

## **Policy and procedures implementation and review**

Alongside associated procedures, this policy was adopted by Laurel Way Playgroup November 2025.

### **Aim**

We have one set of policies and procedures which are consistent across our early education and 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, assistants, and students (hereon referred to collectively as staff), are aware of their role and responsibility in policy and procedure implementation

- ensuring that members of staff are aware of the content of the policies and procedures through:
  - induction
  - line management and staff meetings and training events
  - contributing feedback to procedure review
  - use of relevant publications
- staff are aware of their duty to adhere to the operational policies and procedures and how they contribute to a consistent approach throughout the organisation.
- **All policies and procedures are reviewed annually as a minimum and when there are any changes to the settings practice or legislation**

### **Legal references**

Childcare Act (2006)

## 01 Health and safety policy

### Designated Health and Safety Officer:

**Susan Farber and Audrey Ngwira**

#### 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.
- Risk assessment is carried out where it is helpful to do so, to ensure the safety of children, staff, parents, and visitors. Legislation requires all those individuals in the given workplace to be responsible for the health and safety of premises, equipment and working practices.
- Smoking and vaping are not allowed on the premises, both indoors and outdoors. If children use any public space that has been used for smoking or vaping, members of staff ensure that there is adequate ventilation to clear the atmosphere. Staff do not smoke or vape in their work clothes and are requested not to smoke or vape 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 **must** 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 (01.1a Generic risk assessment) and access audit (01.1b Access audit form) are carried out for each area as required 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)

Manual Handling Operations Regulations (1992) (Amended 2002)

Medicines Act (1968)

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

Control of Substances Hazardous to Health (COSHH) Regulations 2004

Health and Safety (First Aid) Regulations 1981

Childcare Act 2006

### **Further guidance**

[Dynamic Risk Management in the Early Years](#) (Alliance Publication)

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

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

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

### **1.1 Risk assessment**

Risk assessment is carried out to ensure the safety of children, staff, parents, carers, and visitors. Individuals in the workplace are responsible for the health and safety of premises, equipment and working practices. We have a 'corporate responsibility' and 'duty of care'

to those who work in, and receive a service from our provision. Individuals are also responsible for ensuring their own and others safety.

- 01.1a Generic risk assessment form is completed for each area of work, and the areas of the building that are identified in these procedures.
- 01.1b 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.

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 important when balancing the need for children to take appropriate risks through physically challenging play. Children need opportunities to work out what is not safe and what to do when faced with a risk.

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

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

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

Health and safety risk assessments inform procedures. Staff, parents, and carers 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 manager ensures that checks/work to premises are carried out and records are kept.

- Gas safety by a Gas Safe registered gas/heating engineer.
- Electricity safety by a qualified electrician.
- Fire precautions to check that all fire-fighting equipment and alarms are in working order.

- Hot air heating systems/air conditioning systems cleaned and checked.
- Deep clean is carried out in kitchen.

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

- Entrance and exits.
- Outdoor areas.
- Off-site venues used regularly.
- Group rooms..
- Main kitchen.

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

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

- Changing children, and the intimate care of young children and older children.
- Arrivals and departures.
- Preparation of milk and other food/drink for babies.
- 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
- Visitors bringing equipment or animals for 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 Kitchen**

### **General safety**

- Doors to the kitchen are always kept closed.
- Shutters to hatches are kept closed when cooking is taking place.
- Children do not have unsupervised access to the kitchen.
- Children are not taken to the kitchen when meal preparation is taking place.
- Staff do not normally take tea breaks in the kitchen unless there is no alternative, in which case, tea-breaks are not taken in the kitchen when food is being prepared.
- 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).

- Floors are washed down at least daily.
- All work surfaces are washed regularly with anti-bacterial agent.
- Inside of cupboards are cleaned monthly.
- Cupboard doors and handles are cleaned regularly.
- Fridge and freezer doors are wiped down regularly.
- Ovens/cooker tops are wiped down daily after use; ovens are fully cleaned monthly.
- If dishwashers break down, washing up done by hand is carried out in double sinks, where available, one to wash, one to rinse.
- Where possible all crockery and cutlery are air dried.
- Plates and cups are only put away when fully dry.
- Tea towels, if used, are used once. They are laundered daily.
- Any cleaning cloths used for surfaces are washed and 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 manager.

## **Further guidance**

Safer Food Better Business: Food safety management procedures and food hygiene regulations for small business: [www.food.gov.uk/business-guidance/safer-food-better-business](http://www.food.gov.uk/business-guidance/safer-food-better-business)

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

- Children at Laurel Way Playgroup are provided with baskets (or other storage) for spare clothing and nappies/pants.
- Older babies/toddlers have low changing surfaces they can be assisted to climb on to, or floor surface is used. Staff should not have to lift heavy toddlers on to waist high units.
- Changing mats are cleaned and disinfected in baby change areas.
- Disposable nappies/trainers are cleared of solid waste and placed in nappy disposal units.
- Staff use single use gloves and aprons to change children and wash hands when leaving changing areas. Please note that gloves are not always required for a wet nappy if there is no risk of infection, however, gloves are always available for those staff who choose to wear them for a wet nappy. Gloves are always worn for a 'soiled' nappy.
- Staff never turn their backs on or leave a child unattended whilst on a changing mat.
- Changing areas or stands are provided for older (disabled) children, if required.
- Changing mats used for babies are covered in tissue roll for each change.
- Changing mats are disinfected after each change.
- Anti-bacterial spray is not used where residue may have direct contact with skin.
- Anti-bacterial sprays 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.
- All other surfaces are disinfected daily.

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

- Children's toilets are cleaned twice daily using disinfectant cleaning agent for the bowls (inside and out), seat and lid, and whenever visibly soiled.
- Toilet flush handles are disinfected daily.

- Toilets not in use are checked to ensure the U-bend does not dry out and are flushed every week. Taps not in use are run for several minutes every two to three days to prevent infections such as Legionella.
- There is a toilet brush available for children's toilets. This is stored in the cleaning cupboard, along with a separate cleaning cloth.
- Cubicle doors and handles (or curtains) are washed weekly.
- Children's hand basins are cleaned twice daily and whenever visibly soiled, inside, and out using disinfectant cleaning agent. Separate cloths are used to clean basins etc. and are not interchanged with those used for cleaning toilets. Colour coded cloths are used.
- Mirrors and tiled splash backs are washed daily.
- 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.
- Floors in children's toilets are washed twice daily.
- Spills of body fluids are cleared and mopped using disinfectant.
- Mops are rinsed and wrung after use and stored upright, not stored head down in buckets.
- 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 sluice or butler sink.
- Butler sinks and sluices are cleaned and disinfected at the end of each day.

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

### **Planning and preparation**

- Outings have a purpose with specific learning and development outcomes.
- If staff are 'borrowed' from another area to maintain ratios on an outing, they are fully briefed about the children they are accompanying.
- The excursion does not go ahead if concerns are raised about its viability at any point.
- Parents/carers 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 babies in buggies, 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.
- Parents/carers on outings are responsible for their own children only.
- Parents/carers who have undergone vetting as volunteers may be included in the ratio.
- A mobile phone belonging to the setting and small first aid kit is taken out.
- Staff make sure they have water, plastic cups, spare nappies/change of clothes and wet wipes for the children going out appropriate to the length of time they are out for.
- Sun cream is applied as needed and children are clothed appropriately.
- Children wear badges or 'high viz' vests with the name and number of the setting.
- Staff have emergency contacts, medication and equipment needed for children.

### **Risk assessment**

- Risk assessment if required, is completed prior to the outing and signed off by the setting manager and all staff taking part. Any 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 within a ratio of 1-2 (unless agreed with the setting manager).

### **Where transport is provided by the setting**

- Records are kept including insurance details and a list of named drivers.
- Drivers using their own transport should have adequate insurance cover.

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

- A separate risk assessment is conducted, and Forest/Beach School standard procedures are followed.
- The sessions always have a level 3 trained Forest/Beach school educator.

### **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 before the visit to ensure no recent E. coli outbreaks 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 if required, are 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 is the last to leave the venue, or transport being used.
- The designated lead conducts a 'safety sweep' before during and after the outing.

### **Further guidance**

[Daily Register and Outings Record](#) (Alliance Publication)

[Introducing Forest School in the Early Years](#) (Alliance Publication)

[Preventing Accidents to Children on Farms](#) (Health and Safety Executive 2013)

## 1.5 Outdoors

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

## **Drones**

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

- Children will be brought inside immediately.
- Parents/carers will be informed that a Drone has been spotted flying over the outdoor area and will be advised fully of the actions taken by the setting. The
- 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:

Where this is the case, 06 Safeguarding children, young people and vulnerable adults procedures are followed.

## **Further guidance**

[Reportable Incident Record](#) (Alliance Publication)

## **1.6 Staff personal safety**

### **General**

- Members of staff who are in the building early in the morning or late in the evening, ensure that doors and windows are locked.
- Where possible, the last two members of staff in the building leave together after dark and arrange to arrive together in the morning.
- Visitors are allowed access only with prior appointments and once identifications are verified.
- When taking cash to the bank, members of staff are aware of personal safety. The setting manager carries out a risk assessment and develops an agreed procedure appropriate to the setting, staff, and location.
- Staff make a note in the shared diary of meetings they are attending and when they are expected back.
- The setting manager liaises with local police for advice on any issues or concerns.

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

- If a parent/carer or visitor appears to be angry, mentally agitated, or possibly hostile, two members of staff will lead them away from the children to an area less open but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Staff will try to empathise, for example: 'I can see that you are feeling angry at this time'.
- Staff offer to discuss the issue of concern and show they recognise the concern.
- Staff will ensure that the language they use can be easily understood.
- Staff will make it clear that they want to hear issues and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, avoiding expressions like 'calm down' or 'be reasonable'.
- If threats continue, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of the children.

- Procedure 01.12 Threats and abuse towards staff and volunteers is implemented where staff feel threatened or intimidated.
- If the event involves a child's parent or carer, it is recorded in the child's file together with any decisions made with the parents/carers to rectify the situation.
- Any situation involving threats to members of staff are reported to the line manager, following procedure 01.12 Threats and abuse towards staff and volunteers.
- Copies of correspondence regarding the incident will be kept in the relevant child's file.

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

Laurel Way Playgroup 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** – including sexual harassment

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 time undermining their confidence, well-being, and health. In extreme cases, the behaviour of the parent/carer 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 difficult to resolve. If the actions of a parent/carer are 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 owners/directors/trustees.

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

- Parents/carers 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/carer 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 harassment, 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/carers/visitors

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

- Where the parent/carers behaviour merits it, the setting manager, with another member of staff present should inform the parent/carer clearly but sensitively that staff feel unduly harassed or intimidated and are considering escalating the issue and making a complaint to the police if the behaviour does not desist or improve. The parent/carer should be left in no doubt about the gravity of the situation and that this will be followed up with a letter drafted by the setting manager but sent to their line manager for approval before being issued.
- The letter to the parent/carers should outline the zero-policy approach for any form of harassment, intimidation or abuse directed at staff.
- Staff must keep a record of incidents, including dates, times, locations, and witnesses, to support future action and meet reporting procedures as outlined in policy 7 – record keeping
- If the investigation concludes that the parents/carers 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/carer and subsequently, if necessary, with the police. See procedures above relating to banning parents/carers from the premises.
- If the investigation concludes that the parents/carers expectations and demands are reasonable and if the parent/carer feels unhappy with the staff member or the setting itself the setting manager and/or owners/directors/trustees might wish to consider advising the parent/carer to make a formal complaint. Information about how to complain is clearly displayed for parents/carers and service users.

Complaints relating to potential breaches of the EYFS Safeguarding and Welfare requirements will be managed according to the 10.2 Complaints procedure for parents/carers and service users.

### **Further guidance**

[Complaint Investigation Record](#) (Alliance Publication)

[Reportable Incident Record](#) (Alliance Publication)

## **1.8 Manual handling**

- All staff Laurel Way Playgroup 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 or move items.
- Risk assessment is carried out of the environment in which the lifting is done. Features such as uneven floor surfaces, stairs, etc. add to the general risk and need to be taken into consideration.
- The setting manager ensures that they and their staff are trained to lift and move heavy objects and unstable loads correctly. Babies and young children are also heavy and need to be lifted and carried carefully and correctly.

### **Guidelines:**

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

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

## **1.9 Notifiable incident, non- child protection**

Staff respond swiftly, appropriately and effectively in the case of an incident within the setting. Notifiable incidents in this procedure are those not involving child protection.

A 'notifiable' incident' could include:

- fire or suspected arson
- electric or Gas fault
- burst pipe, severe leak or flooding
- severe weather that has caused an incident or damage to property
- break-in with vandalism or theft
- staff, parent, carer or visitor mugged or assaulted on site or in vicinity on the way to or from the setting
- outbreak of a notifiable disease
- staff or parent threatened/assaulted on the premises by a parent or visitor
- accidents due to any other faults (that are reportable under RIDDOR)
- lost child
- any event or information that becomes known, that may have implications for the setting or the wider organisation in the future use

The designated health and safety officer or another named person:

- has all emergency services numbers immediately to hand
- has a list of contacts for maintenance and repair
- ensure that members of staff know what to do in an emergency
- risk assess the situation and decides, with the owners/trustees/directors, if the premises are safe to receive children before any children arrive or to offer a limited service

### **Emergency evacuation**

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

- There is an emergency evacuation procedure in place which is unique to the setting and based upon risk assessment in line with others using the building.
- Emergency evacuation procedures are practised regularly and are reviewed according to risk assessment (as above).
- Staff evacuate children to a pre-designated area (as per the fire drill), unless advised by the emergency services that the designated area is not suitable at that time.
- Once evacuated, nobody enters the premises, until the emergency services say so.
- Members of staff will always act upon the advice of the emergency services.

*See designated signage poster in relevant positions near exits and arrow to indicate where to exit.*

### **Emergency Closure**

The circumstances under which the setting may be closed due to an incident include:

- The owners/directors/trustees make the decision to close – thereby withdrawing the service.
- A third party makes the decision to close for example:
  - a school, where the setting is on a school site
  - the children’s centre (if on a children’s centre site)
  - the emergency services
- A parent/carer makes the decision for their child not to attend.
  - If a parent/carer makes the decision for their child not to attend due to a critical incident, the child’s fees are due as normal.
  - Further consideration of individual incidences must be done in consultation with the owners/trustees/directors.

### **Recording and reporting**

- On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.
- The member of staff ensures that the setting manager and/or deputy are informed (if not on the premises at the time) and that the owners/trustees/directors are informed.

- The setting manager completes and sends an incident record to the owners/trustees/directors, who, according to the severity of the incident notifies Ofsted, the childminder agency, and/or RIDDOR.
- If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.
- Staff do not discuss the incident with the press.

RIDDOR reportable events include:

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

This may include:

- a member of staff injures back at work through lifting and is off for two weeks
- a parent/carer slips on a wet floor near the water tray and is taken to hospital
- a child falls from a climbing frame and is taken to hospital
- the ceiling collapses
- an outbreak of Legionella

The setting manager informs the owners/trustees/directors and completes an accident and/or incident record; witness statements are taken as previously detailed.

- If the incident is RIDDOR reportable, the setting manager telephones HSE Contact Centre on 0345 300 9923 or reports online at [www.hse.gov.uk/riddor/report.htm](http://www.hse.gov.uk/riddor/report.htm)
- RIDDOR Reportable events require reporting to RIDDOR within 15 days of the event occurring.

The local authority investigates all reported injuries, diseases, or dangerous occurrences. They will decide if there has been a breach in health and safety regulations and will decide what measures will be taken.

The owners/trustees/directors review how the situation was managed, as above, to ensure that investigations were rigorous, and that policies and procedures were followed.

If an insurance claim is likely:

- Incidents such as fire, theft or flood are notified to the insurance provider immediately.
- The setting does not admit liability.
- If broken or faulty equipment is involved, it must not be repaired, destroyed, or disposed of, in case it is needed during the investigation.
- If communication from a solicitor is received on behalf of the injured party, this is sent directly to the insurance provider; the setting manager will then write to the solicitor to confirm that the letter has been passed on.
- The incident is not discussed with any outside persons, or other parents/carers, no matter what questions they may ask about their own child's safety in relation to the incident, as it is regarded as confidential under the Data Protection Act.

## 1.10 Emergency evacuation and lock-down

### Lockdown

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, emergency services can handle the situation more effectively.

- The setting manager at [name of setting] assesses the likelihood of an incident happening based on their location.
- The setting manager ensures that the emergency evacuation and lockdown procedures are included in staff training and induction.
- The setting manager will check their 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. Lock-down should be rehearsed and recorded termly.
- The setting manager is aware of the terrorist alert level, as available at [www.mi5.gov.uk/threat-levels](http://www.mi5.gov.uk/threat-levels).
- The setting manager follows any additional advice issued by the local authority.
- Emergency procedures are reviewed and added to if needed.
- Information is shared with parents/carers and all staff are aware of their role during 'lockdown.'
- A text/phone message is issued to parents/carers when lockdown is confirmed.

#### Suggested wording for parent/carer message

*Due to an incident, we have been advised by emergency services to secure the premises and stay put until we are given the 'all clear'. Please do not attempt to collect your child until it is safe to do so. We will let you know as soon as we are able to, when that is likely to be. In the meantime, we need to keep our telephone lines clear and would appreciate your cooperation in not calling unless it is vital that you speak to us.*

## **Lock-down procedures**

If an incident happens the setting manager assesses the likelihood of immediate danger. In most cases the assumption will be that it is safer to stay put and go 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 tune 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 always be acting on the advice of the emergency services.

### **Recording and reporting**

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

### **Further guidance**

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

For non-emergency, call the police on 101.



Children with additional needs may experience a sensory overload due to a change in routine and the noise of the fire alarm sounding. To support self-regulation and co-regulation, consider including comforting objects in your emergency bag that a child can hold whilst the evacuation is in process.

**02.1a Fire safety risk assessment form [name of setting]**

Risk Area		Carried out by		Date
<b>Fire Hazards:</b> Examples: Ignition; fuel; oxygen	<b>Who is at risk</b> People on premises and those most	<b>Level of risk</b> of fire occurring and the risk to people	<b>Control measure</b> Remove and reduce hazards that may cause fire; Remove and	<b>Review</b> Record, plan, inform, instruct, train

**Before completing this form, please refer to the five steps in procedure 02.01 Fire safety**

## **02 Fire safety policy**

**Designated Fire Marshalls are:** Susan Farber and Audrey Ngwira

### **Aim**

Laurel Way Playgroup 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)

### **Further guidance**

Fire Safety Record (Alliance Publication)

[Fire Safety Risk Assessment: Educational Premises \(Gov.uk\)](#)

## **2.1 Fire safety**

The setting manager and Deputy 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/fire marshal makes reasonable adjustments as required to ensure the two documents do not contradict each other.

### **Fire safety risk assessment**

02.1a Fire safety risk assessment form is carried out in each area of the setting by a competent person, or a named fire marshal, using the five steps to fire safety risk assessment as follows:

1. Identify fire hazards
  - Sources of ignition.
  - Sources of fuel.
  - Sources of oxygen (including oxygen tanks for disabled children).
2. Identify people at risk
  - People in and around the premises.
  - People especially at risk including very young babies, less ambulant disabled children or those using specialised equipment, such as splints, standing frames.
3. Evaluate, remove, reduce and protect from the risk
  - Evaluate the risk of the fire occurring.
  - Evaluate the risk to people from a fire starting on the premises.
  - Remove and reduce the hazards that may cause a fire.
  - Remove and reduce the risks to people from a fire.
4. Record, plan, inform, instruct, train
  - Record significant findings and action taken.
  - Prepare an emergency plan.
  - Inform and instruct relevant people; inform and co-operate with others.
  - Provide training.
5. Review

- Keep assessment under review and revise when necessary.

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.
- Gas boilers and cookers are checked and serviced annually by a Gas Safe registered engineer.
- If matches are used in the kitchen, they are kept in a drawer.
- Oxygen tanks.

**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; these are displayed in print large enough to read from a short distance. They say where the assembly point is.
- Fire alarms are in place and tested monthly, and where necessary supplemented with visual warnings. This is recorded.
- Smoke alarms are in place and tested monthly. This is recorded.
- 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.

### **Further guidance**

[Dynamic Risk Management](#) (Alliance Publication)

[Fire Safety Record](#) (Alliance Publication)

Fire Safety Risk Assessment: Educational Premises (HMG 2006): <https://www.gov.uk/government/publications/fire-safety-risk-assessment-educational-premises>

## 2.2 Fire safety risk assessment form

Risk Area		Carried out by		Date
<b>Fire Hazards:</b> Examples: Ignition; fuel; oxygen	<b>Who is at risk</b> People on premises and those most	<b>Level of risk</b> of fire occurring and the risk to people	<b>Control measure</b> Remove and reduce hazards that may cause fire; Remove and	<b>Review</b> Record, plan, inform, instruct, train

## 03 Food Safety, Safer Eating and Nutrition

### 3.1 Food safety and nutrition policy

#### Aim

Laurel Way Playgroup 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 Laurel Way Playgroup 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.
- We ensure that children are supervised at mealtimes and that children are within sight and hearing of a member of staff at all times **and where possible staff are sat facing children when eating to ensure they are eating in a way that prevents choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.**
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens when planning menus based on the four food groups:
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.
- Parents/carers share information about their children's particular dietary needs and allergies with staff when they enrol their children and on an on-going basis. This information is shared with all staff,
- **All staff are aware of the symptoms and treatments for allergies and anaphylaxis and the differences between allergies and intolerances which may develop at any time.**

- Care is taken to ensure that children with food allergies and intolerances do not have contact with food products that they are allergic to.
- We notify Ofsted or the childminder agency (CMA if registered with a CMA) of any food poisoning affecting two or more children in our care as soon as possible and at least within 14 days.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.
- If a child chokes at mealtime and intervention is given. We record details of the incident and ensure that parents/carers are informed.

### **Legal references**

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

Food Information Regulations 2014 The Childcare Act 2006

### **Further guidance**

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

[Paediatric Allergy Action Plans - BSACI](#)

[Food allergy - NHS](#)

[Anaphylaxis - NHS](#)

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

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

## Allergy action plan

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

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

- Food for play may include dough, corn flour, food colourings/flavourings.
- Jelly (including jelly cubes) is not used for play and will be halal.
- Foods that are cooked and used for play, such as dough, have a limited shelf life.
- Cornflour is always mixed with water before given for play.
- Cornflower is discarded after an activity; as there is a 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 paper food bag and refrigerated until home time.03

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

### **Other activities with flour**

- Uncooked flour should not be used for activities where children are exploring through touch or taste, or there is a likelihood they will put their fingers in their mouths.
- Baking: activities where flour is used we ensure that the activity is risk assessed, and children do not eat the uncooked flour or the mixture.
- If a child or member of staff is allergic to any of the ingredients they must be replaced, and a safe alternative used.
- Staff have up to date information about children's allergies or concerns about a potential allergy and these are clearly displayed.
- If a younger child is likely to put the play dough/cornflour in their mouth, a safe alternative is provided.
- If a child is likely to eat the play dough due to persistent sensory seeking behaviours the activity will be replaced with a safe alternative.
- Children are always supervised when playing with play dough or cornflour.
- Children and staff wash their hands before and after the activity.

## **Legal references**

Regulation (EC) 853/2004 of the European Parliament and of the Council on the hygiene of foodstuffs.

Food Information Regulations 2014

The Childcare Act 2006

## **Further guidance**

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

[Paediatric Allergy Action Plans - BSACI](#)

[Food allergy - NHS](#)

[Anaphylaxis - NHS](#)

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

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

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

## **Allergy action plan**

## **04 Health policy**

### **Aim**

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

### **Objectives**

We promote health through:

- Ensuring emergency and first aid treatment is given where necessary.
- Ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements.
- Identifying allergies and preventing contact with the allergenic substance.
- Having ongoing discussions with parents/carers to develop allergy action plans for managing individual children's known allergies and intolerances.
- Ensuring that all staff are aware of the symptoms and treatments for allergies and anaphylaxis and that children can develop these at any time, especially during weaning.
- Ensuring that all staff know the difference between allergies and intolerances.
- Identifying food ingredients that contain recognised allergens and displaying this information for parents/carers.
- Identifying and promoting health through taking the necessary steps to prevent the spread of infection and taking appropriate action when children are ill.
- Ensuring that ongoing discussions with parents take place regarding the stage their child is at in relation to introducing solid foods including the texture the child is familiar with.
- Ensuring that food prepared is in line with the child's individual developmental needs.
- Working in partnership with parents to help children to move on to the next stage of weaning at a pace that is right for their child.
- Ensuring that food is prepared for children in a way that prevents choking.
- Ensuring that babies and young children are sat safely in a highchair or suitable low sized chair when eating.
- Ensuring that children are always in sight and hearing of a staff member, who is a paediatric first aider, whilst eating and the staff member is sat facing the children.
- Recording all choking incidents that requires intervention.

- Promoting healthy lifestyle choices through diet and exercise.
- Supporting parents right to choose complementary therapies.
- Recognising the benefits of baby and child massage, by parents/carers or staff carrying out massage under conditions that maintain the personal safety of children.
- Pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance.

## **Legal references**

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

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

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

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

[Food Information Regulations 2014](#)

[Early Years Foundation Stage 2025](#)

## **Further guidance**

[Accident Record \(Alliance Publication\)](#)

## **Allergy action plan**

## 4.1 Accidents and emergency treatment

**Person responsible for checking and stocking first aid box:** *[insert name]*

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

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

- No other item is stored in a First Aid box.
- Vinyl single use gloves are also kept near to (not in) the box, as well as a thermometer.
- There is a named person in the setting who is responsible for checking and replenishing the First Aid Box contents.
- A supply of ice is kept in the kitchen fridge.
- 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.
- Parents/carers are given the event of the accident form.
- In the event of minor injuries or accidents, parents/carers are normally informed when they collect their child, unless the child is unduly upset, or members of staff have any concerns about the injury. In which case they will contact the parent for clarification of what they would like to do, i.e. collect the child or take them home and seek further advice from NHS 111.

### **Serious accidents or injuries**

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

### **Recording and reporting**

- If required, a RIDDOR form is completed; one copy is sent to the parent/carer, one for the child's file and one for the local authority Health and Safety Officer.

- . Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person(s) will inform local child protection agencies of these events

### **Further guidance**

[Accident Record](#) (Alliance Publication)

## 4.2 Administration of medicine

Key persons are responsible for administering medication to their key children; ensuring consent forms are completed, medicines stored correctly, and records kept.

Administering medicines during the child's session will only be done if necessary.

If a child has not been given a prescription medicine before, especially a baby/child under two, it is advised that parents keep them at home for 48 hours to ensure no adverse effect, and to give it time to take effect. The setting managers must check the insurance policy document to be clear about what conditions must be reported to the insurance provider.

### Consent for administering medication

- Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent/carer's partner who does not have PR, cannot give consent.
- When bringing in medicine, the parent informs their key person/back up key person, or room senior if the key person is not available. The setting manager should also be informed.

*The DSO will receive the child's medication and asks the parents to complete a consent form. The medicine is placed in the child's designated container with all relevant information along with medication details (file)*

- Staff who receive the medication, check it is in date and prescribed specifically for the current condition. It must be in the original container (not decanted into a separate bottle). It must be labelled with the child's name and original pharmacist's label if prescribed.
- Medication dispensed by a hospital pharmacy will not have the child's details on the label but should have a dispensing label. Staff must check with parents/carers and record the circumstance of the events and hospital instructions as relayed to them by the parents/carers.
- Members of staff who receive the medication ask the parent/carer to sign a consent form stating the following information. No medication is given without these details:
  - full name of child and date of birth
  - name of medication and strength

- who prescribed it (if applicable)
- dosage to be given
- how the medication should be stored and expiry date
- a note of any side effects that may be expected
- signature and printed name of parent/carer and date

### **Storage of medicines**

All medicines are stored safely. Refrigerated medication is stored separately or clearly labelled in the milk kitchen fridge, or in a marked box in the main kitchen fridge.

*Medicines are stored in a designated sealed box with a photo of the child .*

- The key person is responsible for ensuring medicine is handed back at the end of the day to the parent/carer if necessary
- For some conditions, medication for an individual child may be kept at the setting. 04.2a Healthcare plan form must be completed. Key persons check that it is in date and return any out-of-date medication to the parent/carer.
- Parents/carers do not access where medication is stored, to reduce the possibility of a mix-up with medication for another child, or staff not knowing there has been a change.

### **Record of administering medicines**

A record of medicines administered is kept in the medicine folder. All staff are aware.

The medicine record, records:

- name of child
- name and strength of medication
- the date and time of dose
- dose given and method

- signed by key person/setting manager
- verified by parent/carer signature at the end of the day

A witness signs the medicine record book to verify that they have witnessed medication being given correctly according to the procedures here.

- No child may self-administer. If children are capable of understanding when they need medication, e.g. for asthma, they are encouraged to tell their key person what they need. This does not replace staff vigilance in knowing and responding.
- The medication records are monitored to look at the frequency of medication being given. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

### **Children with long term medical conditions requiring ongoing medication**

- Risk assessment is carried out for children that require ongoing medication. This is the responsibility of the setting manager and key person. Other medical or social care personnel may be involved in the risk assessment.
- Parents/carers contribute to risk assessment. They are shown around the setting, understand routines and activities, and discuss any risk factor for their child.
- For some medical conditions, key staff will require basic training to understand it and know how medication is administered. Training needs are part of the risk assessment.
- Risk assessment includes any activity that may give cause for concern regarding an individual child's health needs.
- Risk assessment also includes arrangements for medicines on outings; advice from the child's GP's is sought, if necessary, where there are concerns.
- 04.2a Health care plan form is completed fully with the parent/carer; outlining the key person's role and what information is shared with other staff who care for the child.
- The plan is reviewed every six months (more if needed). This includes reviewing the medication, for example, changes to the medication or the dosage, any side effects noted etc.

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

- Children are accompanied by their key person, or other staff member who is fully informed about their needs and medication.

- Medication is taken in a plastic box labelled with the child's name, name of medication, copy of the consent form and a card or electronic device to record administration, with details as above.
- The card is later stapled to the medicine record book and the parent signs it.
- If a child on medication must be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled as above.

### **Staff taking medication**

Staff taking medication must inform their manager. The medication must be stored securely in staff lockers or a secure area away from the children. The manager must be made aware of any contra-indications for the medicine so that they can risk assess and take appropriate action as required.

### **Further guidance**

[Medication Administration Record](#) (Alliance Publication)

### 4.3 Health care plan

Please note that this form must be used alongside the individual child's registration form which contains emergency parent/carer contact and other personal details.

<b>Name of Child</b>	
<b>Date of Birth</b>	
<b>Child's address</b>	
<b>Contact information for family or main carers</b>	
<b>1.Name</b>	
<b>Relationship to child</b>	
<b>Contact numbers</b>	
<b>2. Name</b>	
<b>Relationship to child</b>	
<b>Contact numbers</b>	
<b>Medical diagnosis, condition or allergy</b>	
<b>Clinic or Hospital contact</b>	
<b>Name</b>	
<b>Phone no.</b>	
<b>GP/Doctor</b>	
<b>Name</b>	
<b>Phone No.</b>	

<b>Describe medical needs and give details of symptoms</b>

<p><b>Risk assessment completed?</b></p> <p><b>If no, please state why?</b></p>   <p><b>If yes, please include details here</b></p>   <p><b>Date completed:</b></p>
<p><b>Daily care requirements e.g. before meals/going outdoors</b></p>    
<p><b>Describe what constitutes an emergency for the child and what actions are to be taken if this occurs</b></p>    
<p><b>Name/s of staff responsible for an emergency situation with this child</b></p>    

**Parent/carer and person completing this form must sign below to indicate that the information in this plan is accurate and the parent/carer agrees for any relevant procedures to be carried out**

Parent/carer name	Signature	Date
Key person's name	Signature	Date

Setting Manager's name	Signature	Date
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For children requiring lifesaving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, approval must be received from the child's GP/consultant, as follows:

I have read the information in this Individual Health Plan and have found it to be accurate.

Name of GP/		Date:	
Signature:			

**Review completed (at least every six months)**

Parent/carer name	Signature	Date
Key person's name	Signature	Date
Setting manager's name	Signature	Date

**Copies circulated to:**

Parents/carers

Child's personal records (with registration form)

GP/Consultant – if required

#### **4.4 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 (04.2a) in place which considers 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 privacy is considered and balanced with safeguarding and support needs when changing clothing, nappies and toileting.

#### **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/carers 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 (04.2a)

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 educator applying the technique in the first instance.

### **Safeguarding/child protection**

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

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

## 4.5 Allergies and food intolerance

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

- **All staff at [name of setting] must be aware of the symptoms and treatments for allergies and anaphylaxis and the difference between allergies and food intolerances**
- If a child has an allergy or food intolerance, 01.1a Generic risk assessment form is completed with the following information:
  - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
  - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
  - control measures, such as prevention from contact with the allergen
  - review measures
- 04.2a Health care plan form must be completed with:
  - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - managing allergic reactions, medication used and method (e.g. EpiPen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the cook's Food Allergy and Dietary Needs file.
- Parents/carers show staff how to administer medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.

- Parents/carers are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified on children's menus.

### **Oral Medication**

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

For other life-saving medication and invasive treatments please refer to 04.2 Administration of medicine.

#### **4.6 Poorly children**

- If a child appears unwell during the day Laurel Way Playgroup, for example has a raised temperature, sickness, diarrhoea\* and/or pains, particularly in the head or stomach then the setting manager calls the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- 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/carers are informed.
- Parents/carers 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/carers are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents/carers 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 owner/trustees/directors 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 even

#### **Notifiable diseases and infection control**

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

Preventative measures are taken to reduce the risk of an outbreak returning. When an individual shows signs of an infectious illness, they are advised not to attend the service. If a child is already at the setting, they will be made comfortable in a space away from the other children to rest until they are able to be collected. The importance of thorough handwashing will be reiterated, and the educators will promote the 'catch it, bin it, kill it' approach with children and young people. In the case of an outbreak of a notifiable disease which has been confirmed by a medical professional, the setting manager will seek further advice from the UKHSA, if not already contacted by them.

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

### **Unwell children upon arrival**

- On arrival, it is vital that parents/carers inform a member of staff if they notice their child may be showing signs of being unwell. It is the responsibility of the parents / carers to ensure their child does not attend the service if they are not fit to; this is a precautionary measure to prevent other children or staff from becoming ill. If a child is brought into the service with a non-prescription medication to treat a temporary illness or appears to show signs of being unwell, the setting manager will use their discretion to decide whether a child is fit to remain in the service.

### **Infection control for bodily fluids – transmissible viruses**

- 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. Transmittable viruses are spread through bodily fluids. Hygiene measures are put in place to protect all staff and children/young people. These include 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/sluicing clothing after changing.
- Soiled clothing is rinsed and bagged for parents/carers to collect.

- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and designated area mops; cloths used are disposed of with clinical waste.
- Tables, other furniture or toys/resources affected by blood, urine, faeces or vomit are removed where possible and cleaned using disinfectant. For larger items such as furniture, these must be cleaned immediately with disinfectant.

## **Handwashing**

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

This should be carried out by all:

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

**Public Health England** advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissue and wash their hands.

## **Nits and head lice**

- Nits and head lice are not an excludable condition; although in exceptional cases 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.

*\*Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period.*

[www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-](http://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-)

[facilities/chapter-9-managing-specific-infectious-diseases#diarrhoea-and-vomiting-gastroenteritis](#)

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

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

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

### **Further guidance**

[Medication Administration Record](#) (Alliance Publication)

Guidance on infection control in schools and other childcare settings (Public Health Agency) <https://www.publichealth.hscni.net/sites/default/files/>

[Guidance on infection control in%20schools poster.pdf](#)

[High temperature \(fever\) in children - NHS](#) ([www.nhs.uk](http://www.nhs.uk))

## **4.7 Infection control**

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

### **Prevention**

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

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

- Manage confirmed cases of a contagious illness by following the guidance from the [UK Health Security Agency \(UKHSA\)](#)

### **Informing others**

Early years providers have a duty to inform Ofsted of any serious accidents, illnesses or injuries as follows:

- Anything that requires resuscitation.
- Admittance to hospital for more than 24 hours.
- A broken bone or fracture.
- Dislocation of any major joint, such as the shoulder, knee, hip or elbow.
- Any loss of consciousness.
- Severe breathing difficulties, including asphyxia.
- Anything leading to hypothermia or heat-induced illness.

In some circumstances this may include a confirmed case of a Notifiable Disease in their setting, if it meets the criteria defined by Ofsted above. Please note that it is not the responsibility of the setting to diagnose a notifiable disease. This can only be done by a

clinician (GP or Doctor). If a child is displaying symptoms that indicate they may be suffering from a notifiable disease, parents must be advised to seek a medical diagnosis, which will then be 'notified' to the relevant body. Once a diagnosis is confirmed, the setting may be contacted by the UKHSA or may wish to contact them for further advice.

## **05 Promoting inclusion, equality and valuing diversity policy**

Alongside associated procedures in 05.1 Promoting inclusion, equality and diversity, this policy was adopted by *Laurel Way Playgroup Sept 2025*

All early years providers 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. Providers 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**

**Laurel Way Playgroup** 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 early years 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.
  - Ensuring that barriers to inclusion are identified and removed or minimised wherever possible; for example, we complete 01.1b Access audit form.
  - 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-empt acts of discrimination so that they do not arise.
- Recruitment of staff to reflect cultural and language diversity 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 educators work closely with the Special Educational Needs Coordinator (SENCO) 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 2015

Disability Equality Duty 2011

Equality Act 2010

Prevent Strategy 2015

### **Further guidance**

[Guide to the Equality Act and Good Practice](#) (Alliance Publication)

## 5.1 Promoting inclusion, equality and valuing diversity

Laurel Way Playgroup actively promote inclusion, equality of opportunity and value diversity. All early years providers 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. Providers also have obligations under the Prevent Duty (2015 updated 2023) 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/carers 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/carers 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
  - provide mirrors at different heights for babies and other non-ambulant children
  - developing a music area with a variety of musical instruments for babies and 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/carers.
- 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/carers 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**

- Every provider should have an equality strategy in place outlining their vision on equality alongside a timetabled list of actions summarising how they build equality into the provision and how this is monitored and evaluated.
- 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 providers 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 01.12 Threats and abuse towards staff and volunteers.
- There is an ethos wherein staff, parents/carers 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/carers 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/carers, same sex parents/carers 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.

*Democracy: making decisions together*

- For self-confidence and self-awareness (PSED), educators 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)

- Educators ensure children understand their and others' behaviour and consequence.
- Educators 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. Educators 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/carers) 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

## 06 Safeguarding

### 06 Safeguarding children, young people and vulnerable adults policy

Alongside associated procedures in 06.1-06.10 Safeguarding children, young people and vulnerable adults, this policy was adopted by *laurel Way Playgroup Sept 2025*

**Designated safeguarding leads are: Susan Farber & Audrey Ngwira**

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

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

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

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

## Key Commitment 1

- All staff receive adequate training in child protection matters and have access to the setting's policy and procedures for reporting concerns of possible abuse and the safeguarding procedures of the 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 and heard*.
- All services seek to build the emotional and social skills of children and young people who are service users in an age-appropriate way, including increasing their understanding of how to stay safe.
- We adhere to the EYFS Safeguarding and Welfare requirements.

## Key Commitment 2

- All staff are trained in line with the Criteria set out in Annex C of the EYFS (November 2025). Our training provider Early Years Alliance Central
- Safeguarding training is refreshed annually (delete if not appropriate) and renewed every two years. The designated safeguarding lead ensures support, advice and guidance for all staff to meet their safeguarding responsibilities by:
  - Regular supervision and 1:1 Team briefings, bulletins, group supervision, reviewing safeguarding procedures together, (please add or delete as appropriate)
- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.
- There are procedures in place for reporting abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of

significant harm, and to enable staff to make decisions about appropriate referrals using local published threshold documents.

- There are procedures in place for reporting abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and Local Safeguarding Partners guidance in relation to extremism.
- The procedures of the Local Safeguarding Partners must be followed.

### **Key Commitment 3**

- We have two 'designated safeguarding lead persons', who are responsible for carrying out child, young person, or adult protection procedures.
- **The designated safeguarding lead is responsible for overseeing all child, young person or adult protection matters.**
- The 'designated safeguarding lead' ensures they have links with statutory and voluntary organisations regarding safeguarding children.
- The 'designated safeguarding lead' ensures they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise child abuse in the categories of physical, emotional, and sexual abuse and neglect.
- The 'designated safeguarding lead' ensures all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture and that these receive full consideration in child, young person, or adult protection related matters.
- The 'designated safeguarding lead ensures that staff are aware and receive training in social factors affecting children's vulnerability including, but not limited to:
  - social exclusion
  - domestic violence and controlling or coercive behaviour

- mental illness
- drug and alcohol abuse (substance misuse)
- parental/carer learning disability
- radicalisation
- The 'designated safeguarding lead' ensures that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
  - abuse of disabled children
  - fabricated or induced illness
  - child abuse linked to spirit possession
  - sexually exploited children
  - children who are trafficked and/or exploited
  - female genital mutilation
  - extra-familial abuse and threats
  - children involved in violent offending, with gangs and county lines.

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

#### **Key commitment 4**

- There are procedures in place to ensure staff recognise children and families who may benefit from early help and can respond using local early help processes. Designated safeguarding leads should ensure all staff understand how to identify and respond to families who may need early help.
- Staff are supported to make the right decisions that enable timely and appropriate action to be taken.
- Designated safeguarding leads contribute towards local safeguarding arrangements to ensure that the views of the sector are heard at the highest level by:
  - Finding out how education and childcare are represented at a strategic level within their Local Safeguarding Partnership (LSP) structures.
  - Sharing their knowledge of the experiences of children in their cohort with LSP local leaders

## **Legal references**

### *Primary legislation*

Children Act 1989 – s 47  
Protection of Children Act 1999  
Care Act 2014  
Children Act 2004 s11  
Children and Social Work Act 2017  
Safeguarding Vulnerable Groups Act 2006  
Counter-Terrorism and Security Act 2015  
General Data Protection Regulation 2018  
Data Protection Act 2018  
Modern Slavery Act 2015  
Sexual Offences Act 2003  
Serious Crime Act 2015  
Criminal Justice and Court Services Act (2000)  
Human Rights Act (1998)  
Equalities Act (2006)  
Equalities Act (2010)  
Disability Discrimination Act (1995)  
Data Protection Act (2018)  
Freedom of Information Act (2000)

## **Legal references**

Working Together to Safeguard Children (HMG 2023)  
Statutory Framework for the Early Years Foundation Stage 2024  
What to Do if You are Worried a Child is Being Abused (HMG 2015)  
Prevent duty guidance for England and Wales: guidance for specified authorities in England and Wales on the duty of schools and other providers in the Counterterrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism' (HMG 2015)  
Keeping Children Safe in Education 2024  
Education Inspection Framework (Ofsted 2024)

The framework for the assessment of children in need and their families (DoH 2000)

The Common Assessment Framework (2006)

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

***Further guidance***

Information sharing advice for safeguarding practitioners (DfE 2024)

The Team Around the Child (TAC) and the Lead Professional (CWDC 2009)

The Common Assessment Framework (CAF) – guide for practitioners (CWDC 2010)

Multi-Agency Statutory Guidance on Female Genital Mutilation (HMG. 2016)

Multi-Agency Public Protection Arrangements (MAPPA) (Ministry of Justice, National Offender Management Service and HM Prison Service 2014)

Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (HMG 2010)

Safeguarding Children in whom Illness is Fabricated or Induced (HMG 2007)

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

Safeguarding Children who may have been Trafficked (DfE and Home Office 2011)

Child sexual exploitation: definition and guide for practitioners (DfE 2017)

Handling Cases of Forced Marriage: Multi-Agency Practice Guidelines (HMG 2014)

[Spotlight: Creating a culture of safeguarding \(Early Years Alliance\)](#)

[Developing an effective safeguarding culture in early years education](#) (Early Years Alliance publication)

## **6.1 Responding to safeguarding or child protection concern**

**Susan Farber and Audrey Ngwira**

### **Safeguarding roles**

- All staff recognise and know how to respond to signs and signals that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated safeguarding lead or a named back-up designated safeguarding lead.
- The manager and deputy are the designated safeguarding lead and back-up designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults. The designated safeguarding lead is also responsible for liaising with local statutory children's services and with the Local Safeguarding Partnership.
- All concerns about the welfare of children in Laurel Way Playgroup at home, or elsewhere should be reported to the designated safeguarding leads. The designated safeguarding leads ensure that all staff at Laurel Way Playgroup are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated safeguarding lead at any time.
- The designated safeguarding leads inform each other about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.

- Issues which may require notifying to Ofsted are notified to the designated offices to decide regarding notification. The designated safeguarding leads must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees as appropriate. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR. This is fully addressed in section 01 Health and Safety procedures.
- Laurel Way Playgroup follow procedures of Barnet] 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, through whistleblowing and escalation.
- **Responding to marks or injuries observed**
- If a member of staff at Laurel Way Playgroup observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated safeguarding leads as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken after reviewing 06.1a Child welfare and protection summary and completing 06.1b Safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated safeguarding leads.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated safeguarding leads decides the course of action required and 06.1b Safeguarding incident reporting form is completed as above, taking into consideration any explanation given by the child.
- If there is a likelihood that the injury is recent and occurred at the setting, this is raised with the designated safeguarding lead.

- If there is no cause for further concern, a record is made in the individual child's chronology and Accident Record, with a note that the circumstances of the injury are not known.
- If the injury is unlikely to have occurred at the setting, this is raised with the designated safeguarding lead who informs the designated officer.
- The parent/carer is advised at the earliest opportunity.
- If the parent/carer believes that the injury was caused at the setting this is still recorded in the Accident Record and an accurate record made of the discussion is made on the child's personal file.

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

- Concerns about the welfare of a child are discussed with the designated safeguarding lead without delay.
- A written record is made of the concern on 06.1b Safeguarding incident reporting form as soon as possible.
- Concerns that a child is in immediate danger or at risk of significant harm are responded to immediately and if a referral is necessary this is made on the same working day.

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

- When responding to a disclosure from a child, the aim is to get just enough information to take appropriate action.
- The member of staff at Laurel Way Playgroup] listens carefully and calmly, allowing the child time to express what they want to say.
- Staff do not attempt to question the child but if they are not sure what the child said, or what they meant, they may prompt the child further by saying *'tell me more about that'* or *'show me again'*.
- After the initial disclosure, staff speak immediately to the designated safeguarding lead. They do not further question or attempt to interview a child.
- 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 on 06.1b Safeguarding incident reporting form, their exact words are used as well as the exact words with which the member of staff responded.
- If marks or injuries are observed, these are recorded on a body diagram.

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

- The designated safeguarding leads 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 at Laurel Way Playgroup are alert to indicators that a family may benefit from early help services and should discuss this with the designated safeguarding leads, also completing 06.1b Safeguarding incident reporting form if they have not already done so.

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

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

- If consent is sought and withheld and there are concerns that a child may become at risk of significant harm without early intervention, there may be sufficient grounds to over-ride a parental decision to withhold consent.

- If a parent/carer withholds consent, this information is included on any referral that is made to the local authority. In these circumstances a parent should still be told that the referral is being made beforehand (unless to do so may place a child at risk of harm).

*\*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/carers when making a child protection referral**

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

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

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

## **Referring**

- The designated safeguarding leads at Laurel Way Playgroup or back-up follows the LSP procedures for making a referral.
- If the designated safeguarding leads or their back-up is not on site, the most senior member of staff present takes responsibility for making the referral to social care.
- 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.
- Arrangements for cover (as above) when the designated safeguarding leads are not on-site are agreed in advance by the setting manager and clearly communicated to all staff.

## **Further recording**

- Information is recorded
- Safeguarding incident reporting form,
- Discussion with parents/carers and any further discussion with social care is recorded. If recording a conversation with parents/carers that is significant, regarding the incident or a related issue, parents/carers are asked to sign and date it a record of the conversation. It should be clearly recorded what action was taken, what the outcome was and any follow-up.
- If a referral was made, copies of all documents are kept and stored securely and confidentially (including copies) in the child's safeguarding file
- Each member of staff/volunteer who has witnessed an incident or disclosure should also make a written statement on 06.1b Safeguarding incident reporting form, as above.
- The referral is recorded on 06.1a Child welfare and protection summary.
- Follow up phone calls to or from social care are recorded in the child's file; with date, time, the name of the social care worker and what was said.
- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

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

The designated safeguarding leads are responsible for reporting to the designated officers and seeking advice if required prior to making a referral as described above.  
(LADO)

- For child protection concerns at Tier 3 and 4\*\* it will be necessary for the designated safeguarding leads to complete 06.1c Confidential safeguarding incident report form and send it to the designated officer.
- Further briefings are sent to 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.

**Safeguarding incident reporting form** (for concerns, child welfare, physical intervention, witness statement, fact-finding)

**Name of setting:**

**Child's name:**

**Name of person reporting:**

**Name of designated  
safeguarding lead:**

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**Date of birth:**

**Job title:**

**Job title:**

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**Date of concern** – when observation, event, disclosure was

**Nature of Concern.** In the space below describe what was observed, using a body diagram, if

**Impact:** what are your main concerns about how this might impact on the child physically or emotionally, please include the child's voice (as appropriate)?

**Response to allegation/complaint:** Please advise in your words, what happened, when and where, what did you see or hear and where you were in relation to the alleged incident.

Signature of person completing the

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Hand this form to your setting's designated safeguarding lead; discuss your concerns and agree what action is to be taken and when it will be reviewed.

**Outcome decisions/actions to be taken** (Tick all that apply)

No further action

Offer support (provide details)

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Continue to monitor (detail what, who by and until when)

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Referral/signposting/advice/guidance to be offered by setting (provide details)

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Refer to social care for child protection.

Liaise with social care to refer to CAF (Common Assessment Framework)/EHA (Early Help Assessment)

Signature of designated  
safeguarding lead: \_\_\_\_\_

Date completed: \_\_\_\_\_

**Physical intervention**

If this form is used to record an incident of physical intervention being used on a child to prevent them from harming themselves or others, please ask the parent/carer to sign here to confirm that they have been informed of the circumstances of the event as recorded here.

Signature of parent/carer: \_\_\_\_\_

Date: \_\_\_\_\_

**Confidential safeguarding incident report form**

**New case or Update** (cross out to show correct option)

**Section A** Completed on the day of the incident by a designated safeguarding lead

As additional information becomes available this form is updated and re-sent. Updates with 'Update' in email heading, continue until the case/incident is resolved. It is important that additional fact-finding reports are included with this form. It is the designated person's responsibility to carry out a thorough fact finding of the incident in line with procedure 06.1 Responding to safeguarding or child protection concerns. It is the designated officer's responsibility to complete additional detail

**Date & time of report:**

**Name of provider and Ofsted EY**

**Manager's name:**

**Date and time of incident:**

**Child's full name, age, gender and date of birth:**

[Empty text box for child details]

**Safeguarding Incident, does this relate to: (put a cross against most relevant)**

- a) referral to social care (early help, child protection, or other concern such as
- b) it has become known that a family is involved with social care currently (i.e. child is subject to Child Protection plan, child in need plan or other form of early help
- c) a safeguarding incident in the setting, e.g. child left unsupervised, or allegations against a member of staff.
- d) other


*Give a full and detailed description of the incident and background information*

[Empty text box for incident description]

**Is there a CPP or any other involvement with children's social care?** Yes/No

**Date and time LADO informed, and advice/instructions given by LADO with date provided:**

[Empty text box for LADO details]

Date and time owners/directors/trustees consulted, prior to informing \_\_\_\_\_

Date and time Social Care team informed: \_\_\_\_\_

Date and time Ofsted informed: \_\_\_\_\_

Date and time parents/**carers** informed: \_\_\_\_\_

Provide details on other persons/agencies informed of the incident (including the **designated safeguarding lead** on the day of the incident, and note method of communication i.e. telephone, e-

**Planned next steps/actions**

**Any implications for communications** i.e. press enquiries or parents/**carers** enquiries, complaints etc (if known)

**Issues for registration, insurance, and any other potential legal issues** (if known)

**Owners/directors/trustees consider HR implications** (e.g. disciplinary or grievance actions (if known))

**Update** (brief details and date)

**Update** (brief details and date)

**Update** (brief details and **date**)

**Report completed by:** \_\_\_\_\_

**Section B** – to be completed by the **designated officer/line manager/childminder agency** when the necessary information is available.

Follow up action (if required), e.g. *risk assessments, staff training*

**Report of Investigation** (*Full and detailed report of the circumstances and outcome of the investigation. If a disciplinary hearing is held record date and outcome*)

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**Outcome of Risk Assessment:**

*List areas at risk and how the risk has been mitigated. Has the risk assessment changed the practise of the staff or setting?*

*What has been learnt from the incident? (What should have been done/could have done, are procedural changes needed?)*

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**Section C** to be completed by the designated officer and owners/directors/trustees.

Follow up actions:

Learning to be cascaded across the organisation. How will this be done, by who and when?

Date to be reviewed: \_\_\_\_\_

Date case closed: \_\_\_\_\_

**To be completed by manager where necessary**

Please record any follow-up action taken, where relevant:

Manager signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

*Examples of such behaviour could include:*

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

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

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

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

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

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

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

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

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

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

### **Informing**

- All staff report allegations to the designated safeguarding lead.
- The designated safeguarding lead alerts the designated officer for their setting. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
- It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to understand what explicitly is being alleged.
- The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
- The LADO is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.
- A child protection referral is made if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.
- The designated safeguarding lead asks for clarification from the LADO on the following areas:
  - what actions the designated safeguarding lead must take next and when and how the parents/carers of the child are informed of the allegation

- whether or not the LADO thinks a criminal offence may have occurred and whether the police should be informed and if so, who will inform them
  - whether the LADO is happy for the provider to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
  - whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting
- The designated safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
  - Parents/carers are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents/carers of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
  - Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents/carers and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
  - The designated safeguarding lead ensures staff fill in 06.1b Safeguarding incident reporting form.
  - If after discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.
  - Notification to Ofsted is required for any allegations made against a member of staff, therefore the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated officer/line manager about notifying Ofsted.
  - Ofsted must be updated of the actions taken by the setting, even if the LADO decides the allegation does not meet their threshold for investigation. The designated safeguarding lead ensures that the 06.1c Confidential safeguarding incident report form is completed and sent to the designated officer/line manager. If the designated officer is unavailable their equivalent

must be contacted, for providers registered with a childminding agency, this may be the named person within the agency.

- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents/carers and staff are coming and going, and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

### **Allegations against agency staff**

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

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

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

### **Recording**

- A record is made of an allegation/concern, along with supporting information or it is entered on the file of the child,(if the allegation involves a specific child or children and the 06.1a Child welfare and protection summary is completed and placed in the front of the child's 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 and whistleblowing concerns**

- If a member of staff at [name of setting] believes at any time that children may be in danger due to the actions or otherwise of a member of staff or volunteer, they must discuss their concerns immediately with the designated safeguarding lead.
- If after discussions with the designated safeguarding lead, they still believe that appropriate action to protect children has not been taken they must speak to the designated officer/line manager.
- If there are still concerns then the whistle blowing procedure must be followed, as set out in 06.1 Responding to safeguarding or child protection concerns.

### **Whistleblowing**

#### **Laurel Way Playgroup will ensure that all staff are familiar with the whistleblowing procedure**

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

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/designated safeguarding lead.

2. Staff who are unable to raise the issue with their manager/designated safeguarding lead 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 [insert name and contact details of most senior person].

After a concern has been raised, the manager/line manager will decide how to respond in a reasonable and appropriate manner. Normally this will involve making internal enquires first, but it may be necessary to carry out an investigation.

Whilst it is hoped that such disclosures will never be necessary, the setting management recognises that it may find itself in circumstances which are new to it. Each case will be treated on its own merits.

### **Managers' responsibilities**

Managers/line managers notified of concerns under this policy are expected to:

- ensure that all staff and volunteers are familiar with the policy
- ensure that concerns raised are taken seriously;
- treat the matter in confidence, within the parameters of the case;
- where appropriate, investigate properly and make an objective assessment of the concern;
- keep the person raising the concern updated with progress, without breaching confidentiality;
- ensure that the action necessary to resolve a concern is taken;
- take appropriate steps to ensure that the employee's working environment and/or working relationship is/are not prejudiced by the fact of disclosure.

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

Laurel Way Playgroup will ensure that all staff are aware of the NSPCC whistleblowing helpline

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

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

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

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom or toilet; unusual and /or changed behaviour after an absence from the setting (including increased anxiety around adults or unwillingness to talk about home experiences or family holidays); parents are reluctant to allow child to undergo normal medical examinations; if an older sibling has undergone the procedure a younger sibling may be at risk; discussion about plans for an extended family holiday

### **Further guidance**

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

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

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

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

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

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

- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

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

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

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

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

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

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

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

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

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

Risks in relation to forced marriage are high and it is important that educators ensure that anyone at risk of forced marriage is not put in further danger.

If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things like, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

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

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

## **Further guidance**

[Accident Record](#) (Alliance Publication)

Multi-agency practice guidelines: Handling cases of Forced Marriage (HMG 2014) <https://>

Developing an effective safeguarding culture in early years education (Alliance Publication)

**Child welfare and protection summary**

This form is placed at the front of a child’s personal file and is completed by the designated safeguarding lead after a concern has been raised about the child’s welfare or if significant harm (actual or likely) is suspected. It is a summary only of the concerns already fully recorded.

<b>Child’s name:</b>	<b>Date of Birth:</b>	<b>Address:</b>	<b>Name of setting:</b>
<b>Date of</b>	<b>Summary of Concern and Impact on</b>	<b>Agreed Actions:</b>	
<b>Adult</b>			
<b>Designated safeguard</b>			
<b>Date of</b>	<b>Summary of Concern and Impact on</b>	<b>Agreed Actions:</b>	
<b>Adult</b>			
<b>Designated safeguard</b>			
<b>Date of</b>	<b>Summary of Concern and Impact on</b>	<b>Agreed Actions:</b>	
<b>Adult</b>			

<b>Designated Safeguarding</b>		

**New case or Update**

**Section A** Completed on the day of the incident by the designated safeguarding leads and emailed immediately with 'New Case' email heading, As additional information becomes available this form is updated and re-sent. Updates with 'Update' in email heading, continue until the case/incident is resolved. It is important that additional fact-finding reports are included with this form. It is the designated person's responsibility to carry out a thorough fact finding of the incident in line with procedure 06.1 Responding to safeguarding or child protection concerns.

**Date & time of report:** \_\_\_\_\_

**Name of provider and Ofsted EY** \_\_\_\_\_

**Manager's name:** \_\_\_\_\_

**Date and time of incident:** \_\_\_\_\_

**Child's full name, age, gender and date of birth:**  
 \_\_\_\_\_

**Safeguarding Incident, does this relate to: (put a cross against most relevant)**

- a) referral to social care (early help, child protection, or other concern such as
- b) it has become known that a family is involved with social care currently (i.e. child is subject to Child Protection plan, child in need plan or other form of early help
- c) a safeguarding incident in the setting, e.g. child left unsupervised, or allegations against a member of staff.
- d) other


*Give a full and detailed description of the incident and background information*

--

**Is there a CPP or any other involvement with children's social care?** Yes/No

**Date and time LADO informed, and advice/instructions given by LADO with date provided:**

--

**Date and time owners/directors/trustees consulted, prior to informing** \_\_\_\_\_

**Date and time Social Care team informed:** \_\_\_\_\_

**Date and time Ofsted informed:** \_\_\_\_\_

**Date and time parents/carers informed:** \_\_\_\_\_

**Provide details on other persons/agencies informed of the incident** (including the designated safeguarding lead on the day of the incident, and note method of communication i.e.

**Planned next steps/actions**

**Any implications for communications** i.e. press enquiries or parents/carers enquiries, complaints etc (if known)

**Issues for registration, insurance, and any other potential legal issues** (if known)

**Owners/directors/trustees consider HR implications** (e.g. disciplinary or grievance actions (if known))

**Update** (brief details and date)

**Update** (brief details and date)

**Update** (brief details and date)

**Report completed by:** \_\_\_\_\_

**Section B** – to be completed by the designated officer/line manager/childminder agency when the necessary information is available.

Follow up action (if required), e.g. *risk assessments, staff training*

**Report of Investigation** (*Full and detailed report of the circumstances and outcome of the investigation. If a disciplinary hearing is held record date and outcome*)

**Outcome of Risk Assessment:**

*List areas at risk and how the risk has been mitigated. Has the risk assessment changed the practise of the staff or setting?*

What has been learnt from the incident? (*What should have been done/could have done, are procedural changes needed?*)



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**Section C** to be completed by the designated officer and owners/directors/trustees.

Follow up actions:

Learning to be cascaded across the organisation. How will this be done, by who and when?

Date to be reviewed: \_\_\_\_\_

Date case closed: \_\_\_\_\_

**To be completed by manager where necessary**

Please record any follow-up action taken, where relevant:

Manager signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **6.3 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 01.21 Terrorist threat/attack and lock-down).
- The designated safeguarding lead informs their designated officer of the situation at the first opportunity.
- In the case of a serious breach where there was a perceived or actual threat to the safety of the children, the manager/designated person completes 06.1c Confidential safeguarding incident report form) and copies in their line manager on the day of the

incident. The owners/trustees/directors ensure a robust organisational response and ensure that learning is shared.

## **Further guidance**

### Visitors Signing In Record

- whether the LADO is happy for the provider to pursue an internal investigation without input from the LADO, or how the LADO wants to proceed
- whether the LADO thinks the person concerned should be suspended, and whether they have any other suggestions about the actions the designated person has taken to ensure the safety of the children and staff attending the setting
- The designated safeguarding lead records details of discussions and liaison with the LADO including dates, type of contact, advice given, actions agreed and updates on the child's case file.
- Parents/carers are not normally informed until discussion with the LADO has taken place, however in some circumstances the designated safeguarding lead may need to advise parents/carers of an incident involving their child straight away, for example if the child has been injured and requires medical treatment.
- Staff do not investigate the matter unless the LADO has specifically advised them to investigate internally. Guidance should also be sought from the LADO regarding whether suspension should be considered. The person dealing with the allegation must take steps to ensure that the immediate safety of children, parents/carers and staff is assured. It may be that in the short-term measures other than suspension, such as requiring a staff member to be office based for a day, or ensuring they do not work unsupervised, can be employed until contact is made with the LADO and advice given.
- The designated safeguarding lead ensures staff fill in 06.1b Safeguarding incident reporting form.
- If after discussion with the designated safeguarding lead, the LADO decides that the allegation is not obviously false, and there is cause to suspect that the child/ren is suffering or likely to suffer significant harm, then the LADO will normally refer the allegation to children's social care.

- If notification to Ofsted is required the designated safeguarding lead will inform Ofsted as soon as possible, but no later than 14 days after the event has occurred. The designated safeguarding lead will liaise with the designated officer/line manager about notifying Ofsted.
- The designated safeguarding lead ensures that the 06.1c Confidential safeguarding incident report form is completed and sent to the designated officer/line manager. If the designated officer is unavailable their equivalent must be contacted, for providers registered with a childminding agency, this may be the named person within the agency.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents/carers and staff are coming and going, and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

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

- 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/line manager will identify another suitably experienced person to take on the role of designated safeguarding lead.
- If an allegation is made against the designated officer/line manager, then the owners/directors/trustees are informed.

## 6.4 Uncollected child

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

- The designated safeguarding lead is informed of the uncollected child as soon as possible and attempts to contact the parents/carers by phone.
- If the parents/carers cannot be contacted, the designated safeguarding lead uses the emergency contacts to inform a known carer of the situation and arrange collection of the child. **We will endeavour to get more than two emergency contacts where possible**
- After one hour, the designated safeguarding lead contacts the local social care out-of-hours duty officer if the parents/carers or other known carer cannot be contacted and there are concerns about the child's welfare or the welfare of the parents/carers.
- The designated safeguarding lead should arrange for the collection of the child by social care.
- Where appropriate the designated safeguarding lead should also notify police.

Members of staff at [name of setting] **do not:**

- go off the premises to look for the parents/carers
- leave the premises to take the child home, or to another carer
- offer to take the child home with them to care for them in their own home until contact with the parent/carer is made
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken. 06.1c 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/carers to agree a plan to improve time-keeping and identify any further support that may be required.

## **6.5 Missing child**

### **In the building**

- As soon as it is noticed that a child is missing, the member of staff informs the designated safeguarding lead who initiates a search within the setting.
- If the child is found on-site, the designated safeguarding lead checks on the welfare of the child and investigates the circumstances of the incident.
- 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/carers are then called and informed.
- The designated safeguarding lead contacts their designated officer/line manager.

### **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 safeguarding lead, (if not already on the outing).
- The designated safeguarding lead informs the parents/carers.
- 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 safeguarding lead contacts the designated officer/line manager.

### **Recording and reporting**

- A record is made on 06.1a Child welfare and protection summary and 06.1b Safeguarding incident reporting form. The designated safeguarding lead completes and circulates 06.1c Confidential safeguarding incident report form to the designated officer/line manager or childminder agency 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/line manager carries out a full investigation.
- The designated safeguarding lead and the designated officer/line manager speak with the parents/carers together and explain the process of the investigation.
- Staff present during the incident writes a full report using 06.1b Safeguarding incident reporting form, which is filed in the child's file. Staff do not discuss any missing child incident with the press.

## 6.6 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 every 4-6 weeks for key persons. For part-time staff this may be less frequent but at least every 6-8 weeks
- 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 be reported to the designated safeguarding lead immediately and not delayed until a scheduled supervision meeting*
- reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for
- promoting the interests of children.
- coaching to improve professional effectiveness based on a review of observed practice/teaching
- reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff
- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues but must never delay until a scheduled supervision to raise concerns.
- Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment. New information is referred immediately to the designated supervisors

## **Recording**

- Key person supervision discussions are recorded and 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 always stored securely.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on 06.1b Safeguarding incident reporting form and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor (if not the designated safeguarding lead) should ensure the recording is made and the designated safeguarding lead is notified.

## **Checking continuing suitability**

- Supervisors check with staff if there is any new information pertaining to their suitability to work with children. This only needs to be recorded on the supervision meeting record.
- Where staff are on zero hours contracts or are employed as and when needed, their line manager completes the staff suitability self-declaration form quarterly, and/or at the beginning of every new period of work.
- Regarding the use of agency staff/support workers/self-employed persons there is an expectation that as part of the agreement with agencies they have sought information regarding their employee's suitability to work with children. Line managers must review this regularly.
- The position for students on placement is the same as that for agency staff

## **Exceptional Circumstances**

Where exceptional circumstances prevent staff from conducting supervision as outlined in this procedure, the line manager is informed in writing, a copy placed on the supervision

file and the appropriate actions agreed to ensure that the setting meets its obligations within the EYFS.

### **Further guidance**

[Recruiting Early Years Staff](#) (Alliance Publication)

[People Management in the Early Years](#) (Alliance Publication)

## **07 Record Keeping**

### **7.1 Record keeping policy**

#### **Aim**

We have record keeping systems in place for the safe and efficient management of the provision 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 in personal files, divided into appropriate sections, and stored separately from their developmental records, or are kept electronically on management software systems.
- Children's personal files contain registration information as specified in procedure 07.1 Children's records and data protection.
- Children's personal files 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/carers, and action taken, copies of correspondence and reports from other agencies.
- Ethnicity data is only recorded where parents/carers 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 07.4 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 2023)

Data Protection Act 2018

## **Further guidance**

[Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers \(HMG 2018\)](#)

## 7.2 Children's records and data protection

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

### **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)

*Educators 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, Ofsted inspector, childminder agency, by the successors of the educators 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 at Laurel Way Playgroup**

- 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 07.1a 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 an educator is unable to gain consent, cannot 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. Educators 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 personal files at Laurel Way Playgroup** (where nursery management software is not used)

- For paper records, appropriate files should be used. These are made of robust card (not ring binders) and have plastic or metal binders to secure documents. File dividers must be inserted into each file.
- The sections contained are as follows:

- personal details: registration form and consent forms – additional emergency contact numbers should be provided
  - 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 personal files are kept in a filing cabinet, which is always locked when not in use.
  - Correspondence in relation to a child is read, any actions noted, and filed immediately
  - Access to children’s personal files 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 personal files are not handed over to anyone else to look at.
  - Children’s files may be handed to Ofsted as part of an inspection or investigation; they may also be handed to local authority staff conducting a S11 audit if authorisation is seen.

## **7.3 Privacy notice**

### **Laurel Way Playgroup's Privacy Notice**

***Laurel Way Playgroup***

***21 Woodside Avenue***

***London N12 8AQ***

#### **Introduction**

Personal data is protected in accordance with data protection laws and used in line with your expectations. This privacy notice explains what personal data we collect, why we collect it, how we use it, the control you have over your personal data and the procedures we have in place to protect it.

When we refer to “we”, “us” or “our”, we mean [Name of provider].

#### **What personal data we collect**

We collect personal data about you and your child to provide care and learning tailored to meet your child's individual needs. Personal details that we obtain from you include your child's: name, date of birth, address, and health, development and any special educational needs information. We will also ask for information about who has parental responsibility for your child and any court orders pertaining to your child.

Personal data that we collect about you includes: your name, home and work address, phone numbers, email address, emergency contact details, and family details.

We will only with your consent collect your national Insurance number or unique taxpayer reference (UTR) where necessary if you are self-employed and where you apply for up to 30 hours free childcare and early education. We also collect information regarding benefits and family credits. Please note that if this information is not provided, then we cannot claim funding for your child.

We also process financial information when you pay your childcare and early education fees by chip and pin or direct debit. We may collect other data from you when you voluntarily contact us.

Where applicable we will obtain details of your child's social worker, child protection plans from social care, and health care plans from health professionals and other health agencies.

We may collect this information in a variety of ways. For example, data will be collected from you directly in the registration form; from identity documents; from correspondence with you; or from health and other professionals.

### **Why we collect personal data and the legal basis for handling your data**

We use personal data about you and your child to provide childcare and early education services and to fulfil the contractual arrangement you have entered. This includes using your data in the following ways:

- to support your child's wellbeing and development
- to effectively manage any special education, health or medical needs of your child whilst at the setting
- to carry out regular assessment of your child's progress and to identify any areas of concern
- to maintain relevant contact about your child's wellbeing and development
- to contact you in the case of an emergency
- to process your claim for free childcare and early education, if applicable
- to enable us to respond to any questions you ask
- to keep you updated about information which forms part of your contract with us
- to notify you of service changes or issues
- to send you our e-newsletter, if you have subscribed to it

### **With your consent, we would also like to:**

- collect your child's ethnicity and religion data for monitoring purposes
- record your child's activities for their individual learning journal (this will often include photographs and videos of children during play)
- sign you up for our free parent e-newsletter which provides resources and useful information for parents
- transfer your child's records to the receiving school when s/he transfers

If we wish to use any images of your child for training, publicity or marketing purposes we will seek your written consent for each image we wish to use. You are able to withdraw your consent at any time, for images being taken of your child and/or for the transfer of

records to the receiving school, by confirming so in writing to the setting. You can also unsubscribe from receiving our parent e-newsletter by notifying the setting.

We have a legal obligation to process safeguarding related data about your child should we have concerns about her/his welfare.

### **Who we share your data with**

As a registered early years provider to deliver childcare and early education services it is necessary for us to share data about you and/or your child with the following categories of recipients:

- Ofsted, or the childminder agency (if registered with an agency) when there has been a complaint about the childcare and early education service or during an
- banking services to process chip and pin and/or direct debit payments
- the local authority if you claim up to 30 hours free childcare
- the governments eligibility checker as above, if applicable
- our insurance underwriter, where applicable
- an email newsletter service, where you have given consent to receive our e-newsletter

### **We will also share your data:**

- if we are legally required to do so, for example, by a law enforcement agency, court
- to enforce or apply the terms and conditions of your contract with us
- to protect your child and other children; for example, by sharing information with medical services, social services, or the police
- if it is necessary to protect our rights, property, or safety or to protect the rights, property, or safety of others
- with the school that your child will be attending, when they transfer, if applicable
- if we transfer the management of the provision out or take over any other organisation or part of it, in which case we may disclose your personal data to the prospective seller or buyer so that they may continue using it in the same way

Our nursery management and communication software provider may be able to access your personal data when carrying out maintenance task and software updates on our

behalf. However, we have a written agreement in place which place this company under a duty of confidentiality.

We will never share your data with any organisation to use for their own purposes.

### **How do we protect your data?**

We take the security of your personal data seriously. We have internal policies and strict controls in place to try to ensure that your data is not lost, accidentally destroyed, misused, or disclosed and to prevent unauthorised access.

Where we engage third parties to process personal data on our behalf, they are under a duty of confidentiality and are obliged to implement appropriate technical and organisational measures to ensure the security of data.

### **Where do we store your data?**

All data you provide to us is stored on secure computers or servers located within the UK or European Economic Area. We may also store paper records in locked filing cabinets.

Our third-party data processors will also store your data on secure servers which may be situated inside or outside the European Economic Area. They may also store data in paper files.

### **How long do we retain your data?**

We retain your data in line with our retention policy a summary is below:

- You and your child's data, including registers are retained 3 years after your child no longer uses the setting, or until our next Ofsted, or childminder agency inspection after your child leaves our setting.
- Medication records and accident records are kept for longer according to legal requirements.
- Learning journeys are maintained by the setting and available at your request when your child leaves. Records are kept and archived in line with our data retention policy.
- In some cases (child protection or other support service referrals), we may need to keep your data longer, only if it is necessary to comply with legal requirements. We will only keep your data for as long as is necessary to fulfil the purposes it was collected for and in line with data protection laws.

### **Your rights with respect to your data**

As a data subject, you have several rights. You can:

- request to access, amend or correct the personal data we hold about you and/or your child
- request that we delete or stop processing your and/or your child's personal data, for example where the data is no longer necessary for the purposes of processing or where you wish to withdraw consent
- request that we transfer your and your child's personal data to another person

If you wish to exercise any of these rights at any time please contact the manager at the setting by email, telephone or when you attend the setting.

### **How to ask questions about this notice**

If you have any questions, comments, or concerns about any aspect of this notice or how we handle your data please contact the manager at the setting.

### **How to contact the Information Commissioner Office (ICO)**

If the manager is not able to address your concern, please contact *[Insert details of setting manager's line manager/owner/director/trustee]*

If you are concerned about the way your data is handled and remain dissatisfied after raising your concern, you have the right to complain to the Information Commissioner Office (ICO). The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or <https://ico.org.uk/>.

### **Changes to this notice**

We keep this notice under regular review. Any changes to this notice will be shared with you so that you may be aware of how we always use your data.

#### 7.4 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/carers 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 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/carers 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 file 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 on 6.1b Safeguarding incident reporting form July 21. Information is clear and unambiguous (fact, not opinion), although it may include the educator'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 file.
- 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 may use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the computer and only the hard copy is kept.
- Electronic copy is downloaded onto a disc, labelled with the child's name and stored in the child's file. No documents are kept on a hard drive because computers do not have facilities for confidential user folders.
- 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 2023); Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers 2024 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/carers regard this information as confidential or not.
- Parents/carers sometimes share information about themselves with other parents/carers as well as staff; the setting cannot be held responsible if information is shared beyond those parents/carers whom the person has confided in.
- Information shared between parents/carers 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.
- Educators 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.
- Procedure 07.1 Children's records and data protection must be followed.

### **Exception**

- GDPR enables information to be shared lawfully within a legal framework. The Data Protection Act 2018 balances the right of the person about whom the data is stored with the possible need to share information about them.

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

The decision to share information should not be made as an individual, but with the backing of the designated 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/carers 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/carers 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 07.1a Privacy notice. They should also be informed about the circumstances, and reasons for the setting being under obligation to share information.

- Parents/carers 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 to gain parental consent before sharing information, for example when making a Channel or Prevent referral the setting manager must inform their line manager for clarification before speaking to parents/carers.
- 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/carers**

- Consent to share need only be sought from one parent/carer. Where parents/carers are separated, this would normally be the parent/carer 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.

### **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/carers, or other leaflets about the provision, including privacy notices.
- Consent forms signed at registration (for example to apply sun cream).
- Notes on confidentiality included on every form the parent/carer signs.
- Parent/carer signatures on forms giving consent to share information about additional needs, or to pass on child development summaries to the next provider/school.

### **Further guidance**

[Working Together to Safeguard Children \(DfE 2023\)](#)

[Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers \(HMG 2024\)](#)

[What to do if you're Worried a Child is Being Abused \(HMG 2015\)](#)

[Mental Capacity Act 2005 Code of Practice \(Office of the Public Guardian 2007\)](#)

## 7.5 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/carer is the 'subject' of the file in the case where a child is too young to give 'informed consent' and has a right to see information that the setting has compiled on them.

- If a parent/carer wishes to see the file, a written request is made, which the setting acknowledges in writing, informing the parent/carer that an arrangement will be made for him/her to see the file 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/carer where this is the case. The maximum extension time is 2 months.
- A fee may be charged to the parent/carer for additional requests for the same material, or any requests that will incur excessive administration costs.
- The setting manager informs their line manager/owner/committee and legal advice is sought.
- The setting manager goes through the file and ensures all documents are filed 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 file has requested sight of the file 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 file.

- 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 and/or carer noted on the file is a third party, so where there are separate entries pertaining to each parent/carers, stepparent, grandparent etc, each of those must 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/carers 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/carers 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, 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/carer that the file is now ready and invites him/her to make an appointment to view it.
- The setting manager and their line manager/trustee/committee member etc... meet with the parent/carer 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/carer's legal representative or interpreter.
- The parent/carer may take a copy of the prepared file, 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/carer feels aggrieved about any entry in the file, or the resulting outcome, then the parent/carer should be referred to section 10.2 Complaints procedure for parents/carers and service users.
- The law requires that information held must be accurate, and if a parent/carer says the information held is inaccurate then the parent/carer 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/carer, the setting retains the right not to change the entry but can record the parent's/carer's view. In most cases, a parent/carer 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/carer seeing, nor should they make 'personal notes' elsewhere.

### **Further guidance**

The Information Commissioner's Office <https://ico.org.uk/> or helpline 0303 123 1113.

## **7.6 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 setting manager'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 safeguarding lead 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 and a summary of the parent/ carers' view of the child.
- The document may be accompanied by other evidence such as photos or drawings that the child has made.

- The setting will use the local authority's assessment summary format or transition record, where these were provided.
- Whichever format of assessment summary is used, it should be completed and shared with the parent/carer prior to transfer.

### **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/carers 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 safeguarding lead should make decisions on a case by case basis, seeking legal advice is necessary.

- The designated safeguarding lead 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/carers can request that any factual inaccuracies are amended prior to transfer.
- If a parent/carer 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/carer being shared with the receiving school or setting.
- If a parent/carer 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.
- If LSP requirements are different to the setting's this must be explained to the parent/carer, and a record of the discussion should be signed by parents/carers 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 safeguarding lead 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 safeguarding lead's line manager, who will agree how to proceed.
- If a child protection plan or child in need plan is in place 06.1a Child welfare and protection summary is also photocopied and a copy is given to the receiving setting or school, along with the date of the last professional meeting or case conference.
- If a S47 investigation has been undertaken by the local authority a copy of the child welfare and protection concern summary form is 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 a 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 07.1a 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 06.1a Child welfare and protection summary, 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 file, taken out of plastic pockets, and placed in a robust envelope, with the child's name and date of birth on the front and the date they left.

- The setting manager 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 or childminder agency 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 plan 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.

## **08 Staff and students policy**

### **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, students 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.
- There is a whistleblowing procedure for all staff, students and volunteers to raise any concerns they may have.
- Ofsted are notified of staff changes or changes to the setting's name or address.
- Parents/carers 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

### **Further guidance**

[Recruiting Early Years Staff](#) (Alliance Publication)

[People Management in the Early Years](#) (Alliance Publication)

## 8.1 Recruitment Checks

### Obtaining references

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

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

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

### Once a reference is received

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

**Further information and guidance**

[A120 New Employee Handbook](#) (Alliance Publication)

[A128 Recruiting Early Years Staff](#) (Alliance Publication)

[A129 People Management in the Early Years](#) (Alliance Publication)

## 8.2 Student placement

Qualifications and training make an important contribution to the quality of care and education. At. As part of our commitment, we may offer placements to students undertaking relevant qualifications/training. We aim to provide students experiences that will contribute to the successful completion of their studies and provide examples of quality practice in early years care and education.

- The setting manager ensures that students meet the 'suitable person' requirements.
- The setting manager discusses the aim of the placement with the student's tutor prior to the placement commencing. The expectations of both parties are agreed at this point.
- The good character of students under 17 years old is vouched for by the establishment that places them, the setting manager must be satisfied that all relevant checks have been made.
- Students do not have unsupervised access to children.
- Suitable students on long term placements and volunteers (aged 17 or over) and staff working as apprentices in early education (aged 16 or over) may be included in the ratios at the level below their level of study, if the provider is satisfied that they are competent and responsible and if they hold a valid and current PFA qualification.
- Public liability and employer's liability insurance is in place that covers students and voluntary helpers.
- Students are aware of confidentiality.
- Student induction includes how the setting and sessions are managed, and policies and procedures, in particular safeguarding, confidentiality and health and safety.
- Appropriate members of staff co-operate with students' tutors to assist them in fulfilling the requirements of their course of study.
- The setting communicates a positive message to students about the value of qualifications and training.
- The needs of the children and their families remain paramount at all times and students are only admitted in numbers that do not hinder the work of the setting.
- The setting manager ensures that students and trainees on placement are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

## 09 Early Years Practice

### 9.1 Early years practice policy

#### Aim

Children are safe, happy, eager to participate and to learn, and supported to reach their full potential.

#### Objectives

- Young children need to form a secure attachment to their key person when they join the setting to feel safe, happy and eager to participate and learn. It is their *entitlement* to be settled comfortably into a new environment.
- The needs of part-time children are considered.
- There is a procedure for when children do not settle and for prolonged absences.
- Introductions and induction of the parent/carer is carried out before children start.
- Information is gathered from parents and carers prior to start regarding the child's likes, dislikes, interests, routines, family structure and birth history (see training regarding pre-term births - [www.pretermbirth.info](http://www.pretermbirth.info))
- *Prime times* of the day make the very best of routine opportunities to promote 'tuning-in' to the child emotionally and create opportunities for learning. We actively promote British values, inclusion, equality of opportunity and the valuing of diversity.
- We operate a positive behaviour management approach. Behaviour management procedures cover how staff should respond to all aspects of behaviour, including children who exhibit challenging behaviour towards other children. These procedures build on the Early Years Alliance's approach to learning based on three key statements.
  1. Learning is a lifelong process, which enables children and adults to contribute to and shape their world.
  2. We want the curriculum we provide to help children to learn to:
    - be confident and independent
    - be aware of and responsive to their feelings
    - make caring and thoughtful relationships with other people
    - become increasingly excited by, interested in, and knowledgeable and questioning about the world around them.
  3. We provide a wide range of interesting child-chosen and adult-initiated activities which:
    - give children opportunities to use all their senses

- help children of different ages and stages to play together
- help children be the directors of their own learning
- help children develop an inquiring and questioning attitude to the world around them

The *EYFS* is used as a framework to provide care and learning for babies and children under two years.

### **Older Children (2-5 years)**

- To feel securely settled and ready to learn, children from two to five years need to form attachments with adults who care for them, primarily to a key person, but with other adults and children too. In this way children feel part of a community of learners; they can contribute to that community and receive from it. The three-stage model referred to in procedure 9.4 is applicable, but with some differences in the procedures for children moving up into the next group and for older children.

### **Waiting list and admissions**

Our provision is accessible to children and families from all sections of the local and wider community. 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 places. The availability of a place at the setting considers staff/child ratios, the age of the child and registration requirements.

- We operate in an inclusive manner which enables all children and families to access our services.
- We also have regard for the needs of parents/carers who are:
  - looking to take up work, remain in work or extend their hours of work
  - looking to commence training or education
- We work in partnership with the local authority and other agencies to ensure that our provision is accessible to all sections of the community.
- Services are widely advertised, and information is accessible to all sections of the community.
- Where the number of children wanting places exceeds the number of places available a waiting list is operated using clear criteria for allocation of places as detailed in section 09.1 Waiting list and admissions procedure.

### **Funded places – free entitlement**

All 3- and 4-year-olds in England are entitled to 15 hours free childcare and early education each week for 38 weeks of the year. Some eligible two-year-olds are also entitled. Funded places are offered in accordance with national and local codes of practice and adherence to the relevant Provider Agreement/Contract with the local authority.

## **Legal References**

Special Educational Needs and Disability Act 2001

Special Educational Needs and Disability Code of Practice (DfE 2014)

Equality Act 2010

Childcare Act 2006

## 9.2 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 consider 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
  - the vicinity of the home to the setting
  - 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) 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 09.1c Childcare and early education registration form, to ensure that no accidental or unintentional discrimination is taking place and that reasonable adjustments are made as required.
- Section 05 Equality procedures are shared and widely promoted to all.
- Places are provided in accordance with 09.1d Childcare and early education terms and conditions 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 an early education and childcare place has been offered the relevant paperwork is completed by parents before the child starts and filed on the child's personal file. Forms completed are given in a Welcome Pack.

## **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 the 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/carers that a child who is starting at the setting is currently, or was involved with social care, the designated safeguarding lead will contact the agency to seek further clarification.

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

## **Further guidance**

Early Years Entitlements: September 2024 early education and childcare entitlements expansion – Local authority system guidance [September 2024 early education and childcare entitlements expansion](#)

### **9.3 About our childcare and early education**

Welcome to Laurel Way Playgroup and thank you for registering your child with us.

We know how important your child is and aim to deliver the highest quality of education and care to help them to achieve their best.

This document aims to provide you with an introduction to [name of setting], our routines, our approach to supporting your child's learning and development and how we aim to work together with you to best meet your child's individual needs. This should be read alongside our Childcare and Early Education Terms and Conditions for a full description of our services.

#### **Our setting aims to:**

- Provide high quality care and education for children.
- Work in partnership with parents to help children to learn and develop.
- Add to the life and well-being of the local community.
- Offer children and their parents a service that promotes equality and values diversity.

#### **Parents/carers**

You 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.
- Included at all levels.

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

We aim to ensure that each child:

- Is in a safe and stimulating environment.
- Has a named key person who makes sure each child makes satisfying progress and is your link to our setting.
- Is given generous care and attention, because of our ratio of qualified staff to children, as well as volunteer helpers.
- Has the chance to join in 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.
- Is in a setting that sees parents/carers as partners in helping each child to learn and develop.

- Is in a setting in which parents/carers help to shape the service it offers.

### *The Early Years Foundation Stage*

Provision for the development and learning of children from birth to five years is guided by the Early Years Foundation Stage. Our provision reflects the four overarching principles of the *Statutory Framework for the Early Years Foundation Stage*:

- *A Unique Child*

Every child is a unique child who is constantly learning and can be resilient, capable, confident and self-assured.

- *Positive Relationships*

Children learn to be strong and independent through positive relationships.

- *Enabling Environments*

Children learn and develop well in enabling environments with teaching and support from adults, who respond to their individual interests and needs and help them to build their learning over time. Children benefit from a strong partnership between educators, parents and/or carers.

- *Learning and Development*

- Children develop and learn at different rates. The framework covers the education and care of all children in early years provision including children with special educational needs and disabilities (SEND).

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

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 the children with interesting activities that are appropriate for their age and stage of development.

*The Areas of Learning and Development comprise:*

- *Prime Areas*

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

- *Specific Areas*

- Literacy.
- Mathematics.
- Understanding the world.

- Expressive arts and design.

For each area, the level of progress that children are expected to have attained by the end of the Early Years Foundation Stage is defined by 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.

We refer to non-statutory curriculum guidance to support our professional judgment as we assess each child's progress and level of development as they progress towards the Early Learning Goals. We have regard to these when we assess children and plan for their learning by creating a curriculum that is ambitious and meets every child's needs. Our educational programmes support children to develop the knowledge, skills and understanding they need for:

*Personal, social and emotional development*

- self-regulation
- managing self
- building relationships

*Physical development*

- gross motor skills
- fine motor skills

*Communication and language*

- listening, attention and understanding
- speaking

*Literacy*

- comprehension
- word reading
- writing

*Mathematics*

- number
- numerical patterns

*Understanding the world*

- past and present
- people, culture and communities
- the natural world

### *Expressive arts and design*

- creating with materials
- being imaginative and expressive

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

### *Learning through play*

Being active and playing supports young children's learning and development through doing and talking. This is how children learn to think about and understand the world around them. We use the EYFS education programmes to plan and provide opportunities which will help children to make progress in all areas of learning. This programme is made up of a mixture of activities that children plan and organise for themselves, and activities planned and led by educators.

### *Characteristics of effective learning*

We understand that all children engage with other people and their environment through the characteristics of effective learning that are described in the Early Years Foundation Stage as:

- playing and exploring - engagement
- active learning - motivation
- creating and thinking critically - thinking

We aim to provide for the characteristics of effective learning by observing how a child engages with learning and being clear about what we can do and provide to support each child to remain an effective and motivated learner.

### *Assessment*

We assess how young children are learning and developing by observing them. We use information that we gain from observations of the children, to understand their progress and where this may be leading them. We believe that parents know their children best, and we will ask you to contribute to assessment by sharing information about what your child likes to do at home and how you, as parents/carers, are supporting development.

We may make periodic assessment summaries of children's achievement based on our on-going observations. These help us to build a picture of a child's progress during their time with us and form part of children's records of achievement/learning journeys. We undertake these assessment summaries at regular intervals, as well as at times of transition, such as when a child moves into a different group or when they go on to school.

### *The progress check at age two*

The Early Years Foundation Stage requires that we supply parents and carers with a short-written summary of their child's development in the three prime areas of learning and development - personal, social and emotional development; physical development; and communication and

language - when a child is aged between 24 - 36 months. Your child's key person is responsible for completing the check using information from on-going observations carried out as part of our everyday practice, taking account of the views and contributions of parents and other professionals.

### **Records of achievement/learning journeys**

We use Tapestry which is for your child's learning journey. Your child's record of achievement/ learning journey 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.

Your child's key person will work in partnership with you to keep this record. To do this you and they will collect information about your child's needs, activities, interests and achievements. This information will enable the key person to identify your child's progress. Together, we will then decide on how to further support your child's learning and development.

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

We maintain the ratio of adults to children in the setting that is set by the Safeguarding and Welfare Requirements. We may also have volunteer parent/carer 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
- allow the children to explore and be adventurous in safety

The staff who work at our setting are:

<b>Name</b>	<b>Job Title</b>	<b>Qualifications and Experience</b>
Susan Farber	Head	BS Education (Reception then Nursery since 1992)
Audrey Ngwira	Deputy Head	Level 7
Rasa Bouchaib	Practitioner	Level 2

We are open for	38	weeks each year.
We are closed	for holidays and half terms	
We are open for	5	days each week
The times we are open are	8:45-3PM	

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We provide care and education for young children between the ages of: 2-5

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

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

- exchanging knowledge about their children's needs, activities, interests and progress with our staff
- contributing to the progress check at age two
- helping at sessions of the setting
- sharing their own special interests with the children
- joining in community activities, in which the setting takes part
- building friendships with other parents/carers in the setting

### **Key person and your child**

Our setting uses a key person approach. This means that each member of staff has a group of children for whom she/he is particularly responsible. Your child's key person will be the person who works with you to make sure that the childcare and early education that we provide is right for your child's particular needs and interests. When your child first starts at the setting, they will help your child to settle and throughout your child's time at the setting, they will help your child to benefit from our activities.

### **Learning opportunities for adults**

As well as gaining relevant qualifications, our staff take part in further training to help them to keep up-to date with thinking about early years care and education. We also keep up to date with best practice, as a member of the Early Years Alliance, through *Under 5* magazine, Alliance training on EYA Central and other publications produced by the Alliance. The current copy of *Under 5* is available for you to read. Occasionally, we hold learning events for parents/carers.

### **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 our 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
- 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. 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. Outdoor activities contribute to all areas of learning and development, including their health 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 indoors.

### **OR**

### **The day\***

We organise the day so that children can take part in a variety of child-chosen and adult-led activities. These take account of children's changing energy levels throughout the day. We cater for children's individual needs for rest and quiet activities during the day. Outdoor activities contribute to all areas of children's learning and development including their health, their physical development and their knowledge of the world around them.

### **Snacks and meals**

We make snacks and lunches are provided by parents is a social time at which children and adults eat together. Snacks are provided and parents bring fresh fruit/vegetables for snack each week.

### **Clothing**

Parents can purchase new/secondhand school uniforms which consist of a t shirt/ or sweatshirt

We encourage children to gain the skills that help them to be independent and look after themselves. These include taking themselves to the toilet and taking off, and putting on, outdoor clothes. Clothing that is easy for them to manage will help them to do this.

### **Policies**

Our staff can explain our policies and procedures to you. A master hard copy of which is available in the Parents box near the entrance or available on our website. Our policies help us to make sure that the service we provide is of high quality and that being a member of the setting is an enjoyable and beneficial experience for each child and her/his parents.

## **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. adequate, relevant, and limited to what is necessary in relation to the purposes for which data is processed
2. accurate and, where necessary, kept up to date

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 regarding your data.

## **Safeguarding children**

Our setting has a duty under the law to help safeguard children against suspected or actual 'significant harm'. Our employment practices ensure that people looking after children are suitable to fulfil the requirements of their role and help to protect children against the likelihood of abuse in our setting and we have a procedure for managing complaints or allegations against a member of staff.

Our way of working with children and their parents/carers ensures that 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.

## **Special educational needs**

To make sure that our provision meets the needs of each individual child, we take account of any special educational needs a child may have. We work to the requirements of the Special Educational Needs and Disability Code of Practice: 0 to 25 years (2015).

Our Special Educational Needs Co-ordinator is Susan Farbere

## **Fees**

The fees are £10 per hours payable [monthly/weekly/daily/half-termly/termly] in advance. Fees must still be paid if children are absent without notice for a brief period. If your child must be absent over an extended period, talk to Susan or Audrey

We are in receipt of nursery education funding for two-, three- and four-year-olds; where funding is not received, then fees apply. Additional activities are in addition to education funding.

## **Starting at our setting**

### *The first days*

We want your child to feel happy and safe with us. To make sure that this is the case, our staff will work with you to decide on how to help your child to settle into the setting. Our policy is for the child in most cases to choose his/her key worker. The child will show his/her preferences.

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

If you are interested we encourage parents/carers to book a show around and also once enrolled we have drop in sessions for parent/carer to join in to help the child settle.

## **9.4 Attendance and absence**

We take steps to ensure that children are kept safe, that their wellbeing is promoted, and they do not miss 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. The attendance and absence policy are shared with parents and carers, and they 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 safeguarding leads must also adhere to Local Safeguarding Partnership (LSP) requirements, procedures and contact protocols for children who are absent or missing from the provision

- If a child who normally attends fails to arrive and no contact has been received from their parents/carers, or if the child is absent for a prolonged period of time the designated safeguarding lead, 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/carers or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents/carers 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, and we have any reason for concern about a child's wellbeing and welfare, children's services will be contacted for advice about making a referral. Other relevant services may be 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 will be monitored to identify patterns and trends in children's attendance. An understanding of the child's and family's individual circumstances will inform the setting's judgement in determining what constitutes a 'prolonged period of absence'.
- 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 becomes known that gives cause for concern, procedure 06.1 Responding to safeguarding or child protection concerns is immediately followed.

### **Safeguarding vulnerable children**

- The designated safeguarding lead or key person attempts to contact the parents/carers 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 safeguarding lead 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 becomes known that gives cause for concern, 06 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. Contact with Social Care may be made sooner if there are concerns for a child's wellbeing or welfare
- 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 is logged on 06.1b Safeguarding incident reporting form, and 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/carers to ascertain any potential barriers i.e. transport, working patterns etc and should work with the parents/carers 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, considering 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.

## 9.5 The role of the key person

*'Each child must be assigned a key person'* (EYFS 2024)

All children need to form a secure attachment to key person when they join 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 their parents/carers 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/carers 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 considers 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/carers**

- Key persons are the first point of contact for parents regarding matters concerning their child and any concerns parents/carers may have been addressed with the key person in the first instance.
- Key persons support parents/carers 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/carers.

## **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/carers.

## **Prime times**

The key person role is explained further in the prime-time procedures (09.4/6/7/8/10/14); the key person also maintains other responsibilities for key children including administering medication and signing accident records.

## **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/carers 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.

## **Further guidance**

[Being a Key Person in an Early Years Setting](#) (Alliance Publication)

## 9.6 Settling in and transitions

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 can 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 can approach new experiences with confidence; but also need time to adjust and feel secure. It is the entitlement of all children to be settled – follow a three-stage model of settling in based on three key needs:

1. *Proximity* - Children need feel safest when a familiar adult, such as a parent, is present when they are getting used to a new carer and new surroundings. In this way they can become confident in engaging with those experiences independently later on. This happens during drop in sessions
2. *Secure base* – Because the initial need for proximity of the parent has been met, babies and young children gradually begin to feel secure with a key person in a new surrounding so that they are able to participate independently for small periods of time.
3. *Dependency* –Children are able to separate from parents' and main carers when they have formed a secure attachment to their key person who knows and understands them best and on whom they can depend for their needs to be met.

The setting manager and key person explain the need for settling in and agree a plan with the parents/carer. They write this down and both key person and parents/carers keep a copy. Each day they review the plan and agree what will happen the next day.

### Settling-in those with SEND

- Start times are staggered to allow sufficient one to one time with each child and parent/carer.
- If a child has been identified as having SEND then the key person/SENCO and parents/carers 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.

### Promoting proximity

- For the first few days, the parent/carer attends with the child and does not leave for any time.
- One to two hours is sufficient
- The parent/carer is invited to play with their child and the key person spends time with them. As much time as possible is allowed for the key person to do this.
- Over subsequent days, depending how the child is responding, the parent/carer is invited to attend other significant times of the session ie register (circle time), music and story.

- environment (if able), noting what they seem to like and making sure it is available the next day.

### **Promoting secure base**

- When the young child has experienced different times of the day, these are then fitted together to establish continuity of the day.
- When the parent/carer leaves, they always say goodbye and say they are coming back. Parents/carers should never slip away without the baby noticing; this leads to greater distress.
- Gradually, time out of the room is extended from 10 to 20 minutes, and then 30 minutes.e.

### **Promoting dependency**

- Attachment can be seen when the child shows signs that they are happy to transfer their need to be dependent onto the key person. Key persons look for signs such as the baby being pleased to see them, looking for them when distressed, holding out their arms to be held, establishing eye contact, responding to play, feeding and taking comfort from the key person.
- Parents/carers can now leave their child for longer, until the child can cope with a longer day.
- nge so rapidly, meeting every 6 weeks is recommended.

### **When children do not seem to settle**

- It is not good for children to be in a setting when they are acutely distressed and anxious. A highly distressed baby will need 1:1 attention consistently;
- Attempts are made to reduce anxiety and distress through a planned approach with the parent/carer.
- The three stages of settling-in are reviewed and the plan is pitched back at the appropriate stage.
- Particular triggers of distress are discussed to see what can be done to alleviate it.

### **When a parent/carer is unable or refuses to take part in settling in**

- Information about the 'settling in' plan is given at the first visit and the reasons are explained.
- If the parent/carer feels that this will be difficult – perhaps another close relative can come in instead.
- Genuine difficulties need to be handled sensitively, but generally speaking this is not an issue where the parent/carer has a choice not to attend with their child. A parent/carer who refuses to take part in settling in may have the offer of the place withdrawn.

### **Prolonged absences.**

- Parents/carers are made aware of the need to 're-settle' their children and a plan is agreed.

### **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.
- The three-stage approach involving *Proximity*, *Secure Base* and *Dependency/Independence* is applied to two-year-olds as to younger children.
- After the induction meeting with the setting manager or deputy and key person, a settling-in plan is drawn up. Where possible, a home visit is carried out for the same purpose.
- To settle in a two-year-old, the setting will go through the same process of gradually increasing the time a child attends with a parent/carer during the proximity stage.
- On the first day, the parent/carer attends with the child, and stays for the morning (less if the child becomes tired). On day two, the parent/carer stays longer and on day three stays until, and including lunch
- 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. Then the parent/carer may gradually start to spend short periods of time in another room to see how the child responds, this time increases until the child can manage a whole session without the parent.
- Separation causes anxiety in two-year-olds, as they have no concept of where their parents/carers have gone. Parents/carers 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 can move through the stages more quickly and confidently.
- Some children take longer, and their needs for proximity and secure base stages should be accommodated as much as possible.
- Some children appear to leap to dependency/independence within a couple of days. In most cases, they will revert to the need for proximity and secure base. It can be difficult to progress to true dependency/independence and this can be frustrating.
- After the parent/carer attends for an induction meeting with the setting manager or deputy and key person, (or in some circumstances a home visit), a settling-in plan is drawn up.

- On the first day, the parent attends with the child and stays for the morning (less if the child becomes tired), on day two, longer and the next day stays until and including lunch (if full day care).
- If the child shows interest in the activities and is beginning to engage with the key person and other children, the parent/carer spends time in the parent/carer room (if available) to see how the child responds.
- Parents/carers are encouraged to explain to their child where they are going, and that they will return.
- If by the fifth day, the child is able to spend more time without the parent/carer, the child may be ready for a short day or session the following week, progressing to a full day or session very soon.

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

- For many children learning English as an additional language, the stage of proximity takes longer as the child is dependent upon the parent/carers' input to make sense of what is going on.
- If the parent/carer does not speak English, efforts are made to source an interpreter for induction; it will be helpful for them to see around the setting and be clear about their role in interpreting in the play area.
- The settling-in programme is explained to the parent/carer, 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.
- The need for the parent/carer to converse in the child's home language is important.
- The key person makes the parent/carer feel welcome using smiles and gestures.
- With the parent/carer, 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/carers 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.
- When the child feels happy to spend time with the key person (secure base), the parent/carer should spend time outside of the room.
- Progress with settling in will be done as with any other child; it just takes a little longer to reach dependency/independence.

## 9.6 Establishing children's starting points

When children start at Laurel Way Playgroup they arrive at different levels of learning and development. 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/carers 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/carers
  - 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 Development Matters or 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/carer comment and observation during settling in.

If the initial assessment raises any concerns that extra support may be required procedure 09.13 Identification, assessment and support for children with SEND is followed.

## **9.7 Prime times – arrivals and departures**

Prime times of the day make the very best of routine opportunities to promote ‘tuning-in’ to the child emotionally and to create opportunities for learning. Arrivals and departures are key times in the day when children need support from their carer to make the transition smooth and happy; these times of day also pose a certain level of risk as parents and carers come and go. All staff are aware of the potential risks and take measures to minimise them.

### **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.
- The key person who greets the child marks their presence and time of arrival in the register.
- If a child who is expected fails to arrive, this is recorded on the child’s personal file and the setting manager is immediately notified so that they can contact the child’s parents/carers to find out why the child is absent following procedure 09.2 Absence.
- The key person ensures that the child has been signed in by the parent/carers and there is a clear indication of who will be collecting the child, and at what time.
- The key person greets the parents/carers and takes time to hear information the parents/carers need to share. They inform the parents/carers of aspects of the day, such as if there is an agency member of staff or flexible worker in, which members of staff will be around later when parents/carers collect their child, any planned outings, or special planned event. Any consent forms are signed.
- The key person receives the child physically and tunes in to how he or she is feeling and prepares to meet his/her needs.
- Parents/carers should spend a few minutes with their child and key person before leaving. Many parents/carers will be in a hurry, but this can have an unsettling effect.
- Always ensure that the parents/carers say goodbye to their child and say when they are coming back, such as ‘after tea’, rather than just ‘later’.
- 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/carers to the key person when they arrive.

### **Injuries noted on arrival**

- If a child is noted to have visible injuries when they arrive at the setting procedure 6.1 is followed.

## **Changing shifts and handing over information**

- When the key person leaves or goes on a break, they handover the care of the child to a 'back-up' key person.
- If someone other than the key person receives the child, he/she will share any information from the parent/carer and write a note for the key person. Confidential information should be shared with the setting manager to pass on.
- The key person shares information with the back-up key person; in this way they ensure that all information is passed on to the parent/carer in the key person's absence.

## **Departures**

- Children are prepared for home, with clean faces, hands and clothes if required.
- The key person always aims to greet parents/carers when they arrive, ensuring that the person who has arrived to collect the child is named on the signing in/out form. They hand over the child personally and enter the time of departure in the register.
- Only persons aged over 16 years should normally collect children. If a parent has no alternative, then this is agreed with the setting manager and a risk assessment completed and signed by the parent/carer. In all cases the setting manager will ask the parents/carers to ensure that in future alternative arrangements are made. If the parent/carer is under 16 years of age a risk assessment will be completed. No child will be collected by anyone who has not reached 14 years of age. The risk assessment should take account of factors such as age/ vulnerability of child, journey travelled, arrangements upon leaving the setting to go home/ elsewhere.
- Educators verbally exchange information with parents/carers.
- If someone other than the key person is with the child at the end of the day, the key person should pass general information to the other staff or write a note for the parents/carers. Confidential information should be shared with the setting manager to pass on.

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

Arrivals and departures pose a particular threat to the safety and security of the children, particularly when parents arrive at the same time or when in shared premises. To minimise the risk of a child leaving the building unnoticed, the setting manager conducts a risk assessment that identifies potential risks, and the measures put in place to minimise them, such as staff busy talking to individual parents/carers or doors left ajar. The risk assessment is shared with their line manager and is updated as and when required. View procedure 01.1 Risk assessment and 01.1a Generic risk assessment form for further guidance.

## 9.8 Snack-times and mealtimes (older children)

Children are supervised during mealtimes and always remain within sight and hearing of staff **and where possible should be sat facing children whilst they are eating so they can make sure children are eating in a way to prevent choking and also prevent food sharing and be aware of any unexpected allergic reactions.** . A member of staff with a valid paediatric first aid certificate is always present at mealtimes and there is a named person responsible for ensuring that the food provided meets each child's needs.

### Snack times

- A 'snack' is prepared mid-morning and mid-afternoon and can be organised according to the discretion of the setting manager e.g. picnic on a blanket.
- Children may also take turns to help set the table. Small, lidded plastic jugs are provided with choice of milk or water.
- Children wash their hands before and after snack-time.
- Children are only offered full-fat milk until they are at least two years old because they may not get the calories they need from semi-skimmed milk. After the age of two, children can gradually move to semi-skimmed milk as a main drink, if they are eating a varied and balanced diet.
- Fruit or raw vegetables, such as carrot or tomato, are offered in batons, which children should be encouraged to help in preparing. Bananas and other foods are not cut as rounds but are sliced to minimise a choking hazard.
- Portion sizes are gauged as appropriate to the age of the child.
- Biscuits should not be offered, but toast, rice cakes or oatcakes are good alternatives.
- Children arrive as they want refreshment and leave when they have had enough. Children are not made to leave their play if they do not want to have a snack.
- Staff join in conversation and encourage children's independence by allowing them to pour drinks, butter toast, cut fruit etc.

### Mealtimes

- Tables are never overcrowded during mealtimes.
- Children are always within sight and hearing of staff at mealtimes and where possible sat facing them while they are eating.
- There is a Paediatric First Aider present at children's meal and snack times.
- Children help staff set tables which are arranged for key person groups.
- Cloths are used where practical and children's places are personalised with, for example, mats that they make for themselves and have laminated.

- Their food is brought to their room in serving dishes for each table on a trolley. Dishes are not kept in a food warmer or oven so will not be too hot to touch.
- Children wash their hands and sit down as food is ready to be served.
- Children are encouraged to choose what they want and to take their own helpings.
- Staff have their lunch with children and do not eat different food in front of children. Staff who are always eating with the children role-model healthy eating and best practice, for example not drinking cans of fizzy drinks in front of the children.
- Children are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks. They are not made to eat what they do not like and are encouraged to try new foods slowly.
- To protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swapping their food with one another.
- If children do not eat their main course, they are not denied pudding. Food is not used as a reward or punishment.
- Mealtimes are relaxed opportunities for social interaction between children and adults.
- There are sometimes opportunities for children to eat with friends on other tables. Children may be invited to the babies' room for lunch, to join a sibling or be with their previous carer if they have just moved up into the older group. There should also be opportunities for babies and toddlers to join the older children for lunch, providing they do not find this unsettling or distressing.
- After lunch children are encouraged to scrape their plates and help wipe the table and sweep the floor.
- Children go to the bathroom and wash their hands after lunch in their key groups. Cleaning teeth no sooner than 1 hour after lunch is recommended where hygiene procedures pose no risk (see procedure 04.6 Oral health)/ It is not always recommended for groups in shared premises.
- Information for parents/carers is displayed on the parent/carers notice board, including:
  - Ten Steps for Healthy Toddlers [https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR\\_toddler\\_booklet\\_green.pdf](https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR_toddler_booklet_green.pdf)
  - Daily menus including identification of any foods containing allergens

## 9.9 Intimate care and nappy changing

Prime times of the day make the best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning. Children's privacy is maintained during nappy changing and toileting, whilst balanced with safeguarding considerations. Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration, and learning..

### Young children, intimate care, and toileting

- Wherever possible, key persons undertake changing young children in their key groups; back-up key persons change them if the key person is absent.
- Young children from two years may be put into 'pull ups' as soon as they are comfortable with this and if parents/carers agree.
- Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned. There are mobiles or other objects of interest to take the child's attention.
- 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.
- Each young child has his/her own basket to hand with their nappies/pull ups and changing wipes.
- Key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- 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.
- Key persons are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.
- Wipes or cotton wool and water are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in consultation with the child's parents/carers. Where this is not possible it is explained to parents/carers the reasons why. The use of wipes or cotton wool and water achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not 'single use' or disposable.

- Key persons do not make inappropriate comments about young children's genitals when changing their nappies.
- 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 staffs do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- Key persons are responsible for changing where possible. Back-up key persons take over in the key person's absence, but where it is unavoidable that other members of staff are brought in, they must be briefed as to their responsibilities towards designated children, so that no child is inadvertently overlooked and that all children's needs continue to be met.
- Parents/carers 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 'gender neutral' i.e. neutral colours, and 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.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the layout of the room or space available this is discussed with the setting manager's line manager so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.

## 9.10 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. Educators 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, educators 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 that available on [EYA Central](#).
- help staff to implement procedure 09.12 Promoting positive behaviour in their everyday practice
- 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 their key person for up to 5 minutes to help them calm down. If appropriate, the key person 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 follow 06 Safeguarding children, young people and vulnerable adults' procedures. 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 09.12 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/carers of the victim of the behaviour and the parents/carers of the perpetrator must be informed. If the setting has applied a physical intervention, they must follow the guidance as set out below. The designated safeguarding lead completes 6.1b Safeguarding incident reporting form and contact Ofsted if appropriate. A record of discussions is recorded, and parents/carers are asked to sign.

- Parents/carers 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 on 09.13b SEN Support - Action plan.

### **Step 3**

If despite applying initial intervention to deescalate 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/carers 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 Area SENCo. 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 06 Safeguarding children, young people and vulnerable adults' procedures must be followed immediately.

- Advice provided by external agencies is incorporated in 09.13b SEN Support: Action 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 Education Health and Care Assessment which may lead onto 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. In other situations, an intervention can be applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. 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 using the adult's body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, an educator may use "reasonable force" to protect a child from injuring themselves or others. Legally an educator 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 an educator 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 an educator 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 were 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 on 6.1b Safeguarding incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents/carers are asked to sign a copy of the form which is then kept on the child's file. The designated person decides who will notify the parent/carer and when, ensuring that the parent/carer signs to say they have been notified. 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 their line manager; the request must detail the reason the child must be suspended and the length of time of the proposed suspension.
- If the line manager approves, the parents/carers must be invited to a meeting to discuss next steps. Parents/carers are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting aims 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 based on 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 file and 9.12b 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/carers, 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/carers and local authority to seek a solution.
- Suitable arrangements offer the parent/carer continued support and advice during the suspension. The setting manager reviews the situation fortnightly and provides their line manager with a monthly update.

### **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/carer makes discriminatory or prejudice remarks to staff at any time, or other persons while on the premises, this is recorded on the child's file and is reported to the setting manager. The procedure is explained, and the parent/carer 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/carer 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.

### **Further guidance**

[Behaviour Matters](#) (Alliance Publications)

## **9.11 Prime times – 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 can 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**

- Details of the school that a child will be attending are recorded in the child's file along with the name of the reception class teacher.
- Every effort is made to forge and maintain strong links with all schools that children may attend. The setting manager will approach schools to open lines of communication where these have not previously existed.
- Details of the school's transition or settling in procedures are kept by the setting and are referred to so that members of staff are familiar with them and can develop a consistent approach to transition with teachers, parents/carers and children.
- Teachers are welcomed into the setting and sufficient time is made for them to spend both with the child, their parents/carers and with the key person, to discuss and share information that will support the child's transition to school.
- A child's learning journey record is forwarded to the school along with other information that will aid transition and settling in. Parents/carers 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 07.6 Transfer of records.

### **Partnership with parents/carers**

- Key persons discuss transition to school with parents and set aside time to discuss learning and development summaries. Parents/carers are encouraged to contribute to summaries.
- Key persons will discuss with parents/carers 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.
- Key persons 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.

## **9.12 Progress check at age two**

- A template for completing the two-year-old progress check is provided as 09.15a Progress check at age two template.
- The key person is central to the progress check and must be the person completing it.
- Settings should take guidance from their local authority as to when the progress check at age two is completed; if no such guidance is provided, the progress check is completed when the child is between 26 and 30 months old. The child should be attending the setting for at least 1 term before the check is completed.
- Once the timing of the child's progress check is confirmed, parents/carers are invited to discuss their child's progress at a mutually convenient time.
- The setting must seek to engage both parents/carers and make allowance for parents/carers 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.
- Children's contributions are included in the report. 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/carers, the SENCo and the setting manager.
- If concerns arise about a child's welfare, they must be addressed through 06 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 educators to understand the child's needs and, with support from educators, 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)

## **Increasing familiarity for children**

- Where the setting is on, or adjacent to a school site, there will be opportunities for children to become familiar with staff and school premises, for example shared use of outdoor and indoor spaces, activities and resources.
- Where possible, the key person 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/carers form bonds with adults and children in the setting and will need preparation for separating from the relationships they have formed.
- The child's last day should be prepared for in advance and marked with a special celebration or party that acknowledges that the child is moving on.
- Parents/carers should not be discouraged from bringing the 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.

## **10.1 Working in partnership with parents/carers 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/carers are provided with written information about the setting, including the setting's safeguarding actions and responsibilities under the Prevent Duty.
- Parents/carers are made to feel welcome in the setting; they are greeted appropriately; there is adult seating and provision for refreshment.
- Every effort is made to accommodate parents/carers who have a disability or impairment.
- The expectations we make on parents/carers are made clear at the point of registration.
- There is a clear expectation that parents/carers will participate in settling their child at the commencement of a place according to an agreed plan.
- There is sufficient opportunity for parents/carers to share necessary information with staff, and this is recorded and stored to protect confidentiality.
- Key persons support parents/carers in their role as the child's first and most enduring educators.
- Key persons regularly meet with parents/carers to discuss their child's learning and development and to share concerns if they arise.
- Key persons work with parents/carers to carry out an agreed plan to support a child's special educational needs.
- Key persons work with parents/carers to carry out any agreed tasks where a child protection plan is in place.
- According to the nature of the setting, there is provision for families to be involved in activities that promote their own learning and well-being.
- Parents/carers 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/carers without compromising the needs of children.
- Parents/carers are involved in regular assessment of their child's progress, including the progress check at age two, as per procedure 09.15 Progress check at age two.
- There are effective means for communicating with parents/carers on all relevant matters and 10.2 Complaints procedure for parents/carers and service users is referred to when necessary.

- Every effort is made to provide an interpreter for parents/carers 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 medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- Parents/carers' views are sought regarding changes in the delivery of the service.
- Parents/carers are actively encouraged to participate in decision making processes via a parent/carer forum.
- There are opportunities for parents/carers 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/carers 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 out in procedures 07.2 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 early education, or adult education.

### **Schools**

- Settings work in partnership with schools to assist children's transition as per procedure 09.14 Prime times – transition to school and share information as per procedure 07.6 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.

## 10.2 Complaints procedure for parents/carers and service users

There is a fair way of dealing with issues as they arise in an informal way, but parents/carers 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/carers

- If a parent/carer is unhappy about any aspect of their child's care or how they have been treated, this should be discussed with the child's key person. The key person will listen to the parent/carer and acknowledge what they are unhappy about. The key person will offer an explanation and an apology if appropriate. The issue and how it was resolved is recorded in the child's file and Complaint Investigation Record. The recording will also make clear whether the issue being raised relates to a concern about quality of the service or practice, or a complaint. For allegations relating to serious harm to a child caused by a member of staff or volunteer procedure 6.2 Allegations against staff, volunteers or agency staff will be followed.
- If the parent/carer is not happy with the key person's response or wishes to complain about the key person or any other member of staff, they will be directed to the setting manager. Some parents/carers will want to make a written complaint; others will prefer to make it verbally; in which case the setting manager writes down the key issues of the complaint using the Complaint Investigation Record and keeps it in the child's file.
- The setting manager will investigate the complaint and provide time to feedback to the parent/carer within 28 days. A confidential written report of the investigation is kept in the child's file if the complaint relates directly to a child.
- If the parent/carer is still not satisfied, or if the complaint is about the setting manager, the setting manager is asked to forward their complaint verbally or in writing to their line manager.
- If the parent/carer is still not satisfied, then they are entitled to appeal the outcome verbally or in writing to the setting manager's line manager who will pass the matter on to owners/directors/trustees for further investigation and will respond to the parent/carer within a further 14 days.
- 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 or

the childminder agency. 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.

Applications, Regulatory and Contact (ARC) Team, Ofsted, Piccadilly Gate, Store Street, Manchester M1 2WD or telephone: 0300 123 1231

### **Other services**

- If an individual from another service wishes to make a formal complaint about a member of staff or any practice of the setting, it should be made in writing to the setting manager.
- The complaint is acknowledged in writing within 10 days of receiving it.
- The setting manager investigates the matter and meets with the individual to discuss the matter further within 28 days of the complaint being received.
- An agreement needs to be reached to resolve the matter.
- If agreement is not reached, the complainant may write to the setting manager's line manager, who acknowledges the complaint within 5 days and reports back within 14 days.
- If the complainant is not satisfied with the outcome of the investigation, they are entitled to appeal and are referred to the owners/directors/trustees.

### **Ofsted complaints record**

- Legislation requires settings to keep a record of complaints and disclose these to Ofsted, or the childminder agency at inspection, or if requested by Ofsted, or the childminder agency 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 owners/directors/trustees to look for ways to improve practice where it is required.

This procedure is displayed on Parent/Carer Notice Board.

### **Further guidance**

[Complaint Investigation Record](#) (Alliance Publication)

## 11 Environmental sustainability policy

The Department for Education (DfE) strategy states that: *'By 2025, all education settings will have nominated a sustainability lead and put in place a climate action plan'*. The 4 key pillars that represent aspects of addressing climate change to foster a sustainable future are:

- Decarbonisation
- Biodiversity
- Climate education and green careers goals
- Resilience and adaptation

<b>Decarbonisation:</b>	Our activities to reduce plastic use
	Our activities to reduce utility usage
	Encouraging sustainable transport to and from the provision
<b>Biodiversity:</b>	Fostering children's empathy with nature through exploration
	Engaging with flora and fauna in the setting and outings to local community spaces
<b>Climate education:</b>	Sharing books, stories and songs with the children on nature and the environment
	Weaving environment and climate topics into the EYFS areas of learning
	Encouraging parents to engage with sustainability topics at home
<b>Resilience and adaption:</b>	Reviewing all aspects of our setting's environment to assess what sustainability and climate adaptations can be made
	Actively considering the risk of extreme weather events on our children, families and provision

### Aim

**Laurel Way Playgroup** actively promotes environmental sustainability.

Our eco-sustainability lead who is the Climate Champion for our setting is: *Susan Farber*

**Changing perspectives – at Laurel Way Playgroup we will:**

- Educate ourselves, our children and our families on what sustainability means and how to respect our planet.
- Weave sustainability into our daily lives and decisions – ask ourselves could this be done in a more sustainable way.
- Display our sustainability policy and educate and inform others on the steps that we are taking.

## **Objectives**

At ***Laurel Way Playgroup*** we are committed to protecting our planet for the next generations to the best of our ability by:

- Reducing the use of plastics – in particular single use plastics (SUPs) in our everyday lives.
- Cutting down on waste by reducing, reusing and recycling (the 3Rs).
- Minimising food waste.
- Caring for the world we live in.
- Changing perspectives and developing understanding in ourselves, our families and our children.

We support children to learn about sustainability - to respect and care for both the living and non-living environment.

Children have the opportunity to learn about and understand sustainability and environmental issues. They will observe adults' model sustainable practices, learn about the world around them and how to protect it. Together we will support the children to develop positive attitudes and values about sustainable practices.

Our curriculum encourages children to explore ideas and practices that promote environmental sustainability and to understand the interdependence between people and the environment.

Examples of ways that we will embed sustainability into daily life and our curriculum include:

***[IMPORTANT: settings adopting this policy must consider the examples below and delete / add to the examples that apply to the setting]***

### **Reducing the use of plastics:**

- Reducing the use of plastic bottles and bags as much as possible by finding alternatives and encouraging families / staff to use reusable lunch and drinks containers in lunch boxes.
- Switch suppliers to ones that offer more environmentally sustainable products.
- Buy milk in large bottles not individual cartons.
- Use alternatives to baby wipes that contain plastic.

- Source alternatives to craft materials – recycle materials and encourage parents to bring in recycling materials for art and creative activities.
- Look for resources that are not just plastic representations when real alternatives are available.
- We support children to experience the natural environment through natural materials.

### **Cutting down on waste by reducing, reusing and recycling:**

- Introduce recycling bins - following the local recycling scheme guidance.
- Take steps to reduce the junk mail sent to the setting.
- Reduce the amount of paper printing.
- Ensure printer and toner cartridges are recycled.
- Recycle any electronic equipment – where possible using an environmentally friendly disposal scheme.
- If the setting has a ‘uniform’ for children, recycle to new families.
- Encourage families to donate pre-loved clothes, books and toys to charity shops, refugee support groups or to the setting.
- When purchasing new resources, we look for natural rather than plastic.
- Use natural resources such as water with care – ensure taps are turned off and any leaks fixed.
- Recycle water from water play by using it to water plants.
- Using energy saving light bulbs.
- Use energy saving wash cycles when using the washing machine.
- Minimise the use of tumble driers by hanging washing on clothes horses.

### **Minimising food waste:**

- We have signed up to a supermarket food share scheme for families.
- Made links and have a box so that donations for the local food bank can be collected.
- Plan snacks and meals carefully to reduce food waste for example using foods that are in season and being aware of portion sizes.
- Introduce composting bins or sign up for a local composting bin service to reduce food waste going to landfill.

### **Caring for the world we live in:**

- We help children to explore nature through art and play.
- Educate children not to drop litter.
- Care for the setting environment indoors and out.

- Discover the importance of wildlife to the environment and eco system.
- Use natural resources.
- We shop locally where possible.
- We encourage families to walk, cycle, scoot to our setting.
- We go on nature walks and learn about plants we see in our local area.

## References

### **The Department for Education's Sustainability and climate change strategy:**

<https://www.gov.uk/government/publications/sustainability-and-climate-change-strategy/sustainability-and-climate-change-a-strategy-for-the-education-and-childrens-services-systems>

## Further guidance

To support you, the Alliance has developed the '**Supporting effective environmental sustainability in early years settings toolkit**' This is available via EYA Central and costs £58.00 for members. The toolkit is divided into five sections and includes top tips, links and a range of resources for use by both providers and families. The toolkit also includes a climate action template onto which providers can record their current position, achievements to date and set actions to be achieved.