Guidance for Use

This policy has been developed for **Beavers Lodge Playgroup**, operating within the **London Borough of Hounslow**. It is intended to support the setting in meeting its statutory responsibilities and in maintaining clear, consistent and effective practice.

The policy should be read alongside the **Early Years Foundation Stage (EYFS) statutory framework**, relevant legislation and statutory guidance, **Hounslow Safeguarding Children Partnership** procedures, and other local and national requirements relevant to the setting.

This document has been adapted to reflect the circumstances and working practices of Beavers Lodge Playgroup. It should always be read in the context of the setting's registration, premises, staffing structure, operating hours, children attending, risk assessments and day-to-day procedures.

Using and Maintaining this Policy

The Manager and Management Committee are responsible for ensuring that:

- the policy accurately reflects the setting's current practice and procedures;
- named roles and responsibilities are clearly identified and kept up to date;
- local contact details and referral routes are checked regularly;
- procedures are reviewed when legislation, statutory guidance or local arrangements change;
- staff are familiar with the policy and understand their responsibilities;
- the policy is accessible to staff and parents/carers; and
- any additional procedures identified through the setting's risk assessments or operational arrangements are incorporated where necessary.

All staff are expected to follow the procedures set out in this policy and to seek guidance from the Manager, Designated Safeguarding Lead or other named person where they are unsure how to respond to a situation.

Hounslow Local Context

Beavers Lodge Playgroup works within the current safeguarding, early years and family support arrangements of the **London Borough of Hounslow** and the **Hounslow Safeguarding Children Partnership**.

Where relevant, the setting will follow current local procedures relating to Children's Services, safeguarding referrals, Family Help, safeguarding thresholds and the continuum of need, allegations against staff and other adults, SEND support, escalation and transition arrangements.

Local services, telephone numbers, referral processes and professional contacts may change. These details must therefore be checked against the current information provided by the London Borough of Hounslow and other relevant statutory agencies whenever this policy is reviewed.

Status of this Document

This is a working policy for Beavers Lodge Playgroup. It does not replace the setting's legal responsibilities or the requirements of the EYFS, safeguarding legislation, Ofsted or other statutory bodies.

Where this policy refers to statutory requirements, legislation or external guidance, the relevant source should remain clearly identified. If a conflict arises between this policy and a current statutory requirement or official guidance, the statutory requirement or current official guidance will take precedence and the policy will be reviewed accordingly.

Policy owner: Manager and Management Committee
Setting: Beavers Lodge Playgroup
Review responsibility: Manager and Management Committee
Review frequency: At least annually and sooner where required by changes in legislation, guidance, local arrangements or setting practice

These policies were adopted by**:**	**Management Committee Meeting**
Date:	
Signed on behalf of the provider:	
Name of signatory:	**Dimple Ludhra**
Role of signatory:	**Secretory- Beavers Lodge Playgroup Management Committee**
Date to be reviewed:	**November 2027**

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Introduction

Policies and procedures provide the framework for how **Beavers Lodge Playgroup** operates and how we maintain a safe, inclusive and consistent environment for children, families and staff. They set out what we expect from everyone working within the setting, clarify individual responsibilities and explain how statutory and local requirements are put into practice.

At Beavers Lodge Playgroup, policies are regarded as **active working documents**. They are intended to guide everyday practice and decision-making rather than simply provide evidence for registration or inspection. Our policies should therefore reflect what happens in the setting and support staff to respond consistently to the needs of the children and families we serve.

Beavers Lodge Playgroup aims to ensure that:

- policies accurately reflect our current practice and procedures;
- staff, volunteers and students understand the policies relevant to their roles;
- safeguarding responsibilities are understood and acted upon by everyone working with children;
- managers monitor the implementation of policies and address any areas requiring improvement;
- parents and carers can access relevant policies and understand how these affect their children;
- incidents, complaints, safeguarding concerns, feedback and changes in practice are considered when policies are reviewed; and
- policies are updated when legislation, statutory guidance, EYFS requirements or Hounslow local arrangements change.

Adoption and Review

The **registered provider and Management Committee** remain accountable for the policies adopted by Beavers Lodge Playgroup. The **Manager** is responsible for ensuring that policies are understood by staff and translated into effective day-to-day practice.

Policies will be formally reviewed at least annually and sooner where there is a significant change or where learning identifies that an earlier review is necessary. This may include changes to:

- legislation, statutory guidance or the EYFS;
- London Borough of Hounslow or Hounslow Safeguarding Children Partnership procedures;
- Ofsted requirements or recommendations;
- safeguarding concerns, incidents or complaints;
- risk assessments or identified areas of weakness;
- the setting's premises, staffing structure or operating arrangements; or

- the needs of the children and families attending the setting.

The **date of adoption, review date and any significant amendments** will be recorded within the policy.

Staff Understanding

All staff, volunteers and students will receive information relevant to their responsibilities through induction, training, supervision, team meetings and ongoing professional development.

Managers will check staff understanding through discussion, observation and supervision rather than relying solely on confirmation that a policy has been read.

Particular attention will be given to safeguarding, emergency procedures, supervision of children, medication, allergies, intimate care, confidentiality and information sharing, as failure to follow these procedures may place a child at risk.

Working with Parents and Carers

Beavers Lodge Playgroup recognises parents and carers as important partners in children's care, learning and development. Parents and carers will be informed about how they can access the setting's policies and how significant changes to policies or procedures will be communicated.

Where appropriate, the setting will seek feedback from parents and carers to help us improve the clarity, accessibility and effectiveness of our policies and the way they are implemented.

Our policies will be reviewed in the context of our **Learning Through Play, in their own way** ethos and the individual needs of the children and families attending Beavers Lodge Playgroup.

Children's Rights and Entitlements

Every child attending **Beavers Lodge Playgroup** should experience care and education in which their safety, dignity, identity, development and individual needs are respected.

This policy is informed by the **United Nations Convention on the Rights of the Child** and the principles of the **Early Years Foundation Stage**.

Our approach is based on the following expectations.

Children are safe

Children have the right to be protected from abuse, neglect, exploitation, discrimination and avoidable harm.

Adults must recognise concerns, listen carefully to children and take appropriate action without unnecessary delay.

Children are heard

Children communicate in many different ways. Their views may be expressed through language, behaviour, play, facial expression, movement, signs, symbols or other communication methods.

Staff take account of each child's age, development and communication needs and ensure that children are given meaningful opportunities to express their preferences, feelings and concerns.

Children are included

Every child should be able to participate in early education and childcare without unlawful discrimination.

Beavers Lodge Playgroup values differences in culture, language, ethnicity, religion, family circumstances, sex, disability and additional needs and makes reasonable adjustments where required.

Children develop secure relationships

Warm, responsive and predictable relationships are fundamental to children's wellbeing.

The key-person approach supports children to develop secure relationships with adults who know them well and can respond appropriately to their individual needs.

Children are supported to learn and develop

Children should have access to an ambitious, inclusive and developmentally appropriate curriculum.

Practitioners recognise children as individuals and use their knowledge of each child's interests, strengths, experiences and needs to plan appropriate learning opportunities.

Children experience dignity and respect

Children are treated respectfully during all aspects of care, including eating, sleeping, toileting, nappy changing and intimate care.

Their privacy is protected appropriately, while safeguarding remains the overriding consideration.

Children receive coordinated support when needed

Where additional needs or safeguarding concerns are identified, Beavers Lodge Playgroup works with parents and carers and, where appropriate, Hounslow services and other professionals to secure timely and appropriate support.

The child's welfare and best interests remain central to decision-making.

Safeguarding children, young people and vulnerable adults

This policy is informed by Working Together to Safeguard Children 2026. Safeguarding and promoting the welfare of children applies to all children. The setting recognises that babies and very young children may be particularly vulnerable because of their age, dependency and limited ability to communicate concerns.

Staff remain alert to harm within and outside the family, online and offline, including abuse and neglect, domestic abuse and coercive control, child sexual abuse and exploitation, criminal exploitation, trafficking, group-based exploitation, harmful practices, honour, faith-or belief-based abuse, radicalisation, and other forms of extra-familial harm. Children may experience multiple or overlapping forms of harm.

The setting is committed to inclusive, anti-discriminatory practice. Racism and discrimination are recognised as factors that can affect children's experiences, access to help and safeguarding outcomes. Staff must not allow assumptions about culture, ethnicity, disability, language, religion, sex or family circumstances to reduce professional curiosity or delay safeguarding action.

Where a child or family may benefit from additional support, staff follow local Hounslow arrangements for Family Help/early help and children's social care. Where there is reasonable cause to suspect significant harm, the setting follows section 47 referral arrangements without delay. Safeguarding concerns must never be delayed while waiting for proof.

Working Together to Safeguard Children 2026

- Safeguarding and promoting the welfare of children is everyone's responsibility and applies to every child.
- The setting recognises that children may experience harm within their family, outside their family, online or offline and that different forms of harm may overlap.
- Staff maintain professional curiosity and recognise the particular vulnerability of babies and very young children, children with disabilities or communication needs and children whose circumstances may make it more difficult for them to disclose harm or for professionals to recognise it.
- Practice takes account of abuse and neglect, domestic abuse and coercive control, child sexual abuse, child sexual exploitation, criminal exploitation, trafficking, online harm, group-based exploitation, honour-, faith- or belief-based abuse and other forms of extra-familial harm.
- The setting promotes an inclusive and anti-discriminatory safeguarding culture. Racism, discrimination, stereotyping or assumptions about a child's culture, disability, language,

religion, sex or family circumstances must never reduce professional curiosity or delay safeguarding action.

- Where a child or family may require additional support, the setting works with Hounslow's local Family Help and children's social care arrangements.
- Where there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, action under section 47 of the Children Act 1989 will not be delayed while further evidence or proof is sought.

Designated safeguarding lead are: Sonali Mukherjee (Manager), Salimah Merchant (Deputy Manager) and the deputy Safeguarding Lead is Lenka Mikesova (Supervisor)

Aim

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

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

1. We are committed to empowering children, young people, and vulnerable adults, promoting their right to be 'strong, resilient, actively listened to, and heard'.

2. We uphold a culture of safety in which children, young people and vulnerable adults are protected from abuse and harm in all areas of its curriculum and service delivery.

3. We are committed to preventing harm and responding promptly and appropriately to all incidents or concerns of abuse that may occur. Working with statutory agencies to achieve the best possible outcomes for every child.

4. We are dedicated to increasing safeguarding confidence, knowledge and good practice throughout its training and learning programmes for adults, advocating support and representation for those in greatest need.

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

A 'vulnerable adult' (see guidance to the Care Act 2014) as: *'a person aged 18 years or over, who is in receipt of or may need community care services by reason of 'mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself*

against significant harm or exploitation'. In early years, this person may be a service user, parent/carer of a service user, or a volunteer.

Key Commitment 1

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

Key Commitment 2

- All staff are trained in line with the Criteria set out in Annex C of the EYFS (2026). Safeguarding training is refreshed annually and renewed every two years. The designated safeguarding lead ensures support, advice and guidance for all staff to meet their safeguarding responsibilities by:
    - Regular supervision and 1:1 Team briefings, newsletters, reviewing safeguarding procedures together.
- There are procedures in place to prevent known abusers from coming into the organisation as employees or volunteers at any level.
- Safeguarding is the responsibility of every person undertaking the work of the organisation in any capacity.
- There are procedures for dealing with allegations of abuse against a member of staff, or any other person undertaking work whether paid or unpaid for the organisation, where there is an

allegation of abuse or harm of a child. Procedures differentiate clearly between an allegation, a concern about quality of care or practice and complaints.

- There are procedures in place for reporting abuse of children or a young person in the setting.
- There are procedures in place for reporting safeguarding concerns where a child may meet the s17 definition of a child in need (Children Act 1989) and/or where a child may be at risk of significant harm, and to enable staff to make decisions about appropriate referrals using Hounslow Safeguarding Children's Partnership threshold documents.
- There are procedures in place for reporting abuse of a vulnerable adult in the setting.
- There are procedures in place in relation to escalating concerns and professional challenge.
- There are procedures in place for working in partnership with agencies involving a child, or young person or vulnerable adult, for whom there is a protection plan in place. These procedures also take account of working with families with a 'child in need' and with families in need of early help, who are affected by issues of vulnerability such as social exclusion, radicalisation, domestic violence, mental illness, substance misuse and parental learning disability.
- These procedures take account of diversity and inclusion issues to promote equal treatment of children and their families and that take account of factors that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture.
- There are procedures in place for record keeping, confidentiality and information sharing, which are in line with data protection requirements.
- We follow government and Hounslow Safeguarding Children's Partnership guidance in relation to extremism.
- The procedures of Hounslow Safeguarding Children's Partnership must be followed.

Key Commitment 3

- We have a 'designated safeguarding lead person', who is responsible for carrying out child, young person, or adult protection procedures.
- The designated safeguarding lead is responsible for overseeing all child, young person or adult protection matters.

- The ‘designated safeguarding lead’ ensures they have links with statutory and voluntary organisations regarding safeguarding children.
- The ‘designated safeguarding lead’ ensures they have received appropriate training on child protection matters and that all staff are adequately informed and/or trained to recognise child abuse in the categories of physical, emotional, and sexual abuse and neglect.
- The ‘designated safeguarding lead’ ensures all staff are aware of the additional vulnerabilities that affect children that arise from inequalities of race, gender, disability, language, religion, sexual orientation, or culture and that these receive full consideration in child, young person, or adult protection related matters.
- The ‘designated safeguarding lead ensures that staff are aware and receive training in social factors affecting children’s vulnerability including, but not limited to:
    - social exclusion
    - domestic violence and controlling or coercive behaviour
    - mental Illness
    - drug and alcohol abuse (substance misuse)
    - parental/carer learning disability
    - radicalisation
- The ‘designated safeguarding lead’ ensures that staff are aware and receive training in other ways that children may suffer significant harm and stay up to date with relevant contextual safeguarding matters:
    - abuse of disabled children
    - fabricated or induced illness
    - child abuse linked to spirit possession
    - sexually exploited children
    - children who are trafficked and/or exploited
    - female genital mutilation
    - extra-familial abuse and threats

- children involved in violent offending, with gangs and county lines.

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

Key commitment 4

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

Responding to safeguarding or child protection concerns:

The designated safeguarding lead are Sonali Mukherjee (Manager) , Salimah Merchant (Deputy Manager) the deputy designated safeguarding lead is Lenka Mikesova (Supervisor) **the designated officer (setting manager’s line manager) is** Sonali Mukherjee

Safeguarding roles

- All staff recognise and know how to respond to signs and symptoms that may indicate a child is suffering from or likely to be suffering from harm. They understand that they have a responsibility to act immediately by discussing their concerns with the designated safeguarding lead or a named back-up designated safeguarding lead.
- The manager and deputy are the designated safeguarding lead and back-up designated safeguarding lead, responsible for co-ordinating action taken by the setting to safeguard vulnerable children and adults. The designated safeguarding lead is also responsible for liaising with local statutory children’s services and with the Hounslow Safeguarding Children’s Partnership.
- All concerns about the welfare of children in the setting, at home, or elsewhere should be reported to the designated safeguarding lead or the back-up designated safeguarding lead.
- The designated safeguarding lead ensures that all educators are alert to the indicators of abuse and neglect and understand how to identify and respond to these.
- The setting should not operate without an identified designated safeguarding lead at any time.

- The line manager of the designated safeguarding lead is the designated officer.
- The designated safeguarding lead informs the designated officer about serious concerns as soon as they arise and agree the action to be taken, seeking further clarification if there are any doubts that the issue is safeguarding.
- If it is not possible to contact the designated officer, action to safeguard the child is taken first and the designated officer is informed later. If the designated officer is unavailable advice is sought from their line manager or equivalent.
- Issues which may require notifying to Ofsted are notified to the designated officer to decide regarding notification. The designated safeguarding lead and designated officer must remain up to date with Ofsted reporting and notification requirements.
- If there is an incident, which may require reporting to RIDDOR the designated officer immediately seeks guidance from the owners/directors/trustees as appropriate. There continues to be a requirement that the designated officer follows legislative requirements in relation to reporting to RIDDOR.
- We follow procedures of Hounslow Safeguarding Children's Partnership for safeguarding and any specific safeguarding procedures such as responding to radicalisation/extremism concerns. Procedures are followed for managing allegations against staff, as well as for responding to concerns and complaints raised about quality or practice issues, through whistleblowing and escalation.

Responding to marks or injuries observed

- If a member of staff observes or is informed by a parent/carer of a mark or injury to a child that happened at home or elsewhere, the member of staff makes a record of the information given to them by the parent/carer in the child's personal file, which is signed by the parent/carer.
- The member of staff advises the designated safeguarding lead as soon as possible if there are safeguarding concerns about the circumstance of the injury.
- If there are concerns about the circumstances or explanation given, by the parent/carer and/or child, the designated safeguarding lead decides the course of action to be taken and completing Safeguarding incident reporting form.
- If the mark or injury is noticed later in the day and the parent is not present, this is raised with the designated safeguarding lead.
- If there are concerns about the nature of the injury, and it is unlikely to have occurred at the setting, the designated safeguarding lead decides the course of action required and Safeguarding incident reporting form is completed as above, taking into consideration any explanation given by the child.

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

Responding to the signs and symptoms of abuse

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

Responding to a disclosure by a child

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

Decision making (all categories of abuse)

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

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

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

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

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

Informing parents/carers when making a child protection referral

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

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

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

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

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

- Urgent referrals – those intending to submit urgent or emergency referrals should first telephone the Front Door Team on 0208 583 6600 option 2 option 3 to determine professional accountability and complete the referral.
- Non-urgent referrals – submit the referral directly via the portal https://earlyhelp.hounslow.gov.uk.
- Outside normal Children's Services hours, contact Hounslow's Emergency Duty Team on 020 8583 2222. If a child is in immediate danger, call 999.

Escalation process

- There may be situations where professionals differ in their opinions. If we feel that a referral made has not been dealt with properly or that concerns are not being addressed or responded to, we will follow the Hounslow Safeguarding Children Partnership escalation policy, updated in April 2026 HSCP-Escalation-Policy-2026.docx.
- We will ensure that staff are aware of how to escalate concerns.
- We will follow local procedures published by Hounslow Safeguarding Children Partnership to resolve professional disputes.
- This policy does not replace any single agency escalation or complaint policies and should be used in conjunction with our internal policies and procedures.

Further recording

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

- Safeguarding records are kept up to date and made available for confidential access by the designated officer to allow continuity of support during closures or holiday periods.

Professional disagreement/escalation process

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

Categories of abuse

Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of or deliberately induces illness in a child (this used to be called Munchausen's Syndrome by Proxy, however, is now more usually referred to as fabricated or induced illness).

Emotional abuse

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

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative and non-penetrative acts. They may include non-

contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

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

(Definitions taken from Working Together to Safeguard Children 2026)

Domestic Abuse

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

Indicators of abuse and what you might see

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

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

- have bruises, bleeding, burns, fractures or other injuries
- show signs of pain or discomfort
- look unkempt and uncared for

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

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

Female genital mutilation (FGM)

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

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

Symptoms of FGM in very young girls may include difficulty walking, sitting or standing; painful urination and/or urinary tract infection; urinary retention; evidence of surgery; changes to nappy changing or toileting routines; injury to adjacent tissues; spends longer than normal in the bathroom

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

Further guidance

NSPCC 24-hour FGM helpline: 0800 028 3550 or email fgmhelp@nspcc.org.uk

Government help and advice: www.gov.uk/female-genital-mutilation

Children and young people vulnerable to extremism or radicalisation

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

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

Prevent duty

The setting complies with the Counter-Terrorism and Security Act 2015 and the current Prevent duty guidance for England and Wales.

Beavers Lodge Playgroup must have due regard to the need to prevent people from being drawn into terrorism.

The Designated Safeguarding Lead ensures that staff understand how to identify and respond to concerns that a child, family member or other person may be vulnerable to radicalisation or being drawn into terrorism.

Concerns are managed as safeguarding concerns and the setting follows current Hounslow Safeguarding Children Partnership and Prevent/Channel referral arrangements.

Where there is an immediate risk of harm or suspected terrorist activity, the police will be contacted without delay.

Parental consent is considered in accordance with safeguarding and information-sharing requirements. Consent is not required before sharing information where there is a lawful safeguarding basis to do so, including where seeking consent may increase risk, cause delay or prejudice the prevention or detection of crime.

- The designated safeguarding lead is required to familiarise themselves with LSP procedures, as well as online guidance including:
    - Prevent duty guidance: England and Wales (Home Office, 2023, as updated/current version).
    - Channel duty guidance: protecting people susceptible to radicalisation (current version).

- The designated safeguarding lead should follow LSP guidance in relation to how to respond to concerns regarding extremism and ensure that staff know how to identify and raise any concerns in relation to this with them.
- The designated safeguarding lead must know how to refer concerns about risks of extremism/radicalisation to their LSP safeguarding team or the Channel panel, as appropriate.
- The designated safeguarding lead should also ensure that they and all other staff working with children and young people understand how to recognise that someone may be at risk of violent extremism.
- The designated safeguarding lead also ensures that all staff are aware of their responsibilities with regard to equality and inclusion and children's rights. The Designated Safeguarding Lead and relevant staff complete appropriate current Prevent training and maintain awareness of local Prevent and Channel referral arrangements. Staff should access current Home Office/DfE Prevent in Education training or equivalent training approved by the local authority.
- The designated safeguarding lead should understand the perceived terrorism risks in relation to the area that they deliver services in.

Parental consent for radicalisation referrals

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

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

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

Concerns about children affected by gang activity/serious youth violence

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

should be familiar with their LSP guidance and procedures in relation to safeguarding children affected by gang activity and ensure this is followed where relevant.

Forced marriage/Honour based violence

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

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

Risks in relation to forced marriage are high and it is important that educators ensure that anyone at risk of forced marriage is not put in further danger. If someone is believed to be at risk it is helpful to get as much practical information as possible, bearing in mind the need for absolute discretion, information that can be helpful will include things likes, names, addresses, passport numbers, national insurance numbers, details of travel arrangements, dates and location of any proposed wedding, names and dates of birth of prospective spouses, details of where and with whom they may be staying etc. Forced marriage can be linked to honour-based violence, which includes assault, imprisonment and murder. Honour based violence can be used to punish an individual for undermining what the family or community believes to be the correct code of behaviour.

In an emergency police should be contacted on 999.

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

- Telephone: +44 (0) 20 7008 0151
- Forced Marriage Unit: fmu@fcdo.gov.uk | 020 7008 0151 | Out of hours: 020 7008 5000.

Concerns and allegations of harm or abuse relating to staff, volunteers, agency staff or other relevant persons

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

What is a low-level concern?

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

- *is inconsistent with the staff code of conduct, including inappropriate conduct outside of work*

- *doesn't meet the threshold of harm or is not considered serious enough…to refer to the local authority.*

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

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

Examples of such behaviour could include:

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

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

Responding to low-level concerns

Any concerns about the conduct of staff, students or volunteers must be shared with the designated safeguarding lead and recorded in a low-level concern recording system. Recorded concerns should be reviewed by management for pattern and trend analysis and will inform retention arrangements. The designated safeguarding lead should be informed of all concerns, including those that may initially be considered 'low level' and make the final decision on how to respond. Where appropriate this can be done in consultation with their line manager.

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

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

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

Identifying allegations of harm or concerns about suitability

Concerns or allegations may arise from a child, parent/carer, member of staff, volunteer, professional or member of the public. All concerns and allegations about the conduct of a person who works with or has contact with children through the setting must be taken seriously and referred to the Designated Safeguarding Lead or appropriate senior person without delay, including where the person making the allegation later withdraws it.

The setting distinguishes between:

- allegations which may meet the harm threshold;
- low-level concerns about conduct or professional boundaries;
- concerns about suitability to work with children; and
- complaints about the quality of care or practice.

Where there is uncertainty about whether the harm threshold is met, advice will be sought from the Local Authority Designated Officer (LADO) or relevant Hounslow safeguarding service.

An allegation may meet the harm threshold where a person who works with children has:

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

Informing

- All staff report allegations to the designated safeguarding lead.
  - The designated safeguarding lead alerts the designated officer for their setting. If the designated officer is unavailable the designated person contacts their equivalent until they get a response- which should be within 3-4 hours of the event. Together they should form a view about what immediate actions are taken to ensure the safety of the children and staff in the setting, and what is acceptable in terms of fact-finding.
  - It is essential that no investigation occurs until and unless the LADO has expressly given consent for this to occur, however, the person responding to the allegation does need to understand what explicitly is being alleged.
  - The designated safeguarding lead must take steps to ensure the immediate safety of children, parents, and staff on that day within the setting.
  - We refer any allegations to the Safeguarding Advice and Allegations Management (SAAM). The Duty systems include the Child Protection Chairs who are the people who take part in the SAAM Duty structure. They identify designated officer (LADO) cases.
  - Duty desk on 0208 583 5730
  - LADO: Sarah Paltenghi 0208 583 3423 / Grace Murphy 0208 583 4933
  - The LADO is contacted as soon as possible and within one working day. If the LADO is on leave or cannot be contacted the LADO team manager is contacted and/or advice sought from the point of entry safeguarding team/mash/point of contact, according to local arrangements.

- A child protection referral is made if required. The LADO, line managers and local safeguarding children's services can advise on whether a child protection referral is required.

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

Notification to Ofsted

- In accordance with the EYFS statutory framework effective from 1 September 2026, the setting will notify Ofsted, or the relevant childminder agency where applicable, of any

allegation of harm by any person living, working or looking after children at the premises, whether the allegation relates to harm committed on the premises or elsewhere.

- Notification will be made as soon as reasonably practicable and within the timescale required by the EYFS.
- The setting will also inform Ofsted, or the relevant childminder agency, of the action taken in response to the allegation.
- The requirement to notify Ofsted is separate from the setting's responsibility to contact the LADO, make a referral to children's social care or contact the police where required.
- The setting will not delay safeguarding action or a statutory referral while determining whether an Ofsted notification is required.
- Ofsted must be updated of the actions taken by the setting, even if the LADO decides the allegation does not meet their threshold for investigation. If the designated officer is unavailable their equivalent must be contacted, for providers registered with a childminding agency, this may be the named person within the agency.
- Avenues such as performance management or coaching and supervision of staff will also be used instead of disciplinary procedures where these are appropriate and proportionate. If an allegation is ultimately upheld the LADO may also offer a view about what would be a proportionate response in relation to the accused person.
- The designated safeguarding lead must consider revising or writing a new risk assessment where appropriate, for example if the incident related to an instance where a member of staff has physically intervened to ensure a child's safety, or if an incident relates to a difficulty with the environment such as where parents/carers and staff are coming and going, and doors are left open.
- All allegations are investigated even if the person involved resigns or ceases to be a volunteer.

Allegations against agency staff

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

Allegations against the designated safeguarding lead.

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

- If an allegation is made against the designated officer/line manager, then the owners/directors/trustees are informed.

Recording

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

Disclosure and Barring Service

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

Escalating and whistleblowing concerns

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

Equality Act 2010

- The setting complies with the Equality Act 2010 and does not unlawfully discriminate, directly or indirectly, harass or victimise a child, parent/carer, employee or other person because of a protected characteristic.
- Reasonable adjustments are made for disabled children and adults where required by law.
- Where the provider is subject to the Public Sector Equality Duty, it will have due regard to the requirements to eliminate discrimination, advance equality of opportunity and foster good relations.

Legal references

Primary legislation

Children Act 1989 – s 47

Protection of Children Act 1999

Care Act 2014

Children Act 2004 s11

Children and Social Work Act 2017

Safeguarding Vulnerable Groups Act 2006

Counter-Terrorism and Security Act 2015

UK General Data Protection Regulation (UK GDPR)

Data Protection Act 2018

Modern Slavery Act 2015

Sexual Offences Act 2003

Serious Crime Act 2015

Criminal Justice and Court Services Act (2000)

Human Rights Act (1998)

Data Protection Act (2018)

Freedom of Information Act (2000)

Legal references

Working Together to Safeguard Children 2026 (Department for Education)

Early Years Foundation Stage statutory framework for group and school-based providers (effective 1 September 2026)

What to Do if You are Worried a Child is Being Abused (HMG 2015)

Prevent duty guidance for England and Wales (2023)

Keeping Children Safe in Education 2026 (for schools, colleges and school-based early years provision where applicable)

Ofsted early years inspection toolkit, operating guide and inspection information (current September 2026 version)

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

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

Working Together to Safeguard Children 2026

Children's Social Care National Framework

Current Hounslow Family Help arrangements and Hounslow Safeguarding Children Partnership threshold/continuum-of-need guidance

Current Hounslow Safeguarding Children Partnership multi-agency procedures

Help for early years providers : Safeguarding

Further guidance

Information sharing advice for safeguarding practitioners (DfE 2024)

Multi-agency statutory guidance on female genital mutilation (Home Office, Department for Education and Department of Health and Social Care, 2016; updated 30 July 2020, as subsequently updated).

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

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

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

Safeguarding Disabled Children: Practice Guidance (DfE 2009)

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

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

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

Whistleblowing

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

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

- a criminal offence has been committed, is being committed or is likely to be committed,
- a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject. This includes non-compliance with policies and procedures, breaches of EYFS and/or registration requirements,
- a miscarriage of justice has occurred, is occurring or is likely to occur,
- the health and safety of any individual has been, is being or is likely to be endangered,
- the working environment has been, is being or is likely to be damaged,
- that information tending to show any matter falling within any one of the preceding clauses has been, is being or is likely to be deliberately concealed.

There are 3 stages to raising concerns as follows:

1. If staff wish to raise or discuss any issues which might fall into the above categories, they should normally raise this issue with their manager/designated safeguarding lead.
2. Staff who are unable to raise the issue with their manager/designated safeguarding lead should raise the issue with their line manager's manager/ director/ owner.
3. If staff are still concerned after the investigation, or the matter is so serious that they cannot discuss it with a line manager, they should raise the matter with the management committee (020 8570 9347).

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

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

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

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

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

Contact Ofsted at:

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

Safeguarding is everyone's responsibility. All adults working within the setting maintain an attitude that 'it could happen here' and act immediately upon any concern, however small. Concerns are taken seriously, recorded appropriately and responded to in accordance with safeguarding procedures.

Looked after children

Policy statement

Children who are looked after by a local authority are entitled to the same high expectations, opportunities and quality of early education as every other child.

The setting recognises that entering care, changes of placement, separation from familiar adults and previous adverse experiences may affect a child's wellbeing, attachment relationships, behaviour, communication and learning.

No assumptions are made about an individual child solely because they are looked after. Staff seek to understand the child's particular history, current care arrangements, strengths and needs.

Our approach

The setting will:

- provide consistent and responsive care;
- identify a key person who can build a secure and predictable relationship with the child;
- work closely with the child's carer and relevant professionals;
- understand who holds parental responsibility and who may make decisions for the child;
- maintain confidentiality and only share information where appropriate;
- contribute to planning and review processes where requested;
- support continuity where the child experiences a change in placement or education;
- recognise the possible impact of trauma and loss without defining the child by those experiences; and
- maintain high expectations for the child's learning, participation and development.

Where the child is looked after by Hounslow, or where Hounslow professionals are involved, the setting will work within the relevant local authority arrangements and agreed plan for that child.

Principles

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

minimum of one month and that they will have formed a secure attachment to the carer. We expect that the placement in the setting will last a minimum of six weeks.

- We will always offer 'stay and play' provision for a child who is two to five years old who is still settling with their foster carer, or who is only temporarily being looked after.
- Where a child who normally attends our setting is taken into care and is cared for by a local foster carer, we will continue to offer the placement for the child.

Procedures

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

- how information will be shared with the foster carer and local authority (as the 'corporate parent') as well as what information is shared with whom and how it will be recorded and stored;
- what contact the child has with his/her birth parent(s) and what arrangements will be in place for supervised contact. If this is to be at the setting, when, where and what form the contact will take will be discussed and agreed;
- what written reporting is required;
- wherever possible, and where the plan is for the child to return home, the birth parent(s) should be involved in planning; and
- with the social worker's agreement, and as part of the plan, the birth parent(s) should be involved in the setting's activities that include parents, such as outings and fun-days etc alongside the foster carer.

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

Further guidance

- Guidance on the Education of Children and Young People in Public Care (DfE 2000)

- Who Does What: How Social Workers and Carers can Support the Education of Looked After Children (DfES 2005)
- Supporting Looked After Learners - A Practical Guide for School Governors (DfES 2006)

Private Fostering

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

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

Regulations for Private Fostering

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

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

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

Uncollected child

- Parents are asked to provide the following specific information when their child starts attending our setting, which is recorded on our Registration Form:
  - Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
  - Place of work, address and telephone number (if applicable).
  - Mobile telephone number (if applicable).
  - Names, addresses, telephone numbers and signatures of adults who are authorised by the parents to collect their child from the setting, for example a childminder or grandparent.
  - Who has parental responsibility for the child.
  - Information about any person who does not have legal access to the child.
- On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.
- On occasions when parents, or the persons normally authorised to collect the child, are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child.
- 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.
- If a child is not collected by closing time, or the end of the session and there has been no contact from the parent/carer, or there are concerns about the child's welfare then this procedure is followed:

  - The child's file is checked for any information about changes to the normal collection routines.
  - If no information is available, parents/carers are contacted at home or at work.
  - If this is unsuccessful, the adults who are authorised by the parents to collect their child - and whose telephone numbers are recorded on the Registration Form - are contacted.
  - All reasonable attempts are made to contact the parents or nominated carers.
  - The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
  - If no-one collects the child within 30 minutes of their expected collection time and there is no named contact who can be contacted to collect the child, we apply the procedures for uncollected children.
  - If the children's social care team is unavailable, we will contact the local police.
  - We contact the Hounslow Children's Services Front Door: 0208 583 6600.

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

Members of staff do not:

- go off the premises to look for the parents/carers
- leave the premises to take the child home, or to another carer
- offer to take the child home with them to care for them in their own home until contact with the parent/carer is made
- a record of conversations with parents/carers should be made and recorded on the child's file with parents/carers being asked to sign and date the recording.
- This is logged on the child's personal file along with the actions taken.
- If there are recurring incidents of late collection, a meeting is arranged with the parents/carers to agree a plan to improve timekeeping and identify any further support that may be required.
- Depending on circumstances, we reserve the right to charge parents for the additional hours worked.
- Ofsted may be informed: 0300 123 1231 (helpline is open from **9am to 5pm** (Monday to Friday).

<u>Procedures for parents thought to be under the influence of alcohol or drugs</u>

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

- Should any parent/carer be under the influence of alcohol or drugs we will ask that someone comes with the parent/ carer to take responsibility of the child before a member of staff gives up his/her responsibility of the child.

Should this not happen, although we have no legal right to withhold a child from a parent/ carer, we however reserve the right to contact any relevant authorities that we may feel appropriate i.e. the police, partner, etc.

Incapacitated parent/carer

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

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

Informing

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

Missing child

In the building

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

Off-site (outing or walk)

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

Recording and reporting

- The designated safeguarding lead completes and circulates the incident report form to the designated officer/line manager on the same day that the incident occurred.

The investigation

- Ofsted are informed as soon as possible (and at least within 14 days).
- The designated officer/line manager carries out a full investigation.
- The designated safeguarding lead and the designated officer/line manager speak with the parents/carers together and explain the process of the investigation.
- Staff present during the incident writes a full report. The reporting form is filed in the child's file. Staff do not discuss any missing child incident with the press.

Managing people

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

Dealing with the media

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

- We will seek legal advice on how to handle social media requests and refer to the following guidance- Handling media attention after a major incident - GOV.UK (www.gov.uk).
- Only the DSL or manager is authorised to deal with the media.
- Except the individual identified above, employees are not authorised to deal with the media and should ensure that:
    a. they do not speak, write or give interviews to the media

b. they do not bring the nursery into disrepute by publicising material which is confidential or against the interests of the nursery or its employees and families
c. if approached by the media, they immediately refer all enquiries to the appropriate person without answering questions.

Visitor or intruder on the premises

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

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

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

Intruder

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

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

their line manager on the day of the incident. The owners/trustees/directors ensure a robust organisational response and ensure that learning is shared.

Attendance, punctuality and absence procedures

Aim

We are committed to promoting excellent attendance and punctuality by working in partnership with parents and carers to establish positive habits from the earliest stages of education. We believe that regular attendance supports children's learning, development, wellbeing and school readiness, helping every child to achieve the best possible outcomes.

We encourage all eligible children to access their full funded early education entitlement and recognise that consistent attendance enables children to build secure relationships, develop confidence and fully benefit from the experiences offered within our setting.

Rationale

The Statutory Framework for the Early Years Foundation Stage (EYFS) requires providers to work in partnership with parents and carers to promote children's learning, development, wellbeing and safety.

The Department for Education's statutory guidance Working Together to Improve School Attendance (updated July 2026) promotes a culture of high expectations, early intervention and strong partnerships with families to improve attendance. Although the guidance applies directly to schools, its principles provide good practice for early years providers.

Ofsted expects providers to demonstrate how they encourage regular attendance, identify emerging concerns, work positively with families and ensure that children, particularly those who are disadvantaged or vulnerable, benefit from their early education entitlement.

Regular attendance:

- Supports children's learning, development and school readiness.
- Helps children build secure relationships with practitioners and peers.
- Promotes emotional wellbeing, confidence and a sense of belonging.
- Enables practitioners to identify emerging concerns or changes in a child's wellbeing.
- Supports safeguarding through regular contact with children and families.
- Establishes positive routines and habits that prepare children for compulsory school education.

Promoting Good Attendance

We promote good attendance by:

- Working positively with parents and carers from the point of enrolment to explain the importance of regular attendance.
- Encouraging children to attend for their agreed sessions wherever possible.
- Promoting punctual arrival and collection to minimise disruption to children's learning.
- Celebrating and reinforcing positive attendance.
- Supporting families to overcome barriers affecting attendance.
- Monitoring attendance patterns to identify emerging concerns early.
- Working with external professionals where additional support is required.

Attendance Monitoring

The setting will:

- Maintain an accurate daily register recording children's attendance and times of arrival and departure using either an electronic or paper-based system.
- Record all late arrivals and early collections together with the reason provided.
- Record all absences and reasons given by parents or carers.
- Follow up all unexplained absences on the first day.
- Monitor attendance, punctuality and absence patterns regularly.
- Identify persistent or recurring absence and discuss concerns with parents at an early stage.
- Maintain appropriate records of all attendance concerns, communications and actions taken.

Responsibilities of Parents and Carers

Parents and carers are expected to:

- Ensure their child attends regularly for their agreed sessions.
- Notify the setting as soon as possible if their child will be absent.
- Inform the setting of the reason for absence and the expected return date.
- Always keep emergency contact details up to date.
- Inform the setting of any changes to contact details, medical needs or family circumstances.
- Notify the setting in advance of planned holidays or extended absences where possible.

First Day Absence Procedures

If a child is absent without notification:

1. Registers will be checked promptly after the session begins.
2. Staff will confirm that the child has not arrived elsewhere within the setting.
3. Parents or carers will be contacted using the primary contact number.
4. If there is no response, all emergency contacts will be contacted until an explanation is obtained.
5. Voicemail messages will be left where appropriate requesting urgent contact.
6. All contact attempts will be recorded.
7. Where concerns remain, practitioners will consider:

- the child's age and vulnerability;
- previous attendance patterns;

- any safeguarding concerns;
- involvement of Children's Social Care, Early Help or other agencies;
- any known family circumstances.

Ongoing Absence

Where a child is absent for a prolonged period or attendance becomes a concern, we will:

- Discuss attendance with parents or carers.
- Explore whether there are barriers preventing attendance.
- Offer support and signpost families to appropriate services where required.
- Develop an agreed attendance support plan where appropriate.

Continue to monitor attendance and review progress

Safeguarding and Welfare

Attendance is an important safeguarding responsibility.

Where a child is absent unexpectedly and we are unable to establish their whereabouts after reasonable attempts to contact all emergency contacts, we will complete a risk assessment based on the information available.

Depending on the level of concern, this may include:

- contacting Children's Social Care or the allocated Social Worker;
- contacting the Family Support Worker or Early Help Practitioner;
- undertaking a home visit where appropriate and safe to do so;
- requesting a welfare check from the Police where there is reason to believe a child may be at immediate risk of harm.

Any safeguarding concerns arising from attendance will be managed in accordance with the setting's Safeguarding and Child Protection Policy.

Monitoring Attendance

The Manager/Designated Safeguarding Lead (DSL) will regularly review attendance information to identify:

- persistent absence;
- repeated late arrival;
- repeated early collection;
- recurring patterns of absence;
- children who may be vulnerable or disadvantaged;
- children whose attendance may impact their learning, development or wellbeing.

Where concerns are identified, early support will be offered in partnership with parents and relevant agencies.

Record Keeping

The setting will maintain:

- daily attendance registers;

- records of reasons for absence;
- records of late arrivals and early collections;
- records of first-day contact attempts;
- attendance monitoring records;
- safeguarding records relating to attendance concerns;
- records of meetings and actions agreed with parents or external agencies.

Attendance information will be stored securely in accordance with UK GDPR and the Data Protection Act 2018.

Children / Families accessing free entitlement places

Attendance records of funded children should be monitored. This attendance guidance supports the free entitlement claims process and should also be used in line with your safeguarding policy and attendance / absence procedures if a child's attendance is becoming a concern.

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

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

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

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

In addition to the procedure above

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

If no support worker is in place Beavers Lodge Playgroup should take the following steps:

1. If you are concerned about the child or family and you do not know if the child is known to Social Care, contact Children's Services on 0208 8583 6600 (option 2) to check if the child is known by any other agencies to make a referral for support. Additionally, you can contact your allocated Professional Lead adviser for Standards and Inclusion to discuss your concerns and, if it grants a welfare check, this would be completed.
2. If you find out that the child is known to other agencies, contact them to discuss their attendance and follow the steps above (please refer to your Information Sharing policy and comply with UK GDPR guidelines).
3. If there are no concerns, contact the parent/carer by telephone on the first day of an un-notified absence. (Appendix 3 Flowcharts)
4. If there is no response to your telephone call keep trying to make, contact at regular intervals and contact the child's emergency numbers in line with your Attendance/ Absence process.
5. Make sure everyone on the emergency contacts list is telephoned at least twice. Explore any internal intelligence within the nursery exploring if anyone knows the family.
6. Make a prompt home visit and if no answer seek advice from Children's Social Services or Police and request a welfare check. (If you can see family inside the home avoiding the knock, do not refer - unless you think the children are at risk of significant harm).
7. If there is still no response, please contact a member of the Early Years Funding Team to discuss the funding end date.
8. You will then need to write to the parent/carer to advise them on the entitlement place end date. (Appendix 2)
9. You must make an adjustment via the claims process. (Appendix 4)
10. If there is a response to your telephone call, ask the parent/carer the child's expected return date.
11. If you do re-engage with the parent/carer, it may be worth discussing a reduction in the number of sessions per week or a change in the session times if it would help with the child's attendance.
12. In addition, the parent/carer should be advised that any further absences may result in the place being withdrawn.
13. Please keep monitoring and if attendance patterns become a concern send a letter to the family to advise them that the entitlement place will be withdrawn if they do not attend regularly. (Appendix 2)
14. If an absence continues, please contact Early Years Funding Team to discuss the funding end date.

15. You will then need to write to the parent/carer to advise them on the entitlement place end date.

How much will I be paid if a funded place comes to an end without notice?

You will be paid a two-week notice period from when a decision has been made with the Early Years Funding Team to withdraw the entitlement. You will need to ensure two weeks are added to your adjustment claim via the provider portal. (Appendix 4)

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

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

If there is an exceptional circumstance, please contact Early Years Funding Team to discuss. Please email **earlyyearsandchildcare@hounslow.gov.uk**

Children's Services:

- If the child/ren have an open case with Children's Services and have an allocated Social Worker, call 020 8583 6600 (option 2 followed by option 1)
- If you are worried about a child and want to report your concerns, call 020 8583 6600 (option 2 followed by option 3)
- Email**: Childrensocialcare@hounslow.gov.uk**
- Out of hours (after 5pm weekdays or weekends) call 020 8583 2222 and ask to speak to the duty social worker

For further information please contact:

Early Years Funding Team

Earlyyearsandchildcare@Hounslow.gov.uk

Early Years Education

Earlyyearsadvisory@Hounslow.gov.uk

E safety Policy:

E-safety (including mobile phones, cameras and other electronic devices with imaging and sharing capabilities)

Online Safety

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

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

Content – being exposed to illegal, inappropriate or harmful material

Contact – being subjected to harmful online interaction with other users

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

Emerging Technologies and Digital Risks

The setting recognises that online safeguarding risks continue to evolve and may include:

- AI-generated content.
- Artificial intelligence chatbots and virtual assistants.
- Smart devices connected to the internet.
- Wearable technology including smart watches.
- Livestreaming platforms.
- Messaging applications and communication platforms.
- Social media platforms.
- Image editing and synthetic media technologies.

Staff remain vigilant to possible safeguarding concerns arising from the use of emerging technologies and will report concerns to the Designated Safeguarding Lead.

The setting will ensure that:

- Staff receive regular online safety updates.
- Children are supported to develop safe digital behaviours appropriate to their age and stage of development.
- Parents are signposted to appropriate guidance where digital safety concerns arise.
- Risk assessments are reviewed to reflect changes in technology.

I.C.T Equipment

- The setting manager ensures that all computers have up-to-date virus protection installed.
- Tablets are only used by educators for the purposes of observation, assessment, and planning and to take photographs for individual children's learning journeys.
- Tablets remain on the premises and are always stored securely when not in use.
- Staff follow the additional guidance provided with the system

Internet access

- Children never have unsupervised access to the internet.
- The setting manager ensures that risk assessments in relation to e-safety are completed.
- Only reputable sites with a focus on early learning are used (e.g. CBeebies).
- Video sharing sites such as YouTube are not accessed due to the risk of inappropriate content.
- Children are taught the following stay safe principles in an age-appropriate way:

- only go online with a grown up
- be kind online and keep information about me safely
- only press buttons on the internet to things I understand
- tell a grown up if something makes me unhappy on the internet

- Staff support children's resilience in relation to issues they may face online, and address issues such as staying safe, appropriate friendships, asking for help if unsure, not keeping secrets as part of social and emotional development in age-appropriate ways.

- All computers for use by children are sited in an area clearly visible to staff.
- Staff report any suspicious or offensive material, including material which may incite racism, bullying or discrimination to the Internet Watch Foundation at www.iwf.org.uk.

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

Strategies to minimise risk include:

- Check apps, websites and search results before using them with children.
- Children in Early Years should always be supervised when accessing the internet.
- Ensure safety modes and filters are applied - default settings tend not to ensure a high level of privacy or security. But remember you still need to supervise children closely.
- Role model safe behaviour and privacy awareness. Talk to children about safe use, for example ask permission before taking a child's picture even if parental consent has been given.
- Make use of home visits to inform your understanding of how technology is used within the home and the context of the child with regards to technology.
- Check privacy settings to make sure personal data is not being shared inadvertently or inappropriately. (source: https://www.gov.uk/government/publications/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-considerations/safeguarding-children-and-protecting-professionals-in-early-years-settings-online-safety-guidance-for-practitioners

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

- Personal mobile phones and internet enabled devices are not used by staff during working hours. This does not include breaks where personal mobiles may be used off the premises or in a safe place e.g., staff room. The setting manager completes a risk assessment for where they can be used safely.
- Personal mobile phones are switched off and stored in lockers or a locked office drawer.
- In an emergency, personal mobile phones may be used in the privacy of the office with permission.
- Staff ensure that contact details of the setting are known to family and people who may need to contact them in an emergency.

- Staff do not take their mobile phones on outings.
- Members of staff do not use personal equipment to take photographs of children.
- Parents/carers and visitors do not use their mobile phones on the premises. There is an exception if a visitor's company/organisation operates a policy that requires contact with their office periodically throughout the day. Visitors are advised of a private space where they can use their mobile.

Cameras and videos

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

Cyber Bullying

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

Use of social media

Staff are expected to:

- understand how to manage their security settings to ensure that their information is only available to people they choose to share information with

- ensure the organisation is not negatively affected by their actions and do not name the setting
- are aware that comments or photographs online may be accessible to anyone and should use their judgement before posting
- are aware that images, such as those on Snapshot may still be accessed by others and a permanent record of them made, for example, by taking a screen shot of the image with a mobile phone
- observe confidentiality and refrain from discussing any issues relating to work
- not share information they would not want children, parents or colleagues to view
- set privacy settings to personal social networking and restrict those who are able to access
- not accept service users/children/parents as friends, as it is a breach of professional conduct
- report any concerns or breaches to the designated safeguarding lead in their setting
- not engage in personal communication, including on social networking sites, with children and parents with whom they act in a professional capacity. There may be occasions when the educator and family are friendly prior to the child coming to the setting. In this case information is shared with the manager and a risk assessment and agreement in relation to boundaries are agreed

Use/distribution of inappropriate images

- Staff are aware that it is an offence to distribute indecent images and that it is an offence to groom children online. In the event of a concern that a colleague is behaving inappropriately, staff advise the designated safeguarding lead who follows procedure Allegations against staff, volunteers or agency staff.

Further guidance

- NSPCC and CEOP *Keeping Children Safe Online* training: www.nspcc.org.uk/what-you-can-do/get-expert-training/keeping-children-safe-online-course/
- Safeguarding Children and Protecting Professionals in Early Years Settings Online Safety Considerations for Managers: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776470/UKCIS_Early_Years_Online_Safety_Considerations_for_Managers.pdf

- Safeguarding Children and Protecting Professionals in Early Years Settings Online Safety Guidance for Practitioners: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/776473/UKCIS_Early_Years_Online_Safety_Guidance_for_Practitioners__1_.pdf
- Early Years practitioners: using cyber security to protect your settings: https://www.ncsc.gov.uk/guidance/early-years-practitioners-using-cyber-security-to-protect-your-settings

Children's screen use

Policy statement

From 1 September 2026, the EYFS requires providers to have regard to Department for Education guidance on children's screen use in early years settings. Screen use is limited, purposeful, age-appropriate and linked to clear learning, communication, inclusion or operational aims. Screens do not replace responsive adult interaction, physical activity, outdoor play, sleep, shared reading or play-based learning.

Children under two

Screen use for children under two is avoided other than in exceptional circumstances, such as a video call with a parent/carer or where screen-based assistive technology is needed for a child with SEND or communication needs.

Children aged two to five

Screen use is kept to a minimum and, as a general limit, should not exceed one hour a day in the setting, and less where possible. Staff recognise that children may also use screens at home.

Safe and purposeful use

Children do not access screens without adult co-engagement. Content is checked in advance, age appropriate, slow-paced, predictable and free from advertising, scrolling and autoplay features. Screens are not used routinely to occupy children, manage behaviour, calm children, during mealtimes or within an hour before sleep. Background screens are not left on.

Screens are used for short periods and staff actively talk, comment, question and interact with children. Screen-based assistive technologies for children with SEND are considered individually and are not restricted by general screen-time limits where they are necessary for communication, inclusion, wellbeing or access.

Images and videos of children are kept to the minimum necessary and are captured, stored and shared only through authorised secure systems in accordance with the setting's e-safety, safeguarding, confidentiality and data-protection procedures. Personal devices are not used unless expressly permitted by the setting's written policy and compliant with the EYFS.

Further guidance: Department for Education, Help for early years providers – Screen use (published July 2026).

Employment

Policy statement

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

Procedures

Vetting and staff selection

- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection. We follow our legal responsibilities under the Equality Act 2010 including the fair and equal treatment of early years educators regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- All our staff have job descriptions, which set out their roles and responsibilities.
- We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of disability, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, sex, age, marriage or civil partnership. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.

Recruitment, criminal records checks and regulated activity

- We follow the requirements of the Early Years Foundation Stage (EYFS), safer recruitment requirements and current Disclosure and Barring Service (DBS) legislation and guidance when determining the suitability of staff and volunteers to work with children.
- All required suitability and criminal records checks are completed before an individual begins work or volunteering where this is required by the EYFS or other legislation.

- From 1 September 2026, a new employee must not commence employment until the provider has received the criminal records check required for their role.
- Enhanced criminal records checks are required for volunteers in accordance with the EYFS, including supervised volunteers where required.
- From 1 September 2026, the supervision exemption from the definition of regulated activity with children has been removed. A person who teaches, trains, instructs, cares for or supervises children may therefore be undertaking regulated activity even where their work is supervised by another person.
- Where a role constitutes regulated activity with children, the setting will obtain an enhanced DBS check including Children's Barred List information where legally permitted and required.
- The setting will assess each staff or volunteer role against the current statutory definition of regulated activity and will not rely solely upon whether the person is supervised when determining the appropriate level of safeguarding check.
- It is a criminal offence for a barred person to engage in regulated activity with children and for an organisation knowingly to permit a barred person to undertake regulated activity.
- Occasional volunteers who do not meet the legal definition of regulated activity will be risk assessed and appropriately supervised. The setting will determine the appropriate level of criminal records check in accordance with the EYFS, DBS eligibility requirements and current statutory guidance.
- The setting keeps an appropriate record of recruitment and suitability checks undertaken, including the date and type of check, while complying with data protection requirements.
- During our recruitment process we explore candidate’s use of spoken and written English allowing us to meet the standards of the EYFS.
- Staff must have the relevant qualifications, training and have passed any required checks to fulfil their roles. We will take the appropriate steps to verify qualifications, including in cases where physical evidence cannot be produced.

- All staff who obtained a level 2 and/or level 3 qualification since 30 June 2016 must obtain a PFA qualification within three months of starting work in order to be included in the required staff: child ratios at level 2 or level 3 in an early years setting. To continue to be included in the ratio requirement the certificate must be renewed every 3 years.
- Where an individual is subscribed to the DBS Update Service, we carry out a status check of their DBS certificate, after checking their identity and viewing their original enhanced DBS certificate to ensure that it does not reveal any information that would affect their suitability for the post.
- We keep all records relating to the employment of our staff and volunteers; in particular those demonstrating that suitability checks have been done, including the date of issue, name, type of DBS check and unique reference number from the DBS certificate, along with details of our suitability decision.
- Where the DBS Update Service is used, the setting obtains the individual's consent and undertakes status checks in accordance with DBS requirements. Providers may require subscription to the Update Service as part of their own safer-recruitment arrangements.
- The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account. Guidance about whether a conviction or caution should be disclosed can be found on the Ministry of Justice Website and on the websites of charities NACRO and UNLOCK.

Ongoing suitability

- Suitability to work with children is an ongoing requirement and does not end once recruitment checks have been completed.
- The setting informs staff and prospective staff that they must disclose any information which may affect their suitability to work with children, in accordance with the current EYFS.

- This includes relevant information arising before appointment or during employment, including arrests, charges, convictions, cautions, court orders, reprimands, warnings or other information that may affect an individual's suitability to work with children, subject to the legal rules relating to protected convictions and cautions.
- Staff must inform the setting manager without delay if any such information arises during their employment.
- The setting will consider any information disclosed in accordance with safeguarding requirements, employment law, data protection legislation and DBS filtering rules and will take appropriate action to safeguard children.
- Staff suitability is kept under review throughout employment.
- We obtain consent from our staff and volunteers to carry out on-going status checks of the Update Service to establish that their DBS certificate is up to date for the duration of their employment with us.
- In regard to what is disclosed on an Enhanced DBS certificate, the following rules were updated on 28th November 2020. Warnings, reprimands and youth cautions will no longer be automatically disclosed on a DBS certificate and the multiple conviction rule has been removed, meaning that if an individual has more than one conviction, regardless of offence type or time passed, each conviction will be considered against the remaining rules individually, rather than all being automatically disclosed.
- Where we become aware of any relevant information which may lead to the disqualification of an employee, we will take appropriate action to ensure the safety of children. In the event of disqualification, that person's employment with us will be terminated.

Notifying Ofsted of changes

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

Training and staff development

- The manager holds an approved level 3 qualification or above. Managers appointed on or after 1 January 2024 must have already achieved a suitable level 2 qualification in maths or must do so within two years of starting in the position.
- At least half of all other staff holds at least an approved level 2 qualification. We ensure there is a named deputy who, in our judgement, is capable and qualified to take charge in the manager's absence.
- Managers are responsible for ensuring staff have the right level of maths knowledge to effectively deliver the EYFS curriculum.
- To count within the ratios at level 3, staff holding an Early Years Educator qualification must also have achieved a suitable level 2 qualification in English.
- We provide regular in-service training to all our staff - whether paid staff or volunteers - through the local authority and external agencies.
- Our budget allocates resources to training.
- We provide our staff with induction training in the first week of their employment. This induction includes our Health and Safety Policy and Safeguarding Children and Child Protection Policy. Other policies and procedures are introduced within an induction plan.
- We support the work of our staff by holding regular supervision meetings and appraisals.
- We are committed to recruiting, appointing and employing staff in accordance with all relevant legislation and best practice.

Staff taking medication/other substances

- If a member of staff is taking medication which may affect their ability to care for children, we ensure that they seek further medical advice. Our staff will only work directly with the children if medical advice confirms that the medication is unlikely to impair their ability to look after children properly.
- Staff medication on the premises will be stored securely and kept out of reach of the children at all times.

- If we have reason to believe that a member of our staff is under the influence of alcohol or any other substance that may affect their ability to care for children, they will not be allowed to work directly with the children and further action will be taken.

Managing staff absences and contingency plans for emergencies

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

Or

- The manager organises our staff annual leave so that ratios are not compromised.
- Where our 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 the individual's contract of employment.
- We have contingency plans to cover staff absences.

Further guidance:

Early years qualification requirements and standards - GOV.UK (www.gov.uk)

Recruitment Checks

September 2026 statutory recruitment requirements

Beavers Lodge Playgroup must obtain the required enhanced criminal records check and, where applicable, barred list check for persons covered by the EYFS requirements. From 1 September 2026, providers must not allow an individual to begin working or volunteering at the setting until the applicant's required enhanced criminal records and barred list check has been received, subject only to the specific EYFS exception for supervised volunteers who help out occasionally as described in the statutory framework.

The Provider must tell staff and prospective staff that they must disclose information which may affect their suitability to work with children, including relevant arrests, charges,

convictions, cautions, court orders, reprimands and warnings, whether received before or during their work at the setting. Suitability is kept under review throughout employment or engagement.

At least one written reference must be obtained for staff, students and volunteers before recruitment in accordance with the EYFS. References are verified, discrepancies are followed up and concerns are resolved before appointment is confirmed.

The setting records staff qualifications and identity checks, vetting processes, references and criminal record checks, including the reference number and date obtained, in accordance with the EYFS and data protection requirements.

Obtaining references

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

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

Our application process requires candidates, to supply us with the contact details of a suitable referee from:

- Their current employer, training provider or early years education and care setting
- A senior person within the organisation who is authorised to provide a reference.

If the applicant is not currently employed, or is not currently working with children we will:

- Obtain verification of the applicants most recent relevant employment if they are not currently employed

- Obtain a reference from the applicants most recent relevant employer from the last time they worked with children

If the applicant has never worked with children we will obtain a reference from their current employer, training provider or education setting.

- We do not accept references from the following
- Family members
- A generic reference i.e. 'to whom it may concern'.

Once a reference is received

A reference received electronically will be checked to ensure that it originates from a legitimate source.

We will compare the information on the original application form against relevant information given in the reference, for example, checking that dates align, and roles and responsibilities listed are consistent. Where this is not the case, we will take up any discrepancies with the applicant.

If information is incomplete or we feel it is insufficient for us to make an informed decision about the applicant's suitability, we will contact the referee for clarification.

Before an offer of employment is made, we will ensure any concerns are resolved satisfactorily.

In line with best practice, we will seek to gain explanations for any gaps in employment.

Single Central Record (SCR) and Safer Recruitment Policy

Policy Statement

Beavers Lodge Playgroup is committed to safeguarding children and ensuring that all adults working with children are suitable to do so. As part of our safer recruitment procedures, we maintain a Single Central Record (SCR) of recruitment and suitability checks for all staff, volunteers, students, apprentices, agency staff and committee members where applicable.

Although a Single Central Record is not a statutory EYFS requirement, it provides robust evidence that appropriate recruitment and suitability checks have been completed and supports safeguarding accountability.

Procedures

The Single Central Record will be maintained by the Manager, Owner, Proprietor or nominated safeguarding lead and will be reviewed regularly.

The record will include, where applicable:

- Verification of identity.
- Enhanced DBS check and DBS certificate number.
- DBS Update Service status checks where used.
- Verification of qualifications relevant to the role.
- Employment history checks and explanation of any gaps.
- Satisfactory references obtained and verified.
- Right to work in the United Kingdom.
- Disqualification under the Childcare Act declaration.
- Prohibition, restriction or suitability checks where applicable.
- Date employment commenced.
- Date checks were completed.
- Ongoing suitability declarations.

Any concerns arising from recruitment checks will be risk assessed and resolved before a person commences employment or has unsupervised access to children.

The SCR will be stored securely and made available for inspection by regulatory agencies when required.

Staff deployment

Members of staff, including assistants, bank staff and students (where eligible to be counted in ratios) at Beavers Lodge Playgroup are deployed to meet the care and learning needs of children and to always ensure their safety and well-being.

- Two members of staff are on the premises before children are admitted in the morning and the end of the day; one of which should be the manager or deputy.
- Only those staff aged 17 or over are included in ratios. Staff working as apprentices (aged 16 or over) may be included in the ratios if the setting manager is satisfied that they are competent and responsible. Except in the cases of apprentices, only those aged 17 and over may be included in the ratios and only if the setting manager is satisfied, they are suitable, (staff under 17 should be supervised at all times).
- At least one Paediatric First Aider must always be on site when children are present, and at least one Paediatric First Aider must be present and **within sight and sound** of children at mealtimes. **Consideration will be given around staff breaks, lunchtimes and absences from the setting so that Beavers Lodge Playgroup is compliant with paediatric first aid requirements.**
- The setting manager deploys staff to give adequate supervision of indoor and outdoor areas, ensuring that children are always within sight or hearing of staff. Whilst eating, children must be within sight and hearing of a member of staff and **where possible the staff member will be sat facing children when eating.**
- All staff are deployed according to the needs of the setting and the children attending.
- In open plan provision, staff are positioned in areas of the room and outdoors to supervise children and to support their learning.
- Staff are responsible for ensuring that equipment in their area is used appropriately and that the area is tidy at the end of the session.
- Staff plan their focus on activities.
- Staff inform colleagues if they must leave the room for any reason.

- There are two members of staff outside in the garden when it is being used, one of whom supervises climbing equipment that has been put out.
- The setting manager may direct other members of staff to join those outside, if the numbers of children warrant additional staff.
- Staff always focus their attention on the children whilst having a wider awareness of what is happening around them.
- Staff do not spend working time in social conversation with colleagues.
- Staff allow time for colleagues to engage in 'sustained shared interaction' with children and do not interrupt activities led by colleagues.
- Sufficient staff are available at story times to engage children.
- Key persons spend time with key groups daily; these times are not for focussed activities but for promoting shared times and friendship.

Staff children

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

- time and space are made for the parent to breastfeed during the day, if that is their chosen method of feeding
- the situation is reviewed as required, to ensure that the needs of the child are being met, and that the parent/carer can fulfil their role as a member of staff

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

Staff: child ratios

Policy statement

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

Procedures

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

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

person is working directly with children aged three and over between the hours of 8am and 4pm as follows:

- there is at least one member of staff for every 13 children; and
- at least one other member of staff holds an approved level 3 qualification.

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

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

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

Student placements

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

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

- The setting communicates a positive message to students about the value of qualifications and training.
- The needs of the children and their families remain paramount at all times and students are only admitted in numbers that do not hinder the work of the setting.
- The setting manager ensures that students and trainees on placement are engaged in bona fide early years training, which provides the necessary background understanding of children's development and activities.

Induction of employees and volunteers

Policy statement

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

Procedures

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

Supervision

Structure

- Supervision meetings are held every 4-6 weeks for key persons. For part-time staff this may be less frequent but at least every 6-8 weeks.
- Key persons are supervised by the setting manager or deputy.
- Supervision meetings are held in a confidential space suitable for the task.
- Key persons should prepare for supervision by having the relevant information to hand.

Content

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

- the development and well-being of the supervisee's key children and offer staff opportunity to raise concerns in relation to any child attending. *Safeguarding concerns must always be reported to the Designated Safeguarding Lead immediately and not delayed until a scheduled supervision meeting*
- reflection on the journey a child is making and potential well-being or safeguarding concerns for the children they have key responsibility for
- promoting the interests of children.
- coaching to improve professional effectiveness based on a review of observed practice/teaching.
- reviewing plans and agreements from previous supervisions including any identified learning needs for the member of staff.

- During supervision staff can discuss any concerns they have about inappropriate behaviour displayed by colleagues but must never delay until a scheduled supervision to raise concerns.
- Staff are reminded of the need to disclose any convictions, cautions, court orders, reprimands and warnings which may affect their suitability to work with children that have occurred during their employment.

Recording

- Key person supervision discussions are recorded and is retained by the supervisor and a copy provided to the key person.
- The key person and supervisor must sign and date the minutes of supervision within 4-6 weeks of it happening and disagreements over recorded content must be minuted.
- Each member of staff has a supervision file that is always stored securely.
- Concerns raised during supervision about an individual child's welfare may result in safeguarding concerns not previously recognised as such, these are recorded on safeguarding reporting form and placed on the child's file. The reasons why the concerns have not previously been considered are explored.
- Additional safeguarding or welfare decisions made in relation to a child during supervision are recorded on the individual case file. The supervisor (if not the designated safeguarding lead) should ensure the recording is made and the Designated Safeguarding Lead is notified.

Checking continuing suitability

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

Exceptional Circumstances

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

First aid

Policy statement

We are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one adult with a current first aid certificate is on the premises, or on an outing, at any one time. Newly qualified staff who achieved an early 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 must be HSE compliant.

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

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

Sterile dressings:

- Small x 3.
- Medium x 3.
- Large x 3.

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

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

- 2 pairs of disposable plastic (PVC or vinyl) gloves.
- 1 plastic disposable apron.
- A children's forehead 'strip' thermometer.

- A supply of ice is kept in the freezer.

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

The role of the key person and settling-in

Policy statement

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

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

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

Procedures

- We allocate a key person before the child starts.
- The key person is responsible for:

- Providing an induction for the family including building a relationship, finding out about the child and families journey and for organising an individualised settling for the child and their family.
- Completing relevant forms with parents, including consent forms, and all about me and my family. Collecting and sharing photos, information booklets and any other relevant resources to support the settling process.
- Explaining our policies and procedures to parents with particular focus on policies such as safeguarding and our responsibilities under the Prevent Duty.
- Offering unconditional regard for the child and being non-judgemental.
- Working with the parents to plan and deliver a personalised plan for the child's well-being, care and learning including how families can enhance their child's development and learning at home and how to use any online communication systems.
- Acting as the key contact for the parents.
- Developmental records and for sharing information on a regular basis with the child's parents to keep those records up to date, reflecting the full picture of the child in our setting and at home.
- Having links with other carers involved with the child and co-ordinating the sharing of appropriate information about the child's development with those carers. This includes any other early years providers a child attends.
- Encouraging positive relationships between children in her/his key group, spending time with them as a group each day.

- We promote the role of the key person as the child's primary carer in our setting, and as the basis for establishing relationships with other adults and children.

Settling-in

- Before a child starts to attend our setting, we use a variety of ways to provide his/her parents with information. These include written information (including our prospectus and policies), displays about activities available within the setting, routines, photos of

key staff members, 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 and join in with activities.
- The key person welcomes and looks after the child and his/her parents at the child's first session and during the settling-in process.
- We may offer a home visit by the person who will be the child's key person to ensure all relevant information about the child can be made known.
- We use pre-start visits and the first session at which a child attends to explain and complete, with his/her parents, the child's registration records.
- When a child starts to attend, we explain the process of settling-in with his/her parents and jointly decide on the best way to help the child to settle into the setting.
- We have an expectation that the parent, carer or close relative, will stay for most of the session during the first week, gradually taking time away from their child; increasing this time as and when the child is able to cope.
- 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 parent to be on hand to re- settle them.
- We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when he/she arrives, goes to them for comfort, and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.
- When parents leave, we ask them to say goodbye to their child and explain that they will be coming back, and when (we use visual timetables so children can see what happens first, next and then when their parent will return).
- We recognise that some children will settle more readily than others, but that some children who appear to settle rapidly 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. Plan for their next steps in their learning.

The progress check at age two

- The key person carries out the progress check at age two in accordance with any local procedures that are in place and referring to the guidance *The progress check at age two* – non statutory guidance for the early years foundation stage.
- 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 to enhance their development at home.

Establishing children's starting points

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

The aim of establishing a child's starting points is to ensure that the most appropriate care and learning is provided from the outset.

Starting points are established by gathering information from the first contact with the child's parents/carers at induction and during the 'settling in' period. Staff do not 'wait and see' how the child is settling before they begin to gather information.

The key person is responsible for establishing their key children's starting points by gathering information in the following ways:

- observation of the child during settling in visits
- discussion with the child's parents/carers
- building on information that has been gathered during registration by referring to the registration form
- The information gathered is recorded within two weeks of the child's official start date and sooner where possible.
- The key person must make a 'best fit' judgment about the age band the child is working in, referring to Development Matters or Birth to 5 Matters.
- The key person should complete details by indicating where they have gathered their evidence from, using more than one source where possible i.e. parent/carer comment and observation during settling in.

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

Arrivals and departures

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

Arrivals

Whenever possible the key person or back up key person always greets young children. This ensures that young children are received into the setting by a familiar and trusted adult.

The key person who greets the child marks their presence and time of arrival in the register.

If a child who is expected fails to arrive, this is recorded on the child's personal file and the setting manager is immediately notified so that they can contact the child's parents/carers to find out why the child is absent following procedure 06.11 Absence.

The key person ensures that the child has been signed in by the parent/carer and there is a clear indication of who will be collecting the child, and at what time.

The key person greets the parents/carers and takes time to hear information the parents/carers need to share. They inform the parents/carers of aspects of the day, such as if there is an agency member of staff or flexible worker in, which members of staff will be around later when parents/carers collect their child, any planned outings, or special planned event. Any consent forms are signed.

The key person receives the child physically and tunes in to how he or she is feeling and prepares to meet his/her needs.

Parents/carers should spend a few minutes with their child and key person before leaving. Many parents/carers will be in a hurry, but this can have an unsettling effect.

Always ensure that the parents/carers say goodbye to their child and say when they are coming back, such as ‘after tea’, rather than just ‘later’.

If the member of staff receiving the child is not the key person, the member of staff will hand over the information shared by the parents/carers to the key person when they arrive.

Injuries noted on arrival

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

Changing shifts and handing over information

When the key person leaves or goes on a break, they handover the care of the child to a ‘back-up’ key person.

If someone other than the key person receives the child, he/she will share any information from the parent/carer and write a note for the key person. Confidential information should be shared with the setting manager to pass on.

The key person shares information with the back-up key person; in this way they ensure that all information is passed on to the parent/carer in the key person’s absence.

Departures

Children are prepared for home, with clean faces, hands and clothes if required.

The key person always aims to greet parents/carers when they arrive, ensuring that the person who has arrived to collect the child is named on the signing in/out form. They hand over the child personally and enter the time of departure in the register.

Only authorised named persons aged over 16 years should normally collect children. Named authorised adults should be shared and recorded at registration. (See Policy 9.01c) If a parent has no alternative, then this is agreed with the setting manager and a risk assessment completed and signed by the parent/carer. In all cases the setting manager will ask the parents/carers to ensure that in future alternative arrangements are made. If the parent/carer is under 16 years of age a risk assessment will be completed. No child will be collected by anyone who has not reached 14 years of age. The risk assessment should take account of factors such as age/vulnerability of child, journey travelled, arrangements upon leaving the setting to go home/elsewhere.

Educators verbally exchange information with parents/carers.

If someone other than the key person is with the child at the end of the day, the key person should pass general information to the other staff or write a note for the parents/carers. Confidential information should be shared with the setting manager to pass on.

Maintaining children's safety and security

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

Transition to school

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

Partnership with schools

- Details of the school that a child will be attending are recorded in the child's file, along with the name of the reception class teacher where this is known.

- Every effort is made to forge and maintain strong links with all schools that children may attend. The setting manager will approach schools to open lines of communication where these have not previously existed.

- Details of the school's transition or settling-in procedures are kept by the setting and are referred to so that members of staff are familiar with them and can develop a consistent approach to transition with teachers, parents/carers and children.

- Teachers are welcomed into the setting and sufficient time is made for them to spend with the child and, where appropriate, their parents/carers and key person, to discuss and share information that will support the child's transition to school.

- For children transferring from a Hounslow early years setting to a Hounslow school, the setting uses Hounslow's Pupil Pathways – Step into School online transition system to support the secure transfer of relevant transition information and records to the receiving school. Settings should ensure that the information entered is accurate, relevant, up to date and completed within the timescales communicated by the London Borough of Hounslow.

- Where a child is transitioning to a school outside the London Borough of Hounslow and the Pupil Pathways – Step into School system cannot be used for that receiving school, the setting uses the Hounslow transition templates to support the transfer of relevant information to the receiving school.

- The child's transition information should provide the receiving school with an appropriate picture of the child, including their strengths, interests, learning and development, individual needs and any support or strategies that will assist continuity of provision and a successful transition.

- Where a child has identified special educational needs and/or disabilities (SEND), relevant information about their needs, provision and support should be shared with the receiving school as part of transition planning. This may include relevant assessments, targeted plans, strategies, professional involvement and other information necessary to support continuity of provision.

- The Pupil Pathways – Step into School system and Hounslow transition templates support the general transition process. They do not replace the setting's separate responsibilities for the secure transfer of safeguarding and child protection records.

- Safeguarding and child protection information must be transferred separately and securely to the appropriate person at the receiving school, in accordance with the setting's safeguarding, information-sharing and transfer-of-records procedures. A record should be maintained of what was transferred, to whom, by what method and when.

Partnership with parents/carers

- Key persons discuss transition to school with parents/carers and set aside time to discuss the child's learning and development. Parents/carers are encouraged to contribute information about their child that will help the receiving school understand their strengths, interests, needs and individual circumstances.

- Key persons will discuss with parents/carers how they are preparing their child for school and will share information about how the setting is working in partnership with the receiving school to support transition.

- Key persons will explain to parents/carers what information will normally be transferred to the receiving school and how this will take place, including the use of Pupil Pathways – Step into School for Hounslow school transitions or the Hounslow transition templates for relevant out-of-borough transitions.

- Where safeguarding or child protection information needs to be shared, staff follow the setting's safeguarding and information-sharing procedures. Necessary safeguarding information may be shared without consent where there is a lawful basis to do so and where seeking consent would place a child at risk or undermine the safeguarding purpose.

Increasing familiarity for children

- Where the setting is on, or adjacent to, a school site, there will be opportunities for children to become familiar with staff and school premises, for example through shared use of outdoor and indoor spaces, activities and resources.

- Where possible and appropriate, arrangements are made for children to visit their new school in accordance with the receiving school's transition arrangements.

- If there are several schools in a catchment area, or the setting is not within a reasonable distance of the school, other means of familiarisation will be explored. This could include videos, photographs, books, school information or other appropriate resources that can be shared with children.

- Particular consideration is given to children who may require an enhanced transition, including children with SEND, children known to other services, children who may find change difficult and children whose individual circumstances indicate that additional transition planning would be beneficial.

Preparing children for leaving

- Children and parents/carers form bonds with adults and children in the setting and may need preparation for separating from the relationships they have formed.

- The child's last day should be prepared for in advance and may be marked in an appropriate way that positively acknowledges that the child is moving on to the next stage of their education.

- Where appropriate, settings may maintain suitable links with children and families following transition, while ensuring that professional boundaries, safeguarding requirements and the receiving school's arrangements are respected.

Administering medicines

Policy statement

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

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

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

Procedures

- Children taking prescribed medication must be well enough to attend the setting.
- We only usually administer medication when it has been prescribed for a child by a doctor, dentist, nurse or pharmacist. It must be in-date and prescribed for the current condition.
- Non-prescription medication, such as pain or fever relief (e.g. Calpol) and teething gel, must only be administered to a child where written permission for that medicine has been obtained from the child's parent and/or carer and only when there is a health

reason to do so, such as a high temperature. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor. The administering of un-prescribed medication is recorded in the same way as any other medication. NB We may administer children's paracetamol (un-prescribed) for children under the age of one year 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. On receiving the medication, [the member of staff checks] that it is in date and prescribed specifically for the current condition.
- Parents must give prior written permission for the administration of medication. Only a person with parental responsibility (PR), or a foster carer may give consent. A childminder, grandparent, parent's partner who does not have PR, cannot give consent.
- The staff member receiving the medication will ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - the full name of child and date of birth;
  - the name of medication and strength;
  - who prescribed it;
  - the dosage and times to be given in the setting;
  - the method of administration;
  - how the medication should be stored and its expiry date;
  - any possible side effects that may be expected; and
  - the signature of the parent, their printed name and the date.
- The administration of medicine is recorded accurately in our medication record book each time it is given and is signed by the person administering the medication [and a witness]. Parents are shown the record at the end of the day and asked to sign the

record book to acknowledge the administration of the medicine. The medication record book records the:

- name of the child;
- name and strength of the medication;
- name of the doctor that prescribed it;
- date and time of the dose;
- dose given and method;
- signature of the person administering the medication
- countersigned by a witness and
- parent's signature.

- We use the Medication Administration Record for recording the administration of medicine
- If the administration of prescribed medication requires medical knowledge, we obtain individual training for the relevant member of staff by a health professional.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- No child may self-administer. Where children are capable of understanding when they need medication, for example with asthma, they should be encouraged to tell their key person what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.
- We monitor the medication record book is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for several children at similar times may indicate a need for better infection control.

Storage of medicines

- All medication is stored safely in a locked cupboard or refrigerated as required. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.

- The child's key person is responsible for ensuring medicine is handed back at the end of the day to the parent.
- For some conditions, medication may be kept in the setting to be administered on a regular or as-and-when- required basis. Key persons check that any medication held in the setting, is in date and return any out-of-date medication back to the parent.

Staff are informed during the induction period.

1. The liquid medicines are stored in the fridge when needed. The name of the child/ adult should be there.

2. Adults medicines are stored in our medicinal cupboard. The first Aider / responsible person keeps a note of everything. The medicinal cupboard is in our kitchen when children do not have any access.

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

- We carry out a risk assessment for each child with a long-term medical condition that requires on-going medication. This is the responsibility of 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 form part of the risk assessment.
- The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.

- The risk assessment includes arrangements for taking medicines on outings and advice is sought from the child's GP, if necessary, where there are concerns.
- A health care plan for the child is drawn up with the parent; outlining the key person's role and what information must be shared with other adults who care for the child.
- The health care plan should include the measures to be taken in an emergency.
- We review the health care plan every six months, or more frequently if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.
- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

Managing medicines on trips and outings

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

Life-saving Medication and Invasive Treatments Procedure

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

The key person responsible for the intimate care of children who require life-saving medication or invasive treatment will undertake their duties in a professional manner, having due regard to the procedures listed above.

The child's welfare is paramount, and their experience of intimate and personal care should be positive. Every child is treated as an individual, and care is given gently and sensitively; no child should be attended to in a way that causes distress or pain.

The key person works in close partnership with parents/carers and other professionals to share information and provide continuity of care.

Children with complex and/or long-term health conditions have a health care plan (04.2a) in place which considers the principles and best practice guidance given here.

Key persons have appropriate training for administration of treatment and are aware of infection control best practice, for example, using personal protective equipment (PPE).

Key persons speak directly to the child, explaining what they are doing as appropriate to the child's age and level of comprehension.

Children's privacy is considered and balanced with safeguarding and support needs when changing clothing, nappies and toileting.

Record keeping

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

a letter from the child's GP/consultant stating the child's condition and what medication, if any, is to be administered

written consent from parents/carers allowing members of staff to administer medication

proof of training in the administration of such medication by the child's GP, a district nurse, children's nurse specialist or a community paediatric nurse

a healthcare plan (04.2a)

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

Physiotherapy

Children who require physiotherapy whilst attending the setting should have this carried out by a trained physiotherapist.

If it is agreed in the health care plan that the key person should undertake part of the physiotherapy regime then the required technique must be demonstrated by the physiotherapist personally; written guidance must also be given and reviewed regularly. The physiotherapist should observe the educator applying the technique in the first instance.

Safeguarding/child protection

Educators recognise that children with SEND are particularly vulnerable to all types of abuse, therefore the safeguarding procedures are followed rigorously.

If an educator has any concerns about physical changes noted during a procedure, for example, unexplained marks or bruising then the concerns are discussed with the designated safeguarding lead and the relevant procedure is followed.

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

Poorly children

- If a child appears unwell during the day at Beavers Lodge Playgroup, for example has a raised temperature, sickness, diarrhoea* and/or pains, particularly in the head or stomach then the setting manager calls the parents/carers and asks them to collect the child or send a known carer to collect on their behalf.
- If a child has a raised temperature, top clothing may be removed to make them more comfortable, but children are not undressed or sponged down to cool their temperature. A high temperature should never be ignored, but it is a natural response to infection.
- A child's temperature is taken and checked regularly, using Fever Scans or other means i.e. ear thermometer.
- If a baby's temperature does not go down, and is worryingly high, then Calpol may be given after gaining verbal consent from the parent/carer where possible. This is to reduce the risk of febrile convulsions, particularly for babies under 2 years old. Parents/carers sign the medication record when they collect their child. **
- In an emergency an ambulance is called, and the parents/carers are informed.
- Parents/carers are advised to seek medical advice before returning them to the setting; the setting can refuse admittance to children who have a raised temperature, sickness and diarrhoea or a contagious infection or disease.
- Where children have been prescribed antibiotics for an infectious illness or complaint, parents/carers are asked to keep them at home for 48 hours.
- After diarrhoea or vomiting, parents/carers are asked to keep children home for 48 hours following the last episode.
- Some activities such as sand and water play, and self-serve snack will be suspended for the duration of any outbreak.
- The setting has information about excludable diseases and exclusion times.

- The setting manager notifies the owner/trustees/directors if there is an outbreak of an infection (affects more than 3-4 children) and keeps a record of the numbers and duration of each event.

Notifiable diseases and infection control

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

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

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

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

Unwell children upon arrival

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

Infection control for bodily fluids – transmissible viruses

- Viruses such as Hepatitis, (A, B and C), are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults. Transmittable viruses are spread through bodily fluids. Hygiene measures are put in place to protect all staff and children/young people. These include single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/sluicing clothing after changing.
- Soiled clothing is rinsed and bagged for parents/carers to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and designated area mops; cloths used are disposed of with clinical waste.
- Tables, other furniture or toys/resources affected by blood, urine, faeces or vomit are removed where possible and cleaned using disinfectant. For larger items such as furniture, these must be cleaned immediately with disinfectant.
- Baby mouthing toys must be cleaned prior to another baby using them. All toys/resources are cleaned regularly. As a minimum, this should be carried out weekly, using sterilising solution for plastic toys/resources.

Handwashing

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

This should be carried out by all:

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

The UK Health Security Agency (UKHSA) advises that children and staff should be encouraged to catch sneezes with a tissue, bin the tissue and wash their hands.

Nits and head lice

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

**Diarrhoea is defined as 3 or more liquid or semi-liquid stools in a 24-hour period. (www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-*

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

***Paracetamol based medicines (e.g. Calpol)*- We do not hold any medicines with us. We call parents if we think the child is not well.**

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

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

Further guidance:

Health protection in education and childcare settings - GOV.UK (www.gov.uk)

Recording and reporting of accidents and incidents

Policy statement

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

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

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

Procedures

Our accident book:

- is kept in a safe and secure place;
- is accessible to our staff and volunteers, who all know how to complete it; and
- is reviewed at least half termly to identify any potential or actual hazards.

Reporting accidents and incidents

- Ofsted is notified as soon as possible, but at least within 14 days, of any instances which involve:
  - food poisoning affecting two or more children looked after on our premises;

- a serious accident or injury to, or serious illness of, a child in our care and the action We take in response; and
- the death of a child in our care.

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

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

Incident book

- We have ready access to telephone numbers for emergency services, including the local police. Where we are responsible for the premises, we have contact numbers for the gas and electricity emergency services, and a carpenter and plumber. Where we rent premises, we ensure we have access to the person responsible and that there is a shared procedure for dealing with emergencies.
- We ensure that our staff and volunteers carry out all health and safety procedures to minimise risk and that they know what to do in an emergency.
- On discovery of an incident, we report it to the appropriate emergency services – fire, police, ambulance – if those services are needed.
- If an incident occurs before any children arrive, the manager risk assess[es] this situation and decide[s] if the premises are safe to receive children. The manager may decide to offer a limited service or to close the setting.
- Where an incident occurs whilst the children are in our care and it is necessary to evacuate the premises/area, we follow the procedures in our Fire Safety and Emergency Evacuation Policy or, when on an outing, the procedures identified in the risk assessment for the outing.
- If a crime may have been committed, we ask all adults witness to the incident make a witness statement including the date and time of the incident, what they saw or heard, what they did about it and their full name and signature.
- We keep an incident book for recording major incidents, including some of those that that are reportable to the Local Authority or Health and Safety Executive as above.
- These incidents include:
  - a break in, burglary, or theft of personal or our setting's property;
  - an intruder gaining unauthorised access to our premises;
  - a fire, flood, gas leak or electrical failure;
  - an attack on an adult or child on our premises or nearby;

- any racist incident involving families or [our staff/myself or my staff] on the setting's premises;
- a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on our premises;
- the death of a child or adult; and
- a terrorist attack, or threat of one.
- a pandemic or epidemic
- severe weather that has caused an incident or damage to property
- staff, parent or visitor mugged or assaulted on site or in vicinity on the way to or from the setting
- staff or parent threatened/assaulted on the premises by a parent or visitor
- accidents due to any other faults (that are reportable under RIDDOR)
- any event or information that becomes known, that may have implications for the setting or the wider organisation in the future use.

- In the incident 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 regarding evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed. The incident is recorded when the threat is averted.
- In the unlikely event of a child dying on our premises, through cot death in the case of a baby for example, the emergency services are called, and the advice of these services are followed.
- The incident book is not for recording issues of concern involving a child. This is recorded in the child's own file.

The following procedure applies:

1. Gather the children into one large group, they will be transported to safety. Dependent upon the situation the large group may be left with one or two adults whilst another adult deals with the emergency if applicable.

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

Emergency evacuation

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

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

Lenka Mikesova: Fire Coordinator/ Fire Marshall.

Assembly Point: School field. The doors and exits are marked in the building. The fire drills are practiced regularly both announced and unannounced.

Emergency lock down procedures are practiced in a termly basis. The password for emergency is given to the staff members. Lockdown procedures are followed in the guidelines set.

RIDDOR reportable events include:

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- Specified injuries at work, as detailed at www.hse.gov.uk/pubns/indg453.pdf
- Fatal accidents to staff, children and visitors (parents).
- Accidents resulting in the incapacitation of staff for more than seven days.

- Injuries to members of the public, including parents' and children, where they are taken to hospital.
- Dangerous 'specified' occurrences, where no-one is injured but they could have been. (these are usually industrial incidents).

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

Dealing with people's reactions

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

Training:

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

Setting closure

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

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

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

Contingency planning for emergency staff cover

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

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

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

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

Actions to be taken after the incident

- Evaluate the incident, how it was dealt with and were the policies and procedures in place followed.
- Identify any improvements that could be made in the future.

- Draw up an action plan of any changes to be made to the current procedures in place.
- We will evaluate processes and make necessary adjustments to ensure future effectiveness.

Education Inspection Framework

Ofsted – Early years inspection: toolkit, operating guide and information, current version for September 2026.

Inspection guidance should be distinguished from statutory EYFS requirements. The EYFS statutory framework remains the mandatory framework against which registered early years providers must operate.

- 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 2013 (RIDDOR)

The Health and Safety (Enforcing Authority) Regulations 1998

Death of a Child On-site Procedure

Identifying

If it is suspected that a child has died in [name of setting], emergency resuscitation will be given to the child by a qualified First Aider until the ambulance arrives.

Only a medical practitioner can confirm a child has died.

Informing

The designated safeguarding lead ensures emergency services have been contacted including ambulance and police.

The parents/carers are contacted and asked to come to the setting immediately, informing them that there has been an incident involving their child and that an ambulance has been called, asking them to come straight to the setting or hospital, as appropriate.

The designated safeguarding lead calls the line manager and informs them of what has happened.

The management committee are contacted and 06.1c Confidential safeguarding incident report form prepared by the designated safeguarding lead.

A member of staff is delegated to phone all parents/carers to collect their children. The reason given must be agreed by the designated officer/line manager [delete as appropriate] and the information given should be the same to each parent/carer.

The decision on how long the setting will remain closed will be based on police advice.

Ofsted are informed of the incident by the nominated person, and a RIDDOR report is made.

Staff will not discuss the death of a child with the press.

Responding

The management committee will decide how the death is investigated within the organisation after taking advice from relevant agencies.

The management committee will coordinate support for staff and children to ensure their mental health and well-being.

Notifiable incident, non- child protection

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

A 'notifiable' incident' could include:

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

The designated health and safety officer or another named person:

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

Emergency evacuation

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

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

Emergency evacuation procedures are practised regularly and are reviewed according to risk assessment (as above).

Staff evacuate children to a pre-designated area (as per the fire drill), unless advised by the emergency services that the designated area is not suitable at that time.

Once evacuated, nobody enters the premises, until the emergency services say so.

Members of staff will always act upon the advice of the emergency services.

Emergency Closure

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

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

Recording and reporting

On discovery of the notifiable incident, the member of staff reports to the appropriate emergency service, fire, police, ambulance, if those services are needed.

The member of staff ensures that the setting manager and/or deputy are informed (if not on the premises at the time) and that the owners/trustees/directors are informed.

The setting manager completes and sends an incident record to the owners/trustees/directors, who, according to the severity of the incident notifies Ofsted, the childminder agency, and/or RIDDOR.

If the incident indicates that a crime may have been committed, all staff witness to the incident should make a written statement.

Staff do not discuss the incident with the press.

RIDDOR reportable events include:

Specified injuries at work, as detailed at www.hse.gov.uk/pubns/indg453.pdf

Fatal accidents to staff, children, and visitors (parents/carers).

Accidents resulting in the incapacitation of staff for more than seven days.

Injuries to members of the public, including carers and children, where they are taken to hospital.

Dangerous ‘specified’ occurrences, where no-one is injured but they could have been. (these are usually industrial incidents).

This may include:

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

- an outbreak of Legionella

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

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

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

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

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

If an insurance claim is likely:

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

Check the emergency Evacuation policy

Lockdown procedure

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

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

Lockdown procedures

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

During lockdown:

- Staff and children stay in their designated areas if it is safe to do so.

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

During lockdown staff do NOT:

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

Following lockdown:

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

Recording and reporting

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

Further guidance

- Members of the public should always remain alert to the danger of terrorism and report any suspicious activity to the police on 999 or the anti-terrorist hotline: 0800 789 321.
- For non-emergency, call the police on 101.

Accidents and emergency treatment

Person responsible for checking and stocking first aid box: *Sasikala Subramanium*

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

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

- a pair of disposable gloves
- adhesive tape
- a plastic face shield (optional)

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

Serious accidents or injuries

- An ambulance is called for children requiring emergency treatment.
- First aid is given until the ambulance arrives on scene. If at any point it is suspected that the child has died, 06.7 Death of a child on site procedure is implemented and the police are called immediately.
- The registration form is taken to the hospital with the child.
- Parents/carers are contacted and informed of what has happened and where their child is being taken to.

- If the parents/carers do not arrive at the setting before the ambulance sets off for the hospital, a member of staff accompanies the child and remains with them until the parent/carer arrives.
- The setting manager arranges for a taxi to take the child and carer to hospital for further checks for minor injuries, if deemed to be necessary.

Recording and reporting

- In the event of a serious accident, injury, or serious illness, the setting manager notifies the committee using 6.1c Confidential Safeguarding Incident report form, or other agreed reporting format, as soon as possible.
- If required, a RIDDOR form is completed; one copy is sent to the parent/carer, one for the child's file and one for the local authority Health and Safety Officer.
- The Management committee are notified by the setting manager of any serious accident or injury to, or serious illness of, or the death of, any child whilst in their care to be able to notify Ofsted and any advice given will be acted upon. Notification to Ofsted is made as soon as is reasonably practicable and always within 14 days of the incident occurring. The designated person will, after consultation with the owners/directors/trustees, inform local child protection agencies of these events.

Intimate care and nappy changing

Policy statement

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

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

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

Procedures

- Our key persons have a list of personalised changing times for the children in their care who are in nappies or 'pull-ups'; and change nappies according to this schedule, or more frequently where necessary.
- We encourage young children from two years to normally wear pull ups, or other types of trainer pants, as soon as they are comfortable with this and if their parents agree.
- Our key persons undertake changing children in their key groups; back up key persons change them if the key person is absent.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes. There are mobiles and other objects of interest to take the child's attention.
- Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times
- Each child has their own basket to hand with their nappies or pull ups and changing wipes.
- Our staff put on gloves and aprons before changing starts and the areas are prepared. Paper 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 turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; We avoid pulling faces and making negative comments about 'nappy contents'.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children. We also use this time to sing favourite songs, tell stories together and introduce new words and vocabulary.
- We encourage children to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- We encourage children to wash their hands and have soap and towels to hand. They should be allowed time for some play as they explore the water and the soap.
- We do not use anti-bacterial hand wash liquid or soap for young children; young skin is quite delicate and anti-bacterial products kill off certain good bacteria that children need to develop their own natural resistance to infection.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull ups hygienically. Any soil (faeces) in nappies or pull ups is flushed down the toilet and the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home.

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

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables. If there are limitations for nappy change areas due to the layout of the room or space available this is discussed with the setting

manager's line manager so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.

Sleep and rest time

At Beavers Lodge Playgroup we recognise that sleep and rest times are key times in the day for being close and promoting security and are an important part of a child's unique and individual care. Younger children will need to sleep but older children do not usually need to. No child is made to sleep. Our sleep and rest procedures at Beavers Lodge Playgroup comply with the EYFS and the latest available safety guidance.

Partnership with families.

As part of a child's settling in we will ask about their usual sleep and rest preferences and routines. As far as possible we will follow their usual routine, however, children's routines may change once they are in the setting, and we will respond flexibly. Children's sleep and rest preferences are recorded, and parents/carers are informed of any significant changes to a child's sleep routine.

If a child is not ready to sleep, they are never forced to. If we feel a child is ready to sleep or it is their usual sleep time, we will settle a child to sleep and soothe them, if after 15 minutes they are not sleeping they will be encouraged to rest or go and play as appropriate. Under no circumstances is a child ever physically restrained whilst trying to settle them to sleep. We allow children to sleep for a cycle appropriate to their age and stage as this promotes their development and wellbeing needs.

Staff training

All staff complete a comprehensive induction which includes safer sleep training. All staff are required to read Lullaby Trust Guidance on Safer Sleep and the NHS advice on sudden infant death syndrome.

Children asleep on arrival at the setting

If a child arrives at the setting asleep, they are sensitively woken whilst the parent/carers are still present. Outdoor clothes are removed, and the child is settled in a cot or on a flat, clean sleeping mat (age dependent), if they are still sleepy, but otherwise well.

If a child does not show signs of going back to sleep after being woken, they are welcomed and settled into the session at their own pace.

The sleep environment

The manager ensures a risk assessment is completed for the sleep area to ensure that it is safe and meets the requirements set out in the EYFS and British Safety Standards. This is reviewed each time a change to the environment is made and at least annually. A daily check of this environment takes place before any children arrive and periodically throughout the day.

An emergency plan is displayed, showing what action to take if a child stops breathing whilst asleep. There is a room thermometer in the sleep area that is checked when settling a child to sleep and the temperature recorded.

The sleeping environment must be:

- Be clean and uncluttered.
- There must be no shelves or objects above where the child is sleeping.
- The room temperature should be between 16–20C monitored by a thermometer in the sleep area. This must be recorded on the sleep checklist when children go to sleep
- The room should be well ventilated.
- Children aged over 12 months must be placed down on their back in their own separate sleep space on a clear, flat, firm surface such as a cot, bed or suitable mattress on the floor.
- Children must sleep head to toe to reduce the spread of infection.
- Every child has their own clean bedding, consisting of a fitted bottom sheet and cotton cellular blanket in good clean condition.

- Every child has a place where their clothes and comforter are stored. This is labelled with a photo so they can identify their basket (if used).
- Pillows, cot bumpers and duvets, are not used
- If children fall asleep in-situ they are not left to sleep in a buggy, they are transferred to their cot once they return to the setting and hats and extra clothing are removed as soon as they are indoors to prevent overheating. Indoors also applies to entering a vehicle such as a bus or train, for example.

Supervision of sleeping children

- A sleeping or resting child is always within sight and hearing of staff.
- A ten-minute timer (or 5 minutes for babies under six months old) is used to remind staff to check sleeping children and carry out an active check on their well-being.
- Each active sleeping checks is recorded with the time, and date of the check and is signed by the staff member making the check.
- An ‘active’ sleeping check on a child involves:
- Placing a hand on the child’s chest or near their mouth to check they are breathing.
- Visual check: do they look different to usual? Check the colour of their lips and if you gently press their fingernail does blood rush back? For children with dark skin does their palm look yellow?
- Temperature check: ensure the child is not too hot or too cold. This must be done by putting your hand on the skin on their chest or at the back of their neck.
- Check that sheets or blankets are not wrapped around the child or covering their face.
- Children aged over 12 months
- Children sleep on rest mats and have their own individual bedding.
- Children have a suitable place or basket to store clothes, shoes and a special toy, book or comforter for sleep. This is labelled with a photo so they can identify their basket (if used).
- Nappies are changed and heavier clothing removed.
- Hair accessories that may come lose or detach are removed before sleep/rest time.

- Children are settled by their key person and comforted to sleep. Key persons may gently stroke or pat children.
- If children fall asleep in-situ it will be necessary to move or wake them to make sure they are comfortable, they are not left to sleep in a buggy and are transitioned to their sleeping mat. Sleeping children are regularly checked at least every ten minutes and are within sight and/or hearing of staff. Hats and extra clothing are removed as soon as they are indoors or enter a vehicle.

Young children

- Young children sleep on rest mats and have their own personalised bedding.
- Young children each have a place to put their clothes and shoes in, and in which they keep any special toy, book, or comforter that they need for sleep.
- Nappies are changed and heavier clothing is removed.
- Hair accessories with parts that may come lose or detached and pose a choking hazard are removed before sleep/rest time.
- A separate area of the room is made as quiet as possible, perhaps with some soft music playing and curtains drawn.
- Young children are settled by their key person. They are soothed to sleep. Key persons may stroke or very gently pat children.
- Sleeping children are always supervised within sight and hearing of staff.

Further guidance

Safer sleep – help for early years providers

Safer Sleep for Babies (Lullaby Trust) www.lullabytrust.org.uk/safer-sleep-advice

NHS safer sleeping information https://www.nhs.uk/best-start-in-life/baby/baby-basics/newborn-and-baby-sleeping-advice-for-parents/safe-sleep-advice-for-babies/

Sudden infant death syndrome (SIDS) NHS guidance

https://www.nhs.uk/baby/caring-for-a-newborn/sudden-infant-death-syndrome-sids/

Ofsted staff deployment guidance

Safer Sleep Awareness: A guide for Childminders, Foster Carers, Nannies and Nursery Settings (The Lullaby Trust)

Food safety and nutrition

Aim

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

Objectives

- We recognise that we have a corporate responsibility and duty of care for those who work in and receive a service from our provision, but individual employees and service users also have responsibility for ensuring their own safety as well as that of others. Risk assessment is the key means through which this is achieved.
- General hygiene and safety procedures are followed in food preparation areas.
- We provide nutritionally sound snacks which promote health and reduce the risk of obesity and heart disease that may begin in childhood.
- We ensure that children are supervised at mealtimes and that children are within sight and hearing of a member of staff at all times.
- We follow the main advice on dietary guidelines and the legal requirements for identifying food allergens: We do not have the provision of cooked meals, but we have the awareness of allergens.
    - meat, fish, and protein alternatives
    - milk and dairy products
    - cereals and grains
    - fresh fruit and vegetables.
- Following dietary guidelines to promote health also means taking account of guidelines to reduce risk of disease caused by unhealthy eating.

- Parents/carers share information about their children's particular dietary needs with staff when they enrol their children and on an on-going basis with their key person. This information is shared with all staff who are involved in the care of the child.
- We consider every child's individual development needs and work in partnership with parents/carers to help children to move on to the next stage with regard to weaning as per the guidance listed below.
- Foods provided by the setting for children have any allergenic ingredients identified on the menus. It happens only during events and parties and not on a regula basis. The children bring their own lunch from home. We only provide vegetarian snacks. We are a vegetarian setting. Children are allowed to bring nonveg meals from home, those who are staying for lunch time.
- Care is taken to ensure that children with food allergies and intolerances do not have contact with food products that they are allergic to.
- We notify Ofsted or the childminder agency (CMA if registered with a CMA) of any food poisoning affecting two or more children in our care as soon as possible and at least within 14 days.
- Risk assessments are conducted for each individual child who has a food allergy or specific dietary requirement.
- If a child chokes at mealtime and intervention is given. We record details of the incident and ensure that parents/carers are informed.

Legal references

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

Food Information Regulations 2014

The Childcare Act 2006

Further guidance

Safer Food Better Business for Caterers (Food Standards Agency)

Paediatric Allergy Action Plans - BSACI

Food allergy - NHS

Anaphylaxis - NHS

Weaning - Start for Life - NHS

Help for early years providers: Food safety

Early Years Foundation Stage Nutrition Guidance (2026)Early Years Foundation Stage nutrition guidance (DfE, 2025, current version)

Food preparation, storage and purchase

General

- All staff have up to date certificated training on food safety.
- The setting manager is responsible for ensuring that the requirements in Safer Food Better Business are implemented.
- All staff responsible for preparing snacks have undertaken the Food Allergy Online Training CPD module available at http://allergytraining.food.gov.uk/.
- The setting manager is responsible for overseeing the work of all food handlers to ensure hygiene and allergy procedures are complied with.
- The setting manager has responsibility for conducting risk assessment based on the 'Hazard Analysis and Critical Control Point' method set out in Safer Food Better Business.
- Setting Manager carry out and record daily opening/closing checks.
- The setting manager maintain a Food Allergy and Dietary Needs folder with:
  - a list of all children with known food allergies, intolerances or dietary needs updated at least once a term (the personal/medical details about the allergy or dietary needs remain in the child's file along with a copy of the risk assessment). This is displayed for all staff and the risk assessment shared.
  - a record of any allergens
  - a copy of the FSA booklet 'Allergen information for pre-packed and loose foods' available at https://www.food.gov.uk/business-guidance/allergen-information-for-pre-packed-and-loose-foods
  - a copy of the Food Allergy Online Training CPD certificate of each member of staff that has undertaken the training
- The setting manager is responsible for informing the management committee who then reports to Ofsted of any food poisoning affecting two or more children looked

after on the premises. Notification must be made as soon as possible and within 14 days of the incident.

Purchasing and storing food

- Food is purchased from reputable suppliers. We receive the food/ snacks from the parents. We request the parents to buy fruits and vegetables from the reputed supermarkets.
- Pre-packed food (any food or ingredient that is made by one business and sold by another such as a retailer or caterer) is checked for allergen ingredients and this information is communicated to parents alongside menu information. For example, a meat pie bought at a supermarket or a tin of baked beans or the ingredients for a recipe prepared on site. We do not give any out of date food to the children. The staff members check the food labels even during meal times, even though the children bring food from their own homes.
- Parents/carers are requested not to bring food that contains (or may contain) nuts. Staff check packets to make sure they do not contain nuts or nut products.
- All opened dried food stuffs are stored in airtight containers.
- Dried packaged food is not decanted from packaging into large bins or containers as this prevents monitoring of sell by/use by dates and allergen information.
- Food is regularly checked for sell by/use by dates and any expired items are discarded.
- Bottles and jars are cleaned before returning to the cupboards.
- ‘Squeezy’ plastic bottles are not used for sauces. This is only for adult use and not for children’s purposes.
- Items are not stored on the floor; floors are kept clear so they can be easily swept.
- Perishable foods such as dairy produce, meat and fish are to be used the next/same day. Soft fruit and easily perishable vegetables are kept in the fridge at 1- 5 Celsius.

- Packaged frozen food should be used by use by dates.
- Fridge and freezer thermometers should be in place. Recommended temperatures for fridge 37 degrees Fahrenheit (3 degrees Celsius), and freezers 0 degrees Fahrenheit (-18 degrees Celsius). Temperatures must be recorded daily to ensure correct temperatures are being maintained.
- Freezers are defrosted according to the manufacturer's instructions.
- Fruit and vegetables stored in the fridge are washed thoroughly before refrigeration to reduce risk of pests and E. coli contamination.
- Staff's own food or drink should be kept in separate designated area of the fridge; where possible, a fridge should be kept in the staff room to avoid mix ups.
- Items in fridges must be regularly checked to ensure they are not past use by dates.

Preparation of food

- Food handlers must check the content of food/packets to ensure they do not contain allergens.
- Food allergens must be identified on the menus and displayed for parents.
- Food handlers wash hands and cover any cuts or abrasions before handling food.
- Separate boards and knives are used for chopping food, usually colour coded.
- All vegetables and fruit are washed before preparing.
- Food left out is covered, for example when cooling down.
- Where a microwave is used, food is cooked according to manufacturer's instructions. It is not used to reheat children's food and never used to heat babies' bottles.
- Microwaved food is left to stand for a few minutes before serving.
- A food probe is used to check temperature of food, including where heated in a microwave; it is checked in several places to avoid hot spots.
- Hot cupboards or ovens are not used to keep food warm.

- A separate toaster is kept and used for children with a wheat or gluten allergy.
- Food prepared for children with dietary needs and preferences is clearly labelled and every effort is made to prevent cross-contamination.

Serving Food

- There is a named person who is responsible for ensuring that the food being provided meets all the requirements for each child.
- Food is served for children in separate covered containers for each table.
- Staff risk assess the likelihood of children with dietary restrictions accessing the food of other children and must take appropriate action to prevent this from happening, for example:
  - check the list of children's dietary requirements displayed in the food preparation area
  - coloured plates
  - place mats
  - other methods as agreed by the setting manager
- Children with allergies/food preferences are not made to feel 'singled out' by the methods used to manage their allergy/food preference.
- Food served to children with identified allergies is checked by the key person to ensure that the meal (and its ingredients) does not contain any of the allergens for that child, even if they bring the food from home. We contact the parents if we are in doubt about any ingredients.
- The child's key person remains present throughout the child's snack time.
- Tables are cleaned before and after, with soapy water or a suitable non-bleach product.
- Members of staff serving food wash their hands and cover any cuts with a blue plaster.

E. coli prevention

Staff who are preparing and handling food, especially food that is not pre-prepared for consumption e.g. fruit and vegetables grown on the premises, must be aware of the

potential spread of E. coli and must clean and store food in accordance with the E. coli 0157 guidance, available at:

www.food.gov.uk/business-industry/guidancenotes/hygguid/ecoliguide#.U7FCVGlOWdI

Further guidance

Safer Food Better Business www.food.gov.uk/business-guidance/safer-food-better-business-sfbb

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

Food allergy/anaphylaxis guidance

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

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

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

Early Years Foundation Stage nutrition guidance

Common_allergens.pdf

Allergen checklist for food businesses | Food Standards Agency

Allergies and food intolerance

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

- All staff at our setting must be aware of the symptoms and treatments for allergies and anaphylaxis and the difference between allergies and food intolerances

- If a child has an allergy or food intolerance, 01.1a Generic risk assessment form is completed with the following information:
  - the risk identified – the allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc.)
  - the level of risk, taking into consideration the likelihood of the child coming into contact with the allergen
  - control measures, such as prevention from contact with the allergen
  - review measures
- 04.2a Health care plan form must be completed with:
  - the nature of the reaction e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - managing allergic reactions, medication used and method (e.g. EpiPen)
- The child's name is added to the Dietary Requirements list.
- A copy of the risk assessment and health care plan is kept in the child's personal file and is shared with all staff and is also kept in the cook's Food Allergy and Dietary Needs file.

- Parents/carers show staff how to administer medication in the event of an allergic reaction.
- Generally, no nuts or nut products are used within the setting.
- Parents/carers are made aware, so that no nut or nut products are accidentally brought in.
- Any foods containing food allergens are identified on children's menus.

Oral Medication

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

Meeting dietary requirements

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

- Staff discuss and record children's dietary needs, allergies and any ethnic or cultural food preferences with their parents/carers. A child's special dietary requirements are recorded on registration to the setting and information is shared with all staff.
- If a child has a known food allergy, procedure 04.04 Allergies and food intolerance is followed.
- Staff record information about each child's dietary needs in the individual child's registration form; parents/carers sign the form to signify that it is correct.
- Up-to-date information about individual children's dietary needs is displayed so that all staff and volunteers are fully informed.
- Staff ensure that children receive only food and drink that is consistent with their dietary needs and cultural or ethnic preferences, as well as their parent/carer's wishes. At each mealtime, a member of staff is responsible for checking that the food provided meets the dietary requirements for each child.
- Staff take account of the religious need information when providing food and drink.
- Fresh drinking water is available throughout the day. Staff inform children how to obtain the drinking water and that they can ask for water at any time during the day.
- Meal and snack times are organised as social occasions.

Fussy/faddy eating

- Children who are showing signs of 'strong food preferences, or aversions to food' are not forced to eat anything they do not want to.
- Staff recognise the signs that a child has had enough and remove uneaten food without comment.
- Children are not made to stay at the table after others have left if they refuse to eat certain items of food.

- Staff work in partnership with parents/carers to support them with children who are showing signs of 'food preference or aversion' and sign post them to further advice, for example, How to Manage Simple Faddy Eating in Toddlers (Infant & Toddler Forum)
  https://infantandtoddlerforum.org/health-and-childcare-professionals/factsheets/

Food for play and cooking activities

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

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

Children's cooking activities

- Before undertaking any cooking activity with children, members of staff should check for allergies and intolerances by checking children's records.
- Children are taught basic hygiene skills such as the need to wash hands thoroughly before handling food, and again after going to the toilet, blowing their nose or coughing.
- The area to be used for cooking is cleaned; a plastic tablecloth is advised.
- Children should wear aprons that are used just for cooking.
- Utensils provided are for children to use only when cooking, including chopping/rolling boards, bowls, wooden spoons, jugs, and are stored in the kitchen.

- Members of staff encourage children to handle food in a hygienic manner.
- Food ready for cooking or cooling is not left uncovered.
- Cooked food to go home is put in a paper food bag and refrigerated until home time.
- Food play activities are suspended during outbreaks of illness.

Playdough and raw (uncooked flour)

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

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

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

- If a child or member of staff is allergic to any of the ingredients they must be replaced, and a safe alternative used.

- Staff have up to date information about children's allergies or concerns about a potential allergy and these are clearly displayed.

- If a younger child is likely to put the playdough/cornflour in their mouth, a safe alternative is provided.

- If a child is likely to eat the playdough due to persistent sensory seeking behaviours the activity will be replaced with a safe alternative.

- Children are always supervised when playing with playdough or cornflour.

- Children and staff wash their hands before and after the activity.

Other activities with flour

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

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

Food hygiene

Policy statement

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

- Snacks.
- Packed lunches.

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

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

Procedures

- Our staff with responsibility for food preparation understand the principles of Hazard Analysis and Critical Control Point (HACCP) as it applies to our setting. This is set out in Safer Food, Better Business. The basis for this is risk assessment of the purchase, storage, preparation and serving of food to prevent growth of bacteria and food contamination.
  - All our staff follow the guidelines of Safer Food, Better Business.
  - All our staff who are involved in the preparation and handling of food have received training in food hygiene.
  - The Manager of the setting carries out daily opening and closing checks on the kitchen to ensure standards are met consistently. (See Safer Food, Better Business)
  - We use reliable suppliers for the food we purchase.
  - Food is stored at correct temperatures and is checked to ensure it is in-date and not subject to contamination by pests, rodents or mould.
  - Packed lunches are stored in a cool place; un-refrigerated food is served to children within 4 hours of preparation at home.

- Food preparation areas are cleaned before and after use.
- There are separate facilities for hand-washing and for washing-up.
- All surfaces are clean and non-porous.
- All utensils, crockery etc. are clean and stored appropriately.
- Waste food is disposed of daily.

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

Reporting of food poisoning

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

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

Health policy

Aim

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

Objectives

We promote health through:

- Ensuring emergency and first aid treatment is given where necessary.
- Ensuring that medicine necessary to maintain health is given correctly and in accordance with legal requirements.
- Identifying allergies and preventing contact with the allergenic substance.
- Having ongoing discussions with parents/carers to develop allergy action plans for managing individual children's known allergies and intolerances.
- Ensuring that all staff are aware of the symptoms and treatments for allergies and anaphylaxis and that children can develop these at any time, especially during weaning.
- Ensuring that all staff know the difference between allergies and intolerances.
- Identifying food ingredients that contain recognised allergens and displaying this information for parents/carers.
- Identifying and promoting health through taking the necessary steps to prevent the spread of infection and taking appropriate action when children are ill.
- Ensuring that ongoing discussions with parents take place regarding the stage their child is at in relation to introducing solid foods including the texture the child is familiar with.

- Ensuring that food prepared is in line with the child's individual developmental needs.
- Working in partnership with parents to help children to move on to the next stage of weaning at a pace that is right for their child.
- Ensuring that food is prepared for children in a way that prevents choking.
- Ensuring that young children are sat safely in a suitable low sized chair when eating.
- Ensuring that children are always in sight and hearing of a staff member, who is a paediatric first aider, whilst eating and the staff member is sat facing the children.
- Recording all choking incidents that requires intervention.
- Promoting healthy lifestyle choices through diet and exercise.
- Supporting parents right to choose complementary therapies.
- Recognising the benefits of baby and child massage, by parents/carers or staff carrying out massage under conditions that maintain the personal safety of children.
- Pandemic flu planning or illness outbreak management as per DfE and World Health Organisation (WHO) guidance.

Legal references

Medicines Act (1968)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Control of Substances Hazardous to Health (COSHH) Regulations (2002)

Health and Safety at Work etc. Act 1974

Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Health and Safety (First-Aid) Regulations 1981

Regulatory Reform (Fire Safety) Order 2005

Manual Handling Operations Regulations 1992, as amended

Food Information Regulations 2014

Early Years Foundation Stage 2026Early Years Foundation Stage statutory framework (effective 1 September 2026)

Oral Health

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

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

Food/Snacks

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

Drinks

- Milk and water only will be offered to children as drinks throughout the day.
- No fizzy drinks of any kind will be served in the provision.
- Staff, in conjunction with parents, will encourage the introduction of feeder/ free flow cups for babies from 6 months.

Rewards/Special Occasions

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

Toothbrushing in the provision

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

Toothbrushing At Home

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

Children

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

Parents

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

Staff

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

Promoting positive behaviour

Policy statement

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

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

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

Procedures

To manage children's behaviour in an appropriate way we will:

- attend relevant training to help their understanding and guide appropriate models of behaviour;
- help implement the setting's behaviour procedures including the stepped approach;
- have the necessary skills to advise other staff on how to address behaviour issues and to access expert advice, if necessary;

Stepped approach

Step 1

Our named behaviour co-ordinator will:

- ensure that EYFS guidance relating to 'behaviour management' is incorporated into relevant policy and procedures;
- be knowledgeable with, and apply the setting's procedures on Promoting Positive Behaviour;
- undertake an annual audit of the provision to ensure the environment and practices supports healthy social and emotional development. Findings from the audit are considered by management and relevant adjustments applied.
- ensure that all staff are supported to address issues relating to behaviour including applying initial and focused intervention approaches (see below).

Step 2

- We address unwanted behaviours using the agreed and consistently applied initial intervention approach. If the unwanted behaviour does not reoccur or cause concern, then normal monitoring will resume.
- Behaviours that result in concern for the child and/or others will be discussed between the key person, the behaviour coordinator and Special Educational Needs Coordinator (SENCO) or/and manager. During the meeting, the key person will use their knowledge and assessments of the child to share any known influencing factors (new baby, additional needs, illness etc.) to place the behaviour into context. Appropriate adjustments to practice will be agreed and if successful normal monitoring resumed.
- If the behaviour continues to reoccur and remains a concern, then the key person and SENCO should liaise with parents to discuss possible reasons for the behaviour and to agree next steps. If relevant and appropriate, the views of the child relating to their behaviour should be sought and considered to help identify a cause. If a cause

for the behaviour is not known or only occurs whilst in the setting, then the behaviour coordinator will suggest using a focused intervention approach to identify a trigger for the behaviour.

- If a trigger is identified, then the behaviour coordinator/SENCO and key person will meet with the parents to plan support for the child through an Individual Education Plan at Early Years Action of the Special Educational Needs Code of Practice (SENCOP). If relevant, recommended actions for dealing with the behaviour at home should be agreed with the parent/s and incorporated into the plan. Other members of the staff team should be informed of the agreed actions in the ISP and help implement the actions. The plan should be monitored and reviewed regularly by the behaviour coordinator and SENCO until improvement is noticed.
- All incidents and intervention relating to unwanted and challenging behaviour by children should be clearly and appropriately logged.

Step 3

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

Initial intervention approach

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

Focused intervention approach

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

Use of rewards and sanctions

- All children need consistent messages, clear boundaries and guidance to intrinsically manage their behaviour through self-reflection and control.

- Rewards such as excessive praise and stickers may provide an immediate change in the behaviour but will not teach children how to act when a ‘prize’ is not being given or provide the child with the skills to manage situations and their emotions. Instead, a child is taught how to be ‘compliant’ and respond to meet adult’s own expectations 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 to calm down and if appropriate helped to reflect on what has happened.

Use of physical intervention

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

Challenging Behaviour/Aggression by children towards other children

- Any aggressive behaviour by children towards other children will result in a staff member intervening immediately to challenge and prevent escalation.
- If the behaviour has been significant or may potentially have a detrimental effect on the child, the parents of the child who has been the victim of behaviour and the parents of the child who has been the perpetrator should be informed.
- The Designated Safeguarding Lead will contact children's social services if appropriate, i.e., if a child has been seriously injured, or if there is reason to believe that a child's challenging behaviour is an indication that they themselves are being abused.
- The Designated Safeguarding Lead 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 Safeguarding Lead should complete a risk assessment related to the child's challenging behaviour to avoid any further instances.
- The Designated Safeguarding Lead should meet with the parents of the child who has been affected by the behaviour to advise them of the incident and the setting's response to the incident.
- Ofsted should be notified if appropriate, i.e., if a child has been seriously injured.
- Relevant health and safety procedures and procedures for dealing with concerns and complaints should be followed.
- Parents should also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- Bullying is a behaviour that both parents and early years educators worry about. Bullying is a deliberate, aggressive and repeated action, which is carried out with intent to cause harm or distress to others. It requires the child to have 'theory of mind' and a higher level of reasoning and thinking, all of which are complex skills that most three-year-olds have not yet developed (usually after the age of four along with empathy). Therefore, an outburst by a three-year-old is more likely to reflect the child's emotional well-being, their stage of development or a behaviour that they have copied from someone else.

- Young children are keen observers and more likely to copy behaviours, which mimic the actions of others, especially the actions of people they have established a relationship with. These are learnt behaviours rather than premeditated behaviours because children this young, do not have sufficiently sophisticated cognition to carry out the type of bullying an older child can do. Unless addressed early, this type of pre-bullying behaviour in young children can lead on to bullying behaviour later in childhood. The fear is that by labelling a child as a bully so early in life we risk influencing negative perceptions and expectations of the child which will impact on their self-image, self-esteem and may adversely affect their long-term behaviour. This label can stick with the child for the rest of their life.

Challenging unwanted behaviour from adults in the setting

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

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

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

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

Health and safety general standards

Aim

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

Objectives

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

may impair them, they must seek further medical advice and only work directly with children if that advice is that the medication is unlikely to impair their ability to look after children. The setting manager must be informed.

- Alcohol must not be bought onto the premises for consumption.
- A risk assessment and access audit are carried out for each area as required and the procedure is modified according to needs identified for the specific environment.
- Risk assessments are monitored and reviewed by those responsible for health and safety.

Legal references

- Health and Safety at Work etc Act 1974
- Health and Safety (Consultation with Employees) Regulations 1996
- Management of Health and Safety at Work Regulations (1999)
- Regulatory Reform (Fire Safety) Order 2005)
- Electricity at Work Regulations (1989)
- Regulation (EC) No 852/2004 of the European Parliament and of the Council on the hygiene of foodstuffs
- Manual Handling Operations Regulations (1992) (Amended 2002)
- Medicines Act (1968)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Health and Safety (First Aid) Regulations 1981
- Childcare Act 2006

Further guidance

Health and Safety Executive www.hse.gov.uk/risk

Food Standards Agency www.food.gov.uk

Ministry or Housing, Communities & Local Government www.communities.gov.uk

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

Infection control

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

Prevention

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

Response to an infection outbreak

- The setting follows current UK Health Security Agency (UKHSA) guidance on the prevention and control of infectious diseases in education and childcare settings.
- Where an outbreak, notifiable disease or other significant public-health concern arises, the setting will seek and follow advice from UKHSA and other relevant public-health professionals as appropriate.
- Manage confirmed cases of a contagious illness by following the guidance from the UK Health Security Agency (UKHSA)

Informing others

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

Please note that it is not the responsibility of the setting to confirm a notifiable disease. This can only be done by a clinician (GP or Doctor). If a child is displaying symptoms that

indicate they may be suffering from a notifiable disease parents must be advised to seek a medical diagnosis, which will then be ‘notified’ to the relevant body. Once a diagnosis is confirmed, it is the provider’s duty to notify Ofsted and to take advice from the UKHSA.

Control of Substances Hazardous to Health (COSHH) Procedure

Staff at Beavers Lodge Playgroup implement the current guidelines of the Control of Substances Hazardous to Health (COSHH) Regulations.

Personal protective equipment (PPE), such as rubber gloves, latex free/vinyl gloves, aprons etc., is available to all staff as needed and stocks are regularly replenished.

Hazardous substances are stored safely away from the children.

Chemicals used in the setting should be kept to the minimum to ensure health and hygiene is maintained.

Risk assessment is done for all chemicals used in the setting.

Environmental factors are considered when purchasing, using and disposing of chemicals.

All members of staff are vigilant and use chemicals safely.

Bleach is not used in the setting.

Anti-bacterial soap/hand wash is not normally used, unless specifically advised during an infection outbreak, such as Pandemic flu or Coronavirus.

Anti-bacterial cleaning agents are restricted to toilets, nappy changing areas and food preparation areas and are not used when children are nearby.

Members of staff wear suitable rubber gloves when using cleaning chemicals.

References:

Management of Health and Safety at Work Regulations 1999

Control of Substances Hazardous to Health Regulations 2002, as amended (COSHH)

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

Health and Safety (First-Aid) Regulations 1981

Regulatory Reform (Fire Safety) Order 2005

Manual Handling Operations Regulations 1992, as amended

Staff manual handling

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

Guidelines:

- Do not lift heavy objects alone. Seek help from a colleague.
- Bend from the knees rather than the back.
- Do not lift very heavy objects. even with others. that are beyond your strength.
- Use trolleys for heavy items that must be carried or moved on a regular basis.
- Items should not be lifted onto, or from, storage areas above head height.
- Do not stand on objects, other than proper height steps, to reach high objects and never try to over-reach.
- Push rather than pull heavy objects.

- Do not carry heavy objects up or down stairs; or carry large objects that may block your view of the stairs.
- Do not hold babies by standing and resting them on your hips.

Please note this is not an exhaustive list.

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

Staff personal safety including home visits

Policy statement

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

Procedures

General

- All staff in the building early in the morning, or late in the evening, ensure doors and windows are locked.
- Where possible, at least the first two members of staff to arrive in the building arrive together, and the last two members of staff in the building leave together.
- Visitors are generally only allowed access with prior appointments and only admitted once their identity has been verified.
- Minimal petty cash is kept on the premises.
- 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.

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/ carer 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/carers or other visitors in the setting

- If a parent/carer or visitor appears to be angry, mentally agitated or possibly hostile, two members of staff will lead 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.
- Procedure for threats and abuse towards staff and volunteers is implemented where staff feel threatened or intimidated.
- If the event involves a child’s parent or carer, it is recorded in the child’s file together with any decisions made with the parents/carers to rectify the situation.
- Any situation involving threats to members of staff are reported to the line manager, following procedure ‘Threats and abuse towards staff and volunteers’.

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

Threats and abuse towards staff and volunteers

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

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

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

Harassment and intimidation

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

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

Banning parents and other visitors from the premises

- Parents and some other visitors normally have implied permission to be on the premises at certain times and for certain purposes, and they will not therefore be trespassers unless the implied permission is withdrawn.
- If a parent or other person continues to behave unreasonably on the premises a letter will be sent to them from the owners/directors/trustees, withdrawing the implied permission for them to be there.
- Full records are kept of each incident.

Dealing with an incident

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

- After the incident has been dealt with, a risk assessment is done to identify preventative measures that can be put in place to minimise or prevent the incident occurring again.

Harassment or intimidation of staff by parents/carers/visitors

- Through open communication between staff and parents/carers a culture of respect and tolerance should always be promoted. Should this communication and relationship break down due to a parent or parents/carers behaviour towards the staff member the setting manager should contact their line manager for advice and support. Where the staff member feels threatened or intimidated the aggressive and unacceptable behaviour should be addressed.
- Where the parent/carers behaviour merits it, the setting manager, with another member of staff present, should inform the parent/carer clearly but sensitively that staff feel unduly harassed or intimidated and are considering escalating the issue and making a complaint to the police if the behaviour does not desist or improve. The parent/carer should be left in no doubt about the gravity of the situation and that this will be followed up with a letter drafted by the setting manager but sent to their line manager for approval before being issued.
- The letter to the parent/carers should outline the zero-policy approach for any form of harassment, intimidation or abuse directed at staff.
- Staff must keep a record of incidents, including dates, times, locations, and witnesses, to support future action and meet reporting procedures as outlined in policy 7 – record keeping
- If the investigation concludes that the parents/carers expectations and demands are unreasonable, and that they are having a detrimental effect on staff, the findings can strengthen the setting manager's position in further discussions with the parent/carer and subsequently, if necessary, with the police. See procedures above relating to banning parents/carers from the premises.

- If the investigation concludes that the parents/carers expectations and demands are reasonable and if the parent/carer feels unhappy with the staff member or the setting itself the setting manager and management committee might wish to consider advising the parent/carer to make a formal complaint. Information about how to complain is clearly displayed for parents/carers and service users.

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

Maintaining children's safety and security on premises

Policy statement

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

Procedures

Children's personal safety

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

Security

- Systems are in place for the safe arrival and departure of children.
- The times of the children's departures are recorded.
- The arrival and departure times of adults – staff, volunteers and visitors - are recorded.
- Our systems prevent unauthorised access to our premises.
- Our systems prevent children from leaving our premises unnoticed.
- Our staff check the identity of any person who is not known before they enter the premises.
- We keep front doors and gates locked shut at all times. Back doors are kept locked shut at all times where they may lead to a public or unsupervised area.
- The personal possessions of staff and volunteers are securely stored during sessions.
- Minimal petty cash is kept on the premises.

Short trips, outings and excursions

Policy statement

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

Planning and preparation

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

- We take a list of children with us with contact numbers of parents/carers, as well as an accident book and a copy of our Missing Child Policy.
- Outings are recorded in an outing record book kept in the setting, stating:
  - The date and time of the outing.
  - The venue and mode of transport used.
  - The names of the staff members assigned to each of the children.
  - The time of return.
- A mobile phone belonging to the setting, and small first aid kit is taken out.
- Staff make sure they have water, plastic cups, spare nappies/change of clothes and wet wipes for the children going out appropriate to the length of time they are out for.
- Sun cream is applied as needed and children are clothed appropriately
- Children wear badges or 'high viz' vests with the name and number of the setting.
- Staff have emergency contacts, medication and equipment needed for children.

Risk assessment

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

Outing venue (larger outings)

- Venues used regularly are 'risk assessed' and an initial pre-visit is made to look at the health and safety aspects. If pre-visits cannot be made, risk assessment is achieved by calling the venue and asking for their risk assessment.

- We always ask parents to sign specific consent forms before major outings; and a risk assessment is carried out before the outing takes place.

Transport

- We ensure that contracted drivers are from reputable companies, do not have unsupervised access to the children and are not included in the ratios.
- Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover.
- The setting manager ensures that seat belts are provided on the coach and that booster seats and child safety seats are used as appropriate to the age of the children.
- The maximum seating capacity of the coach or minibus is not exceeded.
- Public transport should always be ratio of 1-2 (unless agreed with the setting manager).
- As a precaution, we ensure that children do not eat when travelling in vehicles.

Where transport is provided by the setting

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

Forest School sessions (not on site)

- For Forest School sessions: A separate Forest School risk assessment is conducted, and Forest School standard procedures are followed at all times. The designated lead is always a level 3 trained Forest School educator.
- The sessions always have a level 3 trained forest school practitioner.

Farm and zoo visits

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

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

For further guidance, refer to the insurance provider.

Larger outings checklist

There is an identified lead person for the outing.

- The outing has an educational purpose and has been agreed with the setting manager.
- Risk assessments completed/updated and shared with every staff, student/volunteer accompanying the children.
- Staff understand the potential risks when they are out with children and takes all reasonable measures to remove minimise risks.
- Bouncy castles and similar attractions are not accessed by children on an excursion.
- The designated lead practitioner is the last to leave the venue, or transport being used.

- The designated lead conducts a ‘safety sweep’ before during and after the outing.

Further guidance:

Preventing accidents to children on farms INDG472(rev4) (hse.gov.uk)

Stay safe farm safety (hse.gov.uk)

Risk assessment

Policy statement

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

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

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

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

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

- Identification of a risk: Where is it and what is it?

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

Daily safety sweeps and checks indoors and outdoors

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

Health and safety risk assessments

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

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

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

- Deep clean is carried out in kitchen.

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

- Entrance and exits.
- Outdoor areas.
- Passageways, and connecting areas.
- Group rooms.
- Sleep areas.
- Main kitchen.
- Staff/parent's room.
- Rooms used by others or for other purposes.

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

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

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

- changing nappies, and the intimate care of young children and older children
- arrivals and departures
- preparation of milk and other food/drink for babies
- children with allergies and special dietary needs or preferences
- serving food in group rooms

- cooking activities with children
- supervising outdoor play and indoor/outdoor climbing equipment
- young children to sleep
- assessment, use and storage of equipment for disabled children
- visitors to the setting who are bringing equipment or animals as part of children's learning experiences, for example 'fire engines'
- following any incidents involving threats against staff or volunteers
- following any accident or incident involving staff or children

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

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

Further guidance:

Legionnaires' Disease – A Brief Guide for Duty holders (HSE 2012) www.hse.gov.uk/pubns/indg458.pdf

Outdoors

- All gates and fences are childproof, safe, and secure.

- Areas are checked daily to make sure animal droppings, litter, glass etc. is removed. Staff wear rubber gloves to do this.

- Bushes or overhanging trees are checked to ensure they do not bear poisonous berries.

- Stinging nettles and brambles are removed if they pose a risk to younger children.

- Safety mats are provided under climbing equipment, even when on grass

- Wooden equipment is maintained safely, put away daily and not used if broken.

- Wooden equipment is sanded and varnished as required.

- Broken climbing equipment or outdoor toys are removed and reported to the setting manager.

- Children are always supervised within ratios outside.

- Children are suitably attired for the weather conditions and type of outdoor activities.

- Sun cream (if parents have given permission) is applied and hats are worn during the summer months.

- Outdoor play is avoided in extreme heat between noon and 3pm.

- Children who have no adequate means of sun protection, such as hat, long sleeves and trousers or sun cream, will not be able to play outdoors in un-shaded areas.

- Children are supervised on climbing equipment, especially younger children.

- Water play is not left out but is cleared, cleaned and stored after each use.

- Receptacles are left upturned to prevent collection of rainwater, this is important in areas where there are vermin to prevent urine/faeces contaminating the water.

- Sightings of vermin are recorded and reported to the manager who reports to the Environmental Health's Pest Control Department.

- Outdoor areas that have flooded are not used until cleaned down and restored. Grassed areas are not played on for at least one week after the floodwater has gone.

- If paddling pools are used, a risk assessment is conducted and consideration given to the needs of disabled children or those less ambulant.

Drones

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

- Children will be bought inside immediately.

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

- The police will have their own procedures to follow and will act accordingly.

- If at any point following the incident, photographs taken by a drone emerge on social media that could identify the nursery or individual children, these are reported to the police.

- A record is completed in the Notifiable Incident Record unless there is reason to believe that the incident might have safeguarding implications, for example:

- the drone has hovered specifically over the outdoor area for any length of time
- there is a likelihood that images of the children have been recorded
- is spotted on more than one occasion
- if the Police believe there is cause for concern

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

Fire safety and emergency evacuation

Policy statement

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

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

Designated Fire Marshalls are: Lenka Mikesova

Procedures

Fire safety risk assessment

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

- Matches.
- Flammable materials – including furniture, furnishings, paper etc.
- Flammable chemicals.
- Means of escape.
- Anything else identified.

- Where we rent premises, we will ensure that we have a copy of the fire safety risk assessment that applies to the building and that We contribute to regular reviews.

Fire safety precautions taken:

- We ensure that fire doors are clearly marked, never obstructed and easily opened from the inside.
- We ensure that smoke detectors/alarms and firefighting 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.
- ~~We ensure sockets are covered.~~ Our emergency evacuation procedures are approved by the Fire Safety Officer and are:
  - clearly displayed in the premises;
  - explained to new members of staff, volunteers and parents; and
  - practised regularly, at least once every six weeks.
- Records are kept of fire drills and of the servicing of fire safety equipment.

Emergency evacuation procedure covers procedures for practice drills including:

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

Fire drills

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

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

Animals in the setting

Policy statement

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

Procedures

Animals in the setting as pets

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

- The owner carries out a risk assessment, detailing how the animal or creature is to be handled and how any safety or hygiene issues will be addressed.

Visits to farms

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

Animals brought in by visitors

- The owner of the animal/creature maintains responsibility for it in the setting.
- The owner carries out a risk assessment detailing how the animal/creature is to be handled and how any safety or hygiene issues will be addressed.
- Banned dog breeds, meaning dogs to which section 1 of the Dangerous Dogs Act 1991 applies, including the XL Bully type, must not be kept or present on the premises at any time while registered childcare is provided. This requirement applies even where the dog's owner holds a certificate of exemption. The setting will take reasonable steps to prevent a banned dog breed being present on the premises.
- If staff are concerned that a family owns a dog which is on the 'banned dog' list, it is treated as a safeguarding concern and it is reported to the relevant authority and safeguarding procedures are followed.

No-smoking/ Vaping

Policy statement

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

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

Procedures

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

- It is a criminal offence for employees to smoke in smoke-free areas, with a fixed penalty of £50 or prosecution and a fine of up to £200.

Legal framework

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

Valuing diversity and promoting inclusion and equality

Policy statement

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

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

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

- promote equality and value diversity within our service and foster good relations with the local community;
- actively include all families and value the positive contribution they make to our service;
- promote a positive non-stereotyping environment that promotes dignity, respect and understanding of difference in all forms;
- provide a secure and accessible environment in which every child feels safe and equally included;

- improve our knowledge and understanding of issues relating to anti-discriminatory practice,
- challenge and eliminate discriminatory actions on the basis of a protected characteristic as defined by the Equality Act (2010) namely:
    - age;
    - gender;
    - gender reassignment;
    - marital status;
    - pregnancy and maternity;
    - race;
    - disability;
    - sexual orientation; and
    - religion or belief.
- where possible, take positive action to benefit groups or individuals with protected characteristics who are disadvantaged, have a disproportional representation within the service or need different things from the service.

Procedures

Admissions

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

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

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

Employment

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

Training

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

Curriculum

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

We ensure that our practice is fully inclusive by:

- creating an environment of mutual respect and tolerance;

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

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

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

Valuing diversity in families

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

Food

- We work in partnership with parents to ensure that dietary requirements of children that arise from their medical, religious or cultural needs are met 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 allow in translation – to ensure that all mothers and fathers have information about, and access to, the meetings.

Monitoring and reviewing

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

Public Sector Equality Duty

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

SEND and Inclusion Policy Enhancement

Early Identification and Support

Beavers Lodge Playgroup is committed to the early identification of children who may have Special Educational Needs and Disabilities (SEND).

Concerns may be identified through:

- Observation.
- Assessment information.
- Parental views.
- Child voice.
- Professional involvement.
- Progress reviews.

Early identification enables support to be provided at the earliest opportunity.

Graduated Approach

The setting follows the graduated approach outlined within the SEND Code of Practice:

Assess

Information is gathered regarding the child's strengths, needs and barriers to learning.

Plan

Appropriate support, adjustments and outcomes are agreed in partnership with parents and carers.

Do

Planned interventions and support are implemented.

Review

Progress is reviewed regularly and next steps agreed.

Inclusion

All children are entitled to participate fully in all aspects of nursery life. The setting promotes an inclusive culture where diversity is valued and every child is enabled to succeed.

Reasonable Adjustments

Reasonable adjustments will be made to the environment, curriculum and practice to ensure children with SEND can participate and achieve alongside their peers.

Child Voice

The views, interests and preferences of the child will be sought and considered when planning support, using developmentally appropriate approaches.

Partnership with Parents

Parents and carers are recognised as a child's first and most important educators. Decisions regarding SEND support will be made collaboratively, with parents fully involved in planning, reviewing and evaluating provision.

Special Educational Needs and Disability (SEND) – Children and Families Act 2014

The Children and Families Act 2014 has placed a requirement on local authorities to publish information on services and provision across education, health, social care and transport for children and young people (aged 0 – 25 years) with special educational needs and disabilities. This is called the Local Offer. The purpose of which is to enable parents, carers and young people to find services that are available for children with SEND in their area and how to access them. The process extends to early years settings

and all the information below forms our setting's offer and demonstrates how We provide for children with special educational needs and disabilities.

We provide information on our areas of experience and training in Special Educational Needs and Disability (SEND Provision) on the Hounslow Family Service Directory within the Hounslow Local Offer.

Aims:

Beavers Lodge Playgroup is an inclusive setting. Our belief is that every child, including those with SEND should have access to good quality education. Here at Beavers Lodge We make provision for children with SEND by ensuring that they participate in all activities.

We provide an environment in which all children, including those with Special Educational Needs and disabilities (SEND) , are supported to reach their full potential.

- We have regard for the DfE and DoH The Special Educational Needs Code of Practice 0-25 years (2015).
- We comply with the Statutory Framework for Early Years Foundation Stage (2025).
- We comply with the Equality Act (2010)
- We ensure our provision is inclusive to all children with Special Educational Needs.
- We are committed to the early identification of children with Special Educational Needs and adopting clear and open procedures that are outlined in this policy.
- We are committed to working closely with parents who are fully involved in all decisions that affect their child's education.
- We support parents and children with Special Educational Needs.
- We discuss with parents or carers how they can support their child's progress at home.
- We work in partnership with parents and other agencies in meeting individual children's needs.
- All children have a right of full access to Early Years education through The Early Years Foundation Stage.

- All children have a right to expect to learn in a caring and considerate environment where staff and the children are all valued for their contributions.
- We provide a broad, balanced and differentiated curriculum for all children with Special Educational Needs.
- We identify the specific needs of children with Special Educational Needs and meet those needs through a range of SEN strategies.
- We monitor and review our policy, practice and provision and, if necessary, make adjustments.

Named Special Educational Needs Co-ordinator (SENCO):

- We designate a member of staff to be the Special Educational Needs Co-ordinator (SENCO) and give her name to parents/carers.
- Our setting-based SENCO is Salimah Merchant, who is also the Deputy Manager
- The SENCO has completed specific SENCO training and has a Level 3 SENCO qualification. The SENCO attends relevant forums and training to keep up to date on issues relating to inclusion and SEND.
- Our SENCO
  - Works closely with the manager and other colleagues and has responsibility for the day-to-day operation of our SEND Policy
  - Co-ordinates provision for children with special educational needs within our setting
  - Offers support for parents/carers
  - Supports staff development
  - Liaises with other professionals / agencies
  - Ensures appropriate records are kept
  - Assists staff in making observations and assessments
  - Assists staff in planning for children with Special Educational Needs
  - Works in partnership with the London Borough of Hounslow Early Years Education Team to develop inclusive practice within our setting

- Seeks advice and practical support from the Early Years Education Team to support with appropriate next steps for children on the SEND Support Register.

Inclusion Arrangements:

- We ensure that the provision for children with special educational needs is the responsibility of all members of the setting.
- The planning of activities ensures that reasonable adjustments are made to ensure that all children are included.
- Early intervention is provided to enable staff to make use of resources efficiently and effectively, to meet the needs of the child.
- The Setting will purchase resources in order to provide high quality support.

Admissions Arrangements:

- We ensure that our inclusive admissions practice ensures equality of access and opportunity.
- The setting runs its business on first come first serve basis.
- Our admissions form contains detailed sections/questions specifically on special educational needs and disabilities so that additional need/support is identified as early as possible..
- We ensure that our inclusive admissions practice embraces equality of access and opportunity.
- We encourage parents/carers of children with particular needs to approach our SENCO for more information and discuss how their child's needs can be met.
- For a child with complex needs (physical and/or medical) a risk assessment/care plan, additional training for staff and/or specialist equipment may be required before a start date at the setting can be agreed. **(This can be read in conjunction with our Administrating Medication and Children with Allergies Procedures).**

Access for adults and children with a disability:

Facilities

- The specific arrangements and available facilities at the setting enable access for disabled children and adults in the local community.
- The setting is on one level for access and mobility of wheelchairs.
- *Adaptations*
- Reasonable adjustments/adaptations will be made, where appropriate, in accordance with the requirements of the Disability Discrimination Act (2010).

Partnership with Parents:

- We work closely with parents/carers of children with special educational needs to create and maintain a positive partnership.
- We ensure that parents/carers are informed at all stages of the assessment, planning, provision and review of their children's education.
- We work in partnership with parents/carers and other agencies in meeting individual children's needs.
- We consult with parents/carers at every level of intervention.
- We value the knowledge and information provided by parents
- Information is shared with parents, verbally, via email, written and Whatsapp..
- Staff will share knowledge & information with parents' in their home language when required.
- For some EAL parents information is created in the home language using google translate
- Information is available on our website as well as our facebook page.
- We are able to book and use one of the quiet rooms that are available on the premises, for meetings, so that we can maintain respect and privacy.
- We discuss with parents/carers how they can support their child's progress at home.
- We will explain procedures to parents/carers in order to develop a close working relationship.

- We provide parents/carers with information on sources of independent advice and support e.g. The Special Educational Needs and Disability Information, Advice and Support Service (IASS) / Independent Parental Special Education Advice www.ipsea.org.uk / Contact a Family SEN Advice Service (020 8571 6381)

Confidentiality:

- All confidential information / records are kept in a secure cupboard in the office
- All staff have signed a confidentiality agreement.
- We will respect parent's/carer's rights to confidentiality when supporting children with special educational needs.
- We will always discuss any possible referrals to other services with parents/carers to seek their agreement before we make such referrals.
- All meetings with parents/carers other than the normal parent staff contact will take place in private.
- All our staff will need to be aware of any targets agreed for the child as they are all likely to be involved in supporting that child. However, all staff are also aware that their knowledge of these targets is privileged information which should not be shared with anyone without the permission of either the setting Manager, SENCO or parent/carer.

Staffing and Training

- All our Inclusion Support Workers and keyworkers (ISW) are given an induction. They are explained the level of support that the child needs as well as how to maintain their paperwork
- We provide in-service training to all our inclusion support staff according to the support they need.
- We are committed to making sure that all staff are provided with the necessary training and development.

- Manager, SENCO, of the setting attends six sessions of Hounslow SENCO training.
- SENCO of the setting attends and updates her knowledge regularly by attending the SENCO forum and cluster meetings.
- The setting has the experience of working with children from Autism, Down syndrome, Visual Difficulties, behavioural problems, hyper active disorder, hearing impairment, global developmental delay.
- We raise awareness of any specialism the setting has to offer, e.g. Makaton, PALS, Bucket Time stages 1-4, Special Time, AAC Core boards, PECS, Intensive Interaction, object of reference, visual time tables, TAC PAC, Sensory stimulating resources .
- PALS, Bucket Time, Special Time, AAC Core boards, PECS, Intensive Interaction.
- We provide in-service training for parents, practitioners and volunteers.
- The SENCO has attended all SENCO training and has continuous input and advice from the SEN Team.
- We attend training provided by the London Borough of Hounslow to support the development of our SEND provision.
- All staff working with SEN Children are sent on training courses to increase their knowledge and understanding
- Our Early Years SEN Specialist Practitioner provides training to all Inclusion Support Workers so that they are confident to implement the interventions/strategies as requested in the targeted plans.

Curriculum, Resources and Learning Environment:

- We provide resources (human and financial) to implement our Special Educational Needs Policy.
- Activities are planned and resources adapted and varied to meet a range of needs.
- Our Early Years SEN Specialist Practitioner or a member of Staff, model/share different intervention strategies to up skill other members of staff. This helps the setting to maintain high aspirations and outcomes for all children.

- All Staff and Inclusion Support Workers attend the bitesize training to upskill and refresh their skills on how to implement strategies and interventions that are required for a particular child.
- We continuously make reference to the Early Years Foundation Stage Statutory Framework (2026) to track the child's age and stage of development.
- All children make progress from their starting points.
- We are able to maintain high aspirations and outcomes because we develop strong partnership with parents. Our home visits, observation period and settling in period help us to obtain a picture of the needs of the child as well as the home environment.
- The Manager provides key areas of training and reflection on areas of child development and how they are linked to the various theories around child development.

Identification and Assessment:

- We use initial observations and assessments from staff, information received from external resources and/or parental concern to support early identification.
- We use the Development Matters non statutory curriculum guidance for the Early Years Foundation Stage to support initial identification of SEND
- We use a range of assessment tools to support early identification of SEND
- We ensure that children with Special Educational Needs are appropriately involved at all stages of the graduated response, taking into account their levels of ability.
- We have systems in place for supporting children based on a continuous cycle of 'assess, plan do and review', which is applied in increasing detail and frequency to ensure that children progress.
- We use a system for keeping records of the 'assess, plan, do and review' for children with special educational needs.
- We ensure that all staff are aware of the SEND Policy and the procedures for identifying, assessing and making provision for children with special educational needs.

- We undertake a progress check at the age of 2 which supplies parents/carers with a short summary of the child's development and is an opportunity to discuss any areas of concern in development.

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

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

Assess

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

Plan

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

Do

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

Review

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

Request for Statutory Assessment

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

Education, Health & Care Plan (EHC Plan)

- EHC Plans will be reviewed at least every three to six months to ensure that provision continues to be appropriate.

Links with Support Services and other Agencies:

Agencies presently used are:

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

Links with support services and other agencies

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

London Borough of Hounslow Arrangements:

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

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

Additional Funding Stream – SEN Inclusion Funding

- A delegated inclusion budget for SEND is provided by Hounslow Local Authority.
- Notional funding is provided to support ordinarily available provision and to promote inclusive practice.
- Requests for SEN Inclusion Funding are made by Beavers Lodge Playgroup.
- Information on SEN Inclusion Funding can be found on the Hounslow SEND Local Offer

Additional Funding Stream – SEN Inclusion Funding

- The Disability Access Fund (DAF) is financial support in early years settings for three-to four-year-olds with special educational needs or disabilities.
- It is available to children of three and four years of age who are in receipt of child Disability Living Allowance (DLA) and the universal free early education entitlement.
- If the child uses more than one early years provider, the parent must choose which provider gets the funding.
- If the child moves setting in the same financial year, the fund will stay with the designated early years provider, and the child will not be eligible for a new payment until the next financial year.

- Information on DAF can be found on the Hounslow Local Offer.

For each eligible child, parents will need to:

- fill out a DAF Parent Declaration Form provided by the early years provider. •
- share a copy of the Disability Living Allowance (DLA) letter.
- Beavers Lodge Playgroup will then notify the Local Authority of the child's eligibility.

Transition Procedures:

As part of good practice for transition and as stated in the SEND Code of Practice 0-25 years (January 2015 Para 5.47 Page 88):

'SEN Support should include planning and preparing for transition before a child moves into another setting or school. This can also include a review of the SEN support being provided or the EHC plan. To support the transition, information should be shared by the

current setting with the receiving setting or school. **The current setting should agree with the parents the information to be shared as part of the planning process.**'

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

Complaints Procedure:

- We provide a complaints procedure. This details the procedure that the staff must follow in the event that a complaint is not settled amicably.

Monitoring the Policy:

- We monitor and review our policy annually. This is done by the SENCO of the setting.

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

The setting's Teaching and learning Policy sets out how inclusive practice is embedded within curriculum design, assessment, planning and teaching.

Further guidance:

- Special Educational Needs & Disability (SEND) Code of Practice 0 – 25 years (DfE & DoH 2015))
- Issues in Earlier Intervention: Identifying and Supporting Children with Additional Needs (DCSF 2010)
- Equality Act (2010)
- Early Years Foundation Stage Statutory Framework (DfE 2026)
- Working Together to Safeguard Children 2026 (Department for Education)

Teaching and Learning Policy

Policy Statement

At Beavers Lodge Playgroup, our curriculum is designed to support every child to become confident, curious, resilient and ready for the next stage of learning.

This policy should be read alongside the SEND and Inclusion Policy, Valuing Diversity and Equality Policy, British Values Policy, Assessment Procedures, Key Person Policy and Working in Partnership with Parents Policy.

Curriculum Intent

We intend to:

- Support children to make strong progress from their starting points.
- Develop communication and language.
- Promote personal, social and emotional development.
- Foster independence and confidence.
- Prepare children for school and lifelong learning.
- Build children's knowledge and understanding of the world.

Curriculum Implementation

We implement our curriculum through:

- High-quality interactions.
- Play-based learning.
- Observation and assessment.
- Responsive planning.
- Strong partnerships with parents.
- Enabling indoor and outdoor environments.

- Effective key person relationships.

Characteristics of Effective Learning

We support children to:

- Play and explore.
- Actively learn.
- Create and think critically.

Communication and Language

Communication and language underpin all areas of learning and are promoted through rich conversations, storytelling, songs, rhymes and high-quality interactions.

School Readiness

We support children to develop the skills, knowledge and behaviours required for a successful transition to school including:

- Independence.
- Self-regulation.
- Communication.
- Physical development.
- Early literacy and mathematics.

Assessment

Assessment is ongoing and informs planning, teaching and support. Assessment identifies achievements, next steps and any emerging concerns.

Cultural Capital

Children are provided with a wide range of experiences that broaden their knowledge of the world and help them understand their community and beyond.

Curriculum Impact

The impact of the curriculum is measured through:

- Children's progress and attainment.
- Quality of interactions.
- Engagement and wellbeing.
- Parent feedback.
- Successful transitions.
- Inspection and quality assurance findings

British values

Policy statement

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

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

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

Procedures

British Values

The fundamental British values of *democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs* are already implicitly

embedded in the EYFS and are further clarified below, based on the *Fundamental British Values in the Early Years* guidance (Foundation Years 2015):

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

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

Prevent Strategy

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

The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff and governors to raise concerns relating to extremism directly. Concerns can

also be raised by email to counter.extremism@education.gsi.gov.uk. Please note that the helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed.

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

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

Parental consent for radicalisation referrals

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

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

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 2023)

Admissions

Policy statement

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

Procedures

- We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.
- We ensure that information about our setting is accessible, using simple plain English, in written and spoken form and, where appropriate, provided in different community languages and in other formats on request.
- We arrange our waiting list in birth order. In addition, our policy may take into account:
  - the age of the child, with priority given to children who are eligible for the free entitlement – including eligible two-year-old children;
  - the length of time on the waiting list;
  - the vicinity of the home to the setting;
  - whether any siblings already attend the setting; and
  - the capacity of the setting to meet the individual needs of the child.
- We offer funded places in accordance with the Code of Practice and any local conditions in place at the time.
- We keep a place vacant, if this is financially viable, to accommodate an emergency admission.
- our setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers are all welcome.
- Our setting and its practices operate in a way that encourages positive regard for and understanding of difference and ability- whether gender, family structure, class, background, religion, ethnicity or competence in spoken English.
- We support children and/or parents with disabilities to take full part in all activities within our setting.

- We monitor the needs and background of children joining our setting on the Registration Form, to ensure that no accidental or unintentional discrimination is taking place.
- We share and widely promote our Valuing Diversity and Promoting Equality Policy.
- We consult with families about the opening times of our setting to ensure that we accommodate a broad range of families' needs.
- We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.
- Failure to comply with the terms and conditions may ultimately result in the provision of a place being withdrawn.

Working in partnership with parents

Policy statement

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

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

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

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

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

Procedures

- Parents are provided with written information about the setting, including the setting's safeguarding actions and responsibilities under the Prevent Duty.
- Parents are made to feel welcome in our setting; they are greeted appropriately; there is adult seating and provision for refreshment.
- We have a means to ensure all parents are included - that may mean that We have different strategies for involving fathers, or parents who work or live apart from their children.
- We make every effort to accommodate parents who have a disability or impairment.

- We consult with all parents to find out what works best for them.
- We ensure on-going dialogue with parents to improve our knowledge of the needs of their children and to support their families.
- We inform all parents about how the setting is run and its policies, including our Safeguarding *Children and Child Protection* policy and our responsibilities under the Prevent Duty, through access to written information and through regular informal communication. We check to ensure parents understand the information that is given to them.
- Information about a child and his or her family is kept confidential within our setting. We provide you with a privacy notice that details how and why we process your personal information. The exception to this is where there is cause to believe that a child may be suffering, or is likely to suffer, significant harm, or where there are concerns regarding child's development that need to be shared with another agency. We will seek parental permission unless there are reasons not to in order to protect the safety of the child. Reference is made to our Information Sharing Policy on seeking consent for disclosure.
- Reference is made to our Information Sharing Policy on seeking consent for disclosure.
- We seek specific parental consent to administer medication, take a child for emergency treatment, take a child on an outing and take photographs for the purposes of record keeping.
- The expectations that we make on parents are made clear at the point of registration.
- We make clear our expectation that parents will participate in settling their child at the commencement of a place according to an agreed plan.
- We seek parents' views regarding changes in the delivery of our service.
- Parents are actively encouraged to participate in decision making processes according to the structure in place within our setting.
- We encourage parents to become involved in the social and cultural life of the setting and actively contribute to it.

- As far as possible our service is provided in a flexible way to meet the needs of parents without compromising the needs of children.
- We provide sufficient opportunity for parents to share necessary information with staff, and this is recorded and stored to protect confidentiality.
- Our key persons meet regularly with parents to discuss their child's progress and to share concerns if they arise.
- Where applicable, our key persons work with parents to carry out an agreed plan to support special educational needs.
- Where applicable, our key persons work with parents to carry out any agreed tasks where a Protection Plan is in place for a child.
- We involve parents in the shared record keeping about their children - either formally or informally – and ensure parents have access to their children's written developmental records.
- We provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the setting.
- We support families to be involved in activities that promote their own learning and well-being; informing parents about relevant conferences, workshops and training.
- We consult with parents about the times of meetings to avoid excluding anyone.
- We provide information about opportunities to be involved in the setting in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language; making every effort to provide an interpreter for parents who speak a language other than English and to provide translated written materials.
- We hold meetings in venues that are accessible and appropriate for all.
- We welcome the contributions of parents; in whatever form these may take.
- We inform all parents of the systems for registering queries, complaints or suggestions and we check to ensure these are understood. All parents have access to our written complaints' procedure.
- We provide opportunities for parents to learn about the curriculum offered in the setting and about young children's learning, in the setting and at home. There are opportunities for parents to take active roles in supporting their child's learning in the

setting: informally through helping or taking part in activities with their child, or through structured projects engaging parents and staff in learning about children's learning.

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

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

Children's records

Policy statement

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

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

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

Procedures

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

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

Developmental records

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

Personal records

These may include the following:

- Personal details – including the child's registration form and any consent forms. The registration forms are regularly updated during progress meeting by parents/carer and additional information added will be resigned by parents. Additional emergency contact numbers should be provided by parents.
- Contractual matters – including a copy of the signed parent contract, the child's days and times of attendance, a record of the child's fees, any fee reminders or records of disputes about fees.
- Child's development, health and well-being – including a summary only of the child's EYFS profile report, a record of discussions about every day matters about the child's development health and well-bring with the parent.
- Early Support – including any additional focussed intervention provided by our setting (e.g. support for behaviour, language or development that needs an Individual Education Plan) and records of any meetings held.
- Welfare and child protection concerns – including records of all welfare and protection concerns, and our resulting action, meetings and telephone conversations about the child, a Statement of Special Educational Need and any information regarding a Looked After Child.
- Correspondence and Reports – including a copy of the child's 2-Year-Old Progress Check (as applicable), all letters and emails to and from other agencies and any confidential reports from other agencies.
- These confidential records are stored in a lockable file or cabinet, which is always locked when not in use and which the manager keeps secure in an office or other suitably safe place.
- We read any correspondence in relation to a child, note any actions and file it immediately
- We ensure that access to children's files is restricted to those authorised to see them and make entries in them, this being the manager, deputy or Designated Safeguarding

Lead for child protection, the child's key person, or other staff as authorised by the manager.

- We may be required to hand children's personal files to Ofsted as part of an inspection or investigation process; or to local authority staff conducting a S11 audit, as long as authorisation is seen. We ensure that children's personal files are not handed over to anyone else to look at.
- Parents have access, in accordance with our Privacy Notice, Client Access to Records Policy, to the files and records of their own children, but do not have access to information about any other child.
- Our staff will not discuss personal information given by parents with other members of staff, except where it affects planning for the child's needs. Our staff induction programme includes an awareness of the importance of confidentiality in the role of the key person.
- We retain children's records for six years after they have left the setting; except records that relate to an accident or child protection matter, which are kept until a child reaches the age of 25 years. These are kept in a secure place. Refer to Hounslow 'A Practical Guide to Record Keeping and Retention Periods'.

Archiving children's files

- When a child leaves our setting, we remove all paper documents from the child's personal file and place them in a robust envelope, with the child's name and date of birth on the front and the date they left.
- We seal this and place it in an archive box, stored in a safe place (i.e. a locked cabinet) for six years. After six years it is destroyed.
- If data is kept electronically, it is encrypted and stored as above.
- Where there were s.47 child protection investigations, we mark the envelope with a star and archive it for 25 years.
- We store financial information according to our finance procedures.

Other records

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

Provider records

Policy statement

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

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

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

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

Procedures

- All records are the responsibility of our management team who ensure they are kept securely.
- All our records are kept in an orderly way in files and filing is kept up to date.
- Our financial records are kept up to date for audit purposes.

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

We notify Ofsted of any:

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

Confidentiality and client access to records

Policy statement

'Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case.'
Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HMG 2024)

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

Confidentiality procedures

- Most things that happen between the family, the child and the setting are confidential to our setting. In exceptional circumstances information is shared, for example with other professionals or possibly social care or the police. Normally parents should give informed consent before information is shared, but in some instances, such as if this may place a child at risk, or a serious offence may have been committed, parental consent should not be sought before information is shared. Hounslow Safeguarding Children's Partnership (LSP) procedures should be followed when making referrals,

and advice sought if there is a lack of clarity about whether or not parental consent is needed before making a referral due to safeguarding concerns.

- Information shared with other agencies is done in line with our Information Sharing Policy.
- We always check whether parents regard the information they share with us to be confidential or not.
- Some parents may share information about themselves with other parents as well as with our staff we cannot be held responsible if information is shared by those parents whom the person has 'confided' in.
- Information shared between parents in a discussion or training group is usually bound by a shared agreement that the information is confidential to the group and not discussed outside of it. We are not responsible should that confidentiality be breached by participants.
- We inform parents when We need to record confidential information beyond the general personal information We keep (see our Privacy Notice and Children's Records Policy) - for example with regard to any injuries, concerns or changes in relation to the child or the family, any discussions with parents on sensitive matters, any records we are obliged to keep regarding action taken in respect of child protection and any contact and correspondence with external agencies in relation to their child.
- We keep all records securely (see our Children's Records Policy and Privacy Notice).
- Most information is kept in a manual file or electronically. Our staff may also use a computer to type reports, or letters. Where this is the case, the typed document is deleted from the PC and only the hard copy kept.
- Where it is helpful to keep an electronic copy, we download it onto a disc, labelled with the child's name and kept securely in the child's file. No documents are kept on the hard drive. This is because the settings' PC's do not have facilities for confidential user folders.
- Our staff discuss children's general progress and wellbeing together in meetings, but more sensitive information is restricted to the manager and the child's key person and is shared with other staff on a need-to-know basis.

- We do not discuss children with staff who are not involved in the child's care, nor with other parents or anyone else outside of the setting.
- Our discussions with other professionals take place within a professional framework and not on an informal or ad-hoc basis.
- Where third parties share information about an individual us; our early years educators and managers check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.

Breach of confidentiality

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

Exception

- GDPR enables information to be shared lawfully within a legal framework. The Data Protection Act 2018 balances the right of the person about whom the data is stored with the possible need to share information about them.
- The Data Protection Act 2018 contains "safeguarding of children and individuals at risk" as a processing condition enabling "special category personal data" to be processed and to be shared. This allows educators to share without consent if it is not possible to gain consent, if consent cannot reasonably be gained, or if gaining consent would place a child at risk.
- Confidential information may be shared without authorisation - either from the person who provided it or to whom it relates, if it is in the public interest and it is not possible or reasonable to gain consent or if gaining consent would place a child or other person at risk. The Data Protection Act 2018 enables data to be shared to safeguard children

and individuals at risk. Information may be shared to prevent a crime from being committed or to prevent harm to a child, Information can be shared without consent in the public interest if it is necessary to protect someone from harm, prevent or detect a crime, apprehend an offender, comply with a Court order or other legal obligation or in certain other circumstances where there is sufficient public interest.

- Sharing confidential information without consent is done only in circumstances where consideration is given to balancing the needs of the individual with the need to share information about them.
- When deciding if public interest should override a duty of confidence, consider the following:
  - is the intended disclosure appropriate to the relevant aim?
  - what is the vulnerability of those at risk?
  - is there another equally effective means of achieving the same aim?
  - is sharing necessary to prevent/detect crime and uphold the rights and freedoms of others?
  - is the disclosure necessary to protect other vulnerable people?

The decision to share information should not be made as an individual, but with the backing of the designated safeguarding lead who can provide support, and sometimes ensure protection, through appropriate structures and procedures.

Obtaining consent

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

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

You should not seek consent to disclose personal information in circumstances where:

- someone has been hurt and information needs to be shared quickly to help them
- obtaining consent would put someone at risk of increased harm
- obtaining consent would prejudice a criminal investigation or prevent a person being questioned or caught for a crime they may have committed
- the information must be disclosed regardless of whether consent is given, for example if a Court order or other legal obligation requires disclosure

NB. The serious crimes indicated are those that may harm a child or adult; reporting confidential information about crimes such as theft or benefit fraud are not in this remit.

Consent

- Parents share information about themselves and their families. They have a right to know that any information they share will be regarded as confidential as outlined in Privacy notice. They should also be informed about the circumstances, and reasons for the setting being under obligation to share information.
- Parents are advised that their informed consent will be sought in most cases, as well as the circumstances when consent may not be sought, or their refusal to give consent overridden.
- Where there are concerns about whether or not to gain parental consent before sharing information, for example when making a Channel or Prevent referral the setting manager must inform their line manager for clarification before speaking to parents.
- Consent must be informed - that is the person giving consent needs to understand why information will be shared, what will be shared, who will see information, the purpose of sharing it and the implications for them of sharing that information.

Separated parents

- Consent to share need only be sought from one parent. Where parents are separated, this would normally be the parent with whom the child resides.

- Where there is a dispute, this needs to be considered carefully.
- Where the child is looked after, the local authority, as 'corporate parent' may also need to be consulted before information is shared.

Client access to records procedures

Parents may request access to any confidential records we hold onto their child and family following the procedure below:

- The parent is the 'subject' of the file in the case where a child is too young to give 'informed consent' and has a right to see information that our setting has compiled on them.
- Any request to see the child's personal file by a parent or person with parental responsibility must be made in writing to the setting leader or manager.
- We acknowledge the request in writing, informing the parent that an arrangement will be made for him/her to see the file contents, subject to third party consent.
- Our written acknowledgement allows 40 working days for the file to be made ready.
- A fee may be charged for repeated requests, or where a request requires excessive administration to fulfil.
- The manager informs their line manager, and legal advice may be sought before sharing a file.
- The manager goes through the file with their line manager and ensures that all documents have been filed correctly, that entries are in date order and that there are no missing pages. They note any information, entry or correspondence or other document which mentions a third party.
- We write to each of those individuals explaining that the subject has requested sight of the file, which contains a reference to them, stating what this is.
- They are asked to reply in writing to the manager giving or refusing consent for disclosure of that material.
- We keep copies of these letters and their replies on the child's file.

- 'Third parties' include each family member noted on the file; so, where there are separate entries pertaining to each parent, stepparent, grandparent etc, we write to each of them to request third party consent.
- Third parties also include workers from any other agency, including children's social care and the health authority for example. Agencies will normally refuse consent to share information, preferring instead for the parent to be redirected to those agencies for a request to see their file held by that agency.
- Members of our staff should also be written to, but We reserve the right under the legislation to override a refusal for consent or to just delete the name of the staff member and not the information. We may grant refusal if the member of staff has provided information that could be considered 'sensitive' and the staff member may be in danger if that information is disclosed; or if that information is the basis of a police investigation. However, if the information is not sensitive, then it is not in our interest to withhold that information from a parent. In each case this should be discussed with members of staff and decisions recorded.
- When we have received all the consents/refusals the manager takes a photocopy of the complete file. On the copy of the file, the manager removes any information that a third party has refused consent for us to disclose and blank out any references to the third party, and any information they have added to the file, using a thick marker pen.
- The copy file is then checked by the line manager and legal advisors to verify that the file has been prepared appropriately.
- What remains is the information recorded by the setting, detailing the work initiated and followed by them in relation to confidential matters. This is called the 'clean copy'.
- We photocopy the 'clean copy' again and collate it for the parent to see.
- The manager informs the parent that the file is now ready and invite[s] him/ her to make an appointment to view it.
- The manager and their line manager meet with the parent to go through the file, explaining the process as well as what the content of the file records about the child and the work that has been done. Only the person(s) with parental responsibility can attend that meeting, or the parent's legal representative or interpreter.

- The parent may take a copy of the prepared file; but, to ensure it is properly explained to and understood by the parent, we never hand it over without discussion.
- It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. Our recording procedures and guidelines ensure that the material reflects an accurate and non-judgemental account of the work we have done with the family.
- If a parent feels aggrieved about any entry in the file, or the resulting outcome, then we refer the parent to our complaints' procedure.
- The law requires that the information held for a legitimate reason and must be accurate. If a parent says that the information we hold is inaccurate, then the parent has a right to request for it to be changed. However, this only pertains to factual inaccuracies. Where the disputed entry is a matter of opinion, professional judgement, or represents a different view of the matter than that held by the parent, we retain the right not to change that entry, but we can record the parent's view of the matter. In most cases, we would have given a parent the opportunity at the time to state their side of the matter, and it would have been recorded there and then.
- If there are any controversial aspects of the content of a child's file, we must seek legal advice. This might be where there is a court case between parents, where social care or the police may be considering legal action, or where a case has already completed, and an appeal process is underway.
- We never 'under-record' for fear of the parent seeing, nor do we make 'personal notes' elsewhere.

Telephone advice regarding general queries may be made to The Information Commissioner's Office Helpline 0303 123 1113.

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

Further guidance

Working Together to Safeguard ChildrenWorking Together to Safeguard Children 2026 (Department for Education)

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

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

Mental Capacity Act 2005 Code of Practice (Office of the Public Guardian 2007)

Information sharing

Information sharing duty – 2026

The Children's Wellbeing and Schools Act 2026 introduces new provisions concerning the sharing of information for the purposes of safeguarding and promoting the welfare of children.

The new information-sharing duty is being brought into force during September 2026. The setting will comply with the statutory duty from its legal commencement date and will implement the final statutory guidance issued by the Department for Education.

Until and following commencement, the setting continues to comply with the Children Acts 1989 and 2004, Working Together to Safeguard Children 2026, UK GDPR, the Data Protection Act 2018 and other applicable information-sharing requirements.

Data protection law does not prevent the sharing of information for safeguarding purposes where there is a lawful basis for sharing.

Practitioners should be open and honest with children and families about information sharing where it is safe and appropriate to do so. Consent should be sought where appropriate but is not always required in order to share information for safeguarding purposes.

Where there is a safeguarding concern, the child's safety and welfare are the primary considerations. Information may be shared without consent where there is a lawful basis, including where seeking consent may place a child or another person at risk, cause unreasonable delay or undermine the safeguarding purpose.

Only information that is relevant, necessary and proportionate should be shared. Decisions about information sharing, including decisions not to share information, should be recorded together with the reasons for the decision.

The setting will review this policy when the final statutory guidance governing the 2026 information-sharing duty is published or updated.

'Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as

where safety may be at risk. You will need to base your judgement on the facts of the case.'

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

Policy statement

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

We record and share information about children and their families (data subjects) in line with the six principles of the United Kingdom General Data Protection Regulation (UK-GDPR), which are further explained in Our Privacy Notice that is given to parents at the point of registration The six principles state that personal data must be:

1. Processed fairly, lawfully and in a transparent manner in relation to the data subject.
2. Collected for specified, explicit and legitimate purposes and not further processed for other purposes incompatible with those purposes.
3. Adequate, relevant and limited to what is necessary in relation to the purposes for which data is processed.
4. Accurate and where necessary, kept up to date.
5. Kept in a form that permits identification of data subjects for no longer than is necessary for the purposes for which the data is processed.
6. Processed in a way that ensures appropriate security of the persona data including protection against accidental loss, destruction or damage, using appropriate technical or organisational measures

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

- it is to prevent a crime from being committed or to intervene where one may have been, or to prevent harm to a child or adult; or
- not sharing it could be worse than the outcome of having shared it.

The responsibility for decision-making should not rely solely on an individual but should have the back-up of the management team. The management team provide clear guidance, policy and procedures to ensure all staff and volunteers understand their information sharing responsibilities and are able to respond in a timely, appropriate way to any safeguarding concerns

The three critical criteria are:

- Where there is evidence that the child is suffering, or is at risk of suffering, significant harm.
- Where there is reasonable cause to believe that a child may be suffering, or is at risk of suffering, significant harm.
- To prevent significant harm arising to children and young people or adults, including the prevention, detection and prosecution of serious crime.

Procedures

Our procedure is based on the United Kingdom General Data Protection Regulation (UK-GDPR), principles as listed above and the seven golden rules for sharing information in the Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers. We also follow the guidance on information sharing from the Hounslow Safeguarding Children Partnership.

1. *Remember that the United Kingdom General Data Protection Regulation (UK-GDPR) and human rights law are not barriers to justified information sharing as per the Children Act 1989 but provide a framework to ensure that personal information about living individuals is shared appropriately.*

    - Our policy and procedures on Information Sharing provide guidance to appropriate sharing of information [both within the setting, as well as] with external agencies.

2. *Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their consent, unless it is unsafe or if I have a legal obligation to do so. A Privacy Notice is given to parents at the point of registration to explain this further.*

   In our setting we ensure parents:

   - Receive a copy of our Privacy Notice and are informed our Information Sharing Policy when their child starts in the setting and that they sign our Registration Form to say that they understand the circumstances in which information may be shared without their consent. This will only be when it is a matter of safeguarding a child or vulnerable adult;
   - have information about our Safeguarding Children and Child Protection Policy; and
   - have information about the other circumstances when information will be shared with external agencies, for example, with regard to any special needs the child may have or transition to school.

3. *Seek advice from other* early years educators *if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.*

   - Our early years educators discuss concerns about a child routinely in supervision and any actions are recorded in the child's file.
   - The manager routinely seeks advice and support from their line manager about possible significant harm.
   - Our Safeguarding Children and Child Protection Policy sets out the duty of all members of our early years educators to refer concerns to the manager or deputy, as Designated Safeguarding Lead, who will contact children's social care for advice where they have doubts or are unsure.
   - The manager seeks advice if they need to share information without consent to disclose.

4. *Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.*

   - We base decisions to share information without consent on judgements about the facts of the case and whether there is a legal obligation.
   - Our guidelines for consent are part of this procedure.
   - The manager is conversant with this, and she is able to advise early years educators accordingly.

5. *Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.*

   In our setting we:

   - record concerns and discuss these with our Designated Safeguarding Lead and/or designated officer from the management team for child protection matters;
   - record decisions made and the reasons why information will be shared and to whom; and
   - follow the procedures for reporting concerns and record keeping as set out in our Safeguarding Children and Child Protection Policy.

6. *Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is*

shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

- Our Safeguarding Children and Child Protection Policy and Children's Records Policy set out how and where information should be recorded and what information should be shared with another agency when making a referral.

7. *Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.*

- Where information is shared, we record the reasons for doing so in the child's file; where it is decided that information is not to be shared that is recorded too.

Consent

When parents choose our setting for their child, they will share information about themselves and their families. This information is regarded as confidential. Parents have a right to be informed that we will seek their agreement to share information in most cases, as well as the kinds of circumstances when we may not seek their agreement or may override their refusal to give agreement. We inform them as follows:

- Our policies and procedures set out our responsibility regarding gaining agreement to share information and when it may not be sought or overridden.
- We may cover this verbally when the child starts or includes this in our prospectus.
- Parents sign our Registration Form at registration to confirm that they understand this.
- We ask parents to give written consent to share information about any additional needs their child may have, or to pass on child development summaries to the next provider/school.
- We consider the following questions when we need to share:
  - Is there legitimate purpose to us sharing the information?

  - Does the information enable the person to be identified?
  - Is the information confidential?
  - If the information is confidential, do we have consent to share?
  - Is there a statutory duty or court order requiring us to share the information?
  - If consent is refused, or there are good reasons for us not to seek consent, is there sufficient public interest for us to share information?
  - If the decision is to share, are we sharing the right information in the right way?
  - Have we properly recorded our decision?
- Consent must be freely given and *informed* - that is the person giving Consent needs to understand why information will be shared, what will be shared, who will see information, the purpose of sharing it and the implications for them of sharing that information as detailed in the Privacy Notice.
- Consent may be *explicit*, verbally but preferably in writing, or *implicit*, implied if the context is such that sharing information is an intrinsic part of our service or it has been explained and agreed at the outset.
- Consent can be withdrawn at any time.
- We explain our Information Sharing Policy to parents.

Separated parents

- Agreement to share needs to be sought only from one parent. Where parents are separated, this would normally be the parent with whom the child resides. Where there is a dispute, we will consider this carefully.
- Where the child is looked after, we may also need to consult the Local Authority, as 'corporate parent' before information is shared.

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

Working in partnership with other agencies

Policy statement

We work in partnership with local and national agencies to promote the well-being of all children**.** We will never share your data with any organisation to use for their own purposes.

Procedures

- We work in partnership, or in tandem, with local and national agencies to promote the well-being of children.
- We have procedures in place for the sharing of information about children and families with other agencies. These are set out in our Privacy Notice and Information Sharing Policy, Safeguarding Children and Child Protection Policy and the Supporting Children with Special Educational Needs Policy.
- Information shared by other agencies with us is regarded as third party information. This is also kept in confidence and not shared without consent from that agency.
- When working in partnership with early years educators from other agencies, we make those individuals welcome in our setting and respect their professional roles.
- We follow the protocols for working with agencies, for example on child protection.
- We ensure that early years educators from other agencies do not have unsupervised access to the child they are visiting in the setting and do not have access to any other child(ren) during their visit.
- Our early years educators do not casually share information or seek informal advice about any named child/family.
- When necessary, we consult with and signpost to local and national agencies who offer a wealth of advice and information that help us to develop our understanding of the issues facing us and who can provide support and information for parents. For example, ethnic/cultural organisations, drug/alcohol agencies, welfare rights advisors or organisations promoting childcare and education, or adult education.

Agency staff and external private professionals (e.g. private speech and language therapist) do not have unsupervised access to any child(ren) during their time at the setting.

There are also additional procedures for external private professionals visiting children in the setting:

- The professional will not work in isolation with the named child and should be visible to others
- It is recommended that an employed member of the setting will be present working alongside the professional
- External professionals will be required to produce ID, up to date DBS details and professional status and this information will be kept on file during the time that they are working within the setting
- Agreement needs to be drawn up detailing where sessions will take place and the number and duration of session(s)
- Consent from parents will need to be obtained
- Information sharing procedures need to be agreed between setting, parents and external private professional(s)
- Setting will be required to adhere to confidentiality procedures.

Sustainability and Climate Action Plan Policy

Policy Lead(s): Lenka Mikesova and Jelena Lanina

Policy Created: 15th July 2025

Our Commitment

At Beavers Lodge Playgroup, we are committed to creating a sustainable, environmentally responsible, and climate-aware setting. We believe that fostering a love and respect for the natural world starts in the early years and plays a vital role in shaping future generations of responsible global citizens.

This policy outlines our approach to sustainability and climate action through our practices, learning experiences, and partnerships with families and the wider community.

1. Building Children's Connection to Nature

We aim to nurture children's natural curiosity about the world around them by:

- Providing regular access to our outdoor learning environment in all weathers.
- Encouraging sensory exploration of natural materials such as leaves, soil, stones, water, and wood.
- Promoting nature walks, gardening activities, bug hunts, and birdwatching sessions.
- Embedding stories, songs, and imaginative play based on the seasons and the natural world.

By fostering early connections to nature, we help children develop empathy, stewardship, and a lifelong sense of care for the environment.

2. Teaching and Empowering Children About Sustainability

We support children to become environmentally responsible by:

- Introducing age-appropriate conversations and activities around recycling, reusing, and reducing waste.
- Involving children in sorting materials for recycling and composting.
- Using storybooks and resources that highlight environmental themes such as climate change, wildlife protection, and sustainable living.
- Promoting water and energy conservation through role play, routines, and discussion.

Children are active participants in learning about their impact and empowered to make thoughtful choices.

3. Reducing Our Environmental Impact

We strive to reduce our ecological footprint through daily operations by:

- Minimising single-use plastic and encouraging the use of sustainable, reusable alternatives.
- Reducing energy and water consumption by using timers, low-energy appliances, and encouraging responsible use.
- Sourcing sustainable and non-toxic materials for play and learning.
- Promoting a low-waste approach to snack and packed lunch provisions.
- Ensuring paper use is limited, with digital communication encouraged where possible.

We will continue to review and improve our procurement and waste management practices.

4. Engaging with Families and the Wider Community

We recognise the importance of working in partnership with families and the community to promote sustainability by:

- Sharing tips, resources, and updates about our sustainability work through newsletters, displays, and workshops.
- Inviting families to participate in sustainability projects such as community gardening, recycling drives, and clean-up events.
- Collaborating with local schools, nurseries, and organisations to learn from and support wider environmental initiatives.
- Encouraging sustainable travel options (e.g., walking, cycling, public transport) for drop-offs and pick-ups.

We build a shared sense of responsibility for protecting our planet.

5. Reflecting On and Tracking Our Progress

We are committed to continuous improvement by:

- Monitoring our practices regularly using sustainability checklists and reflective audits.
- Including sustainability goals in staff meetings and development plans.
- Gathering feedback from children, families, and staff on our environmental efforts.
- Celebrating milestones and sharing success stories with our community.

Our policy will be reviewed annually, and actions will be adapted based on our learning and evolving best practices.

Roles and Responsibilities

Lenka Mikesova and Jelena Lanina will co-lead the implementation of this policy. Their responsibilities include:

- Coordinating staff training and engagement.
- Overseeing the planning and evaluation of sustainability projects.
- Liaising with external bodies, local authorities, and families.
- Reporting progress to the leadership team.

Policy Review

This policy will be reviewed annually and updated as needed in response to evolving guidance and practice.

Reference Guide:

Department for Education (DfE). (2022) *Sustainability and climate change: a strategy for the education and children's services systems*. Available at: https://www.gov.uk/government/publications/sustainability-and-climate-change-strategy (Accessed: [29/09/2026]).

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Education Scotland. (2021) *Learning for Sustainability: A Professional Learning Resource*. Available at: https://education.gov.scot (Accessed: [29/09/2026]).

UNESCO. (2017) *Education for Sustainable Development Goals: Learning Objectives*. Available at: https://unesdoc.unesco.org/ark:/48223/pf0000247444 (Accessed: [29/09/2026])

Complaints procedure

Policy statement

We believe that children and parents are entitled to expect courtesy and prompt, careful attention to their needs and wishes. We welcome suggestions on how to improve our setting and will give prompt and serious attention to any concerns about the running of the setting. We anticipate that most concerns will be resolved quickly, by an informal approach with the appropriate member of staff. If this does not achieve the desired result, we have a set of procedures for dealing with concerns. We aim to bring all concerns about the running of our setting to a satisfactory conclusion for all of the parties involved. The same procedures apply to agencies who may have a grievance or complaint.

Procedures

Our setting is required to keep a written record of any complaints that reach stage two and above, and their outcome. This is to be made available to parents, as well as to Ofsted inspectors on request.

Making a complaint

Stage 1

- Any parent who has a concern about an aspect of our setting's provision talks over his/her concerns with the manager first of all.
- Most complaints should be resolved amicably and informally at this stage.
- We record the issue, and how it was resolved, in the child's file.

Stage 2

- If this does not have a satisfactory outcome, or if the problem recurs, the parent moves to this stage of the procedure by putting the concerns or complaint in writing.
- For parents who are not comfortable with making written complaints, there is a template form for recording complaints in the Complaint Investigation Record; the form may be completed by the manager and signed by the parent.

- Our setting stores all information relating to written complaints from parents in the child's personal file. However, if the complaint involves a detailed investigation, the manager may wish to store all information relating to the investigation in a separate file designated for this complaint.
- When the investigation into the complaint is completed, the manager meets with the parent to discuss the outcome.
- We inform parents of the outcome of the investigation within 28 days of him/her making the complaint.
- When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record, which is made available to Ofsted on request.

Stage 3

- If the parent is not satisfied with the outcome of the investigation, he or she requests a meeting with the manager and the registered provider. The parent may have a friend or partner present if they prefer and.
- An agreed written record of the discussion is made, as well as any decision or action to take as a result. All the parties present at the meeting sign the record and receive a copy of it.
- This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, we log the summative points in our Complaint Investigation Record.

Stage 4

- If at the stage three meeting the parent cannot reach agreement with us, we invite an external mediator to help to settle the complaint. This person should be acceptable to both parties, listen to both sides and offer advice. A mediator has no legal powers, but can help us to define the problem, review the action so far and suggest further ways in which it might be resolved.

- The mediator keeps all discussions confidential. S/he can hold separate meetings with our early years educators and the parent, if this is decided to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice s/he gives.

Stage 5

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

Ofsted complaints record

- Legislation requires settings to keep a record of complaints and disclose these to Ofsted at inspection, or if requested by Ofsted at any other time.
- The record of complaints is a summative record only.
- In all cases where a complaint is upheld a review will be undertaken by the owners/directors/trustees to look for ways to improve practice where it is required.

The role of the Office for Standards in Education, Children's Services and Skills (Ofsted) and the Hounslow Safeguarding Children's Partnership and the Information Commissioner's Office.

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

- Parents can complain to Ofsted by telephone, in writing or by completing the online form:

  Ofsted National Business Unit, Piccadilly Gate, Store Street, Manchester M1 2WD

  Tel: 0300 123 4666

  Complaints | Ofsted

- These details are displayed on our setting's notice board.
- If a child appears to be at risk, we follow the procedures of the Hounslow Safeguarding Children Partnership.
- The Information Commissioner's Office (ICO) can be contacted if you have made a complaint about the way your data is being handled and remain dissatisfied after raising your concern with us. For further information about how we handle your data, please refer to the Privacy Notice given to you when you registered your child at [our/my] setting. The ICO can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or ico.org.uk

Records

- A record of complaints in relation to our setting, or the children or the adults working in our setting, is kept for at least three years; including the date, the circumstances of the complaint and how the complaint was managed.
- The outcome of all complaints is recorded in our Complaint Investigation Record, which is available for parents and Ofsted inspectors to view on request.

Agencies

- If an individual from another agency wishes to make a formal complaint about a member of staff or any practice of the setting, it should be made in writing to the setting manager.
- The complaint is acknowledged in writing within 10 days of receiving it.

- The setting manager investigates the matter and meets with the individual to discuss the matter further within 28 days of the complaint being received.
- An agreement needs to be reached to resolve the matter.
- If agreement is not reached, the complainant may write to the setting manager's line manager, who acknowledges the complaint within 5 days and reports back within 14 days.
- If the complainant is not satisfied with the outcome of the investigation, they are entitled to appeal and are referred to the owners/directors/trustees.

Mental Health and Wellbeing

The Mental Health and Wellbeing Designated Lead is: Sonali Mukherjee (Manager)

The Designated Safeguarding Lead is: Lenka Mikesova

What is this policy?

A staff wellbeing policy explains and sets out the setting's commitment to the wellbeing of all early years educators. It should outline how the setting will support its staff, its ongoing commitment to staff training, and ensuring that all early years educators are always treated fairly and professionally. It should be also reviewed and monitored against the National Health and Safety standards.

Who is in charge of Wellbeing?

The setting recognises the statutory responsibilities related to employment and staff have the primary responsibility for their own health and wellbeing, this policy should also be viewed alongside other policies and procedures in relation to duty of care as an employer to all members of staff.

These may include (but are not limited to):

- Attendance/ Absence Policy;
- Health and Safety Policy;
- Valuing Diversity and Promoting Equality;
- Grievance Procedure;
- Whistleblowing Procedure.

How will this policy be communicated?

This policy can only impact upon practice if it is a (regularly updated) living document. It must be accessible to and understood by all stakeholders. It will be communicated in the following ways:

- Posted on the setting's website
- Sent via email to all staff
- Available in paper format in the staffroom
- Part of induction programme for all new staff (including volunteers and students)
- Integral to updates and training for all staff
- Reviews of this policy will include input from all staff, helping to ensure further engagement

Mental Health and Staff Wellbeing policy

The Mental Health and Wellbeing Designated Lead is: Sonali Mukherjee (Manager) and Salimah Merchant (Deputy Manager)

The Designated Safeguarding Lead is: Sonali Mukherjee (Manager) and Salimah Merchant (Deputy Manager) Gurpal Kaur, Lenka Mikesova

Staff Wellbeing Policy

1.Policy Statement

We want to ensure that staff are supported and encouraged to develop personally and professionally. We recognise that staff are our most important resource and we seek to value our staff through personal and professional support, involvement in decision-making and access to professional development. We have a duty to ensure the health, safety and welfare of its employees as far as reasonably practicable. It is also required to have in place measures to mitigate as far as practicable factors that could harm employees' physical and mental wellbeing, which includes work-related stress. This duty extends only to those factors which are work-related and within the setting's control.

This policy accepts the Health and Safety Executive definition of work-related stress as "the adverse reaction a person has to excessive pressure or other types of demand placed on them". There is an important distinction between 'reasonable pressures' which

stimulate and motivate and 'stress' where an individual feels they are unable to cope with excessive pressures or demands placed upon them.

This policy recognises that there are many sources of work related stress and that stress can result from the actions or behaviours of managers, employees or children.

We are committed to making sure that this Staff Wellbeing Policy is implemented so that each individual is able to cope successfully with the demands in their lives, whatever the cause of stress within an understanding and accepting environment.

The purpose of this policy is to maintain an ethos which supports staff health and wellbeing by making sure that all employees are treated fairly and consistently.

2. Scope

This policy describes the setting's approach to promoting positive staff wellbeing. This policy is intended as guidance for all staff including volunteers and students. It should be read in conjunction with other relevant policies.

3. Policy aims

- To develop a healthy, motivated workforce who are able to deliver a high-standard of care and education to children.
- To help ensure that our setting promotes the health and wellbeing of all staff members, recognising the impact work can have on employees' stress levels, mental and physical health.

- Develop and maintain a positive health and safety culture through regular communication and consultation with staff on health and safety matters.
- To recognise that excessive hours of work can be detrimental to staff health and effectiveness and to agree on flexible working practices where possible (manager's discretion).
- To communicate the importance of a work-life balance to all staff, and to ensure that all policy updates are communicated regularly.
- To encourage staff as individuals to accept responsibility for their own mental, physical and emotional wellbeing.
- To comply with all statutory requirements.
- To respond sensitively to external pressures which affect the lives of staff members.
- To provide staff with training to deal positively with stressful incidents and provide them with a sense of confidence to deal with emergencies via training.
- To improve staff development, co-operation and teamwork.
- To make staff members aware of the channels which can be used to manage and deal with stress or work-related health and wellbeing issues.

4. Legislation

Pieces of legislation that will be considered when promoting positive mental, physical and emotional wellbeing, including, but not exclusively:

- The Health and Safety at Work Act 1974
- The Equality Act 2010
- Working Time regulations
- Employment Rights Act 1996
- Employment Relations Act 1999

5. Roles and Responsibilities

5.1 The Manager/ Deputy manager (Designated leads):

- Will support in ensuring that strategies are implemented to effectively manage and, where necessary, reduce employee stress.
- Foster a supportive work environment, operating in a fair and consistent manner.
- Will ensure that there is clear communication between staff and management with regards to all areas of nursery life.
- Will create reasonable opportunities for employees to discuss concerns and will enable staff to do so in an environment where stress is not considered a weakness.
- Follow agreed procedures when there are concerns or absence due to work related stress and other mental-health problems, ensuring that a return to work format is completed and support is offered whilst staff is absent and upon return to work.
- Will monitor and review any measures that are planned and assess their effectiveness.
- Ensure that all staff have access to regular training sessions on health and wellbeing in staff meetings.
- Ensure practical strategies to deal with mental, physical and emotional wellbeing issues are shared with staff team and that they are given the appropriate time and resources to undertake this.
- To conduct an annual survey of staff, focussed on health and wellbeing, and share and act upon results.

5.2 Staff:

- Will act in a manner that respects the health and safety needs of themselves and others whilst in the workplace and ensure that they do not, through their actions or omissions, create unnecessary work for themselves or colleagues.
- Will make themselves aware of all the relevant policies e.g. Capability, Staff attendance, health and safety.
- Seek support or help if required. This includes understanding that a good relationship requires communication from both parties and therefore is important that issues are raised at the earliest possible moment so that effective strategies can be put in place to manage workloads.
- Consider attending training on health and wellbeing issues where they feel that this is appropriate.
- Will share their views, ideas and feelings about all issues concerning the setting at formal meetings and informal gatherings.

6. Support

- The Leadership Team must encourage the creation and maintenance of an atmosphere where all staff members feel comfortable asking for help or raising concerns. The Leadership Team should be sensitive to any problems which may cause the employee stress-related issues and should act in a professional, fair, consistent and timely manner when a concern arises.
- Where additional, professional advice is required, then Occupational Health Professionals and other avenues like GP services should be utilised.
- Where necessary, staff should be encouraged to use the free confidential counselling service from Education Support Partnership 0800562561.
- On joining the setting the following support will also be offered:
    - ♦ All new staff will have an induction programme and ensure that they receive the staff handbook.
    - ♦ All new staff will be made to feel welcome and given as much support as possible.

- There will be reviews for new staff held throughout the first 6 months of employment. (Probationary Meetings)

7. Arrangements for implementing the Wellbeing Policy

Arrangements for wellbeing and stress prevention through good management practices.

These include the following:

- Recruitment and selection procedures.
- Clear job descriptions to ensure staff have clear roles and responsibilities.
- Training and Development procedures to ensure that individuals have the necessary skills and competencies to undertake the tasks/duties required of them.
- Reward systems.
- Managing performance procedures.
- Capability and absence management & return to work procedures to ensure that individuals are supported back into work following illness.
- Suitable adaptations for disability.
- Procedures for communicating with employees on the work of the setting and issues affecting their work.
- Flexible working arrangements and contact days with staff on maternity leave.
- The arrangements will be updated and augmented as required and when deemed necessary by the findings of stress risk assessments.

Appendix A: File transfer record and receipt

Part 1: To be completed by sending / transferring educational setting

Name of child:			
DOB:			
Name of setting sending CP file:			
Address of setting sending CP file:			
Method of delivery:	By hand	Secure post	Electronically
Electronic records must only be transferred by a secure electronic transfer mechanism or after the records have been encrypted.			
Date file sent:			
Name of Designated Safeguarding Lead transferring file:			
Name of person transferring to:			
Signature:			

Part 2: To be completed by receiving school or educational setting

Name of setting receiving file:	
Address of setting receiving file:	
Date received:	
Name of person receiving file:	

Date confirmation of receipt sent:	
Signature:	

Appendix 2

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

Name of setting:

Child's name:	**Name of person reporting:**	**Name of designated safeguarding lead:**
Date of birth:	**Job title:**	**Job title:**

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

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

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

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

Signature of person completing the form _____

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

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

No further action	
Offer support (provide details)	
Continue to monitor (detail what, who by and until when)	
Referral/signposting/advice/guidance to be offered by setting (provide details)	
Refer to social care for child protection.	
Liaise with Local Authority to refer for Early Help Assessment	

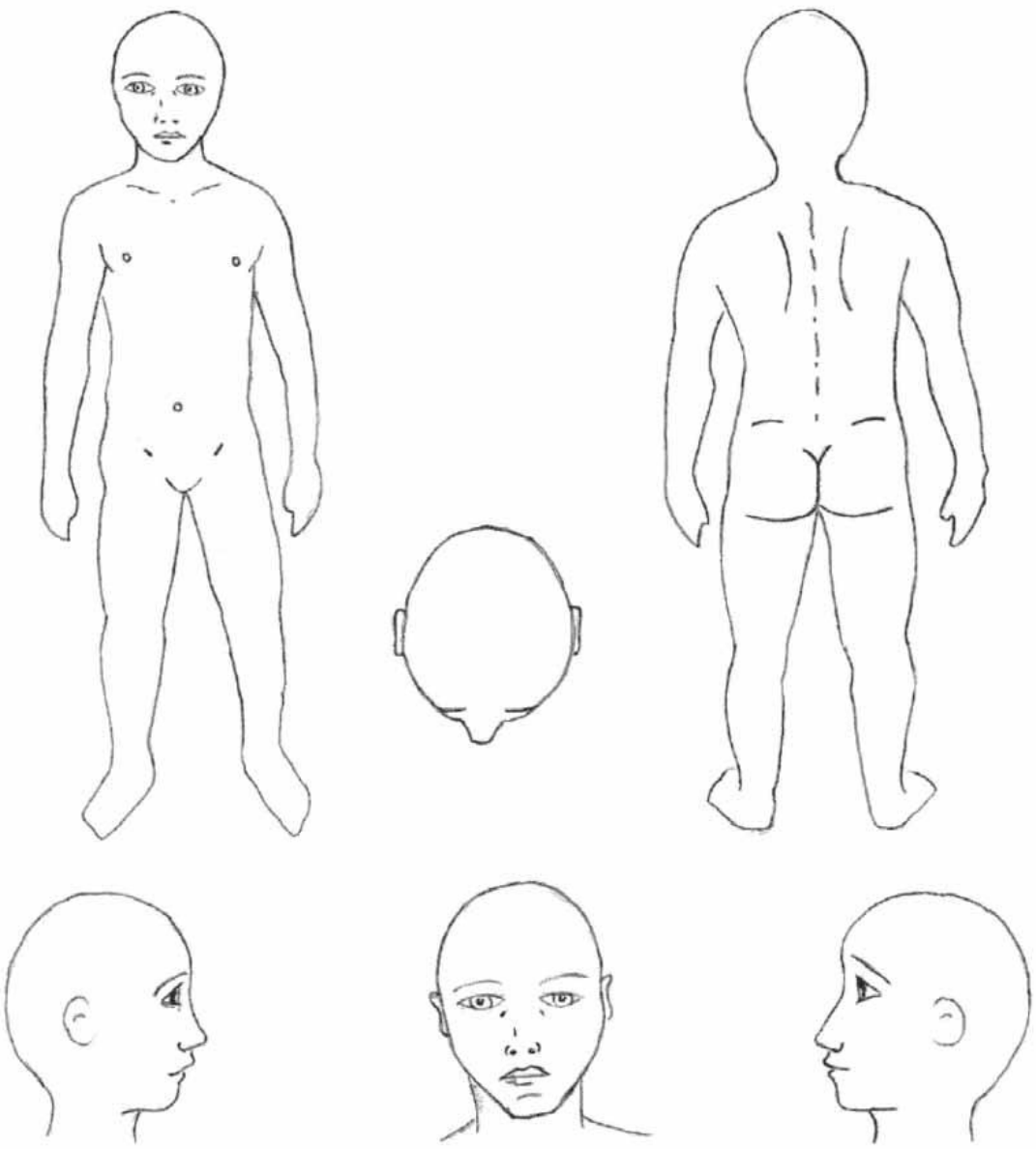
Signature of designated safeguarding lead: _____ Date completed: _____

Physical intervention

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

Signature of parent/carer: _____ Date: _____

Appendix 3: Child body diagram



Current national legal and statutory reference list – September 2026

Early Years Foundation Stage statutory framework for group and school-based providers, dated 13 July 2026 and effective 1 September 2026.

Childcare Act 2006 and regulations/orders made under it, including the Early Years Foundation Stage (Welfare Requirements) Regulations 2012, as amended.

Working Together to Safeguard Children 2026 (Department for Education, March 2026).

Children Act 1989, including sections 17 and 47; Children Act 2004, including section 11 and the information-sharing provisions as amended by the Children's Wellbeing and Schools Act 2026.

Children's Wellbeing and Schools Act 2026.

Safeguarding Vulnerable Groups Act 2006, as amended, including changes to regulated activity effective 1 September 2026.

Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR).

Equality Act 2010.

Counter-Terrorism and Security Act 2015 and current Prevent duty guidance.

Domestic Abuse Act 2021 and current Operation Encompass statutory arrangements where applicable.

Female Genital Mutilation Act 2003 and Serious Crime Act 2015.

Modern Slavery Act 2015.

Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; RIDDOR 2013; COSHH 2002; Regulatory Reform (Fire Safety) Order 2005.

Food Safety Act 1990, Food Information Regulations 2014 and applicable food hygiene legislation.

Early Years Foundation Stage nutrition guidance (Department for Education, 2025, current version).

Department for Education screen-use guidance for early years settings (July 2026).

Ofsted early years inspection toolkit, operating guide and inspection information, current September 2026 version.

Keeping Children Safe in Education 2026, where applicable to schools, colleges and school-based early years provision.

Special educational needs and disability code of practice: 0 to 25 years (current statutory guidance).

Local procedures and contact details: Hounslow Safeguarding Children Partnership procedures, threshold and escalation arrangements, local Family Help/children's social care referral routes and LADO/SAAM arrangements must be checked by the provider at adoption and whenever local arrangements change.