is not left uncovered.
- Cooked food to go home is put in a paper food bag and refrigerated until home time.
- Food play activities are suspended during outbreaks of illness.

## **Playdough and raw (uncooked flour)**

All flour including cornflour is raw until the point it is heated or cooked. Raw flour poses a risk of E. coli to young children and current advice is that it should not be used for play, or for uncooked playdough recipes.

- Only playdough that has been cooked or made with precooked flour should be used.

- Only cornflour that has been cooked or made with precooked flour should be used.
- If a child or member of staff is allergic to any of the ingredients they must be replaced, and a safe alternative used.
- Staff have up to date information about children's allergies or concerns about a potential allergy and these are clearly displayed.
- If a younger child is likely to put the playdough/cornflour in their mouth, a safe alternative is provided.
- If a child is likely to eat the playdough due to persistent sensory seeking behaviours the activity will be replaced with a safe alternative.
- Children are always supervised when playing with playdough or cornflour.
- Children and staff wash their hands before and after the activity.

### **Other activities with flour**

Uncooked flour should not be used for activities where children are exploring through touch or taste, or there is a likelihood they will put their fingers in their mouths.

Baking: You can do baking activities where flour is used and then the food is cooked. You must ensure that the activity is risk assessed, and children do not eat the uncooked flour or the mixture.

## **Food hygiene**

### **Policy statement**

We provide and/or serve food for children on the following basis (delete which does not apply):

- Snacks.
- Meals.
- Packed lunches.

We maintain the highest possible food hygiene standards with regard to the purchase, storage, preparation and serving of food.

We are registered as a food provider with the local authority Environmental Health Department.

### **Procedures**

- Our staff with responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to our setting. This is set out in Safer Food, Better Business. The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
  - All our staff follow the guidelines of Safer Food, Better Business.
  - All our staff who are involved in the preparation and handling of food have received training in food hygiene.
  - The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See Safer Food, Better Business)
  - We use reliable suppliers for the food we purchase.
  - Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
  - Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
  - Food preparation areas are cleaned before and after use.
  - There are separate facilities for hand-washing and for washing-up.
  - All surfaces are clean and non-porous.
  - All utensils, crockery etc. are clean and stored appropriately.
  - Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.

- When children take part in cooking activities, they:
  - are supervised at all times;
  - understand the importance of hand-washing and simple hygiene rules;
  - are kept away from hot surfaces and hot water; and
  - do not have unsupervised access to electrical equipment, such as blenders etc.

### *Reporting of food poisoning*

Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.

- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within our setting, [the manager/I] will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
- We notify Ofsted as soon as reasonably practicable of any confirmed cases of food poisoning affecting two or more children looked after on the premises, and always within 14 days of the incident.

## **Health policy**

### **Aim**

Play2learn is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. They meet all statutory requirements for promoting health and hygiene and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare requirements.

### **Objectives**

We promote health through:

- Ensuring emergency and first aid treatment is given where necessary.
- Ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements.
- Identifying allergies and preventing contact with the allergenic substance.



- Having ongoing discussions with parents/carers to develop allergy action plans for managing individual children's known allergies and intolerances.
- Ensuring that all staff are aware of the symptoms and treatments for allergies and anaphylaxis and that children can develop these at any time, especially during weaning.
- Ensuring that all staff know the difference between allergies and intolerances.
- Identifying food ingredients that contain recognised allergens and displaying this information for parents/carers.
- Identifying and promoting health through taking the necessary steps to prevent the spread of infection and taking appropriate action when children are ill.
- Ensuring that ongoing discussions with parents take place regarding the stage their child is at in relation to introducing solid foods including the texture the child is familiar with.
- Ensuring that food prepared is in line with the child's individual developmental needs.
- Working in partnership with parents to help children to move on to the next stage of weaning at a pace that is right for their child.
- Ensuring that food is prepared for children in a way that prevents choking.
- Ensuring that babies and young children are sat safely in a highchair or suitable low sized chair when eating.
- Ensuring that children are always in sight and hearing of a staff member, who is a paediatric first aider, whilst eating and the staff member is sat facing the children.
- Recording all choking incidents that requires intervention.
- Promoting healthy lifestyle choices through diet and exercise.
- Supporting parents right to choose complementary therapies.
- Recognising the benefits of baby and child massage, by parents/carers or staff carrying out massage under conditions that maintain the personal safety of children.
- Pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance.

## **Legal references**

[Medicines Act \(1968\)](#)

[Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\)](#)

[Control of Substances Hazardous to Health \(COSHH\) Regulations \(2002\)](#)

[Health and Safety \(First Aid\) Regulations 1981](#)

## **Oral Health**

We strive to raise awareness of the importance of good oral health for children. These early years for children are when routines are formed and are often carried through to adulthood. Therefore, our provision is a very important place to introduce a good oral health routine.

We actively promote high standards of oral health by encouraging healthy eating and good habits of personal and oral hygiene.

## **Food/Snacks**

- Snacks provided for children and staff will be tooth friendly.
- Tooth friendly snacks will be varied daily, and children will be encouraged to try new foods.
- Any food containing sugar will be restricted to mealtimes only and will be provided on a limited basis.
- Food will be provided or supervised by staff only, in accordance with the provision oral health and food policies.

## **Drinks**

- Milk and water only will be offered to children as drinks throughout the day.
- No fizzy drinks of any kind will be served in the provision.

## **Rewards/Special Occasions**

- Sweets and chocolate will not be used by staff as rewards for good behaviour.
- Sweets and chocolates will not be provided to celebrate birthdays or special occasions.
- Staff and parents will provide alternatives.
- Families are asked to provide a fruit basket as an alternative to birthday cake to celebrate special occasions such as birthdays.

## **Toothbrushing in the provision**

- Staff will follow the toothbrushing guidelines and hygiene and storage procedure.
- Toothbrushing will take place after mealtimes or snack as appropriate, with all children.
- All the children will be supervised whilst brushing their teeth.

## **Toothbrushing At Home**

- Parents will be encouraged to continue the regular toothbrushing routine at home.
- Parents can access information and advice about toothbrushing and oral health from staff at provision.

## **Children**

- Oral health will be included in the curriculum and in any learning opportunities where it is appropriate.
- Visits from a dentist, hygienist or someone who can talk about oral health will be arranged during the year.
- Oral health will feature as a theme at the provision prior to, during or after these visits. e.g. dental corner, stories, songs, poems, art etc.
- Good oral hygiene will be encouraged at all times.

### **Parents**

- Where possible, parents will be asked to provide details of the family dentist as well as GP on enrolment.
- Parents will be provided with an information point, which will include information about oral health

### **Staff**

- Staff will be involved in the development and implementation of the oral health policy.
- Appropriate training and information about relevant resources will be available to staff prior to implementation of the policy guidelines.
- The oral health policy will be included as part of the induction of new staff.
- The policy will be reviewed and updated on an annual basis.

## **Promoting positive behaviour**

### **Policy statement**

We believe that children flourish best when their personal, social and emotional needs are understood, supported and met and where there are clear, fair and developmentally appropriate expectations for their behaviour.

Positive behaviour is located within the context of the development of children's personal, social and emotional skills and well-being. A key person who understands children's needs, their levels of development, personal characteristics, and specific circumstances, supports this development. This ensures children's individual needs are understood and supported.

As children develop, they learn about boundaries, the difference between right and wrong, and to consider the views and feelings, and needs and rights, of others and the impact that their behaviour has on people, places and objects. The development of these skills requires adult guidance to help encourage and model appropriate behaviours and to offer intervention and support when children struggle with conflict and emotional situations. In these types of situations key staff can help identify and address triggers for the behaviour and help children reflect, regulate and manage their actions. We appoint a member of staff as behaviour coordinator to oversee and advise on the team's responses to challenging behaviour.

### **Procedures**

In order to manage children's behaviour in an appropriate way we will:

- attend relevant training to help their understanding and guide appropriate models of behaviour;
- help implement the setting's behaviour procedures including the stepped approach;
- have the necessary skills to advise other staff on how to address behaviour issues and to access expert advice, if necessary.
- Take guidance from the behaviour management folder and the behaviour management lead to support the staff member to find strategies to help the child (if needed).

### *Stepped approach*

#### **Step 1**

Our named behaviour co-ordinator will:

- ensure that EYFS guidance relating to 'behaviour management' is incorporated into relevant policy and procedures;
- be knowledgeable with, and apply the setting's procedures on Promoting Positive Behaviour;

- undertake an annual audit of the provision to ensure the environment and practices supports healthy social and emotional development. Findings from the audit are considered by management and relevant adjustments applied.
- ensure that all staff are supported to address issues relating to behaviour including applying initial and focused intervention approaches (see below).

## **Step 2**

- We address unwanted behaviours using the agreed and consistently applied initial intervention approach. If the unwanted behaviour does not reoccur or cause concern, then normal monitoring will resume.
- Behaviours that result in concern for the child and/or others will be discussed between the key person, the behaviour coordinator and Special Educational Needs Coordinator (SENCO) or/and manager. During the meeting, the key person will use their knowledge and assessments of the child to share any known influencing factors (new baby, additional needs, illness etc.) in order to place the behaviour into context. Appropriate adjustments to practice will be agreed and if successful normal monitoring resumed.
- If the behaviour continues to reoccur and remains a concern, then the key person and SENCO should liaise with parents to discuss possible reasons for the behaviour and to agree next steps. If relevant and appropriate, the views of the child relating to their behaviour should be sought and considered to help identify a cause. If a cause for the behaviour is not known or only occurs whilst in the setting, then the behaviour coordinator will suggest using a focused intervention approach to identify a trigger for the behaviour.
- If a trigger is identified, then the behaviour coordinator/SENCO and key person will meet with the parents to plan support for the child through an Individual Education Plan at Early Years Action of the Special Educational Needs Code of Practice (SENCOP). If relevant, recommended actions for dealing with the behaviour at home should be agreed with the parent/s and incorporated into the plan. Other members of the staff team should be informed of the agreed actions in the ISP and help implement the actions. The plan should be monitored and reviewed regularly by the behaviour coordinator and SENCO until improvement is noticed.
- All incidents and intervention relating to unwanted and challenging behaviour by children should be clearly and appropriately logged.

## **Step 3**

- If, despite applying the initial intervention and focused intervention approaches, the behaviour continues to occur and/or is of significant concern, then the behaviour coordinator and SENCO will invite the parents to a meeting to discuss external referral and next steps for supporting the child in the setting.
- It may be agreed that the Early Help process should begin, and that specialist help be sought for the child – this support may address either developmental or welfare needs. If the child's behaviour is part of a range of welfare concerns that also include a concern that the child may be suffering or likely to

suffer significant harm, follow the Safeguarding and Children and Child Protection Policy. It may also be agreed that the child should be referred for an Education, Health and Care assessment.

- Advice provided by external agencies should be incorporated into the child's action plan and regular multi-disciplinary meetings held to review the child's progress.

#### *Initial intervention approach*

- We use an initial problem-solving intervention for all situations in which a child or children are distressed or in conflict. All staff use this intervention consistently.
- This type of approach involves an adult approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issue to help children reflect, regain control of the situation and resolve the situation themselves.
- High Scope's Conflict Resolution process provides this type of approach but equally any other similar method would be suitable. Periodically the effectiveness of the approach will be checked.

#### *Focused intervention approach*

- The reasons for some types of behaviour are not always apparent, despite the knowledge and input from key staff and parents.
- Where we have considered all possible reasons, then a focused intervention approach should then be applied.
- This approach allows the key person and behaviour coordinator to observe, reflect, and identify causes and functions of unwanted behaviour in the wider context of other known influences on the child.
- We follow the ABC method which uses key observations to identify a) an event or activity (antecedent) that occurred immediately before a particular behaviour, b) what behaviour was observed and recorded at the time of the incident, and c) what the consequences were following the behaviour. Once analysed, the focused intervention should help determine the cause (e.g. ownership of a toy or fear of a situation) and function of the behaviour (to obtain the toy or avoid a situation) and suitable support will be applied.

#### *Use of rewards and sanctions*

- All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.
- Rewards such as excessive praise and stickers may provide an immediate change in the behaviour but will not teach children how to act when a 'prize' is not being given or provide the child with the skills to manage situations and their emotions. Instead, a child is taught how to be 'compliant' and respond to meet adult's own expectations in order to obtain a reward (or for fear of a sanction). If used then the type of rewards and their functions must be carefully considered before applying.

- Children should never be labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group and left alone in 'time out' or on a 'naughty chair'. However, if necessary children can be accompanied and removed from the group in order to calm down and if appropriate helped to reflect on what has happened.

#### *Use of physical intervention*

- The term physical intervention is used to describe any forceful physical contact by an adult to a child such as grabbing, pulling, dragging, or any form of restraint of a child such as holding down. Where a child is upset or angry, staff will speak to them calmly, encouraging them to vent their frustration in other ways by diverting the child's attention.
- Staff should not use physical intervention – or the threat of physical intervention, to manage a child's behaviour unless it is necessary to use "reasonable force in order to prevent children from injuring themselves or others or damage property" (EYFS).
- If "reasonable force" has been used for any of the reasons shown above, parents are to be informed on the same day that it occurs. The intervention will be recorded as soon as possible within the child's file, which states clearly when and how parents were informed.
- Corporal (physical) punishment of any kind should never be used or threatened

#### *Challenging Behaviour/Aggression by children towards other children*

- Any aggressive behaviour by children towards other children will result in a staff member intervening immediately to challenge and prevent escalation.
- If the behaviour has been significant or may potentially have a detrimental effect on the child, the parents of the child who has been the victim of behaviour and the parents of the child who has been the perpetrator should be informed.
- The designated person will contact children's social services if appropriate, i.e., if a child has been seriously injured, or if there is reason to believe that a child's challenging behaviour is an indication that they themselves are being abused.
- The designated person will make a written record of the incident, which is kept in the child's file; in line with the *Safeguarding children, young people and vulnerable adults* policy.
- The designated person should complete a risk assessment related to the child's challenging behaviour to avoid any further instances.
- The designated person should meet with the parents of the child who has been affected by the behaviour to advise them of the incident and the setting's response to the incident.
- Ofsted should be notified if appropriate, i.e., if a child has been seriously injured.
- Relevant health and safety procedures and procedures for dealing with concerns and complaints should be followed.

- Parents should also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- Bullying is a behaviour that both parents and early years educators worry about. Bullying is a deliberate, aggressive and repeated action, which is carried out with intent to cause harm or distress to others. It requires the child to have 'theory of mind' and a higher level of reasoning and thinking, all of which are complex skills that most three-year-olds have not yet developed (usually after the age of four along with empathy). Therefore, an outburst by a three-year-old is more likely to be a reflection of the child's emotional well-being, their stage of development or a behaviour that they have copied from someone else.
- Young children are keen observers and more likely to copy behaviours, which mimic the actions of others, especially the actions of people they have established a relationship with. These are learnt behaviours rather than premeditated behaviours because children this young, do not have sufficiently sophisticated cognition to carry out the type of bullying an older child can do. Unless addressed early, this type of pre-bullying behaviour in young children can lead on to bullying behaviour later in childhood. The fear is that by labelling a child as a bully so early in life we risk influencing negative perceptions and expectations of the child which will impact on their self-image, self-esteem and may adversely affect their long term behaviour. This label can stick with the child for the rest of their life.

#### *Challenging unwanted behaviour from adults in the setting*

- Settings will not tolerate behaviour from an adult which demonstrates a dislike, prejudice and/or discriminatory attitude or action towards any individual or group. This includes negativity towards groups and individuals living outside the UK (xenophobia). This also applies to the same behaviour if directed towards specific groups of people and individuals who are British Citizens residing in the UK.
- Allegations of discriminatory remarks or behaviour including xenophobia made in the setting by any adult will be taken seriously. The perpetrator will be asked to stop the behaviour and failure to do so may result in the adult being asked to leave the premises and in the case of a staff member, disciplinary measures being taken.
- Where a parent makes discriminatory or prejudiced remarks to staff at any time, or other people while on the premises, this is recorded on the child's file and is reported to the setting manager. The procedure is explained, and the parent asked to comply while on the premises. An 'escalatory' approach will be taken with those who continue to exhibit this behaviour. The second stage comprises a letter to the parent requesting them to sign a written agreement not to make discriminatory remarks or behave in a discriminatory or prejudiced manner; the third stage may be considering withdrawing the child's place.

Our provision displays the following statement endorsed by our Early Years and Childcare Service in the Local Authority:



‘Everything has been done at this setting to create a safe, warm and welcoming environment for the children in order for them to flourish and to develop to their full potential’.

If this environment is threatened by aggressive and disruptive parents, it will not be tolerated. All adults, including parents, are expected to adhere to our Promoting Positive Behaviour Policy. If parents display any unacceptable behaviour, their child’s place in this setting will be seriously compromised.

## **Health and safety general standards**

### **Policy statement**

#### **Aim**

Our provision is a suitable, clean and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements for health and safety and fulfil the criteria for meeting the Early Years Foundation Stage Safeguarding and Welfare Requirements.

We aim to make children, parents, staff and volunteers aware of health and safety issues and we minimise the hazards and risks.

#### **Designated Health and Safety Officer is: Laela Hamadi**

- The designated person is competent to carry out these responsibilities, has undertaken health and safety training and regularly updates knowledge and understanding.

#### **Objectives**

- We recognise that we have a corporate responsibility and duty of care towards those who work in and receive a service from our provision. Individual staff and service users also have responsibility for ensuring their own safety as well as that of others. Adherence to policies and procedures and risk assessment is the key means through which this is achieved.
- Insurance is in place (including public liability) and an up-to-date certificate is always displayed.
- Risk assessment is carried out to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.
- Smoking and vaping is not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking, members of staff ensure that there is adequate ventilation to clear the atmosphere. Staff do not smoke in their work clothes and are requested not to smoke within at least one hour of working with children. The use of electronic cigarettes is not allowed on the premises.
- Staff must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If staff are taking medication that they believe may impair them, they seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager must be informed.
- Alcohol must not be bought onto the premises for consumption.

- A risk assessment and access audit are carried out for each area and the procedure is modified according to needs identified for the specific environment.
- Risk assessments are monitored and reviewed by those responsible for health and safety.

### **Legal references**

- Health and Safety at Work etc Act 1974
- Health and Safety (Consultation with Employees) Regulations 1996
- Management of Health and Safety at Work Regulations (1999)
- Regulatory Reform (Fire Safety) Order 2005)
- Electricity at Work Regulations (1989)
- Regulation (EC) No 853/2004 of the European Parliament and of the Council on the hygiene of foodstuffs
- Manual Handling Operations Regulations (1992) (Amended 2002)
- Medicines Act (1968)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (Amendment) Regulations 2012
- Control of Substances Hazardous to Health (COSHH) Regulations 2004
- Health and Safety (First Aid) Regulations 1981
- Childcare Act 2006

### **Procedures**

#### ***Awareness raising***

- Our induction training for staff and volunteers includes a clear explanation of health and safety issues, so that all adults are able to adhere to our policy and procedures as they understand their shared responsibility for health and safety. The induction training covers matters of employee well-being, including safe lifting and the storage of potentially dangerous substances.
- We keep records of these induction training sessions and new staff and volunteers are asked to sign the records to confirm that they have taken part.
- We explain health and safety issues to the parents of new children, so that they understand the part played by these issues in the daily life of the setting.
- Health and safety training is included during induction, and health and safety is discussed regularly at our staff meetings.
- We operate a no-smoking policy.
- We make children aware of health and safety issues through discussions, planned activities and routines.

#### ***Windows***

- Low level windows are made from materials that prevent accidental breakage, or we ensure that they are made safe.

- We ensure that windows are protected from accidental breakage or vandalism from people outside the building.
- Our windows above the ground floor are secured so that children cannot climb through them.
- We ensure that any blind cords are secured safely and do not pose a strangulation risk for young children.

### ***Doors***

- We take precautions to prevent children's fingers from being trapped in doors.

### ***Entrances and approach to the building***

- Entrances and approaches are kept tidy and always uncluttered.
- All gates and external fences are childproof and safe
- Front doors are always kept locked and shut.
- The identity of a person not known to members of staff is checked before they enter the building.
- All staff and visitors to the setting sign in and out of the building.
- A member of staff is available to open and close the door and to greet arrivals, say goodbye to parents and to make sure that doors and gates are shut.
- Back doors are always kept locked and shut if they may lead to a public or unsupervised area, unless this breaches fire safety regulations or other expectations.
- Where building works or repairs mean that normal entrances/exits or approaches to the building are not in use, a risk assessment is conducted to maintain safety and security whilst the changes are in place.

### ***Group rooms, stair ways and corridors***

- Significant changes such as structural alterations or extensions are reported to Ofsted. A risk assessment is done to ensure the security of the building during building work.
- Door handles are placed high or alternative safety measures are in place.
- Chairs are stacked safely and not too high.
- There are no trailing wires.
- Windows are opened regularly to ensure flow of air.
- Floors are properly dried after mopping up spills.
- Staff hold the hand of toddlers and children who require assistance.
- Materials and equipment are not generally stored in corridors, but where this is the case, it does not block clear access or way out.
- Walkways and stairs are uncluttered and adequately lit.

- Stairways and corridors are checked to ensure that safety and security is maintained, especially in areas that are not often used, or where there is access to outdoors
- Socket safety inserts are not used as there is no safety reason to do so, modern plug sockets are designed to remove risk of electrocution if something is poked into them. Socket covers (that cover the whole socket and switch) may be used, please note these are different to socket inserts.
- The use of blinds with cords is avoided. Any blinds fitted with cords are always secured by cleats. There are no dangling cords.

### ***Floors and walkways***

- All our floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately.
- Walkways and stairs are left clear and uncluttered.

### ***Electrical/gas equipment***

- We ensure that all electrical/gas equipment conforms to safety requirements and is checked regularly.
- Our boiler/electrical switch gear/meter cupboard is not accessible to the children.
- Heaters, electric sockets, wires and leads are unplugged at the end of the day and we teach the children not to touch them.
- We check storage heaters daily to make sure they are not covered.
- There are sufficient sockets in our setting to prevent overloading.
- We switch electrical devices off from the plug after use.
- We ensure that the temperature of hot water is controlled to prevent scalds.
- Lighting and ventilation is adequate in all areas of our setting, including storage areas.
- During summer term, electrical fans are used with staff supervision. The fans are unplugged at the end of the day, and children are reminded not to touch the fans.

### ***Storage***

- All our resources and materials, which are used by the children, are stored safely.
- All our equipment and resources are stored or stacked safely to prevent them accidentally falling or collapsing.

### ***Outdoor area***

- Our outdoor area is securely fenced. All gates and fences are childproof and safe.
- Our outdoor area is checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- We leave receptacles upturned to prevent collection of rainwater. Where water can form a pool on equipment, it is emptied and cleaned before children start playing outside.

- We check that children are suitably attired for the weather conditions and type of outdoor activities; ensuring that suncream is applied and hats are worn during the summer months.
- We supervise outdoor activities at all times; and particular children on climbing equipment.
- Wooden equipment is maintained safely, put away daily and not used if broken.
- Broken climbing equipment or outdoor toys are removed and reported to the setting manager.
- Children are always supervised within ratios outside.
- If paddling pools are used, a risk assessment is conducted, and consideration given to the needs of disabled children or those less ambulant.

### ***Drones***

If there are concerns about a 'drone' being flown over the outdoor area, that may compromise children's safety or privacy, the setting manager will contact the police on 101.

- Children will be brought inside immediately.
- Parents will be informed that a Drone has been spotted flying over the outdoor area and will be advised fully of the actions taken by the setting.
- The police will have their own procedures to follow and will act accordingly.
- If at any point following the incident, photographs taken by a drone emerge on social media that could identify the provision or individual children, these are reported to the police.
- A record is completed in the Notifiable Incident Record unless there is reason to believe that the incident might have safeguarding implications. Where this is the case, safeguarding children, young people and vulnerable adults' procedures are followed.

### ***Hygiene***

- We seek information from the Public Health England to ensure that We keep up-to-date with the latest recommendations.
- Our daily routines encourage the children to learn about personal hygiene.
- We have a daily cleaning routine for the setting, which includes the playroom(s), kitchen, rest area, toilets and nappy changing areas. Children do not have unsupervised access to the kitchen.
- We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
- The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.
- We implement good hygiene practices by:
  - cleaning tables between activities;
  - cleaning and checking toilets regularly;
  - wearing protective clothing - such as aprons and disposable gloves - as appropriate;
  - providing sets of clean clothes;
  - providing tissues and wipes; and
  - ensuring individual use of flannels, towels and toothbrushes.

### ***Activities, resources and repairs***

- Before purchase or loan, we check equipment and resources to ensure that they are safe for the ages and stages of the children currently attending the setting.
- We keep a full inventory of all items in the setting for audit and insurance purposes.
- The layout of our play equipment allows adults and children to move safely and freely between activities.
- All our equipment is regularly checked for cleanliness and safety, and any dangerous items are repaired or discarded.
- We make safe and separate from general use any areas that are unsafe because of repair is needed.
- All our materials, including paint and glue, are non-toxic.
- We ensure that sand is clean and suitable for children's play.
- Physical play is constantly supervised.
- We teach children to handle and store tools safely.
- We check children who are sleeping at regular intervals of at least every ten minutes. This is recorded with the times checked and the initials of the person undertaking the check.
- We check the children who are sleeping to ensure they are safe. Being safe includes ensuring that cots/bedding are in good condition and suited to the age of the child, and that infants are placed down to sleep safely in line with latest government safety guidance.
- If children fall asleep in-situ, it may be necessary to move or wake them to make sure they are comfortable.
- Children learn about health, safety and personal hygiene through the activities We provide and the routines We follow.
- Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded. Large pieces of equipment are discarded only with the consent of the manager and the management team.

### ***Jewellery and accessories***

- Our staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to themselves or children.
- Parents must ensure that any jewellery worn by children poses no danger; particularly earrings which may get pulled, bracelets which can get caught when climbing or necklaces that may pose a risk of strangulation.
- We ensure that hair accessories are removed before children sleep or rest.

### ***Safety of adults***

- We ensure that adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- We provide safe equipment for adults to use when they need to reach up to store equipment or to change light bulbs.

- We ensure that all warning signs are clear and in appropriate languages.
- We ensure that adults do not remain in the building on their own.
- We record the sickness of staff and their involvement in accidents. The records are reviewed termly to identify any issues that need to be addressed.

### ***Control of substances hazardous to health***

- Our staff implement the current guidelines of the Control of Substances Hazardous to Health Regulations (COSHH).
- Personal protective equipment (PPE), such as rubber gloves, latex free/vinyl gloves, aprons etc., is available to all staff as needed and stocks are regularly replenished.
- Environmental factors are taken into account when purchasing, using and disposing of chemicals.
- We keep a record of all substances that may be hazardous to health - such as cleaning chemicals, or gardening chemicals if used and where they are stored.
- Hazardous substances are stored safely away from the children.
- We carry out a risk assessment for all chemicals used in the setting. This states what the risks are and what to do if they have contact with eyes or skin or are ingested.
- We keep all cleaning chemicals in their original containers.
- We keep the chemicals used in the setting to the minimum in order to ensure health and hygiene is maintained. We do not use:
  - anti-bacterial soap/hand wash, unless specifically advised during an infection outbreak such as Pandemic flu
- anti-bacterial cleaning agents, except in the toilets, nappy changing area and food preparation areas. All members of staff are vigilant and use chemicals safely.

### **Legal references**

Health and Safety at Work etc Act 1974

Health and Safety (Consultation with Employees) Regulations 1996

Management of Health and Safety at Work Regulations (1999)

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

Regulation (EC) No 853/2004 of the European Parliament and of the Council on the hygiene of foodstuffs

Manual Handling Operations Regulations (1992) (Amended 2002)

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (Amendment) Regulations 2012

Control of Substances Hazardous to Health (COSHH) Regulations 2004

Health and Safety (First Aid) Regulations 1981

Childcare Act 2006

### **Further guidance**

Health and Safety Executive [www.hse.gov.uk/risk](http://www.hse.gov.uk/risk)

Food Standards Agency [www.food.gov.uk](http://www.food.gov.uk)

Ministry of Housing, Communities & Local Government [www.communities.gov.uk](http://www.communities.gov.uk)

Sudden infant death syndrome (SIDS): <https://www.nhs.uk/conditions/baby/caring-for-a-newborn/reduce-the-risk-of-sudden-infant-death-syndrome/>

### **Infection control**

Good practice infection control is paramount in early years settings. Young children's immune systems are still developing, and they are therefore more susceptible to illness.

#### **Prevention**

- Minimise contact with individuals who are unwell by ensuring that those who have symptoms of an infectious illness do not attend settings and stay at home for the recommended exclusion time.
- Always clean hands thoroughly, and more often than usual where there is an infection outbreak.
- Ensure good respiratory hygiene amongst children and staff by promoting 'catch it, bin it, kill it' approach.
- Where necessary, for instance, where there is an infection outbreak, wear appropriate PPE.

#### **Response to an infection outbreak**

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](http://www.ukhsa.gov.uk)

#### **Informing others**

Early years providers have a duty to inform Ofsted where this is a confirmed case of a Notifiable Disease in their setting. Coronavirus is now classed as a 'Notifiable Disease'.

Please note that it is not the responsibility of the setting to confirm a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, it is the provider's duty to notify Ofsted and to take advice from the UKHSA.



## **Staff manual handling**

- All staff comply with risk assessment and have a personal responsibility to ensure they do not lift objects likely to cause injury. Failure to do so may invalidate an insurance claim.
- Members of staff bring the setting manager's attention to any new risk, or situations where the control measures are not working.
- Risk assessments may need to be changed for some individuals, such as a pregnant woman, or staff with an existing or previous injury or impairment that may affect their capacity to lift.
- Risk assessment is carried out of the environment in which the lifting is done. Features such as uneven floor surfaces, stairs, etc. add to the general risk and need to be taken into consideration.
- The setting manager ensures that they and their staff are trained to lift and move heavy objects and unstable loads correctly. Babies and young children are also heavy and need to be lifted and carried carefully and correctly.

### **Guidelines:**

- Do not lift heavy objects alone. Seek help from a colleague.
- Bend from the knees rather than the back.
- Do not lift very heavy objects. even with others. that are beyond your strength.
- Use trolleys for heavy items that must be carried or moved on a regular basis.
- Items should not be lifted onto, or from, storage areas above head height.
- Do not stand on objects, other than proper height steps, to reach high objects and never try to over-reach.
- Push rather than pull heavy objects.
- Do not carry heavy objects up or down stairs; or carry large objects that may block your view of the stairs.
- Do not hold babies by standing and resting them on your hips.

Please note this is not an exhaustive list.

- Managers are responsible for carrying out risk assessment for manual handling operations, which includes lifting/carrying children and lifting/carrying furniture or equipment.

## **Staff personal safety including home visits**

### **Policy statement**

This setting believes that the health and safety of all staff is of paramount importance and that all staff have the right to work in a safe environment. We support safe working both on and off the premises, acknowledging the needs and diversity of children and their family.

### **Procedures**

#### *General*

- All staff in the building early in the morning, or late in the evening, ensure doors and windows are locked.
- Where possible, at least the first two members of staff to arrive in the building arrive together, and the last two members of staff in the building leave together.
- Visitors are generally only allowed access with prior appointments and only admitted once their identity has been verified.
- Minimal petty cash is kept on the premises.
- Members of staff make a note in the diary of meetings they are attending, who they are meeting and when they are expected back.
- Managers have good liaison with local police and ask for advice on safe practice where there are issues or concerns.

#### *Dealing with agitated parents/carers or other visitors in the setting*

- If a parent/carer appears to be angry, mentally agitated or possibly hostile, two members of staff will lead the parent away from the children to a less open area but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Members of staff will try to empathise and ensure that the language they use can be easily understood.
- Staff will speak in low, even tones, below the voice level of the parent.
- Members of staff will make it clear that they want to listen and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, while avoiding potentially inflammatory expressions such as 'calm down' or 'be reasonable'.
- If threats or abuse continues, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of children.
- 'Threats and abuse towards staff and volunteers'.
- Copies of correspondence regarding the incident will be kept in the relevant child's file.
- Procedure for threats and abuse towards staff and volunteers is implemented where staff feel threatened or intimidated.

- If the event involves a child's parent or carer, it is recorded in the child's file together with any decisions made with the parents/carers to rectify the situation.
- Any situation involving threats to members of staff are reported to the line manager, following procedure 'Threats and abuse towards staff and volunteers.

Copies of correspondence regarding the incident will be kept in the relevant child's file.

### **Threats and abuse towards staff and volunteers**

The setting is responsible for protecting the health and safety of all staff and volunteers in its services and has a duty of care in relation to their physical and emotional well-being. We believe that violence, threatening behaviour and abuse against staff are unacceptable and will not be tolerated. Where such behaviour occurs, we will take all reasonable and appropriate action in support of our staff and volunteers.

- Staff and volunteers have a right to expect that their workplace is a safe environment, and that prompt and appropriate action will be taken on their behalf if they are subjected to abuse, threats, violence or harassment by parents, service users and other adults as they carry out their duties.
- The most common example of unreasonable behaviour is abusive or intimidating and aggressive language. If this occurs, and if informal action is not appropriate or has proved to be ineffective, the withdrawal of permission to be on the premises would be considered.
- Where a person recklessly or intentionally applies unlawful force on another or puts another in fear of an immediate attack, it is an offence in law which constitutes an assault. We would normally expect the police to be contacted immediately.

Any staff member or volunteer who feels under threat or has been threatened, assaulted, or intimidated in the course of their work must report this immediately to their manager who will follow the setting manager's procedures and guidance for responding.

### **Harassment and intimidation**

Staff may find themselves subject to a pattern of persistent unreasonable behaviour from individual parents or service users. This behaviour may not be abusive or overtly aggressive but could be perceived as intimidating and oppressive. In these circumstances staff may face a barrage of constant demands or criticisms on an almost daily basis, in a variety of formats for instance, email or telephone. They may not be particularly taxing or serious when viewed in isolation but can have a cumulative effect over a period of undermining their confidence, well-being, and health.

All incidents must be recorded and reported to the setting's line manager using form.

### **Banning parents and other visitors from the premises**

- Parents and some other visitors normally have implied permission to be on the premises at certain times and for certain purposes, and they will not therefore be trespassers unless the implied permission is withdrawn.

- If a parent or other person continues to behave unreasonably on the premises a letter will be sent to them from the director, withdrawing the implied permission for them to be there.
- Full records are kept of each incident.

### **Dealing with an incident**

- We would normally expect all cases of assault, and all but the most minor of other incidents, to be regarded as serious matters which should be reported to the setting manager and/or the police and followed up with due care and attention.
- A record of the incident must be made whether the police are involved or not.
- Whilst acknowledging that service users i.e. parents and families, may themselves be under severe stress, it is never acceptable for them to behave aggressively towards staff and volunteers. Individual circumstances along with the nature of the threat are considered before further action is taken.
- *All parties involved should consider the needs, views, feelings and wishes of the victim at every stage. We will ensure sympathetic and practical help, support and counselling is available to the victim both at the time of the incident and subsequently.*
- A range of support can be obtained:
  - from the setting manager, directors or a staff colleague as well as the Employee Assistance Programme.
- In non-urgent cases, where the incident is not thought to be an emergency, but police involvement is required, all staff and volunteers are aware of the non-emergency police contact number for the area.
- After the incident has been dealt with, a risk assessment is done to identify preventative measures that can be put in place to minimise or prevent the incident occurring again.

### **Harassment or intimidation of staff by parents/carers/visitors**

Through open communication between staff and parents/carers a culture of respect and tolerance should always be promoted. Should this communication and relationship break down due to a parent or parents/carers behaviour towards the staff member The setting manager should contact their line manager for advice and support. Where the staff member feels threatened or intimidated the aggressive and unacceptable behaviour should be addressed.

- Where the parent's behaviour merits it, the setting manager, with another member of staff present, should inform the parent clearly but sensitively that staff feel unduly harassed or intimidated and are considering escalation the issue and making a complaint to the police if the behaviour does not desist or improve. The parent should be left in no doubt about the gravity of the situation and that this will be

followed up with a letter drafted by the setting manager but sent to their line manager for approval before being issued.

- The letter to the parent/carers should outline the zero-policy approach for any form of harassment, intimidation or abuse directed at staff.
- Staff must keep a record of incidents, including dates, times, locations, and witnesses, to support future action and meet reporting procedures. The setting manager and/or their line manager might wish to consider advising the parent to make a formal complaint. Information about how to complain is clearly displayed for parents and service users.
- If the investigation concludes that the parent's expectations and demands are unreasonable, and that they are having a detrimental effect on staff, the findings can strengthen the setting manager's position in further discussions with the parent and subsequently, if necessary, with the police.

Complaints relating to potential breaches of the EYFS Safeguarding and Welfare requirements will be managed according to the Complaints procedure for parents and service users.

## **Maintaining children's safety and security on premises**

### **Policy statement**

We maintain the highest possible security of our premises to ensure that each child is safely cared for during their time with us.

### **Procedures**

#### **Children's personal safety**

- We ensure all employed staff have been checked for criminal records via an enhanced disclosure with children's barred list check through the Disclosure and Barring Service.
- Adults do not normally supervise children on their own.
- All children are supervised by adults at all times.
- Whenever children are on the premises at least two adults are present.
- We carry out risk assessments to ensure children are not made vulnerable within any part of our premises, nor by any activity.

#### **Security**

- Systems are in place for the safe arrival and departure of children.
- The times of the children's departures are recorded.
- The arrival and departure times of adults – staff, volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- Our staff check the identity of any person who is not known before they enter the premises.

- We keep front doors and gates locked shut at all times. Back doors are kept locked shut at all times where they may lead to a public or unsupervised area.
- The personal possessions of staff and volunteers are securely stored during sessions.
- Minimal petty cash is kept on the premises.

## **Short trips, outings and excursions**

### **Policy statement**

Children benefit from being taken outside of the premises on visits or trips to local parks, or other suitable venues, for activities which enhance their learning experiences. We ensure that there are procedures to keep children safe on outings; all staff and volunteers are aware of and follow the procedures as laid out below.

### **Planning and preparation**

- Outings have a purpose with specific learning and development outcomes.
- There is a designated lead for each excursion who is clear about their responsibility as designated lead.
- If staff are agency or from another sites (applicable to chain settings) to maintain ratios on an outing they are fully briefed about the children they are accompanying.
- The excursion does not go ahead if concerns are raised about its viability at any point.
- Parents are informed of an outing and staff check that consent forms on children's registration were signed. This general consent details the venues used for daily activities.
- Children are specifically allocated to each member of staff/volunteer; they are responsible for supervising their designated children for the duration of the excursion.
- Parents on outings are responsible for their own children only.
- Parents who have undergone vetting as volunteers may be included in the ratio.
- Our adult to child ratio is high, normally one adult to two children, depending on their age, sensibility and the type of venue, as well as how it is to be reached.
- A minimum of two staff accompanies children on outings. Unless the whole setting is on an outing, a minimum of two staff also remain behind with the rest of the children.
- Staff frequently count their designated children and ensure hands are held when on the street and crossing the road.
- We take a list of children with us with contact numbers of parents/carers, as well as an accident book and a copy of our Missing Child Policy.
- Outings are recorded in an outing record book kept in the setting, stating:
  - The date and time of the outing.
  - The venue and mode of transport used.

- The names of the staff members assigned to each of the children.
- The time of return.
- A mobile phone belonging to the setting, and small first aid kit is taken out.
- Staff make sure they have water, plastic cups, spare nappies/change of clothes and wet wipes for the children going out appropriate to the length of time they are out for.
- Sun cream is applied as needed and children are clothed appropriately
- Children wear badges or 'high viz' vests with the name and number of the setting.
- Staff have emergency contacts, medication and equipment needed for children.

### **Risk assessment**

- Risk assessment is completed prior to the outing and signed off by the setting manager and all staff taking part.
- We carry out a risk assessment for each local venue used for daily activities, which is reviewed regularly.
- Existing risk assessments are reviewed/amended as required.
- Children with allergies or other specific needs have a separate risk assessment completed i.e. child with allergies visiting a supermarket.
- All outing risk assessments are made available for parents to see.

### **Outing venue (larger outings)**

- Venues used regularly are 'risk assessed' and an initial pre-visit is made to look at the health and safety aspects. If pre-visits cannot be made, risk assessment is achieved by calling the venue and asking for their risk assessment.
- We always ask parents to sign specific consent forms before major outings; and a risk assessment is carried out before the outing takes place.

### **Forest School sessions (not on site)**

- For Forest School sessions: A separate Forest School risk assessment is conducted, and Forest School standard procedures are followed at all times. The designated lead is always a level 3 practitioner with forest school training.
- The sessions are planned and risk assessed by the trained Forest School Leader to ensure children's safety.

### **Larger outings checklist**

There is an identified lead person for the outing.

- The outing has an educational purpose and has been agreed with the setting manager.

- Risk assessments completed/updated and shared with every staff, student/volunteer accompanying the children.
- Staff understand the potential risks when they are out with children and takes all reasonable measures to remove/minimise risks.
- Bouncy castles and similar attractions are not accessed by children on an excursion.
- The designated lead practitioner is the last to leave the venue, or transport being used.
- The designated lead conducts a 'safety sweep' before during and after the outing.

Further guidance:

[Preventing accidents to children on farms INDG472\(rev4\) \(hse.gov.uk\)](#)

[Stay safe farm safety \(hse.gov.uk\)](#)

## **Risk assessment**

### **Policy statement**

Risk assessments are carried out to ensure the safety of children, staff, parents and visitors. Legislation requires all individuals in the workplace to be responsible for the health and safety of premises, equipment and working practices. We have a 'corporate responsibility' towards a 'duty of care' for those who work in and receive a service from our provision. Individuals also have responsibility for ensuring their own and others safety.

- Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures
- Access audit is completed to ensure inclusion and the health and safety of all visitors, staff, and children. The relevant procedure is modified if required to match the assessment.
- Prioritised place risk assessment is completed for offering prioritised places during a national pandemic (such as Covid-19). A separate form is completed for each child who is prioritised because they are vulnerable, or meet any other criteria stipulated by the Government at the time. Risk assessment is also completed for each individual group/room as appropriate. If the risk assessment indicates a high risk if the place is offered, that cannot be minimised, the offer of the place may be withdrawn at the discretion of the setting manager.

Risk assessment means: *Taking note of aspects of your workplace and activities that that could cause harm, either to yourself or to others, and deciding what needs to be done to prevent that harm, making sure this is adhered to and is updated when necessary.*

The law does not require that all risk be eliminated, but that 'reasonable precaution' is taken. This is particularly important when balancing the need for children to be able to take appropriate risks through physically challenging play. Children need the opportunity to work out what is not safe and what they should do when faced with a risk.

This policy is based on the five steps of risk assessment below:



- Identification of a risk: Where is it and what is it?
- Who is at risk: Childcare staff, children, parents, cooks, cleaners etc?
- Assessment as to whether the level of a risk is high, medium, low. This takes into account both the likelihood of it happening, as well as the possible impact if it did.
- Control measures to reduce/eliminate risk: What will you need to do, or ensure others will do, in order to reduce that risk?
- Monitoring and review: How do you know if what you have said is working, or is thorough enough? If it is not working, it will need to be amended, or maybe there is a better solution.

### **Daily safety sweeps and checks indoors and outdoors**

- Safety sweeps are conducted when setting up for the day prior to children arriving or closing in the evening. Sometimes a safety sweep will identify a risk that requires a formal risk assessment on form. For example, if a window latch is becoming stiff and an early years educator has to stand on a chair in order to reach it to ensure it has closed properly.

### **Health and safety risk assessments**

Health and safety risk assessments inform procedures. Staff and parents should be involved in reviewing risk assessments and procedures, as they are the ones with first-hand knowledge as to whether the control measures are effective and they can give an informed view to help update procedures accordingly.

The setting manager undertakes training and ensures staff have adequate training in health and safety matters. The setting managers also ensures that checks/work to premises are carried out and records are kept.

- Gas safety by a Gas Safe registered gas/heating engineer.
- Electricity safety by a qualified electrician.
- Fire precautions to check that all fire-fighting equipment and alarms are in working order.
- Hot air heating systems/air conditioning systems cleaned and checked.
- Deep clean is carried out in kitchen.

The setting manager ensures that staff members carry out risk assessments that include relevant aspects of fire safety, food safety, in each of the following areas of the premises:

- Entrance and exits.
- Outdoor areas.
- Passageways, stairways and connecting areas.
- Group rooms.
- Sleep areas.
- Main kitchen.

- Staff/parent's room.
- Rooms used by others or for other purposes.

The setting manager ensures staff members carry out risk assessment for off-site activities, such as children's outings (including use of public transport), including:

- forest school
- home visits
- other duties off-site such as attending meetings, banking etc

The setting manager ensures staff members carry out risk assessment for work practice including:

- changing babies, and the intimate care of young children and older children
- arrivals and departures
- children with allergies and special dietary needs or preferences
- serving food in group rooms
- cooking activities with children
- supervising outdoor play and indoor/outdoor climbing equipment
- settling young children to sleep
- assessment, use and storage of equipment for disabled children
- visitors to the setting who are bringing equipment or animals as part of children's learning experiences, for example 'fire engines'
- following any incidents involving threats against staff or volunteers
- following any accident or incident involving staff or children

The setting manager liaises with Crime Prevention Officers as appropriate to ensure security arrangements for premises and personnel are appropriate.

We take precautions to reduce the risks of exposure to Legionella (Legionnaires disease). Our manager ensure that we are familiar with the HSE guidance and risk assess have seen the risk assessment relevant to the premises from the landlord.

### **Further guidance:**

Legionnaires' Disease – A Brief Guide for Dutyholders (HSE 2012) [www.hse.gov.uk/pubns/indg458.pdf](http://www.hse.gov.uk/pubns/indg458.pdf)

## Outdoors

- All gates and fences are childproof, safe, and secure.
- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed. Staff wear rubber gloves to do this.
- Bushes or overhanging trees are checked to ensure they do not bear poisonous berries.
- Stinging nettles and brambles are removed if they pose a risk to younger children.
- Safety mats are provided under climbing equipment, even when on grass
- Wooden equipment is maintained safely, put away daily and not used if broken.
- Wooden equipment is sanded and varnished as required.
- Broken climbing equipment or outdoor toys are removed and reported to the setting manager.
- Children are always supervised within ratios outside.
- Children are suitably attired for the weather conditions and type of outdoor activities.
- Sun cream (if parents have given permission) is applied and hats are worn during the summer months.
- Outdoor play is avoided in extreme heat between noon and 3pm.
- Children who have no adequate means of sun protection, such as hat, long sleeves and trousers or sun cream, will not be able to play outdoors in un-shaded areas.
- Children are supervised on climbing equipment, especially younger children.
- Water play is not left out but is cleared, cleaned and stored after each use.
- Receptacles are left upturned to prevent collection of rainwater, this is important in areas where there are vermin to prevent urine/faeces contaminating the water.
- Sightings of vermin are recorded and reported to the manager who reports to the Environmental Health's Pest Control Department.
- Outdoor areas that have flooded are not used until cleaned down and restored. Grassed areas are not played on for at least one week after the floodwater has gone.
- If paddling pools are used, a risk assessment is conducted and consideration given to the needs of disabled children or those less ambulant.

## Drones

If there are concerns about a 'drone' being flown over the outdoor area, that may compromise children's safety or privacy, the setting manager will contact the police on 101.

- Children will be brought inside immediately.
- Parents/carers will be informed that a Drone has been spotted flying over the outdoor area and will be advised fully of the actions taken by the setting.
- The police will have their own procedures to follow and will act accordingly.
- If at any point following the incident, photographs taken by a drone emerge on social media that could identify the nursery or individual children, these are reported to the police.
- A record is completed in the Notifiable Incident Record unless there is reason to believe that the incident might have safeguarding implications, for example:
  - the drone has hovered specifically over the outdoor area for any length of time
  - there is a likelihood that images of the children have been recorded
  - is spotted on more than one occasion
  - if the Police believe there is cause for concern

Where this is the case, Safeguarding children, young people and vulnerable adults procedures are followed.

## **Fire safety and emergency evacuation.**

### **Policy statement**

Our provision is a suitable, clean, and safe place for children to be cared for, where they can grow and learn. We meet all statutory requirements about fire safety and fulfil the criteria for meeting the relevant Early Years Foundation Stage Safeguarding and Welfare Requirements.

We ensure our premises present no risk of fire by ensuring the highest possible standard of fire precautions. The person in charge and our staff is familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as our Fire Officer or Fire Safety Consultant. A Fire Safety Log is used to record the findings of risk assessment, any actions taken or incidents that have occurred and our fire drills. We ensure our policy is in line with the procedures specific to our building, making reasonable adjustments as required.

Designated Fire Marshalls are: Laela Hamadi and Jyoti Malhan

### **Procedures**

#### *Fire safety risk assessment*

- The basis of fire safety is risk assessment, carried out by a 'competent person'.
- The manager has received training in fire safety sufficient to be competent to carry out the risk assessment; this will be written where there are more than five staff and will follow the Government guidance Fire Safety Risk Assessment - Educational Premises (HMG 2006).
  - Our fire safety risk assessment focuses on the following for each area of the setting:
  - Electrical plugs, wires and sockets.
  - Electrical items.
  - Gas boilers.
  - Cookers.
  - Matches.
  - Flammable materials – including furniture, furnishings, paper etc.
  - Flammable chemicals.
  - Means of escape.
  - Anything else identified.
- Where we rent premises, we will ensure that we have a copy of the fire safety risk assessment that applies to the building and that We contribute to regular reviews.

#### *Fire safety precautions taken*

- We ensure that fire doors are clearly marked, never obstructed and easily opened from the inside.
- We ensure that smoke detectors/alarms and fire fighting appliances conform to BS EN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
- We have all electrical equipment checked annually by a qualified electrician. Any faulty electrical equipment is taken out of use and either repaired or replaced.

- Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
  - clearly displayed in the premises;
  - explained to new members of staff, volunteers and parents; and
  - practised regularly, at least once every six weeks.
- Records are kept of fire drills and of the servicing of fire safety equipment.

#### *Emergency evacuation procedure*

covers procedures for practice drills including:

- How children are familiar with the sound of the fire alarm.
- How the children, staff and parents know where the fire exits are.
- How children are led from the building to the assembly point.
- How children will be accounted for and who by.
- How long it takes to get the children out safely.
- Who calls the emergency services, and when, in the event of a real fire.
- How parents are contacted.

#### *Fire drills*

We hold fire drills termly and record the following information about each fire drill in the fire drill record book:

- The date and time of the drill.
- Number of adults and children involved.
- How long it took to evacuate.
- Whether there were any problems that delayed evacuation.
- Any further action taken to improve the drill procedure.

## **Animals in the setting**

### **Policy statement**

Children learn about the natural world, its animals and other living creatures, as part of the Learning and Development Requirements of the Early Years Foundation Stage. This may include contact with animals, or other living creatures, either in the setting or on visits. We aim to ensure that this is in accordance with sensible hygiene and safety controls.

### **Procedures**

#### *Animals in the setting as pets*

- We take account of the views of parents and children when selecting an animal or creature to keep as a pet in the setting, as well as any allergies or issues that individual children may have any animals or creatures.
- We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.
- We provide suitable housing for the animal or creature and ensure this is cleaned out regularly and is kept safely.
- Our staff are knowledgeable of the pet's welfare and dietary needs and ensure that the correct food is offered, at the right times.
- We make arrangements for weekend and holiday care for the animal or creature.
- We register with the local vet and take out appropriate pet care health insurance.
- We make sure all vaccinations and other regular health measures, such as de-worming, are up-to-date and recorded.
- We teach children the correct handling and care of the animal or creature and supervise them at all times.
- We ensure that children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- We wear disposable gloves when cleaning housing or handling soiled bedding.
- If animals or creatures are brought in by visitors to show the children, they are the responsibility of their owner.
- The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

#### *Visits to farms*

- Before a visit to a farm, we carry out a risk assessment - this may take account of safety factors listed in the farm's own risk assessment, which should be viewed.
- We contact the venue in advance of the visit to ensure that there has been no recent outbreak of E.coli or other infections. If there has been an outbreak, we will review the visit and may decide to postpone it.
- We follow our outings procedure.
- Children wash and dry their hands thoroughly after contact with animals.
- Outdoor footwear worn to visit farms is cleaned of mud and debris as soon as possible on departure and should not be worn indoors.
- We advise staff and volunteers who are, or may be, pregnant to avoid contact with ewes and to consult their GP before the visit.

### **Animals brought in by visitors**

- The owner of the animal/creature maintains responsibility for it in the setting.
- The owner carries out a risk assessment detailing how the animal/creature is to be handled and how any safety or hygiene issues will be addressed.
- No dogs on the Government's Banned Dogs list are to be brought on site at any time. All other dogs brought on site by parents/carers during arrival and departure times must be on a lead and under control. The manager reserves the right to request that a dog is not brought on site, if the animal is out of control, or likely to pose a risk.
- If staff are concerned that a family owns a dog which is on the 'banned dog' list, it is treated as a safeguarding concern and it is reported to the relevant authority and safeguarding procedures are followed.

## **No-smoking/ Vaping**

### **Policy statement**

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors. This policy applies to anything that can be smoked, including cigarettes, pipes (including water pipes such as shisha and hookah pipes), cigars and herbal cigarettes, and it also applies to electronic cigarettes (also known as e-cigarettes).

The policy applies to employees, parents, visitors, members of the public, contractors and others working or using the provision premises or vehicles. This policy will be clearly advertised and visitors to the school will be informed of it.

### **Procedures**

- All staff, parents and volunteers are made aware of our No-smoking/ Vaping Policy.
- No-smoking signs are displayed.
- The No-smoking/ Vaping Policy is stated in information for parents.
- We actively encourage no-smoking/ vaping by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke/ vape during working hours and travelling to and from work must not do so whilst wearing a setting uniform or must at least cover the uniform.
- E-cigarettes are not permitted to be used on the premises.
- Staff who smoke/ vape or use e-cigarettes during their scheduled breaks go well away from the premises.
- Staff who smoke/ vape during their break make every effort to reduce the effects of odour and passive smoking for children and colleagues.
- Smoking/ vaping is not permitted in any vehicles belonging to the setting.
- Smoking/ vaping on off-site visits or trips is not permitted.
- Staff are made aware that failure to adhere to this policy and procedures may result in disciplinary action.
- It is a criminal offence for employees to smoke in smoke-free areas, with a fixed penalty of £50 or prosecution and a fine of up to £200.

### **Legal framework**

- The Smoke-free (Premises and Enforcement) Regulations (2006)
- The Smoke-free (Signs) Regulations (2012)



## **Valuing diversity and promoting inclusion and equality**

### **Policy statement**

We are committed to ensuring that our service is fully inclusive in meeting the needs of all children.

We recognise that children and their families come from a wide range of backgrounds with individual needs, beliefs and values. They may grow up in family structures that include one or two parents of the same or different sex. Children may have close links or live with extended families of grandparents, aunts, uncles and cousins; while other children may be more removed from close kin or may live with other relatives or foster carers. Some children come from families who experience social exclusion, severe hardship; discrimination and prejudice because of their ethnicity, disability and/or ability, the languages they speak, their religious or personal beliefs, their sexual orientation and marital status. Some individuals face discrimination linked to their gender and some women are discriminated against because of their pregnancy and maternity status. We understand that all these factors can affect the well-being of children within these families and may adversely impact on children's learning, attainment and life outcomes.

The setting is committed to anti-discriminatory practice to promote equality of opportunity and valuing diversity for all children and families using our setting. We aim to:

- promote equality and value diversity within our service and foster good relations with the local community;
- actively include all families and value the positive contribution they make to our service;
- promote a positive non-stereotyping environment that promotes dignity, respect and understanding of difference in all forms;
- provide a secure and accessible environment in which every child feels safe and equally included;
- improve our knowledge and understanding of issues relating to anti-discriminatory practice,
- challenge and eliminate discriminatory actions on the basis of a protected characteristic as defined by the Equality Act (2010) namely:
  - age;
  - gender;
  - gender reassignment;
  - marital status;
  - pregnancy and maternity;
  - race;
  - disability;
  - sexual orientation; and
  - religion or belief.

- where possible, take positive action to benefit groups or individuals with protected characteristics who are disadvantaged, have a disproportional representation within the service or need different things from the service.

## **Procedures**

### **Admissions**

Our setting is open and accessible to all members of the community.

- We base our Admissions Policy on a fair system.
- We do not discriminate against a child or their family in our service provision, including preventing their entry to our setting based on a protected characteristic as defined by the Equality Act (2010).
- We advertise our service widely.
- We provide information in clear, concise language, whether in spoken or written form and provide information in other languages (where ever possible).
- We reflect the diversity of our community and wider society in our publicity and promotional materials.
- We provide information on our offer of provision for children with special educational needs and disabilities.
- We ensure that all parents are made aware of our Valuing Diversity and Promoting Equality Policy.
- We make reasonable adjustments to ensure that disabled children can participate successfully in the services and in the curriculum offered by the setting.
- We take action against any discriminatory, prejudice, harassing or victimising behaviour by our staff, volunteers or parents whether by:
  - direct discrimination – someone is treated less favourably because of a protected characteristic e.g. preventing families of a specific ethnic group from using the service;
  - indirect discrimination – someone is affected unfavourably by a general policy e.g. children must only speak English in the setting;
  - discrimination arising from a disability – someone is treated less favourably because of something connected with their disability e.g. a child with a visual impairment is excluded from an activity;
  - association – discriminating against someone who is associated with a person with a protected characteristic e.g. behaving unfavourably to someone who is married to a person from a different cultural background; or
  - perception – discrimination on the basis that it is thought someone has a protected characteristic e.g. making assumptions about someone's sexual orientation.
  - We will not tolerate behaviour from an adult who demonstrates dislike or prejudice towards individuals who are perceived to be from another country (xenophobia).
- Displaying of openly discriminatory xenophobic and possibly offensive or threatening materials, name calling, or threatening behaviour are unacceptable on, or around, our premises and will be dealt with immediately and discreetly by asking the adult to stop using the unacceptable behaviour and inviting

them to read and to act in accordance with the relevant policy statement and procedure. Failure to comply may lead to the adult being excluded from the premises.

## **Employment**

- We advertise posts and all applicants are judged against explicit and fair criteria.
- Applicants are welcome from all backgrounds and posts are open to all.
- We may use the exemption clauses in relevant legislation to enable the service to best meet the needs of the community.
- The applicant who best meets the criteria is offered the post, subject to references and suitability checks. This ensures fairness in the selection process.
- All our job descriptions include a commitment to promoting equality, and recognising and respecting diversity as part of their specifications.
- We monitor our application process to ensure that it is fair and accessible.

## **Training**

- We seek out training opportunities for our staff and/myself and my volunteers to enable them to develop anti-discriminatory and inclusive practices.
- We ensure that our staff are confident and fully trained in administering relevant medicines and performing invasive care procedures on children when these are required.
- We review our practices to ensure that we are fully implementing our policy for Valuing Diversity and Promoting Equality.

## **Curriculum**

The curriculum offered in our setting encourages children to develop positive attitudes about themselves as well as about people who are different from themselves. It encourages development of confidence and self-esteem, empathy, critical thinking and reflection.

We ensure that our practice is fully inclusive by:

- creating an environment of mutual respect and tolerance;
- modelling desirable behaviour to children and helping children to understand that discriminatory behaviour and remarks are hurtful and unacceptable;
- positively reflecting the widest possible range of communities within resources;
- avoiding use of stereotypes or derogatory images within our books or any other visual materials;
- celebrating locally observed festivals and holy days;
- ensuring that children learning English as an additional language have full access to the curriculum and are supported in their learning;
- ensuring that disabled children with and without special educational needs are fully supported;

- ensuring that children speaking languages other than English are supported in the maintenance and development of their home languages

We will ensure that Our environment is as accessible as possible for all visitors and service users. We do this by:

- undertaking an access audit to establish if the setting is accessible to all disabled children and adults. If access to the setting is found to treat disabled children or adults less favourably, then [we/I] make reasonable adjustments to accommodate the needs of disabled children and adults.
- fully differentiating the environment, resources and curriculum to accommodate a wide range of learning, physical and sensory needs.

#### *Valuing diversity in families*

- We welcome the diversity of family lifestyles and work with all families.
- We encourage children to contribute stories of their everyday life to the setting.
- We encourage mothers, fathers and other carers to take part in the life of the setting and to contribute fully.
- For families who speak languages in addition to English, we will develop means to encourage their full inclusion.
- We take positive action to encourage disadvantaged and under-represented groups to use the setting.

#### *Food*

- We work in partnership with parents to ensure that dietary requirements of children that arise from their medical, religious or cultural needs are met where ever possible.
- We help children to learn about a range of food, and of cultural approaches to mealtimes and eating, and to respect the differences among them.

#### *Meetings*

- Meetings are arranged to ensure that all families who wish to may be involved in the running of the setting.
- We positively encourage fathers to be involved in the setting, especially those fathers who do not live with the child.
- Information about meetings is communicated in a variety of ways - written, verbal and where resources allow in translation – to ensure that all mothers and fathers have information about, and access to, the meetings.

#### *Monitoring and reviewing*

- So that our policies and procedures remain effective, we monitor and review them annually to ensure our strategies meet our overall aims to promote equality, inclusion and to value diversity.
- We provide a complaints procedure and a complaints summary record for parents to see.

#### *Public Sector Equality Duty*

- We have regard to the Duty to eliminate discrimination, promote equality of opportunity, foster good relations between people who share a protected characteristic and those who do not.

## **SEND / Inclusion Policy**

### **Policy statement**

At Play2Learn we offer an environment in which all children, including those with special educational needs, are supported to reach their full potential. We ensure our provision is inclusive to all children with special educational needs.

- We have regard for the DFE and DOH Special Educational Needs Code of Practice 0-25 years 2014.
- We also have regard to the DFE Statutory Framework for Early Years Foundations Stage (2017) (EYFS) and the Equality Act 2010.
- We offer an education service to all children including those with SEN and/or disabilities through our inclusive admissions practice that ensures equality of access and opportunity. (See our admissions policy)
- We are committed to working closely with parents/carers who are fully involved in all decisions that affect their child's education.
- We work in partnership with parents and other agencies in meeting individual children's needs.
- We monitor and review our policy, practice, and provision and, if necessary, make adjustments.

### **Curriculum:**

- All children have a right of full access to early year's education through the Early Years Foundation Stage.
- All children have the right to expect to learn in a caring and considerate environment where staff and the children are valued for their contributions.
- We provide a broad, balanced and differentiated curriculum for all children with special educational needs and disabilities.
- We identify the specific needs of children with special educational needs and meet those needs through a range of SEN strategies.
- 

### **EYFS key themes and commitments**

### **Procedures**

- We designate a member of staff to be the Special Educational Needs Co-ordinator (SENCO) and give her name to parents. Our setting-based SENCO is:  
Wajeeha Tariq

They have completed specific SENCO training and attended relevant training to keep up to date on issues relating to inclusion and SEND.

#### **Our SENCO:**

- Works closely with our manager and other colleagues and has responsibility for the day-to-day operation of the SEN policy.
- Coordinates provision for children with special educational needs within our setting.
- Offers support for parents/carers.
- Supports staff development.
- Liaises with other agencies.
- Ensures records are kept.
- Assists staff in making observations and assessments.
- Assists staff in planning for children with SEN.
- Contacts the Early Intervention Team (EIT) at an early stage for informal advice and support
- Our EIT teacher is Heidi Williams and play specialist Gemma Proudian
- We ensure that the provision for children with special educational needs is the responsibility of all members of the setting.
- We ensure that our inclusive admissions practice embraces equality of access and opportunity.
- Our admission form contains detailed questions specifically on special educational needs and disabilities so that additional need/support is identified as early as possible.
- We encourage parents/carers of children with particular needs to approach our SENCO for more information and discuss how their child's needs can be met.
- For a child with complex needs (physical and/or medical) a risk assessment/care plan, additional training for staff and/or specialist equipment may be required before a start date at the nursery can be agreed (this can be read in conjunction with our Administering Medication Policy and Children with Allergies Procedures)
- Inclusion funding is a means of enabling settings to provide early intervention and promote inclusion by offering additional funding to provide additional adult support for children identified with SEN and/or disabilities.
- Application is discussed with parent/carers and made by the Senco.
- An Inclusion funding request (IFR) form will be completed with parental permission for a child who has additional needs that will require the support of more than one practitioner or agency. The IFR is used to identify early support needs for children who are at risk of under achieving in one or more areas outlined in Every Child Matter (ECM) five outcomes. The key principle of the IFR is to empower families and so agreement must be obtained from parents/families.
- The Manager/SENCO at the setting has attended IFR training.
- The setting Senco applies for the funding using the provider portal the online system.

## Access for adults and children with a disability:

### Facilities:

- The premises are easily accessible as the Nursery is all on one level with no stairs
- There is a disabled toilet with handrail and alarm
- Tables that can be raised or lowered
- Outdoor area at one level.
- Separate changing area for nappies or clothes
- Shower room on one level

### Adaptions

- Reasonable adjustments/adaptions will be made where appropriate in accordance with the requirements of the Equality Act 2010

## Partnership with Parents

- Parental knowledge is valued at the setting and information is exchanged from the moment and enquiry is made and then throughout the child's time at the setting.
- Information is shared in a variety of ways; written (registration forms, Target plan, Meeting minutes and parental views), verbal (at regular intervals throughout the week by the key person/inclusion support worker and SENCO, over the telephone the parents can discuss matters daily informally), and records are shared at formal meetings and the EYlog system where observations and next steps are emailed regularly. Parents also have the opportunity to reply on EYlog with their observations and photographs.
- Meetings take place in a quiet area, online or nursery what's app number where privacy can be respected either in the manager's office or the quiet room.
- Parents who have English as an additional language can be supported by members of the team who speak these languages or by friends who they are comfortable with sharing their child's information with. If this is not possible then we will contact EIT to see if we can arrange a translator. Displays use many of the community languages and staff translate parent letters and information for parents.
- Parents are contacted in a variety of ways both formal e.g. Target plan meetings, transition meetings and parent meetings and informally on a daily basis to update on how their child is progressing. The EYlog system emails observations and planning to parents on a regular basis. In these emails suggestions can be made of how the parents/cares can help at home as well as allowing parents/cares to add their comments and observations.
- We work closely with parents/carers of children with special educational needs to create and maintain a positive partnership.

- We ensure that parents/carers are informed at all stages of the assessment, planning, provision and review of their child's education.
- We work in partnership with parents/carers and other agencies in meeting individual children's needs.
- We consult with parents/carers at every level of intervention.
- We will explain procedures to parents/carers in order to develop a close working relationship.
- We provide parents/carers with information on sources of independent advice and support e.g. The Special Educational Needs and Disability Information, Advice and Support Service (IASS).

## Confidentiality

- Children's records are kept in named individual files in a locked filing cabinet in the office. The Individual Support folders are also kept in the office which is locked which contain reports and Target plans. The records sent on EYlog are only accessible to parents/carers with a password. (Please refer to Information sharing and record keeping policy), The e-folders are kept on the hard drive on the computer which is accessible to the manager and Senco of the setting.
- Staff have signed a confidentiality policy and are aware what they are able to share and when to share.
- We will respect parent/carers rights to confidentiality when supporting children with special educational needs.
- We will always discuss any possible referrals to other services with parents/carers to seek their agreement before we make such referrals.
- All meetings with parents/carers other than normal parent staff contact with take place in private
- All our staff are aware of any Target plans agreed for their child as they are likely to be involved in supporting that child. However, all staff are also aware that their knowledge of these targets is privileged information which should not be shared with anyone without the permission of either the nursery Manager, SENCO or parent/carers.

## Staffing and Training

- We are committed to training all the staff at the nursery to support children with SEN this is achieved by identifying training needs through observations, consultations, review meetings, supervisions as well as appraisals. Once training is identified then staff can access the training provided by the London Borough of Hounslow, also internal training is



provided by our SENCO which is also shared with parents to support target plans. We are also supported by Gemma Proudian the borough play specialist who comes in to support the staff with different strategies which can be useful for the children with SEN needs.

- We also video (with parental consent) these strategies such as bucket time to support internal training for new staff or to upskill staff.
- The setting SENCO has attended specific training on children with social communication difficulties, behaviour management, listening and attention and Makaton signing as well as signing hands.
- The SEN team at the playgroup have many skills which include, bucket time, intensive interactions, social stories, special time, eye contact activities, SCERTS activity, Identity play, early language development activities and listening and attention activities. The setting also follows positive interactions training to support children's language development and uses Multi-Sensory Group Time (MSGT) to support children's learning on a daily basis.
- All new staff are inducted using the SEN Policy and Flow chart and all attend positive interactions training provided by Hounslow and receive internal training on MSGT. The SENCO supports them in understanding how to support children on the SEN register during the session and their individual targets which are displayed in the main play area.
- We raise awareness of our specialisms on our profile on the Family Information Service website and also in our prospectus.

## Curriculum, Resources and Learning Environment

- We follow the EYFS (2025) for all children who attend the nursery and make adaptations or differentiate activities, so all children are able to take part. We use cohort monitoring to divide children into groups for MSGT and Social Communication Groups using the ECAT screening form (Let's talk together). Activities during the day have adaptations such as using tools to take part in messy activities for those children who do not like to get dirty, the language that is used to support each child and the amount of adult support required. For threading activities, we have different types of threading from very large pieces to small pieces of string with pasta.
- We have a quiet room where we have specialist resources to meet children's needs such as, Box full of Feelings, Playing and Learning to Socialise (PALS), bucket time resources of motivating toys, sensory toys, light up toys, large gym balls for gross motor movement, balance chairs and seats, fine motor skills development (peg toys, Velcro), sensory tactile books, posting activities, speech and language screening box. Story sacks and rhyme time bags with props and resources. We also have board maker to print out own signs for visual timetables and PECS.
- We provide resources (human and financial) to implement our SEN Policy.
- Activities are planned and resources adapted and varied to meet a range of needs.

## Identification and Assessment

It is vital that we identify children who may need additional support as early as possible so we can put strategies in place to support them and their families. We have a clear approach to identify and meet the needs of children with SEN (See flow chart) which allows us to respond at the earliest point. These are the procedures we have in place.

- Registration forms that ask questions about the child's development so we can identify and support the child before they start at the nursery (if the parent is aware). This will enable us to make reasonable adjustments before they start including training.
- We receive referral from other agencies e.g. the hearing impairment team, portage and health again this enables us to be prepared before the child starts
- Initial observations when the child starts and tracking against Birth to5 matters. Speaking to parents and gaining additional information e.g. is it speech and language delay or English as an additional language. These conversations are recorded in the child's learning journal.
- After speaking to parents targeted actions are put in place e.g., eye contact games, sharing and turn taking activities, lotto and posting games. (see SEN folder of activities). These are set up with the parents so they can help to support at home.
- This is recorded and progress tracked and shared with parents.
- Also have the two-year-old checks over the three prime areas highlight the child's strengths and areas for development also any more serious concerns that may be SEN. There is a meeting with parents to discuss and develop appropriate actions and this report is shared with the health visitor.
- If targeted actions are still not helping the child to make progress, then permission is gained from the parents to ask for outside support.

## The Graduated Approach

**The Graduated Approach as outlined in The SEND Code of Practice 0 – 25 years (January 2015):**

Below is the SEN Support that we provide for identifying and supporting children with SEN or disabilities within our setting:

#### *Assess*

- We use initial observations and assessments from staff; information received from external resources and/or parental concern to support early identification.
- We use on-going observational assessments linked to the EYFS Development Matters / Birth to 5 Matters to support early identification of needs.
- We use a range of additional assessment tools to contribute to early identification.

#### *Plan*

- We use targeted plans to agree targets, interventions and support for a child identified with special educational needs with a child-centred focus and outcomes underpinning and informing the content of the plan.
- The SENCO will liaise with the child's parents/carers, together with the child and external agencies, if appropriate, in planning new targets.
- We encourage parents/carers to attend targeted plan meetings.

#### *Do*

- The Key Person will be responsible for working with the child on a daily basis.
- Our SENCO will support and oversee implementation of targeted plans.

#### *Review*

- The SENCO will organise review meetings with parents/carers, Key Person and external professionals to monitor progress.

#### *Requesting an EHC needs assessment*

- If a child is not making expected progress, we will discuss requesting an EHC needs assessment in consultation with the parents/carers and outside professionals.
- The Local Authority (LA) considers the need for an EHC needs assessment via an EHC Panel, and if appropriate a multi-disciplinary assessment will be made.
- Where the Local Authority decides to carry out an EHC needs assessment it will seek information from us about the child's needs.

#### *Education, Health & Care Plan (EHC Plan)*

- EHC Plans will be reviewed at least every three to six months to ensure that provision continues to be appropriate.
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#### **How we identify children:**

It is vital that we identify children who may need additional support as early as possible so we can put strategies in place to support them and their families. We have a clear approach to identify and

meet the needs of children with SEN (See flow chart) which allows us to respond at the earliest point. These are the procedures we have in place.

- Registration forms that ask questions about the child's development so we can identify and support the child before they start at the nursery (if the parent is aware). This will enable us to make reasonable adjustments before they start including training.
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- Initial observations when the child starts and tracking against Birth to5 matters. Speaking to parents and gaining additional information e.g. is it speech and language delay or English as an additional language. These conversations are recorded in the child's learning journal.
- After speaking to parents targeted actions are put in place e.g., eye contact games, sharing and turn taking activities, lotto and posting games. (see SEN folder of activities). These are set up with the parents so they can help to support at home.
- This is recorded and progress tracked and shared with parents.
- Also have the two-year-old checks over the three prime areas highlight the child's strengths and areas for development also any more serious concerns that may be SEN. There is a meeting with parents to discuss and develop appropriate actions and this report is shared with the health visitor.
- If targeted actions are still not helping the child to make progress, then permission is gained from the parents to ask for outside support.

### **Links with Support Services and other Agencies**

Agencies usually used are:

- The Early Years Education Team
- Health Visitors
- Speech and Language Therapy Service
- Physiotherapy Service
- Occupational Therapy Service
- Child Development Clinic (Community Paediatricians)
- Local Children's Centre Staff
- Advisors for visual and/or hearing impairments
- We have a knowledge of local services e.g. Family Information Service & The Hounslow Local Offer

### **Links with Support Services and other Agencies**

- We work in partnership with parents and other agencies in meeting individual children's needs.
- We liaise with other professionals involved with children with special educational needs and their families, including in connection with transfer arrangements to other settings and schools.
- We can signpost parents to other professionals that may be able to help such as health visitor, speech and language therapist, children's centre and others.

### **London Borough of Hounslow Arrangements**

We access support from the London Borough of Hounslow Early Years Education Team through:

- Training Calendar
- Hounslow SENCO training
- Attendance at termly Provider Forums
- General advice and support

### **Additional Funding Stream - SEN Inclusion Funding**

- Parental permission is taken before making any referrals for the child and the initial concern form is filled out by the staff member and discussed with the Senco of the setting.
- The early years advisory teacher is also updated on any concerns regarding a child and taken advise.
- The referral is made with the other agencies i.e., speech and language, child development clinic, occupational therapist, health visitor by the parental consent. Relevant information is also taken by the parents while filling in the referrals so that they are done to the best of the knowledge and the parents are also given an opportunity to share their concerns and worries about the child.
- The parents are explained about the inclusion funding which is given by the council as an additional support to help the development of the child. With the parental consent an inclusion funding request is made using the form online and sent via egress to [senincusionfunding@hounslow.gov.uk](mailto:senincusionfunding@hounslow.gov.uk). The case is then presented in the online panel, and the agreed funding decision is received in the panel.
- The funding is a means of enabling settings to provide early intervention and promote inclusion by offering funding to provide additional support (called a Support Worker) for children identified with special educational needs and disabilities.

- The decision to offer inclusion funding is made in consultation with the Early Years SEN Advisory Teacher (Early Intervention Service).
- Whether Inclusion Funding is given, and the number of hours offered will be based on the level /complexity of SEND.
- The key person or support worker then carries out these target plans with the support of the SENCO.
- The child's progress will be recorded and reviewed in the review target plan meetings which are planned once in each term. The meeting is arranged with the parents on the nursery what's app number via video call or in the manager's office depending on the availability and feasibility of the parents. During the meeting parents' feedback is taken on how the targets have gone, what do they think needs changing or if they are struggling on something and wants it to be set up as a target. Updates are also taken from the parents regarding any appointments attended or upcoming appointments.
- The previous targets are reviewed in the meeting and new targets are setup in the meeting. The copy of the targets is sent to the parents via email, and a picture of the targets is also sent on the what's app number of parents. The parents are also supported on how they are going to use the targets at home to work collaboratively for the best interest of the child.
- Notional funding is provided to support ordinarily available provision and to promote inclusive practice.

### **Additional Funding Stream – Disability Access Fund**

- The Disability Access Fund (DAF) is financial support in early years settings.

#### **Eligibility:**

- The child must be in receipt of the disability living allowance.
- The child must be aged 9 months to 4 years old.
- The provider must be delivering funded early years education to the child.
- If the child uses more than one early year provider, the parent must choose which provider gets the funding.
- If the child moves setting in the same financial year, the fund will stay with the designated early years provider, and the child will not be eligible for a new payment until the next financial year.
- Information on DAF can be found on the Hounslow SEND Local Offer.

For each eligible child, parents will need to:

- fill out a DAF Parent Declaration Form provided by the early year's provider.
- share a copy of the Disability Living Allowance (DLA) letter.
- The early years provider will then notify the Local Authority of the child's eligibility and send the documents by sending the parent declaration and the copy of the DLA letter to [seninclusionfunding.gov.uk](mailto:seninclusionfunding.gov.uk) via egress.

## Transition Procedures

- Supporting the transition of a child with additional needs from the current placement to a new placement is an important part of the work of the setting SENCO.
- Successful transition for a child with additional needs means that they can be appropriately supported immediately upon starting at their new setting/school and will enable them to continue learning as effectively as possible.
- Agreement to share information with next placement is discussed and obtained with parents/carers. We discuss with parents the reasons for sharing information, what will be shared, how and with whom.
- We hold a transition meeting at the setting in the term before transition takes place and invite parents/carers and next placement.
- In partnership with parents/carers and next placement, we share relevant information such as the child's areas of need, strengths and EYFS Development Matters and/or Birth to 5 Matters information in the prime areas of learning and development. We also share the stage of SEN Support, assessment information (within the setting as well as from relevant outside agencies), targeted plans including strategies and interventions and information on additional funding.
- Relevant paperwork is sent to next placement.
- We liaise with the child's next placement and invite them to visit our setting to familiarise themselves with, and observe, the child and to share information in partnership with parents.

## Complaints Procedure

**Who do parents approach if they have any issues e.g. Key Person, SENCO or Manager?**

**Have you cross-referenced with complaints procedure?**

- We provide a complaints procedure.

## Monitoring the Policy

- We monitor and review our policy annually.
- We monitor and review our policy, practice and provision and, if necessary, make adjustments.
- We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g., action plan reviews, staff and management meetings, parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.

This policy was adopted on 3<sup>rd</sup> November 2025.

Date to be reviewed \_\_\_\_\_ (September 2026)

Practitioners/other relevant persons involved in creating/reviewing policy \_\_\_\_\_ Wajeeha Tariq

Name of signatory \_\_\_\_\_

Role of signatory (e.g., chair/owner) \_\_\_\_\_

### Further guidance:

- Special Educational Needs & Disability (SEND) Code of Practice 0 – 25 years (DfE & DoH 2015))
- Issues in Earlier Intervention: Identifying and Supporting Children with Additional Needs (DCSF 2010)
- Equality Act (2010)
- Early Years Foundation Stage Statutory Framework (DfE 2025)
- Working Together to Safeguard Children (DfE 2023)

### Other useful Pre-school Learning Alliance publications:

- SEND Code of Practice for the Early Years (2015)
- The Role of the Early Years Special Educational Needs Co-ordinator (SENCO) (2022)



## British values

### Policy statement

We actively promote inclusion, equality of opportunity, the valuing of diversity and British values.

Under the Equality Act 2010, which underpins standards of behaviour and incorporates both British and universal values, we have a legal obligation not to directly or indirectly discriminate against, harass or victimise those with protected characteristics. We make reasonable adjustments to procedures, criteria and practices to ensure that those with protected characteristics are not at a substantial disadvantage. As we are in receipt of public funding we also have a public sector equality duty to eliminate unlawful discrimination, advance equality of opportunity, foster good relations and publish information to show compliance with the duty.

Social and emotional development is shaped by early experiences and relationships and incorporates elements of equality and British and universal values. The Early Years Foundation Stage (EYFS) supports children's earliest skills so that they can become social citizens in an age-appropriate way, that is, so that they are able to listen and attend to instructions; know the difference between right and wrong; recognise similarities and differences between themselves and others; make and maintain friendships; develop empathy and consideration of other people; take turns in play and conversation; avoid risk and take notice of rules and boundaries; learn not to hurt/upset other people with words and actions; understand the consequences of hurtful/discriminatory behaviour.

### Procedures

#### *British Values*

The fundamental British values of *democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs* are already implicitly embedded in the 2014 EYFS and are further clarified below, based on the *Fundamental British Values in the Early Years* guidance (Foundation Years 2015):

- *Democracy*, or making decisions together (through the prime area of Personal, Social and Emotional Development)
  - As part of the focus on self-confidence and self-awareness, early years educators encourage children to see their role in the bigger picture, encouraging them to know that their views count, to value each other's views and values, and talk about their feelings, for example, recognising when they do or do not need help.
  - Early years educators support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds in an atmosphere where questions are valued.
- *Rule of law*, or understanding that rules matter (through the prime area of Personal, Social and Emotional Development)

- Early years educators ensure that children understand their own and others' behaviour and its consequence.
- Early years educators collaborate with children to create rules and the codes of behaviour, for example, the rules about tidying up, and ensure that all children understand rules apply to everyone.
- *Individual liberty, or freedom for all* (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
  - Children should develop a positive sense of themselves. Staff provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
  - Early years educators encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example discussing in a small group what they feel about transferring into Provision or Reception Class.
- *Mutual respect and tolerance, or treating others as you want to be treated* (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
  - Early years educators create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
  - Children should acquire tolerance, appreciation and respect for their own and other cultures; know about similarities and differences between themselves and others, and among families, faiths, communities, cultures and traditions.
  - Early years educators encourage and explain the importance of tolerant behaviours, such as sharing and respecting other's opinions.
  - Early years educators promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural or racial stereotyping.
- *In our setting it is not acceptable to:*
  - actively promote intolerance of other faiths, cultures and races
  - fail to challenge gender stereotypes and routinely segregate girls and boys
  - isolate children from their wider community
  - fail to challenge behaviours (whether of staff, children or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

### *Prevent Strategy*

Under the Counter-Terrorism and Security Act 2015 we also have a duty "*to have due regard to the need to prevent people from being drawn into terrorism*" Our contact for any referrals under the prevent strategy is Joan Conlon 0208 583 2197

The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff and governors to raise concerns relating to extremism directly. Concerns can also be raised by email to [counter.extremism@education.gsi.gov.uk](mailto:counter.extremism@education.gsi.gov.uk). Please note that the helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed.

The statutory guidance makes clear that childcare and early education providers are expected to assess the risk of children being drawn into terrorism. This means being able to demonstrate both a general understanding of the risks affecting children and young people in the area and a specific understanding of how to identify individual children who may be at risk of radicalisation and what to do to support them.

Our setting will assess their training needs in the light of their assessment of the risk. As a minimum, however, we will ensure that the Designated Safeguarding Lead undertakes Prevent awareness training and is able to provide advice and support to other members of staff on protecting children from the risk of radicalisation.

### **Parental consent for radicalisation referrals**

LSP procedures are followed in relation to whether parental consent is necessary prior to making a referral about a concern that a child or adult may be at risk of being drawn into terrorism. It is good practice to seek the consent of the person, or for very young children, the consent of their parent/carer prior to making a referral, but it is not a requirement to seek consent before referring a concern regarding possible involvement in extremism or terrorism if it may put a child at risk, or if an offence may have been or may be committed. Advice should be sought from line managers and local agencies responsible for safeguarding, as to whether or not consent should be sought on a case-by-case basis. Designated persons should be mindful that discussion regarding potential referral due to concerns may be upsetting for the subject of the referral and their family. Initial advice regarding whether an incident meets a threshold for referral can be sought from the relevant local agency without specific details such as names of the family being given in certain circumstances.

Consent is required prior to any individual engaging with a Channel intervention. Consent is usually sought by Channel partners, but LSP procedures should be followed regarding this.

### **Legal framework**

Counter-Terrorism and Security Act 2015

### **Further guidance**

Equality Act 2010: Public Sector Equality Duty - What Do I Need to Know? A Quick Start Guide for Public Sector Organisations (Government Equalities Office 2011)

Fundamental British Values in the Early Years (Foundation Years 2015)

Prevent Duty Guidance: for England and Wales (HMG 2015)

The Prevent Duty: Departmental Advice for Schools and Childcare Providers (DfE 2015)

## **Admissions**

### **Policy statement**

It is our intention to make our setting accessible to children and families from all sections of the local community. We aim to ensure that all sections of our community have access to the setting through open, fair and clearly communicated procedures.

### **Procedures**

- We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.
- We ensure that information about our setting is accessible, using simple plain English, in written and spoken form and, where appropriate, provided in different community languages and in other formats on request.
- We arrange our waiting list in birth order. In addition, our policy may take into account:
  - the age of the child, with priority given to children who are eligible for the free entitlement – including eligible two year old children;
  - the length of time on the waiting list;
  - the vicinity of the home to the setting;
  - whether any siblings already attend the setting; and
  - the capacity of the setting to meet the individual needs of the child.
- We offer funded places in accordance with the Code of Practice and any local conditions in place at the time.
- We keep a place vacant, if this is financially viable, to accommodate an emergency admission.
- our setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers are all welcome.
- Our setting and its practices operate in a way that encourages positive regard for and understanding of difference and ability- whether gender, family structure, class, background, religion, ethnicity or competence in spoken English.
- We support children and/or parents with disabilities to take full part in all activities within our setting.
- We monitor the needs and background of children joining our setting on the Registration Form, to ensure that no accidental or unintentional discrimination is taking place.
- We share and widely promote our Valuing Diversity and Promoting Equality Policy.
- We consult with families about the opening times of our setting to ensure that we accommodate a broad range of families' needs.
- We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.

- Failure to comply with the terms and conditions may ultimately result in the provision of a place being withdrawn.

## **Working in partnership with parents**

### **Policy statement**

We believe that children benefit most from early years education and care when parents and settings work together in partnership.

Our aim is to support parents as their children's first and most important educators by involving them in their children's education and in the full life of our setting.

Some parents are less well represented in early years settings; these include fathers, parents who live apart from their children, but who still play a part in their lives, as well as working parents. In carrying out the following procedures, We will ensure that all parents are included.

When we refer to 'parents', We mean both mothers and fathers; these include both natural or birth parents, as well as step-parents and parents who do not live with their children, but have contact with them and play a part in their lives. 'Parents' also includes same sex parents, as well as foster parents.

The Children Act (1989) defines *parental responsibility* as '*all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property*'.

### **Procedures**

- Parents are provided with written information about the setting, including the setting's safeguarding actions and responsibilities under the Prevent Duty.
- Parents are made to feel welcome in our setting; they are greeted appropriately, there is adult seating and provision for refreshment.
- We have a means to ensure all parents are included - that may mean that We have different strategies for involving fathers, or parents who work or live apart from their children.
- We make every effort to accommodate parents who have a disability or impairment.
- We consult with all parents to find out what works best for them.
- We ensure on-going dialogue with parents to improve our knowledge of the needs of their children and to support their families.
- We inform all parents about how the setting is run and its policies, including our *Safeguarding Children and Child Protection* policy and our responsibilities under the Prevent Duty, through access to written information and through regular informal communication. We check to ensure parents understand the information that is given to them.
- Information about a child and his or her family is kept confidential within our setting. We provide you with a privacy notice that details how and why we process your personal information. The exception to this is where there is cause to believe that a child may be suffering, or is likely to suffer, significant

harm, or where there are concerns regarding child's development that need to be shared with another agency. We will seek parental permission unless there are reasons not to in order to protect the safety of the child. Reference is made to our Information Sharing Policy on seeking consent for disclosure.

- Reference is made to our Information Sharing Policy on seeking consent for disclosure.
- We seek specific parental consent to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- The expectations that we make on parents are made clear at the point of registration.
- We make clear our expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.
- We seek parents' views regarding changes in the delivery of our service.
- Parents are actively encouraged to participate in decision making processes according to the structure in place within our setting.
- We encourage parents to become involved in the social and cultural life of the setting and actively contribute to it.
- As far as possible our service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- We provide sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- Our key persons meet regularly with parents to discuss their child's progress and to share concerns if they arise.
- Where applicable, our key persons work with parents to carry out an agreed plan to support special educational needs.
- Where applicable, our key persons work with parents to carry out any agreed tasks where a Protection Plan is in place for a child.
- We involve parents in the shared record keeping about their children - either formally or informally – and ensure parents have access to their children's written developmental records.
- We provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the setting.
- We support families to be involved in activities that promote their own learning and well-being; informing parents about relevant conferences, workshops and training.
- We consult with parents about the times of meetings to avoid excluding anyone.
- We provide information about opportunities to be involved in the setting in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language; making every effort to provide an interpreter for parents who speak a language other than English and to provide translated written materials.
- We hold meetings in venues that are accessible and appropriate for all.
- We welcome the contributions of parents; in whatever form these may take.
- We inform all parents of the systems for registering queries, complaints or suggestions and we check to ensure these are understood. All parents have access to our written complaints' procedure.

- We provide opportunities for parents to learn about the curriculum offered in the setting and about young children's learning, in the setting and at home. There are opportunities for parents to take active roles in supporting their child's learning in the setting: informally through helping out or taking part in activities with their child, or through structured projects engaging parents and staff in learning about children's learning.

In compliance with the Safeguarding and Welfare Requirements, the following documentation is also in place at our setting:

- Admissions Policy.
- Complaints procedure.
- Record of complaints.
- Developmental records of children.

## **Children's records**

### **Policy statement**

We have record keeping systems in place that meet legal requirements; the means We use to store and share that information takes place within the framework of the United Kingdom General Data Protection Regulation (UK-GDPR) and the Human Rights Act (1998).

During an outbreak of serious illness of disease (such as Covid-19) there may be the need to keep additional records as part of outbreak management. A record is kept of individual cases of children/families who are self-isolating due to symptoms as per usual record-keeping procedures. In all cases the principles of data protection are maintained.

This policy and procedure should be read alongside our Privacy Notice, Confidentiality and Client Access to Records Policy and our Information Sharing Policy.

### **Procedures**

If a child attends another setting, we establish a regular two-way flow of appropriate information with parents and other providers. Where appropriate, we will incorporate comments from other providers, as well as parents and/or carers into the child's records.

We keep two kinds of records on children attending our setting:

#### *Developmental records*

- These include observations of children in the setting, photographs, video clips and samples of their work and summary developmental reports.
- These are usually kept in the cupboard in the main play area and can be accessed, and contributed to, by staff, the child and the child's parents.

#### *Personal records*

These may include the following:

- Personal details – including the child's registration form and any consent forms. The registration forms are regularly updated during progress meeting by parents/carer and additional information added will be resigned by parents. Additional emergency contact numbers should be provided by parents.
- Contractual matters – including a copy of the signed parent contract, the child's days and times of attendance, a record of the child's fees, any fee reminders or records of disputes about fees.
- Child's development, health and well-being – including a summary only of the child's EYFS profile report, a record of discussions about every day matters about the child's development health and well-being with the parent.
- Early Support – including any additional focussed intervention provided by our setting (e.g. support for behaviour, language or development that needs an Individual Education Plan) and records of any meetings held.



- Welfare and child protection concerns – including records of all welfare and protection concerns, and our resulting action, meetings and telephone conversations about the child, a Statement of Special Educational Need and any information regarding a Looked After Child.
- Correspondence and Reports – including a copy of the child's 2 Year Old Progress Check (as applicable), all letters and emails to and from other agencies and any confidential reports from other agencies.
- These confidential records are stored in a lockable file or cabinet, which is always locked when not in use and which our manager keeps secure in an office or other suitably safe place.
- We read any correspondence in relation to a child, note any actions and file it immediately
- We ensure that access to children's files is restricted to those authorised to see them and make entries in them, this being our manager, deputy or designated person for child protection, the child's key person, or other staff as authorised by our manager.
- We may be required to hand children's personal files to Ofsted as part of an inspection or investigation process; or to local authority staff conducting a S11 audit, as long as authorisation is seen. We ensure that children's personal files are not handed over to anyone else to look at.
- Parents have access, in accordance with our Privacy Notice, Client Access to Records Policy, to the files and records of their own children, but do not have access to information about any other child.
- Our staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Our staff induction programme includes an awareness of the importance of confidentiality in the role of the key person.
- We retain children's records for six years after they have left the setting; except records that relate to an accident or child protection matter, which are kept until a child reaches the age of 25 years. These are kept in a secure place. Refer to Hounslow 'A Practical Guide to Record Keeping and Retention Periods'.

### **Archiving children's files**

- Our data is kept electronically on an external hard drive stored in a locked cabinet only accessible by the manager.
- Where there was s.47 child protection investigations, We mark the envelope with a star and archive it for 25 years.
- We store financial information according to our finance procedures .

### **Other records**

- We keep a daily record of the names of the children we are caring for, their hours of attendance and the names of their key person.
- Students on recognised qualifications and training, when they are observing in the setting, are advised of our Confidentiality and Client Access to Records Policy and are required to respect it.

## **Provider records**

### **Policy statement**

We keep records and documentation for the purpose of maintaining our business. These include:

- Records pertaining to our registration.
- Landlord/lease documents and other contractual documentation pertaining to amenities, services and goods.
- Financial records pertaining to income and expenditure.
- Risk assessments.
- Employment records of our staff including their name, home address and telephone number.
- Names, addresses and telephone numbers of anyone else who is regularly in unsupervised contact with the children.

We consider our records as confidential based on the sensitivity of information, such as with employment records. These confidential records are maintained with regard to the United Kingdom General Data Protection Regulation (UK-GDPR), further details are given in our Privacy Notice and the Human Rights Act (1998).

This policy and procedure should be read alongside our Privacy Notice, Confidentiality and Client Access to Records Policy and Information Sharing Policy.

### **Procedures**

- All records are the responsibility of our management team who ensure they are kept securely.
- All our records are kept in an orderly way in files and filing is kept up-to-date.
- Our financial records are kept up-to-date for audit purposes.
- We maintain health and safety records; these include risk assessments, details of checks or inspections and guidance etc.
- Our Ofsted registration certificate is displayed.
- Our Public Liability insurance certificate is displayed.
- All our employment and staff records are kept securely and confidentially.
- Where we require retention of certificates in order to demonstrate 'safer recruitment' practice for the purpose of safeguarding audits, we are legally entitled to retain the certificate. This practice will need to be compliant with the Data Protection Act, Human Rights Act, United Kingdom General Data Protection Regulation (UK-GDPR), and incorporated within the individual organisation's policy on the correct handling and safekeeping of DBS certificate information.

We notify Ofsted of any:

- change in the address of our premises;
- change to our premises which may affect the space available to us or the quality of childcare and early education we provide;
- change to the name and address of our registered provider
- change to the person managing our provision
- significant event which is likely to affect our suitability to look after children; or
- other event as detailed in the *Statutory Framework for the Early Years Foundation Stage*.

## Transfer of records to another early years setting or school

### Policy statement

We recognise that children sometimes move to another early years setting before they go on to school, although many will leave our setting to enter a provision or reception class.

We prepare children for these transitions and involve parents and the receiving setting or school in this process. We prepare records about a child's development and learning in the Early Years Foundation Stage in our setting; in order to enable smooth transitions, we share appropriate information with the receiving setting or school at transfer.

Confidential records are shared where there have been child protection concerns according to the process required by the Hounslow Safeguarding Children's Partnership.

The procedure guides this process and determines what information we can and cannot share with a receiving school or setting. Prior to transferring information, we will establish the lawful basis for doing so (see our Privacy Notice for more details).

### Procedures

#### *Transfer of development records for a child moving to another early years setting or school*

- Using the *Early Outcomes* (DfE 2013) guidance and our assessment of children's development and learning, the key person will prepare a summary of achievements in the seven areas of learning and development.
- The record refers to:
  - any additional language spoken by the child and his or her progress in both languages;
  - any additional needs that have been identified or addressed by our setting;
  - any special needs or disability;
  - for transitions to school, the Hounslow Early Years Advisory Team has created one page transition summary document which detail the best fit stage of development for children during the last term before they transition to school.
  - if there have been any welfare or protection concerns, we will transcribe it in the one page transition summary document the role of the other professionals involved with the child however details of the concerns will not be provided in this document.

#### *Transfer of confidential information*

- The receiving school or setting will need to have a record of any safeguarding or child protection concerns that were raised in our setting and what was done about them.
- We will make a summary of the concerns to send to the receiving setting or school, along with the date of the last professional meeting or case conference.

- Records of child protection / welfare concerns will be copied (by the Designated Safeguarding Lead in the interests of confidentiality) and the originals sent to the receiving setting as soon as possible (separately to any child file).
- The Designated Safeguarding Lead will make telephone contact with their counterpart in the receiving setting to discuss the case, share important information and agree a means of transfer of the records as soon as is practicable.
- Where child protection files are sent by post, it will be by secure recorded delivery to a named individual. The receiving setting should receive a telephone call in advance to notify them that the child protection file is being sent. The envelope should be marked as 'Strictly Confidential' and for the attention of the named Designated Safeguarding Lead (DSL). A record of transfer form should be included with the file and the receiving setting should be asked to sign the form and return it to the sending one to confirm they have received the file.
- Whenever a file is transferred by secure method or taken to the setting or school, we will retain copies of the original file and a copy of the 'File Transfer Record and Receipt' (see appendix A below).
- Anything to do either with an Early Help referral 'below-the-threshold-of-abuse' can only be shared with the permission of parents.
- Where there has been a s47 investigation regarding a child protection concern, we will pass the name and contact details of the professional onto the receiving setting or school – regardless of the outcome of the investigation.
- We do not pass any other documentation from the child's personal file to the receiving setting or school.

## **Confidentiality and client access to records**

### **Policy statement**

*'Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case.'*

*Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HMG 2024)*

In our setting, staff and managers can be said to have a 'confidential relationship' with families. It is our intention to respect the privacy of children and their parents and carers, while ensuring that they access high quality early years care and education in our setting. We aim to ensure that all parents and carers can share their information in the confidence that it will only be used to enhance the welfare of their children. We have record keeping systems in place that meet legal requirements; the means that We use to store and share that information takes place within the framework of the United Kingdom General Data Protection Regulation (UK-GDPR) and the Human Rights Act (1998).

## Confidentiality procedures

- Most things that happen between the family, the child and the setting are confidential to our setting. In exceptional circumstances information is shared, for example with other professionals or possibly social care or the police. Normally parents should give informed consent before information is shared, but in some instances, such as if this may place a child at risk, or a serious offence may have been committed, parental consent should not be sought before information is shared. Local Safeguarding Partners (LSP) procedures should be followed when making referrals, and advice sought if there is a lack of clarity about whether or not parental consent is needed before making a referral due to safeguarding concerns.
- Information shared with other agencies is done in line with our Information Sharing Policy.
- We always check whether parents regard the information they share with us to be confidential or not.
- Some parents may share information about themselves with other parents as well as with our staff we cannot be held responsible if information is shared by those parents whom the person has 'confided' in.
- Information shared between parents in a discussion or training group is usually bound by a shared agreement that the information is confidential to the group and not discussed outside of it. We are not responsible should that confidentiality be breached by participants.
- We inform parents when We need to record confidential information beyond the general personal information We keep (see our Privacy Notice and Children's Records Policy) - for example with regard to any injuries, concerns or changes in relation to the child or the family, any discussions with parents on sensitive matters, any records we are obliged to keep regarding action taken in respect of child protection and any contact and correspondence with external agencies in relation to their child.
- We keep all records securely (see our Children's Records Policy and Privacy Notice).
- Most information is kept in a manual file or electronically. Our staff may also use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the PC and only the hard copy kept.
- Where it is helpful to keep an electronic copy, we download it onto the external hard drive under the child's name which is kept securely in a locked filing cabinet. This is because the settings' PC's do not have facilities for confidential user folders.
- Our staff discuss children's general progress and wellbeing together in meetings, but more sensitive information is restricted to our manager and the child's key person, and is shared with other staff on a need to know basis.
- We do not discuss children with staff who are not involved in the child's care, nor with other parents or anyone else outside of the setting.
- Our discussions with other professionals take place within a professional framework and not on an informal or ad-hoc basis.

- Where third parties share information about an individual us; our early years educators and managers check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.

### **Breach of confidentiality**

- A breach of confidentiality occurs when confidential information is not authorised by the person who provided it, or to whom it relates, without lawful reason to share.
- The impact is that it may put the person in danger, cause embarrassment or pain.
- It is not a breach of confidentiality if information was provided on the basis that it would be shared with relevant people or organisations with lawful reason, such as to safeguard an individual at risk or in the public interest, or where there was consent to the sharing.
- Procedure Children's records must be followed.

### **Exception**

- GDPR enables information to be shared lawfully within a legal framework. The Data Protection Act 2018 balances the right of the person about whom the data is stored with the possible need to share information about them.
- The Data Protection Act 2018 contains "safeguarding of children and individuals at risk" as a processing condition enabling "special category personal data" to be processed and to be shared. This allows educators to share without consent if it is not possible to gain consent, if consent cannot reasonably be gained, or if gaining consent would place a child at risk.
- Confidential information may be shared without authorisation - either from the person who provided it or to whom it relates, if it is in the public interest and it is not possible or reasonable to gain consent or if gaining consent would place a child or other person at risk. The Data Protection Act 2018 enables data to be shared to safeguard children and individuals at risk. Information may be shared to prevent a crime from being committed or to prevent harm to a child, Information can be shared without consent in the public interest if it is necessary to protect someone from harm, prevent or detect a crime, apprehend an offender, comply with a Court order or other legal obligation or in certain other circumstances where there is sufficient public interest.
- Sharing confidential information without consent is done only in circumstances where consideration is given to balancing the needs of the individual with the need to share information about them.
- When deciding if public interest should override a duty of confidence, consider the following:
  - is the intended disclosure appropriate to the relevant aim?
  - what is the vulnerability of those at risk?
  - is there another equally effective means of achieving the same aim?
  - is sharing necessary to prevent/detect crime and uphold the rights and freedoms of others?
  - is the disclosure necessary to protect other vulnerable people?

The decision to share information should not be made as an individual, but with the backing of the

designated safeguarding lead who can provide support, and sometimes ensure protection, through appropriate structures and procedures.

### **Obtaining consent**

Consent to share information is not always needed. However, it remains best practice to engage with people to try to get their agreement to share where it is appropriate and safe to do so.

Using consent as the lawful basis to store information is only valid if the person is fully informed and competent to give consent and they have given consent of their own free will, and without coercion from others. Individuals have the right to withdraw consent at any time.

You should not seek consent to disclose personal information in circumstances where:

- someone has been hurt and information needs to be shared quickly to help them
- obtaining consent would put someone at risk of increased harm
- obtaining consent would prejudice a criminal investigation or prevent a person being questioned or caught for a crime they may have committed.
- the information must be disclosed regardless of whether consent is given, for example if a Court order or other legal obligation requires disclosure.

**NB. The serious crimes indicated are those that may harm a child or adult; reporting confidential information about crimes such as theft or benefit fraud are not in this remit.**

### **Consent**

- Parents share information about themselves and their families. They have a right to know that any information they share will be regarded as confidential as outlined in Privacy notice. They should also be informed about the circumstances, and reasons for the setting being under obligation to share information.
- Parents are advised that their informed consent will be sought in most cases, as well as the circumstances when consent may not be sought, or their refusal to give consent overridden.
- Where there are concerns about whether or not to gain parental consent before sharing information, for example when making a Channel or Prevent referral the setting manager must inform their line manager for clarification before speaking to parents.
- Consent must be informed - that is the person giving consent needs to understand why information will be shared, what will be shared, who will see information, the purpose of sharing it and the implications for them of sharing that information.

### **Separated parents.**

- Consent to share need only be sought from one parent. Where parents are separated, this would normally be the parent with whom the child resides.
- Where there is a dispute, this needs to be considered carefully.



- Where the child is looked after, the local authority, as 'corporate parent' may also need to be consulted before information is shared.

### ***Client access to records procedures***

Parents may request access to any confidential records We hold on their child and family following the procedure below:

- The parent is the 'subject' of the file in the case where a child is too young to give 'informed consent' and has a right to see information that our setting has compiled on them.
- Any request to see the child's personal file by a parent or person with parental responsibility must be made in writing to the setting leader or manager.
- We acknowledge the request in writing, informing the parent that an arrangement will be made for him/her to see the file contents, subject to third party consent.
- Our written acknowledgement allows 40 working days for the file to be made ready.
- A fee may be charged for repeated requests, or where a request requires excessive administration to fulfil.
- Our manager informs their line manager and legal advice may be sought before sharing a file.
- Our manager goes through the file with their line manager and ensures that all documents have been filed correctly, that entries are in date order and that there are no missing pages. They note any information, entry or correspondence or other document which mentions a third party.
- We write to each of those individuals explaining that the subject has requested sight of the file, which contains a reference to them, stating what this is.
- They are asked to reply in writing to our manager giving or refusing consent for disclosure of that material.
- We keep copies of these letters and their replies on the child's file.
- 'Third parties' include each family member noted on the file; so where there are separate entries pertaining to each parent, step parent, grandparent etc, We write to each of them to request third party consent.
- Third parties also include workers from any other agency, including children's social care and the health authority for example. Agencies will normally refuse consent to share information, preferring instead for the parent to be redirected to those agencies for a request to see their file held by that agency.
- Members of our staff should also be written to, but We reserve the right under the legislation to override a refusal for consent or to just delete the name of the staff member and not the information. We may grant refusal if the member of staff has provided information that could be considered 'sensitive' and the staff member may be in danger if that information is disclosed; or if that information is the basis of a police investigation. However, if the information is not sensitive, then it is not in our interest to withhold that information from a parent. In each case this should be discussed with members of staff and decisions recorded.
- When we have received all the consents/refusals our manager takes a photocopy of the complete file. On the copy of the file, our manager removes any information that a third party has refused consent for

us to disclose and blank out any references to the third party, and any information they have added to the file, using a thick marker pen.

- The copy file is then checked by the line manager and legal advisors to verify that the file has been prepared appropriately.
- What remains is the information recorded by the setting, detailing the work initiated and followed by them in relation to confidential matters. This is called the 'clean copy'.
- We photocopy the 'clean copy' again and collate it for the parent to see.
- Our manager informs the parent that the file is now ready and invite[s] him/ her to make an appointment to view it.
- Our manager and their line manager meet with the parent to go through the file, explaining the process as well as what the content of the file records about the child and the work that has been done. Only the person(s) with parental responsibility can attend that meeting, or the parent's legal representative or interpreter.
- The parent may take a copy of the prepared file away; but, to ensure it is properly explained to and understood by the parent, we never hand it over without discussion.
- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. Our recording procedures and guidelines ensure that the material reflects an accurate and non-judgemental account of the work we have done with the family.
- If a parent feels aggrieved about any entry in the file, or the resulting outcome, then we refer the parent to our complaints' procedure.
- The law requires that the information held for a legitimate reason and must be accurate. If a parent says that the information we hold is inaccurate, then the parent has a right to request for it to be changed. However, this only pertains to factual inaccuracies. Where the disputed entry is a matter of opinion, professional judgement, or represents a different view of the matter than that held by the parent, we retain the right not to change that entry, but we can record the parent's view of the matter. In most cases, we would have given a parent the opportunity at the time to state their side of the matter, and it would have been recorded there and then.
- If there are any controversial aspects of the content of a child's file, we must seek legal advice. This might be where there is a court case between parents, where social care or the police may be considering legal action, or where a case has already completed, and an appeal process is underway.
- We never 'under-record' for fear of the parent seeing, nor do we make 'personal notes' elsewhere.

Telephone advice regarding general queries may be made to The Information Commissioner's Office Helpline 0303 123 1113.

All the undertakings above are subject to the paramount commitment of our setting, which is to the safety and well-being of the child. Please see also our policy on Safeguarding Children and Child Protection.

## **Further guidance**

Working Together to Safeguard Children (DfE 2023)

Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers (HMG 2024)

What to do if you're Worried a Child is Being Abused (HMG 2015)

Mental Capacity Act 2005 Code of Practice (Office of the Public Guardian 2007)

## Privacy notice

### Play2Learn Childcare Ltd Privacy Notice

Play2Learn Nursery, Berkeley Avenue, Cranford, TW4 6LB

#### Introduction

Personal data is protected in accordance with data protection laws and used in line with your expectations. This privacy notice explains what personal data we collect, why we collect it, how we use it, the control you have over your personal data and the procedures we have in place to protect it.

When we refer to “we”, “us” or “our”, we mean Play2learn.

What personal data we collect at Play2learn.

We collect personal data about you and your child to provide care and learning tailored to meet your child's individual needs. Personal details that we obtain from you include your child's: name, date of birth, address, and health, development and any special educational needs information. We will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

Personal data that we collect about you includes: your name, home and work address, phone numbers, email address, emergency contact details, and family details.

We will only with your consent collect your national Insurance number or unique taxpayer reference (UTR) where necessary if you are self-employed and where you apply for up to 30 hours free childcare and early education. We also collect information regarding benefits and family credits. Please note that if this information is not provided, then we cannot claim funding for your child.

We also process financial information when you pay your childcare and early education fees by chip and pin or direct debit. We may collect other data from you when you voluntarily contact us.

Where applicable we will obtain details of your child's social worker, child protection plans from social care, and health care plans from health professionals and other health agencies.

We may collect this information in a variety of ways. For example, data will be collected from you directly in the registration form; from identity documents; from correspondence with you; or from health and other professionals.

mWhy we collect personal data and the legal basis for handling your data

We use personal data about you and your child to provide childcare and early education services and to fulfil the contractual arrangement you have entered. This includes using your data in the following ways:

- To support your child's wellbeing and development.
- To effectively manage any special education, health or medical needs of your child whilst at the setting.
- To carry out regular assessment of your child's progress and to identify any areas of concern.
- To maintain relevant contact about your child's wellbeing and development.
- To contact you in the case of an emergency.
- To process your claim for free childcare and early education, if applicable.
- To enable us to respond to any questions you ask.
- To keep you updated about information which forms part of your contract with us.
- To notify you of service changes or issues.
- To send you our e-newsletter, if you have subscribed to it.
- With your consent, we would also like to:
- Collect your child's ethnicity and religion data for monitoring purposes.
- Record your child's activities for their individual learning journal (this will often include photographs and videos of children during play).
- Sign you up for our free parent e-newsletter which provides resources and useful information for parents.
- Transfer your child's records to the receiving school when s/he transfers.

If we wish to use any images of your child for training, publicity or marketing purposes we will seek your written consent for each image we wish to use. You are able to withdraw your consent at any time, for images being taken of your child and/or for the transfer of records to the receiving school, by confirming so in writing to the setting. You can also unsubscribe from receiving our parent e-newsletter by notifying the setting.

We have a legal obligation to process safeguarding related data about your child should we have concerns about her/his welfare.

#### Who we share your data with

As a registered early years provider to deliver childcare and early education services it is necessary for us to share data about you and/or your child with the following categories of recipients:

- Ofsted, or the childminder agency (if registered with an agency) when there has been a complaint about the childcare and early education service or during an inspection.
- Banking services to process chip and pin and/or direct debit payments.
- The local authority if you claim up to 30 hours free childcare.
- The governments eligibility checker as above, if applicable.

- Our insurance underwriter, where applicable.
- An email newsletter service, where you have given consent to receive our e-newsletter.

We will also share your data:

- If we are legally required to do so, for example, by a law enforcement agency, court.
- To enforce or apply the terms and conditions of your contract with us.
- To protect your child and other children; for example, by sharing information with medical services, social services, or the police.
- If it is necessary to protect our rights, property, or safety or to protect the rights, property, or safety of others.
- With the school that your child will be attending, when they transfer, if applicable.
- If we transfer the management of the provision out or take over any other organisation or part of it, in which case we may disclose your personal data to the prospective seller or buyer so that they may continue using it in the same way.
- Our nursery management and communication software provider may be able to access your personal data when carrying out maintenance task and software updates on our behalf. However, we have a written agreement in place which place this company under a duty of confidentiality.
- We will never share your data with any organisation to use for their own purposes.

How do we protect your data?

- We take the security of your personal data seriously. We have internal policies and strict controls in place to try to ensure that your data is not lost, accidentally destroyed, misused, or disclosed and to prevent unauthorised access.
- Where we engage third parties to process personal data on our behalf, they are under a duty of confidentiality and are obliged to implement appropriate technical and organisational measures to ensure the security of data.
- Where do we store your data?
- All data you provide to us is stored on secure computers or servers located within the UK or European Economic Area. We may also store paper records in locked filing cabinets.
- Our third-party data processors will also store your data on secure servers which may be situated inside or outside the European Economic Area. They may also store data in paper files.

How long do we retain your data?

We retain your data in line with our retention policy a summary is below:

- You and your child's data, including registers are retained 3 years after your child no longer uses the setting, or until our next Ofsted, or childminder agency inspection after your child leaves our setting.
- Medication records and accident records are kept for longer according to legal requirements.

- Learning journeys are maintained by the setting and available at your request when your child leaves. Records are kept and archived in line with our data retention policy.
- In some cases (child protection or other support service referrals), we may need to keep your data longer, only if it is necessary to comply with legal requirements. We will only keep your data for as long as is necessary to fulfil the purposes it was collected for and in line with data protection laws.

#### Your rights with respect to your data

As a data subject, you have several rights. You can:

- request to access, amend or correct the personal data we hold about you and/or your child
- request that we delete or stop processing your and/or your child's personal data, for example where the data is no longer necessary for the purposes of processing or where you wish to withdraw consent
- request that we transfer your and your child's personal data to another person

If you wish to exercise any of these rights at any time please contact the manager at the setting by email, telephone or when you attend the setting.

#### How to ask questions about this notice

If you have any questions, comments, or concerns about any aspect of this notice or how we handle your data please contact the manager at the setting.

#### How to contact the Information Commissioner Office (ICO)

If the manager is not able to address your concern, please contact *[Insert details of setting manager's line manager/owner/director/trustee]*

If you are concerned about the way your data is handled and remain dissatisfied after raising your concern, you have the right to complain to the Information Commissioner Office (ICO). The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or <https://ico.org.uk/>.

#### Changes to this notice

We keep this notice under regular review. Any changes to this notice will be shared with you so that you may be aware of how we always use your data.

### Information sharing

*'Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case.'*

*Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HMG 2024)*

## Policy statement

We recognise that parents have a right to know that the information they share with us will be regarded as confidential, as well as to be informed about the circumstances when, and the reasons why, we are obliged to share information.

We record and share information about children and their families (data subjects) in line with the six principles of the United Kingdom General Data Protection Regulation (UK-GDPR), which are further explained in Our Privacy Notice that is given to parents at the point of registration. The six principles state that personal data must be:

1. Processed fairly, lawfully and in a transparent manner in relation to the data subject.
2. Collected for specified, explicit and legitimate purposes and not further processed for other purposes incompatible with those purposes.
3. Adequate, relevant and limited to what is necessary in relation to the purposes for which data is processed.
4. Accurate and where necessary, kept up to date.
5. Kept in a form that permits identification of data subjects for no longer than is necessary for the purposes for which the data is processed.
6. Processed in a way that ensures appropriate security of the personal data including protection against accidental loss, destruction or damage, using appropriate technical or organisational measures

We are obliged to share confidential information without authorisation from the person who provided it, or to whom it relates, if it is in the public interest. That is when:

- it is to prevent a crime from being committed or to intervene where one may have been, or to prevent harm to a child or adult; or
- not sharing it could be worse than the outcome of having shared it.

The responsibility for decision-making should not rely solely on an individual, but should have the back-up of the management team. The management team provide clear guidance, policy and procedures to ensure all staff and volunteers understand their information sharing responsibilities and are able to respond in a timely, appropriate way to any safeguarding concerns

The three critical criteria are:

- Where there is evidence that the child is suffering, or is at risk of suffering, significant harm.
- Where there is reasonable cause to believe that a child may be suffering, or is at risk of suffering, significant harm.
- To prevent significant harm arising to children and young people or adults, including the prevention, detection and prosecution of serious crime.

## Procedures

Our procedure is based on the United Kingdom General Data Protection Regulation (UK-GDPR), principles as listed above and the seven golden rules for sharing information in the Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. We also follow the guidance on information sharing from the Hounslow Safeguarding Children Partnership.

1. *Remember that the United Kingdom General Data Protection Regulation (UK-GDPR) and human rights law are not barriers to justified information sharing as per the Children Act 1989 but provide a framework to ensure that personal information about living individuals is shared appropriately.*
  - Our policy and procedures on Information Sharing provide guidance to appropriate sharing of information [both within the setting, as well as] with external agencies.
2. *Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their consent, unless it is unsafe or if I have a legal obligation to do so. A Privacy Notice is given to parents at the point of registration to explain this further.*

In our setting we ensure parents:

- Receive a copy of our Privacy Notice and are informed our Information Sharing Policy when their child starts in the setting and that they sign our Registration Form to say that they understand the circumstances in which information may be shared without their consent. This will only be when it is a matter of safeguarding a child or vulnerable adult;
  - have information about our Safeguarding Children and Child Protection Policy; and
  - have information about the other circumstances when information will be shared with external agencies, for example, with regard to any special needs the child may have or transition to school.
3. *Seek advice from other early years educators if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.*
    - Our early years educators discuss concerns about a child routinely in supervision and any actions are recorded in the child's file.
    - Our manager routinely seeks advice and support from their line manager about possible significant harm.
    - Our Safeguarding Children and Child Protection Policy sets out the duty of all members of our early years educators to refer concerns to our manager or deputy, as designated person, who will contact children's social care for advice where they have doubts or are unsure.
    - Our manager seeks advice if they need to share information without consent to disclose.



4. *Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.*
  - We base decisions to share information without consent on judgements about the facts of the case and whether there is a legal obligation.
  - Our guidelines for consent are part of this procedure.
  - Our manager is conversant with this and she is able to advise early years educators accordingly.
5. *Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.*

In our setting we:

- record concerns and discuss these with our designated person and/or designated officer from the management team for child protection matters;
  - record decisions made and the reasons why information will be shared and to whom; and
  - follow the procedures for reporting concerns and record keeping as set out in our Safeguarding Children and Child Protection Policy.
6. *Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.*
    - Our Safeguarding Children and Child Protection Policy and Children's Records Policy set out how and where information should be recorded and what information should be shared with another agency when making a referral.
  7. *Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.*
  8. Where information is shared, we record the reasons for doing so in the child's file; where it is decided that information is not to be shared that is recorded too.

## Consent

When parents choose our setting for their child, they will share information about themselves and their families. This information is regarded as confidential. Parents have a right to be informed that we will seek their agreement to share information in most cases, as well as the kinds of circumstances when we may not seek their agreement or may override their refusal to give agreement. We inform them as follows:

- Our policies and procedures set out our responsibility regarding gaining agreement to share information and when it may not be sought or overridden.
- We may cover this verbally when the child starts or include this in our prospectus.
- Parents sign our Registration Form at registration to confirm that they understand this.
- We ask parents to give written consent to share information about any additional needs their child may have, or to pass on child development summaries to the next provider/school.
- We consider the following questions when we need to share:
  - Is there legitimate purpose to us sharing the information?
  - Does the information enable the person to be identified?
  - Is the information confidential?
  - If the information is confidential, do we have consent to share?
  - Is there a statutory duty or court order requiring us to share the information?
  - If consent is refused, or there are good reasons for us not to seek consent, is there sufficient public interest for us to share information?
  - If the decision is to share, are we sharing the right information in the right way?
  - Have we properly recorded our decision?
- Consent must be freely given and *informed* - that is the person giving Consent needs to understand why information will be shared, what will be shared, who will see information, the purpose of sharing it and the implications for them of sharing that information as detailed in the Privacy Notice.
- Consent may be *explicit*, verbally but preferably in writing, or *implicit*, implied if the context is such that sharing information is an intrinsic part of our service or it has been explained and agreed at the outset.
- Consent can be withdrawn at any time.
- We explain our Information Sharing Policy to parents.

## Separated parents

- Agreement to share needs to be sought only from one parent. Where parents are separated, this would normally be the parent with whom the child resides. Where there is a dispute, we will consider this carefully.
- Where the child is looked after, we may also need to consult the Local Authority, as 'corporate parent' before information is shared.

All the undertakings above are subject to our paramount commitment, which is to the safety and well-being of the child. Please also see our Safeguarding Children and Child Protection Policy.

## **Working in partnership with other agencies**

### **Policy statement**

We work in partnership with local and national agencies to promote the well-being of all children. We will never share your data with any organisation to use for their own purposes.

### **Procedures**

- We work in partnership, or in tandem, with local and national agencies to promote the well-being of children.
- We have procedures in place for the sharing of information about children and families with other agencies. These are set out in our Privacy Notice and Information Sharing Policy, Safeguarding Children and Child Protection Policy and the Supporting Children with Special Educational Needs Policy.
- Information shared by other agencies with us is regarded as third party information. This is also kept in confidence and not shared without consent from that agency.
- When working in partnership with early years educators from other agencies, we make those individuals welcome in our setting and respect their professional roles.
- We follow the protocols for working with agencies, for example on child protection.
- We ensure that early years educators from other agencies do not have unsupervised access to the child they are visiting in the setting and do not have access to any other child(ren) during their visit.
- Our early years educators do not casually share information or seek informal advice about any named child/family.
- When necessary, we consult with and signpost to local and national agencies who offer a wealth of advice and information that help us to develop our understanding of the issues facing us and who can provide support and information for parents. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.

Agency staff and external private professionals (e.g. private speech and language therapist) do not have unsupervised access to any child(ren) during their time at the setting.

There are also additional procedures for external private professionals visiting children in the setting:

- The professional will not work in isolation with the named child and should be visible to others
- It is recommended that an employed member of the setting will be present working alongside the professional

- External professionals will be required to produce ID, up to date DBS details and professional status and this information will be kept on file during the time that they are working within the setting
- Agreement needs to be drawn up detailing where sessions will take place and the number and duration of session(s)
- Consent from parents will need to be obtained
- Information sharing procedures need to be agreed between setting, parents and external private professional(s)
- Setting will be required to adhere to confidentiality procedures

## **Complaints procedure:**

### **Making a complaint**

#### **Policy statement**

We believe that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes. We welcome suggestions on how to improve our setting and will give prompt and serious attention to any concerns about the running of the setting. We anticipate that most concerns will be resolved quickly, by an informal approach with the appropriate member of staff. If this does not achieve the desired result, we have a set of procedures for dealing with concerns. We aim to bring all concerns about the running of our setting to a satisfactory conclusion for all the parties involved. The same procedures apply to agencies who may have a grievance or complaint.

#### **Procedures**

Our setting is required to keep a written record of any complaints that reach stage two and above, and their outcome. This is to be made available to parents, as well as to Ofsted inspectors on request.

#### *Making a complaint*

##### **Stage 1**

- Any parent who has a concern about an aspect of our setting's provision talks over his/her concerns with our manager first of all.
- Most complaints should be resolved amicably and informally at this stage.
- We record the issue, and how it was resolved, in the child's file.

##### **Stage 2**

- If this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure by putting the concerns or complaint in writing.
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the Complaint Investigation Record; the form may be completed our manager and signed by the parent.
- Our setting stores all information relating to written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, our manager may wish to store all information relating to the investigation in a separate file designated for this complaint.
- When the investigation into the complaint is completed, our manager meets with the parent to discuss the outcome.
- We inform parents of the outcome of the investigation within 28 days of him/her making the complaint.
- When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record, which is made available to Ofsted on request.

### Stage 3

- If the parent is not satisfied with the outcome of the investigation, he or she requests a meeting with our manager and the registered provider. The parent may have a friend or partner present if they prefer and.
- An agreed written record of the discussion is made, as well as any decision or action to take as a result. All of the parties present at the meeting sign the record and receive a copy of it.
- This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record.

### Stage 4

- If at the stage three meeting the parent cannot reach agreement with us, we invite an external mediator to help to settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers, but can help us to define the problem, review the action so far and suggest further ways in which it might be resolved.
- The mediator keeps all discussions confidential. S/he can hold separate meetings with our early years educators and the parent, if this is decided to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice s/he gives.

### Stage 5

- When the mediator has concluded her/his investigations, a final meeting between the parent and our manager and registered provider is held. The purpose of this meeting is to reach a decision on the action to be taken to deal with the complaint. The mediator's advice is used to reach this conclusion. The mediator is present at the meeting if all parties think this will help a decision to be reached.
- A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting signs the record and receives a copy of it. This signed record signifies that the procedure has concluded.

### **Ofsted complaints record**

- Legislation requires settings to keep a record of complaints and disclose these to Ofsted at inspection, or if requested by Ofsted at any other time.
- The record of complaints is a summative record only.
- In all cases where a complaint is upheld a review will be undertaken by the owners/directors/trustees to look for ways to improve practice where it is required.

*The role of the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Local Safeguarding Partners and the Information Commissioner's Office.*

- Parents may approach Ofsted directly at any stage of this complaints' procedure. In addition, where there seems to be a possible breach of the setting's registration requirements, it is essential to involve

Ofsted as the registering and inspection body with a duty to ensure the Safeguarding and Welfare Requirements of the Early Years Foundation Stage are adhered to.

- Parents can complain to Ofsted by telephone, in writing or by completing the online form:

Ofsted National Business Unit, Piccadilly Gate, Store Street, Manchester M1 2WD

Tel: 0300 123 4666

#### Complaints | Ofsted

- These details are displayed on our setting's notice board.
- If a child appears to be at risk, we follow the procedures of the Hounslow Safeguarding Children Partnership.
- The Information Commissioner's Office (ICO) can be contacted if you have made a complaint about the way your data is being handled and remain dissatisfied after raising your concern with us. For further information about how we handle your data, please refer to the Privacy Notice given to you when you registered your child at [our/my] setting. The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or [ico.org.uk](http://ico.org.uk)

#### *Records*

- A record of complaints in relation to our setting, or the children or the adults working in our setting, is kept for at least three years; including the date, the circumstances of the complaint and how the complaint was managed.
- The outcome of all complaints is recorded in our Complaint Investigation Record, which is available for parents and Ofsted inspectors to view on request.

#### **Agencies**

- If an individual from another agency wishes to make a formal complaint about a member of staff or any practice of the setting, it should be made in writing to the setting manager.
- The complaint is acknowledged in writing within 10 days of receiving it.
- The setting manager investigates the matter and meets with the individual to discuss the matter further within 28 days of the complaint being received.
- An agreement needs to be reached to resolve the matter.
- If agreement is not reached, the complainant may write to the setting manager's line manager, who acknowledges the complaint within 5 days and reports back within 14 days.
- If the complainant is not satisfied with the outcome of the investigation, they are entitled to appeal and are referred to the owners/directors/trustees.

## **Mental Health and Wellbeing**

The Mental Health and Wellbeing Designated Lead is Sumra Arif

The Designated Safeguarding Lead is Wajeeha Tariq & Annette Kirk

### **What is this policy?**

A staff wellbeing policy explains and sets out the setting's commitment to the wellbeing of all early year's educators. It should outline how the setting will support its staff, its ongoing commitment to staff training, and ensuring that all early years educators are treated fairly and professionally at all times. It should be also reviewed and monitored against the National Health and Safety standards.

### **Who is in charge of Wellbeing?**

The setting recognises the statutory responsibilities related to employment and staff have the primary responsibility for their own health and wellbeing, this policy should also be viewed alongside other policies and procedures in relation to duty of care as an employer to all members of staff.

These may include (but are not limited to):

- Attendance/ Absence Policy.
- Health and Safety Policy.
- Valuing Diversity and Promoting Equality.
- Grievance Procedure.
- Whistleblowing Procedure.

### **How will this policy be communicated?**

This policy can only impact upon practice if it is a (regularly updated) living document. It must be accessible to and understood by all stakeholders. It will be communicated in the following ways:

- Posted on the setting's website.
- Sent via email to all staff.
- Available in paper format in the staffroom
- Part of induction programme for all new staff (including volunteers and students)
- Integral to updates and training for all staff
- Reviews of this policy will include input from all staff, helping to ensure further engagement.

## **Staff Wellbeing**

### **1. Policy Statement**

We want to ensure that staff are supported and encouraged to develop personally and professionally. We recognise that staff are our most important resource, and we seek to value our staff through personal and professional support, involvement in decision-making and access to professional development. We have a duty to ensure the health, safety, and welfare of its employees as far as reasonably practicable. It is also required to have in place measures to mitigate as far as practicable factors that could harm employees'



physical and mental wellbeing, which includes work-related stress. This duty extends only to those factors which are work-related and within the setting's control.

This policy accepts the Health and Safety Executive definition of work-related stress as "the adverse reaction a person has to excessive pressure or other types of demand placed on them". There is an important distinction between 'reasonable pressures' which stimulate and motivate and 'stress' where an individual feels they are unable to cope with excessive pressures or demands placed upon them.

This policy recognises that there are many sources of work-related stress and that stress can result from the actions or behaviours of managers, employees or children.

We are committed to making sure that this Staff Wellbeing Policy is implemented so that each individual is able to cope successfully with the demands in their lives, whatever the cause of stress within an understanding and accepting environment.

The purpose of this policy is to maintain an ethos which supports staff health and wellbeing by making sure that all employees are treated fairly and consistently.

## **2. Scope**

This policy describes the setting's approach to promoting positive staff wellbeing. This policy is intended as guidance for all staff including volunteers and students. It should be read in conjunction with other relevant policies.

## **3. Policy aims**

- To develop a healthy, motivated workforce who are able to deliver a high standard of care and education to children.
- To help ensure that our setting promotes the health and wellbeing of all staff members, recognising the impact work can have on employees' stress levels, mental and physical health.
- Develop and maintain a positive health and safety culture through regular communication and consultation with staff on health and safety matters.
- To recognise that excessive hours of work can be detrimental to staff health and effectiveness and to agree on flexible working practices where possible (manager's discretion).
- To communicate the importance of a work-life balance to all staff, and to ensure that all policy updates are communicated regularly.
- To encourage staff as individuals to accept responsibility for their own mental, physical and emotional wellbeing.
- To comply with all statutory requirements.
- To respond sensitively to external pressures which affect the lives of staff members.
- To provide staff with training to deal positively with stressful incidents and provide them with a sense of confidence to deal with emergencies via training.
- To improve staff development, co-operation, and teamwork.
- To make staff members aware of the channels which can be used to manage and deal with stress or work-related health and wellbeing issues.

## **4. Legislation**

Pieces of legislation that will be considered when promoting positive mental, physical and emotional wellbeing, including, but not exclusively:

- The Health and Safety at Work Act 1974
- The Equality Act 2010
- Working Time regulations
- Employment Rights Act 1996
- Employment Relations Act 1999

## **5. Roles and Responsibilities**

### **The Manager:**

Will support in ensuring that strategies are implemented to effectively manage and, where necessary, reduce employee stress.

Foster a supportive work environment, operating in a fair and consistent manner.

Will ensure that there is clear communication between staff and management with regards to all areas of provision life.

Will create reasonable opportunities for employees to discuss concerns and will enable staff to do so in an environment where stress is not considered a weakness.

Follow agreed procedures when there are concerns or absence due to work related stress and other mental-health problems, ensuring that a return-to-work format is completed, and support is offered whilst staff is absent and upon return to work.

Will monitor and review any measures that are planned and assess their effectiveness.

Ensure that all staff have access to regular training sessions on health and wellbeing in staff meetings.

Ensure practical strategies to deal with mental, physical and emotional wellbeing issues are shared with staff team and that they are given the appropriate time and resources to undertake this.

To conduct an annual survey of staff, focussed on health and wellbeing, and share and act upon results.

### **Staff:**

Will act in a manner that respects the health and safety needs of themselves and others whilst in the workplace and ensure that they do not, through their actions or omissions, create unnecessary work for themselves or colleagues.

Will make themselves aware of all the relevant policies e.g., Capability, Staff attendance, health and safety.

Seek support or help if required. This includes understanding that a good relationship requires communication from both parties and therefore is important that issues are raised at the earliest possible moment so that effective strategies can be put in place to manage workloads.

Consider attending training on health and wellbeing issues where they feel that this is appropriate.

Will share their views, ideas and feelings about all issues concerning the setting at formal meetings and informal gatherings.

## **6. Support**

The Leadership Team must encourage the creation and maintenance of an atmosphere where all staff members feel comfortable asking for help or raising concerns. The Leadership Team should be sensitive to any problems which may cause the employee stress-related issues and should act in a professional, fair, consistent and timely manner when a concern arises.

Where additional, professional advice is required, then the Employee Assistance Programme should be utilised 0800 0474097 or access to the wellness portal [www.healthassuredeap.co.uk](http://www.healthassuredeap.co.uk) who can help with:

Family matters, housing, health, legal, children, bereavement, stress, debt, relationship issues, addiction and financial. It is a 24-hour service which is confidential for all employees.

Or staff can use the free confidential counselling service from Education Support Partnership 0800562561.

On joining the setting, the following support will also be offered:

All new staff will have an induction programme and ensure that they receive the staff handbook.

All new staff will be made to feel welcome and given as much support as possible.

There will be reviews for new staff held throughout the first 6 months of employment and they will be allocated a mentor until they have completed their probationary period.

## **7. Arrangements for implementing the Wellbeing Policy**

Arrangements for wellbeing and stress prevention through good management practices.

These include the following:

- Recruitment and selection procedures.
- Clear job descriptions to ensure staff have clear roles and responsibilities.
- Training and Development procedures to ensure that individuals have the necessary skills and competencies to undertake the tasks/duties required of them.
- Reward systems the long service awards and certificates given yearly in a presentation ceremony.
- Offer sanitary provisions, deodorants, herbal teas, staff preferred refreshments and a hot meal.
- Managing performance procedures.
- Capability and absence management & return to work procedures to ensure that individuals are supported back into work following illness.
- Suitable adaptations for disability.
- Procedures for communicating with employees on the work of the setting and issues affecting their work.
- Flexible working arrangements and contact days with staff on maternity leave.
- The arrangements will be updated and augmented as required and when deemed necessary by the findings of stress risk assessments.

## Appendix A: File transfer record and receipt

### Part 1: To be completed by sending / transferring educational setting

Name of child:			
DOB:			
Name of setting sending CP file:			
Address of setting sending CP file:			
Method of delivery:	By hand	Secure post	Electronically
<i>Electronic records must only be transferred by a secure electronic transfer mechanism or after the records have been encrypted.</i>			
Date file sent:			
Name of Designated Safeguarding Lead transferring file:			
Name of person transferring to:			
Signature:			

### Part 2: To be completed by receiving school or educational setting

Name of setting receiving file:	
Address of setting receiving file:	
Date received:	
Name of person receiving file:	
Date confirmation of receipt sent:	
Signature:	

## Appendix 2

### Safeguarding incident reporting form (for concerns, child welfare, physical intervention, witness statement, fact-finding)

Name of setting:

Child's name:

Name of person reporting:

Name of designated safeguarding  
lead:

Date of birth:

Job title:

Job title:

Date of concern – when observation, event, disclosure was made

**Nature of Concern.** In the space below describe what was observed, using a body diagram, if necessary.

**Impact:** what are your main concerns about how this might impact on the child physically or emotionally, please include the child's voice (as appropriate)?

**Response to allegation/complaint:** Please advise in your words, what happened, when and where, what did you see or hear and where you were in relation to the alleged incident.

--

Signature of person completing the form \_\_\_\_\_

Hand this form to your setting’s designated safeguarding lead; discuss your concerns and agree what action is to be taken and when it will be reviewed.

**Outcome decisions/actions to be taken** (Tick all that apply)

No further action	<input type="checkbox"/>
Offer support (provide details)	<input type="checkbox"/>

Continue to monitor (detail what, who by and until when)	<input type="checkbox"/>
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Referral/signposting/advice/guidance to be offered by setting (provide details)	<input type="checkbox"/>
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Refer to social care for child protection.	<input type="checkbox"/>
Liaise with Local Authority to refer for Early Help Assessment	<input type="checkbox"/>

Signature of designated safeguarding lead:	Date completed:
_____	_____

**Physical intervention**

If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent/carer to sign here to confirm that they have been informed of the circumstances of the event as recorded here.

Signature of parent/carer:	Date:
_____	_____

