



# **Fountain Montessori Pre-school**

## **Colindale**

### **Policies and Procedures**

Policies adopted by:	Fountain Montessori Pre-School
Reviewed on:	12/12/2023
To be next reviewed on:	12/12/2024
Signed on behalf of the management committee	Shahnaz Vayani Nursery Manager
Name of signatory	Seble Feleke
Role of signatory (e.g. chair/owner)	Area Manager

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## **Safeguarding and Welfare Requirement: Child Protection**

Providers must have and implement a policy, and procedures, to safeguard children.

### **1.1 Children's rights and entitlements**

#### **Policy statement**

- We promote children's right to be *strong, resilient and listened to* by creating an environment in our setting that encourages children to develop a positive self image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions and home background.
- We promote children's right to be *strong, resilient and listened to* by encouraging children to develop a sense of autonomy and independence.
- We promote children's right to be *strong, resilient and listened to* by enabling children to have the self-confidence and the vocabulary to resist inappropriate approaches.
- We help children to establish and sustain satisfying relationships within their families, with peers, and with other adults.
- We work with parents to build their understanding of, and commitment to, the principles of safeguarding all our children.

**What it means to promote children's rights and entitlements to be '*strong, resilient and listened to*'.**

To be strong means to be:

- secure in their foremost attachment relationships where they are loved and cared for, by at least one person who is able to offer consistent, positive and unconditional regard and who can be relied on;
- safe and valued as individuals in their families and in relationships beyond the family, such as day care or school;
- self assured and form a positive sense of themselves – including all aspects of their identity and heritage;
- included equally and belong in early years settings and in community life;
- confident in abilities and proud of their achievements;
- progressing optimally in all aspects of their development and learning;
- to be part of a peer group in which to learn to negotiate, develop social skills and identity as global citizens, respecting the rights of others in a diverse world; and

- to participate and be able to represent themselves in aspects of service delivery that affects them as well as aspects of key decisions that affect their lives.

To be resilient means to:

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

To be listened to means:

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

## **Safeguarding and Welfare Requirement: Child Protection**

Providers must have and implement a policy, and procedures, to safeguard children.

### **1.2 Safeguarding children, young people and vulnerable adults**

#### **Policy statement**

Our setting will work with children, parents and the community to ensure the rights and safety of children, young people\* and vulnerable adults. Our Safeguarding Policy is based on the three key commitments of the Pre-school Learning Alliance Safeguarding Children Policy.

#### **Procedures**

We carry out the following procedures to ensure we meet the three key commitments of the Alliance Safeguarding Children Policy, which incorporates responding to child protection concerns.

##### *Key commitment 1*

We are committed to building a 'culture of safety' in which children, young people and vulnerable adults are protected from abuse and harm in all areas of our service delivery.

- Our designated person (a member of staff) who coordinates child, young person and vulnerable adult protection issues is:

Mrs Shahnaz Vayani Nursery Manager and Mrs Seble Feleke Area Manager

Ms Hira Maqsood Deputy Manager

When the setting is open but the designated person is not on site, a suitably trained deputy is available at all times for staff to discuss safeguarding concerns.

- Our designated officer (a member of the management team) who oversees this work is:

Mrs Seble Feleke/Mrs Arike Aiyetigbo

- The designated person, the suitably trained deputy and the designated officer ensure they have relevant links with statutory and voluntary organisations with regard to safeguarding.
- The designated person (and the person who deputises for them) understands LSCB safeguarding procedures, attends relevant LSCB training at least every two years and refreshes their knowledge of safeguarding at least annually.
- We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.

- All staff have up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse and neglect and understand their professional duty to ensure safeguarding and child protection concerns are reported to the local authority children's social care team or the NSPCC. They receive updates on safeguarding at least annually.
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
- All staff understand the principles of early help (as defined in *Working Together to Safeguard Children*, 2018) and are able to identify those children and families who may be in need of early help and enable them to access it.
- All staff understand LSCB thresholds of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm.
- All staff understand how to escalate their concerns in the event that they feel either the local authority and/or their own organisation has not acted adequately to safeguard.
- All staff understand what the organisation expects of them in terms of their required behaviour and conduct, and follow our policies and procedures on positive behaviour, online safety (including use of mobile phones), whistleblowing and dignity at work.
- Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or complaints that they may have in an age appropriate way.
- All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.
- Adequate and appropriate staffing resources are provided to meet the needs of children.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Enhanced criminal records and barred list checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
- Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.
- Enhanced criminal records and barred lists checks are carried out on anyone living or working on the premises.
- Volunteers must:
  - be aged 17 or over;
  - be considered competent and responsible;
  - receive a robust induction and regular supervisory meetings;
  - be familiar with all the settings policies and procedures;

- be fully checked for suitability if they are to have unsupervised access to the children at any time.
- Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
  - the criminal records disclosure reference number;
  - certificate of good conduct or equivalent where a UK DBS check is not appropriate;
  - the date the disclosure was obtained; and
  - details of who obtained it.
- All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- All staff and volunteers are required to notify us if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision or have had orders made in relation to care of their children.
- We notify the Disclosure and Barring Service of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern.
- Procedures are in place to record the details of visitors to the setting.
- Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
- Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.
- Any personal information is held securely and in line with data protection requirements and guidance from the ICO.
- The designated person in the setting has responsibility for ensuring that there is an adequate online safety policy in place.
- We keep a written record of all complaints and concerns including details of how they were responded to.
- We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
- The designated officer will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.



- The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern, however this should not delay any referrals being made to children's social care, the LADO, Ofsted or Riddor.

### *Key commitment 2*

We are committed to responding promptly and appropriately to all incidents, allegations or concerns of abuse that may occur and to work with statutory agencies in accordance with the procedures that are set down in 'What to do if you're worried a child is being abused' (HMG, 2015) and the Care Act 2014.

### *Responding to suspicions of abuse*

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- We ensure that all staff have an understanding of the additional vulnerabilities that arise from special educational needs and/or disabilities, plus inequalities of race, gender, language, religion, sexual orientation or culture, and that these receive full consideration in relation to child, young person or vulnerable adult protection.
- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
  - significant changes in their behaviour;
  - deterioration in their general well-being;
  - their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
  - changes in their appearance, their behaviour, or their play;
  - unexplained bruising, marks or signs of possible abuse or neglect; and any reason to suspect neglect or abuse outside the setting.

Softer signs of abuse including:

- Low self- esteem
- Wetting and soiling
- Recurrent nightmares
- Aggressive behaviour
- Withdrawing communication
- Habitual body rocking
- Indiscriminate contact of affection seeking or over-friendliness towards strangers.
- Excessive clinginess
- Persistently seeking attention.

- We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.
- We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using our provision, such as abuse of children who have special educational needs and/or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including through internet abuse; Female Genital Mutilation and radicalisation or extremism.
- In relation to radicalisation and extremism, we follow the Prevent Duty guidance for England and Wales published by the Home Office and LSCB procedures on responding to radicalisation.
- The designated person completes online Channel training, online Prevent training and attends local WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.
- We are aware of the mandatory duty that applies to teachers and health workers to report cases of Female Genital Mutilation to the police.
- We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, We may become aware of any of these factors affecting older children and young people who We may come into contact with.
- Where We believe that a child in our care or that is known to us may be affected by any of these factors We follow the procedures below for reporting child protection concerns and follow the LSCB procedures.
- Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the designated person. The information is stored on the child's personal file.
- In the event that a staff member or volunteer is unhappy with the decision made of the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.
- We refer concerns to the local authority children's social care team and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children Board.
- We take care not to influence the outcome either through the way We speak to children or by asking questions of children.

- We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected We follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.
- All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.
- We have a whistleblowing policy in place.
- Staff/volunteers know they can contact the organisation Public Concern at Work for advice relating to whistleblowing; if they feel that the organisation has not acted adequately in relation to safeguarding they can contact the NSPCC whistleblowing helpline.

#### *Recording suspicions of abuse and disclosures*

- Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
  - listens to the child, offers reassurance and gives assurance that she or he will take action;
  - does not question the child, although it is OK to ask questions for the purposes of clarification;
  - makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
- These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
- The member of staff acting as the designated person is informed of the issue at the earliest opportunity, and within one working day.
- Where the Local Safeguarding Children Board stipulates the process for recording and sharing concerns, We include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Board.

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

- The Preschool Learning Alliance's publication *Safeguarding Children* contains procedures for making a referral to the local children's social care team, as well as a template form for recording concerns and making a referral.
- We keep a copy of this document alongside the procedures for recording and reporting set down by our Local Safeguarding Children Board, which We follow where local procedures differ from those of the Pre-school Learning Alliance.

#### *Escalation process*

- If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the LSCB escalation process.
- We will ensure that staff are aware of how to escalate concerns.

#### *Informing parents*

- Parents are normally the first point of contact. Concerns are discussed with parents to gain their view of events, unless it is felt that this may put the child at risk, or interfere with the course of a police investigation. Advice will be sought from social care if necessary.
- Parents are informed when We make a record of concerns in their child's file and that We also make a note of any discussion We have with them regarding a concern.
- If a suspicion of abuse warrants referral to social care, parents are informed at the same time that the referral will be made, except where the guidance of the Local Safeguarding Children Board does not allow this, for example, where it is believed that the child may be placed at risk.
- This will usually be the case where the parent is the likely abuser.
- If there is a possibility that advising a parent beforehand may place a child at greater risk (or interfere with a police response) the designated person should seek advice from children's social care, about whether or not to advise parents beforehand, and should record and follow the advice given.

#### *Liaison with other agencies*

- We work within the Local Safeguarding Children Board guidelines.
- The current version of 'What to do if you're worried a child is being abused' is available for parents and staff and all staff are familiar with what they need to do if they have concerns.
- We have procedures for contacting the local authority regarding child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and children's social care to work well together.
- We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere).

Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.

- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

#### *Allegations against staff*

- We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
- We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working on the premises, which includes:
  - inappropriate sexual comments;
  - Excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
- We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
- We ensure that all staff and volunteers know how to raise concerns about a member of staff or volunteer within the setting. We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with our response
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
- We refer any such complaint immediately to the Local Authority Designated Officer (LADO) to investigate and/or offer advice:

**The Brent Family Front Door**

**Ms Mona Cook (LADO)**

**Tel: 0208 9372447 or 020 8937 4300**

**Email [family.frontdoor@brent.gov.uk](mailto:family.frontdoor@brent.gov.uk)**

- We also report any such alleged incident to Ofsted (unless advised by LADO that this is unnecessary due to the incident not meeting the threshold), as well as what measures we have taken. We are aware that it is an offence not to do this.
- We co-operate entirely with any investigation carried out by children's social care in conjunction with the police.

- Where the management team and children's social care agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families, throughout the process.

### *Disciplinary action*

Where a member of staff or volunteer has been dismissed due to engaging in activities that caused concern for the safeguarding of children or vulnerable adults, We will notify the Disclosure and Barring Service of relevant information, so that individuals who pose a threat to children and vulnerable groups can be identified and barred from working with these groups.

### *Key commitment 3*

We are committed to promoting awareness of child abuse issues throughout our training and learning programmes for adults. We are also committed to empowering children through [our/my] early childhood curriculum, promoting their right to be strong, resilient and listened to.

### *Training*

- Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals.
- Designated persons receive appropriate training, as recommended by the Local Safeguarding Children Board, every two years and refresh their knowledge and skills at least annually.
- We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.
- We ensure that all staff receive updates on safeguarding via emails, newsletters, online training and/or discussion at staff meetings at least once a year.

### *Planning*

- The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being within sight and/or hearing of other staff or volunteers.

### *Curriculum*

- We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.

- We create within the setting a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
- We ensure that this is carried out in a way that is developmentally appropriate for the children.

#### *Confidentiality*

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Local Safeguarding Children Board.

#### *Support to families*

- We believe in building trusting and supportive relationships with families, staff and volunteers.
- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
- Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access to Records procedure, and only if appropriate under the guidance of the Local Safeguarding Children Board.

### **Legal framework**

#### *Primary legislation*

- Children Act (1989 s47)
- Protection of Children Act (1999)
- The Children Act (2004 s11)
- Safeguarding Vulnerable Groups Act (2006)
- Statutory Framework for the Early years Foundation Stage (EYFS) 2021
- Working Together to Safeguarding Children 2018
- Keeping Children Safe in Education 2020
- Childcare Act (2006)

### *Secondary legislation*

- Sexual Offences Act (2003)
- Criminal Justice and Court Services Act (2000)
- Equality Act (2010)
- Data Protection Act (1998)
- The GDPR and Data Protection Act 2018
- Childcare (Disqualification) Regulations (2009)
- Children and Families Act (2014)
- Care Act (2014)
- Serious Crime Act (2015)
- Counter-Terrorism and Security Act (2015)

### **Further guidance**

- Working Together to Safeguard Children (HMG, 2015)
- What to do if you're Worried a Child is Being Abused (HMG, 2015)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2008)
- Hidden Harm – Responding to the Needs of Children of Problem Drug Users (ACMD, 2003)
- Information Sharing: Guidance for Practitioners providing Safeguarding Services (DfE 2015)
- Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)
- Revised Prevent Duty Guidance for England and Wales (HMG, 2015)
- Inspecting Safeguarding in Early Years, Education and Skills Settings, (Ofsted, 2019)

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

- Safeguarding Children (2013)
- Safeguarding through Effective Supervision (2013)
- Employee Handbook (2019)
- People Management in the Early Years (2016)



## **Safeguarding and Welfare Requirement: Child Protection**

Providers must have and implement a policy, and procedures, to safeguard children.

### **1.3 Looked after Children**

#### **Policy statement**

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

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

We recognise that children who are being looked after have often experienced traumatic situations; physical, emotional or sexual abuse, or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken into the care of the local authority. Whatever the reason, a child's separation from their home and family signifies a disruption in their lives that has an impact on their emotional well-being.

Most local authorities do not place children under five with foster carers who work outside the home; however there are instances when this does occur or where the child has been placed with another family member who works. The Alliance maintains that it is not appropriate for a looked after child who is under two years to be placed in a day care setting in addition to a foster placement.

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

### *Principles*

- The term 'looked after child' denotes a child's current legal status; this term is never used to categorise a child as standing out from others. We do not refer to such a child using acronyms such as LAC.
- We offer places to two-year-old children in exceptional circumstances who are in care. In such cases, the child should have been with the foster carer for at least two months and show signs of having formed a secure attachment to the carer and where the placement in the setting will last a minimum of three months.
- We offer places for funded three and four-year-olds who are in care to ensure they receive their entitlement to early education. We expect that a child will have been with a foster carer for a minimum of one month and has formed a secure attachment to the carer. We expect that the placement in the setting will last a minimum of six weeks.
- We will always offer 'stay and play' provision for a child who is two to five years old who is still settling with their foster carer, or who is only temporarily being looked after.
- Where a child who normally attends our setting is taken into care and is cared for by a local foster carer we will continue to offer the placement for the child.

### **Procedures**

- The designated person for looking after children is the designated child protection coordinator.
- Every child is allocated a key person before they start and this is no different for a looked after child. The designated person ensures the key person has the information, support and training necessary to meet the looked after child's needs.
- The designated person and the key person liaise with agencies, professionals and practitioners involved with the child and his or her family and ensure appropriate information is gained and shared.
- The setting recognises the role of the local authority social care department as the child's 'corporate parent' and the key agency in determining what takes place with the child. Nothing changes, especially with regard to the birth parents or foster carer's role in relation to the setting without prior discussion and agreement with the child's social worker.

### **Children with Child Protection Plan**

- If the child is under child protection order/ plan, at the start of a placement there is a professionals meeting that will determine the objectives of the placement and draw up a care plan that incorporates the child's learning needs. This plan is reviewed after two weeks, six weeks and three months. Thereafter at three to six monthly intervals.
- The care plan needs to consider such issues for the child as:

- the child's emotional needs and how they are to be met;
  - how any emotional issues and problems that affect behaviour are to be managed;
  - the child's sense of self, culture, language(s) and identity – and how this is to be supported;
  - the child's need for sociability and friendship;
  - the child's interests and abilities and possible learning journey pathway; and
  - how any special needs will be supported.
- In addition the care plan will also consider:
    - how information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with whom and how it will be recorded and stored;
    - what contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be the setting, when, where and what form the contact will take will be discussed and agreed;
    - what written reporting is required;
    - wherever possible, and where the plan is for the child's return home, the birth parent(s) should be involved in planning; and
    - with the social worker's agreement, and as part of the plan, the birth parent(s) should be involved in the setting's activities that include parents, such as outings and fun-days, alongside the foster carer.
  - The settling-in process for the child is agreed. It should be the same as for any other child, with the foster carer taking the place of the parent, unless otherwise agreed. It is even more important that the 'proximity' stage is followed until it is visible that the child has formed a relationship with his or her key person sufficient to act as a 'secure base' to allow the gradual separation from the foster carer. This process may take longer in some cases, so time needs to be allowed for it to take place without causing further distress or anxiety to the child.
  - In the first two weeks after settling-in, the child's well-being is the focus of observation, their sociability and their ability to manage their feelings with or without support.
  - Further observations about communication, interests and abilities will be noted to form a picture of the whole child in relation to the Early Years Foundation Stage prime and specific areas of learning and development.
  - Concerns about the child will be noted in the child's file and discussed with the foster carer.
  - If the concerns are about the foster carer's treatment of the child, or if abuse is suspected, these are recorded in the child's file and reported to the child's social care worker according to the setting's safeguarding children procedure.
  - Regular contact should be maintained with the social worker through planned meetings that will include the foster carer.

- Transition to school will be handled sensitively and the designated person and or the child's key person will liaise with the school, passing on relevant information and documentation with the agreement of the looked after child's birth parents.

### **Further guidance**

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

### **Safeguarding and Welfare Requirement: Child Protection**

Providers must have and implement a policy, and procedures, to safeguard children.

## **1.4 Uncollected Child**

### **Policy statement**

In the event that a child is not collected by an authorised adult at the end of a session/day, we put into practice agreed procedures. These ensure the child is cared for safely by an experienced and qualified practitioner who is known to the child. The child will receive a high standard of care in order to cause as little distress as possible.

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

### **Procedures**

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

- We inform parents that we apply our child protection procedures in the event that their children are not collected from the setting by an authorised adult within one hour after the setting has closed and the staff can no longer supervise the child on our premises.
- If a child is not collected at the end of the session/day, we follow the following procedures:
  - The child's file is checked for any information about changes to the normal collection routines.
  - If no information is available, parents/carers are contacted at home or at work.
  - If this is unsuccessful, the adults who are authorised by the parents to collect their child from the setting and whose telephone numbers are recorded on the Registration Form – are contacted.
  - All reasonable attempts are made to contact the parents or nominated carers.
  - The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
  - If no-one collects the child after the setting has closed and there is no-one who can be contacted to collect the child, we apply the procedures for uncollected children.
  - We contact our local authority children's social care team:

Tel: 020 8937 4300 Brent

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For full day care, this will be the out of hours duty officer:

Tel: 020 8937 4300 Brent

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- The child stays at the setting in the care of two fully-vetted workers until the child is safely collected either by the parents or by a social care worker.
- Social Care will aim to find the parent or relative if they are unable to do so, the child will become looked after by the local authority.
- Under no circumstances will staff go to look for the parent, nor do they take the child home with them.
- A full written report of the incident is recorded in the child's file.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked by our staff.
- Ofsted may be informed:

Tel: 0300 123 1231

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

- Safeguarding Children (2010)

## **Safeguarding and Welfare Requirement: Child Protection**

Providers must have and implement a policy, and procedures, to safeguard children.

### **1.5 Missing child**

#### **Policy statement**

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

#### **Procedures**

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

- As soon as it is noticed that a child is missing the key person/staff alerts the setting leader.
- The setting leader calls the police and reports the child as missing and then calls the parent.
- The setting leader will carry out a thorough search of the building and garden.
- The register is checked to make sure no other child has also gone astray.
- Doors and gates are checked to see if there has been a breach of security whereby a child could wander out.
- The setting leader talks to the staff to find out when and where the child was last seen and records this.
- The setting leader contacts the chairperson or owner and reports the incident. The chairperson or owner comes to the setting immediately to carry out an investigation, with the management committee where applicable.

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

This describes what to do when staff have taken a small group on an outing, leaving the setting leader and/or other staff back in the setting. If the setting leader has accompanied children on the outing, the procedures are adjusted accordingly.

What to do when a child goes missing from a whole setting outing may be a little different, as parents usually attend and are responsible for their own child.

- As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated carer and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity but does not search beyond that.

- The setting leader or manager is contacted immediately (if not on the outing) and the incident recorded.
- The setting leader contacts the police and reports the child as missing.
- The setting leader contacts the parent, who makes their way to the setting.
- Staff take the remaining children back to the setting.
- In an indoor venue, the staff contact the venue's security who will handle the search and contact the police if the child is not found.
- The setting leader contacts the chairperson or owner and reports the incident. The chairperson or owner comes to the setting immediately to carry out an investigation, with the management committee where applicable.
- The setting leader or a member of staff may be advised by the police to stay at the venue until they arrive.

### *The investigation*

- Staff keep calm and do not let the other children become anxious or worried.
- The setting leader together with the chairperson or representative from the management committee or owner, speaks with the parent(s).
- The chairperson and management committee or owner, carry out a full investigation taking written statements from all the staff in the room or who were on the outing.
- The key person/staff member writes an incident report detailing:
  - The date and time of the report.
  - What staff/children were in the group/outing and the name of the staff designated responsible for the missing child.
  - When the child was last seen in the group/outing.
  - What has taken place in the group or outing since the child went missing.
  - The time is estimated that the child went missing.
- A conclusion is drawn as to how the breach of security happened.
- If the incident warrants a police investigation, all staff cooperate fully. In this case, the police will handle all aspects of the investigation, including interviewing staff. Children's social care may be involved if it seems likely that there is a child protection issue to address.
- The incident is reported under RIDDOR arrangements (see the Reporting of Accidents and Incidents policy); the local authority Health and Safety Officer may want to investigate and will decide if there is a case for prosecution.
- In the event of disciplinary action needing to be taken, Ofsted is informed.
- The insurance provider is informed.



### *Managing people*

- Missing child incidents are very worrying for all concerned. Part of managing the incident is to try to keep everyone as calm as possible.
- The staff will feel worried about the child, especially the key person or the designated carer responsible for the safety of that child for the outing. They may blame themselves and their feelings of anxiety and distress will rise as the length of time the child is missing increases.
- Staff may be the understandable target of parental anger and they may be afraid. Setting leaders need to ensure that staff under investigation are not only fairly treated but receive support while feeling vulnerable.
- The parents will feel angry and fraught. They may want to blame staff and may single out one staff member over others; they may direct their anger at the setting leader. When dealing with a distraught and angry parent, there should always be two members of staff, one of whom is the setting leader and the other should be the chairperson of the management committee or representative, or the proprietor. No matter how understandable the parent's anger may be, aggression or threats against staff are not tolerated, and the police should be called.
- The other children are also sensitive to what is going on around them. They too may be worried. The remaining staff caring for them need to be focused on their needs and must not discuss the incident in front of them. They should answer children's questions honestly but also reassure them.
- In accordance with the severity of the final outcome, staff may need counselling and support. If a child is not found, or is injured, or worse, this will be a very difficult time. The chairperson or proprietor will use their discretion to decide what action to take.
- Staff must not discuss any missing child incident with the press without taking advice.

### **Safeguarding and Welfare Requirement: Child Protection**

The safeguarding policy and procedures must include an explanation of the action to be taken in the event of an allegation being made against a member of staff, and cover the use of mobile phones and cameras in the setting.

## **1.6 Online safety (inc. mobile phones and cameras) and interactive computer use in the setting**

### **Policy statement**

We take steps to ensure that there are effective procedures in place to protect children, young people and vulnerable adults from the unacceptable use of Information Communication Technology (ICT) equipment or exposure to inappropriate materials in the setting, therefore it is vital that e-safety is a priority. The risks that should be recognised include:

- Content: being exposed to illegal, inappropriate or harmful material.
- Contact: being subjected to harmful online interaction with other users.
- Conduct: personal online behaviour that increases the likelihood of, or causes, harm.

### **Procedures**

- Our designated person (manager/deputy) responsible for coordinating action taken to protect children is: Shahnaz Vayani

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

- Only ICT equipment belonging to the setting is used by staff and children.
- The designated person is responsible for ensuring all ICT equipment is safe and fit for purpose.
- All computers have virus protection installed.
- The designated person ensures that safety settings are set to ensure that inappropriate material cannot be accessed.

#### *Internet access*

- Children do not normally have access to the internet and never have unsupervised access.
- If staff access the internet with children for the purposes of promoting their learning, written permission is gained from parents who are shown this policy.
- The designated person has overall responsibility for ensuring that children and young people are safeguarded and risk assessments in relation to online safety are completed.
- Children are taught the following stay safe principles in an age appropriate way prior to using the internet;
  - only go on line with a grown up
  - be kind online
  - keep information about me safely
  - only press buttons on the internet to things I understand
  - tell a grown up if something makes me unhappy on the internet
- Designated persons will also seek to build children's resilience in relation to issues they may face in the online world, and will address issues such as staying safe, having appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age appropriate ways.

- If a second hand computer is purchased or donated to the setting, the designated person will ensure that no inappropriate material is stored on it before children use it.
- All computers for use by children are located in an area clearly visible to staff.
- Children are not allowed to access social networking sites.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at [www.iwm.org.uk](http://www.iwm.org.uk).
- Suspicions that an adult is attempting to make inappropriate contact with a child on-line is reported to the National Crime Agency's Child Exploitation and Online Protection Centre at [www.ceop.police.uk](http://www.ceop.police.uk).
- The designated person ensures staff have access to age-appropriate resources to enable them to assist children to use the internet safely.
- If staff become aware that a child is the victim of cyberbullying, they discuss this with their parents and refer them to sources of help, such as the NSPCC on 0808 800 5000 or [www.nspcc.org.uk](http://www.nspcc.org.uk), or Childline on 0800 1111 or [www.childline.org.uk](http://www.childline.org.uk).
- Employees must not use the internet facilities to visit, bookmark, download material from or upload material to inappropriate, obscene, pornographic or otherwise offensive websites. Such use constitutes misconduct and will lead to disciplinary action up to and including summary dismissal in serious cases.
- Each employee has a responsibility to report any misuse of the internet or email. By not reporting such knowledge, the employee will be considered to be collaborating in the misuse. Each employee can be assured of confidentiality when reporting misuse.

## Procedures

Children should always be adequately supervised whilst using the computer.

Access to screens is always in a visible area

**The Interactive Screen** needs to be set at the right height so that the child can sit or stand comfortably without putting any strain on their back, neck or arms

Children are encouraged as below to have short turns at the computer so that they are not staring at the monitor for too long. The interactive board must be used only for educational purposes.

- Children under 2 should have no screen time. We recommend the same for home.
- Children aged 2 to 5 at the nursery will have a limit of **20 minutes** of screen time in any session of 3 hours and does not interfere with the child's work cycle.

Ensuring that children have clean hands when using the computer

Ensuring that teaching awareness of electrical safety and keeping cables and sockets out of reach of the children

## Email

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

### *Mobile phones – children*

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

### **Personal use of the internet, email and telephones**

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

- Personal mobile phones are not used by our staff on the premises during working hours. They will be stored in lockers or a locked drawer and required to switch off. Any use of our electronic communication systems (including email, internet and telephones) for purposes other than the duties of your employment is not permitted.
- In an emergency, personal mobile phones may be used in an area where there are no children present, with permission from the manager. Disciplinary action will be taken where:
  - The privilege of using our equipment is abused, or
  - Unauthorised time is spent on personal communications during working hours.
- Our staff and volunteers ensure that the setting telephone number is known to family and other people who may need to contact them in an emergency.
- If our members of staff or volunteers take their mobile phones on outings, for use in case of an emergency, they must not make or receive personal calls, or take photographs of children.
- Parents and visitors are requested not to use their mobile phones whilst on the premises. We make an exception if a visitor's company or organisation operates a lone working policy that requires contact with their office periodically throughout the day. Visitors will be advised of a quiet space where they can use their mobile phone, where no children are present.
- These rules also apply to the use of work-issued mobiles, and when visiting or supporting staff in other settings.

#### *Cameras and videos*

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

#### *Social media*

- Staff are advised to manage their personal security settings to ensure that their information is only available to people they choose to share information with.
- Staff should not accept service users, children and parents as friends due to it being a breach of expected professional conduct.

- In the event that staff name the organisation or workplace in any social media they do so in a way that is not detrimental to the organisation or its service users.
- Staff observe confidentiality and refrain from discussing any issues relating to work
- Staff should not share information they would not want children, parents or colleagues to view.
- Staff should report any concerns or breaches to the designated person in their setting.
- Staff avoid personal communication, including on social networking sites, with the children and parents with whom they act in a professional capacity. If a practitioner and family are friendly prior to the child coming into the setting, this information is shared with the manager prior to a child attending and a risk assessment and agreement in relation to boundaries is agreed.

#### *Electronic learning journals for recording children's progress*

- Managers seek permission from the senior management team prior to using any online learning journal. A risk assessment is completed with details on how the learning journal is managed to ensure children are safeguarded.
- Staff adhere to the guidance provided with the system at all times.

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

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

#### **Data protection**

- When using any of our systems employees must adhere to the requirements of the General Data Protection Regulation 2018 (GDPR). For more information see our Data protection and confidentiality policy.

#### **Using removable devices**

- Before using any removable storage media which has been used on hardware not owned by us (e.g. USB pen drive, CD ROM etc.) the contents of the storage device must be virus checked.

#### **Further guidance**

NSPCC and CEOP *Keeping Children Safe Online* training:

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

Safeguarding Children (2013)

Employee Handbook (2012)

Data Protection Act 2018

General Data Protection Regulation (Regulation (EU) 2016/679).

## **Safeguarding and Welfare Requirement: Child Protection**

The settings must have and implement a policy, and procedures, to safeguard children.

### **1.7 Safe Sleep Policy**

*This policy is underwritten by the Child Care Act 1991 (Early Years Services) Regulations 2016*

#### **Policy statement**

At **Fountain Montessori** we aim to ensure that all children have enough sleep to support their development and natural sleeping rhythms in a safe environment.

The safety of babies' sleeping is paramount. Our policy follows the advice provided by The Cot Death Society and Lullaby Trust to minimise the risk of Sudden Infant Death. We make sure that:

- Babies are placed on their backs to sleep, if a baby has rolled onto their tummy, you should turn them onto their back again, however once a baby can roll from back to front and back again, on their own, they can be left to find their own position
- Babies/toddlers are never put down to sleep with a bottle to self-feed
- Babies/toddlers are monitored visually when sleeping. Checks are recorded every 10 minutes and babies are never left in a room without staff supervision at all times
- When monitoring, the staff member looks for the rise and fall of the chest and if the sleep position has changed
- As good practice we monitor babies under six months or a new baby sleeping during the first few weeks every five minutes until we are familiar with the child and their sleeping routines, to offer reassurance to them and families.

#### **Procedures**

We provide a safe sleeping environment by:

- Monitoring the room temperature
- Using clean, light bedding/blankets and ensuring babies are appropriately dressed for sleep to avoid overheating
- Children's bed sheets are only used by individual children and laundered on a weekly basis or more often if they are dirty. Children's bed sheets are stored separately. Children's bed sheets are never shared.
- Not using cot bumpers or cluttering cots with soft toys, although comforters will be given where required
- Keeping all spaces around beds clear from hanging objects i.e., *hanging cords, blind cords, drawstring bags*
- Ensuring every baby/toddler is provided with clean bedding
- Transferring any baby who falls asleep while being nursed by a practitioner to a safe sleeping surface to complete their rest
- Having a no smoking policy.

We ask parents to complete sheets on their child's sleeping routine with the child's key person or the room leader before the child starts at nursery. If a baby has an unusual sleeping routine or a position that we do not use in the nursery i.e. babies sleeping on their tummies, we will explain our policy to

the parents and not usually offer this unless the baby's doctor has advised the parent of a medical reason to do so, in which case we would ask them to sign to say that they have requested we adopt a different position or pattern on the sleeping babies form.

We recognise parents' knowledge of their child with regard to sleep routines and will, where possible, work together to ensure each child's individual sleep routines and well-being continues to be met. However, staff will not force a child to sleep or keep them awake against his or her will.

Staff will discuss any changes in sleep routines at the end of the day and share observations and information about children's behaviour when they do not receive enough sleep.

Essential Guide – NDNA

***Further information can be found at:***

[www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

Child Care Act 1991 (Early Years Services) Regulations 2016

HSE Safe Sleep for Your Baby: Reduce the Risk of Cot Death 2016

**Safeguarding and Welfare Requirement: Child Protection**

The settings must have and implement a policy, and procedures, to safeguard children.

## **1.8 Alcohol and Substance Misuse Policy**

### **Policy statement**

In our setting we are committed to taking all necessary steps to keep children safe and well. This includes making sure that children are not exposed to adults who may be under the influence of alcohol or other substances that may affect their ability to care for them.

This policy is in line with the Health and Safety at Work Act 1974 and The Misuse of Drugs Act 1971. This should be read in conjunction with the Safeguarding children and child protection policy, Disciplinary procedure and Suitability of staff policy.

### **Procedures**

#### **Alcohol:**

Under the Health and Safety at Work Act 1974, companies have a legal requirement to provide a safe working environment for all of their employees.

Anyone who arrives at the nursery clearly under the influence of alcohol will be asked to leave. If they are a member of staff, the nursery will investigate the matter and will initiate the Disciplinary procedure, as a result of which action may be taken, including dismissal. Staff can still be under the influence of alcohol the following day and staff should be aware of this, ensuring this is not the case when starting work.

If they are a parent, the nursery manager and/or designated safeguarding lead will judge if the parent is suitable to care for the child. This may involve calling the second contact on the child's registration form to collect them. If a child is thought to be at risk the nursery will follow the Safeguarding children and child protection procedures. If anyone arrives at the nursery in control of a car under the influence of alcohol the police will be contacted.

Staff, students, parents, carers, visitors, contractors etc. must not bring alcohol onto the nursery premises.

#### **Substance misuse**

Anyone who arrives at the nursery under the influence of illegal drugs, or any other substance including medication, that affects their ability to care for children, will be asked to leave the premises immediately.

*If they are a member of staff*, an investigation will follow which may lead to consideration of disciplinary action, as a result of which dismissal could follow.

*If they are a parent*, the nursery manager and/or designated safeguarding lead will judge if the parent is suitable to care for the child. This may involve calling the second contact on the child's registration



form to collect them. If a child is thought to be at risk the nursery will follow the Safeguarding children and child protection procedures.

The nursery manager will contact the police if anyone (including staff, students, volunteers, contractors and visitors) is suspected of being in possession of illegal drugs or if they are driving or may drive when under the influence of illegal drugs. If they are a member of staff, Disciplinary procedures will be followed.

If a member of staff is taking medication that may affect their ability to care for children, they must seek medical advice and inform the nursery manager as soon as possible to arrange for a risk assessment to take place. This will ensure that staff members only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after the children properly.

Any medication on the premises is stored securely, and out of reach of children, at all times.

### **If the nursery suspects a member of staff may have a drug or alcohol problem, but there is no evidence**

If the nursery suspects there may be an issue with drugs or alcohol (such as from observations, poor performance, changes in behaviour, sickness and/or staff feedback) but there is no evidence that it is happening during working hours or that they are arriving at work under the influence of drugs or alcohol a meeting will be held with the member of staff and manager to investigate the health concerns.

Support and referral to appropriate services may be offered to the staff member, if this is considered appropriate.

Confidentiality will be maintained at all times.

The staff member will be reminded that Disciplinary procedures will apply if they attend work under the influence of drugs or alcohol.

### **Safeguarding and child protection**

If a parent is clearly over the alcohol limit, or under the influence of illegal drugs and it is believed the child is at risk, we will follow our Safeguarding children and child protection procedures, contacting the local authority children's social care team and the police.

Staff will do their utmost to prevent a child from travelling in a vehicle driven by a parent suspected of being over the alcohol limit or under the influence of illegal drugs. If necessary, the police will be called.

Where an illegal act is suspected to have taken place, the police will be called.

### **Safeguarding and Welfare Requirement: Suitable People**

Providers must ensure that people looking after children are suitable to fulfil the requirements of their roles.

## **2.1 Employment**

(Including suitability, contingency plans, training and development)

### **Policy statement**

We meet the Safeguarding and Welfare requirements of the Early Years Foundation Stage ensuring that our staff are appropriately qualified, and we carry out checks for criminal and other records through the Criminal Records Bureau in accordance with statutory requirements.

### **Procedures**

#### *Vetting and staff selection*

- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection.
- All staff have job descriptions which set out their staff roles and responsibilities.
- We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of marital status, age, gender, culture, religious belief, ethnic origin or sexual orientation. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.
- We use Ofsted guidance on obtaining references and enhanced criminal record checks through the Criminal Records Bureau for staff and volunteers who will have unsupervised access to children. This is in accordance with requirements under the Safeguarding Vulnerable Groups Act 2006 for the vetting and barring scheme.
- We keep all records relating to employment of staff and volunteers, in particular those demonstrating that checks have been done, including the date and number of the enhanced DBS check.
- Staff are expected to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children – whether received before or at any time during their employment with us.

#### *Disqualification*

- When we become aware of any relevant information which may lead to the disqualification of an employee, we will take appropriate action to ensure the safety of children. In the event of disqualification, that person's employment with us will be terminated.

### *Changes to staff*

- We inform Ofsted of any changes in the person responsible for our setting.

### *Training and staff development*

- Our setting leader and deputy hold the minimum CACHE Level 3 Diploma in Pre-school Practice or an equivalent qualification and a minimum of half of our staff hold the CACHE Level 2 Certificate in Pre-school Practice or an equivalent or higher qualification.
- We provide regular in-service training to all staff - whether paid staff or volunteers - through the Pre-school Learning Alliance and external agencies.
- Our setting budget allocates resources to training.
- We provide staff induction training in the first week of employment. This induction includes our Health and Safety Policy and Safeguarding Children and Child Protection Policy. Other policies and procedures will be introduced within an induction plan.
- We support the work of our staff by holding regular supervision meetings and appraisals.
- We are committed to recruiting, appointing and employing staff in accordance with all relevant legislation and best practice.

### *Staff taking medication/other substances*

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

### *Managing staff absences and contingency plans for emergencies*

- Managers organise staff annual leave so that ratios are not compromised.
- Where staff are unwell and take sick leave in accordance with their contract of employment, we organise cover to ensure ratios are maintained.
- Sick leave is monitored, and action is taken where necessary in accordance with their contract of employment.
- We have contingency plans to cover staff absences, as follows:
  - Check the ratios in each room
  - Call sister setting for staff cover

- if that fails call agencies for temp staff cover
- We request confirmation that all necessary checks have been completed by the agency before using any supply/agency staff. We have a short induction prior to them working with the children. It is our policy that all agency/supply staff are fully supervised and not left alone with children.

**Other useful Pre-school Learning Alliance publications**

- Employee Handbook (2012)
- Recruiting and Managing Employees (2011)

**Safeguarding and Welfare Requirement: Child Protection**

The settings must have and implement a policy, and procedures, to safeguard children.

## 2.2 Student placements

### Policy statement

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

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

### Procedures

- We require students on qualification courses to meet the 'suitable person' requirements of Ofsted and have DBS checks carried out.
- We require students in our setting to have a sufficient understanding and use of English to contribute to the well-being of children in our care.
- We require schools placing students under the age of 17 years with the setting to vouch for their good character.
- We supervise students under the age of 17 years at all times and do not allow them to have unsupervised access to children.
- Students undertaking qualification courses who are placed in our setting on a short term basis are not counted in our staffing ratios.
- Trainee staff employed by the setting and students over the age of 17 may be included in the ratios if they are deemed competent and responsible.
- We take out employers' liability insurance and public liability insurance, which covers both trainees and voluntary helpers.
- We require students to keep to our confidentiality policy.
- We cooperate with students' tutors in order to help students to fulfil the requirements of their course of study.
- We provide students, at the first session of their placement, with a short induction on how our setting is managed, how our sessions are organised and our policies and procedures.
- We communicate a positive message to students about the value of qualifications and training.
- We make the needs of the children paramount by not admitting students in numbers that hinder the essential work of the setting.
- We ensure that trainees and students placed with us are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

**Safeguarding and Welfare Requirement: Staff qualifications, training, support and skills**

Providers must ensure that all staff receive induction training to help them understand their roles and responsibilities.

### **3.1 Induction of staff, volunteers and managers**

#### **Policy statement**

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

#### **Procedures**

- We have a written induction plan for all new staff, which includes the following:
  - Introductions to all staff and volunteers, including management committee members.
  - Familiarising with the building, health and safety, fire and evacuation procedures.
  - Ensuring our policies and procedures have been read and are carried out.
  - Introduction to parents, especially parents of allocated key children where appropriate.
  - Familiarising them with confidential information where applicable in relation to any key children.
  - Details of the tasks and daily routines to be completed.
- The initial induction period lasts at least two weeks including working on individual orientation pack and two days staff onboarding training. The entire induction process is 6 months. The manager inducts new staff and volunteers. The chairperson or senior manager induct new managers.
- During the induction period, the individual must demonstrate understanding of and compliance with policies, procedures, tasks and routines.
- Successful completion of the induction forms part of the probationary period.

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

- Employee Handbook (2012)
- Recruiting and Managing Employees (2011)

### **Safeguarding and Welfare Requirement: Staff Qualifications, Training, Support and Skills**

Providers must ensure there is a first aid box accessible at all times with appropriate content for use with children. Providers must keep a written record of accidents or injuries and first aid treatment.

## **3.2 First Aid**

### **Policy statement**

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

### **Procedures**

#### *The first aid kit*

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

- Triangular bandages (ideally at least one should be sterile) x 4.
- Sterile dressings:
  - Small x 3.
  - Medium x 3.
  - Large x 3.
- Sterile eye pads (with bandage or attachment) e.g. No 16 dressing x 2.
- Container of 6 safety pins x 1.
- Guidance card as recommended by HSE x 1.

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

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer.
- A supply of ice is kept in the freezer.
  
- Information about who has completed first aid training and the location of the first aid box is provided to all our staff and volunteers. A list of staff and volunteers who have current PFA certificates is displayed in the setting.
- The first aid box is easily accessible to adults and is kept out of the reach of children.

- There is a named person (the manager) in the setting who is responsible for checking and replenishing the first aid box contents.
- Medication is only administered in line with Our Administering Medicines policy.
- In the case of minor injury or accidents, first aid treatment is given by a qualified first aider.
- In the event of minor injuries or accidents, we normally inform parents when they collect their child, unless the child is unduly upset or we have concerns about the injury. In which case we will contact the child's parents for clarification of what they would like to do, i.e. whether they wish to collect the child and/or take them to their own GP.
- An ambulance is called for children requiring emergency treatment. We contact parents immediately and inform them of what has happened and where their child has been taken.
- Parents sign a consent form at registration allowing a member of staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that they have been informed and are on their way to the hospital.
- Accidents and injuries are recorded in our Accident record book and, where applicable, notified to the Health and Safety Executive, Ofsted and/or local child protection agencies in line with Our Recording and Reporting of Accident and Incidents Policy.

### **Legal framework**

- Health and Safety (First Aid) Regulations (1981)

### **Further guidance**

- First Aid at Work: Your questions answered (HSE Revised 2015)
- Basic Advice on First Aid at Work (HSE Revised 2012)
- Guidance on First Aid for Schools (DfE Revised 2014)

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

- First Aid Management Record (2016)
- Accident Record (2017)
- Medication Administration Record (2017)



**Safeguarding and Welfare Requirement: Key Person**

Each child must be assigned a key person. Their role is to help ensure that every child's care is tailored to meet their individual needs, to help the child become familiar with the setting, offer a settled relationship for the child and build a relationship with their parents.

## 4.1 The Role of the Key Person and Settling-in

**Policy statement**

We believe that children settle best when they have a key person to relate to, who knows them and their parents well, and who can meet their individual needs. We are committed to the key person approach which benefits the child, the parents, the staff and the setting. It encourages secure relationships which support children to thrive, give parents confidence and make the setting a happy place to attend or work in.

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

The key person role is set out in the Safeguarding and Welfare Requirements of the Early Years Foundation Stage. Each child must have a key person. These procedures set out a model for developing a key person approach that promotes effective and positive relationships for children.

**Procedures**

- We allocate a key person before the child starts.
- The key person is responsible for:
  - Providing an induction for the family and for settling the child into our setting.
  - Offering unconditional regard for the child and being non-judgemental.
  - Working with the parents to plan and deliver a personalised plan for the child's well-being, care and learning.
  - Acting as the key contact for the parents.
  - Developmental records and for sharing information on a regular basis with the child's parents to keep those records up to date, reflecting the full picture of the child in our setting and at home.

- Having links with other carers involved with the child and co-ordinating the sharing of appropriate information about the child's development with those carers.
- Encouraging positive relationships between children in her/his key group, spending time with them as a group each day.
- We promote the role of the key person as the child's primary carer in our setting, and as the basis for establishing relationships with other adults and children.

### *Settling-in*

- Before a child starts to attend our setting, we use a variety of ways to provide his/her parents with information. These include written information (including our prospectus and policies), displays about activities available within the setting, information days and evenings and individual meetings with parents.
- During the half-term before a child is enrolled, we provide opportunities for the child and his/her parents to visit the setting.
- The key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.
- We may offer a home visit by the person who will be the child's key person to ensure all relevant information about the child can be made known.
- We use pre-start visits and the first session at which a child attends to explain and complete, with his/her parents, the child's registration records.
- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting.
- We have an expectation that the parent or carer will stay for the first session during the settling week. The child continues the settling session for the rest of the week without parent or carer. The sessions will be increased gradually for the rest of the week.
- Younger children will take longer to settle in, as will children who have not previously spent time away from home. Children who have had a period of absence may also need their parents to be on hand to re-settle them.
- We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when he/she arrives, goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.
- When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when.
- We recognise that some children will settle more readily than others, but that some children who appear to settle rapidly are not ready to be left. We expect that the parent will honour the

commitment to stay for at least the first week, or possibly longer, until their child can stay happily without them.

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

### *The Progress Check at age Two*

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

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

- Statutory Framework for the Early Years Foundation Stage: With non-statutory supporting documentation (2014)
- Being a Key Person in an Early Years Setting (2015)
- Creating a Learning Environment in the Home (2015)

## **Safeguarding and Welfare Requirement: Staff/Child ratios**

Staffing arrangements must meet the needs of all children and ensure their safety.

### **5.1 Staffing**

#### **Policy statement**

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

#### **Procedures**

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

- Children under two years of age: 1 adult: 3 children;
  - at least one member of staff holds a full and relevant level 3 qualification and is suitably experienced in working with children under two;
  - at least half of all other staff hold a full and relevant level 2 qualification;
  - at least half of all staff have received training that specifically addresses the care of babies; and
  - where there is an under two-year-olds' room, the member of staff in charge of that room has suitable experience of working with under twos.
- Children aged two years: 1 adult: 4 children:
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.
- Children aged three years and over: 1 adult: 8 children:
  - at least one member of staff holds a full and relevant level 3 qualification; and
  - at least half of all other staff hold a full and relevant level 2 qualification.
- We follow the Early Years Foundation Stage Safeguarding and Welfare Requirements where a Qualified Teacher, Early Years Professional or other suitable level 6 qualified person is working directly with children aged three and over between the hours of 8am and 4pm as follows:
  - there is at least one member of staff for every 13 children; and
  - at least one other member of staff holds a full and relevant level 3 qualification.
- A minimum of two staff/adults are on duty at any one time.
- Each child is assigned a key person to help the child become familiar with the setting from the outset and to ensure that each child has a named member of staff with whom to form a

relationship. The key person plans with parents for the child's well-being and development in the setting. The key person meets regularly with the family for discussion and consultation on their child's progress and offers support in guiding their development at home.

- We hold regular staff meetings to undertake curriculum planning and to discuss children's progress, their achievements and any difficulties that may arise from time to time.

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

- Employee Handbook (2012)
- Recruiting and Managing Employees (2011)

### **Safeguarding and Welfare Requirement: Health**

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

## **6.1 Administering medicines**

### **Policy statement**

While it is not our policy to care for sick children, who should be at home until they are well enough to return to the setting, we will agree to administer medication as part of maintaining their health and well-being or when they are recovering from an illness.

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had medication before, especially a baby/child under two, it is advised that the parent keeps the child at home for the first **24** hours to ensure no adverse effect as well as to give time for the medication to take effect.

These procedures are written in line with current guidance in *Managing Medicines in Schools and Early Years Settings*; the manager is responsible for ensuring all staff understand and follow these procedures.

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

### **Procedures**

- Children taking prescribed medication must be well enough to attend the setting.
- Only medication prescribed by a doctor (or other medically qualified person) is administered. It must be in-date and prescribed for the current condition (medicines containing aspirin will only be given if prescribed by a doctor).
- Any medication for the first time has to be administered to the child at home.

- NB Children's paracetamol (un-prescribed) is administered only for children under the age of five years old with the verbal consent of the parents in the case of a high temperature. This is to prevent febrile convulsion and where a parent or named person is on their way to collect the child.
- Children's prescribed medicines are stored in their original containers, are clearly labelled and are inaccessible to the children.
- Parents give prior written permission for the administration of medication. The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child and date of birth;
  - name of medication and strength;
  - who prescribed it;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - any possible side effects that may be expected should be noted; and
  - signature, printed name of parent and date.
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication and a manager or deputy manager. Parents are shown the record at the end of the day and asked to sign the record book to acknowledge the administration of the medicine. The medication record book records the
  - name of child;
  - name and strength of medication;
  - the date and time of dose;
  - dose given and method; and is
  - signed by key person/manager; and is
  - verified by parent signature at the end of the day.
- We use the Pre-school Learning Alliance's publication *Medication Record* for recording administration of medicine and comply with the detailed procedures set out in that publication.

#### *Storage of medicines*

- All medication is stored safely in a locked cupboard, in the office or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.

- For some conditions, medication may be kept in the setting. Key persons check that any medication held to administer on and as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.

Medicines are stored in a labelled container with the child's name and instructions in the office clearly labelled

Medicine. Staff are informed by the manager (also during induction) and the key person are responsible for

passing on any relevant information to staff on late or early shift using the nursery communication book

- If the administration of prescribed medication requires medical knowledge, individual training is provided for the relevant member of staff by a health professional.
- If a rectal diazepam is given another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
- Parents will also contribute to a risk assessment. They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
- For some medical conditions key staff will need to have training in a basic understanding of the condition as well as how the medication is to be administered correctly. The training needs for staff is part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.
- The risk assessment includes arrangements for taking medicines on outings and the child's GP's advice is sought if necessary where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other staff who care for the child.



- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

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

- If children are going on outings, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child's needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- On returning to the setting the card is stapled to the medicine record book and the parent signs it.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles.
- This procedure is read alongside the outings procedure.

#### **Legal framework**

- The Human Medicines Regulations 2012

#### **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

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

- Medication Record (2010)
- Daily Register and Outings Record (2012)

### **Safeguarding and Welfare Requirement: Health**

The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

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

(Including reporting notifiable diseases)

### **Policy statement**

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

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

- If children appear unwell during the day – have a temperature above **37.8** degree sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect on their behalf.
- Temperature is taken using a ‘fever scan’ kept near to the first aid box.
- In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
- Parents are asked to take their child to the doctor before returning them to nursery; the nursery can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics, parents are asked to keep them at home for **24 hours** before returning to the setting.
- After diarrhoea and/or vomiting, parents are asked to keep children home for **48 hours** after the last loose stool or vomit.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947358374](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947358374) and includes common childhood illnesses such as measles.

### *Reporting of 'notifiable diseases'*

- If a child or adult is diagnosed suffering from a notifiable disease under the Public Health (Infectious Diseases) Regulations 1988, the GP will report this to the Health Protection Agency.
- When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

### *HIV/AIDS/Hepatitis procedure*

- HIV virus, like other viruses such as Hepatitis A, B and C are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- 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 either bagged for parents to collect or laundered in the nursery.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; clothes used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

### *Nits and head lice*

- Nits and head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away 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 if they are found to have head lice.

### **Procedures for children with allergies**

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a risk assessment form is completed to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.

- Parents train staff in how to administer special medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

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

- The insurance will automatically include children with any disability or allergy but certain procedures must be strictly adhered to as set out below. For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from your insurance provider must be obtained to extend the insurance.

**At all times the administration of medication must be compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage and follow procedures based on advice given in *Managing Medicines in Schools and Early Years Settings* (DfES 2005)**

#### *Oral medication*

Asthma inhalers are now regarded as 'oral medication' by insurers and so documents do not need to be forwarded to your insurance provider.

- Oral medications must be prescribed by a GP or have manufacturer's instructions clearly written on them.
- The provider must be provided with clear written instructions on how to administer such medication.
- All risk assessment procedures need to be adhered to for the correct storage and administration of the medication.
- The group must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to your insurance provider.

#### *Life saving medication & invasive treatments*

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

- The provider must have:
  - a letter from the child's GP/consultant stating the child's condition and what medication if any is to be administered;
  - written consent from the parent or guardian allowing staff to administer medication; and
  - proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse.
- Copies of all three letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their

procedures with them). Confirmation will then be issued in writing confirming that the insurance has been extended.

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

- Prior written consent from the child's parent or guardian to give treatment and/or medication prescribed by the child's GP.
- Key person to have the relevant medical training/experience, which may include those who have received appropriate instructions from parents or guardians, or who have qualifications.
- Copies of all letters relating to these children must first be sent to the Pre-school Learning Alliance Insurance Department for appraisal (if you have another provider, please check their procedures with them). Written confirmation that the insurance has been extended will be issued by return.

If you are unsure about any aspect, contact the Pre-school Learning Alliance Insurance Department on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).

### **Further guidance**

- Managing Medicines in Schools and Early Years Settings (DfES 2005)

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

- Good Practice in Early Years Infection Control (2009)

### **Safeguarding and Welfare Requirement: Health**

The provider must promote the good health of children attending the setting

## **6.3 Recording and Reporting of Accidents and Incidents**

(Including procedure for reporting to HSE, RIDDOR)

### **Policy statement**

We follow the guidelines of the Reporting Injuries, Diseases and Dangerous Occurrences (RIDDOR) for the reporting of accidents and incidents. Child protection matters or behavioural incidents between children are NOT regarded as incidents and there are separate procedures for this.

### **Procedures**

*Our accident book:*

- is kept safely and accessibly;
- is accessible to all staff and volunteers, who know how to complete it; and
- is reviewed at least half termly to identify any potential or actual hazards.

Ofsted is notified of any food poisoning affecting two or more children looked after on our premises and any injury requiring treatment by a general practitioner or hospital doctor, or the death of a child or adult as soon as possible or at least within 14 days of the incident occurring.

Local child protection agencies are informed of any serious accident or injury to, or the death of any child while in our care and we act on any advice given by those agencies.

When there is any injury requiring general practitioner or hospital treatment to a child, parent, volunteer or visitor or where there is a death of a child or adult on the premises, we make a report to the Health and Safety Executive using the format for the Reporting of Injuries, Diseases and Dangerous Occurrences.

### *Dealing with incidents*

We meet our legal requirements for the safety of our employees by complying with RIDDOR (the Reporting of Injury, Disease and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

- any accident to a member of staff requiring treatment by a general practitioner or hospital; and
- any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident but could have done, such as a gas leak.
- Any dangerous occurrence is recorded in our incident book. See below.

Information for reporting the incident to the Health and Safety Officer is detailed in the Pre-school Learning Alliance's *Accident Record* publication.

#### *Our incident book*

- We have ready access to telephone numbers for emergency services, including local police. Where we are responsible for the premises we have contact numbers for gas and electricity emergency services, carpenter and plumber. Where we rent premises we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We keep an incident book for recording incidents including those that are reportable to the Health and Safety Executive as above.
- These incidents include:
  - break in, burglary, theft of personal or the setting's property;
  - an intruder gaining unauthorised access to the premises;
  - fire, flood, gas leak or electrical failure;
  - attack on member of staff or parent on the premises or nearby;
  - any racist incident involving staff or family on the centre's premises;
  - death of a child, and
  - a terrorist attack, or threat of one.
- In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
- In the unlikely event of a terrorist attack we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard *Fire Safety and Emergency Evacuation* Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, or any other means involving an older child, the emergency services are called, and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

### **Common Inspection Framework**

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

### **Legal framework**

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 1995)

### **Further guidance**

- RIDDOR Guidance and Reporting Form

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

- Accident Record (2010)
- Reportable Incident Record (2012)



### **Safeguarding and Welfare Requirement: Health**

Providers must ensure there are suitable hygienic changing facilities for changing any children who are in nappies.

## **6.4 Nappy changing**

### **Policy statement**

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

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

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

We enable a two-way exchange between parents and key persons so that information is shared about nappy changing and toilet training in a way that suits the parents and meets the child's needs.

Particularly with toilet training, we work closely with parents/carers to sensitively support toilet training to ensure consistency between home and nursery, when a child shows signs of readiness.

### **Procedures**

- Our Key persons have a list of personalised changing times for the children in their care who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary.
- We encourage young children from two years old to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.
- Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- **Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.**

- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes.
- Each child has their own blue string bag labelled with their name to put their spare clothes and belongings. The nappies, pull ups and wipes are provided by the nursery.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. Paper towel is put down on the changing mat freshly for each child.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turns their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- We encourage children to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- **We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and antibacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.**
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically. Any used nappies or pull ups are bagged and put in the appropriate bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are bagged appropriately for parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull ups in the setting for long periods of time in a detrimental way for the child, that may constitute neglect and will be a disciplinary matter.

**Safeguarding and Welfare Requirement: Health**

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious.

## 6.5 Food and drink

### Policy statement

Our provision regards snack and mealtimes as an important part of our day. Eating represents a social time for children and adults and helps children to learn about healthy eating. We promote healthy eating using resources and materials from the Pre-school Learning Alliance. At snack and mealtimes, we aim to provide nutritious food, which meets the children's individual dietary needs.

### Procedures

We follow these procedures to promote healthy eating in our setting.

- Before a child starts to attend the setting, we find out from parents their children's dietary needs and preferences, including any allergies. (See the Managing Children who are Sick, Infectious or with Allergies policy.)
- We record information about each child's dietary needs in her/his registration record and parents sign the record to signify that it is correct.
- We regularly consult with parents to ensure that our records of their children's dietary needs - including any allergies - are up to date. Parents sign the up-dated record to signify that it is correct.
- We display current information about individual children's dietary needs so that all staff and volunteers are fully informed about them.
- We implement systems to ensure that children receive only food and drink that is consistent with their dietary needs and preferences as well as their parents' wishes.
- We plan menus in advance, involving children and parents in the planning.
- We display the menus of meals/snacks for the information of parents.
- We provide nutritious food for all meals and snacks, avoiding large quantities of saturated fat, sugar and salt and artificial additives, preservatives and colourings.
- We provide vegetarian meals and promote healthy eating styles. We include a variety of foods from the four main food groups:
  - protein alternatives;

- dairy foods;
- grains, cereals and starch vegetables; and
- fruit and vegetables.
- We include foods from the diet of each of the children's cultural backgrounds, providing children with familiar foods and introducing them to new ones.
- We provide nut free meals all the time.
- Through discussion with parents and research reading by staff, we obtain information about the dietary rules of the religious groups to which children and their parents belong, and of vegetarians and vegans, and about food allergies. We take account of this information in the provision of food and drinks.
- We require staff to show sensitivity in providing for children's diets and allergies. Staff do not use a child's diet or allergy as a label for the child or make a child feel singled out because of her/his diet or allergy.
- We organise meal and snack times so that they are social occasions in which children and staff participate.
- We use meal and snack times to help children to develop independence through making choices, serving food and drink as well as feeding themselves.
- We provide children with utensils that are appropriate for their ages and stages of development and that take account of the eating practices in their cultures.
- We have fresh drinking water constantly available for the children. We inform the children about how to obtain the water and that they can ask for water at any time during the day.
- We inform parents who provide food for specific children about the suitable containers for food.
- In order to protect children with food allergies, we discourage children from sharing and swapping their food with one another.
- For children who drink milk, we provide whole pasteurised milk.
- **For each child under three, we provide parents with daily written information using Eylog about feeding routines, intake and preferences.**

#### *Packed lunches*

*In situations where we cannot provide cooked meals and children are required to bring packed lunch].*

We:

- ensure perishable contents of packed lunches are refrigerated or contain an ice pack to keep food cool;
- inform parents of our policy on healthy eating;
- inform parents of whether we have facilities to microwave cooked food brought from home;

- encourage parents to provide sandwiches with a healthy filling, fruit, and milk-based desserts such as yoghurt or crème fraiche where we can only provide cold food from home. We discourage sweet drinks and can provide children with water or diluted fresh fruit juice;
- discourage packed lunch contents that consist largely of crisps, processed foods, sweet drinks and sweet products such as cakes or biscuits and nuts. We reserve the right to return this food to the parent as a last resort;
- provide children, bringing packed lunches, with plates, cups and cutlery; and
- ensure staff sit with children to supervise and eat their lunch so that the mealtime is a social occasion.

#### *Food Poisoning*

- We notify Ofsted of any food poisoning affecting two or more children looked after on the premises as soon as is reasonably practicable, but in any event within 14 days of the incident.

#### **Legal framework**

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

#### **Further guidance**

- Safer Food, Better Business (Food Standards Agency 2008)

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

- Healthy and Active Lifestyles for the Early Years (2012)
- Nutritional Guidance for the Under Fives (2009)
- The Early Years Essential Cookbook (2009)

### **Safeguarding and Welfare Requirement: Health**

Where children are provided with meals, snacks and drinks, they must be healthy, balanced and nutritious.

## **6.6 Food hygiene**

(Including procedure for reporting food poisoning)

### **Policy statement**

We provide and/or serve food for children on the following basis:

- Snacks.
- Meals.
- Packed lunches.

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

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

### **Procedures**

- The person in charge and the person responsible for food preparation understands the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to their business. This is set out in *Safer Food Better Business*. The basis for this is risk assessment as it applies to the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
- All staff follow the guidelines of *Safer Food Better Business*.
- At least one person has an in-date Food Hygiene Certificate.
- The person responsible for food preparation and serving carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See *Safer Food Better Business*.)
- We use reliable suppliers for the food we purchase.
- Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.

- Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.
- Food preparation areas are cleaned before use as well as after use.
- There are separate facilities for handwashing and for washing up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc are clean and stored appropriately.
- Waste food is disposed of daily.
- Cleaning materials and other dangerous materials are stored out of children's reach.
- Children do not have unsupervised access to the kitchen.
- When children take part in cooking activities, they:
  - are supervised at all times;
  - understand the importance of hand washing and simple hygiene rules
  - are kept away from hot surfaces and hot water; and
  - do not have unsupervised access to electrical equipment such as blenders etc.

#### *Reporting of food poisoning*

- Food poisoning can occur for a number of reasons; not all cases of sickness or diarrhoea are as a result of food poisoning and not all cases of sickness or diarrhoea are reportable.
- Where children and/or adults have been diagnosed by a GP or hospital doctor to be suffering from food poisoning and where it seems possible that the source of the outbreak is within the setting, the manager will contact the Environmental Health Department and the Health Protection Agency, to report the outbreak and will comply with any investigation.
- Any confirmed cases of food poisoning affecting two or more children looked after on the premises the setting will also be notified to Ofsted as soon as is reasonably practicable, and always within 14 days of the incident.

#### **Legal Framework**

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

#### **Further guidance**

- Safer Food Better Business (Food Standards Agency)

## 6.7 Individual Health Plan

*This form must be used alongside the individual child's registration form which contains emergency parental contact and other personal details.*

Date completed: \_\_\_\_\_ Review date: \_\_\_\_\_

### Child's details:

Full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical condition/diagnosis \_\_\_\_\_

Medical needs and symptoms: \_\_\_\_\_

Daily care requirements: \_\_\_\_\_

Medication details (inc. expiry date/disposal) \_\_\_\_\_

Storage of medication: \_\_\_\_\_

Procedure for administering medication: \_\_\_\_\_

Names of staff trained to carry out health plan procedures and administer medication: \_\_\_\_\_

Other information: \_\_\_\_\_

Date risk assessment completed: \_\_\_\_\_

Risk assessment details: \_\_\_\_\_

Describe what constitutes an emergency for the child, what procedures will be taken if this occurs and the names of staff responsible for an emergency situation with the child:



**Child’s main carer(s)**

1. Name:	Relationship to child:
_____	_____
Contact number(s):	
_____	
2. Name:	Relationship to child:
_____	_____
Contact number(s):	
_____	

**General Practitioner’s details:**

Name:	Contact number:
_____	_____
Address:	
_____	
_____	

**Clinic of Hospital details (if app):**

Name:	Contact number:
_____	_____
Address:	
_____	
_____	

**Declaration**

I have read the information in this health plan and have found it to be accurate. I agree for the recorded procedures to be carried out:

Name of parent:	Date:
_____	_____
Signature:	
_____	
Name of key person:	Date:
_____	_____
Signature:	
_____	
Name of manager:	Date:
_____	_____
Signature:	
_____	
Date:	
_____	

For children requiring life saving or invasive medication and/or care, for example, rectal diazepam, adrenaline injectors, Epipens, Anapens, JextPens, maintaining breathing apparatus, changing colostomy or feeding tubes, you must receive approval 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/consultant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

**To be reviewed at least every six months, or as and when needed.**

**Copied to parents and child's personal file (with registration form)**

## 6.8 Menopause policy

### Introduction

Fountain Montessori is committed to providing an inclusive and supportive working environment for all its employees.

This policy sets out the support for employees experiencing menopausal symptoms. Menopause is a natural part of every woman's life, and it isn't always an easy transition. With the right support, it can be much better. Whilst every woman does not suffer with symptoms, supporting those who do will improve their experience at work.

We want all staff to understand what the menopause is, and to be able to talk about it openly, without embarrassment.

The average age for a woman to reach menopause in the UK is 51, with the changing age of the UK's workforce this means that there are now around 4.4 million women aged 50-64 in work and the vast majority of these will go through the menopause transition during their working lives (ONS 2019).

The menopause usually occurs between 45 and 55 years of age, as a woman's oestrogen levels decline. Premature menopause happens when a woman's periods stop before the age of 45. This is known as premature menopause or premature ovarian insufficiency. For some women, it can be experienced at a much younger age, in their 30s or even younger.

Research shows that the majority of women are unwilling to discuss menopause-related health problems with their line manager, nor ask for the support they may need (CIPD) Altman 2015).

This policy sets out the guidelines for staff and managers on providing the right support to manage menopausal symptoms at work.

### Aims

The aims of this policy are to:

- Foster an environment in which colleagues can openly and comfortably instigate conversations or engage in discussions about menopause.
- Support the understanding of what menopause is, so that staff can confidently have good conversations, and are clear on the setting's policy and practices.
- Inform managers about the potential symptoms of menopause, and how they can support women at work.
- Ensure that women suffering with menopause symptoms feel confident to discuss it and ask for support and any appropriate reasonable adjustments so they can continue to be successful in their roles.
- Reduce absenteeism due to menopausal symptoms.
- Demonstrate our commitment to supporting women's needs during menopause.
- Highlight the setting's duty to provide a safe working environment for all employees.

### Definitions

Menopause is defined as a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for twelve consecutive months (for women reaching menopause naturally). The average age for a woman to reach menopause is 51, however, it can be earlier or later than this due to surgery, illness or other reasons.

For most women, the menopause starts between the ages of 45 and 55. Premature menopause happens when a woman's periods stop before the age of 45. This is known as premature menopause or premature ovarian insufficiency. For some women, it can be experienced at a much younger age, in their 30s or even younger. It can happen naturally, or as a side effect of some treatments. The NHS estimates that around 1 in 100 women experience the menopause before 40 years of age.

Perimenopause is the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause.

Post menopause is the time after menopause has occurred, starting when a woman has not had a period for twelve consecutive months.

### **Symptoms of Menopause**

It is important to note that not every woman will notice every symptom, or even need help or support. However, 75% of women do experience some symptoms, and 25% could be classed as severe, while 4 out of 10 women do not seek medical advice even though their symptoms are worse than they expected. (Menopause in the Workplace 2017).

Symptoms vary greatly, and commonly include (but are not limited to):

- hot flushes
- night sweats
- anxiety
- dizziness
- fatigue
- memory loss
- depression
- headaches
- recurrent urinary tract infections
- joint stiffness, aches and pains
- reduced concentration
- heavy periods

Each of these symptoms can affect an employee's comfort and performance at work. Symptoms can manifest both physically and psychologically.

### **Roles and Responsibilities**

All staff are responsible for:

- Taking a personal responsibility to look after their health
- Being open and honest in conversations with their line manager
- Contributing to a respectful and productive working environment where staff can talk openly about the menopause
- Being willing to help and support their colleagues
- If a member of staff is unable to speak to their line manager, or if their line manager is not supporting them, they can speak to a [owner/trustee/director] or a Mental Health First Aider

All line managers should:

- Familiarise themselves with the Menopause Policy
- Have open discussions about menopause, treating the discussion sensitively and confidentially
- Record adjustments agreed, and any actions to be implemented
- Ensure ongoing dialogue and regular check-ins

[Owners/trustees/directors] will:

- Offer guidance to managers on the interpretation of this policy

- Monitor and evaluate the effectiveness of this policy in respect of related absence levels and performance

Mental Health First Aiders (MHFA)\* should:

- Identify early signs of low wellbeing
- Talk through the individuals concerns and find out about seeking further assistance
- Signpost individuals to support as needed

\*See Building a Resilient Workforce (Early Years Alliance 2019)

## Support

### *Temperature control in settings*

The setting strives to achieve a comfortable working temperature for employees and will allow flexibility within its dress code where reasonable.

### *Flexible working*

The setting recognises that difficulty sleeping is a common symptom of the menopause. To reflect this, as well as the impact of other common symptoms, we aim to facilitate flexible working wherever possible.

Requests for flexible working could include asking for:

- A change to the pattern of hours worked
- A reduction in working hours
- More frequent breaks

Employees should discuss such requests with their line manager in the first instance. Further details on requesting flexible working can be found in People Management. (Alliance 2016, p52) Depending on the circumstances, requests may be approved on a permanent or temporary basis.

## Data protection

We will process any personal data collected in accordance with its data protection policy. Data collected from the point at which we become aware of the issue is held securely and accessed by, and disclosed to, individuals only for the purposes of providing the necessary support.

## Further information

- The National Health Service provides an overview of menopause [www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx)
- The National Institute for Health and Care Excellence (NICE) guidelines explain how a GP will determine what types of treatments and interventions they can offer [www.nice.org.uk/guidance/ng23/ifp/chapter/About-this-information](http://www.nice.org.uk/guidance/ng23/ifp/chapter/About-this-information)
- The Royal College of Obstetricians and Gynaecologists offer further information [www.rcog.org.uk/en/patients/menopause/](http://www.rcog.org.uk/en/patients/menopause/)
- The Daisy Network provides support to women, along with the families and partners, who have been diagnosed with Premature Ovarian Insufficiency (POI) [www.daisynetwork.org/](http://www.daisynetwork.org/)
- The Royal College of Obstetricians & Gynaecologists provide information for women, their partners and families about hysterectomies [www.rcog.org.uk/en/patients/menopause/hysterectomy/](http://www.rcog.org.uk/en/patients/menopause/hysterectomy/)
- The Menopause Charity's mission is to bust myths, overcome ignorance and make menopause symptoms history [www.themenopausecharity.org/](http://www.themenopausecharity.org/)
- Henpicked provides a website for women to discuss menopause and find inspirational life stories, tips and advice [henpicked.net](http://henpicked.net)
- Menopause Matters provides information about menopause, menopausal symptoms and treatment options [www.menopausematters.co.uk](http://www.menopausematters.co.uk)

- Menopause Café deliver events where people can gather to eat cake, drink tea and discuss menopause [www.menopausecafe.net](http://www.menopausecafe.net)

## Appendix 1

### Confidential Colleague Discussion – Template

Name: .....

Job Title .....

Present at meeting .....  
(line manager name and position)

Date of discussion .....

Summary of Discussion:

Agreed Actions/Adjustments:

Date of next review meeting .....

Signed (Member of staff) .....

Signed (Manager) .....

### **Safeguarding and Welfare Requirement: Managing behaviour**

Providers must have and implement a behaviour management policy and procedures.

## **7.1 Achieving Positive Behaviour**

### **Policy statement**

Our setting believes that children flourish best when their Personal, Social and Emotional needs are met and where there are clear and developmentally appropriate expectations for their behaviour.

Children need to learn to consider the views and feelings, needs and rights of others and the impact that their behaviour has on people, places and objects. This is a developmental task that requires support, encouragement, teaching and setting the correct example. The principles that underpin how we achieve positive and considerate behaviour exist within the programme for promoting personal, social and emotional development.

### **Procedures**

We have a named person who has overall responsibility for our programme for supporting personal, social and emotional development, including issues concerning behaviour.

- We require the named person to:
  - keep her/himself up to date with legislation, research and thinking on promoting positive behaviour and on handling children's behaviour where it may require additional support;
  - access relevant sources of expertise on promoting positive behaviour within the programme for supporting personal, social and emotional development; and
  - check that all staff have relevant in-service training on promoting positive behaviour. We keep a record of staff attendance at this training.
- We recognise that codes for interacting with other people vary between cultures and require staff to be aware of - and respect - those used by members of the setting.
- We require all staff, volunteers and students to provide a positive model of behaviour by treating children, parents and one another with friendliness, care and courtesy.
- We familiarise new staff and volunteers with the setting's *Achieving Positive Behaviour* policy and its guidelines for behaviour.

- We expect all members of our setting - children, parents, staff, volunteers and students - to keep to the guidelines, requiring these to be applied consistently.
- We work in partnership with children's parents. Parents are regularly informed about their children's behaviour by their key person. We work with parents to address recurring inconsiderate behaviour, using our observation records to help us to understand the cause and to decide jointly how to respond appropriately.

#### *Strategies with children who engage in inconsiderate behaviour*

- We require all staff, volunteers and students to use positive strategies for handling any inconsiderate behaviour, by helping children find solutions in ways which are appropriate for the children's ages and stages of development. Such solutions might include, for example, acknowledgement of feelings, explanation as to what was not acceptable and supporting children to gain control of their feelings so that they can learn a more appropriate response.
- We ensure that there are enough popular toys and resources and sufficient activities available so that children are meaningfully occupied without the need for unnecessary conflict over sharing and waiting for turns.
- We acknowledge considerate behaviour such as kindness and willingness to share.
- We support each child in developing self-esteem, confidence and feelings of competence.
- We support each child in developing a sense of belonging in our group, so that they feel valued and welcome.
- We avoid creating situations in which children receive adult attention only in return for inconsiderate behaviour.
- When children behave in inconsiderate ways, we help them to understand the outcomes of their actions and support them in learning how to cope more appropriately.
- We never send children out of the room by themselves, nor do we use a 'naughty chair' or a 'time out' strategy that excludes children from the group.
- We never use physical or corporal punishment, such as smacking or shaking. Children are never threatened with these.
- We do not use techniques intended to single out and humiliate individual children.
- We use physical restraint, such as holding, only to prevent physical injury to children or adults and/or serious damage to property.
- Details of such an event (what happened, what action was taken and by whom, and the names of witnesses) are brought to the attention of our setting leader and are recorded in the child's personal file. The child's parent(s) is informed on the same day.



- In cases of serious misbehaviour, such as racial or other abuse, we make clear immediately the unacceptability of the behaviour and attitudes, by means of explanations rather than personal blame.
- We do not shout or raise our voices in a threatening way to respond to children's inconsiderate behaviour.

#### *Children under three years*

- When children under three years old behave in inconsiderate ways we recognise that strategies for supporting them will need to be developmentally appropriate and differ from those for older children.
- We recognise that babies and very young children are unable to regulate their own emotions, such as fear, anger or distress, and require sensitive adults to help them do this.
- Common inconsiderate or hurtful behaviours of young children include tantrums, biting or fighting. Staff are calm and patient, offering comfort to intense emotions, helping children to manage their feelings and talk about them to help resolve issues and promote understanding.
- If tantrums, biting or fighting are frequent, we try to find out the underlying cause - such as a change or upheaval at home or frequent change of carers. Sometimes a child has not settled in well and the behaviour may be the result of 'separation anxiety'.
- We focus on ensuring a child's attachment figure in the setting, their key person, is building a strong relationship to provide security to the child.

#### *Rough and tumble play and fantasy aggression*

Young children often engage in play that has aggressive themes – such as superhero and weapon play; some children appear preoccupied with these themes, but their behaviour is not necessarily a precursor to hurtful behaviour or bullying, although it may be inconsiderate at times and may need addressing using strategies as above.

- We recognise that teasing and rough and tumble play are normal for young children and acceptable within limits. We regard these kinds of play as pro-social and not as problematic or aggressive.
- We will develop strategies to contain play that are agreed with the children, and understood by them, with acceptable behavioural boundaries to ensure children are not hurt.
- We recognise that fantasy play also contains many violently dramatic strategies, e.g. blowing up and shooting, and that themes often refer to 'goodies and baddies' and as such offer opportunities for us to explore concepts of right and wrong.

- We are able to tune in to the content of the play, perhaps to suggest alternative strategies for heroes and heroines, making the most of 'teachable moments' to encourage empathy and lateral thinking to explore alternative scenarios and strategies for conflict resolution.

### *Hurtful behaviour*

We take hurtful behaviour very seriously. Most children under the age of five will at some stage hurt or say something hurtful to another child, especially if their emotions are high at the time, but it is not helpful to label this behaviour as 'bullying'. For children under five, hurtful behaviour is momentary, spontaneous and often without cognisance of the feelings of the person whom they have hurt.

- We recognise that young children behave in hurtful ways towards others because they have not yet developed the means to manage intense feelings that sometimes overwhelm them.
- We will help them manage these feelings as they have neither the biological means nor the cognitive means to do this for themselves.
- We understand that self-management of intense emotions, especially of anger, happens when the brain has developed neurological systems to manage the physiological processes that take place when triggers activate responses of anger or fear.
- Therefore, we help this process by offering support, calming the child who is angry as well as the one who has been hurt by the behaviour. By helping the child to return to a normal state, we are helping the brain to develop the physiological response system that will help the child be able to manage his or her own feelings.
- We do not engage in punitive responses to a young child's rage as that will have the opposite effect.
- Our way of responding to pre-verbal children is to calm them through holding and cuddling. Verbal children will also respond to cuddling to calm them down, but we offer them an explanation and discuss the incident with them to their level of understanding.
- We recognise that young children require help in understanding the range of feelings they experience. We help children recognise their feelings by naming them and helping children to express them, making a connection verbally between the event and the feeling. "Adam took your car, didn't he, and you were enjoying playing with it. You didn't like it when he took it, did you? Did it make you feel angry? Is that why you hit him?" Older children will be able to verbalise their feelings better, talking through themselves the feelings that motivated the behaviour.
- We help young children learn to empathise with others, understanding that they have feelings too and that their actions impact others' feelings. "When you hit Adam, it hurt him, and he didn't like that and it made him cry".

- We help young children develop prosocial behaviour, such as resolving conflict over who has the toy. “I can see you are feeling better now and Adam isn’t crying any more. Let’s see if we can be friends and find another car, so you can both play with one”.
- We are aware that the same problem may happen over and over before skills such as sharing and turn-taking develop. In order for both the biological maturation and cognitive development to take place, children will need repeated experiences with problem solving, supported by patient adults and clear boundaries.
- We support social skills through modelling behaviour, through activities, drama and stories. We build self-esteem and confidence in children, recognising their emotional needs through close and committed relationships with them.
- We help a child to understand the effect that their hurtful behaviour has had on another child; we do not force children to say sorry, but encourage this where it is clear that they are genuinely sorry and wish to show this to the person they have hurt.
- When hurtful behaviour becomes problematic, we work with parents to identify the cause and find a solution together. The main reasons for very young children to engage in excessive hurtful behaviour are that:
  - they do not feel securely attached to someone who can interpret and meet their needs – this may be in the home and it may also be in the setting;
  - their parent, or carer in the setting, does not have skills in responding appropriately, and consequently negative patterns are developing where hurtful behaviour is the only response the child has to express feelings of anger;
  - the child may have insufficient language, or mastery of English, to express him or herself and may feel frustrated;
  - the child is exposed to levels of aggressive behaviour at home and may be at risk emotionally, or may be experiencing child abuse;
  - The child has a developmental condition that affects how they behave.
- Where this does not work, we use the Code of Practice to support the child and family, making the appropriate referrals to a Behaviour Support Team where necessary.

### *Bullying*

We take bullying very seriously. Bullying involves the persistent physical or verbal abuse of another child or children. It is characterised by intent to hurt, often planned, and accompanied by an awareness of the impact of the bullying behaviour.

A child who is bullied has reached a stage of cognitive development where he or she is able to plan to carry out a premeditated intent to cause distress to another. Bullying can occur in children five years

old and over and may well be an issue in after school clubs and holiday schemes catering for slightly older children.

If a child bullies another child or children, we take the following steps:

- We show the children who have been bullied that we are able to listen to their concerns and act upon them.
- We intervene to stop the child who is bullying from harming the other child or children.
- We explain to the child doing the bullying why her/his behaviour is not acceptable.
- We give reassurance to the child or children who have been bullied.
- We help the child who has done the bullying to recognise the impact of their actions.
- We make sure that children who bully receive positive feedback for considerate behaviour and are given opportunities to practise and reflect on considerate behaviour.
- We do not label children who bully as 'bullies'
- We recognise that children who bully may be experiencing bullying themselves or be subject to abuse or other circumstances causing them to express their anger in negative ways towards others.
- We recognise that children who bully are often unable to empathise with others and for this reason we do not insist that they say sorry unless it is clear that they feel genuine remorse for what they have done. Empty apologies are just as hurtful to the bullied child as the original behaviour.
- We discuss what has happened with the parents of the child who did the bullying and work out with them a plan for handling the child's behaviour.
- We share what has happened with the parents of the child who has been bullied, explaining that the child who did the bullying is being helped to adopt more acceptable ways of behaving.

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

- Reflecting on Behaviour (2010)
- The Social Child (2007)
- Behaviour Matters: supporting children's social and emotional development in the early years (2016)

**Safeguarding and Welfare Requirement: Managing behaviour**

Providers are responsible for managing children's behaviour in an appropriate way.

## **7. 2 Promoting Positive Behaviour**

### **Policy statement**

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

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

### **Procedures**

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

- attend relevant training to help understand and guide appropriate models of behaviour;
- implement the setting's behaviour procedures including the stepped approach;
- have the necessary skills to support other staff with behaviour issues and to access expert advice, if necessary;

- ensure all staff complete the Promoting Positive Behaviour programme, on Educare (<http://pre-school.educare.co.uk/Login.aspx>)

### *Stepped approach*

#### **Step 1**

- We will ensure that EYFS guidance relating to 'behaviour management' is incorporated into relevant policy and procedures;
- We will be knowledgeable with, and apply the setting's procedures on Promoting Positive Behaviour;
- We will undertake an annual audit of the provision to ensure the environment and practices support healthy social and emotional development. Findings from the audit are considered by management and relevant adjustments applied. (A useful guide to assessing the well-being of children can be found at [www.kindengezin.be/img/sics-ziko-manual.pdf](http://www.kindengezin.be/img/sics-ziko-manual.pdf))
- ensure that all staff are supported to address issues relating to behaviour including applying initial and focused intervention approaches (see below).

#### **Step 2**

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

implement the actions. The plan should be monitored and reviewed regularly by the key person and SENCO until improvement is noticed.

All incidents and intervention relating to unwanted and challenging behaviour by children should be clearly and appropriately logged.

### **Step 3**

- If, despite applying the initial intervention and focused intervention approaches, the behaviour continues to occur and/or is of significant concern, then the behaviour coordinator and SENCO will invite the parents to a meeting to discuss external referral and next steps for supporting the child in the setting.
- It may be agreed that the Common Assessment Framework (CAF) or Early Help process should begin and that specialist help be sought for the child – this support may address either developmental or welfare needs. If the child's behaviour is part of a range of welfare concerns that also include a concern that the child may be suffering or likely to suffer significant harm, follow the Safeguarding and Children and Child Protection Policy (1.2). It may also be agreed that the child should be referred for an Education, Health and Care assessment. (See Supporting Children with SEN policy 9.2)
- Advice provided by external agencies should be incorporated into the child's action plan and regular multi-disciplinary meetings held to review the child's progress.

#### *Initial intervention approach*

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

#### *Focused intervention approach*

- The reasons for some types of behaviour are not always apparent, despite the knowledge and input from key staff and parents.
- Where we have considered all possible reasons, then a focused intervention approach should then be applied.
- This approach allows [me/the key person and behaviour coordinator] to observe, reflect, and identify causes and functions of unwanted behaviour in the wider context of other known influences on the child.

- We follow the ABC method which uses key observations to identify a) an event or activity (antecedent) that occurred immediately before a particular behaviour, b) what behaviour was observed and recorded at the time of the incident, and c) what the consequences were following the behaviour. Once analysed, the focused intervention should help determine the cause (e.g. ownership of a toy or fear of a situation) and function of the behaviour (to obtain the toy or avoid a situation) and suitable support will be applied.

#### *Use of rewards and sanctions*

- All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.
- Rewards such as excessive praise and stickers may provide an immediate change in the behaviour but will not teach children how to act when a 'prize' is not being given or provide the child with the skills to manage situations and their emotions. Instead, a child is taught how to be 'compliant' and respond to meet an adult's own expectations in order to obtain a reward (or for fear of a sanction). If used then the type of rewards and their functions must be carefully considered before applying.
- Children should never be labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group and left alone in 'time out' or on a 'naughty chair'. However, if necessary children can be accompanied and removed from the group in order to calm down and if appropriate help to reflect on what has happened.

#### *Use of physical intervention*

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

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



- Any aggressive behaviour by children towards other children will result in a staff member intervening immediately to challenge and prevent escalation.
- If the behaviour has been significant or may potentially have a detrimental effect on the child, the parents of the child who has been the victim of behaviour and the parents of the child who has been the perpetrator should be informed.
- The designated person will contact children's social services if appropriate and will consider notifying the police if appropriate.
- The designated person will make a written record of the incident, which is kept in the child's file; in line with the *Safeguarding children, young people and vulnerable adults* policy.
- The designated person should complete a risk assessment related to the child's challenging behaviour to avoid any further instances.
- The designated person should meet with the parents of the child who has been affected by the behaviour to advise them of the incident and the setting's response to the incident.
- Ofsted should be notified if appropriate.
- Relevant health and safety procedures and procedures for dealing with concerns and complaints should be followed.
- Parents should also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.

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

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

### **Further guidance**

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

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

- Behaviour Matters (2016)
- CIF Summary Record (2016)

## **7.3 Conflict Resolution with Parents and Aggressive Behaviour Policy**

### **Policy Statement**

At Fountain Montessori we believe that we have a strong partnership with our parents and an open-door policy to discuss any matters arising.

If as a parent you have any concerns or issues you wish to raise with the nursery then please follow the complaints procedure.

In the case of a parent emailing, calling or using social media to complain the nursery will direct them to the correct procedure for raising a complaint.

We have a zero tolerance for abusive calls, emails, social media contact and face to face confrontation.

### **Procedure:**

#### **Calls of an aggressive/abusive manner**

The call taker receiving a call leading to abusive/aggressive will remain calm and professional and ask them to follow the complaints policy. If the abuse continues the call taker will end the call. Any abusive calls will be logged with an outline of the conversation.

#### **Emails of an aggressive/abusive manner**

The responder will ask the parents to come into the setting to speak in person, as per our complaints policy. If the emails persist the manager may seek legal action. All emails will be kept as evidence until the matter is resolved.

### **Social Media**

If slanderous or abusive messages appear on any social media sites, we will address these immediately with a request to follow our complaints procedure. We will endeavour to resolve any issue raised through our complaint's procedure. If slanderous/abusive messages continue we will seek legal action against the complainant.

In the event that any person inside the nursery starts to act in an aggressive manner at the nursery, our policy is to:

- Direct the person away from the children and into a private area, such as the office
- Ensure that a second member of staff is in attendance, where possible, whilst continuing to ensure the safe supervision of the children
- Remain calm and professional in order to calm the aggressive person, making it clear that we do not tolerate aggressive or abusive language or behaviour
- If the aggressive behaviour continues or escalates, we will contact the police in order to ensure the safety of our staff team, children and families
- If the person calms down and stops the aggressive behaviour a member of staff will listen to their concerns and try to resolve the issue

- Following an aggressive confrontation an incident form will be completed detailing the time, reason and any action taken
- Any aggressive behaviour from a parent could result in the withdrawal of a place for the children. Parents will be informed, by the management team, in writing within 3 days of any incident that involved aggressive or threatening behaviour to their staff
- Management will provide support and reassurance to any staff member involved in such an incident
- Management will signpost parents to organisations/professionals that can offer support if applicable.

This policy will be followed in the event of any other visitors/member of the public displaying this type of behaviour either by phone, email, social media or in person.

Essential Guide – NDNA

### **Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment**

Providers must take reasonable steps to ensure the health and safety of children, staff and others on the premises.

## **8.1 Health and Safety General Standards**

### **Policy statement**

We believe that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers.

- We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.
- Our member of staff responsible for health and safety is:  
Seble Feleke: Area Manager and Shahnaz Vayani: Manager and Hira Maqsood: Deputy Manager

- 
- They are competent to carry out these responsibilities.
  - They have undertaken health and safety training and regularly [updates his/her/update my] knowledge and understanding.
  - For employers: We display the necessary health and safety poster in:

**Kitchen -Colindale**

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### *Insurance cover*

We have public liability insurance [and employers' liability insurance]. The certificate for public liability insurance is displayed in: **Foyer/Entrance lobby area**

### **Procedures**

### *Awareness raising*

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

### *Windows*

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

### *Doors*

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

### *Floors and walkways*

- All our floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged. Any wet spills are mopped up immediately.
- Walkways and stairs are left clear and uncluttered.
- Stair gates are in place at the foot and top of the stairs.

### *Electrical/gas equipment*

- We ensure that all electrical/gas equipment conforms to safety requirements and is checked regularly.
- Our boiler/electrical switchgear/meter cupboard is not accessible to the children.

- Fires, heaters, wires and leads are properly guarded, and we teach the children the reason we do not touch them.
- We check storage heaters daily to make sure they are not covered.
- There are sufficient sockets in our setting to prevent overloading.
- We switch electrical devices off from the plug after use.
- We ensure that the temperature of hot water is controlled to prevent scalds.
- Lighting and ventilation is adequate in all areas of our setting, including storage areas.

### *Storage*

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

### *Outdoor area*

- Our outdoor area is securely fenced. All gates and fences are childproof and safe.
- Our outdoor area is checked for safety and cleared of rubbish, animal droppings and any other unsafe items before it is used.
- Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
- We leave receptacles upturned to prevent collection of rainwater. Where water can form a pool on equipment, it is emptied and cleaned before children start playing outside.
- Our outdoor sand pit is covered when not in use and is cleaned regularly.
- We check that children are suitably attired for the weather conditions and type of outdoor activities; ensuring that sunscreen is applied and hats are worn during the summer months.
- We supervise outdoor activities at all times; and particularly children on climbing equipment.

### *Hygiene*

- We seek information from Public Health England to ensure that we keep up to date with the latest recommendations.
- Our daily routines encourage the children to learn about personal hygiene.
- We have a daily cleaning routine for the setting, which includes the playroom(s), kitchen, rest area, toilets and nappy changing areas. Children do not have unsupervised access to the kitchen.
- We have a schedule for cleaning resources and equipment, dressing-up clothes and furnishings.
- The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.
- We implement good hygiene practices by:
  - cleaning tables between activities;

- cleaning and checking toilets regularly;
- wearing protective clothing - such as aprons and disposable gloves - as appropriate;
- providing sets of clean clothes;
- providing tissues and wipes; and
- ensuring individual use of flannels, towels and toothbrushes.

#### *Activities, resources and repairs*

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

#### *Jewellery and accessories*

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

### *Safety of adults*

- We ensure that adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
- We provide safe equipment for adults to use when they need to reach up to store equipment or to change light bulbs.
- We ensure that all warnings and signs about manual handling are clearly displayed for all the staff to see and use it when needed.
- We ensure that adults do not remain in the building on their own.
- We record the sickness of staff and their involvement in accidents. The records are reviewed termly to identify any issues that need to be addressed.

### *Control of substances hazardous to health*

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

### **Legal framework**

- Health and Safety at Work Act (1974)
- Management of Health and Safety at Work Regulations (1999)
- Electricity at Work Regulations (1989)
- Control of Substances Hazardous to Health Regulations (COSHH) (2002)
- Manual Handling Operations Regulations (1992 (As Amended 2004))

- Health and Safety (Display Screen Equipment) Regulations (1992)

### Further guidance

- Health and Safety Law: What You Need to Know (HSE Revised 2009)
- Health and Safety Regulation...A Short Guide (HSE 2003)
- Electrical Safety and You: A Brief Guide (HSE 2012)
- Working with Substances Hazardous to Health: What You Need to Know About COSHH (HSE Revised 2009)
- Getting to Grips with Manual Handling - Frequently Asked Questions: A Short Guide (HSE 2011)

### **Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment.**

Providers must take reasonable steps to ensure the safety of children, staff and others on the premises.

## 8.2 Maintaining Children's Safety and Security on Premises

### Policy statement

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

### Procedures

#### *Children's personal safety*

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

#### *Security*

- Systems are in place for the safe arrival and departure of children.
- The times of the children's arrivals and departures are recorded.
- The arrival and departure times of adults – [staff,] volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- We only allow access to visitors with prior appointments.



- Our staff checks the identity of any person who is not known before they enter the premises.
- We keep front doors shut at all times. Back doors are kept locked shut at all times where they may lead to a public or unsupervised area.
- We have installed entry phones' in the main door at a suitable height.
- The personal possessions of [staff and] volunteers are securely stored during sessions.
- Minimal petty cash is kept on the premises.

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

- Managing Risk (2009)

#### **Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment**

Children must be kept safe while on outings.

### **8.3 Supervision of Children on Outings and Visits**

#### **Policy statement**

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

#### **Procedures**

- All off site activity has a clearly identified educational purpose with specific learning and development outcomes.
- There is a designated lead for each excursion who is clear about their responsibility as designated lead.
- We ask parents to sign a general consent on registration for their children to be taken out on local short outings as a part of the daily activities of the setting. This general consent details the venues used for daily activities.
- We assess the risks for each local venue used for daily activities, which is reviewed regularly.
- We always ask parents to sign specific consent forms before major outings; and the risks are assessed before the outing takes place.
- Our manager and all staff taking part in the outing sign off every risk assessment.
- Children with allergies or other specific needs have a separate risk assessment completed i.e. child with allergies visiting a supermarket.
- An excursion will not go ahead if concerns are raised about its viability at any point.

- Any written outing risk assessments are made available for parents to see.
- Our adult to child ratio is high, normally one adult to two children, depending on their age, sensibility and the type of venue, as well as how it is to be reached.
- A minimum of two staff accompany children on outings. Unless the whole setting is on an outing, a minimum of two staff also remain behind with the rest of the children.
- Named children are assigned to individual staff members to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children. We ensure that all children on the outing are well supervised, that no child goes astray and that there is no unauthorised access to children.
- Staff frequently count their designated children and ensure hands are held when on the street and crossing the road.
- Parents who accompany us on outings are responsible for their own child only. Where parents have undergone vetting with us as volunteers, they may be included in the adults to child ratio and have children allocated to them.
- Outings are recorded in an outings record book/file kept in the setting, stating:
  - The date and time of the outing.
  - The venue and mode of transport used.
  - The names of the children and staff members assigned to each of the children.
  - The time of return.
- We take a mobile phone on outings, as well as supplies of tissues, wipes, spare clothing and nappies, medicines required for individual children, a mini first aid kit, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for. We apply sunscreen to children as needed and ensure they are dressed appropriately for the type of outing and weather conditions.
- We take a list of children with us with contact numbers of parents/carers, as well as an accident book and a copy of our Missing Child Policy.
- All children wear uniforms with the setting name on outings for easy identification.
- Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.
- We ensure that seat belts are worn whilst travelling in vehicles and that booster seats and child safety seats are used as appropriate to the age of the child.
- As a precaution, we ensure that children do not eat when travelling in vehicles.
- We ensure that contracted drivers are from reputable companies, do not have unsupervised access to the children and are not included in the ratios.

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

- Daily Register and Outings Record (2015)
- Managing Risk (2009)

### **Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment**

Providers must ensure that they take all reasonable steps to ensure staff and children in their care are not exposed to risks and must be able to demonstrate how they are managing risks.

## **8.4 Risk Assessment**

### **Policy statement**

We believe that the health and safety of children is of paramount importance. We make our setting a safe and healthy place for children, parents, staff and volunteers by assessing and minimising the hazards and risks to enable the children to thrive in a healthy and safe environment.

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.*

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

Health and safety risk assessments inform procedures. Staff and parents should be involved in reviewing risk assessments and procedures – 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.

This policy is based on the five steps below:

- Identification of a risk: Where is it and what is it?
- Who is at risk: Childcare staff, children, parents, cooks, cleaners etc?

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

## **Procedures**

- Our manager undertakes training and ensures our staff and volunteers have adequate training in health and safety matters.
- Our risk assessment process covers adults and children and includes:
  - Determining where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how [we are/I am] managing risks if asked by parents and/or carers and inspectors;
  - Checking for and noting hazards and risks indoors and outside, in relation to our premises and activities;
  - Assessing the level of risk and who might be affected;
  - Deciding which areas need attention; and
  - Developing an action plan that specifies the action required, the time-scales for action, the person responsible for the action and any funding required.
- Where more than five staff and volunteers are employed, the risk assessment is written and is reviewed regularly.
- We maintain lists of health and safety issues, which are checked daily before the session begins, as well as those that are checked on a weekly and termly basis when a full risk assessment is carried out.
- Our manager ensures that checks, such as electricity and gas safety checks, and any necessary work to the setting premises are carried out annually and records are kept.
- Our manager ensures that staff members carry out risk assessments that include relevant aspects of fire safety, food safety for all areas of the premises.
- Our manager ensures that staff members carry out risk assessments for work practice including:
  - changing children;
  - preparation and serving of food/drink for children;
  - children with allergies;
  - cooking activities with children;
  - supervising outdoor play and indoor/outdoor climbing equipment;
  - putting babies or young children to sleep;
  - assessment, use and storage of equipment for disabled children;

- the use and storage of substances which may be hazardous to health, such as cleaning chemicals;
- visitors to the setting who are bring equipment or animals as part of children's learning experiences; and
- following any incidents involving threats against staff or volunteers.
- Our manager ensures that staff members carry out risk assessments for off-site activities if required, including:
  - children's outings (including use of public transport)
  - forest school and beach school
  - home visits; and
  - other off-site duties such as attending meetings, banking etc.
- We take precautions to reduce the risks of exposure to Legionella (Legionnaires disease). Our manager ensures that we are familiar with the HSE guidance and risk assess accordingly/have seen the risk assessment relevant to the premises from the landlord.

### **Legal framework**

- Management of Health and Safety at Work Regulations (1999)

### **Further guidance**

- Five Steps to Risk Assessment (HSE 2011)
- Legionnaires' Disease – A Brief Guide for Dutyholders (HSE 2012)

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

- Managing Risk (2009)

### **Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment**

Providers must take reasonable steps to ensure the safety of children, staff and others on the premises in the case of fire or any other emergency and must have an emergency evacuation procedure.

## **8.5 Fire Safety and Emergency Evacuation**

### **Policy statement**

We ensure the highest possible standards of fire precautions are in place. The person in charge and our staff are familiar with the current legal requirements. Where necessary we seek the advice of a competent person, such as the London Fire Department. A Fire Safety Logbook is used to record the findings of risk assessment, any actions taken or incidents that have occurred and our regular fire drills. Downloadable Fire Safety Log Books are widely available free of charge online. We ensure our policy is in line with the procedures specific to our building, making reasonable adjustments as required.

### **Procedures**

#### *Fire safety risk assessment*

- The basis of fire safety is risk assessment, carried out by a 'competent person'.
- The manager has received training in fire safety sufficient to be competent to carry out the risk assessment; this will [be written where there are more than five staff and will] follow the Government guidance Fire Safety Risk Assessment - Educational Premises (HMG 2006).
  - our fire safety risk assessment focuses on the following for each area of the setting:
  - Electrical plugs, wires and sockets.
  - Electrical items.
  - Gas boilers.
  - Cookers.

- Matches.
- Flammable materials – including furniture, furnishings, paper etc.
- Flammable chemicals.
- Means of escape.
- Anything else identified.
- We will ensure that we have a copy of the fire safety risk assessment that applies to the building and that we contribute to regular reviews.

#### *Fire safety precautions taken*

- We ensure that fire doors are clearly marked, never obstructed and easily opened from the inside.
- We ensure that smoke detectors/alarms and fire fighting appliances conform to BS EN standards, are fitted in appropriate high risk areas of the building and are checked as specified by the manufacturer.
- We have all electrical equipment checked annually by a qualified electrician. Any faulty electrical equipment is taken out of use and either repaired or replaced.
- Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
  - Clearly displayed in the premises;
  - Explained to new members of staff, volunteers and parents; and
  - Practised regularly, at least once every six weeks.
- Records are kept of fire drills and of the servicing of fire safety equipment.

#### *Emergency evacuation procedure*

Our evacuation procedure will be suitable for the setting based on safety requirements. The Procedures for practice drills including:

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

#### *Fire drills*

We hold fire drills termly and record the following information about each fire drill in the Fire Safety Log Book:

- The date and time of the drill.
- Number of adults and children involved.
- Evacuation bag.

- How long it took to evacuate.
- Whether there were any problems that delayed evacuation.
- Any further action taken to improve the drill procedure.

#### **Legal framework**

- Regulatory Reform (Fire Safety) Order 2005

#### **Further guidance**

- Fire Safety Risk Assessment - Educational Premises (HMG 2006)

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

- Fire Safety Record (2015)

#### **General Safeguarding and Welfare Requirement: Safety and suitability of premises, environment and equipment**

Providers must keep premises and equipment clean, and be aware of, and comply with, requirements of health and safety legislation (including hygiene requirements).

## **8.6 Animals in the Setting**

### **Policy statement**

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

### **Procedures**

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

- We take account of the views of parents and children when selecting an animal or creature to keep as a pet in the setting.
- We carry out a risk assessment with a knowledgeable person accounting for any hygiene or safety risks posed by the animal or creature.
- We provide suitable housing for the animal or creature and ensure this is cleaned out regularly and is kept safely.
- We ensure the correct food is offered at the right times.
- We make arrangements for weekend and holiday care for the animal or creature.
- We register with the local vet and take out appropriate pet care health insurance.
- We make sure all vaccinations and other regular health measures, such as de-worming are up-to-date and recorded.



- Children are taught correct handling and care of the animal or creature and are supervised.
- Children wash their hands after handling the animal or creature and do not have contact with animal soil or soiled bedding.
- Staff wear disposable gloves when cleaning housing or handling soiled bedding.
- If animals or creatures are brought in by visitors to show the children they are the responsibility of the owner.
- The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

#### *Visits to farms*

- Before a visit to a farm a risk assessment is carried out - this may take account of safety factors listed in the farm's own risk assessment which should be viewed.
- The outing procedure is followed.
- Children wash their hands after contact with animals.
- Outdoor footwear worn to visit farms is cleaned of mud and debris and should not be worn indoors.

#### **Legal framework**

- The Management of Health and Safety at Work Regulations 1999

#### **Further guidance**

- Health and Safety Regulation...A Short Guide (HSE 2003)

### **General Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment**

Providers must have a no-smoking policy, and must prevent smoking in a room, or outside play area, when children are present or about to be present.

## **8.7 No-smoking**

### **Policy statement**

We comply with health and safety regulations and the Safeguarding and Welfare Requirements of the Early Years Foundation Stage in making our setting a no-smoking environment - both indoors and outdoors.

### **Procedures**

- All staff, parents and volunteers are made aware of our No-smoking Policy.
- No-smoking signs are displayed prominently.
- The No-smoking Policy is stated in information for parents and staff.
- We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
- Staff who smoke do not do so during working hours, unless on a scheduled break and off the premises.
- **Staff who smoke during working hours and travelling to and from work must not do so whilst wearing a setting uniform or must, at least, cover the uniform.**
- E-cigarettes are not permitted to be used on the premises.
- Staff who smoke or use e-cigarettes during their scheduled breaks go well away from the premises.

- Staff who smoke during their break make every effort to reduce the effects of odour and passive smoking for children and colleagues.
- Smoking is not permitted in any vehicles belonging to the setting.
- Staff are made aware that failure to adhere to this policy and procedures may result in disciplinary action.
- It is a criminal offence for employees to smoke in smoke-free areas, with a fixed penalty of £50 or prosecution and a fine of up to £200.

### **Legal framework**

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

8.8 Health and safety risk assessment template

Risk area:

Carried out by

Date:

Risk identified:

Who is at risk:

Level risk:

of Control measure and person(s) responsible:

Review:


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## 8.9 Children's Well-being Policy in the Setting

### Policy statement:

Well-being is a broad term that covers how you feel about yourself and your life. It encompasses the physical, emotional (and mental), social and spiritual areas of a person. Under the Early Years Foundations Stage (EYFS) this is covered in the children's personal, social, emotional development and physical development, both of which are prime areas of learning and development.

Physical well-being covers everything physical to do with the body:

- Growth and development
- Moving and keeping physically fit
- Caring for personal health (e.g. washing, cleaning teeth, etc.)
- Eating a balanced and nutritious diet
- Rest and appropriate sleep patterns.

### **Mental and emotional well-being includes:**

- Acknowledging, expressing and coping with feelings and emotions
- Thought processes
- Reducing stress and anxiety.

### **Social well-being includes:**

- Relationships

- Family (close and extended)
- Friends
- The feeling of belonging and acceptance
- Compassion and caring approaches.

**Spiritual well-being can cover the following:**

- Value and beliefs held
- Personal identity and self-awareness.

Children's physical well-being is supported through our carefully planned curriculum programme which supports all types of gross and fine motor play both inside and outside. We provide nutritionally balanced meals for the children and support our staff to make healthy choices in regards to their physical health.

Personal hygiene is supported in children of all ages, explaining the reasons for hand washing, tooth brushing and other routines.

Children are provided with quiet and calming areas for rest, sleep and relaxation. This supports both their physical and mental well-being. We support children to make strong attachments with their key person as well as forge relationships with their peers in order to support their social well-being. We offer opportunities and resources for children to play singly, in pairs, small groups and large groups to support this area of development.

Children's mental and emotional well-being is supported. We provide a safe environment that allows for caregiver to child co-regulation. This practice supports the process of children building the capacity for self-regulation, through providing activities in which children are able to recognise and express their emotions, including emotional literacy. This enables us to provide support for children who may be experiencing big emotions they cannot cope with just yet, including sadness and over-excitement. We support children's self-regulation through carefully planned activities and resources, modelling calming strategies and naming and talking about feelings and by providing opportunities for children to practise their self-regulation skills.

Staff use the Promoting positive behaviour policy to ensure a consistent approach.

Staff are able to recognise when a child may need support with their emotions and provide this one-to-one or in a small group, whichever is more appropriate. Teaching children to recognise and manage their emotions at a young age helps support foundations for doing this throughout their life.

## 8.10 Staff Well-being Policy

### Policy statement:

At *Fountain Montessori Preschool* we promote the good health and well-being of all our staff. As a nursery, we endeavour to support staff well-being, not only to ensure that children receive high quality care, but also to ensure our employees feel supported and cared for, as part of a team.

Mental ill-health is usually caused by a combination of work and non-work-related factors. There is a myriad of reasons for mental ill-health, from the pressure of ongoing change at work to longer or more intense hours exacerbated by financial pressures at home, or relationship problems and greater caring responsibilities. Striking the balance between what is considered appropriate results, or output, and robust mental health is tricky. We are committed to constantly upskilling ourselves so that we know about how to create and maintain conditions that support and encourage good mental health, as well as recognise the signs of mental ill health and provide appropriate support.

We recognise the importance of safeguarding the mental health of all of our employees, by providing a happy and nurturing working environment. With statistics in the UK showing that each week 1 in 6 of us experiences a common mental health problem, we are committed to acknowledging and supporting our staff's physical and emotional needs.

### Our ethos

We know that the care and education of babies and young children is highly rewarding. However, we are also aware of the day-to-day demands and pressures of modern life such as family life, financial worries, health concerns and work-life balance and how these pressures, alongside the role of providing high quality care and education to babies and young children, can place a high level of demand on all of our employees.

In order to support our staff team, the management team put procedures in place that ensure staff well-being remains one of the key focuses of our practice. In doing this, we aim to provide our team

with a safe, inclusive and nurturing working environment that acknowledges their needs, not just within the workplace but as a whole person.

Shahnaz Vayani is the named member of staff who leads our setting well-being practice. They offer support on staff well-being and know where to access external support.

And she is also committed to keeping their well-being and mental health knowledge up-to-date and is responsible for reviewing our practices, supporting the developing knowledge of the whole staff team, to ensure we are implementing the necessary strategies to safeguard the well-being of our staff.

Procedures to minimise work related stress:

- Complete a written stress risk assessment to identify and manage work-related stress related to demands, control, support, relationships, role and change (see Health and Safety Executive advice[1])
- To ensure staff are supported within the setting, new staff will receive a full induction, so they feel competent and capable to carry out their role and responsibilities
- Staff will receive ongoing training, coaching and mentoring to ensure that they are supported to feel confident in their role and to minimise stress within the workplace
- Regular supervisions take place every three month in which staff well-being is discussed and recorded
- Practitioners are respected and valued in their work, whatever their role. Tasks are shared out appropriately according to their role and level of responsibility, the workload is monitored and reviewed on a regular basis
- Staff are encouraged to have a healthy work-life balance; this is supported by ensuring the workload is monitored so that it is not necessary for staff to work outside of their scheduled hours. All contributions to work are valued and celebrated
- We carefully review our expectations around the amount of paperwork that staff must complete, including observations and assessments of children. We work as a team to ensure all record keeping is meaningful and kept to an appropriate level so as not to add undue pressure to staff members
- We work hard to maintain a reflective culture within the setting that encourages feedback from staff about management procedures and working relationships. This reflective culture supports an



environment of teamwork, facilitating the involvement of every member of staff in the practice of our setting

- Staff are encouraged to take their required breaks at appropriate intervals to ensure they have time to rest and recuperate, with time away from busy rooms
- The nursery manager and well-being representative are available for staff to come and discuss any issues or concerns
- The nursery ensures that confidential conversations take place in private, away from other staff members and children
- All information remains confidential or on a need-to-know basis to support the facilitation of open and honest conversations. However, where the manager or the well-being representative feels there is a question around the safety of the staff member, they will refer to outside agencies for support and guidance. These measures will be discussed in a sensitive and understanding manner with the staff member, as appropriate
- We actively promote a culture of mutual respect, tolerance and cooperation tolerance, in line with the British values
- Team meetings are facilitated to support with team development, to raise awareness of mental health and well-being by engaging staff in conversations about how the setting maintains a supportive environment
- We promote a culture that supports any staff member who is experiencing a mental health related illness to discuss this and reasonable adjustments will be made to support any staff experiencing stress and any mental health issues
- If the nursery is made aware of any member of staff who requires support, a plan for more regular support sessions and adjustments to their working day will be discussed and decided in partnership with the staff member. This plan will be reviewed regularly and adapted to ensure it is relevant and appropriate (see Supporting staff members individually section)
- If adjustments are unable to meet the needs of the member of staff or the nursery, then further advice support will be sought
- Staff well-being and staff self-care information is available within designated staff areas

- . Leaders and managers support practitioners in a safe culture where bullying, harassment and discrimination is not tolerated, along with a culture that challenges and deals with any inappropriate behaviour in a timely manner.

#### Supporting staff members individually

We include well-being as part of our discussions at staff supervision sessions and appraisals. During these sessions, we work with staff on an individual basis, and have well-being discussions to ascertain any individual well-being needs. Where the manager and staff member feel it is appropriate, they will draw up an individual action plan, including reviewing workload and any stress triggers. With the needs of the nursery also in mind, reasonable adjustments will be made for the member of staff; this could include flexible working agreements, changes in environment, adjustments to jobs role and responsibilities, more frequent breaks, a working buddy, or any other appropriate measure that it is felt could be helpful.

If a member of staff is returning to work after a period of absence, a back to work interview is carried out as per our Absence management procedure.

We follow all statutory guidance on the safeguarding of our workforce and as stated, if the manager is concerned about the safety of a member of staff, we will work with the Designated Safeguarding Lead to ask for support from the appropriate external agencies; this is to ensure the continued safety of our workforce at all times.

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[1] <https://www.hse.gov.uk/stress/risk-assessment.htm>

**Safety and suitability of premises, environment and equipment: Safety**

Providers must take reasonable steps to ensure the safety of children, staff and others on the premises

## **8.11 Staff Personal Safety including Home Visits**

### **Policy statement**

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

### **Procedures**

#### *General*

- All staff in the building early in the morning, or late in the evening, ensure doors and windows are locked.
- Where possible, at least the first two members of staff to arrive in the building arrive together, and the last two members of staff in the building leave together.
- Visitors are generally only allowed access with prior appointments and only admitted once their identity has been verified.
- Minimal petty cash is kept on the premises.
- When taking cash to the bank, members of staff are aware of personal safety. Managers carry out a risk assessment and develop an agreed procedure appropriate to the setting, staff and location.

- Members of staff make a note in the diary of meetings they are attending, who they are meeting and when they are expected back.
- Managers have good liaison with local police and ask for advice on safe practice where there are issues or concerns.

### ***Virtual Home Visits***

- *We carry out virtual meetings with new parents since Covid 19.*
- *Parents meet the manager/deputy manager and key person over a zoom call.*
- *We have a list of questions that assists us to get to know the routine of the child and inform the parents about expectations.*

### ***Home visits***

Where staff members conduct home visits, this is done at the manager's discretion and the following health and safety considerations apply:

- Prior to a home visit the key person and manager undertake a risk assessment that is specific to the visit being undertaken.
- Members of staff normally do home visits in pairs – usually the manager/deputy manager with the key person.
- Each home visit is recorded in the diary with the name and address of the family being visited, prior to the visit taking place.
- Staff alert an agreed contact person in the setting when they are leaving to do the home visit and advise on their expected time of return.
- If there is any reason for staff to feel concerned about entering premises, they do not do so, for example, if a parent appears drunk.
- Members of staff carry a mobile phone when going out on a home visit.
- Staff identify an emergency word/phrase, which is made known to all staff in the setting, so that if they feel extremely threatened or in danger on a home visit they can covertly alert other members of staff via a telephone call to the situation. Use of the agreed word/phrase will initiate an immediate 999 call to be made.
- If staff do not return from the home visit at the designated time, the contact person attempts to phone them and continues to do so until they make contact.
- If no contact is made after a reasonable amount of time has passed, the contact person rings the police.

### ***Dealing with agitated parents in the setting***

- If a parent appears to be angry, mentally agitated or possibly hostile, two members of staff will lead the parent away from the children to a less open area, but will not shut the door behind them.
- If the person is standing, staff will remain standing.
- Members of staff will try to empathise and ensure that the language they use can be easily understood.
- Staff will speak in low, even tones, below the voice level of the parent.
- Members of staff will make it clear that they want to listen and seek solutions.
- If the person makes threats and continues to be angry, members of staff make it clear that they will be unable to discuss the issue until the person stops shouting or being abusive, while avoiding potentially inflammatory expressions such as 'calm down' or 'be reasonable'.
- If threats or abuse continues, members of staff will explain that the police will be called and emphasise the inappropriateness of such behaviour in front of children.
- After the event, details are recorded in the child's personal file together with any decisions made with the parents to rectify the situation and any correspondence regarding the incident.

#### **Safeguarding and Welfare Requirement: Special educational needs**

Providers must have arrangements in place to support children with SEN or disabilities.

## **9.1 Valuing Diversity and Promoting Inclusion and Equality**

### **Policy statement**

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

We recognise that children and their families come from a wide range of backgrounds with individual needs, beliefs and values. They may grow up in family structures that include one or two parents of the same or different sex.

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

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

We aim to:

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

## **Procedures**

### *Admissions*

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

- We base our Admissions Policy on a fair system.
- We do not discriminate against a child or their family in our service provision, including preventing their entry to our setting based on a protected characteristic as defined by the Equality Act (2010).
- We advertise our service widely.
- We provide information in clear, concise language, whether in spoken or written form and provide information in other languages (wherever possible).

- We reflect the diversity of our community and wider society in our publicity and promotional materials.
- We provide information on our offer of provision for children with special educational needs and disabilities.
- We ensure that all parents are made aware of our Valuing Diversity and Promoting Inclusion and Equality Policy.
- We make reasonable adjustments to ensure that disabled children can participate successfully in the services and in the curriculum offered by the setting.
- We ensure, wherever possible, that we have a balanced intake of boys and girls in the setting.
- We take action against any discriminatory, prejudice, harassing or victimising behaviour by our staff, volunteers or parents whether by:
  - direct discrimination – someone is treated less favourably because of a protected characteristic e.g. preventing families of a specific ethnic group from using the service;
  - indirect discrimination – someone is affected unfavourably by a general policy e.g. children must only speak English in the setting;
  - discrimination arising from a disability – someone is treated less favourably because of something connected with their disability e.g. a child with a visual impairment is excluded from an activity;
  - association – discriminating against someone who is associated with a person with a protected characteristic e.g. behaving unfavourably to someone who is married to a person from a different cultural background; or
  - perception – discrimination on the basis that it is thought someone has a protected characteristic e.g. making assumptions about someone's sexual orientation.
- We will not tolerate behaviour from an adult who demonstrates dislike or prejudice towards individuals who are perceived to be from another country (xenophobia).
- Displaying of openly discriminatory xenophobic and possibly offensive or threatening materials, name calling, or threatening behaviour are unacceptable on, or around, our premises and will be dealt with immediately and discreetly by asking the adult to stop using the unacceptable behaviour and inviting them to read and to act in accordance with the relevant policy statement and procedure. Failure to comply may lead to the adult being excluded from the premises.

### *Employment*

- We advertise posts and all applicants are judged against explicit and fair criteria.
- Applicants are welcome from all backgrounds and posts are open to all.
- We may use the exemption clauses in relevant legislation to enable the service to best meet the needs of the community.

- The applicant who best meets the criteria is offered the post, subject to references and suitability checks. This ensures fairness in the selection process.
- All our job descriptions include a commitment to promoting equality and recognising and respecting diversity as part of their specifications.
- We monitor our application process to ensure that it is fair and accessible.

### *Training*

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

### *Curriculum*

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

We ensure that our practice is fully inclusive by:

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

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

- undertaking an access audit to establish if the setting is accessible to all disabled children and adults. If access to the setting is found to treat disabled children or adults less favourably, then we make reasonable adjustments to accommodate the needs of disabled children and adults.



- fully differentiating the environment, resources and curriculum to accommodate a wide range of learning, physical and sensory needs.

#### *Valuing diversity in families*

- We welcome the diversity of family lifestyles and work with all families.
- We encourage children to contribute stories of their everyday life to the setting.
- We encourage mothers, fathers and other carers to take part in the life of the setting and to contribute fully.
- For families who speak languages in addition to English, we will develop means to encourage their full inclusion.
- We offer a flexible payment system for families experiencing financial difficulties and offer information regarding sources of financial support.
- We take positive action to encourage disadvantaged and under-represented groups to use the setting.

#### *Food*

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

#### *Meetings*

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

#### *Monitoring and reviewing*

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

#### *Public Sector Equality Duty*

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

## Legal framework

The Equality Act (2010)

Children Act (1989) & (2004)

Children and Families Act (2014)

Special Educational Needs and Disabilities Code of Practice (2014)

## Other useful Pre-school Learning Alliance publications

- Guide to the Equality Act and Good Practice (2015)
- SEND Code of Practice 2014 for the Early Years (2014)
- Where's Dad? (2009)

### **Safeguarding and Welfare Requirement: Equal Opportunities**

Providers must have and implement a policy, and procedures, to promote equality of opportunity for children in their care, including support for children with special educational needs or disabilities.

## 9.2 Supporting Children with Special Educational Needs

### Policy statement

We provide an environment in which all children with special educational needs (SEN) are supported to reach their full potential.

- We have regard for the Special Educational Needs and Disability Code of Practice (2014).
- We have in place a clear approach for identifying, responding to, and meeting children's SEN<sup>1</sup>.
- We support and involve parents (and where relevant children), actively listening to, and acting on their wishes and concerns.
- We work in partnership with the local authority and other external agencies to ensure the best outcomes for children with SEN and their families.
- We regularly monitor and review our policy, practice and provision and, if necessary, make adjustments.

### Procedures

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<sup>1</sup> This includes disabled children with special educational needs

- We designate a member of staff to be the Special Educational Needs Co-ordinator (SENCO) and give her name to parents. Our SENCOs are: Shahnaz Vayani Nursery Manager and Deputy Manager Hira Maqsood.
- The SENCO and the child's key person work closely with other colleagues and have responsibility for the day-to-day operation of our Supporting Children with Special Educational Needs Policy and for coordinating provision for children with SEN.
- We ensure that the provision for children with SEN is the responsibility of all members of the setting.
- We ensure that our inclusive admissions practice ensures equality of access and opportunity.
- We provide a broad, balanced and differentiated curriculum for all children.
- We apply SEN support to ensure early identification of children with SEN.
- We use the Graduated Approach system (assess, plan, do and review) applied in increasing detail and frequency to ensure that children progress.
- We ensure that parents are involved at all stages of the assessment, planning, provision and review of their children's special education including all decision making processes
- We, where appropriate, take into account children's views and wishes in decisions being made about them, relevant to their level of understanding.
- We provide parents with information on local sources of support and advice e.g. Local Offer, Information, Advice and Support Service.
- We liaise and work with other external agencies to help improve outcomes for children with SEN.
- We have systems in place for referring children for further assessment e.g. Common Assessment Framework/Early Help Assessment and Education, Health and Care (EHC) assessment.
- We provide resources (human and financial) to implement our Supporting Children with Special Educational Needs Policy.
- We ensure that all our staff are aware of our Supporting Children with Special Educational Needs Policy and the procedures for identifying, assessing and making provision for children with SEN. We provide in-service training for parents [practitioners] and volunteers.
- We raise awareness of our special education provision via our website and or promotional materials.
- We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g. action plan reviews, [staff and management meetings,] parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.
- We provide a complaints procedure.
- We monitor and review our policy annually.

## Further guidance

- Early Years Foundation Stage Statutory Framework (DfE 2017)
- Working Together to Safeguard Children (DfE 2015)
- Special Educational Needs and Disability Code of Practice (DfE & DoH 2014)

## Other useful Pre-school Learning Alliance publications

- Guide to the Equality Act and Good Practice (2015)
- SEND Code of Practice for the Early Years (2014)

### **Safeguarding and Welfare Requirement: Safety and Suitability of Premises, Environment and Equipment**

Providers must follow their legal responsibilities under the Equality Act 2010.

## 9.3 British values

### Policy statement

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

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

Social and emotional development is shaped by early experiences and relationships and incorporates elements of equality and British and universal values. The Early Years Foundation Stage (EYFS) supports children's earliest skills so that they can become social citizens in an age-appropriate way, that is, so that they are able to listen and attend to instructions; know the difference between right and

wrong; recognise similarities and differences between themselves and others; make and maintain friendships; develop empathy and consideration of other people; take turns in play and conversation; avoid risk and take notice of rules and boundaries; learn not to hurt/upset other people with words and actions; understand the consequences of hurtful/discriminatory behaviour.

## **Procedures**

### *British Values*

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

- *Democracy*, or making decisions together (through the prime area of Personal, Social and Emotional Development)
  - As part of the focus on self-confidence and self-awareness, practitioners encourage children to see their role in the bigger picture, encouraging them to know that their views count, to value each other's views and values, and talk about their feelings, for example, recognising when they do or do not need help
  - Practitioners support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds in an atmosphere where questions are valued.
- *Rule of law*, or understanding that rules matter (through the prime area of Personal, Social and Emotional Development)
  - Practitioners ensure that children understand their own and others' behaviour and its consequences.
  - Practitioners collaborate with children to create rules and codes of behaviour, for example, the rules about tidying up, and ensure that all children understand rules that apply to everyone.
- *Individual liberty*, or freedom for all (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
  - Children should develop a positive sense of themselves. Staff provide opportunities for children to develop their self-knowledge, self-esteem and increase their confidence in their own abilities, for example through allowing children to take risks on an obstacle course, mixing colours, talking about their experiences and learning.
  - Practitioners encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example discussing in a small group what they feel about transferring into Reception Class.

- *Mutual respect and tolerance*, or treating others as you want to be treated (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
  - Practitioners create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
  - Children should acquire tolerance, appreciation and respect for their own and other cultures; know about similarities and differences between themselves and others, and among families, faiths, communities, cultures and traditions.
  - Practitioners encourage and explain the importance of tolerant behaviours, such as sharing and respecting others opinions.
  - Practitioners promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children's experiences and providing resources and activities that challenge gender, cultural or racial stereotyping.
- *In our setting it is not acceptable to:*
  - actively promote intolerance of other faiths, cultures and races
  - fail to challenge gender stereotypes and routinely segregate girls and boys
  - isolate children from their wider community
  - fail to challenge behaviours (whether of staff, children or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

### *Prevent Strategy*

Under the Counter-Terrorism and Security Act 2015 We also have a duty *"to have due regard to the need to prevent people from being drawn into terrorism"*

## **Legal framework**

Counter-Terrorism and Security Act 2015

## **Further guidance**

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

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

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

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

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

- Guide to the Equality Act and Good Practice (2015)

## 9.4 The Prevent Duty and Radicalisation Policy

### Policy Statement

#### Extremism – the Prevent Duty

Working Together to Safeguard Children (2018) defines extremism. It states *“Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society.”*

*Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist”*

Under the Counter-Terrorism and Security Act 2015 we have a duty to safeguard at risk or vulnerable children under the Counter-Terrorism and Security Act 2015 to have “due regard” to the need to prevent people from being drawn into terrorism and refer any concerns of extremism to the police (If you are in a Prevent priority areas the local authority will have a Prevent lead who can also provide support, add contact details here).

Children can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the way a person comes to support or be involved in extremism and terrorism. It's a gradual process so young people who are affected may not realise what's happening.

## **Procedure**

Radicalisation is a form of harm. The process may involve:

- Being groomed online or in person
- Exploitation, including sexual exploitation
- Psychological manipulation
- Exposure to violent material and other inappropriate information
- The risk of physical harm or death through extremist acts.

Alongside this we will be alert to any early signs in children and families who may be at risk of radicalisation, on which we will act and document all concerns when reporting further.

The NSPCC states that signs of radicalisation may be:

- isolating themselves from family and friends
- talking as if from a scripted speech
- unwillingness or inability to discuss their views
- a sudden disrespectful attitude towards others
- increased levels of anger
- increased secretiveness, especially around internet use.

We will tackle radicalisation by:

- Training all staff to understand what is meant by the Prevent Duty and radicalisation
- Ensuring staff understand how to recognise early indicators of potential radicalisation and terrorism threats and act on them appropriately in line with national and local procedures
- Make any referrals relating to extremism to the police (or the Government helpline) in a timely way, sharing relevant information as appropriate
- Ensure our nursery is an inclusive environment, tackle inequalities and negative points of view and teach children about tolerance through British Values

Using the Government document Prevent Duty Guidance for England and Wales.<sup>2</sup>

Essential Guide – NDNA

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<sup>2</sup> <https://www.gov.uk/government/publications/prevent-duty-guidance>



## 10.1 Early years prospectus

Name of provider	Fountain Montessori Pre-School		
Address	Unit 2 Avery Court, 45 Capitol Way Colindale NW9 0BF		
Tel No.	020 8205 8415	Email	colindale@fountainmontessori.com

### Our setting aims to:

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

### Parents

Parents are regarded as members of our setting who have full participatory rights. These include a right to be:

- valued and respected;
- kept informed;
- consulted;
- involved; and
- included at all levels.

We aim to ensure that each child:

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

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

The provision for children's development and learning is guided by The Early Years Foundation Stage (DfE 2012). Our provision reflects the four guiding themes and principles of 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, in which their experiences respond to their individual needs and there is a strong partnership between practitioners, parents and carers.

#### **L earning and Development**

Children develop and learn in different ways. The framework covers the education and care of all children in early years provision, including children with special educational needs and disabilities.

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

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

The Areas of Development and Learning 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 children should be 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.

The 'Development Matters' guidance sets out the likely stages of progress a child makes along their learning journey towards the early learning goals. Our setting has regard to these matters when we assess children and plan for their learning.

### *Personal, social and emotional development*

Our programme supports children to develop:

- **Self-Regulation**
- **Managing Self**
- Building Relationships

### *Physical development*

Our programme supports children to develop:

- **Gross Motor Skills**
- **Fine Motor Skills**

### *Communication and language*

Our programme supports children to develop:

- Listening, attention and understanding
- Speaking

### *Literacy*

Our programme supports children to develop:

- Comprehension
- Word reading
- Writing

### *Mathematics*

Our programme supports children to develop:

- Numbers
- Numerical Patterns

### *Understanding the World*

Our programme supports children to develop:

- Past and Present
- People, Culture and Communities
- The Natural world

### *Expressive Arts and Design*

Our programme supports children to develop:

- Creating with materials
- Being Imaginative and Expressive

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

#### *Learning through play*

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

### *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 Development Matters guidance to 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 is learning and being clear about what we can do and provide in order to support each child to remain an effective and motivated learner.

### *Assessment*

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

We make periodic assessment summaries of children's achievement based on our ongoing development records. These form part of children's records of achievement. We undertake these assessment summaries at regular intervals as well as times of transition, such as when a child moves into a different group or when they go 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 learning and development areas of the EYFS: personal, social and emotional development; physical development; and communication and language; when a child is aged between 24 - 36 months. The key person is responsible for completing the check using information from ongoing observational assessments carried out as part of our everyday practice, taking account of the views and contributions of parents and other professionals.

### **Records of achievement**

The setting keeps a record of achievement for each child. Staff and parents working together on their children's records of achievement is one of the ways in which the key person and parents work in

partnership. Your child's record of achievement helps us to celebrate her/his achievements together 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 with you to keep this record. To do this you and she/he will collect information about your child's needs, activities, interests and achievements. This information will enable the key person to identify your child's stage of progress. You and the key person will then decide on how to help your child to move on to the next stage.

**Working together for your children**

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

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

We are open for	<u>Fifty</u>	weeks each year.
We are closed	<u>Two</u>	Weeks each year
We are open for	<u>Five</u>	days each week
The times we are open are	<u>7.30am to 6pm</u>	
We provide care and education for young children between the ages of		<u>12 months</u>
and <u>4+</u> years.		

**How parents take part in the setting**

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

- exchanging knowledge about their children's needs, activities, interests and progress with the staff;
- contributing to the progress check at age two
- helping at sessions of the setting;
- sharing their own special interests with the children;
- helping to provide, make and look after the equipment and materials used in the children's play activities;
- being part of the management of the setting;

- taking part in events and informal discussions about the activities and curriculum provided by the setting;
- joining in community activities in which the setting takes part; and
- building friendships with other parents in the setting.

### **The parents' rota**

The setting has a dated rota which parents can sign if they would like to help at a particular session or sessions of the setting. Helping at the session enables parents to see what the day-to-day life of the setting is like and to join in helping the children to get the best out of their activities.

### **Joining in**

Joining the rota is not the only means of taking part in the life of the setting. Parents can offer to take part in a session by sharing their own interests and skills with the children. Parents have visited the setting to play the clarinet for the children, show pictures of the local carnival held in their neighbourhood, and show the children their collection of shells.

We welcome parents to drop into the setting to see it at work or to speak with the staff.

### **Key persons 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 what we provide is right for your child's particular needs and interests. When your child first starts at the setting, she/he will help your child to settle and throughout your child's time at the setting, she/he will help your child to benefit from the setting's activities.

### **Learning opportunities for adults**

As well as gaining qualifications in early years care and education, our staff take part in further training to help them to keep up-to-date with thinking about early years care and education.

The setting also keeps itself up-to-date with best practice in early years care and education, as a member of the Pre-school Learning Alliance, through the Under 5 magazine and publications produced by the Alliance. The current copy of Under Five is available for you to read.

From time to time the setting holds learning events for parents. These usually look at how adults can help children to learn and develop in their early years. Courses on similar topics are held locally by the Pre-school Learning Alliance; watch out for information about these.

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

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

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

### **The day**

The setting organises 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. The setting caters for children's individual needs for rest and quiet activities during the day. Outdoor activities contribute to children's health, their physical development and their knowledge of the world around them.

### **Snacks and meals**

The setting makes snacks and meals a social time at which children and adults eat together. We plan the menus for snacks and meals so that they provide the children with healthy and nutritious food. Do tell us about your child's dietary needs and we will make sure that these are met.

### **Policies**

Copies of the setting's policies and procedures are enclosed with this prospectus or are available for you to see at the setting. You can also find our policies and procedures on our nursery website.

The setting's policies help us to make sure that the service provided by the setting is a high quality one and that being a member of the setting is an enjoyable and beneficial experience for each child and her/his parents.

The staff and parents of the setting work together to adopt the policies and they all have the opportunity to take part in the annual review of the policies. This review helps us to make sure that the policies are enabling the setting to provide a quality service for its members and the local community.

### **Safeguarding children**



Our setting has a duty under the law to help safeguard children against suspected or actual 'significant harm'.

Our employment practices ensure children against the likelihood of abuse in our settings and we have a procedure for managing complaints or allegations against a member of staff.

Our way of working with children and their parents ensures we are aware of any problems that may emerge and can offer support, including referral to appropriate agencies when necessary, to help families in difficulty.

### **Special needs**

As part of the setting's policy to make sure that its provision meets the needs of each individual child, we take account of any special needs a child may have. The setting works to the requirements of the 1993 Education Act and The Special Educational Needs Code of Practice (2001).

Our Special Educational Needs Co-ordinator is Shahnaz Vayani

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

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

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

The setting is owned and governed by Arike Aiyetigbo (name of owner)

The setting has a parent support group. This group is made up of parents and elected by the parents of the children who attend the setting. In our setting we share with this group. Some of the tasks involved in managing the setting

### **Fees**

The fees are payable monthly in advance. Fees must still be paid if children are absent without notice for a short period of time. If your child has to be absent over a long period of time, please inform the manager: *Shahnaz Vayani*.

For your child to keep her/his place at the setting, you must pay the fees. We are in receipt of nursery education funding for three and four year olds; where funding is not received, then fees apply.

## **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, the staff will work with you to decide on how to help your child to settle into the setting. The setting has a policy about helping children to settle into the setting: a copy is enclosed in this prospectus or is available from the office.

### *Clothing*

We provide protective clothing for the children when they play with messy activities.

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.

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. The staff are always ready and willing to talk with you about your ideas, views or questions.

## **Other useful Pre-school Learning Alliance publication**

- Seasonal Hello Posters (2006)

**General Safeguarding and Welfare Requirement: Information and records**

Providers must maintain records and obtain and share information to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met.

## **10.2 Admissions**

### **Policy statement**

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

### **Procedures**

- We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.

- We ensure that information about our setting is accessible, in written and spoken form and, where appropriate, in more than one language. Where necessary, we will try to provide information in Braille, or through British Sign Language. We will provide translated written materials where language needs of families suggest this is required as well as access to an interpreter.
- We arrange our waiting list in birth order. In addition our policy may take into account the following:
  - the vicinity of the home to the setting; and
  - siblings already attending the setting.
- We keep a place vacant, if this is financially viable, to accommodate an emergency admission.
- We describe our setting and its practices in terms that make it clear that it welcomes both fathers and mothers, other relatives and other carers, including childminders.
- We describe our setting and its practices in terms of how it treats each child and their family, having regard to their needs arising from their gender, special educational needs, disabilities, social background, religion and ethnicity or from English being a newly acquired additional language.
- We describe our setting and its practices in terms of how it enables children and/or parents with disabilities to take part in the life of the setting.
- We monitor the gender and ethnic background of children joining the group to ensure that our intake is representative of social diversity.
- We make sure that we do promote Diversity and Equality in the setting and it is widely known in our policy.
- We consult with families about the opening times of the setting to ensure we accommodate a broad range of family needs.
- We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.

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

- Seasonal Hello Posters (2006)

**Safeguarding and Welfare Requirement: Information and records**

Providers must maintain records and obtain and share information to ensure the safe and efficient management of the setting, and to ensure the needs of all children are met.

## **10.3 Parental Involvement**

### **Policy statement**

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

Our aim is to support parents as their children's first and most important educators by involving them in their children's education and in the full life of the setting. We also aim to support parents in their own continuing education and personal development.

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

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

'Parental responsibility' is *all the rights, duties, powers and responsibilities and authority which by law a parent of a child has in relation to the child and his property*. (For a full explanation of who has parental responsibility, refer to the Preschool Learning Alliance's Safeguarding Children publication.)

## **Procedures**

- We have a means to ensure all parents are included – that may mean we have different strategies for involving fathers or parents who work or live apart from their children.
- We consult with all parents to find out what works best for them.
- We ensure ongoing dialogue with parents to improve our knowledge of the needs of their children and to support their families.
- We inform all parents about how the setting is run and its policies through access to written information and through regular informal communication. We check to ensure parents understand the information that is given to them.
- We encourage and support parents to play an active part in the governance and management of the setting.
- We inform all parents on a regular basis about their children's progress.
- We involve parents in the shared record keeping about their children - either formally or informally - and ensure parents have access to their children's written developmental records.
- We provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the setting.
- We inform parents about relevant conferences, workshops and training.
- We consult with parents about the times of meetings to avoid excluding anyone.
- We provide information about opportunities to be involved in the setting in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language.
- We hold meetings in venues that are accessible and appropriate for all.
- We welcome the contributions of parents, in whatever form these may take.
- We inform all parents of the systems for registering queries, complaints or suggestions and check to ensure these are understood. All parents have access to our written complaints procedure.
- We provide opportunities for parents to learn about the curriculum offered in the setting and about young children's learning, in the setting and at home.

In compliance with the Safeguarding and Welfare Requirements, the following documentation is in place:

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

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

- Complaint Investigation Record (2012)
- Engaging Mothers & Fathers (2010)
- Safeguarding Children (2010)
- Looking at Learning Together (2005)
- The First and Foremost Series (2008)

#### **General Safeguarding and Welfare Requirement: Information and records**

Providers must maintain records and obtain and share information to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met.

## **10.4 Children's Records**

### **Policy statement**

There are record keeping systems in place that meet legal requirements; means of storing and sharing that information take place within the framework of the Data Protection Act and the Human Rights Act.

This policy and procedure is taken in conjunction with the Confidentiality and Client Access to Records policy and Information Sharing policy.

### **Procedures**

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

### *Developmental records*

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

### *Personal records*

- These include registration and admission forms, signed consent forms, and correspondence concerning the child or family, reports or minutes from meetings concerning the child from other agencies, an ongoing record of relevant contact with parents, and observations by staff on any confidential matter involving the child, such as developmental concerns or child protection matters.
- These confidential records are stored in a lockable file or cabinet and are kept secure by the person in charge in an office or other suitably safe place.
- Parents have access, in accordance with our Client Access to Records policy, to the files and records of their own children but do not have access to information about any other child.
- Staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Staff induction includes an awareness of the importance of confidentiality in the role of the key person.
- We retain children's records for three years after they have left the setting. These are kept in a secure place.

### *Other records*

- We keep a daily record of the names of the children we are caring for, their hours of attendance and the names of their key person.
- Issues to do with the employment of staff, whether paid or unpaid, remain confidential to the people directly involved with making personnel decisions.
- Students on Pre-school Learning Alliance or other recognised qualifications and training, when they are observing in the setting, are advised of our confidentiality policy and are required to respect it.

### **Legal framework**

- Data Protection Act 1998
- Human Rights Act 1998



### **Further guidance**

- Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)

#### **Safeguarding and Welfare Requirement: Information and records**

Providers must maintain records and obtain and share information to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met.

## **10.5 Provider records**

### **Policy statement**

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

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

Our records are regarded as confidential on the basis of sensitivity of information, such as with regard to employment records and these are maintained with regard to the framework of the Data Protection Act, the Human Rights Act and GDPR.

This policy and procedure is taken in conjunction with the Confidentiality and Client Access to Records policy and Information Sharing policy.

## **Procedures**

- All records are the responsibility of the officers of the management committee who ensure they are kept securely.
- All records are kept in an orderly way in files and filing is kept up-to-date.
- Financial records are kept up-to-date for audit purposes.
- Health and safety records are maintained; these include risk assessments, details of checks or inspections and guidance etc.
- Our Ofsted registration certificate is displayed.
- Our Public Liability insurance certificate is displayed.
- All our employment and staff records are kept securely and confidentially.

We notify Ofsted of any change:

- in the address of the premises;
- to the premises which may affect the space available to us;
- to the name and address of the provider, or, the provider's contact information;
- to the person managing the provision;
- any significant event which is likely to affect our suitability to look after children; or
- any other event as detailed in the Early Years Foundation Stage

## **Legal framework**

- Data Protection Act 1998
- Human Rights Act 1998
- General Data Protection Regulation 2016

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

- Accident Record (2010)
- Accounts Record (2005)

- Safeguarding Children (2010)
- Recruiting and Managing Employees (2010)
- Financial Management (2010)
- Medication Record (2010)
- Daily Register and Outings Record (2012)
- Managing Risk (2009)
- Complaints Investigation Record (2012)

#### **Safeguarding and Welfare Requirement: Information and records**

Providers must maintain records and obtain and share information to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met

## **10.6 Transfer of Records to School**

### **Policy statement**

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

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

Confidential records are shared where there have been child protection concerns according to the process required by our Local Safeguarding Children Board.

The procedure guides this process and determines what information we can and cannot share with a receiving school or setting.

## **Procedures**

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

- Using the EYFS assessment of development and learning ensures the key person prepares a summary of achievements in the 7 areas of learning and development.
- This record refers to any additional language spoken by the child and his or her progress in both languages.
- The record also refers to any additional needs that have been identified or addressed by the setting.
- The record also refers to any special needs or disability and whether a CAF was raised in respect of special needs or disability, whether there is a Statement of Special Educational Needs and gives the name of the lead professional.
- The record contains a summary by the key person and a summary of the parent's view of the child.
- The document may be accompanied by other evidence such as photos or drawings that the child has made.
- For transfer to school, most local authorities provide an assessment summary format or a transition record for the setting to follow.
- If there have been any welfare or protection concerns a star is placed on the front of the assessment record.

### *Transfer of confidential information*

- The receiving school or setting will need to have a record of concerns that were raised in the setting and what was done about them.
- A summary of the concerns will be made to send to the receiving setting or school along with the date of the last professional meeting or case conference. Some Local Safeguarding Children Boards will stipulate the forms to be used and provide these.
- Where a CAF has been raised in respect of any welfare concerns the name and contact details of the lead professional will be passed on to the receiving setting or school.
- 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 or school – regardless of the outcome of the investigation.

- This information is posted or taken to the school or setting, addressed to the setting or school's designated person for child protection and marked confidential.

### **Legal framework**

- Data Protection Act 1998
- Freedom of Information Act 2000
- Human Rights Act 1998
- Children Act 1989
- General Data Protection Regulation 2016

### **Further guidance**

- What to do if you are Worried a Child is Being Abused (HMG 2006)
- Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)

#### **Safeguarding and Welfare Requirement: Information and records**

Providers must maintain records and obtain and share information (with parents and carers, other professionals working with the child, and the police, social services and Ofsted as appropriate)

## **10.7 Confidentiality and Client Access to Records**

### **Policy statement**

Definition: 'Confidential information is information that is not normally in the public domain or readily available from another source, it should have a degree of sensitivity and value and be subject to a duty of confidence. A duty of confidence arises when one person provides information to another in circumstances where it is reasonable to expect that the information will be held in confidence.' (Information Sharing: Guidance for Practitioners and Managers (DCSF 2008))

In our setting, staff and managers can be said to have a 'confidential relationship' with families. It is our intention to respect the privacy of children and their parents and carers, while ensuring that they access high quality early years care and education in our setting. We aim to ensure that all parents and carers can share their information in the confidence that it will only be used to enhance the welfare of their children. There are record keeping systems in place that meet legal requirements; means of storing and sharing that information take place within the framework of the Data Protection Act and the Human Rights Act.

### **Confidentiality procedures**

- We always check whether parents regard the information they share with us to be regarded as confidential or not.
- Some parents sometimes share information about themselves with other parents as well as staff; the setting cannot be held responsible if information is shared beyond those parents whom the person has 'confided' in.
- Information shared between parents in a discussion or training group is usually bound by a shared agreement that the information is confidential to the group and not discussed outside of it.
- We inform parents when we need to record confidential information beyond the general personal information we keep (see our record keeping procedures) - for example with regard to any injuries, concerns or changes in relation to the child or the family, any discussions with parents on sensitive matters, any records we are obliged to keep regarding action taken in respect of child protection and any contact and correspondence with external agencies in relation to their child.
- We keep all records securely (see our record keeping procedures).

### **Client access to records procedures**

Parents may request access to any confidential records held on their child and family following the procedure below:

- Any request to see the child's personal file by a parent or person with parental responsibility must be made in writing to the setting leader or manager.
- The setting leader informs the chairperson of the management committee and sends a written acknowledgement.
- The setting commits to providing access within 14 days, although this may be extended.
- The setting's leader or manager and chairperson of the management committee prepare the file for viewing.
- All third parties are written to, stating that a request for disclosure has been received and asking for their permission to disclose to the person requesting it. Copies of these letters are retained on file.

- 'Third parties' include all family members who may be referred to in the records.
- It also includes workers from any other agency, including social services, the health authority, etc. It is usual for agencies to refuse consent to disclose, preferring the individual to go directly to them.
- When all the consents/refusals to disclose have been received these are attached to the copy of the request letter.
- A photocopy of the complete file is taken.
- The setting leader and chairperson of the management committee go through the file and remove any information which a third party has refused consent to disclose. A thick black marker is used to score through every reference to the third party and information they have added to the file.
- What remains is the information recorded by the setting, detailing the work initiated and followed by them in relation to confidential matters. This is called the 'clean copy'.
- The 'clean copy' is photocopied for the parents who are then invited in to discuss the contents. The file should never be given straight over, but should be gone through by the setting leader, so that it can be explained.
- Legal advice may be sought before sharing a file, especially where the parent has possible grounds for litigation against the setting or another (third party) agency.

All the undertakings above are subject to the paramount commitment of the setting, which is to the safety and well-being of the child. Please see also our policy on child protection.

### **Legal framework**

- Data Protection Act 1998
- Human Rights Act 1998
- General Data Protection Regulation 2016

### **Further guidance**

- Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)

**General Safeguarding and Welfare Requirement: Information and records**

Providers must maintain records and obtain and share information to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met.

**10.8 Information sharing**

“ Our practitioners understand their organisation’s position and commitment to information sharing. They have confidence in the continued support of their organisation where they have used their professional judgement and shared information professionally.”

Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)

**Policy statement**



We recognise that parents have a right to know that information they share will be regarded as confidential as well as be informed about the circumstances, and reasons, when we are obliged to share information.

We are obliged to share confidential information without authorisation from the person who provided it or to whom it relates if it is in the public interest. That is when:

- it is to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult; or
- not sharing it could be worse than the outcome of having shared it.
- The decision should never be made as an individual, but with the back-up of management committee officers. The three critical criteria are:
  - Where there is *evidence* that the child is suffering, or is at risk of suffering, significant harm.
  - Where there *is reasonable cause to believe* that a child may be suffering, or at risk of suffering, significant harm.
  - To *prevent* significant harm arising to children and young people or serious harm to adults, including the prevention, detection and prosecution of serious crime.

## **Procedures**

Our procedure is based on the 7 golden rules for information sharing as set out in *Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)*.

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
  - Our policy and procedures on information sharing provide guidance to appropriate sharing of information with external agencies.
2. Be open and honest. Explain to families how, when and why information will be shared about them and with whom. Seek consent to share information, unless it puts the child at risk or undermines a criminal investigation.

In our setting we ensure parents:

- receive information about our information sharing policy when starting their child in the setting and they sign a form to say that they *understand* circumstances when information may be shared without their consent. This will only be when it is a matter of safeguarding a child or vulnerable adult. This is on our registration form;

- have information about our Safeguarding Children and Child Protection policy; and
  - have information about the circumstances when information will be shared with external agencies, for example, with regard to any special needs the child may have or transition to school.
3. Seek advice when there are doubts about possible significant harm to a child or others.
- Managers contact children's social care for advice where they have doubts or are unsure.
4. Share with consent where appropriate. Respect the wishes of children and parents not to consent to share confidential information. However, in the interests of the child, know when it is reasonable to override their wish.
- Guidelines for consent are part of this procedure.
5. Managers are conversant with this and are able to advise staff accordingly. Consider the safety and welfare of the child when making a decision about sharing information – if there are concerns regarding 'significant harm' the child's well being and safety is paramount.

In our setting we:

- record concerns and discuss these with the setting's *designated person* and/or *designated officer* from the management committee for child protection matters. Record decisions made and the reasons why information will be shared and to whom; and
  - follow the procedures for reporting concerns and record keeping.
6. Information shared should be accurate and up-to-date, necessary for the purpose it is being shared for, shared only with those who need to know and shared securely.
- Our Child Protection procedures and Record Keeping procedure set out how and where information should be recorded and what information should be shared with another agency when making a referral.
7. Reasons for decisions to share information, or not, are recorded.
- Provision for this is set out in our Record Keeping procedure

*Consent*

Parents have a right to be informed that their consent to share information will be sought in most cases, as well as the kinds of circumstances when their consent may not be sought, or their refusal to give consent may be overridden. We do this as follows:

- Our policies and procedures set out our responsibility regarding gaining consent to share information and when it may not be sought or overridden.
- We may cover this verbally when the child starts or include this in our prospectus.
- Parents sign a form at registration to say they understand this.
- Parents are asked to give written consent to share information about any additional needs their child may have, or to pass on child development summaries, to the next provider/school.
- Copies are given to parents of the forms they sign.
- We consider the following questions when we need to share:
  - Is there a legitimate purpose to sharing the information?
  - Does the information enable the person to be identified?
  - Is the information confidential?
  - If the information is confidential, do you have consent to share?
  - Is there a statutory duty or court order to share information?
  - If consent is refused, or there are good reasons not to seek consent, is there sufficient public interest to share information?
  - If the decision is to share, are you sharing the right information in the right way?
  - Have you properly recorded your decision?

All the undertakings above are subject to the paramount commitment of the setting, which is to the safety and well-being of the child. Please also see our Safeguarding Children and Child Protection policy.

### **Legal framework**

- Data Protection Act 1998
- Human Rights Act 1998
- General Data Protection Regulation 2016

### **Further guidance**

- Information Sharing: Guidance for Practitioners and Managers (DCSF 2008)

**General Safeguarding and Welfare Requirement: Information and records**

Providers must maintain records and obtain and share information to ensure the safe and efficient management of the setting, and to help ensure the needs of all children are met

## **10.9 Working in Partnership with Other Agencies**

### **Policy statement**

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

### **Procedures**

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

- Procedures are in place for sharing information about children and families with other agencies. These are set out in the Information Sharing protocol, Safeguarding Children procedures and the Special Educational Needs procedures.
- Information shared by other agencies with us is regarded as third party information. This is also kept in confidence and not shared without consent from that agency.
- When working in partnership with staff from other agencies, we make those individuals welcome in the setting and their professional roles are respected.
- We 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 child(ren) during their visit.
- Our staff do not casually share information or seek informal advice about any named child/family.
- When necessary we consult with local and national agencies who offer a wealth of advice and information that help us develop an understanding of issues facing us and who can provide support and information for parents. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.

#### **Safeguarding and Welfare Requirement: Information and records**

Providers must put in place a written procedure for dealing with concerns and complaints from parents and/or carers.

## **10.10 Making a Complaint**

### **Policy statement**

Our setting believes that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes. We welcome suggestions on how to improve our setting and will give prompt and serious attention to any concerns about the running of the setting. We anticipate that most concerns will be resolved quickly by an informal approach to the appropriate member of staff. If this does not achieve the desired result, we have a set of procedures for dealing with concerns. We

aim to bring all concerns about the running of our setting to a satisfactory conclusion for all of the parties involved.

## **Procedures**

All settings are required to keep a written record ('summary log') of any complaints that reach stage 2 and above and their outcome. This is to be made available to parents as well as to Ofsted inspectors on request. A full procedure is set out in the Pre-school Learning Alliance publication *Complaint Investigation Record* which acts as the 'summary log' for this purpose.

### *Making a complaint*

#### Stage 1

- Any parent who has a concern about an aspect of the setting's provision talks over, first of all, his/her concerns with the setting leader.
- Most complaints should be resolved amicably and informally at this stage.

#### Stage 2

- If this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure by putting the concerns or complaint in writing to the setting leader and the owner or chair of the management committee.
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the above-mentioned publication; the form may be completed with the person in charge and signed by the parent.
- The setting stores written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, the setting leader may wish to store all information relating to the investigation in a separate file designated for this complaint.
- When the investigation into the complaint is completed, the setting leader or manager meets with the parent to discuss the outcome.
- Parents must be informed of the outcome of the investigation within 28 days of making the complaint.
- When the complaint is resolved at this stage, the summative points are logged in the Complaints Summary Record.

#### Stage 3

- If the parent is not satisfied with the outcome of the investigation, he or she requests a meeting with the setting leader and the owner/chair of the management committee. The parent should

have a friend or partner present if required and the leader should have the support of the chairperson of the management committee, or the owner/senior manager, present.

- An agreed written record of the discussion is made as well as any decision or action to take as a result. All of the parties present at the meeting sign the record and receive a copy of it.
- This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, the summative points are logged in the Complaints Summary Record.

#### Stage 4

- If at stage three meeting the parent and setting cannot reach an agreement, an external mediator is invited to help settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers but can help to define the problem, review the action so far and suggest further ways in which it might be resolved.
- Staff or volunteers within the Pre-school Learning Alliance are appropriate persons to be invited to act as mediators.
- The mediator keeps all discussion confidential. S/he can hold separate meetings with the setting personnel (setting leader and owner/chair of the management committee) and the parent, if this is decided to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice s/he gives.

#### Stage 5

- When the mediator has concluded her/his investigations, a final meeting between the parent, the setting leader and the owner/chair of the management committee is held. The purpose of this meeting is to reach a decision on the action to be taken to deal with the complaint. The mediator's advice is used to reach this conclusion. The mediator is present at the meeting if all parties think this will help a decision to be reached.
- A record of this meeting, including the decision on the action to be taken, is made. Everyone present at the meeting signs the record and receives a copy of it. This signed record signifies that the procedure has concluded.

#### *The role of the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Local Safeguarding Children Board*

- Parents may approach Ofsted directly at any stage of this complaints procedure. In addition, where there seems to be a possible breach of the setting's registration requirements, it is essential to involve Ofsted as the registering and inspection body with a duty to ensure the Safeguarding and Welfare Requirements of the Early Years Foundation Stage are adhered to.
- The number to call Ofsted with regard to a complaint is:

- These details are displayed on our setting's notice board.
- If a child appears to be at risk, our setting follows the procedures of the Local Safeguarding Children Board in our local authority.
- In these cases, both the parent and setting are informed and the setting leader works with Ofsted or the Local Safeguarding Children Board to ensure a proper investigation of the complaint, followed by appropriate action.

#### *Records*

- A record of complaints against our setting and/or the children and/or the adults working in our setting is kept, including the date, the circumstances of the complaint and how the complaint was managed.
- The outcome of all complaints is recorded in the *Complaint Investigation Record* which is available for parents and Ofsted inspectors on request.