



# Prospectus

Including Policy Statements

Revised June 2022

Pre-school Supervisor: Kerrie Schreiber

Chelmer Village Hall, Village Square, Chelmer Village,

Chelmsford, CM2 6RF. Tel: 07901 886488.

[www.rainbowps.co.uk](http://www.rainbowps.co.uk) email [rainbowchelmervillage@live.co.uk](mailto:rainbowchelmervillage@live.co.uk)

Registered charity No. 1054083

# RAINBOW PRE-SCHOOL

Chelmer Village Hall, Village Square, Chelmer Village, Chelmsford, CM2 6RF.

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The Rainbow Pre-school was established in 1983 and is a parent run pre-school. We operate on a termly basis and set our dates in accordance with those published by the Local Education Authority; making our terms similar to those of the local schools. We open 38 weeks per year and our term dates for the year ahead are displayed in the entrance lobby and our website

## **Rainbow aims to:**

- provide high quality care and education for children below statutory school age;
- work in partnership with parents to help children to learn and develop;
- add to the life and well-being of the local community; and
- offer children and their parents a service that promotes equality and values diversity.

Our pre-school meets at the following times:

	<i>AM</i>		<i>Lunch</i>	<i>PM</i>	
	<i>From</i>	<i>To</i>		<i>From</i>	<i>To</i>
<i>Monday</i>	<i>9.00am</i>	<i>- 12.Noon</i>	<i>12 – 12.30</i>	<i>12.30pm</i>	<i>- 3.30pm</i>
<i>Tuesday</i>	<i>9.00am</i>	<i>- 12.Noon</i>	<i>12 – 12.30</i>	<i>12.30pm</i>	<i>- 3.30pm</i>
<i>Wednesday</i>	<i>9.00am</i>	<i>- 12.Noon</i>	<i>12 – 12.30</i>	<i>12.30pm</i>	<i>- 3.30pm</i>
<i>Thursday</i>	<i>9.00am</i>	<i>- 12.Noon</i>	<i>12 – 12.30</i>	<i>12.30pm</i>	<i>- 3.30pm</i>
<i>Friday</i>	<i>9.00am</i>	<i>- 12.Noon</i>	<i>12 – 12.30</i>	<i>12.30pm</i>	<i>- 3.30pm</i>

We are registered for 40 children each session and provide care and education for children below school age and over the age of two. Once a child starts at pre-school, parents become members of the Rainbow Pre-school Association and are entitled and encouraged to attend meetings. These meetings take place termly and parents are notified via email/ newsletter and posters within the setting. They make take place in person or alternatively via Zoom

Our pre-school is registered with the Essex Early Years Development and Childcare Partnership and contributes to the Partnership's overall planning to provide education and care throughout the Foundation Stage.

Rainbow is inspected by OFSTED. Our Ofsted number is 508748

We are a Registered Charity No. 1054083

We are members of the Pre-school Learning Alliance No. 8700

### **Registration and Admissions**

Registrations are made online through our website, please note that joining our waiting list does not guarantee you a place at Rainbow and we recommend that you register as early as possible to avoid disappointment. Once registered the Admissions Co-ordinator will contact parents nearer the time their child is due to start, normally the term before. At this time the parents will also receive an invitation to visit Rainbow. All children on our waiting list are invited to our open day which is usually held in June. When you register your child with us, we will provide you with a privacy notice that gives you further details of how we fulfil our obligations with regard to your data.

### **Information we hold about you and your child**

We have procedures in place for the recording and sharing of information [data] about you and your child that is compliant with the principles of the General Data Protection Regulations (2018) as follows:

The data is we collect is

1. Processed fairly, lawfully and in a transparent manner in relation to the data subject [you and your family]
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 [you and your family] for no longer than is necessary for the purposes for which the personal data is processed.
6. Processed in a way that ensures appropriate security of the personal data including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

There are two main admissions in each academic year September and January. We have a limited number of places for two-year olds in our 'Little Stars' room and three's and over will usually be in our main hall. Although we aim to offer places to as many families as possible, we are limited to the number of spaces available.

## **Birthdays**

Birthdays are celebrated by giving each child a card and small gift during the session on or nearest to their actual birthday. Parents may also like to bring in pre-packed bags of sweets which clearly show the ingredients (but please remember our “No Nuts” policy) In line with Natasha’s Law (October 2021) these sweets will be available for the children to take on their way out of the setting with the parents permission. Please feel free to ask staff for the number of children that are likely to be in on a particular session or if there are any allergies to be aware of.

## **Parents**

Parents are regarded as members of our setting who have full participatory rights. These include a right to be valued and respected, kept informed, consulted, involved and included at all levels. As a community based, voluntary managed setting, we also depend on the good will of parents and their involvement to keep going. Membership of the setting carries expectations on parents for their support and commitment.

We aim to ensure that each child:

- is in a safe and stimulating environment;
- is given generous care and attention, because of our ratio of qualified staff to children, as well as volunteer parent helpers;
- has the chance to join with other children and adults to live, play, work and learn together;
- is helped to take forward her/his learning and development by being helped to build on what she/he already knows and can do;
- has a personal key person who makes sure each child makes satisfying progress;
- is in a setting that sees parents as partners in helping each child to learn and develop; and
- is in a setting in which parents help to shape the service it offers.

## **Children's development and learning**

The provision for children's development and learning is guided by The Early Years Foundation Stage (DfE 2021). From September 2008 the Early Years Foundation Stage became law. This brings together Birth to Three Matters and the Curriculum Guidance for the Foundation Stage. Our provision reflects the four key themes and 16 commitments of the Early Years Foundation Stage which are as follows:

## **A Unique Child**

- Child development: Skilful communicator, competent learner.
- Inclusive Practice: Equality and diversity, children's entitlements, early support.
- Keeping safe: Being safe and protected, discovering boundaries, making choices.
- Health and well-being: Growth and development, physical and emotional wellbeing.

## **Positive Relationships**

- Respecting each other: Understanding feelings, friendships, professional relationships.
- Parents as partners: Respecting diversity, communication, learning together.
- Supporting learning: Positive interactions, listening to children, effective teaching.
- Key person: Secure attachment, shared care, independence.

## **Enabling Environments**

- Observation, assessment and planning: Starting with the child, planning, assessment.
- Supporting every child: Children's needs, the learning journey, working together.
- The learning environment: The indoor, outdoor and emotional environment.
- The wider context: Transitions and continuity, multi-agency working, the community.

## **Learning and Development**

- Play and exploration: Learning through experience, range of contexts, adult involvement.
- Active learning: Mental and physical involvement, decision making, personalised learning.
- Creativity and physical thinking: Making connections, transforming and understanding, sustained shared thinking.
- Areas of development and learning: Six equally important and overlapping areas.

## ***How we provide for development and learning***

Children start to learn about the world around them from the moment they are born. The care and education offered by our setting helps children to continue to do this by providing all of the children with interesting activities that are appropriate for their age and stage of development across all seven areas.

The Prime areas of learning are:

- *Personal, social and emotional development*
- *Communication and language development*
- *Physical development*

These areas are the most essential for a child's healthy development and future learning and will help to develop skills in the following specific areas:

- *Literacy*
- *Mathematics*
- *Understanding the world*
- *Expressive arts and design*

For each area, the practice guidance sets out the Early Learning Goals. These goals state what it is expected that children will know and be able to do by the end of the reception year of their education. The practice guidance also sets out in 'Development Matters' the likely stages of progress a child makes along their learning journey towards the early learning goals. Our setting has regard to these matters when we assess children and plan for their learning.

### ***Personal, social and emotional development***

Our programme supports children to develop:

- positive approaches to learning and finding out about the world around them;
- confidence in themselves and their ability to do things, and valuing their own achievements;
- their ability to get on, work and make friendships with other people, both children and adults;
- their awareness of, and being able to keep to, the rules which we all need to help us to look after ourselves, other people and our environment; and
- their ability to expect to have their ways of doing things respected and to respect other people's ways of doing things

### ***Communication and language development***

Our programme supports children to develop:

- conversational skills with one other person, in small groups and in large groups to talk with and listen to others;
- their vocabulary by learning the meaning of - and being able to use - new words;
- their ability to use words to describe their experiences;
- their knowledge of the sounds and letters that make up the words we use; and
- their ability to listen to, and talk about, stories;

## ***Physical development***

Our programme supports children to develop:

- increasing control over the large movements that they can make with their arms, legs and bodies, so that they can run, jump, hop, skip, roll, climb, balance and lift;
- increasing control over the small movements they can make with their arms, wrists and hands, so that they can pick up and use objects, tools and materials;
- their ability to dress and undress themselves;
- their ability to look after their personal hygiene and toileting needs; and
- their understanding about the importance of, and how to look after, their bodies.

## ***Literacy***

Our programme supports children to develop:

- knowledge of how to handle books and that they can be a source of stories and information;
- enjoyment of songs, poems, stories and rhymes;
- an ability to recognise familiar words;
- knowledge of the purposes for which we use writing; and
- making their own attempts at recording, mark making and writing.

## ***Mathematics***

Our programme supports children to develop:

- understanding and ideas about how many, how much, how far and how big;
- understanding of numbers and their order;
- understanding and ideas about patterns, the shape of objects and parts of objects, and the amount of space taken up by objects;
- understanding that numbers help us to answer questions about how many, how much, how far and how big;
- understanding that objects can be categorised by their features;
- understanding and ideas about how to use counting to find out how many; and
- early ideas about the result of adding more or taking away from the amount we already have.

## ***Understanding the world***

Our programme supports children to develop:

- knowledge about the natural and man-made world and how it works;

- an interest in the significant people and events in their lives;
- their learning about computers, how to use them and what they can help us to do; and
- their learning about their locality and its special features

### ***Expressive arts and design***

Our programme supports children to develop:

- the use of paint, materials, music, dance, words, stories and role-play to express their ideas and feelings; and
- their interest in the way that paint, materials, music, dance, words, stories and role-play can be used to express ideas and feelings.

### ***Our approach to learning and development and assessment***

#### **Learning through play**

Play helps young children to learn and develop through doing and talking, which research has shown to be the means by which young children learn to think. Our setting uses the practice guidance Birth to 5 Matters to plan and provide a range of play activities which help children to make progress in each of the areas of learning and development. In some of these activities children decide how they will use the activity, and, in others, an adult takes the lead in helping the children to take part in the activity. In all activities information from the Birth to 5 Matters has been used to decide what equipment to provide and how to provide it.

#### **Assessment**

We assess how young children are learning and developing by observing them frequently. We use information that we gain from observations, as well as photographs of the children and examples of their work, to document their progress and where this may be leading them. We believe that parents know their children best and we ask them to contribute to assessment by sharing information about what their children like to do at home and how they as parents are supporting development.

We achieve this through our online learning journals via Kinderly

Please follow the link <https://kinderly.co.uk/legal/> for Kinderly's Terms & Conditions

#### **Records of achievement**

Staff and parents working together on their children's online learning journal is one of the ways in which the key person and parents work in partnership. Your child's learning journal helps us to celebrate together her/his achievements and to work together to provide what your child needs for her/his well-being and to make progress.



The record will be regularly updated and shared with the parents online. This also allows the parents to share learning and development through photographs and videos from home. These observations will be linked to their stage of development and their Characteristics of Learning.

### **Working together for your children**

In our setting we exceed the ratio of adults to children in the setting that is set through the Welfare Requirements. We also have volunteer parent helpers where possible to complement these ratios. This helps us to:

- give time and attention to each child;
- talk with the children about their interests and activities;
- help children to experience and benefit from the activities we provide; and
- allow the children to explore and be adventurous in safety.

### **How parents take part in the setting**

Rainbow recognises parents as the first and most important educators of their children. All of the staff see themselves as partners with parents in providing care and education for their child. There are many ways in which parents take part in making the setting a welcoming and stimulating place for children and parents, such as:

- exchanging knowledge about their children's needs, activities, interests and progress with the staff;
- helping at sessions of the setting;
- sharing their own special interests with the children;
- helping to provide, make and look after the equipment and materials used in the children's play activities;
- being part of the management of the setting;
- taking part in events and informal discussions about the activities and curriculum provided by the setting;
- joining in community activities in which the setting takes part; and
- building friendships with other parents in the setting.

### **Fundraising**

Every effort is made by the committee to keep fees as low as possible. However, the fees alone do not cover the total expenditure of Rainbow. This means it is necessary to have many fundraising activities throughout the year. If you have any ideas or would like to help out, please come along to the next parents meeting or speak to a member of staff or the committee.

## **The parent rota**

The setting has a dated rota which parents can sign if they would like to help at a particular session or sessions. Helping at the session enables parents to see what the day-to-day life of the setting is like and to join in helping the children to get the best out of their activities. It is not only parents who can come in, other family members are also welcome. Sessions shaded pink on the rota are when we will be cooking; an extra pair of hands are especially welcome at this time!

## **Joining in**

Joining the rota is not the only means of taking part in the life of the setting. Parents can offer to take part in a session by sharing their own interests and skills with the children. Parents have visited the setting to play the drums for the children, bring in an unusual pet or talk about their work. We also welcome parents to see Rainbow at work or to speak with the staff but we do ask that you book an appointment with a supervisor to ensure that we do not have too many visitors at once and that we are not on a trip when you wish to come in.

## **Key persons and your child**

Our setting uses a key person approach. This means that each suitably qualified member of staff has a group of children for whom they are particularly responsible. Your child's key person will be the person who works with you to make sure that what we provide is right for your child's particular needs and interests. When your child first starts at the setting, she will help your child to settle and throughout your child's time at the setting, she will help your child to benefit from the setting's activities. Within your child's first term your key person will introduce themselves to you and discuss your child's stage of development. This will form the basis of the partnership between parent's, child and Rainbow. The names, qualifications and a photograph of our all staff members are displayed in the entrance lobby and on our website

## **Learning opportunities for adults**

As well as gaining qualifications in early years care and education, the settings staff take part in further training to help them to keep up-to-date with current thinking and best practice. Our membership of the Pre-school Learning Alliance enables us to do this with publications such as the Under Five magazine. The current copy of Under Five is available online.

From time to time the setting advertises learning events and courses for parents run by organisations such as the Pre-school Learning Alliance, Essex County Council Early Years and our local Children's Centre; Bumble Bee at Danbury. Watch out for information about these on our parents Facebook page or in our newsletter

## **The setting's timetable and routines**

Our setting believes that care and education are equally important in the experience which we offer children. The routines and activities that make up the day in the setting are provided in ways that:

- help each child to feel that she/he is a valued member of the setting;
- ensure the safety of each child;
- help children to gain from the social experience of being part of a group; and
- provide children with opportunities to learn and help them to value learning.

## **The session**

We organise our sessions so that the children can choose from, and work at, a range of activities and, in doing so, build up their ability to select and work through a task to its completion. The children are also helped and encouraged to take part in adult-led small and large group activities which introduce them to new experiences and help them to gain new skills, as well as helping them to learn to work with others. Activities include: the book corner, building and construction, puzzles, games, sand, water, gluing, painting, playdough, cooking, musical instruments, home corner, climbing equipment, planting, sorting.....the list is endless.

We have a book of the week for our 3-4 year olds and our Little Stars have a nursery rhyme/song of the week. Parents are notified of these via our newsletter and parents Facebook page. Children are encouraged to bring something from home that relates to the story/nursery rhyme that they can talk about with the staff and other children.. The idea is to stimulate conversation, widen vocabulary and to help form ideas about the world around us. Please do not send anything you will be upset to lose, as if it can be squashed, broken or eaten then someone will probably manage it!

Outdoor activities contribute to children's health, their physical development and their knowledge of the world around them. The children have the opportunity, and are encouraged, to take part in outdoor child-chosen and adult-led activities, as well as those provided in the hall.

We use Jolly Phonics for our sound of the week and these take place in the afternoon sessions with a range of phonic activities provided

The number of sessions your child attends is up to you, but we do insist on a minimum of two as we have found this to be necessary to help children settle and form good relationships with both staff and other children. If you wish to increase or change your

sessions, we ask you to put your requirements in writing, all requests will be dealt with in date order. For older children you may wish them to stay all day, two fee paying/ funded sessions can be linked with an additional payment for supervised lunch cover (packed lunch to be provided by parent). For amount, please see Schedule of Fees.

### **Snacks**

At snack time we offer milk or water and a snack. Rainbow operates a healthy eating policy and will provide your child with a snack, free of charge. We believe that this is a valuable social activity which encourages children to try a wide range of foods. We plan the menus for snacks so that they provide the children with healthy and nutritious food as well as taking account of individual dietary requirements and reflecting the diversity of children's cultural backgrounds. Little Stars eat snack together at a table. For our 3-4 year olds we operate a rolling snack system

### **Policies**

Copies of Rainbow's policies and procedures are enclosed with this prospectus and are also available on our website or on display in the entrance lobby. Our policies help us to make sure that the service provided by Rainbow is a high quality one and that being a member of the setting is an enjoyable and beneficial experience for each child and her/his parents. The staff and parents of the setting work together to adopt the policies and they all have the opportunity to take part in the annual review of the policies. This review helps us to make sure that the policies are enabling the setting to provide a quality service for its members and the local community.

### **Safeguarding children**

Our setting has a duty under the law to help safeguard children against suspected or actual 'significant harm'. Our employment practices ensure children against the likelihood of abuse in our settings and we have a procedure for managing complaints or allegations against a member of staff. Our way of working with children and their parents ensures we are aware of any problems that may emerge and can offer support, including referral to appropriate agencies when necessary, to help families in difficulty.

We also have due regard to The Prevent Duty Guidance (2015) and implement this through our 'British Values'. These are not unique to Britain but are universal aspirations for equality. They are fundamental to helping all children become compassionate, considerate adults who form part of a fair and equal society.

### **Special needs**

As part of the setting's policy to make sure that its provision meets the needs of each individual child, we take account of any special needs or disability a child may have.

- The setting works to the requirements of the Special Educational Needs and Disability Code of Practice (2015). Our Special Educational Needs Coordinator (SENCO) is Laura Smith-Adams.

### **The management of our setting**

A parent management committee - whose members are elected by the parents of the children who attend the setting - manages Rainbow. The elections take place at our Annual General Meeting.

The committee is responsible for:

- managing the pre-school's finances;
- employing and managing the staff;
- making sure that the pre-school has, and works to, policies that help it to provide a high-quality service; and
- making sure that the pre-school works in partnership with the children's parents.

Parent meetings are held termly and are open to the parents of all children who attend Rainbow; they provide opportunities to learn about pre-school activities, take part in decision making for the group and to become involved in the running of the group. One of these meetings each year is the Annual General Meeting it is our shared forum for looking back over the previous year's activities and shaping the coming year's plan.

### **Fees**

**Our Fees Schedule is on display in the lobby and can be found on our website.**

Fees are payable half-termly in advance for fee paying children and must be paid in full by the due date or by arrangement with the fees administrator if using childcare vouchers. **All fees must still be paid if children are absent for a short period of time this includes lunch fees.** Invoices are emailed at the end of the first week of each half term and payment is made by bank transfer. We are not able to take cash or cheque payments at the hall.

**Please note that no reduction of fees will be made for absence due to illness or holidays.** In the case of prolonged absence, please consult the fees administrator about payment. Each child's attendance at the group is conditional upon continued payment of fees. For your child to keep her/his place at the setting, you must pay the fees. We are in receipt of nursery education funding for three and four year olds; where funding is not received, then fees apply. In some cases, we are also able to access two year old funding and we also accept extended hours funding. For part fee paying/ part funded children parents need to agree with the admissions coordinator which sessions are to be funded and which are to be paid for.

Additional sessions requested after head count day must be paid for by parents/carers. For children transferring mid-term parents/ carers will be responsible for fees unless the previous setting is willing to transfer funding to Rainbow (Please ask a supervisor for details).

For parents who find it hard to pay a lump sum, alternative arrangements such as weekly payments can be made with a supervisor or the fees administrator. However, if payment is not made by the date shown a reminder will be sent. If payment is still not received, then your child's place at Rainbow may be withdrawn. **If a child leaves Rainbow (for reasons other than to commence formal schooling) one month's term time notice is required in writing otherwise additional fees are payable.** If you have any problems with fees, please speak to a supervisor or the fees administrator.

## **Starting at our setting**

### *The first days*

We want your child to feel happy and safe with us, a child who is unhappy will not be able to play or learn properly, so it is important that we work together to help each child feel confident and secure in the group. To make sure that this is the case, the staff will work with you to decide on how to help your child to settle in. Rainbow has a policy about helping children to settle into the setting: a copy is enclosed in this prospectus. You will also receive via email a copy of our "My First Week" booklet. This process takes longer for some children than others so please do not feel worried if your child takes a little while to settle but please do keep talking to your key person.

Whilst we allow children to have comforters in pre-school to help them settle, we do not allow dummies and cloths that are sucked or chewed are discouraged for hygiene reasons. We also discourage the use of dummies as they may be linked to difficulties in speech and language development (see speech and language display in the lobby or ask Laura Smith-Adams for details).

It is important that children are delivered to Rainbow on time and collected promptly, it is good practice for school, and we need to make way for other groups who use the hall. We ask that you see your child into the hall at the beginning of each session. Please remember that the member of staff on the hall door is there for the children, if you need to speak to someone or hand something in there is another member of staff on the double doors in the middle of the lobby. When you collect your child please wait in line in the lobby and your child will be called to the door by a member of staff.

We are not allowed to let any child be collected by anyone other than the parents/carers unless written permission has been given. If you, or any of the adults named by you on the registration form as authorised persons, cannot collect your child from pre-school please advise a member of staff. You will be asked to complete a Collection Notification giving details of who will be collecting your child and how we can verify their identity, usually by

means of a pre-arranged password. The person collecting your child will then be asked to sign the collection register. In the case of an emergency please phone the pre-school to make arrangements with a supervisor. **If a child remains uncollected for more than 10 minutes a charge becomes payable (please refer to the Schedule of Fees for charges),** the amount of the charge is set by the committee and will take into account any extra expenditure incurred by the setting or individual staff members.

**Please note that at the end of the morning sessions some children and the staff need to have their lunch. Equally other groups use the hall after Rainbow, and it is therefore important that children are collected promptly at the end of all sessions.**

We ask that you advise the pre-school if your child is to be absent for any reason such as sickness, a holiday or a special day out with grandparents. It only takes a text and as before is good practice for when your child starts school. We have a duty to ensure prompt and regular attendance and so will contact parents if no explanation has been given for absence.

### ***What to wear***

We encourage children to gain the skills that help them to be independent and look after themselves such as managing their own clothing in the toilet and taking off, and putting on, outdoor clothes. Clothing that is easy for them to manage will help them to do this without being too dependent on other people's help. T-shirts and sweatshirts with our distinctive Rainbow logo are ideal for wearing at pre-school and can be purchased from [www.myclothing.com](http://www.myclothing.com). We provide protective clothing for the children when they play with messy activities but even so it is a good idea to send your child in easily washable not too new clothing. Whilst long dresses may look good they can make climbing difficult and dangerous and trousers with elasticated waist are much easier to manage than buttons or belts.

For safety reasons we ask that jewellery should be kept to a minimum: we do not want children to hurt themselves or damage a precious item. If your child has pierced ears please ensure that they wear something appropriate.

In the warmer weather the children are required to wear sun-cream before being allowed to play outside in the garden. This should be applied by the parents before the session starts. We will also have a hypoallergenic spray sun-cream at the setting which will be renewed at the beginning of each summer term. Sun-cream will be re-applied to your child throughout the session in particularly hot weather and in line with promoting independence and self-care we will encourage the children to rub it in for themselves, helping them where needed. We will provide parents with a photo of the newly purchased sun-cream at the start of each summer term and would ask parents to confirm in writing if they **do not** wish us to use our spray but will be providing their own in their child's bag

### ***What to bring***

We ask that you provide your child with the following items:

- a pair of soft soled shoes for indoor use, plimsolls are ideal. (no buckles or laces please)
- a bag, clearly named on the **OUTSIDE**, containing a spare set of clothes
- spare nappies/ pull ups and wipes if your child is in nappies. If your child needs cream applied when changing their nappy please let us know as we require your permission to administer this
- suitable clothing and footwear for outdoor play (all year round)

Please make sure that all items are clearly **NAMED**.

**We hope that you and your child enjoy being members of Rainbow and that you both find taking part in our activities interesting and stimulating. The staff and committee are always ready and willing to talk with you about your ideas, views or questions.**



# Policy and procedures implementation and review policy

## Aim

We have one set of policies and procedures which are consistent across our childcare provision and in line with the current EYFS requirements.

## Objectives

We adhere to and implement operational policies and procedures by:

- ensuring that all members of 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.

## Contents

0.0	<b>Introduction</b>
1.0	<b>Health and safety policy</b>
2.0	<b>Fire safety policy</b>
3.0	<b>Food safety and nutrition policy</b>
4.0	<b>Health policy</b>
5.0	<b>Promoting inclusion, equality and valuing diversity policy</b>
6.0	<b>Promoting positive behaviour</b>
7.0	<b>Safeguarding children, young people and vulnerable adults policy</b>
8.0	<b>Record keeping policy</b>
9.0	<b>Staff and volunteers policy</b>
10.0	<b>Childcare practice policy</b>
11.0	<b>Working in partnership with parents and other agencies policy</b>

## **0.0 Introduction**

Early years providers must meet all the statutory requirements of the Early Years Foundation Stage 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 the setting's operations and are vital for consistency and quality assurance across the provision. They are required to be in writing, except for childminders who must be able to explain their policies and procedures to parents, carers, and others and ensure that any assistants follow them; therefore, it may be beneficial to have them in written form.

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, volunteers 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.

Each of the policies and procedures that providers are required to have in place are provided in this publication, as well as some recommended by the Alliance as good practice.

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

- Copies of the policies and procedures to be adopted should be made available to all parents and staff; giving everyone the opportunity to discuss and fully understand each policy and procedure.
- It should be 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 should be aware of the content of the policies and procedures, and their role and responsibility in implementing them.
- Each policy and procedure should be continually monitored by collecting evidence about the results of their implementation. The evidence should be used to make any necessary changes to the policies and procedures and/or the way they are implemented.
- All staff and parents should contribute to the evidence collected and share in decisions about any necessary changes.
- Named/designated persons in each 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.

If any adaptations are needed to any policy or procedure, it must be ensures that it still meets the requirements of the relevant regulations. Some providers may decide to develop further policies, which are not required by regulations, but which would enable a clear direction for any specific issue pertaining to the setting. For example, some providers may require a policy on sharing premises with another facility. Or in some cases a local authority or a funding body may require a policy or procedure that is not included in this publication.

Risk assessment is vital to implementation of many procedures. The setting manager ensures that risk assessments as detailed are carried out at least once a year – more if the need arises and will amend or add to the procedures as required. Risk assessment procedures are detailed in procedures 01.1 Risk assessment and 02.1 Fire safety.

### **Children’s rights and entitlements statement**

This statement underpins the policies and procedures—in particular, to 06 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.

The Early Years Alliance’s ‘three key commitments’ are broad statements against which policies and procedures across the organisation will be drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults in all services provided.

1. The Alliance is committed to building a ‘**culture of safety**’ in which children are protected from abuse and harm in all areas of its service delivery.
2. The Alliance is committed to **responding promptly and appropriately** to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in ‘What to do if you are worried a child is being abused’ (HMG 2015)
3. The Alliance is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering young children, through its early childhood curriculum, promoting their right to be **strong, resilient and listened to.**

## 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 citizen, 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 centred ways in all aspects of core services.

## **1.0 Health and safety policy and procedures**

Designated Health and Safety Officer is: **Sarah Smith**

### **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.

### **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 in the lobby and on our website [www.rainbowps.co.uk](http://www.rainbowps.co.uk)
- 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 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 852/2004 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

## **1.1 Risk assessment**

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 forms are 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). Risk assessment is 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 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.

### **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 a practitioner 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. The following safety checks and procedures are undertaken by the Parish Council.

- 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.
- Main kitchen.

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

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

- changing nappies, and the intimate care of young children and older children
- arrivals and departures
- preparation food and drink
- 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
- 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.

## **1.2 Group rooms, stairways 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; all radiators are guarded.
- Windows are opened regularly to ensure flow of air.
- Floors are properly dried after mopping up spills.
- Children do not have unsupervised access to stairways and corridors.
- Floor covering on stairways and corridors is checked for signs of wear and tear.
- Children are led walking upstairs one at a time and hold the rail.
- Staff hold the hand of toddlers and children who require assistance.
- Materials and equipment are not generally stored in corridors.
- 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
- All sockets are covered by screens or equipment/furniture.

### **1.3 Kitchen**

#### **General safety**

- Doors to the kitchen are always kept closed.
- Children do not have unsupervised access to the kitchen.
- Staff do not normally take tea breaks in the kitchen unless there is no alternative.
- Wet spills are mopped immediately.
- Mechanical ventilation is used when cooking.
- A clearly marked and appropriately stocked First Aid box is kept in the kitchen.

#### **Cleanliness and hygiene**

Staff follow the recommended cleaning schedules in Safer Food Better Business (SFBB).

- All work surfaces are washed regularly with anti-bacterial agent.
- Inside of cupboards are cleaned regularly.
- Fridge door and cupboard handles are wiped down regularly
- Ovens/cooker tops are wiped down after use.
- Washing up is done by hand and is carried out in double sinks, one to wash and one to rinse.
- Where possible all crockery and cutlery are air dried.
- Plates and cups are only put away when fully dry.
- Tea towels are used once. They are laundered regularly.
- Any cleaning cloths used for surfaces are replaced daily.
- There is a mop, bucket, broom, dustpan, and brush set aside for kitchen use only.
- Any repairs needed are recorded and reported to the Parish Council.

### **1.4 Children's bathrooms/changing areas**

- Nappy changing takes place on the floor.
- Disposable nappies/trainers are secured in a waterproof nappy bag and sent home to parents.
- Staff use single use gloves and aprons to change children.

- Staff never turn their backs on or leave a child unattended whilst on a changing mat.
- Changing mats are disinfected after each change.
- Anti-bacterial wipes are used to clean the changing mat and any residue is removed with paper towels between changes.
- Anti-bacterial wipes used in nappy changing areas are not left within the reach of children.
- Natural or mechanical ventilation is used; chemical air fresheners are not used.

### **Children's toilets and wash basins**

- Children's toilets and flush handles are cleaned after each use using disinfectant cleaning agent
- Legionella checks are regularly carried out by the Parish Council
- There is a toilet brush available for children's toilets.
- Paper towels are provided.
- Bins are provided for disposal of paper towels and are emptied daily.
- All bins are lined with plastic bags.
- Staff who clean toilets wear rubber gloves.
- Staff changing children wear gloves and aprons as appropriate.
- Wet or soiled clothing is sluiced, rinsed, and put in a plastic bag for parents to collect.
- Spills of body fluids are cleared and mopped using disinfectant.
- Mops used to clean toilets or body fluids from other areas are designated for that purpose only and kept separate from mops used for other areas. Colour coding helps keep them separate.
- Used water is discarded down the butler sink.
- Butler sinks and sluices are cleaned at the end of each day.

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

### **Planning and preparation**

- Outings have a purpose with specific learning and development outcomes.
- 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.

- A minimum of two staff accompany children on outings. There is a ratio of 1:2 for some disabled children, and children up to 3 years. Older children have a ratio of 1:4, depending on the risk assessment.
- Children are specifically allocated to each member of staff/volunteer; they are responsible for supervising their designated children for the duration of the excursion.
- The designated lead for the outing has responsibility for only one child.
- 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 'high viz' vests when on outings.
- 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. Existing risk assessments are reviewed/amended as required.
- Children with specific needs have a separate risk assessment if necessary.

### **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.

### **Transport**

- If coach hire is required for an outing, only reputable companies are used.
- The setting manager ensures that seat belts are provided on the coach and that booster seats and child safety seats are used as appropriate to the age of the children.
- The maximum seating capacity of the coach or minibus is not exceeded.
- Contracted drivers are not counted in ratios.
- Public transport should always be ratio of 1-2 (unless agreed with the setting manager)..

### **Farm and zoo visits**

Staff are aware of the risks posed by infections such as E.coli being contracted from animals. They are also aware of toxic substances used on farms that could be hazardous to health. Staff are vigilant of the natural dangers presented by a farm or zoo visit and conduct a risk assessment prior to the visit.

- The venue is contacted in advance of the visit to ensure no recent outbreaks of E.coli or other infections. If there has been an outbreak the visit will be reviewed and may be postponed.
- Hands are washed and dried thoroughly after touching an animal.
- Nothing is consumed whilst going round the farm. Food is eaten away from animals, after thoroughly washing hands.
- Children are prevented from putting their faces against animals or hands in their own mouths.
- If animal droppings are touched, hands are washed and dried immediately.
- Shoes are cleaned and hands washed thoroughly as soon as possible on departure.
- Staff or volunteers who are or may be pregnant, should avoid contact with pregnant ewes and may want to consult their own GP before the visit.
- Farmers have a responsibility to ensure that hand washing and drying facilities are available and are suitably located, that picnic areas are separate and clean, and that all other health and safety laws are fully observed.

For further guidance, refer to the insurance provider.

### **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.

## **1.6 Outdoors**

- All gates and fences are childproof, safe, and secure and a secondary barrier is placed inside the fencing at approximately 1m distance
- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed. Staff wear rubber gloves to do this.
- The outside area is maintained by the Parish Council.

- Wooden equipment is maintained safely, put away daily and not used if broken.
- Wooden equipment is sanded and varnished as required.
- Broken outdoor toys are removed and reported.
- 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.
- Children who have no adequate means of sun protection, such as a 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.
- Sightings of vermin are recorded and reported to the manager who reports to the Environmental Health's Pest Control Department.

### **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 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, **6.0 Safeguarding children, young people and vulnerable adults** procedures are followed.

## **1.7 Staff cloakrooms**

- All areas are kept tidy and always uncluttered.
- Doors to staff/visitor toilets and cloakrooms are kept always shut.
- Staff personal belongings are stored in areas not accessed by the children, including any medication they are taking.
- Toilet areas are not used for storage due to the risk of cross-contamination.
- Staff/visitor toilets are cleaned daily using disinfectant.
- Toilet flush handles are disinfected daily.
- There is a toilet brush provided in the staff/visitors toilet.
- Door and handle are washed regularly.
- Staff hand basin is cleaned daily using disinfectant.
- Floors in staff/visitors toilet is washed daily.
- Tiled splash backs are washed daily.
- Paper towels are provided for hand drying.
- Bins are provided for sanitary wear and cleared daily (or as per contract agreement).
- Bins are provided for disposal of paper towels and are cleared daily.
- All bins are lined with plastic bags.
- Members of staff who are cleaning toilets wear rubber gloves that are kept specifically for this purpose to prevent cross contamination.

## **1.8 Maintenance and repairs**

Any faulty equipment or building fault is reported to the Parish Council and recorded on our daily Safety Sweep

Any area that is unsafe because repair is needed, such as a broken window, should be made safe and separated off from general use.

- Any broken or unsafe item is taken out of use and labelled 'out of use'.
- Any specialist equipment (e.g. corner seat for a disabled child) which is broken or unsafe should be returned to the manufacturer or relevant professional.
- Any item that is beyond repair is condemned. This action is recorded as the action taken and the item is removed from the setting's inventory.
- Condemning items is done in agreement with the setting manager. Condemned items are then disposed of appropriately and not stored indefinitely on site.

- Where maintenance and repairs involve a change of access to the building whilst repairs are taking place, then a risk assessment is conducted to ensure the safety and security of the building is maintained.
- Where possible repairs to the building are carried out when the pre-school is not in session.

## 1.9 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, the ultimate sanction, where informal action is not considered to be appropriate or has proved to be ineffective, is the withdrawal of permission to be on the premises.
- 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.

There are three categories of assault, based on the severity of the injury to the victim.

1. **Common Assault** - involving the threat of immediate violence or causing minor injury (such as a graze, reddening of the skin or minor bruise).
2. **Actual Bodily Harm** - causing an injury which interferes with the health or comfort of the victim (such as multiple bruising, broken tooth or temporary sensory loss).
3. **Grievous Bodily Harm** - causing serious injury (such as a broken bone or an injury requiring lengthy treatment).

There is also an aggravated form of assault based upon the victim's race, religion, disability or sexual orientation and other protected characteristics as defined in the Equality Act 2010 which carries higher maximum penalties.

It is important to note that no physical attack or injury needs to have occurred for a common assault to have taken place. It is sufficient for a person to have been threatened with immediate violence and put in fear of a physical attack for an offence to have been committed.

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.

999 should always be used when the immediate attendance of a police officer is required.

The police support the use of 999 in all cases where:

- there is danger to life
- there is a likelihood of violence
- an assault is, or is believed to be, in progress
- the offender is on the premises
- the offence has just occurred, and an early arrest is likely

If it is not possible to speak when making a 999 call because it alerts an offender, cough quietly or make a noise on the line, then follow the prompts to dial 55 (mobiles only) for a silent call. Police may be able to trace the call and attend the premises.

### **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. In extreme cases, the behaviour of the parent or other service user may constitute an offence under the Protection from Harassment Act 1997, whereby:

*A person must not pursue a course of conduct:*

*(a) which amounts to harassment of another, and*

*(b) which he knows or ought to know amounts to harassment of the other.*

If so, the police have powers to act against the offender. Such situations are rare but, when they do arise, they can have a damaging effect on staff and be very difficult to resolve. If the actions of a parent appear to be heading in this direction, staff should speak to their manager who will take appropriate action to support. This may include the manager sending a letter to the aggressor, warning them that their behaviour is unacceptable and may result in further action being taken against them. 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 owners/directors/trustees, withdrawing the implied permission for them to be there.
- Further breaches may lead to prosecution of the person concerned by the police and they are treated as a trespasser.
- Full records are kept of each incident, in the Reportable Incident Record, including details of any person(s) who witnessed the behaviour of the trespasser(s), since evidence will need to be provided to the Court.

## **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, owners/directors/trustees and/or a staff colleague
  - from Victim Support on giving evidence in court
- 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.
- 999 calls receive an immediate response. Unless agreed at the time, non-emergency calls are normally attended within 8 hours (24 hours at the latest).

- When they attend the setting or service, the police will take written statements from the victim (including a 'Victim Personal Statement') and obtain evidence to investigate the offence in the most appropriate and effective manner.
- The police will also consider any views expressed by the setting manager and owner/directors/trustees as to the action they would like to see taken. The manager should speak to the victim and be aware of his or her views before confirming with the police how they wish them to proceed.
- In some cases the victim may be asked by the police if he/she wishes to make a complaint or allegation against the alleged offender. It is important to ensure that the victim can discuss the matter with their line manager, a colleague or friend before deciding on their response. It is helpful for the victim to be assured that, if there is a need subsequently to give evidence in court, support can be provided if it is not already available from Victim Support.
- The decision regarding whether an individual is prosecuted is made by the police or Crown Prosecution Service (CPS) based on the evidence and with due regard to other factors.
- 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/visitors**

- The setting manager should contact their line manager for advice and support.
- 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 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 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 **11.2 Complaints procedure for parents and service users.**

## **1.10 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.
- All doors that are fire exits are kept shut but cannot be locked. The only fire doors that are kept open are for access to the garden and the gates in the garden that lead to the public areas are kept locked at all times during the pre-school session.
- 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.
- Whilst social distancing restrictions are in place a risk assessment identifies measures required to keep parents two metres apart and to reduce risk of parents gathering in entrance areas during peak times.

## **1.11 Control of Substances Hazardous to Health (COSHH)**

- Staff implement the current guidelines of the Control of Substances Hazardous to Health (COSHH) Regulations.
- 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.
- Hazardous substances are stored safely away from the children.
- Chemicals used in the setting should be kept to the minimum to ensure health and hygiene is maintained.
- Risk assessment is done for all chemicals used in the setting.
- Environmental factors are considered when purchasing, using and disposing of chemicals.
- All members of staff are vigilant and use chemicals safely.
- Bleach is not used in the setting.
- Anti-bacterial soap/hand wash is not normally used, unless specifically advised during an infection outbreak, such as Pandemic flu or Coronavirus.

- Anti-bacterial cleaning agents are restricted to toilets, nappy changing areas and food preparation areas and are not used when children are nearby.
- Members of staff wear rubber gloves when using cleaning chemicals.

## **1.12 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 pick up children, unless in a medical emergency.

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.

## **1.13 Festival (and other) decorations**

### **General**

- Basic safety precautions apply equally to decorations put up for any festival as well as to general decorations in the setting. Children are informed of dangers and safe behaviour, relative to their level of understanding.

### **Decorations**

- Only fire-retardant decorations and fire-retardant artificial Christmas trees are used.
- Paper decorations, other than mounted pictures, are not permitted in the public areas of the buildings, for example, lobbies, stairwells etc.

### **Electrical equipment**

- Electrical equipment (a light, extension leads etc) must be electrically tested before use.
- If using tree lights, place the tree close to an electrical socket and avoid using extension leads. Always fully uncoil any wound extension lead to avoid overheating.
- Remember to unplug the lights at the end of the day.
- Electrical leads are arranged in such a way that they do not create a trip hazard.

### **Location**

- Trees and decorations must never obstruct walkways or fire exits.
- Do not place decorations on or close to electrical equipment (e.g. computers); they are a fire hazard.
- Decorations must be clear of the ceiling fire detectors, sprinklers, and lights.

### **Children's areas**

- Christmas trees are placed where children cannot pull them over.
- Glass decorations are not used.

## **1.14 Jewellery and hair accessories**

Children, staff members, volunteers and students do not attend the setting wearing jewellery or fashion accessories that may pose a potential hazard to other children or themselves.

- Health and safety take precedence over respect for culture, religion or fashion.

- Members of staff do not wear jewellery or fashion accessories, such as belts or high heels, that may pose a danger to them or to young children. These include large rings with sharp edges, earrings, chain necklaces, or bracelets with attachments that can be pulled off, or belts with large buckles.
- Parents must ensure that any jewellery worn by children poses no risk, for example, earrings which may get pulled, bracelets which can get caught when climbing, or necklaces that may pose a risk of strangulation.
- Children may wear small, smooth stud earrings.
- Children, staff, and volunteers do not wear anything with sharp edges that could scratch children, or jewellery with small elements that could become detached and swallowed.
- Hair accessories that may come loose pose a choking hazard are removed before children sleep or rest.
- Parents are requested not to send children wearing hair beads. If staff see beads that are coming loose, they will remove them.
- Hair accessories that may pose a choking hazard to other children should they become detached, should be removed if members of staff consider this to be a possibility.
- Amber beads for teething pain relief are not to be worn due to the risk of choking posed to the infant and other children who may remove them.

### **1.15 Animals and pets**

- Staff will be aware of any allergies or issues individual children may have with any animals/creatures.
- The setting does not have/own any pets.
- On occasions we keep insects on site for a short while for the children to observe growth and change. These insects are only handled by the staff.

#### **Animals bought 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.

### **1.16 Terrorist threat/attack and lock-down**

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 our police website for advice and guidance.
- Local police contact numbers are clearly displayed for staff to refer to.
- 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 must be rehearsed and recorded termly.
- The setting manager is aware of the current terrorist alert level.
- 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.

### **Lock-down 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 'lock-down'**

- 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 tuned into a local TV or radio station for more information.
- 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 their line manager 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.

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....



## **2.0 Fire safety policy and procedure**

Designated Fire Marshall is: **Sarah Smith**

### **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 about fire 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 a duty of care for those who work in and receive a service from our provision, but individual employees and service users also have a responsibility to ensure their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- A fire safety risk assessment is carried out by a competent person in accordance with the Regulatory Reform (Fire Safety) Order 2005.
- A Fire Log is completed and regularly updated.
- Necessary equipment is in place to promote fire safety.

### **Legal references**

Regulatory Reform (Fire Safety) Order 2005)

Electricity at Work Regulations (1989)

## **2.1 Fire safety**

- The setting manager has access to, or a copy of, the fire safety procedures specific to the building and ensure they align with these procedures. The setting manager makes reasonable adjustments as required to ensure the two documents do not contradict each other.

### **Fire safety risk assessment**

Our Fire Safety Risk Assessment is carried out in each area of the setting by a competent person using the five steps to fire safety risk assessment as follows:

1. Identify fire hazards
2. Identify people at risk
3. Evaluate, remove, reduce and protect from the risk
4. Record, plan, inform, instruct, train
5. Review

The fire safety risk assessment focuses on the following for each area:

- Electrical plugs, wires, sockets.
- Electrical items.
- Gas boilers.
- Cookers.
- Matches.
- Flammable materials, including furniture, furnishings, paper etc.
- Flammable chemicals (which are also covered in COSHH).
- Means of escape.
- Any other, as identified.

**Fire safety precautions include:**

- All electrical equipment is checked by a qualified electrician annually.
- Any faulty electrical equipment is taken out of use and recorded as such or condemned (whichever is necessary).
- Sockets are covered. This is different to using plug sockets inserts, a socket cover, covers the whole socket, including the switch and is safe to use.
- Water and electrical items do not come into contact; staff do not touch electrical items with wet hands.
- All fire safety equipment is checked annually.
- If matches are used in the kitchen, they are kept in a drawer.

**Fire Drills**

- Fire Drills (to include emergency evacuation procedures and lock down) are held at least termly.
- Drills are recorded, including:
  - date of drill
  - staff involved and numbers of children
  - how long it took to evacuate
  - any reason for a delay in achieving the target time and how this will be remedied

**Fire precautions**

- Fire exit signs are the green 'running man' signs and are in place and clearly visible.
- Fire exits by doors are those that show a green light at night.
- Fire doors are not locked during normal working hours.

- Fire evacuation notices are in every room; visitors/volunteers are made aware of evacuation procedures and are instructed to follow staff's instructions. Our assembly point is the basketball court on the village green. If we are going to be outside for a long period of time we will take the children to the community park nearby to keep the children occupied until we can return to the building or parents can collect.
- Fire alarms are in place and tested monthly, and where necessary supplemented with visual warnings. This is recorded. This is tested by the Parish Council
- Smoke alarms are in place and tested monthly. This is recorded. This is tested by the Parish Council
- A fire blanket is in place in the kitchen (and any other location where there is a cooker).
- Fire extinguishers are in place and are appropriate

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....

### **3.0 Food safety and nutrition policy and procedure**

#### **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.
- Procedure **1.3 Kitchen** is followed for general hygiene and safety in food preparation areas.
- We provide snacks which promote healthy eating and reduce the risk of obesity and heart disease that may begin in childhood.
- Parents 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.
- Care is taken to ensure that children with food allergies do not have contact with food products that they are allergic to.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.

#### **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

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

#### **General**

- 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 all food handlers to ensure hygiene and allergy procedures are complied with.

- Staff carry out and record daily opening/closing checks.
- The setting manager maintains a Food Allergy and Dietary Needs list with:
  - a list of all children with known food allergies or dietary needs updated at least once a term and this is clearly displayed for all staff and an allergy card is created for each child.
- The setting manager is responsible for informing the committee who then reports to Ofsted 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 if necessary.
- Parents are requested not to bring food that contains 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.
- 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.
- Fridge 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 checked and recorded daily to ensure correct temperatures are being maintained.
- 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 handlers wash hands and cover any cuts or abrasions before handling food.
- All vegetables and fruit are washed before preparing.
- Food left out is covered, for example when cooling down.

## **Serving Food**

- Staff risk assess the likelihood of children with dietary restrictions accessing the food of other children by checking the child's allergy card to prevent this from happening
- 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#.U7FCVGIOWdl](http://www.food.gov.uk/business-industry/guidancenotes/hygguid/ecoliguide#.U7FCVGIOWdl)

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

Some parents 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 who are vegetarian, should not be given any food to play with that contains animal products (Gelatine). Parents' views should be sought on this. In some cases, it is not appropriate to use food for play at all, 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.
- 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.
- Cornflour 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.
- 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 food bag.
- Food play activities are suspended during outbreaks of illness.

## **3.3 Nutrition**

### **Packed lunches**

Where children have packed lunches, staff promote healthy eating, ensuring that parents are given advice and information about what is appropriate content for a child's lunch box.

Parents 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.

At Rainbow we have a healthy eating policy and ask that you consider this when preparing your child's lunch. Please also remember that the lunch boxes are kept in the hall so you may wish to include a freezer pack to preserve the contents especially in hot weather.

Your child will have half an hour between sessions to eat their lunch so please provide them with a realistic portion of food that they can manage in that time. Something like;

- a sandwich, pitta, wrap or crackers
- some fruit (fresh or dried) and or vegetables
- a yoghurt (with a spoon if needed)
- a small treat such as a biscuit, rice cake or cereal bar
- a drink (water, sugar free squash or fruit juice)

for more details and ideas see the lunch display board in the lobby and on our website

All lunch boxes should be clearly named and we ask that in consideration of others you **do not include sweets, chocolate, nuts or peanut butter**. We discourage packed lunches

that consist largely of processed foods, crisps and cakes and reserve the right to return this food to parents if they provide it on a regular basis.

### **3.4 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.

Parents advise of their children's dietary needs, allergies and any ethnic or cultural food preferences with the staff.

- If a child has a known food allergy they are added to the allergy list and an allergy card is created.
- Parents complete information about their child's dietary needs on the registration form; parents 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's wishes.
- The list of snacks is emailed to parents each half term for parents to view.
- We aim to include food diets from children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- 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 'fussy or faddy eating' 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 to support them with children who are showing signs of 'faddy or fussy eating'.



This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....

## 4.0 Health policy and procedures

### Aim

Our provision 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
- promoting health through taking necessary steps to prevent the spread of infection and taking appropriate action when children are ill
- 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 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

Food Information Regulations 2014

## 4.1 Accidents and emergency treatment

Person responsible for checking and stocking first aid box: **Sarah C Smith**

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 **3.0 Food safety and nutrition**.

- Parents consent to emergency medical treatment consent on registration.

- At least one person who has a current paediatric first aid (PFS) certificate is on the premises and available at all times when children are present, who regularly updates their training; First Aid certificates are renewed at least every three years.
- All members of staff know the location of First Aid boxes, the contents of which are in line with the most recent training recommendations.
- 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.
- 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 and is signed by the parent.
- In the event of minor injuries or accidents, parents 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, 06.10 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 or carers are contacted and informed of what has happened and where their child is being taken to.
- The setting managers arranges for a taxi to take the child and carer to hospital for further checks, if deemed to be necessary.

### **Recording and reporting**

- In the event of a serious accident, injury, or serious illness, the designated person notifies the designated officer using the relevant log book, depending on the nature of the incident as soon as possible.
- The setting's line manager is consulted before a RIDDOR report is filed.
- If required, a RIDDOR form is completed; one copy is sent to the parent, one for the child's file and one for the local authority Health and Safety Officer.
- The 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 in order 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

## **4.2 Life-saving medication and invasive treatments**

Life-saving medication and invasive treatments may include adrenaline injections (Epipens) for anaphylactic shock reactions (caused by allergies to nuts, eggs etc) or invasive treatment such as rectal administration of Diazepam (for epilepsy).

- The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner having due regard to the procedures listed above.
- The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.
- The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.
- Children with complex and/or long-term health conditions have a health care plan in place which takes into account the principles and best practice guidance given here.
- Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).
- Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.
- Children's right to privacy and modesty is respected. Another practitioner is usually present during the process.

### **Record keeping**

For a child who requires invasive treatment the following must be in place from the outset:

- 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 parents allowing members of staff to administer medication
- 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
- a healthcare plan

Copies of all letters relating to these children must be sent to the insurance provider for appraisal. Confirmation will then be issued in writing confirming that the insurance has been extended. A record is made in the medication record book of the intimate/invasive treatment each time it is given.

### **Physiotherapy**

- Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.
- If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the practitioner applying the technique in the first instance.

### **Safeguarding/child protection**

- Practitioners recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.
- If a practitioner has any concerns about physical changes noted during a procedure, for example unexplained marks or bruising then the concerns are discussed with the designated person for safeguarding and the relevant procedure is followed.

**Treatments such as inhalers or Epi-pens must be immediately accessible in an emergency.**

## **4.3 Allergies and food intolerance**

When a child starts at the setting, parents are asked if their child has any known allergies or food intolerance. This information is recorded on the registration form.

- If a child has an allergy or food intolerance, a 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 Medication Folder and is shared with all staff.
- Parents show staff how to administer medication in the event of an allergic reaction.
- 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.

#### **4.4 Poorly children**

- If a child appears unwell during the day, for example has a raised temperature, sickness, diarrhoea or pains, particularly in the head or stomach then the setting manager calls the parents and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, they are kept cool by removing top clothing, sponging their heads with cool water and kept away from draughts.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- In an emergency an ambulance is called and the parents are informed.
- Parents are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.
- The setting manager notifies the committee if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.
- The setting manager has a list of notifiable diseases and contacts Public Health England (PHE) and Ofsted in the event of an outbreak.

- If staff suspect that a child who falls ill whilst in their care is suffering from a serious disease that may have been contracted abroad such as Ebola, immediate medical assessment is required. The setting manager or deputy calls NHS111 and informs parents.

### **HIV/AIDS 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.

- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is rinsed and bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with clinical waste.
- Tables and other furniture or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.
- Baby mouthing toys are kept clean and plastic toys cleaned in sterilising solution regularly.

### **Nits and head lice**

- Nits and head lice are not an excludable condition; although parents may be asked to keep the child away from the setting until the infestation has cleared.
- On identifying cases of head lice, all parents are informed and asked to treat their child and all the family, using current recommended treatments methods if they are found.

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

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. A setting cannot take bottles of non-prescription medicine from parents to hold on a 'just in case' basis.

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.*

If a child has been given a dose of non-prescribed medication before the session they should be kept at home as this may mask their symptoms.

## **4.5 Oral health**

The setting provides care for children and promotes health through promoting oral health and hygiene, encouraging healthy eating, healthy snacks and tooth brushing.

- Fresh drinking water is available at all times and easily accessible.
- Sugary drinks are not served.
- Only water and milk are served with morning and afternoon snacks.
- Children are offered healthy nutritious snacks with no added sugar.

**Pacifiers/dummies**

- These are not allowed in the setting

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....



## **5.0 Promoting inclusion, equality & valuing diversity policy and procedures**

All early years settings must consider and meet relevant employer and service provider duties as set out in the Equality Act (2010). Those in receipt of funding must eliminate discrimination including indirect, direct discrimination, discrimination and harassment based on association and perception and discrimination for reason relating to a disability or by failing to make a reasonable adjustment to any provision, criterion, or practice. This duty is anticipatory. Settings must advance equality of opportunity and foster good relations with individuals and groups with protected characteristics namely disability, race (ethnicity), religion and belief, sexual orientation, sex (gender), gender reassignment, age, pregnancy and maternity, marriage, and civil partnership.

### **Aim**

Our provision actively promotes inclusion, equality of opportunity and the valuing of diversity.

### **Objectives**

We support the definition of inclusion as stated by the Early Childhood Forum:

*'Inclusion is the process of identifying, understanding and breaking down the barriers to participation and belonging.'*

We interpret this as consisting of several tasks and processes in relation not only to children but also to parents and visitors in the setting. These tasks and processes include awareness and knowledge of relevant barriers to inclusion for those with a protected characteristic namely:

- disability
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sexual orientation
- sex (gender)
- age
- marriage or civil partnership (in relation to employment)

This includes unlawful behaviour towards people with protected characteristics. Unlawful behaviour being direct discrimination, indirect discrimination, associative discrimination, discrimination by perception, harassment, and victimisation (in addition, we are aware of the

inequality that users facing socio-economic disadvantaged may also encounter). We will not tolerate behaviour from an adult which demonstrates dislike and prejudice towards groups and individuals living outside the UK (**xenophobia**). This also applies to the same behaviour towards specific groups of people and individuals who are British Citizens residing in the UK.

We promote understanding of discrimination - through training and staff development - the causes and effects of discrimination on both adults and children and the long- term impact of discrimination; the need to protect children from discrimination and ensure that childcare practice is both accessible and inclusive; the need for relevant support to allow children to develop into confident adults with a strong positive self-identity.

- Developing practice that includes:
  - Developing an environment which reflects the 'kaleidoscope' of factors that can provide settings with a myriad of influences and ideas for exploring and celebrating difference.
  - Our SENco and ENco work together ensuring that barriers to inclusion are identified and removed or minimised wherever possible; recording any findings in our ENco log book.
  - Understanding, supporting and promoting the importance of identity for all children and recognising that this comprises multiple facets which are shaped by a 'kaleidoscope' of factors including British values, 'race'\ethnicity and culture, gender, difference of ability, social class, language, religion and belief, and family form and lifestyle, which combine uniquely in the identity of each individual; for example, we welcome and promote bi/multi-lingualism and the use of alternative communication formats such as sign language, and we promote gender equality while at the same time recognising the differences in play preferences and developmental timetables of girls and boys.
  - Recognising that this 'kaleidoscope' also reflects negative images which may be internalised and negatively affect the development of self-concept, self-esteem, and confidence.
  - Promoting a welcoming atmosphere that genuinely appreciate British values, different cultural and personal perspectives, without stereotyping and prejudicing cultures and traditions on raising children, by always involving parents.
  - Promoting community cohesion and creating an environment that pre-empts acts of discrimination so that they do not arise.
  - Recruitment of staff to reflect cultural and language diversity, disabled staff, and staff of both genders.

- Addressing discrimination as it occurs from children in a sensitive, age-appropriate manner to ensure that everyone involved understands the situation and are offered reassurance and support to achieve resolution.
- Challenging discriminatory behaviour from parents, staff or outside agencies or individuals that affect the well-being of children and the early years community.
- Creating an ethos within which staff work confidently within a culturally complex environment; learning when to change or adapt practice in the setting and having the confidence to challenge practice (including parental) that is not in the child's best interest, seeking support and intervention from agencies where appropriate.
- Ensuring that practitioners work closely with the Special Educational Needs Coordinator to make sure that the additional needs of all children are identified and met.
- We are aware of anti-discriminatory legislation and able to use it to shape the service and support parents and children against discrimination in the local community, for example, against asylum seekers, the Travelling community and same sex parents.
- We regularly monitor and review our practice including long-term preventative measures to ensure equality such as auditing of provision, formulating an equality plan, applying impact measurements and positive actions. In addition, short term measures such as recognition and assessment of children's additional support needs (e.g. impairment, home language, family hardship, specific family beliefs and practices), day-to-day activities, provision of suitable support and resources, activity programme and curriculum., assessment, recognition of special educational needs and developing inclusive relationships.

### **Legal references**

General Data Protection Regulation 2018

Children and Families Act 2014 Part 3

Special Educational Needs and Disability Code of Practice 2014

Disability Equality Duty 2011

Equality Act 2010

Prevent Strategy 2015

## **5.1 Promoting inclusion, equality and valuing diversity**

We actively promote inclusion, equality of opportunity and value diversity. All early years setting have legal obligations under the Equality Act 2010. Those in receipt of public funding also have public equality duties to eliminate discrimination, promote equality, foster good relations with individuals and groups with protected characteristics namely disability, race

(ethnicity), religion and belief, sexual orientation, sex (gender), gender reassignment, age, pregnancy and maternity, marriage and civil partnership. Settings also have obligations under the Prevent Duty (2015) which highlights the need to foster equality and prevent children from being drawn into harm and radicalisation.

**Promoting identity, positive self-concept and self-esteem for all children through treating each child as an individual and with equal concern, ensuring each child's developmental and emotional needs are recognised and met.**

- Promoting inclusive practice to ensure every child is welcomed and valued.
- Discussing aspects of family/child identity with parents when settling in a new child.
- Maintaining a positive non-judgemental attitude and use of language with children to talk about topics such as family composition/background, eye and skin colour, hair texture, sex, gender, physical attributes and languages spoken (including signing).
- Becoming knowledgeable about different cultures, and individual subjective perceptions of these and being able to reflect them imaginatively and creatively in the setting to create pride, interest and positive self-identity.
- Discussing similarities and differences positively without bias and judgement.
- Celebrating festivals, holy days and special days authentically through involving parents, staff or the wider community to provide a positive experience for all.
- Providing books with positive images of children and families from all backgrounds and abilities. Avoiding caricatures or cartoon-like depictions, and ensuring individual differences are portrayed with sensitive accuracy. The central characters in individual stories should provide a positive, broad representation of diversity e.g. disability, ethnicity, sex and gender, age and social backgrounds. Individual storylines should contain a range of situations which are easily identifiable by children such as those that include disabled children/adults, different ethnic groups, mixed heritage families, gender diversity, single sex/same and different sex families, multi-generational households and cultural diversity.
- Providing visual materials, such as posters and pictures that provide non-stereotypical images of people, places and cultures and roles that are within children's range of experience. This includes photographs taken by staff of the local and wider community, of parents and families and local events.
- Using textiles, prints, sculptures or carvings from diverse cultures in displays.
- Providing artefacts from a range of cultures, particularly for use in all areas of the setting, not just in the home corner.
- Ensuring toys, learning materials and resources reflect diversity and provide relevant materials for exploring aspects of difference, such as skin tone paints and pens.

- Developing a range of activities through which children can explore aspects of their identity, explore similarities, differences and develop empathy including:
  - self-portraits, photograph albums and displays showing a range of families
  - books about 'me' or my family
  - persona doll stories which sympathetically and authentically represent diversity
  - food activities, such as tasting and cooking, creating real menu additions
  - activities about real celebrations such as new babies, weddings, cultural and religious events
  - use of textiles and secular artefacts in the room, and to handle and explore, that demonstrate valuing of the cultures from which they come
  - creating textiles such as tie dying, batik and creative use of textiles
  - developing a music area with a variety of musical instruments for children to use to create a range of music.
  - creating an art and mark making area with a variety of materials from other countries such as wood blocks for printing, Chinese calligraphy brushes etc.
  - home corner play which encourages all children to equally participate and provides domestic articles from diverse cultures
  - 'dressing up' materials which promote non-gendered roles and enable children to explore different gender identities/gender neutrality
  - providing dolls that sensitively and accurately portray difference such as disability and ethnicity
  - use of a variety of music to play to children of different genres and cultural styles with a variety of musical instruments for children to access
  - a language and literacy area with a variety of books, some with dual language texts and signs, involving parents in the translation where possible
  - tapes with stories read in English and other languages
  - examples of writing in other scripts from everyday sources such as papers and magazines, packaging etc. children's names written on cards in English as well as in their home language script where appropriate
  - labels for children's paintings or other work are made with their name in English and home language script (parents can help with this)
  - conversations with young children which explore unfamiliar objects and subjects to help foster an understanding of diversity and identity such as spectacles or hearing aids, religious and cultural practices
- Record keeping that refers to children's emerging bilingual skills or their use of sign language as achievements in positive terms.
- Record keeping that refers to children's differing abilities and identities in positive terms.

- Records that show the relevant involvement of all children, especially children with special educational needs and disabilities, those using English as an additional language and those who are 'more abled' in the planning of their care and education.

### **Fostering positive attitudes and challenging discrimination.**

- Young children are learning how to grow up in a diverse world and develop appropriate attitudes. This can be difficult, and they may make mistakes and pick up inappropriate attitudes or just get the 'wrong idea' that may underlie attitudes of 'pre-prejudice' towards specific individuals/groups. Where children make remarks or behave in a discriminatory or prejudice way or make inappropriate comments that arise from not knowing facts, staff should explain why these actions are not acceptable and provide appropriate information and intervention to reinforce children's understanding and learning.
- Where children make overtly prejudice or discriminatory remarks they are dealt with as above, and the issue is raised with the parents.
- When children wish to explore aspects of their identity such as ethnicity or gender, they should be listened to in an understanding and non-judgemental way.
- Parents are expected to abide by the policy for inclusion, diversity and equality and to support their child in the aims of the setting.

### **Implementing an equality strategy to foster a 'can do' approach**

- An equality check and access audit are completed to ensure that there are no barriers to inclusion of any child, families and visitors to the setting.
- Early years settings in receipt of nursery education funding are covered by the public sector equality duty. These bodies must have regard of the need to eliminate discrimination, promote equality of opportunity, foster good relations between disabled and non-disabled persons, and publish information to show their compliance with the duty.

### **Promoting dynamic and balanced mixed gender, culturally, socially, and linguistically diverse staff teams who work constructively together in providing for diverse communities.**

- It is recognised that members of staff in diverse teams bring a range of views and opinions to the setting regarding a range of issues to do with the job. It is important that a range of views and perspectives are shared and respected in staff meetings and that decisions are made on which way of looking at the situation will result in the best outcomes for the child.
- Staff views are sought where these offer individuals, social and/or cultural insight, although staff should not be put in an uncomfortable position of being an 'expert' or 'ambassador'.
- Staff respect similarities and differences between each other and users such as ability, disability, religious and personal beliefs, sex, sexual orientation, gender reassignment etc. Staff do not discriminate or harass individuals on the grounds of these or encourage any

other member of staff to do so; evidence of such will be dealt with by management immediately.

- Members of staff make the best use of different perspectives in the team to find solutions to difficult problems that arise in socially/culturally complex situations.
- Members of staff support each other to highlight similarities and respect differences.
- Members of staff of both sexes carry out all tasks according to their job description; there are no jobs that are designated men's or women's jobs.
- Staff are sensitive to the fact that male workers are under-represented in the early years workforce so may be more likely to experience inequality and discrimination.
- Staff should be aware that male workers may be more vulnerable to allegations. Therefore, work practices should be developed to minimise this. These practices are valuable for all staff.
- Where staff may feel threatened, or under attack, from discriminatory behaviour, staff and managers follow procedure Threats and abuse towards staff and volunteers.
- There is an ethos wherein staff, parents and children are free to express themselves and speak their own languages in ways that enhance the culture of the setting.

**Ensuring that barriers to equality and inclusion are identified and removed or minimised wherever possible.**

- Barriers may include:
  - lack of understanding - where the language spoken at the setting is not that which is spoken at a child's home
  - perceived barriers – affordability where parents are not aware of financial support available or assume that a service is not available to them. Perceived barriers may also be physical barriers for those children or parents with a disability or additional needs where they assume, they will not be able to access the service
  - physical barriers – where there are environmental features which stop a disabled child or disabled parent accessing the setting such as stairs
  - negative attitudes – stereotypes and prejudices or commitment by staff and managers to the time and energy required to identify and remove barriers to accessibility
  - unconscious and conscious bias of staff towards some families such as those from other backgrounds, disabled parents, same sex parents and families with specific religious beliefs
  - gendered views of staff which limit children's aspirations and choices

- misconceptions such as disabled children should not attend settings during a pandemic due to heightened risk
- lack of effective Information Communication Technology (ICT) in the homes of families who are vulnerable or at risk and therefore unable to keep in close contact with the childcare provider
- Staff are aware of the different barriers to inclusion and equality and consider the wider implications for children and their families.

### **Supporting children to become considerate adults**

- Children's social and emotional development is shaped by early experiences and relationships and incorporates elements of equality and British and Universal values. The EYFS supports children's earliest skills in an age appropriate way to become social citizens, namely 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; risk taking behaviours, rules and boundaries; not to hurt/upset other people with words and actions; consequences of hurtful/discriminatory behaviour and regulating behaviour.

### **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 Early Years Foundation Stage and are further clarified here based on *Fundamental British values in the Early Years* (<https://foundationyears.org.uk/wp-content/uploads/2017/08/Fundamental-British-Values-in-the-Early-Years-2017.pdf>)

**Democracy:** making decisions together

- For self-confidence and self-awareness (PSED), practitioners encourage children to see the bigger picture, children know their views count, value each other's views and values and talk about feelings e.g. when they do or do not need help.
- Supporting the decisions children make and providing activities that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds, where questions are valued and prejudice attitudes less likely.

**Rule of law:** understanding rules matter (PSED)

- Practitioners ensure children understand their and others' behaviour and consequence.
- Practitioners collaborate with children to create rules and codes of behaviour, e.g. rules about tidying up and ensure all children understand that rules apply to everyone.

**Individual liberty:** freedom for all (PSED & UW)



- 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, exploring facets of their own identity, talking about their experiences and learning. Practitioners encourage a range of experiences, allow children to explore the language of feelings and responsibility, reflect on differences and understand we are free to have different opinions, for example in a small group discuss what they feel about transferring into Reception Class.

**Mutual respect and tolerance:** treat others as you want to be treated (PSED & UW)

- Staff 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, others and among families, faiths, communities, cultures and traditions.
- Staff encourage and explain the importance of tolerant behaviours such as sharing and respecting other’s opinions.
- Staff 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/racial stereotyping.

**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 values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....

## 6.0 Promoting positive 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. Settling into a new environment is an emotional transition for young children especially as they learn to develop and master complex skills needed to communicate, negotiate and socialise with their peers. Skills such as turn taking and sharing often instigate minor conflicts between children as they struggle to deal with powerful emotions and feelings. During minor disputes, key persons help children to reflect and regulate their actions and, in most instances, children learn how to resolve minor disputes themselves. However, some incidents are influenced by factors, requiring a strategic approach especially if the behaviour causes harm or distress to the child or others. These situations are managed by the SENCO/key person using a stepped approach which aims to resolve the issue and/or avoid the behaviour escalating and causing further harm.

This is an unsettling time for young children. Practitioners are alert to the emotional well-being of children who may be affected by the disruption to their normal routine. Where a child's behaviour gives cause for concern, practitioners take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers and the principles of this procedure are adhered to

The setting manager/SENCO will:

- ensure that all new staff attend training on behaviour management such as *Understanding and Addressing Behaviour in the Early Years* (EduCare)
- advise staff on how to address behaviour issues and how to access expert advice if needed

### Rewards and sanctions

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 immediate results for the adult but do not teach a child how to act when a 'prize' is not being given or provide the skills to manage situations and emotions themselves. Instead, a child is taught to be 'compliant' and respond to meet adult expectations to obtain a reward (or for fear of a sanction). If used the type of rewards and their functions must be carefully considered.

Children are never labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group to be left in 'time out' or on a 'naughty chair'. If a child is distressed or causing harm to others, it may help to remove them from the immediate environment where the incident occurred. They should be taken to a quiet area by a member

of staff for up to 5 minutes to help them calm down. If appropriate, the staff member can use this time to help the child reflect on what has happened. Physical punishment of any kind is never used or threatened which could adversely affect a child's well-being. If staff become aware that another person has given corporal punishment to a child, they report it. Physical intervention to safeguard a child/children must be carried out as per the guidance in this procedure.

### **Step 1**

- The setting manager, SENCo and other relevant staff members are knowledgeable with, and apply the procedure Promoting positive behaviour.
- Unwanted behaviours are addressed using an agreed and consistently applied approach to deescalate situations
- Behaviours that result in concern for the child and/or others must be discussed by the key person, SENCo/setting manager. During the meeting the key person must use their all-round knowledge of the child and family to share any known influencing factors such as a new baby in the family, child and/or parental illness, underlying additional needs to help place the child's behaviour into context.
- Appropriate adjustments to practice must be agreed within the setting. If relevant, a risk assessment should be carried out.
- If the adjustments are successful and the unwanted behaviour does not reoccur or cause concern then normal monitoring can resume.

### **Step 2**

- If the behaviour remains a concern, then the key person and SENCo must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must 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 setting manager/SENCo must suggest using a focused intervention approach to identifying a trigger for the behaviour such as the ABC approach, i.e. Antecedents – what happened before; Behaviour – what was the behaviour observed; Consequences – what happened after the event.
- If a trigger is identified, then the SENCo and key person must meet with the parents to plan support for the child through a graduated approach via SEN support.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents of the victim of the behaviour and the parents

of the perpetrator must be informed. If the setting has applied a physical intervention, staff would complete an accident form if needed and record the incident in the Incident book. Ofsted would be notified if necessary. A record of discussions is recorded and parents are asked to sign.

- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the action plan. Other staff are informed of the agreed interventions and help implement the actions. The plan must be monitored and reviewed regularly by the key person/SENCo until improvement is noticed.
- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged in the Behaviour log book.

### **Step 3**

If despite applying initial intervention to de-escalate situations and focused interventions to identify triggers the child's behaviour continues to occur and/or is of significant concern, the SENCo and key person invite the parents to a meeting to discuss external referral and next steps for supporting the child. It may be agreed that the setting request support from the Early Help team and/or other specialist services such as the Inclusion Partner. This will help address most developmental or welfare concerns. If the behaviour is part of other welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, safeguarding procedures **7.0 Safeguarding children, young people and vulnerable adults procedures** must be followed immediately.

- Advice provided by external agencies is incorporated in a support plan and regular multi-disciplinary meetings held to review the child's progress.
- If a review determines a statutory assessment may be needed then all relevant documentation must be collected in preparation for an application for an Education, Health and Care Plan.

### **Use of physical intervention**

Staff will already use different elements of physical contact with a child as part of their interaction in the setting especially when they are comforting a child or giving first aid. However, physical intervention to keep a child or other children safe is different and should only be applied in exceptional circumstances.

The EYFS states that physical intervention from a staff member towards a child may be used for the purposes of "averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if it is absolutely necessary".

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children's behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child's movement against their will. In most cases this can be applied through the use of the adult's body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, a practitioner may use "reasonable force" to protect a child from injuring themselves or others. Legally a practitioner may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

### **Physical handling**

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming for:

- keeping the child's safety and well-being paramount
- a calm, gentle but firm approach and application of the intervention
- never restricting the child's ability to breathe
- side-by-side contact with the child
- no gap between theirs or the child's body
- keeping the adults back as straight as possible
- avoiding close head-to-head positioning to avoid injury to the child and themselves (head butting)
- only holding the child by their 'long' bones to avoid grasping at the child's joints where pain and damage are most likely to occur

- avoiding lifting the child unless necessary
- reassuring the child and talking about what has happened
- only applying a physical intervention on a disabled child if training or preferred method is provided from a reputable external source e.g. British Institute of Learning Disabilities [www.bild.org.uk/](http://www.bild.org.uk/)

## **Risks**

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them. However, there are also risks to children associated with not intervening physically; for instance, if a practitioner did not take hold of a child by the wrist, they may have run into the path of a fast-moving car.

Before intervening physically to protect a child from immediate harm a practitioner needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

- What is the immediate risk to this child if I do not intervene now?
- What might the risks be if I do intervene? If this was my child, what would I want someone looking after them to do in this situation?
- What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

## **Recording**

Any instance of physical intervention is fully recorded immediately and reported to the designated person as soon as possible, recording it in our Incident book, ensuring that it is clearly stated when and how parents were informed. Parents are asked to sign a copy of the reported incident. An individual risk assessment should be completed after any physical intervention with a child which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

## **Temporary suspension (fixed term)**

Any decision to temporarily suspend a child must be carefully considered lawful, reasonable and fair. If despite following the stepped approach for behaviour it is necessary to temporarily suspend a child, for no more than five days, on the grounds of health and safety, the following steps are followed.

- The setting manager provides a written request to suspend a child to the Chairperson; the request must detail the reason why the child must be suspended and the length of time of the proposed suspension.
- If the Chairperson approves, the parents must be invited to a meeting to discuss next steps. Parents are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting must aim for a positive outcome for the child and not to suspend.
- If no acceptable alternative to suspension is found then the setting manager must give both verbal and written notice of time related suspension to the parent, meanwhile the setting manager must ensure that continued resolution is sought and suitable adjustments are in place for the child's return.

### **Suspension of a disabled child**

We have a statutory duty not to discriminate against a child on the basis of a protected characteristic. This includes suspending a child based on a disability. Ignorance of the law or claiming it was unknown that a child was disabled is no defence. However, if the child's behaviour places themselves or others at risk then the setting must take actions to avoid further harm. Time limited suspension may be applied to keep the child and/or others safe whilst finding a solution. Suspension is only used if reasonable steps and planned adjustments are first used to help resolve the situation. Without this action, suspension of a child with SEND may constitute disability discrimination (Equality Act 2010). A decision to suspend a disabled child must be clearly evidenced, specific, measurable, achievable, realistic and targeted. Plans and intervention must be recorded on the child's SEN Support Action plan. If little or no progress is made during the suspension period, the following steps are taken.

- The setting manager sends a written/electronic invite to the parents, a local authority representative and any relevant external agencies to attend a review meeting. Each attendee must be made aware that the meeting is to avoid the situation escalating further and to find a positive solution.
- After the meeting the setting manager continues to maintain weekly contact with the parents and local authority to seek a solution.
- Suitable arrangements offer the parent continued support and advice during the suspension. The setting manager reviews the situation fortnightly and provides the Chairperson with a monthly update.

### **Expulsion**

In some exceptional circumstances a child may be expelled due to:

- a termination of their Childcare Agreement

- if despite applying a range of interventions (including reasonable adjustments), the setting has been unable to adequately meet the child's needs or cannot protect the health, safety and well-being of the child and/or others.

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

We do not tolerate behaviour demonstrating dislike, prejudice, discriminatory attitudes or action towards any individual/group. This includes those living outside the UK (xenophobia). This also applies to behaviour towards specific groups of people and individuals who are British Citizens residing in the UK.

Allegations of discriminatory remarks or behaviour 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. Where a parent makes discriminatory or prejudice remarks to staff at any time, or other persons while on the premises, this is recorded in our Enco book and is reported to the setting manager. The procedure is explained and the parent is 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 discriminatory or prejudice ways; the third stage may be considering withdrawing the child's place.

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....



## **7.0 Safeguarding children, young people & vulnerable adults policy and procedure**

Designated person/lead for safeguarding is: **Kerrie Schreiber (Deputy: Laura Smith-Adams)**

Designated officer is: **Denise Webb, Chairperson**

### **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.**

**The Early Years Alliance 'three key commitments' are broad statements against which policies and procedures across the organisation will be drawn to provide a consistent and coherent strategy for safeguarding children young people and vulnerable adults in all services provided. The three key commitments are:**

1. The Alliance is committed to building 'a culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its service delivery.
2. The Alliance is committed to responding promptly and appropriately to all incidents or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in '*What to do if you are worried a child is being abused*' (HMG 2015) and '*No Secrets (updated by the Care Act 2014) and Working Together 2018*.'
3. The Alliance is committed to promoting awareness of child abuse issues throughout its training and learning programmes for adults. It is also committed to empowering children, young people, and vulnerable adults, through its curriculum, promoting their right to be '*strong, resilient and listened to*'.

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

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 of a service user, or a volunteer.

### **Key Commitment 1**

- We have a 'designated person', sometimes known as the designated lead for safeguarding, who is responsible for carrying out child, young person, or adult protection procedures.

- When the setting is open but the designated person is not on site a suitably trained deputy is available. Our deputy is: **Laura Smith-Adams**
- Their designated person reports to a 'designated officer' responsible for overseeing all child, young person or adult protection matters.
- The 'designated person' and the 'designated officer' ensure they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated person' and the 'designated officer' ensure they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise possible child abuse in the categories of physical, emotional and sexual abuse and neglect.
- The 'designated person' and the 'designated officer' ensure 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 person' and the 'designated officer' ensure that staff are aware and receive training in social factors affecting children's vulnerability including
  - social exclusion
  - domestic violence and controlling or coercive behaviour
  - mental illness
  - drug and alcohol abuse (substance misuse)
  - parental learning disability
  - radicalisation
- The 'designated person' and the 'designated officer' ensure 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 person' and the 'designated officer' ensure they are adequately informed in vulnerable adult protection matters.

## **Key Commitment 2**

- 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 possible 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 local published threshold documents.
- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond appropriately using local early help processes and Designated persons should ensure all staff understand how to identify and respond to families who may need early help.
- There are procedures in place for reporting possible 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 LSCB guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

### **Key Commitment 3**

- 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 Local Safeguarding Partners.
- 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*.
- 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.

### **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)

Statutory guidance on inter-agency working to safeguard and promote the welfare of children (DfE 2015)

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

### **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 person or a named back-up designated person.
- The manager and the back-up designated person are responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults.
- All concerns about the welfare of children in the setting should be reported to the designated person or the back-up designated person.
- The designated person ensures that all practitioners 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 person at any time.
- The line manager of the designated person is the designated officer.
- The designated person 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 social care or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to make a decision regarding notification. The designated person 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 Committee. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.
- All settings follow procedures of their Local Safeguarding Partners (LSP) 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, whistle-blowing 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 on the child's personal record sheet in our marks or injuries folder, which is signed by the parent/carer.
- The member of staff advises the designated person 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 person decides the course of action to be taken.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated person.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated person decides the course of action required, taking into consideration any explanation given by the child.
- If the parent maintains the injury was caused at the setting this would then be recorded in the Accident Records and an accurate record made of the discussion is written on the child's personal file in the marks or injuries folder
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated person. 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.

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

- Concerns about the welfare of a child are discussed with the designated person without delay.
- A written record is made in our Welfare Concerns book 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**

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The practitioner 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 person. They do not further question or attempt to interview a child.
- If a child shows visible signs of abuse such as bruising or injury to any part of the body and it is age appropriate to do so, the key person will ask the child how it happened.
- When recording a child's disclosure, 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 person makes a professional judgement about referring to other agencies, including Social Care using the Local Safeguarding Partnership (LSP) threshold document:
  - Level 1: Child's needs are being met. Universal support.
  - Level 2: Universal Plus. Additional professional support is needed to meet child's needs.
  - Level 3: Universal Partnership Plus. Targeted Early Help. Coordinated response needed to address multiple or complex problems.
  - Level 4: Specialist/Statutory intervention required. Children in acute need, likely to be experiencing, or at risk of experiencing significant harm.
- Staff are alert to indicators that a family may benefit from early help services and should discuss this with the designated person.

## **Seeking consent from parents/carers to share information before making a referral for early help (Tier 2/3\*)**

Parents 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 person 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 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).

*\*Tier 2: Children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled.*

### **Informing parents 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 person contacts the parents (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 should not be contacted until such time as their investigation, or the police investigation, is concluded. Parents 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 puts another person at risk; situations where one parent may be at risk of harm, e.g. domestic abuse; situations where it has not been possible to contact parents to seek their consent may cause delay to the referral being made

The designated person makes a professional judgment regarding whether consent (from a parent) 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. Advice can also be sought from the designated officer.

### **Referring**

- The designated person or back-up follows their LSP procedures for making a referral.
- If the designated person or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.



- Arrangements for cover (as above) when the designated person and back-up designated person are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.
- If a child is believed to be in immediate danger, or an incident occurs at the end of the session and staff are concerned about the child going home that day, then the Police and/or social care are contacted immediately.
- If the child is 'safe' because they are still in the setting, and there is time to do so, the senior member of staff contacts the setting's designated officer for support.

### **Further recording**

- Discussion with parents and any further discussion with social care is recorded and kept in chronological order. If recording a conversation with parents that is significant, regarding the incident or a related issue, parents are asked to sign and date 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.
- 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.

### **Reporting a serious child protection incident**

- The designated person is responsible for reporting to the designated officer and seeking advice if required prior to making a referral as described above.
- For child protection concerns at Tier 3 and 4\*\* it will be necessary for the designated person to complete a confidential safeguarding incident report and the designated officer is made aware of the report.
- Further briefings are discussed and recorded with the designated officer when updates are received until the issue is concluded.

*\*\* Tier 3: Children with complex multiple needs, requiring specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. Tier 4: Children in acute need, who are suffering or are likely to suffer significant harm.*

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

- If a practitioner disagrees with a decision made by the designated person 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 person and the practitioner 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.

## **Whistleblowing**

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 he or she is 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;
- anybody is deliberately attempting to conceal information relating to any of the above clauses

### **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 manager/Designated Person.
2. Staff who are unable to raise the issue with their manager/Designated Person should raise the issue with their line manager's manager/Designated Officer.
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 relevant agencies e.g. Ofsted, Police, Social Care, LADO, etc. depending on the concern

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 who believe that:

- their own or another employer will cover up the concern
- they will be treated unfairly by their own employer for complaining
- if they have already told their own employer and they have not responded

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

Practitioners should be alert to symptoms that would indicate that FGM has occurred, or may be about to occur, and take appropriate safeguarding action. Designated persons 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. LSCB 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 person 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 person 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 person must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
  - The designated person 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 person also ensures that all staff complete *The Prevent Duty in an Early Years Environment* and *Understanding Children's Rights and Equality and Inclusion in Early Years Settings* online EduCare courses.
  - The designated person 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 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.

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**

Practitioners should be aware that children can be put at risk by gang activity, both through participation in and as victims of gang violence. Whilst very 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 persons 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 practitioners 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: [fmufco.gov.uk](mailto:fmufco.gov.uk)

## 7.2 Allegations against staff, volunteers or agency staff

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

### Identifying

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

### Informing

- All staff report allegations to the designated person.
- The designated person alerts the designated officer. 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 have an understanding of what explicitly is being alleged.
- The designated person must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The Local Authority Designated Officer (LADO) is contacted as soon as possible within one working day by telephone on 03330 139797 or by email [lado@essex.gov.uk](mailto:lado@essex.gov.uk) (please note this is not a secure address so any information sent must be password protected). If LADO is not available or is contacted outside of office hours an immediate referral to social care is required on 0845 6061212. The LADO should then be informed at the earliest available opportunity.
- A child protection referral is made by the designated person if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.

- The designated person asks for clarification from the LADO on the following areas:
  - what actions the designated person must take next and when and how the parents 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 setting 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 person 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 are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated person may need to advise parents 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 or not suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents 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 person ensures staff fill in the safeguarding incident reporting form.
- If after discussion with the designated person, 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.
- If notification to Ofsted is required the designated person will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated person will liaise with the designated officer about notifying Ofsted.
- The designated person ensures that the designated officer is made aware that a confidential safeguarding incident report form has been completed.

- 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 person 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 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 the designated person**

- If a member of staff has concerns that the designated person 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 who will investigate further.
- During the investigation, the designated officer will identify another suitably experienced person to take on the role of designated person.
- If an allegation is made against the designated officer, then the Committee are informed.

### **Recording**

- A record is made of an allegation/concern, along with supporting information, normally by the practitioner who has observed the incident. The Child welfare and protection summary is also completed and these are kept in the child's safeguarding file
- 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 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 person.



- If after discussions with the designated person, 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, as set out in 06.1 Responding to safeguarding or child protection concerns.

### **7.3 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 (including visiting VIPs) 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 (see procedure **1.16 Terrorist threat/attack and lock-down**).
- The designated person 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 the confidential safeguarding incident report form and copies in their line manager on the day of the

incident. The Committee ensure a robust organisational response and ensure that learning is shared.

## **7.4 Absence**

We take steps to ensure that children are kept safe, that their wellbeing is promoted, and they do not miss out on their entitlements and opportunities. At the very least, good attendance promotes good outcomes for children. In a small minority of cases, good attendance may also lead to early identification of more serious concerns for a child or family.

There are several reasons why a child may be absent from a setting. In most cases it is reasonable to expect that parents/carers alert the setting as soon as possible, or in the case of appointments and holidays give adequate notice. Parents are advised that they should contact the setting within one hour of the time the child would have been expected to advise of their absence. Designated persons must also adhere to Local Safeguarding Partners (LSP) requirements, procedures and contact protocols for children who are absent or missing from childcare.

- If a child who normally attends fails to arrive and no contact has been received from their parents, the designated person, takes immediate action to contact them to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents and there is no means to verify the reason for the child's absence i.e. through a named contact on the child's registration form, this is recorded as an unexplained absence on the child's personal file and is followed up by the manager each day until contact is made.
- If contact has not been made within three working days, children's services will be contacted for advice about making a referral. Other relevant services maybe contacted as per LSP procedures.
- All absences are recorded on the child's personal file with the reason given for the absence, the expected duration and any follow up action taken or required with timescales.
- Absence records are retained for at least three years, or until the next Ofsted inspection following a cohort of children moving on to school.

If at any time further information comes to light that gives cause for concern, procedure 06.1 Responding to safeguarding or child protection concerns is immediately followed.

## **Safeguarding vulnerable children**

- The designated person or key person attempts to contact the parents to establish why the child is absent. If contact is made and a valid reason given, the information is recorded in the child's file.
- Any relevant professionals involved with the child are informed, e.g. social worker/family support worker.
- If contact is made and the designated person is concerned that the child is at risk, the relevant professionals are contacted immediately. The events, conversation and follow-up actions are recorded. If contact cannot be made, the designated person contacts the relevant professionals and informs them of the situation.
- If the child has current involvement with social care, the social worker is notified on the day of the unexplained absence.
- If at any time information comes to light that gives cause for concern, **7.0 Safeguarding children, young people and vulnerable adults** procedures are followed immediately.

## **Safeguarding**

- If a child misses three consecutive sessions and it has not been possible to make contact, the designated person calls Social Care and makes a referral if advised.
- If there is any cause for concern i.e. the child has a child protection plan in place or there have been previous safeguarding and welfare concerns, the designated person attempts to contact the child's parent/carer immediately. If no contact is made, the child's absence Social Care are contacted immediately, and safeguarding procedures are followed.

## **Poor/irregular attendance**

Whilst attendance at an early years setting is not mandatory, regular poor attendance may be indicative of safeguarding and welfare concerns that should be followed up.

- In the first instance the setting manager should discuss a child's attendance with their parents to ascertain any potential barriers i.e. transport, working patterns etc and should work with the parent/s to offer support where possible.
- If poor attendance continues and strategies to support are not having an impact, the setting manager must review the situation and decide if a referral to a multi-agency team is appropriate.
- Where there are already safeguarding and welfare concerns about a child or a child protection plan is in place, poor/irregular attendance at the setting is reported to the Social Care worker without delay.

In the case of funded children the local authority may use their discretion, where absence is recurring or for extended periods, taking into account the reason for the absence and impact

on the setting. The setting manager is aware of the local authority policy on reclaiming refunds when a child is absent from a setting.

## **7.5 Uncollected child**

If a child is not collected by closing time, or the end of the session and there has been no contact from the parent, or there are concerns about the child's welfare then this procedure is followed.

- The designated person is informed of the uncollected child as soon as possible and attempts to contact the parents by phone.
- If the parents cannot be contacted, the designated person uses the emergency contacts to inform a known carer of the situation and arrange collection of the child.
- After 30 minutes, the designated person contacts the local social care out-of-hours duty officer on 0345 6061212 or Chelmsford Police Station on 01245 491491/101 if the parents or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents.
- The designated person should arrange for the collection of the child by social care.
- Where appropriate the designated person should also notify police.

Members of staff do not:

- go off the premises to look for the parents
- leave the premises to take the child home or to a carer
- offer to take the child home with them to care for them in their own home until contact with the parent is made
- Staff make a record of the situation in the incident book. A record of conversations with parents should be made, with parents being asked to sign and date the recording.
- Confidential safeguarding incident report form should also be completed if there are safeguarding and welfare concerns about the child, or if Social Care have been involved due to the late collection.
- If there are recurring incidents of late collection, a meeting is arranged with the parents to agree a plan to improve time-keeping and identify any further support that may be required.
- We reserve the right to charge parents for the additional hours work and any losses incurred by staff. These charges are in addition to our late collection charges

## **7.6 Missing child**

### **In the building**

- As soon as it is noticed that a child is missing, the member of staff informs the designated person who initiates a search within the setting.
- If the child is found on-site, the designated person checks on the welfare of the child and investigates the circumstances of the incident.
- If the child is not found on site, one member of staff searches the immediate vicinity, if there is no sign of the child, the police are called immediately.
- The parents are then called and informed.
- The designated person contacts their designated officer, to inform them of the situation and seek assistance.

### **Off-site (outing or walk)**

- As soon as it is noticed that a child is missing, the senior staff present carries out a headcount.
- One member of staff searches the immediate vicinity.
- If the child is not found, the senior staff calls the police and then contacts the designated person.
- The designated person informs the parents.
- Members of staff return the children to the setting as soon as possible if it is safe to do so. According to the advice of the police, one senior member of staff should remain at the site where the child went missing and wait for the police to arrive.
- The designated person contacts the designated officer, who attends the setting.

### **Recording and reporting**

- A record is made on the Child welfare and protection summary and Safeguarding incident reporting form. The manager as designated person completes a confidential safeguarding incident report and makes the designated officer aware of this on the same day that the incident occurred.

### **The investigation**

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer carries out a full investigation.
- The designated person and the designated officer speak with the parents together and explain the process of the investigation

- Each member of staff present during the incident writes a full report using the Safeguarding incident reporting form, which is filed in the child's safeguarding file. Staff do not discuss any missing child incident with the press.

## **7.7 Incapacitated parent**

Incapacitated refers to a condition which renders a parent 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 displays any of the above characteristics, they inform the designated person as soon as possible.
- The designated person 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 in our Incident log book.
- If intervention is required, the designated person speaks to the parent in an appropriate, confidential manner.
- The designated person will, in agreement with the parent, 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 person and of the setting's requirement to inform social care of their contact details.
- The designated officer is informed of the situation as soon as possible and provides advice and assistance as appropriate.
- 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 takes the child from the setting while incapacitated the police are called immediately and a referral is made to social care.

### **Recording**

- The designated person completes a Safeguarding incident reporting form and if social care were contacted a Confidential safeguarding incident report form is completed with the designated officer. If police were contacted the designated officer would be advised.

- Further updates/notes/conversations/ telephone calls are recorded.

## **7.8 Death of a child on-site**

### **Identifying**

- If it is suspected that a child has died in the setting, emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.
- Only a medical practitioner can confirm a child has died.

### **Informing**

- The designated person ensures emergency services have been contacted; ambulance and police.
- The parents are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called; asking them to come straight to the setting or hospital as appropriate.
- The designated person calls the designated officer and informs them of what has happened.
- The Committee are contacted and a confidential safeguarding incident report form prepared by the designated person and designated officer.
- A member of staff is delegated to contact all parents via the emergency Whatsapp broadcast to collect their children. The reason given must be agreed by the designated officer.
- The decision on how long the setting will remain closed will be based on police advice.
- Ofsted are informed of the incident by the nominated person and a RIDDOR report is made.
- Staff will not discuss the death of a child with the press.

### **Responding**

- The Committee will decide how the death is investigated within the organisation after taking advice from relevant agencies.
- The Committee will coordinate support for staff and children to ensure their mental health and well-being.

## **7.9 Looked after children**

### **Identification.**

A 'Looked after Child' is a child in public care, who is placed with foster carers, in a residential home or with parents or other relatives.

## **Services provided to Looked After Children**

### ***Two-year-olds***

- Places will be offered to two-year-old children who are looked after; where the placement in the setting will normally last a minimum of three months.
- Where the child is already in attendance and has a secure attachment with an existing key person a continuation of the existing place will be offered.

### ***Three- and four-year-olds***

- Places will be offered for funded three and four-year-olds who are looked after; where the placement in the setting will normally last a minimum of six weeks.
- If a child who attends a setting is taken into care and is cared for by a local carer the place will continue to be made available to the child.

### **Additional Support**

- The designated person and key person liaise with agencies and professionals involved with the child, and his or her family, and ensure appropriate information is gained and shared.
- A meeting of professionals involved with the child is convened by the setting at the start of a placement. A Personal Education Plan (PEP) for children over 3 years old is put in place within 10 days of the child becoming looked after.
- Following this meeting, a care plan for looked after children form is completed. The care plan is reviewed after two weeks, six weeks, three months, and thereafter at three to six monthly intervals.
- Regular contact will be maintained with the social worker through planned meetings, which will include contribution to the PEP which is reviewed annually.

## **7.10 E-safety (including all electronic devices with internet capacity)**

### **Online Safety**

It is important that children and young people receive consistent messages about the safe use of technology and are able to 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

### **I.C.T Equipment**

- The setting manager ensures that all computers have up-to-date virus protection installed.
- Tablets are only used for the purposes of observation, assessment and planning and to take photographs for individual children’s learning journeys.
- Tablets remain on the premises and are stored securely at all times when not in use.
- The Online Community Manager (**Sam Poulson**) will take them off site during school holidays to update, check security, history, etc.
- Staff follow the additional guidance provided with the system

### **Internet access**

- Children never have unsupervised access to the internet.
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Children are taught the following stay safe principles in an age-appropriate way:
  - only go online with a grown up
  - be kind online **and** 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
- Staff support children’s resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.
- All computers for use by children are sited in an area clearly visible to staff.
- 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).

The setting manager ensures staff have access to age-appropriate resources to enable them to assist children to use the internet safely.

### **Personal mobile phones – staff and visitors (includes internet enabled devices)**

- Personal mobile phones and internet enabled devices are not used by staff during working hours. Phones are permitted during lunch breaks when no children are present. The setting manager completes a risk assessment for where they can be used safely.

- Personal mobile phones are stored in a box in the Kitchen and are logged in and out.
- In an emergency, personal mobile phones may be used with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.
- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.
- Parents and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day. These visitors are advised of a private space where they can use their mobile.

### **Cameras and videos**

- Members of staff do not bring their own cameras or video recorders to the setting.
- Photographs/recordings of children are only taken for valid reasons, e.g. to record learning and development, or for displays, and are only taken on equipment belonging to the setting.
- Camera and video use is monitored by the Online Community Manager.
- Where parents request permission to photograph or record their own children at special events, general permission is first gained from all parents for their children to be included. Parents are told they do not have a right to photograph or upload photos of anyone else's children.
- Photographs/recordings of children are only made if relevant permissions are in place.
- If photographs are used for publicity, parental consent is gained and safeguarding risks minimised, e.g. children may be identified if 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)

### **Use of social media**

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with
- ensure the organisation is not negatively affected by their actions and do not name the setting

- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting
- 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
- observe confidentiality and refrain from discussing any issues relating to work
- not share information they would not want children, parents or colleagues to view
- set privacy settings to personal social networking and restrict those who are able to access
- not accept service users/children/parents as friends, as it is a breach of professional conduct
- report any concerns or breaches to the Online Community Manager
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the practitioner and family are friendly prior to the child coming to the setting. In this case information is shared with the manager and a risk assessment and agreement in relation to boundaries are agreed

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

- Staff are aware that it is an offence to distribute indecent images and that it is an offence to groom children online. In the event of a concern that a colleague is behaving inappropriately, staff advise the designated person who follow procedure **7.2**

#### **Allegations against staff or volunteers**

### **7.11 Key person supervision**

Staff taking on the role of key person must have supervision meetings in line with this procedure.

#### **Structure**

- Supervision meetings are held termly
- 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 person 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. New information is referred immediately to the designated officer.

## 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. 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 person) should ensure the recording is made and the designated person is notified.

**Checking continuing suitability**

- Supervisors check with staff if there is any new information pertaining to their suitability to work with children. This only needs to be recorded on the supervision meeting record.

**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.

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....

## 8.0 Record keeping policy and procedures

### Aim

We have record keeping systems in place for the safe and efficient management of the setting and to meet the needs of the children; that meet legal requirements for the storing and sharing of information within the framework of the GDPR and the Human Rights Act.

### Objectives

- Children's records are kept separately from their developmental records.
- Children's personal files contain registration information as specified in procedure **8.1 Children's records and data protection.**
- Files that contain other material described as confidential as required, such as Common Assessment Framework assessments, Early Support information or Education, Health and Care Plan (EHCP), case notes including recording of concerns, discussions with parents, and action taken, copies of correspondence and reports from other agencies are kept in appropriate sections
- Ethnicity data is only recorded where parents have identified the ethnicity of their child themselves.
- Confidentiality is maintained by secure storage of files in a locked cabinet with access restricted to those who need to know. Client access to records is provided for within procedure "Client access to records"
- Staff know how and when to share information effectively if they believe a family may require a particular service to achieve positive outcomes
- Staff know how to share information if they believe a child is in need or at risk of suffering harm.
- Staff record when and to whom information has been shared, why information was shared and whether consent was given. Where consent has not been given and staff have taken the decision, in line with guidelines, to override the refusal for consent, the decision to do so is recorded.
- Guidance and training for staff specifically covers the sharing of information between professions, organisations, and agencies as well as within them, and arrangements for training takes account of the value of multi-agency as well as single agency working.

### Records

The following information and documentation are also held:

- name, address and contact details of the provider and all staff employed on the premises
- name address and contact details of any other person who will regularly be in unsupervised contact with children
- a daily record of all children looked after on the premises, their hours of attendance and their named key person
- certificate of registration displayed and shown to parents on request

- records of risk assessments
- record of complaints

## **Legal references**

General Data Protection Regulation 2018

Freedom of Information Act 2000

Human Rights Act 1998

Statutory Framework for the Early Years Foundation Stage (DfE 2021)

Data Protection Act 2018

## **8.1 Children’s records and data protection**

In exceptional circumstances, such as Covid-19 there may be a need to keep additional records as part of outbreak management. A central record will also be held. This record will not contain personal details about the individual (unless a member of staff). In all cases the principles of data protection are maintained.

### **Principles of data protection: lawful processing of data**

Personal data shall be:

- a) processed lawfully, fairly and in a transparent manner in relation to the data subject*
- b) collected for specified, explicit and legitimate purposes and not further processed in a manner that is not compatible for these purposes*
- c) adequate, relevant and necessary in relation to the purposes for which they are processed*
- d) accurate, and where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purpose for which they are processed, are erased or rectified without delay*
- e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed*
- f) processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures (“integrity and confidentiality”)* Article 5 of the General Data Protection Regulations (2018)

*Practitioners should process data, record and share information in line with the principles above.*

### **General safeguarding recording principles**

- It is vital that all relevant interactions linked to safeguarding children’s and individual’s welfare are accurately recorded.

- All recordings should be made as soon as possible after the event.
- Recording should be to a good standard and clear enough to enable someone other than the person who wrote it, to fully understand what is being described.
- Recording can potentially be viewed by a parent/carer or Ofsted inspector, by the successors of the practitioners who record, and may be used in a family Court as relevant evidence to decide whether a child should remain with their biological parents, or be removed to live somewhere else. Recording needs to be fair and accurate, non-judgemental in tone, descriptive, relevant, and should clearly show what action has been taken to safeguard a child, and reflect decision-making relating to safeguarding.
- Recording should be complete, it should show what the outcome has been, what happened to referrals, why decisions were made to share or not share information, and it should contain summaries and minutes of relevant multi-agency meetings and multi-agency communication.
- If injuries or other safeguarding concerns are being described the description must be clear and accurate and should give specific details of the injury observed and where it is located.

**The principles of GDPR and effective safeguarding recording practice are upheld**

- Recording is factual and non-judgemental.
- The procedure for retaining and archiving personal data and the retention schedule and subsequent destruction of data is adhered to.
- Parents/carers and children where appropriate are made aware of what will be recorded and in what circumstances information is shared, prior to their child starting at the setting. Parents/carers are issued with our Privacy Notice and should give signed, informed consent to recording and information sharing prior to their child attending the setting. If a parent/carer would not expect their information to be shared in any given situation, normally, they should be asked for consent prior to sharing.
- There are circumstances where information is shared without consent to safeguard children. These are detailed below, but in summary, information can be shared without consent if a practitioner is unable to gain consent, cannot reasonably be expected to gain consent, or gaining consent places a child at risk.
- Records can be accessed by and information may be shared with local authority professionals. If there are significant safeguarding or welfare concerns, information may also be shared with a family proceedings Court or the police. Practitioners are aware of information sharing processes and all families should give informed consent to the way the setting will use, store and share information.



- Recording should be completed as soon as possible and within 5 working days as a maximum for safeguarding recording timescales.
- If a child attends more than one setting, a two-way flow of information is established between the parents/carers, and other providers. Where appropriate, comments from others (as above) are incorporated into the child's records.

### **Children's Records**

- The children's records that we keep are as follows:
  - personal details: registration form and consent forms.
  - contractual matters: copies of contract, days and times, record of fees, any fee reminders or records of disputes about fees.
  - SEND support requirements
  - additional focussed intervention provided by the setting e.g. support for behaviour, language or development that needs an Action Plan at setting level
  - records of any meetings held
  - welfare and safeguarding concerns: correspondence and reports: all letters and emails to and from other agencies and confidential reports from other agencies
- Children's records are kept in a filing cabinet in a locked office to protect and store.
- Correspondence in relation to a child is read, any actions noted, and filed immediately
- Access to children's records is restricted to those authorised to see them and make entries in them, this being the setting manager, deputy or designated person for child protection, the child's key person, or other staff as authorised by the setting manager.
- Children's records are not handed over to anyone else to look at.
- Children's records may be handed to Ofsted as part of an inspection or investigation; they may also be handed to local authority staff conducting an S11 audit as long as authorisation is seen.

## **8.2 Confidentiality, recording and sharing information**

Most things that happen between the family, the child and the setting are confidential to the setting. In certain circumstances information is shared, for example, a child protection concern will be shared with other professionals including social care or the police, and settings will give information to children's social workers who undertake S17 or S47 investigations. 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.

- Staff discuss children's general progress and well-being together in meetings, but more sensitive information is restricted to designated persons and key persons and shared with other staff on a need-to-know basis.
- Members of staff 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 organisation, unless in a formal and lawful way.
- Discussions with other professionals should take place within a professional framework, not on an informal basis. Staff should expect that information shared with other professionals will be shared in some form with parent/carers and other professionals, unless there is a formalised agreement to the contrary, i.e. if a referral is made to children's social care, the identity of the referring agency and some of the details of the referral is likely to be shared with the parent/carer by children's social care.
- It is important that members of staff explain to parents that sometimes it is necessary to write things down in their child's records and explain the reasons why.
- When recording general information, staff should ensure that records are dated correctly and the time is included where necessary, and signed.
- Welfare/child protection concerns are recorded. Information is clear and unambiguous (fact, not opinion), although it may include the practitioner's thoughts on the impact on the child.
- Records are non-judgemental and do not reflect any biased or discriminatory attitude.
- Not everything needs to be recorded, but significant events, discussions and telephone conversations must be recorded at the time that they take place.
- Recording should be proportionate and necessary.
- When deciding what is relevant, the things that cause concern are recorded as well as action taken to deal with the concern. The appropriate recording format is filed within the child's records.
- Information shared with other agencies is done in line with these procedures.
- Where a decision is made to share information (or not), reasons are recorded.
- Staff use a computer to type reports, or letters. In the case of Safeguarding the typed document is deleted from the computer and only the hard copy is kept. In the case SEND developmental reports, these are kept on a password protected computer as well as a hard copy

- The setting is registered with the Information Commissioner's Office (ICO). Staff are expected to follow guidelines issued by the ICO, at <https://ico.org.uk/for-organisations/guidance-index/>
- Additional guidance in relation to information sharing about adults is given by the Social Care Institute for Excellence, at [www.scie.org.uk/safeguarding/adults/practice/sharing-information](http://www.scie.org.uk/safeguarding/adults/practice/sharing-information)
- Staff should follow guidance including Working Together to Safeguard Children (DfE 2018); Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2018 and What to do if you're Worried a Child is Being Abused (HMG 2015)

### **Confidentiality definition**

- Personal information of a private or sensitive nature, which is not already lawfully in the public domain or readily available from another public source, and has been shared in a relationship, where the person giving the information could reasonably expect it would not be shared with others.
- Staff can be said to have a 'confidential relationship' with families. Some families share information about themselves readily; members of staff need to check whether parents regard this information as confidential or not.
- Parents sometimes share information about themselves with other parents as well as staff; the setting cannot be held responsible if information is shared beyond those parents whom the person has confided in.
- Information shared between parents in a group is usually bound by a shared agreement that the information is confidential and not discussed outside. The setting manager is not responsible should that confidentiality be breached by participants.
- Where third parties share information about an individual; staff need to check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.
- Information shared is confidential to the setting.
- Practitioners ensure that parents/carers understand that information given confidentially will be shared appropriately within the setting (for instance with a designated person, during supervision) and should not agree to withhold information from the designated person or their line manager.

### **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.

### **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 practitioners 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 person 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.**

- Settings are not obliged to report suspected benefit fraud or tax evasion committed by clients, however, they are obliged to tell the truth if asked by an investigator.
- Parents who confide that they are working while claiming should be informed of this and should be encouraged to check their entitlements to benefits, as they it may be beneficial to them to declare earnings and not put themselves at risk of prosecution.

### **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 our 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 the Chairperson 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.

### **Age for giving consent**

- A child may have the capacity to understand why information is being shared and the implications. For most children under the age of eight years in a nursery or out of school childcare context, consent to share is sought from the parent, or from a person who has parental responsibility.
- Young persons (16-19 years) are capable of informed consent. Some children from age 13 onwards may have capacity to consent in some situations. Where they are deemed not to have capacity, then someone with parental responsibility must consent. If the child is capable and gives consent, this may override the parent's wish not to give consent.
- Adults at risk due to safeguarding concerns must be deemed capable of giving or withholding consent to share information about them. In this case 'mental capacity' is defined in terms of the Mental Capacity Act 2005 Code of Practice (Office of the Public Guardian 2007). It is rare that this will apply in the context of the setting.

### **Ways in which consent to share information can occur**

- Policies and procedures set out the responsibility of the setting regarding gaining consent to share information, and when it may not be sought or overridden.
- Information in leaflets to parents, or other leaflets about the provision, including privacy notices.
- Consent forms signed at registration (for example to apply sun cream).
- Parent signatures on forms giving consent to share information about additional needs, or to pass on child development summaries to the next provider/school.

### 8.3 Client access to records

Under the General Data Protection Regulations there are additional rights granted to data subjects which must be protected by the setting.

The parent is the 'subject' of the records in the case where a child is too young to give 'informed consent' and has a right to see information that the setting has compiled on them.

- If a parent wishes to see the records, a written request is made, which the setting acknowledges in writing, informing the parent that an arrangement will be made for him/her to see the record contents, subject to third party consent.
- Information must be provided within 30 days of receipt of request. If the request for information is not clear, the manager must receive legal guidance, for instance, from Law-Call for members of the Alliance. In some instances it may be necessary to allow extra time in excess to the 30 days to respond to the request. An explanation must be given to the parent where this is the case. The maximum extension time is 2 months.
- A fee may be charged to the parent for additional requests for the same material, or any requests that will incur excessive administration costs.
- The setting manager informs the Chairperson and legal advice is sought.
- The setting manager goes through the records with the Chairperson and ensures all documents are recorded correctly, 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. The setting manager should always ensure that recording is of good quality, accurate, fair, balanced and proportionate and should have quality assurance processes in place to ensure that files are checked for quality regularly and that any issues are addressed promptly.
- Each of those individuals are written to explaining that the subject of the record has requested sight of the records which contains a reference to them, stating what this is.
- They are asked to reply in writing to the setting manager giving or refusing consent for disclosure of that material.
- Copies of these letters and their replies are kept on the child's records.
- Agencies will normally refuse consent to share information, and the parent should be redirected to those agencies for a request to see their file held by that agency.
- Entries where you have contacted another agency may remain, for example, a request for permission from social care to leave in an entry where the parent was already party to that information.

- Each family member noted on the file is a third party, so where there are separate entries pertaining to each parent, step-parent, grandparent etc, each of those have to be written to regarding third party consent.
- Members of staff should also be written to, but the setting reserves the right under the legislation to override a refusal for consent, or just delete the name and not the information.
  - 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, then the refusal may be granted.
  - If that information is the basis of a police investigation, then refusal should also be granted.
  - If the information is not sensitive, then it is not in the setting's interest to withhold that information from a parent. It is a requirement of the job that if a member of staff has a concern about a child and this is recorded; the parents are told this at the start and in most cases, concerns that have been recorded will have been discussed already, so there should be no surprises.
  - The member of staff's name can be removed from an entry, but the parent may recognise the writing or otherwise identify who had provided that information. In the interest of openness and transparency, the setting manager may consider overriding the refusal for consent.
  - In each case this should be discussed with members of staff and decisions recorded.
- When the consent/refusals have been received, the setting manager takes a photocopy of the whole file. On the copy file the document not to be disclosed is removed (e.g. a case conference report) or notes pertaining to that individual in the contact pages blanked out using a thick marker pen.
- The copy file is then checked by the line manager and legal advisors verify that the file has been prepared appropriately, for instance, in certain circumstances redaction may be appropriate, for instance if a child may be damaged by their data being seen by their parent/carer, e.g. if they have disclosed abuse. This must be clarified with the legal adviser.
- The 'cleaned' copy is then photocopied again and collated for the parent to see.
- The setting manager informs the parent that the file is now ready and invites him/her to make an appointment to view it.
- The setting manager and the Chairperson meet with the parent to go through the file, explaining the process as well as what the content records about the child and the work



that has been done. Only the persons 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 it is never handed over without discussion.
- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. If recording procedures and guidelines have been followed, the material should reflect an accurate and non-judgemental account of the work done with the family.
- If a parent feels aggrieved about any entry in the file, or the resulting outcome, then the parent should be referred to section **11.2 Complaints procedure for parents and service users**.
- The law requires that information held must be accurate, and if a parent says the information held is inaccurate then the parent has a right to request 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, the setting retains the right not to change the entry but can record the parent's view. In most cases, a parent would have had the opportunity at the time to state their side of the matter, and this should have been recorded there and then.
- If there are any controversial aspects of the content of a client's file, legal advice must be sought. This might be where there is a court case between parents or where social care or the police may be considering legal action, or where a case has already completed and an appeal process is underway.
- A setting should never 'under-record' for fear of the parent seeing, nor should they make 'personal notes' elsewhere.

## **8.4 Transfer of records**

Records about a child's development and learning in the EYFS are made by the setting; to enable smooth transitions, appropriate information is shared with the receiving setting or school at transfer. Confidential records are passed on securely where there have been concerns, as appropriate.

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

- It is the designated person's responsibility to ensure that records are transferred and closed in accordance with the archiving procedures, set out below.
- If the Local Safeguarding Partners (LSP) retention requirements are different to the setting, the designated person will liaise with their line manager, and seek legal advice if necessary.

## **Development and learning records**

- The key person prepares a summary of achievements in the prime and specific areas of learning and development
- This record refers to any additional languages spoken by the child and their progress in all languages.
- The record also refers to any additional needs that have been identified or addressed by the setting and any action plans.
- The record also refers to any special needs or disability and whether early help referrals, or child in need referrals or child protection referrals, were raised in respect of special educational needs or disability, whether there is an Action Plan (or other relevant plan, such as CIN or CP, or early help) and gives the name of the lead professional.
- The summary shared with schools should also include whether the child is in receipt of, or eligible for EYPP or other additional funding.
- The record contains a summary by the key person.
- The setting will use the local authority's assessment summary format or transition record, where these are provided.
- Whichever format of assessment summary is used, the setting will inform the parents that a transition summary has been shared with the school.

## **Transfer of confidential safeguarding and child protection information**

- The receiving school/setting will need a record of child protection concerns raised in the setting and what was done about them. The responsibility for transfer of records lies with the originating setting, not on the receiving setting/school to make contact and request them.
- To safeguard children effectively, the receiving setting must be made aware of any current child protection concerns, preferably by telephone, prior to the transfer of written records.
- Parents should be reminded that sensitive information about their child is passed onto receiving settings where there have been safeguarding concerns and should be asked to agree to this prior to the information being shared. Settings are obliged to share data linked to "child abuse" which is defined as physical injury (non-accidental), physical and emotional neglect, ill treatment and abuse.
- Parents/carers should be asked to agree to this, however, where safeguarding concerns have reached the level of a referral being made to local children's social work services (either due to concerns that a child may be at risk of significant harm or that a child may be in need under Section 17 of the Children Act,) if consent is withheld the information

will most likely need to be shared anyway. It is important that any decisions made to share or not share with or without consent are fully recorded.

- For any safeguarding or welfare concerns that resulted in an early help referral being made, and if consent to share is withheld, legal advice is sought prior to sharing.
- If the level of a safeguarding concern has not been such that a referral was made for early help, or to children's social work services or police, the likelihood is that any concerns were at a very low level and if they did not meet the threshold for early help, they are unlikely to need to be shared as child abuse data with a receiving setting, however, the designated person should make decisions on a case by case basis, seeking legal advice is necessary.
- The designated person should check the quality of information to be transferred prior to transfer, ensuring that any information to be shared is accurate, relevant, balanced and proportionate. Parents can request that any factual inaccuracies are amended prior to transfer.
- If a parent wants to see the exact content of the safeguarding information to be transferred, they should go through the subject access request process. It is important that a child or other person is not put at risk through information being shared.
- If no referrals have been made for early help or to children's social work services and police, there should not normally be any significant information which is unknown to a parent being shared with the receiving school or setting.
- If a parent has objections or reservations about safeguarding information being transferred to the new setting, or if it is unclear what information should be included, the designated person will seek legal advice.
- In the event that LSP requirements are different to the setting's this must be explained to the parent and a record of the discussion should be signed by parents to indicate that they understand how the information will be shared, in what circumstances, and who by.
- Prior to sharing the information with the receiving setting the designated person should check LSP retention procedures and if it becomes apparent that the LSP procedures are materially different to setting's procedures this is brought to the attention of the designated person's line manager, who will agree how to proceed.
- If a child protection plan or child in need plan is in place a copy is given to the receiving setting or school, along with the date of the last professional meeting or case conference.
- If an S47 investigation has been undertaken by the local authority all records are given to the receiving setting/school.

- Where a CAF/early help assessment has been raised in respect of welfare concerns, the name and contact details of the lead professional are passed on to the receiving setting or school.
- If the setting has a copy of a current plan in place due to early help services being accessed, a copy of this should be given to the receiving setting, with parental consent.
- Where there has been an S47 investigation regarding a child protection concern, the name and contact details of the child's social worker will be passed on to the receiving setting/school, regardless of the outcome of the investigation.
- Where a child has been previously or is currently subject to a child protection plan, or a child in need plan, the name and contact details of the child's social worker will be passed onto the receiving setting/school, along with the dates that the relevant plan was in place for.
- This information is posted (by 'signed for' delivery) or taken to the school/setting, addressed to the setting's or school's designated person for child protection and marked confidential. Electronic records must only be transferred by a secure electronic transfer mechanism, or after the information has been encrypted.
- Parent/carers should be made aware what information will be passed onto another setting via our Privacy Notice.
- Copies of the last relevant initial child protection conference/review, as well as the last core group or child in need minutes can be given to the setting/school.
- The setting manager must review and update records, checking for accuracy, proportionality, and relevance, before this is copied and sent to the setting/school.
- The setting manager ensures the remaining file is archived in line with the procedures set out below.
- No other documentation from the child's personal file is passed to the receiving setting or school. The setting keeps a copy of any safeguarding records in line with required retention periods.

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

- Paper documents are removed from the child's records and stored appropriately.
- The designated person writes clearly on the front of the envelope the length of time the file should be kept before destruction.
- This is sealed and placed in an archive box and stored in a safe place i.e. a locked cabinet for three years or until the next Ofsted inspection conducted after the child has left the setting, and can then be destroyed.

- For web-based or electronic children’s files, the designated person must also use the archiving procedure, and records details of what needs to be retained/destroyed. The designated person must make arrangements to ensure that electronic files are deleted/retained as required in accordance with the required retention periods in the same way as paper-based files.
- Health and safety records and some accident records pertaining to a child are stored in line with required retention periods.

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....

## **9.0 Staff and volunteers policy and procedures**

### **Aim**

Staff are deployed to meet the care and learning needs of children and ensure their safety and well-being. There are effective systems in place to ensure that adults looking after children are suitable to do so.

### **Objectives**

- All staff and volunteers who work more than occasionally with the children have enhanced DBS disclosure checks.
- All staff and volunteers working with children have appropriate training, skills, and knowledge.
- All staff and volunteers are deployed in accordance with the procedures.
- There is a complaints procedure and staff, and volunteers know how to complain and who they complain to.
- Ofsted are notified of staff changes or changes to the setting's name or address.
- Parents are involved with their children's learning and their views are considered.

### **Legal references**

Protection of Children Act 1999

Safeguarding Vulnerable Groups Act 2006

Childcare Act 2006

## **9.1 Staff deployment**

Members of staff 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 4 members of staff are on the premises before children are admitted in the morning and at the end of the day; one of which would be Level 3 qualified.
- Only those staff aged 17 or over are included in ratios.
- At least one Paediatric First Aider must be on site at all times when children are present
- 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
- All staff are deployed according to the needs of the setting and the children attending.
- 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.
- A senior member of staff 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 aim to spend quality time with their key children during the session. 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
  - 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

## **9.2 Deployment of volunteers and parent helpers**

Volunteers and parent helpers are always under the supervision of a permanent member of staff. They are not included in staff ratios, or as the members of staff needed on the premises before children are admitted in the morning or at the end of the day. The setting manager ensures that volunteers and parent helpers are deployed to assist permanent staff.

- Volunteers and parent helpers assist staff in ensuring that the equipment in their designated area is used appropriately and that it is left tidy at the end of the session.
- Volunteers and parent helpers give additional support for busy areas.
- Volunteers and parent helpers inform colleagues where they are going if they leave the room at any time.
- Volunteers and parent helpers do not have unsupervised access to children; they do not take them into a separate room for an activity or toileting and do not take them off premises.
- Volunteers and parent helpers are deployed in addition to two members of staff in the garden/outdoor area when in use.
- The setting manager can direct volunteers and parent helpers to join those outside if the numbers of children warrant additional numbers of staff available.
- Volunteers and parent helpers focus their attention to children at all times.
- Volunteers and parent helpers do not spend time in social conversation with colleagues while they are with children.
- Volunteers and parent helpers allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Sufficient volunteers and parent helpers are available to support staff at story times.



This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....

## 10.0 Childcare Practice Procedures

### 10.1 Waiting list and admissions

We aim to ensure that all sections of the community receive accessible information, and that our admissions procedures are fair, clear and open to all parents who apply for a place.

- The setting is widely advertised in places accessible to all sections of the community.
- Information about the setting is accessible, using plain English, in written and spoken form and, where appropriate, provided in different community languages and in other formats on request.
- Children with disabilities are supported to take full part in all activities within the setting and the setting makes reasonable adjustments to ensure that this will be the case from the time the child is placed on the waiting list.
- The waiting list is arranged in birth order and in addition may take into account the following:
  - the age of the child with priority being given to children eligible for the free entitlement
  - length of time on the waiting list
  - siblings already attending the setting
  - the capacity of the setting to meet the individual needs of the child
- Funded places are offered in accordance with the Early Years Entitlements: Operational Guidance for local authorities and providers (DfE 2018) and any local conditions in place at the time,
- Where it is financially viable to do so, a place is kept vacant for an emergency admission.
- The setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers and childminders are all welcome.
- The 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.
- The needs and individual circumstances of children joining the setting are monitored on registration form, to ensure that no accidental or unintentional discrimination is taking place and that reasonable adjustments are made as required.
- Places are provided in accordance with our Childcare Agreement issued to every parent when the child takes up their place. Failure to comply may result in the provision of a place being withdrawn.

## **Admissions**

- Once a childcare place has been offered the relevant paperwork is completed by the parent and checked by the setting manager or deputy before the child starts and kept with the child's personal records. Forms completed include:
  - Childcare Agreement - govern the basis by which we provide childcare.
  - Registration form - contains personal information about the child and family that must be completed in full prior to the child commencing.
  - Photo/video/internet consent form
  - All About Me entry assessment form

## **Children with SEND**

- The manager must seek to determine an accurate assessment of a child's needs at registration. If the child's needs cannot be met from within the setting's core budget, then an application for SEN inclusion funding must be made immediately.
- Children with identified SEND must be offered a place when one becomes available as with any other child. However, the start date for children with more complex SEND will be determined by the preparations made to ensure the child's safety, well-being and accessibility in the setting. If a child's needs determine that adjustments need to be made, the manager must outline a realistic timeframe for completion, detailing the nature of adjustments e.g. risk assessment, staff training, health care plan and all other adjustments required. The child's safety at all times is paramount.
- At the time of registration, the manager must check to see if a child's family is in receipt of Disability Living Allowance, if so, the manager must ask for evidence to enable them to claim the Disability Access Fund directly from the local authority. If the family is eligible but not in receipt of the allowance, the setting manager will support the family in their application. More information can be found at [www.gov.uk/disability-living-allowance-children/how-to-claim](http://www.gov.uk/disability-living-allowance-children/how-to-claim).
- Preparation for admitting a child with SEND must be made in a reasonable amount of time and any delay in the child starting is scrutinised by the setting manager to avoid discrimination and negative impact on the child and family. During a preparation period the family and relevant agencies and the local authority must be regularly updated on the progress of the preparations.

## **Safeguarding/child protection**

If information is provided by the parents that a child who is starting at the setting is currently, or has had involvement with social care, the designated person will contact the agency to seek further clarification.

Parents are advised on how to access the setting's policies and procedures.

## 10.2 The role of the key person and settling in

*'Each child must be assigned a key person'* (EYFS 2021)

Babies and young children need to form a secure attachment to key person when they join the setting to feel safe, happy, and eager to participate and learn.

### **The key person role**

- A key person builds an on-going relationship with the child and his/her parents and is committed to that child's well-being while in the setting.
- Every child that attends is allocated a key person before they begin settling in - it is not the responsibility of the child to choose their own key person.
- Where possible a 'back up' key person is also identified for each child so that they can fulfil the role in the absence of the main key person, for example, during annual leave or sickness.
- The key person conducts the progress check at age two for their key children.
- The role is fully explained to parents on induction and the name of the child's key person and 'back up' key person is recorded on the child's registration form.
- The key person is central to settling a child into the setting. The setting manager and key person explain the need for a settling in process and agree a plan with the parents.
- Shift patterns and staff absence can affect a child who is just settling in; where possible, settling in should be matched to when the key person is on duty.
- The number of children for each key person takes into account the individual needs of children and the capacity of the key person to manage their cohort; it is also influenced by part-time places and part time staff. The setting manager should aim for consistency i.e. matching part-time staff to part-time children; full-time children should not be divided between key persons during the week.
- Photographs of key persons and their key groups are displayed clearly.
- The key person spends time daily with his or her key group to ensure their well-being.

### **Parents**

- Key persons are the first point of contact for parents with regard to matters concerning their child and any concerns parents may have are addressed with the key person in the first instance.
- Key persons support parents in their role as the child's first and most enduring educators.

- The key person is responsible for the child's developmental records, completing the progress check at age two, and for sharing information about progress with the child's parents.

### **Learning and development**

- The key person helps to ensure that every child's learning and care is tailored to meet their individual needs. This is achieved through regular observation and assessment of children, using information gathered about their achievements, interests and learning styles to plan for each individual child's learning and development.
- If a child's progress in any of the prime areas gives cause for concern, the key person must discuss this with the setting manager or SENCO and the child's parents.

### **Back-up key person**

- The role of the back-up key person is to step in when the main key person is absent or unavailable to provide a stable and consistent care relationship for the child.
- The back-up key person is identified when the child starts but is not introduced to the child until an attachment is beginning to form with the key person.
- The back-up key person gradually forms a relationship with the child until the child is happy to be cared for by this person.
- The back-up key person shares information with parents in the key person's absence and makes notes in the child's records where appropriate.
- The back-up key person ensures information is shared with the key person.

### **Safeguarding children**

- The key person has a responsibility towards their key children to report any concern about their development, welfare or child protection matter to the setting manager and to follow the procedures in this respect.
- Regular supervision with the setting manager provides further opportunities to discuss the progress and welfare of key children.
- The back-up key person has a duty likewise.

### **Settling in**

To feel securely settled and ready to learn, children need to form attachments with the adults who care for them, primarily a key person, but others too. In this way they feel part of a community; they are able to contribute to that community and receive from it. Very young children, especially two- to three-year-olds, approach separation from their parent with anxieties, older children have a more secure understanding of 'people permanence' and are able to approach new experiences with confidence; but also need time to adjust and feel secure. It is the entitlement of all children to be settled comfortably into a new environment.

The setting manager and key person explain the need for settling in and agree a plan with the parents. The plan is reviewed as necessary.

### **Settling-in for with SEND**

- If a child has been identified as having SEND then the key person/SENCO and parents will need to identify and address potential barriers to settling in e.g. timings of medication and invasive procedures, specific routines and levels of support.
- Start times can be staggered to enable the child to settle in easier, avoiding potential distressing situations.

### **Two-year-olds starting a setting for the first time**

- A two-year-old may have little or no experience of group care. As part of gathering information from parents, it is important to find out about the child's experience of non-parental care, for example grandparents, or childminder; this informs staff as to how a child may respond to a new situation.
- On the taster session/settling in visit the parent stays with the child. During that session we will go through the settling in process with the parent, gradually increasing the time a child attends with a parent/carer, if needed.
- It is evident that the child is developing a sense of secure base when he or she shows interest in activities and begins to engage with the key person and other children.
- Separation causes anxiety in two-year-olds, as they have no concept of where their parents have gone. Parents should always say goodbye and tell them when they will return. Patience with the process will ensure children are happy and eager to come to play and be cared for in the setting.

### **Three- and four-year-olds**

- Most children of this age will settle in more quickly and confidently. Some children may take longer and their needs will be accommodated.
- After the parent attends for an induction meeting with the setting manager or deputy and key person, settling-in is discussed and a plan is drawn up if needed.

### **For children whose first language is not English**

- If the parent does not speak English, efforts are made to source an interpreter for induction.
- The settling-in programme is explained to the parent, and it is emphasised how important it is that they stay with the child and talk to him/her in the home language to be able to explain things.

- Through the interpreter, the key person will try to gauge the child's level of skills in their home language; this will give the key person an idea of the child's interests and levels of understanding.
- The need for the parent to converse in the child's home language is important.
- The key person makes the parent feel welcome using smiles and gestures.
- With the parent, make a list of key words in the child's home language; sometimes it is useful to write the word as you would pronounce it. These words will be used with the child and parents will be addressed with 'hello' and 'goodbye' in their language.
- The key person prepares for the child's visits by having a favourite toy or activity ready for the child to provide a means to interact with the child.
- Children will be spoken to as per any other child, using gestures and facial expressions to help.
- Progress with settling in will be done as with any other child; it may take a little longer.

### **10.3 Establishing children's starting points**

When children start at the setting they arrive at different levels of learning and development. In order to help them to settle and make rapid progress it is important that they are provided with care and learning opportunities that are suited to their needs, interests and abilities. This means establishing and understanding their starting points and whether there are any obstacles to their learning, so that teaching can be tailored to the 'unique child'.

- The aim of establishing a child's starting points is to ensure that the most appropriate care and learning is provided from the outset.
- Starting points are established by gathering information from the first contact with the child's parents at induction and during the 'settling in' period. Staff do not 'wait and see' how the child is settling before they begin to gather information.
- The key person is responsible for establishing their key children's starting points by gathering information in the following ways:
  - observation of the child during settling in visits
  - discussion with the child's parents
  - building on information that has been gathered during registration by referring to the registration form

The information gathered is recorded within two weeks of the child's official start date and sooner where possible.

- The key person must make a 'best fit' judgment about the age band the child is working in, referring to Birth to Five Matters.
- The key person should complete details by indicating where they have gathered their evidence from, using more than one source where possible i.e. parent comment and observation during settling in.
- If the initial assessment raises any concerns that extra support may be required procedure **10.8 Identification, assessment and support for children with SEND** is followed.

## **10.4 Arrivals and departures**

### **Arrivals**

- Whenever possible the key person or back up key person always greets young children. This ensures that young children are received into the setting by a familiar and trusted adult.
- Always ensure that the parents say goodbye to their child and say when they are coming back.
- If the member of staff receiving the child is not the key person, the member of staff will hand over the information shared by the parents to the key person.
- Confidential information should be shared with the setting manager to pass on.

### **Injuries noted on arrival**

- If a child is noted to have visible injuries when they arrive at the setting it is written up in the lumps and bumps folder and signed by the parent as soon as possible.

### **Departures**

- Children are prepared for home, with clean faces, hands and clothes if required.
- Only persons aged over 16 years are permitted to collect children.
- Parents notify the setting by text or phone call if they are unable to collect, notifying us of who will be collecting. If this person is not known to the setting then the child's password will be required before handing over
- Practitioners verbally exchange information with parents.

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

- Parents are responsible for ensuring their child is handed over to a member of staff on arrival.
- Staff are responsible for ensuring the child is handed over to the collecting adult on departure



## **10.5 Snacks and lunches**

### **Snack times**

- A snack is prepared mid-morning and mid-afternoon.
- Little Stars room have snack together at the table.
- The main hall operate a rolling snack. Children arrive as they want refreshments and leave when they have had enough. Children are not made to leave their play if they do not want to have a food but they are encouraged to have a drink, especially in hot weather.
- Plastic jugs are provided with choice of milk or water.
- Children wash their hands before snack-time.
- A variety of healthy fruit, vegetables with savoury snacks are provided. Bananas and grapes are cut accordingly to minimise a choking hazard.
- Staff join in conversation and encourage children's independence by allowing them to pour drinks, butter toast, cut fruit etc.

### **Lunches**

- Parents provide a healthy packed lunch including a drink
- Children go to the toilet and wash their hands before eating their lunch.
- Children are given time to eat at their own pace
- In order to protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swapping their food with one another.
- Lunch times are relaxed opportunities for social interaction between children and the adults who care for them.
- Information for a healthy lunch box is displayed on the parent's notice board and our website

## **10.6 Intimate care and nappy changing**

### **Nappies**

- Children are usually changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times.
- Nappy changing areas are warm; there are no bright lights shining down in babies' eyes.
- If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.

- Parents provide nappies, wipes and bags in their child's school bag.
- Members of staff put on aprons before changing starts and the area is prepared, gloves are always worn for soiled nappies.
- All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Staff ensure that nappy changing is relaxed and a happy time for children
- Staff are gentle when changing; they allow time for communicating with the child.
- Staff avoid pulling faces and making negative comments about the nappy contents.
- Staff do not make inappropriate comments about genitals, nor attempt to pull back a boy's foreskin to clean unless there is a genuine need to do so for hygiene purposes.
- Sometimes a child may have a sore bottom. This may have happened at home as a result of poor care; or the child may have eaten something that, when passed, created some soreness. The child also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness.

### **Young children, intimate care and toileting**

- Young children are encouraged 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.
- They are encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Anti-bacterial hand wash liquid or soap should not be used by young children, as they are no more effective than ordinary soap and water.
- Wipes are used to clean the child in the event of a toileting accident.
- Staff do not make inappropriate comments about young children's genitals when changing their underwear.
- The procedure for dealing with sore bottoms is the same as that for babies.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staff do not wipe older children's bottoms unless there is a need. Children are encouraged to try themselves and will be helped if needed.
- Parents are encouraged to provide enough changes of clothes for 'accidents when children are potty training.

- If spare clothes are kept by the setting, they are clean, in good condition and are in a range of appropriate sizes.
- If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

## **10.7 Sleeping Child**

- If children fall asleep in-situ it may be necessary to move or wake them to make sure they are comfortable and are within sight and/or hearing of staff
- Sleeping children are regularly checked at least every ten minutes and this is recorded in our Sleeping Child book with the time recorded of when they fell asleep and when they awoke and this information is shared with parents at collection time.

## **10.8 Identification, assessment and support for children with SEND**

Designated SENco is: **Laura Smith-Adams**

We have regard for the Special Educational Needs and Disability (SEND) (DfE and DoH 2015) which states that local authorities must ensure that all early years providers that they fund in the maintained, private, voluntary and independent sectors are aware of the requirement on them to meet the needs of children with SEN and disabilities. When securing funded early education for two, three- and four-year-olds local authorities should promote equality and inclusion for children with disabilities or SEN; this includes removing barriers that prevent access to early education and working with parents to give each child support to fulfil their potential. During the Covid outbreak we will review and update children's SEN support plans more frequently to ensure their progress and well-being.

The term SEN support defines arrangements for identifying and supporting children with special educational needs and/or disabilities. We are required to offer appropriate support and intervention and to promote equality of opportunity for children that we care for.

Children's SEND generally falls within the following four broad areas of need and support:

- communication and interaction
- cognition and learning
- social, emotional and mental health
- sensory and/or physical needs

### **Graduated approach**

#### **Initial identification and support (identifying special educational needs)**

- Ongoing formative assessment forms part of a continuous process for observing, assessing, planning and reviewing children's progress.

- Children identified as having difficulty with one or more area of development should be given support by applying some simple strategies and resources.
- For most children application of some simple differentiation approaches will be enough to build confidence and help the child develop.
- If despite applying differentiated strategies a child continues to struggle and is showing significantly more difficulty with learning than their peers or has a disability which requires specific adjustments, then the key person should raise a concern with the setting's SENCo/setting manager and the child's parents.

### **Observation and assessment of children's SEN**

Where a child appears to be behind expected levels, or their progress gives cause for concern, practitioners should consider all the information about the child's learning and development from within and beyond the setting.

- Information can be collated from formal checks such as the progress check at age two, observations from parents and observation and assessment by the setting of the child's progress.
- When specialist advice has been sought externally, this is used to help determine whether or not a child has a special educational need (SEN).
- The child's key person and SENCo/Manager use this information to decide if the child has a special educational need.
- If the decision is that the child does have a SEN and the parents are not already aware of a concern, then the information is shared with them. Once parents have been informed, they should be fully engaged in the process, contributing their insights to all future actions for their child.

### **Planning intervention**

- Everyone involved with the child should be given an opportunity to share their views. Parents should be encouraged to share their thoughts on the child's difficulties and be involved in the decision as to what will happen next.
- A first intervention option may be to carry on with applying differentiated support and to review the child's progress at an agreed date. If the child's needs are more complex, then the decision maybe to go straight ahead and prepare our SEN support plan with detailed evidence-based interventions being applied straight away and simultaneously external referrals made.
- If relevant, then the child should be appropriately included in development of the action plan but only at a level which reflects their stage of comprehension.

- Our SEN plan described below, ensures that children that are identified, or suspected of having a SEN will receive the right level of support and encouragement with their learning and development as early as possible.

### **Involving the child**

- The SEND Code of Practice supports the rights of children to be involved in decisions about their education.
- Inclusion of children with SEND helps build self-confidence and trust in others.
- Ascertaining children's views may not be easy, a range of strategies will be needed.
- Accurate assessment helps identify children's strengths and possible barriers to learning.
- The key person and setting manager/SENCo work in partnership with parents and other agencies to involve the child wherever appropriate.
- Children are involved at appropriate stages of the assessment and to their level of ability.
- Establishing effective communication is essential for the child's involvement.

### **SEN action plan**

- Our SEN support plan, should show what support is required to help achieve outcomes for the child and detail the frequency of these interventions and who will apply them and with what resources.
- A review date (at least termly) should be agreed with the parents so that the child's progress can be reviewed against expected outcomes and next steps agreed.
- A copy of the plan is stored in the child's SEN file so that any other member of staff or an inspector looking at the file will see how the child is progressing and what interventions have been or are being applied.
- If a child requires specific medical interventions during their time in the setting, our Health care plan form should also be completed and integrated into the general plans to ensure the child's medical needs are known and safely met.
- The action plan should provide an accessible summary of the child's needs, which can be used if further assessment is required including a statutory Education Health and Care (EHC) Assessment, and development of an EHC plan.

### **Drawing up a SEN action plan**

- If external agencies are already involved at this stage, then they should also be invited to help decide on what appropriate interventions are needed to help meet outcomes for the child. The SENCo/setting manager should take the lead in coordinating further actions including preparation of the action plan and setting short-term targets.

- Where there are significant emerging concerns (or an identified special educational need or disability) targeted action plans are formulated that relate to a clear set of expected outcomes and stretching targets.
- Our SEN support plan, highlights areas in which a child is progressing well; areas in which some additional support might be needed and any areas where there is a concern that a child may have a developmental delay (which may indicate a special educational need or disability). It describes the activities and strategies the provider intends to adopt to address any issues or concerns.
- Planned intervention should be based on the best possible evidence and have the required impact on progress with longer-term goals covering all aspects of learning and development and shorter-term targets meeting goals.
- The plan should focus on the needs of the child, the true characteristics, preferences, and aspirations of the child and involvement of the parents with a clear set of targets and expected outcomes for the child. Effective planning at this stage should help parents and children express their needs, wishes, and goals:
  - focus on the child as an individual and not their SEN label
  - be easy for children to understand and use clear ordinary language and images, rather than professional jargon
  - highlight the child strengths and capacities
  - enable the child, and those who know them best, to say what they have done, what they are interested in and what outcomes they are seeking in the future
  - tailor support to the needs of the individual
  - organise assessments to minimise demands on families
  - bring together relevant professionals to discuss and agree together the overall approach
- If the child fails to make progress and multi-agency support is sought, then it is at this point that Early Help/CAF assessment should be considered.

### **Record keeping**

If a child has or is suspected of having a SEN, a dated record should be kept of:

- the initial cause for concern and the source of this information, (the progress check at age two and/or outcomes of previous interventions).
- the initial discussion with parents raising the possibility of the child's SEN
- the views of the parents and other relevant persons including, wherever possible, the child's views;

- the procedures followed with regard to the Code of Practice to meet the child's SEND e.g. SEN action plan, referrals to external agencies and for statutory assessment
- evidence of the child's progress and any identified barriers to learning
- advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals

Records may include

- observation and monitoring sheets
- expressions of concern
- risk assessments
- health care plans (including guidelines for administering medication)
- SEN action plans
- meetings with parents and other agencies
- additional information from and to outside agencies
- agreements with parents
- guidelines for the use of children's individual equipment; Early help CAF referrals
- referral to the local authority identifying a child's special educational needs and request for statutory Education, Health, Care (EHC) needs assessment; and a copy of an EHC plan

### **Seeking additional funding/enhanced/top up**

If the child's needs cannot be met from within the setting's core funding, then it will be at this point that the evidence collated will be used to apply for top up/enhanced funding from the local authority's inclusion fund. If a new or existing child is disabled, then the setting should check if the family is in receipt or have applied for Disability Living Allowance. If so, the setting will be able to apply to their local authority for the local Disability Access Fund.

Statutory education, health and care (EHC) assessment and plan

### **Statutory assessment**

- If a child has not made progress, then the next steps may be for the child to undergo an Education, Health and Care Assessment.
- If a child is under compulsory school age, the local authority will conduct an EHC needs assessment if they consider that the child's needs cannot be met within the resources normally available to the early years setting.

- Children aged under age two are eligible where an assessment has indicated that the child is likely to have SEN which requires an EHC plan when they reach compulsory school age.
- When a child's needs appear to be sufficiently complex, or the evidence suggest specialist intervention then the local authority is likely to conclude that an EHC plan is necessary
- The local authority should fully involve the parent and must seek advice from the setting in making decisions about undertaking an EHC assessment and preparing an EHC plan.
- Settings should prepare by collating information about the child's SEND including:
  - documentation on the child's progress in the setting
  - interventions and support provided to date
  - evidence of external agency assessment, support and recommendations
  - parental views and wishes (and where appropriate those of the child)

The information will then be submitted to the local authority to allow them to accurately assess the child in the context of the support already given.
- The local authority must inform the child's parents of their decision within six weeks of receiving a request for an assessment and give its reasons for their decision. If the local authority decides to conduct an assessment, it must ensure the child's parents are fully included right from the beginning and are invited to contribute their views. If the local authority subsequently decides not to conduct an assessment it must then inform the parents of their right to appeal that decision, of the requirement for them to consider mediation should they wish to appeal.
- If the local authority decides that a statutory EHC plan is not necessary, it must notify the parents and inform the provider, giving the reasons for the decision. This notification must take place within 16 weeks of the initial request or of the child having otherwise been brought to the local authority's attention.
- If the decision following an assessment is to compile an EHC plan the local authority should consult collaboratively with the parents in the preparation of the plan ensuring that their views and their child's preferences are taken into account and that plans describe positively what the child can do and has achieved to date.
- Plans are evidenced based and focus on short term outcomes and long-term aspirations for the child including family and community support. Parents have the right to request a particular provision for their child to be named within their EHC plan.



- If an early years setting is named, the local authority must fund this provision. They cannot force a setting to take a child and can only name the provision in the EHC if the setting agrees.
- Local authorities should consider reviewing an EHC plan for a child under age five at least every three to six months. Such reviews would complement the duty to carry out a review at least annually but may be streamlined and not necessarily require the attendance of the full range of professionals, depending on the needs of the child. The child's parents must be fully consulted on any proposed changes to the EHC plan and made aware of their right to appeal to the Tribunal.

### **External intervention and support**

Where external agency intervention has been identified to help support a child with SEND then this intervention should be recommended in writing by a suitably reliable source such as a speech and language therapist, paediatrician or educational psychologist.

## **10.9 Transition to school**

Moving on to school is a major transition in a child's life involving separation from familiar adults and children. Older children have a more secure understanding of 'people permanence' and are able to approach new experiences with confidence. However, they need preparation if they are to approach transition to school with confidence and an awareness of what to expect.

### **Partnership with schools**

- We take account of which school the child will attend so that we can share information.
- Every effort is made to forge and maintain strong links with all schools that children may attend. The setting manager will approach schools in order to open lines of communication where these have not previously existed.
- Teachers are welcomed into the setting and sufficient time is made for them to spend both with the child and their key person, to discuss and share information that will support the child's transition to school.
- A child's developmental summary may be forwarded to the school along with other information that will aid transition and settling in if requested by the school. Parents receive a copy of this.
- Any action plans relating to a child's additional needs are also shared, where this is in place.
- Other formal documentation such as safeguarding information is prepared in line with procedure **8.4 Transfer of records.**

### **Partnership with parents**

- We discuss transition to school with parents and set aside time to discuss learning and development summaries, if requested.
- We will discuss with parents how they are preparing their child for school and will share information about how the setting is working in partnership with the school to aid transition.
- We will make clear to parents the information that will be shared with the school, for example, information regarding child protection and work that has taken place to ensure the child's welfare.

### **Increasing familiarity for children**

- Where required, the key person/SENco will take the child to visit the new school, if this is the school's transition policy.
- If there are several schools in a catchment area, or the setting is not within a reasonable distance of the school, other means of familiarisation will be explored. This could be through videos, photographs or other information about the school that can be shown within the setting. Staff may borrow resources from the schools and will use these with the children.

### **Preparing children for leaving**

- Children and parents form bonds with adults and children in the setting and may need preparation for separating from the relationships they have formed.
- The child's last day will be prepared for in advance and marked with a special celebration or party that acknowledges that the child is moving on.
- Parents are encouraged to bring their child for the occasional brief visit, as separations often take time to complete. Sometimes children need the reassurance that their nursery/pre-school is still there and that they are remembered.

## **10.10 Progress check at age two**

- The key person is central to the progress check and must be the person completing it.
- The progress check is completed when the child is between 26 and 30 months old. We aim to do this within the first half term but it will be completed before the end of the first full term if the child takes longer to settle.
- Progress checks are shared online with the parents and we welcome their comments.
- Our online learning journals are accessible to all parents, making allowances for parents who do not live with their child to be involved.

## Completing the progress check at age two

- On-going observational assessment informs the progress check and must be referred to.
- Staff must be ‘tuned in’ to the ways in which very young children, or those with speech or other developmental delay or disability, communicate
- Where any concerns about a child’s learning and development are raised these are discussed with the parents, the SENCo and the setting manager.
- If concerns arise about a child’s welfare, they must be addressed through **7.0 Safeguarding children, young people and vulnerable adults** procedures.
- The key person must be clear about the aims of the progress check as follows:
  - to review a child’s development in the three prime areas of the EYFS
  - to ensure that parents have a clear picture of their child’s development
  - to enable practitioners to understand the child’s needs and, with support from practitioners, enhance development at home
  - note areas where a child is progressing well and identify any areas where progress is less than expected
  - describe actions the provider intends to take to address any developmental concerns (working with other professionals as appropriate)

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....

## **11.0 Working in partnership with parents and other agencies policy**

### **Aim**

We actively promote partnership with parents and recognise the importance of working in partnership with other agencies to promote the well-being of children and their families. This includes signposting parents to support as appropriate.

### **Objectives**

- We believe that parents are children's first and most enduring educators and our practice aims to involve and consult parents on all aspects of their child's well-being.
- We also recognise the important role parents must play in the day-to-day organisation of the provision.
- We consider parents views and expectations and will give the opportunity to be involved in the following ways:
  - sharing information about their child's needs, likes, achievements and interests
  - settling in their child to the agreed plan according our settling in procedures
  - taking part in children's activities and outings
  - contributing with ideas or resources as appropriate to enhance the curriculum of the setting
  - taking part in early learning projects, sharing with practitioners knowledge and insights about their child's learning
  - contributing to assessment with information, photos and stories that illustrate how their child is learning within the home environment, taking part in day-to-day family activities
  - taking part in social activities organised within the setting
  - taking part in a parent meetings to encourage the democratic participation of parents in discussions about the day-to-day organisation of the setting, consulting about new developments and other matters as they arise
  - Ofsted and setting contact details are displayed on the parent notice board for parents who have a complaint that cannot be resolved with the setting manager in the first instance, or where a parent is concerned that the EYFS standards are not being maintained

## **Partnership and signposting to other agencies**

- We are committed to ensuring effective partnership with other agencies including:
  - local authority early years services about the EYFS, training and staff development
  - local programmes regarding children's centres or the childcare element of children's centres
  - social welfare departments regarding children in need and children who need safeguarding or for whom a child protection plan is in place
  - child development networks and health professionals to support children with disabilities and special needs
  - local community organisations and other childcare providers
  - Ofsted and setting contact details are made available to other agencies who have a complaint that cannot be resolved with the Setting Manager in the first instance, or where a parent is concerned that the EYFS welfare standards are not being maintained.

### **11.1 Working in partnership with parents and other agencies**

We believe that families are central in all services we provide for young children. They are involved in all aspects of their child's care, their views are actively sought and they are actively involved in the running of the setting in various ways.

We work in partnership with local and national agencies to promote the well-being of all children.

#### **Families**

- Parents are provided with information about the setting on our website, including the setting's safeguarding actions and responsibilities under the Prevent Duty
- Parents are made to feel welcome in the setting; they are greeted appropriately.
- Every effort is made to accommodate parents who have a disability or impairment.
- The expectations we make on parents are made clear at the point of registration.
- There is a clear expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.
- There is sufficient opportunity for parents to share necessary information with staff and this is recorded and stored to protect confidentiality.
- Key persons support parents in their role as the child's first and most enduring educators.

- Key persons meet with parents to discuss their child's progress and to share concerns if they arise, if necessary.
- Key persons/SENco work with parents to carry out an agreed plan to support a child's special educational needs.
- Key persons/Child Protection Officer work with parents to carry out any agreed tasks where a child protection plan is in place.
- Parents are involved in the social and cultural life of the setting and actively contribute.
- As far as possible the service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- Parents are involved in regular assessment of their child's progress, including the progress check at age two.
- There are effective means for communicating with parents on all relevant matters and **11.2 Complaints procedure for parents and service users** is referred to when necessary.
- Every effort is made to converse with parents who speak a language other than English and to provide translated written materials.
- Information about a child and their family is kept confidential within the setting. 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 their child's development that need to be shared with another agency. Parental permission will be sought unless there are reasons not to, to protect the safety of the child.
- Parental consent is sought to administer life-saving medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- Parents' views are sought regarding changes in the delivery of the service
- Parents are actively encouraged to participate in decision making processes via parent meetings.
- There are opportunities for parents to take active roles in supporting their child's learning in the setting: informally through helping out or activities with their child, or through structured projects engaging parents and staff in their child's learning.

### **Agencies**

- We work in partnership or in tandem with local and national agencies to promote the wellbeing of children.

- Procedures are in place for sharing of information about children and families with other agencies, as set out in procedures **8.2 Confidentiality, recording and sharing information**.
- Information shared by other agencies (third party information) is also kept in confidence and not shared without consent from that agency.
- When working in partnership with staff from other agencies, individuals are made to feel welcome in the setting and professional roles are respected.
- Staff follow the protocols for working with agencies, for example on child protection.
- Staff 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 children during their visit.
- Staff do not casually share information or seek informal advice about any named child/family.
- We consult with and signpost to local and national agencies who offer a wealth of advice and information promoting staff understanding of issues facing them in their work and who can provide support and information for families. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.

### **Schools**

- Settings work in partnership with schools to assist children's transition as per procedure **10.9 transition to school**, and share information as per procedure **8.4 Transfer of records**.
- The setting manager actively seeks to forge partnership with local schools with the aim of sharing best practice and creating a consistent approach.

## **11.2 Complaints procedure for parents and service users**

There is a fair way of dealing with issues as they arise in an informal way, but parents may wish to exercise their right to make a formal complaint. They are informed of the procedure to do this and complaints are responded to in a timely way. The same procedures apply to agencies who may have a grievance or complaint.

### **Parents**

- If a parent is unhappy about any aspect of their child's care or how he/she feels he/she has been treated, this should be discussed with the child's key person. The key person will listen to the parent and acknowledge what he/she is unhappy about. The key person will offer an explanation and an apology if appropriate.
- If the parent is not happy with the key person's response or wishes to complain about the key person or any other member of staff, he/she will be directed to the setting manager

## **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 Supervisor first of all.
- Most complaints should be resolved amicably and informally at this stage.

### **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 by the Supervisor 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 supervisor and the chair. The parent may have a friend or partner present if they prefer and our manager should have the support of the management team.
- 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.
- Staff or volunteers within the Pre-school Learning Alliance are appropriate persons to be invited to act as mediators.
- The mediator keeps all discussions confidential. S/he can hold separate meetings with our staff 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 supervisor and chair 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.
- If the complainant believes that the matter has not been resolved and there has been a breach of the EYFS requirements they are entitled to make a complaint to Ofsted. The manager will assist in any complaint investigation as well as in producing documentation that records the steps that were taken in response to the original complaint.
- The setting manager ensures that parents know they can complain to Ofsted by telephone or in writing at any time as follows:  
  
Applications, Regulatory and Contact (ARC) Team, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD or telephone: 0300 123 1231
- These details are displayed on our setting's notice board.
- If a child appears to be at risk, we follow the procedures of the Local Safeguarding Children Board.
- In these cases, both the parent and our setting are informed and our manager work with Ofsted or the Local Safeguarding Children Board to ensure a proper investigation of the complaint, followed by appropriate action.

- 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 setting. The ICO can be contacted at Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or ico.org.uk

**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.

**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.
- A record of complaints will be kept for at least 3 years.
- In all cases where a complaint is upheld a review will be undertaken by the Committee to look for ways to improve practice where it is required.

This Policy was adopted at a meeting of Rainbow Pre-school held on (date).....

Signed on behalf of the committee.....

Name of signatory .....

Role of signatory .....

Date to be reviewed .....

