

Haxby Playgroups Policy Pack

2020/2021

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# Achieving Positive Behaviour

Policy Statement

Haxby Playgroup believes that children flourish best when their personal, social and emotional needs are met and where there are clear and developmentally appropriate expectations for their behaviour.

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

Procedures

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

* We require the named person to:
* keep herself up-to-date with legislation, research and thinking on promoting positive behaviour and on handling children's behaviour where it may require additional support;
* access relevant sources of expertise on promoting positive behaviour within our programme for supporting personal, social and emotional development; and
* check that all staff have relevant in-service training on promoting positive behaviour. We keep a record of staff attendance at this training.
* We require all staff, volunteers and students to provide a positive model of behaviour by treating children, parents and one another with friendliness, care and courtesy.
* We familiarise new staff and volunteers with the setting's Achieving Positive Behaviour Policy and its guidelines for behaviour.
* We expect all members of our setting - children, parents, staff, volunteers and students - to keep to the guidelines, requiring these to be applied consistently.
* We work in partnership with children's parents. Parents are regularly informed about their children's behaviour by their key person. We work with parents to address recurring inconsiderate behaviour, using our observation records to help us to understand the cause and to decide jointly how to respond appropriately.

*Strategies with children who engage in inconsiderate behaviour*

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

*Rough and tumble play and fantasy aggression*

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

* We recognise that teasing and rough and tumble play are normal for young children and acceptable within limits. We regard these kinds of play as pro-social and not as problematic or aggressive.
* We will develop strategies to contain play that are agreed with the children, and understood by them, with acceptable behavioural boundaries to ensure children are not hurt.
* We recognise that fantasy play also contains many violently dramatic strategies, e.g. blowing up and shooting, and that themes often refer to ‘goodies and baddies’ and as such offer opportunities for us to explore concepts of right and wrong.
* We are able to tune in to the content of the play, perhaps to suggest alternative strategies for heroes and heroines, making the most of ‘teachable moments’ to encourage empathy and lateral thinking to explore alternative scenarios and strategies for conflict resolution.

*Hurtful Behaviour*

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

* We recognise that young children behave in hurtful ways towards others because they have not yet developed the means to manage intense feelings that sometimes overwhelm them.
* We will help them manage these feelings, as they have neither the biological means nor the cognitive means to do this for themselves.
* We understand that self-management of intense emotions, especially of anger, happens when the brain has developed neurological systems to manage the physiological processes that take place when triggers activate responses of anger or fear.
* Therefore we help this process by offering support, calming the child who is angry, as well as the one who has been hurt by the behaviour. By helping the child to return to a normal state, we are helping the brain to develop the physiological response system that will help the child be able to manage his or her own feelings.
* We do not engage in punitive responses to a young child’s rage as that will have the opposite effect.
* Our way of responding to pre-verbal children is to calm them through holding and cuddling. Verbal children will also respond to cuddling to calm them down, but we offer them an explanation and discuss the incident with them to their level of understanding.
* We recognise that young children require help in understanding the range of feelings they experience. We help children recognise their feelings by naming them and helping children to express them, making a connection verbally between the event and the feeling. “Adam took your car, didn’t he, and you were enjoying playing with it. You didn’t like it when he took it, did you? Did it make you feel angry? Is that why you hit him?” Older children will be able to verbalise their feelings better, talking through themselves the feelings that motivated the behaviour.
* We help young children learn to empathise with others, understanding that they have feelings too and that their actions impact on others’ feelings. “When you hit Adam, it hurt him and he didn’t like that and it made him cry.”
* We help young children develop pro-social behaviour, such as resolving conflict over who has the toy. “I can see you are feeling better now and Adam isn’t crying any more. Let’s see if we can be friends and find another car, so you can both play with one.”
* We are aware that the same problem may happen over and over before skills such as sharing and turn-taking develop. In order for both the biological maturation and cognitive development to take place, children will need repeated experiences with problem solving, supported by patient adults and clear boundaries.
* We support social skills through modelling behaviour and through activities, drama and stories. We build self-esteem and confidence in children, recognising their emotional needs through close and committed relationships with them.
* We help a child to understand the effect that their hurtful behaviour has had on another child; we do not force children to say sorry, but encourage this where it is clear that they are genuinely sorry and wish to show this to the person they have hurt.

When behaviour results in concern for the child and/or others this will be discussed between the Key Person, the behaviour coordinator and Special Educational Needs Coordinator (SENCO) and manager. Appropriate adjustments to practice will be agreed taking into account any influencing factors (new baby, illness, additional needs) and if successful normal monitoring resumes.

If the behaviour continues to reoccur and remain a concern then the key person should liaise with parents to try and identify the cause and agree next steps. The main reasons for very young children to engage in excessive hurtful behaviour are that:

* they do not feel securely attached to someone who can interpret and meet their needs - this may be in the home and it may also be in the setting;
* their parent, or carer in the setting, does not have skills in responding appropriately, and consequently negative patterns are developing where hurtful behaviour is the only response the child has to express feelings of anger;
* the child may have insufficient language, or mastery of English, to express him or herself and may feel frustrated;
* the child is exposed to levels of aggressive behaviour at home and may be at risk emotionally, or may be experiencing child abuse;
* the child has a developmental condition that affects how they behave

The SENCO may suggest using a focused intervention approach to identify a trigger for the behaviour and complete My Agreed Outcomes. Other members of staff should be informed of the agreed actions, the plan should be monitored and reviewed regularly.

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 a Family Early Help Assessment (FEHA) should begin and that specialist help be sought for the child.

*Bullying*

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

* A child who is bullying has reached a stage of cognitive development where he or she is able to plan to carry out a premeditated intent to cause distress to another. Bullying can occur in children five years old and over and may well be an issue in after school clubs and holiday schemes catering for slightly older children.

If a child bullies another child or children:

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

# Admissions Policy

Policy Statement

It is our intention to make Haxby Playgroup 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. When considering admissions staff are mindful of staff:child ratios and the facilities available at playgroup.

Procedures

* We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.
* We aim to ensure that information about our setting is accessible and provided 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 order of registration date and places are allocated on a term by term basis. Please note that completion of the application to join/waiting list application form does not guarantee a place for your child.

In addition, our policy may take into account:

* the age of the child,
* children who are eligible for Early Years Pupil Premium,
* the length of time on the waiting list,
* whether any siblings already attend the setting
* the needs of the child
* the settings Ofsted registration requirements and availability of places throughout the year
* the sustainability of the setting
* We are unable to defer/reserve additional sessions to be utilised later in the year, however children already attending will take priority if places are available during the year.
* We offer funded places in accordance with the Code of Practice for City of York Council and any local conditions in place at the time.
* We offer a minimum of 4 sessions per week to ensure your child receives the full benefit of their time at playgroup and develops a secure attachment to their Key Person.
* Haxby Playgroups and its practices are welcoming and make it clear that fathers, mothers, other relations and other carers are all welcome.
* Haxby Playgroups 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 operate an inclusion and equality policy and ensure that all children have access to playgroup places and services irrespective of gender, race, SEN, disability, religion, belief or family background.
* We monitor the needs and background of children joining Haxby Playgroups on the Registration Form, to ensure that no accidental or unintentional discrimination is taking place.
* We aim to address complaints quickly and fairly (See complaints policy) and to accommodate parental request but failure to comply with the terms and conditions may ultimately result in the provision of a place being withdrawn.

# Administering Medicines

Policy Statement

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

In many cases, it is possible for children’s 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, 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.

The key person is 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 or deputy is responsible for the overseeing of administering medication.

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 (or other medically qualified person). 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, may be administered, but only with prior written consent of the parent and only when there is a health reason to do so. 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) to children with verbal consent of parents in the case of a high temperature, 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, a member of staff will check that it is in date and prescribed specifically for the current condition. Parents must give prior written permission for the administration of medication. 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 [and a witness]; and
* parent’s signature.
* We use the Early Years Alliance Medication Administration Record book for recording the administration of medicine and comply with the detailed procedures set out in that publication.
* 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 will monitor the medication record book is monitored to look at the frequency of medication given in the setting. For example, a high incidence of antibiotics being prescribed for a number of children at similar times may indicate a need for better infection control.

*Storage of medicines*

* All medication is stored safely in a secure cupboard away from access by children, or refrigerated as required. As our cupboards or refrigerator is not used solely for storing medicines, they are kept in a marked box.
* The child’s key person/manager/deputy 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.
* If the administration of prescribed medication requires medical knowledge, individual training is provided 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.

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

* A risk assessment is carried out for each child with long term medical conditions that require ongoing medication. This is the responsibility of the manager alongside the key person. Other medical or social care personnel may need to be involved in the risk assessment.
* Parents will also contribute to a risk assessment. \*They should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.
* \* For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff 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 staff who care for the child.
* The health care plan should include the measures to be taken in an emergency.
* The health care plan is reviewed every six months, or more 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, staff accompanying the children must include the key person for the child with a risk assessment, or another member of staff who is fully informed about the child’s needs and/or medication.
* Medication for a child is taken in a sealed plastic box clearly labelled with the child’s name and the name of the medication. Inside the box is a copy of the consent form and a card to record when it has been given, including all the details that need to be recorded in the medication record as stated above.
* On returning to the setting the card is stapled to the medicine record book and the parent signs it.
* If a child on medication has to be taken to hospital, the child’s medication is taken in a sealed plastic box clearly labelled with the child’s name and the name of the medication. Inside the box is a copy of the consent form signed by the parent.
* As a precaution, children should not eat when travelling in vehicles.
* This procedure is read alongside the outings procedure.

**Legal Framework**

* The Human Medicines Regulations (2012)

# Adverse Weather Policy

Policy Statement

At Haxby Playgroup we have an adverse weather policy in place to ensure our setting is prepared for all adverse weather such as floods and snow.

If any of these incidents impact on the ability for Haxby Playgroup to operate within Ralph Butterflied or Headlands school, we will contact parents via email or telephone. Information will also be available on our Facebook page and web site.

Flood

In the case of a flood we will follow our contingency procedure to enable all children and staff to be safe and continuity of care to be planned for.

Snow

With the recent changes in winter weather we have adapted our policies to include procedures for dealing with heavy snow. If high snow fall is forecast we will take the decision as to whether to close the playgroup. This decision will take into account the safety of the children, their parents and the staff team. Usually this decision will be in line with that made by the school. In the event of a planned closure during the day we will contact all parents to arrange for collection of their child.

**Fees**

No refunds will be offered due to closure for adverse weather conditions

# \* Animals

Animals visiting the setting:

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.

*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.

**Legal Framework**

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

# \* Arrival and Departure Policy

Arrival

It is our aim at Haxby Playgroup to give a warm welcome to each child on their arrival.

Parents/carers are requested to support their child to self-register and come in to the classroom and pass the care of their child to a member of staff.

If the parents/carers request the child to be given medicine during the day the staff member must ensure that the medicine consent procedure is followed.

Any different contact details must be given to a member of staff.

Departure

Under no circumstances will a child be allowed to depart from the premises unless it is with a previously identified person who is over 16 years old. If this arrangement has been made by telephone, the person collecting the child will be asked for a password.

The planned departure of the child should be anticipated. All medicines should be handed over personally and the medication book must be signed.

No child should be handed over to anyone other than the known parent/carer unless an agreement has been made at the time of arrival.

For arrivals and departures of visitors the appropriate records must be completed on entry and exit.

# Asthma Policy

Haxby Playgroup recognise that all children are individual and have different needs. However strict rules must be followed to ensure the child’s safety and wellbeing. Any child prescribed an inhaler will have a health care plan completed.

Reliever inhalers:

* \* If a child needs a reliever inhaler in the setting a ‘Prescribed Medication’ form must be filled out by the parent or guardian of the child, and a senior member of staff and the child’s key person must be shown the equipment (inhaler/spacer/breathing apparatus).
* Senior Staff and the Children’s Key Person should be shown how to use the equipment, and given information about how the child responds to it and a Health Care Plan completed.
* Staff should be told by the parent/guardian when the child is likely to need the inhaler and what kind of activities trigger the effects.
* It they are deemed too young to carry their inhaler (by parents/guardians/doctor), then it should be kept in an accessible place for the children.
* If required a spare reliever should be kept in the medicine cupboard, clearly labelled.
* Inhalers must be prescribed by the doctor, with the child’s name on.
* Clear written records must be kept of when the child has taken the inhaler, and how much was taken. This information must be shared with the parent/guardian when the child is collected.
* If an out of setting visit is made, the child’s inhaler must be taken.

Preventer inhalers:

* If a child needs a preventer inhaler in the setting a ‘Prescribed Medication’ form and Health Care Plan must be filled out by the parent or guardian of the child, and a senior member of staff must be shown the equipment (inhaler/spacer/breathing apparatus). Times as to when they should be given to the child are vital.
* Inhalers must be prescribed by the doctor, with the child’s name on.

A child is having an asthma attack if:

* + The reliever inhaler is not helping or they need it more than every four hours, or
  + I can’t talk, walk or eat easily, or
  + I am finding it hard to breathe, or
  + I am coughing or wheezing a lot or my chest is tight/hurts

In the case of an asthma attack

* 1. The child will be sat up and any tight clothing loosened off.
  2. The child will be given their reliever inhaler every 30 to 60 seconds up to a total of 10 puffs in line with their care plan.
  3. If there is no immediate improvement and if the symptoms do not improve within five minutes call 999 or the doctor urgently.
  4. Whilst I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs), if I need to.

(As suggested by Asthma UK October 2020)

# Biting Policy

Policy Statement

At Haxby Playgroup we understand that there will be occasions when children may bite, especially as a group of children are being looked after together. Biting is a behaviour that particularly worries parents but many children bite when they are young. We aim to educate parents and carers that biting is a normal behaviour or phase for some young children.

A baby will often bite when they are teething, overtired, jealous, frustrated, etc., or to simply see what happens when they bite. This is especially true of babies and young children who may just be experimenting and exploring their world. Biting can also relieve the discomfort of teething and may be an expression of excitement. Biting in young babies is not a concern but we will aim to redirect this behaviour early on.

Between 13 and 30 months, the incidence of biting tends to increase and should stop around 3 years of age. Toddlers mainly bite out of frustration for example if another child has a toy they want; this becomes a bigger problem when a group of toddlers are looked after together. It can also be an aspect of assertive behaviour.

The situation regarding biting can be compounded, when parents are involved. One of the worst things about having a child who bites is the reaction of other parents. Unless their child also bites, they may find it difficult to understand that biting is a normal developmental behaviour and is rarely dangerous to other children, almost any toddler can bite. We will support parents in helping their child to stop biting using the strategies listed below: All practitioners will apply the guidelines consistently.

* Help the child to understand that biting is not acceptable behaviour, when they bite to look them in the eye and say, firmly “No biting” or “Stop biting. That hurts”
* Make sure the child does not think biting is a game, staff will not laugh even if the biting is playful.
* If one child bites another, they will be separated and we will say, “No biting”. Staff will spend time comforting the child who has been bitten
* Staff will look at ways to teach the child who is biting more appropriate ways of communicating what they want. They will acknowledge the strong feelings that can be associated with being part of a group of children and how this may be stressful for very young children.
* When staff see a child using the strategies taught, they will give praise and encouragement.
* Staff will be good role models
* The playgroup will seek professional help if the above measures do not improve the situation.

# British Values

Policy Statement

At Haxby Playgroups we actively promote inclusion, equality of opportunity, the valuing of diversity and British values.

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

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

**Procedures**

*British Values*

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

* *Democracy*, or making decisions together (through the prime area of Personal, Social and Emotional Development)
* As part of the focus on self-confidence and self-awareness, practitioners encourage children to see their role in the bigger picture, encouraging them to know that their views count, to value each other’s views and values, and talk about their feelings, for example, recognising when they do or do not need help.
* Practitioners support the decisions that children make and provide activities that involve turn-taking, sharing and collaboration. Children are given opportunities to develop enquiring minds in an atmosphere where questions are valued.
* *Rule of law*, or understanding that rules matter (through the prime area of Personal, Social and Emotional Development)
* Practitioners ensure that children understand their own and others’ behaviour and its consequence.
* Practitioners 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.
* Practitioners encourage a range of experiences that allow children to explore the language of feelings and responsibility, reflect on their differences and understand we are free to have different opinions, for example discussing in a small group what they feel about transferring into Reception Class.
* *Mutual respect and tolerance*, or treating others as you want to be treated (through the prime areas of Personal, Social and Emotional Development, and Understanding the World)
* Practitioners create an ethos of inclusivity and tolerance where views, faiths, cultures and races are valued and children are engaged with the wider community.
* Children should acquire tolerance, appreciation and respect for their own and other cultures; know about similarities and differences between themselves and others, and among families, faiths, communities, cultures and traditions.
* Practitioners encourage and explain the importance of tolerant behaviours, such as sharing and respecting other’s opinions.
* Practitioners promote diverse attitudes and challenge stereotypes, for example, sharing stories that reflect and value the diversity of children’s experiences and providing resources and activities that challenge gender, cultural or racial stereotyping.
* *In our setting it is not acceptable to:*
* actively promote intolerance of other faiths, cultures and races
* fail to challenge gender stereotypes and routinely segregate girls and boys
* isolate children from their wider community
* fail to challenge behaviours (whether of staff, children or parents) that are not in line with the fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs

*Prevent Strategy*

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

**Legal Framework**

Counter-Terrorism and Security Act 2015

**Further Guidance**

Equality Act 2010: Public Sector Equality Duty - What Do I Need to Know? A Quick Start Guide for Public Sector Organisations (Government Equalities Office 2018)

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

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

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

* Guide to the Equality Act and Good Practice (2016)

# Children’s Records

Policy Statement

At Haxby Playgroup 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 General Data Protection Regulations GDPR (2018) 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 the Information Sharing Policy.

Procedures

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

*Developmental records*

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

Personal records These may include the following (as applicable):

* Personal details – including the child’s registration form and any consent forms.
* 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 of the child’s EYFS profile report, a record of discussions about every day matters about the child’s development health and well-being with the parent.
* Early Support – including any additional focussed intervention provided by our setting (e.g. support for behaviour, language or development that needs an SEN action 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, an Education, Health and Care Plan and any information regarding a Looked After Child.
* Correspondence and Reports – including a copy of the child’s 2 Year Old Progress Check (as applicable), all letters and emails to and from other agencies and any confidential reports from other agencies.
* These confidential records are stored in a lockable file or cabinet, which is always locked when not in use and which our manager keeps secure in an office or other suitably safe place.
* We read any correspondence in relation to a child, note any actions and file it immediately.
* We ensure that access to children’s files is restricted to those authorised to see them and make entries in them, this being the manager, deputy or designated person for child protection, the child’s key person, and 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, Confidentiality and 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.
* We 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 three 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 21 years or 24 years respectively. These are kept in the loft space at Headlands.

*Archiving children’s files*

* When a child leaves our setting, we remove all paper documents from the child’s personal file and place and archive them appropriately .
* Once the child has left the setting we delete any electronic data such as Goggle fomrs
* 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 Early Years Alliance or other 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.

**Legal Framework**

* *General Data Protection Regulations GDPR (2018)*
* Human Rights Act (1998)

**Further Guidance**

* Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)

# Children’s Rights and Entitlements

Policy Statement

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

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

To be strong means to be:

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

To be resilient means to:

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

To be listened to means:

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

# Making a Complaint

Policy Statement

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

Procedures

All settings are required to keep a written record 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 the setting's provision talks over, first of all, his/her concerns with the setting manager or committee member
* Most complaints should be resolved amicably and informally at this stage.
* We record the issue, and how it was resolved, in the complaints 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 to the setting leader and the committee within 14 days of the verbal complaint (if not submitted in 14 days the committee will assume the complaint is no longer in process). Ideally the complaint should be made within 28 days of the event.
* If the complaint is about the Manager, the complaint should be put in writing to the Committee Chair committee. Complaints can be sent via email to the Chair at [chair@haxbyplaygroups.org.uk](mailto:chair@haxbyplaygroups.org.uk) or by post addressed to the Chair and marked Private and Confidential and addressed to the setting.
* The setting stores all information relating to written complaints in the complaints file. However, if the complaint involves a detailed investigation, the setting 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 and a committee member will meet with the parent to discuss the outcome.
* Parents must be informed of the outcome of the investigation within 28 days of making the complaint.
* When the complaint is resolved at this stage, the summative points are logged in the 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 setting manager and the chair. The parent may have a friend or partner present if they prefer and the manager should have the support of the committee.
* An agreed written record of the discussion is made, as well as any decision or action to take as a result. All of the parties present at the meeting sign the record and receive a copy of it.
* This signed record signifies that the procedure has concluded. When the complaint is resolved at this stage, the summative points are logged in the Complaint Investigation Record.

Stage 4

* If at the stage three meeting the parent and setting cannot reach agreement, an external mediator is invited 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 to define the problem, review the action so far and suggest further ways in which it might be resolved.
* Staff or volunteers within the Early Years Alliance are appropriate persons to be invited to act as mediators.
* The mediator keeps all discussions confidential. S/he can hold separate meetings with the setting personnel (setting leader and chair) and the parent, if this is decided to be helpful. The mediator keeps an agreed written record of any meetings that are held and of any advice s/he gives.

Stage 5

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

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

*Safeguarding Children Board 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 on in writing at:

Ofsted National Business Unit, Piccadilly Gate, Store Street, Manchester M1 2WD Tel: 0300 123 1231

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

The outcome of all complaints is recorded in the Complaint Investigation Record, which is available for parents and Ofsted inspectors on request.

# 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 2015)

* At Haxby Playgroup staff and the Committee 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 *General Data Protection Regulations GDPR (2018)* 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.
* Information shared with other agencies is done in line with our Information Sharing Policy.
* Some parents may share information about themselves with other parents as well as with 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 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 Children's Records Policy and Privacy Notice) - 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).
* Where it is helpful to keep an electronic copy, we download it labelled with the child’s name and kept securely in the child’s file.
* Staff discuss children’s general progress and wellbeing together in meetings, but more sensitive information is restricted to our manager and the child’s key person, and is shared with other staff on a need to know basis.
* We do not discuss children with staff who are not involved in the child’s care, nor with other parents or anyone else outside of the setting.
* Our discussions with other professionals take place within a professional framework and not on an informal or ad-hoc basis.
* Where third parties share information about an individual our practitioners and managers check if it is confidential, both in terms of the party sharing the information and of the person whom the information concerns.

## Client access to records procedures

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

* The parent is the ‘subject’ of the file in the case where a child is too young to give ‘informed consent’ and has a right to see information that our setting has compiled on them.
* Any request to see the child’s personal file by a parent or person with parental responsibility must be made in writing to the 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 reasonable fee to cover admin costs may be charged to the parent.
* Our manager informs their line manager and legal advice may be sought before sharing a file/I may seek legal advice before sharing a file.
* Our manager goes through the file with their line manager and ensures/I go through the file and ensure that all documents have been filed correctly, that entries are in date order and that there are no missing pages. They note any information, entry or correspondence or other document which mentions a third party.
* We write to each of those individuals explaining that the subject has requested sight of the file, which contains a reference to them, stating what this is.
* They are asked to reply in writing to [our manager/me] giving or refusing consent for disclosure of that material.
* We keep copies of these letters and their replies on the child’s file.
* ‘Third parties’ include each family member noted on the file; so where there are separate entries pertaining to each parent, step parent, grandparent etc, we write to each of them to request third party consent.
* Third parties also include workers from any other agency, including children's social care and the health authority for example. Agencies will normally refuse consent to share information, preferring instead for the parent to be redirected to those agencies for a request to see their file held by that agency.
* Members of 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, our manager removes any information that a third party has refused consent for us to disclose and blank out any references to the third party, and any information they have added to the file, using a thick marker pen.
* The copy file is then checked by the line manager and legal advisors to verify that the file has been prepared appropriately.
* What remains is the information recorded by the setting, detailing the work initiated and followed by them in relation to confidential matters. This is called the ‘clean copy’.
* We photocopy the ‘clean copy’ again and collate it for the parent to see.
* Our manager informs the parent that the file is now ready and invites him/ her to make an appointment to view it.
* Our manager and the committee chair meet with the parent to go through the file, explaining the process as well as what the content of the file records about the child and the work that has been done. Only the person(s) with parental responsibility can attend that meeting, or the parent’s legal representative or interpreter.
* The parent may take a copy of the prepared file away; but, to ensure it is properly explained to and understood by the parent, we never hand it over without discussion.
* It is an offence to remove material that is controversial or to rewrite records to make them more acceptable. Our recording procedures and guidelines ensure that the material reflects an accurate and non-judgemental account of the work we have done with the family.
* If a parent feels aggrieved about any entry in the file, or the resulting outcome, then we refer the parent to our complaints procedure.
* The law requires that the information we hold must be 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.

**Legal Framework**

* *General Data Protection Regulations GDPR (2018)*
* Human Rights Act (1998)

# Creative Policy

Policy Statement

Creativity has been recognised by the Early Years Foundation Stage as a vital part of children’s learning for some years; we aim to give all children the opportunity to be naturally creative. At Haxby Playgroup we believe that all children are full of potential and it is our role as educators to create learning contexts which foster their natural curiosity and desire to learn. Our overarching aim is to demonstrate pedagogical systems which place curiosity, enquiry, exchange and expression at the heart of our practice.

Creativity, like play is not just about art, it is a much more complex issue. It is found in the arts, sciences and humanities. It requires staff to understand that it is better to consider offering a learning experience rather than a “doing” activity. We will share this understanding with families via various ways, including our introduction booklet and information evenings.

Creations are the end product that can emerge from a creator: We need to offer the appropriate opportunities, support and time for children to explore, select and make mistakes.

Remember:

* Plan a starting point, not an end product
* Think carefully about resources: Are they open ended?
* Make use of cheap , recyclable and accessible resources
* Try not to interpret children’s work as representation
* Give children the opportunity to go back to a piece of creative work and build upon it
* Give the children as much creative freedom as possible and the opportunity for them to select their own materials
* Children do not always want to play with and explore the theme or materials in the way you have anticipated, and may have their own interests to follow
* Do not offer pre drawn pictures or stencils, one of the greatest strengths of a child is that they have not yet learned to stereotype. Be careful not to set examples to show how something should be done!

For example drawing a tree: solid brown trunk with a solid green mass on top and bright red apple set across the face of it, all surrounded by a black outline. The question of how to draw a tree is answered for the child in a terribly insensitive way. Sunshine poking through varicoloured leaves, greenish apples half hidden in the tree top, odd branches springing out here and there are what we would like children to think of when drawing a tree.

* The value of the activity is the creative thinking involved in exploring the problem, whether the child is two or twelve. If the time is spent colouring or sticking squares on a pre drawn picture then the opportunity for creative growth has been missed.

# Curriculum Policy

We promote In The Moment Planning which is an approach to documenting children's learning that values the practitioner’s knowledge of the child first.

No forward planning, no focused activities, no adults telling children which activities to do. Practitioners remain in the moment with the children, supporting them as they explore and learn. Practitioners need to observe carefully and enhance learning when they spot a teachable moment.

The statistic is... *“a practitioner can have 1000 interactions a day, if we try to write down everything we see, we will reduce the amount of interactions to less than 100”.*

The choice is simple, more time interacting with the children, less paperwork.

However, with less evidence of learning being recorded **it is paramount that practitioners know the children as well as possible.** They must be able to confidently determine the age bands children are working in for all seven areas of development, as well as be familiar with the characteristics of effective learning the children regularly display.

The best way for practitioners to achieve this is to prioritise interacting with the children. This involves a strong understanding in the difference between ‘observing’ and ‘interacting’.

Learning Journeys

We set out to assist all children attending the playgroup to attain their maximum potential within their perceived capabilities. An individual record of each child's development is maintained, showing their abilities, progress rate and areas needing further staff assistance.

Principles that underpin a child’s profile are:

* Families are the child’s main educator and profiles should be shared with them to ensure a child’s well being
* Characteristics of Effective Learning
* Young children are competent learners
* Support planning for the individual and a personalised approach to learning for children from three to five, using observations, assessments, schedules and routines to allow them to move on to the next steps
* Focus on what a child can do, as this forms the starting point of a child’s development and learning
* The importance of planning for children who attend for different parts of the day or week
* To ensure the experience of the child is coherent and joined up, particularly important for children who attend more than one setting
* To celebrate success

# Dignity, Mutual Respect and Tolerance Policy

Our partnership with parents policy sets out in detail how we aim to work in close partnership with parents ( for the purpose of this policy the reference to ‘parents’ includes legal guardians, representatives of parent and carers) to ensure that all children receive quality care and learning that meets their individual needs. A key aspect of this partnership is that we treat each other with dignity, mutual respect and tolerance. In particular our expectations are:

o That adults set an excellent example to children and others at all times, showing them how to get along with all members of staff, committee and wider community

o That no members of staff, committee, parents or children are the victims of abusive behaviour or open to threats from other adults

We believe staff, committee, parents and children are entitled to a safe and protective environment in which to work and learn. Behaviour that will cause harassment, alarm or distress to users of settings is contrary to the aims of Haxby Playgroups.

Set out below are types of behaviour that are considered serious and unacceptable and will not be tolerated towards any member of Haxby Playgroups community (this is not an exhaustive list but seeks to provide illustrations of such behaviour):

o Shouting, either in person or over the telephone

o Speaking in an aggressive/threatening tone (or doing so in writing)

o Swearing, racist or sexist comments (verbal or written)

o Inappropriate posting on social networking sites deemed as bullying or harassment

o Physically intimidating actions, e.g. standing close

o Using aggressive hand gestures/exaggerated movements

o Physical threats, including shaking or holding a fist towards another person

o Pushing, hitting (e.g. slapping, punching or kicking), spitting

Haxby Playgroups reserves the right to take any necessary actions to ensure that members of the Haxby Playgroups community are not subjected to abuse. This may include taking disciplinary action (where staff is involved), barring an individual from entering the settings, terminating a child’s place at the settings, and informing the police.

If you experience or witness any behaviour at either setting that you feel is contrary to this policy, you should report this without delay to the manager or committee chair who will consider what further action is necessary.

In the unlikelihood that a parent is barred from the settings, it will be the parent’s responsibility to make alternative collection and drop off arrangements for their children. A parent who is barred will have the right to appeal the decision by writing to the Chair of Committee (chair@haxbyplaygroups.org.uk)within 10 days of permission to enter the setting being withdrawn. This appeal will be heard by a member of the committee and a decision will be reached with 10 days.

# Dummy Policy

Haxby Pre-School is committed to safeguarding and promoting the welfare of children, and expects all staff to share this commitment. The aim of this policy is to foster an environment where all children, whatever their needs, are welcomed and have the same choices and opportunities, that enable them to reach their full potential during their stay at the group. It is understood that children who attend Pre-School may still use a dummy or bottle.In 2008, the Department for Children, Schools and Families issued a document called Supporting children with speech, language and communication needs:

Guidance for the Early Years Foundation Stage from which the following quotation can be found: ‘ Dummies and bottles can contribute to delayed communication development. Babies and young children spend lots of time making sounds and exploring their own mouths and voices before they begin to use words. In doing so they are not only practising and developing the skills needed for speech but they are also encouraging other people in the world to notice them and communicate with them. Children who suck dummies through the day make fewer sounds, gain less experience of using their voices, and hear less language from adults around them. o If toddlers are allowed to continue to suck a dummy and talk with it in their mouths, there is also a risk that the child will learn distorted patterns of speech because the teat prevents normal movements at the front of their mouth. These patterns may be difficult to change later on. Although a dummy or bottle can be a source of comfort when a child is upset, and may form part of a child’s sleep routine, parents should be encouraged to use it only at these times and to phase out dummies and bottles as soon as possible.’

In the light of this information, the Pre-School would strongly recommend that children who use a dummy or a bottle refrain from bringing it to playgroup. However, should removal of the dummy or bottle cause considerable upset and mean that the child is unable to settle, special compensation will be given. Where necessary, each child will be given an age appropriate personalised strategy agreed between the pre school and parents to encourage the phasing out of the dummy.

# EYFS – Information for Parents and Carers

Every Child Matters

Every child deserves the best possible start in life and support to fulfil their potential. A child’s experience in early years has a major impact on their future life chances.

A secure, safe and happy childhood is important in its own right, and it provides the foundation for children to make the most of their abilities and talents as they grow up.

When parents choose to use early years services they want to know that the provision will keep their children safe and help them to thrive. The Early Years Foundation Stage (EYFS) is the framework that provides assurance.

Why do I need to know as a parent about the EYFS?

The EYFS will be the stage your child is in when they attend Nursery between the ages of birth to five. It is also the stage that they are in until the end of the reception year at school. Children do best when parents and professionals work together. It is important to remember that you know more about your own chid than anyone else.

As practitioners we will be asking you about your child and sharing information with you about your child’s progress.

Understanding what your child is doing when they are with others will help you to notice how well they are developing and learning. The part you play in their learning and the choices you make will make a difference to their future. Reforms to the EYFS are effective from September 2012.

What is the EYFS?

The EYFS is a single quality framework to support the children’s learning and development form birth to 5 years. (End of child’s reception year).

The EYFS brings together documents to ensure good practice across the age range. The framework describes how early years practitioners should work with children and their families to support their development and learning. It describes how your child should be kept safe and cared for and how all concerned can make sure that your child achieves the most that they can in their earliest years of life.

It is based on four important themes, each of which are underpinned by a principle. The themes are:

**A unique child, Positive Relationships, Enabling Environments, Learning and Development.**

Effective practice in the EYFS is built in these four guiding themes. The **Themes** are each broken down into four **Commitments** describing how the **Principles** can be put into practice.

What are the EYFS principles?

**Theme: A unique child** Principle: Every child is a competent learner form birth who can be resilient, capable, confident and self- assured.

**Theme: Positive Relationships** Principle: Children learn to be strong and independent from a base of loving and secure relationships with parents and/or a key person.

**Theme: Enabling environments** Principle: The environment plays a key role in supporting and extending children’s development and learning.

**Theme: Learning and development** Principle: Children develop and learn in different ways and at different rates and all areas of learning and development are equally important and interconnected.

Why are the years from birth to five so special?

The years from birth to five see the greatest growth and learning for all children:

* Good health
* To be happy
* To feel safe
* To be successful

Early learning is the key to your child’s future and families make the greatest difference at this stage.

Learning and Development

The EYFS is made up of **seven areas of learning and development.** All areas of learning and development are connected to one another and **equally important.**

Three areas are particularly crucial for igniting children’s curiosity and enthusiasm for learning, building their capacity to learn, form relationships and thrive.

These three Prime Areas are:

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

Providers must also support children in four specific areas, through which the three prime areas are strengthened and applied. The specific areas are:

* Literacy
* Mathematics
* Understanding the World
* Expressive arts and design

These areas make up the skills, knowledge and are appropriate for babies and children as they grow, learn and develop.

Play underpins all development and learning for young children.

## Through play in a secure but challenging environment with effective adult support, children can:

* Develop their confidence and skills in expressing themselves.
* Explore, develop and represent learning experiences that help them make sense of the world
* To form positive relationships and develop respect for others
* Practice and build up ideas, concepts and skills
* Learn how to understand the need for rules
* Take risks and make mistakes
* Think creatively and imaginatively
* Communicate with others as they investigate or solve problems

Young children can be supported to learn with enjoyment and challenge through the provision of well-planned play experiences. The EYFS offers guidance and support to practitioners to achieve this for children.

# Fire Evacuation Policy and Procedure and Roles Haxby Playgroup s

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

Statutory Framework for the EYFS 2017 93.5

Policy Statement

We strive to provide the highest standard of fire protection by regularly risk assessing our environment to reduce or prevent any potential risks Senior staff attend fire warden training at least every 3 years and if necessary will seek the advice of a fire officer or fire safety consultant.

Fire Drills

The trained fire wardens in liaison with the manager are responsible for arranging the Fire Drills, these will happen once every half term or if we have a new member of staff, student, or volunteer we will do one as part of their induction.

The fire drill procedure will be clearly displayed in the main classroom and in the visitors book for all parents/carers, students and volunteers to read. Visitors will be informed of our fire exits.

If the fire alarm fails to go off a back-up plan of a whistle will be used to warn of a fire

Records are kept of fire drills including:

* The date of the drill
* Number of children in attendance
* Time taken to evacuate
* Issues which slowed down the evacuation
* Action to be taken
* Date action completed

Fire Alarm

The fire alarm is identified by a continuous bell or the sound of a whistle

Evacuation and Assembly Point

* All children are led from playgroup following the settings fire evacuation procedure .
* If it is not safe to leave this way an alternative route will be taken following the school evacuation plan
* The senior member of staff on duty will call the register to make sure all children, staff and visitors are accounted for.
* Any missing persons will be reported to the Head Teacher.

Children’s Details

The folder containing the children’s records will be taken out by the senior member of staff who will contact the parents in the event of a real fire.

Emergency Fire Bag

An emergency fire bag will be taken out on drills, this contains;

* a change of clothes
* wipes and nappies
* blankets

Fire Extinguishers

All fire extinguishers are kept clear and are checked annually by an approved fire officer

**LEGAL FRAMEWORK**

Regulatory Reform (Fire Safety) Order 2005

# Fire Evacuation Procedure

* School fire exits are shown on the accompanying map
* If you see a fire SOUND THE ALARM BY BREAKING GLASS ON THE NEAREST FIRE ALARM POINT
* THE PRIORITY IS FOR ALL ADULTS AND CHILDREN TO EXIT THE BUILDING AS QUICKLY AS POSSIBLE.
* Staff to ensure it is safe to egress via the main exit route, if it is not safe to do so an alternative route must be used.
* Senior member of staff/Fire Warden on duty to pick up the register/visitors book and check the toilets and corridor area
* One member of staff designated to pick up fire evacuation bag and children’s medication box (Including epipens and inhalers)
* Children, staff, parents/carers and visitors to line up by the door
* Go to the far end of the playground and line up by the wall at RB or under the shelter in the Key Stage 1 Playground at HL
* Register to be taken. Inform Head Teacher if any children are missing
* Wait for authorisation from Head Teacher before going back in to the school.

# Food Hygiene

(Including the procedure for reporting food poisoning)

Policy Statement

Haxby Playgroup provides and serves 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.

Procedures

* All staff involved in the preparation and handling of food have received training in food hygiene.
* The person responsible for food preparation and serving carries out daily opening and closing checks.
* 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.
* Parents are informed we cannot store packed lunches in a cool place; and are aware of dinner time timings.
* **Food preparation areas are cleaned before use as well as 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 the setting, the manager will contact the Environmental Health Department to report the outbreak and will comply with any investigation.
* Any confirmed cases of food poisoning affecting two or more children looked after on the premises are notified to Ofsted as soon as reasonably practicable, and always within 14 days of the incident.

**Legal Framework**

* Regulation (EC) 852/2004 of the European Parliament and of the Council on the Hygiene of Foodstuffs

**Further Guidance**

Safer Food Better Business (Food Standards Agency 2018)

# First Aid

Policy Statement

* At Haxby Playgroup, staff are able to take action to apply first aid treatment in the event of an accident involving a child or adult. At least one member of staff with a current first aid certificate is on the premises, or on an outing at any one time. The first aid qualification includes first aid training for infants and young children. We aim to ensure that first aid training is local authority approved and is relevant to staff caring for young children.

Procedures

* *The first aid kit*
* Our first aid kit is accessible at all times, complies with the Health and Safety (First Aid) Regulations 1981
* 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 to the first aid equipment, each box should be supplied with:
* 2 pairs of disposable plastic (PVC or vinyl) gloves.
* 1 plastic disposable apron.
* The first aid box is easily accessible to adults and is kept out of the reach of children.
* At the time of each child’s admission to the setting, parents' written permission for obtaining emergency medical advice or treatment is sought. Parents sign and date their written approval.
* Parents sign a consent form at registration allowing staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that parents have been informed and are on their way to the hospital.

**Legal Framework**

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

# Health and Safety General Standards

Policy Statement

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

* We aim to make children, parents, staff and volunteers aware of health and safety issues and to minimise the hazards and risks to enable the children to thrive in a healthy and safe environment.
* Staff responsible for health and safety are the playgroup manager, deputies and Committee Chair
* They are competent to carry out these responsibilities.
* They have undertaken health and safety training and regularly update his/her knowledge and understanding.
* We display the necessary health and safety poster in:

**The resource cupboard**

*Insurance cover*

We have public liability insurance and employers' liability insurance. The certificate for public liability insurance is displayed in:

**The entrance hall on the notice board (RB)**

**The entrance hall above the window (Headlands)**

Procedures

*Awareness raising*

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

*Safety of adults*

* Adults are provided with guidance about the safe storage, movement, lifting and erection of large pieces of equipment.
* When adults need to reach up to store equipment or to change light bulbs, they are provided with safe equipment to do so.
* All warning signs are clear and in appropriate languages.
* Adults do not remain in the building on their own or leave on their own after dark.
* The sickness of staff and their involvement in accidents is recorded. The records are reviewed termly to identify any issues that need to be addressed.
* We keep a record of all substances that may be hazardous to health - such as cleaning chemicals, or gardening chemicals if used. This states what the risks are and what to do if they have contact with eyes or skin or are ingested. It also states where they are stored.
* We keep all cleaning chemicals in their original containers.

*Doors*

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

*Floors*

* All floor surfaces are checked daily to ensure they are clean and not uneven, wet or damaged.

*Electrical/gas equipment*

* All electrical/gas equipment conforms to safety requirements and is checked regularly.
* Our boiler/electrical switch gear/meter cupboard is not accessible to the children.
* Fires, heaters, electric sockets, wires and leads are properly guarded and the children are taught not to touch them.
* There are sufficient sockets to prevent overloading.
* The temperature of hot water is controlled to prevent scalds.
* Lighting and ventilation is adequate in all areas including storage areas.

*Storage*

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

*Outdoor area*

* Our outdoor area is securely fenced.
* Our outdoor area is checked for safety and cleared of rubbish before it is used.
* Adults and children are alerted to the dangers of poisonous plants, herbicides and pesticides.
* Our outdoor sand pit is covered when not in use and is cleaned regularly.
* All outdoor activities are supervised at all times.

*Hygiene*

* We seek information from the Health Protection Agency to ensure that we keep up-to-date with the latest recommendations.
* Our daily routines encourage the children to learn about personal hygiene.
* We have a daily cleaning routine for the setting, which includes the hall, kitchen and toilets
* We regularly clean resources and equipment, dressing-up clothes and furnishings.
* The toilet area has a high standard of hygiene, including hand washing and drying facilities and disposal facilities for nappies.
* We implement good hygiene practices by:
* cleaning tables between activities;
* checking toilets regularly;
* wearing protective clothing - such as aprons and disposable gloves - as appropriate;
* providing sets of clean clothes;
* providing tissues and wipes;

*Activities and resources*

* Before purchase or loan, equipment and resources are checked to ensure that they are safe for the ages and stages of the children currently attending the setting.
* The layout of play equipment allows adults and children to move safely and freely between activities.
* All equipment is regularly checked for cleanliness and safety, and any dangerous items are repaired or discarded.
* All materials, including paint and glue, are non-toxic.
* Sand is clean and suitable for children's play.
* Physical play is constantly supervised.
* Children are taught to handle and store tools safely.
* Children who are sleeping are checked regularly.
* Children learn about health, safety and personal hygiene through the activities we provide and the routines we follow.
* Any faulty equipment is removed from use and is repaired. If it cannot be repaired it is discarded.
* Large pieces of equipment are discarded only with the consent of the manager and the management team.

**Legal Framework**

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

# Information Sharing

*‘Sharing information is an intrinsic part of any frontline practitioners’ job when working with children and young people. The decisions about how much information to share, with whom and when, can have a profound impact on individuals’ lives. It could ensure that an individual receives the right services at the right time and prevent a need from becoming more acute and difficult to meet. At the other end of the spectrum it could be the difference between life and death.’*

*Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government 2015)*

**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 General Data Protection Regulations (GDPR) (2018) 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.

[Group provision: 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 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 Local Safeguarding Children Board.

1. *Remember that the General Data Protection Regulations 2018 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.

1. *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 information about our Information Sharing Policy when starting their child 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.

1. *Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.*

* Our staff discuss concerns about a child routinely in supervision and any actions are recorded in the child’s file.
* Our Safeguarding Children and Child Protection Policy sets out the duty of all members of our staff to refer concerns to our manager or deputy, as designated person, who will contact children’s social care for advice where they have doubts or are unsure.
* Our managers seek advice if they need to share information without consent to disclose.

1. *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. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.*

* 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 is able to advise staff accordingly.

1. *Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.*

In our setting we:

* record concerns and discuss these with our designated person and/or designated officer from the management team for child protection matters;
* record decisions made and the reasons why information will be shared and to whom; and
* follow the procedures for reporting concerns and record keeping as set out in our Safeguarding Children and Child Protection Policy.

1. *Necessary, proportionate, relevant, adequate, 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 individuals 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.

1. *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/I] 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 consent to share information in most cases, as well as the kinds of circumstances when we may not seek their consent, or may override their refusal to give consent. We inform them as follows:

* Our policies and procedures set out our responsibility regarding gaining consent to share information and when it may not be sought or overridden.
* We may cover this verbally when the child starts or include this in our prospectus.
* Parents sign 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, sharing information up until the end of the reception year.
* We consider the following questions when we assess the need to share:
* Is there a 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, we share 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*

* 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, 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.

**Legal Framework**

* General Data Protection Regulations (GDPR) (2018)
* Human Rights Act (1998)

# Intimate Care

Policy Statement

Haxby Playgroup aims to support children’s care and welfare on a daily basis in line with their individual needs. All children need contact with familiar, consistent carers to ensure they can grow confidently and feel self-assured. At times children need to be cuddled, encouraged, held and offered physical reassurance.

Procedures

Intimate care routines are essential throughout the day to ensure children’s basic needs are met. This may include nappy changing, supporting children with toileting, changing clothes where required, first aid treatment and specialist medical support.

In order to maintain the child’s privacy, the majority of these actions will take place on a one-to-one basis and wherever possible will be supported by the child’s Key Person, with the exception of the first aid treatment that will be conducted by a qualified first aider.

We wish to ensure the safety and welfare of the children involved in intimate care routines and safeguard against any potential harm as well as ensuring the staff member involved is fully supported and able to perform their duties safely and confidently. Through the following actions we will endeavour to support all parties:

* Promote consistent and caring relationships through the key person system in the setting and ensure all parents understand how this works
* Ensure all staff undertaking intimate care routines have suitable enhanced CRB checks
* Train all staff in the appropriate methods for intimate care routines and access specialist training where required, i.e. first aid training, specialist medical support
* Conduct thorough inductions for all new staff to ensure they are fully aware of the settings procedures relating to intimate care routines
* Follow up on these procedures through supervision meetings and appraisals to identify any areas for development or further training
* Working closely with parents on all aspects of the child’s care and education . This is essential for intimate care routines which require specialist training or support. If a child requires specific support we will arrange a meeting with the parent to discover all the relevant information relating to this to enable the staff to care for the child fully and meet their individual needs
* Ensure all staff have an up-to-date understanding of safeguarding and how to protect children from harm. This will include identifying signs and symptoms of abuse and how to raise these concerns in the most appropriate and speedy manner
* The setting operates a whistle blowing policy as a means for staff to raise concerns relating to their peers. The management will support this by ensuring staff feel confident in raising worries as they arise in order to safeguard the children in the setting
* The manager will regularly conducts working practice observations on all aspects of the settings operations to ensure that procedures are working in practice and all children are supported fully by the staff. This includes intimate care routines
* Staff will be trained in behaviour management techniques as applicable
* The setting conducts regular risk assessments on all aspects of the Playgroup operation and this area is no exception. The setting has assessed all the risks relating to intimate care routines and has placed appropriate safeguards in place to ensure the safety of all involved.

If any parent or member of staff has concerns or questions about intimate care procedures or individual routines please see the manager or chair at the earliest opportunity.

# Late Payment Procedure

Policy Statement

To ensure the smooth running and sustainability of Haxby Playgroup we request you pay your invoice on time as per our Terms and Conditions.

Procedure

The following procedure explains the process for payment and the various options to pay. We are happy to discuss any difficulties you may be experiencing in paying your invoice but if fees are not paid on time it may lead to your place at playgroup being suspended.

* Invoices will be issued a half term th in advance and are due to be paid in 7 days
* If your account is unpaid after the due date, you may be charged a late payment fee of £15
* The outstanding invoice plus your late payment charge must be settled immediately
* If, following all of the above, actions/arrangements have not been put in place, a letter will be sent informing you the date your place at playgroup will be suspended
* Please note that any bank charges incurred will be passed on to the parent

# Looked after children

Policy Statement

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

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

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

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

*Principles*

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

**Procedures**

* The designated person for looked after children is the designated child protection co-ordinator.
* Every child is allocated a key person before they start and this is no different for a looked after child. The designated person ensures the key person has the information, support and training necessary to meet the looked after child’s needs.
* The designated person and the key person liaise with agencies, professionals and practitioners involved with the child and his or her family and ensure that appropriate information is gained and shared.
* The setting recognises the role of the local authority children’s social care department as the child’s ‘corporate parent’ and the key agency in determining what takes place with the child. Nothing changes, especially with regard to the birth parent’s or foster carer’s role in relation to the setting, without prior discussion and agreement with the child’s social worker.
* At the start of a placement there is a professionals 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’s return home, the birth parent(s) should be involved in planning; and
* with the social worker’s agreement, and as part of the plan, the birth parent(s) should be involved in the setting’s activities that include parents, such as outings and fun-days 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 person and/or the child’s key person will liaise with the school, passing on relevant information and documentation with the agreement of the looked after child’s birth parents.

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

(Including reporting notifiable diseases)

Policy Statement

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

Procedures for children who are sick or infectious

* If children appear unwell during the day – have a temperature, sickness, diarrhoea or pains, particularly in the head or stomach – the manager calls the parents and asks them to collect the child, or send a known carer to collect the child on their behalf.
* A sick child observation form is started.
* If a child has a temperature, they are kept cool, by removing top clothing and sponging their heads with cool water, but kept away from draughts.
* The child's temperature is taken using the ear thermometer, kept near the first aid box.
* In extreme cases of emergency, the child should be taken to the nearest hospital and the parent informed.
* Parents are asked to take their child to the doctor before returning them to the setting; the setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease.
* Where children have been prescribed antibiotics, parents are asked to keep them at home for 48 hours before returning to the setting.
* After diarrhoea, parents are asked to keep children home for 48 hours or until a formed stool is passed.
* The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from
* Activities will be risk assessed where there might be a risk of cross contamination. For example water play. <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities> includes common childhood illnesses such as measles

*Reporting of ‘notifiable diseases’*

* If a child or adult is diagnosed as suffering from a notifiable disease under the Health Protection (Notification) Regulations 2010, the GP will report this to the Health Protection Agency.
* When the setting becomes aware, or is formally informed of the notifiable disease, the manager informs Ofsted and acts on any advice given by the Health Protection Agency.

*HIV/AIDS/Hepatitis procedure*

* *HIV virus, like other viruses such as Hepatitis A, B and C, are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.*
* *Single-use vinyl gloves and aprons are worn when changing children’s nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.*
* *Protective rubber gloves are used for cleaning/sluicing clothing after changing.*
* *Soiled clothing is rinsed and either bagged for parents to collect or laundered in the setting.*
* *Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; any cloths used are disposed of with the clinical waste.*
* *Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.*
* *Children do not share tooth brushes, which are also soaked weekly in sterilising solution.*

*Head lice*

* *Head lice are not an excludable condition, although in exceptional cases a parent may be asked to keep the child away until the infestation has cleared.*
* *On identifying cases of head lice, all parents are informed and asked to treat their child and all the family if they are found to have head lice.*

*Insurance requirements for children with allergies*

Insurance may not automatically include children with a disability, allergy so this will need to be checked with the insurance company before a child starts.

For children suffering life threatening conditions, or requiring invasive treatments; written confirmation from the insurance provider must be obtained to ensure it is valid. At all times we ensure that the administration of medication is compliant with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage.

*Procedures for children with allergies*

* *When parents start their children at the setting they are asked if their child suffers from any known allergies. If a special diet is requested for medical reasons, written confirmation of the allergy is needed from the child’s GP, dietitian, or other medical professional. This will make sure children are not having foods removed from their diet without a diagnosed medical need.*
* *If a child has an confirmed allergy, a risk assessment form is completed to detail the following:*
  + *The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).*
  + *The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.*
  + *What to do in case of allergic reactions, any medication used and how it is to be used (e.g. Epipen).*
  + *Control measures - such as how the child can be prevented from contact with the allergen.*
  + *Review.*
* *This risk assessment form is kept in the child’s personal file and a copy is displayed where staff can see it.*
* *Parents or medical staff train staff in how to administer special medication in the event of an allergic reaction.*
* *No nuts or nut products are used within the setting.*
* *Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.*

* Oral medication:

Asthma inhalers are now regarded as ‘oral medication’ by insurers and so documents do not need to be forwarded to our insurance provider. Oral medications must be prescribed by a GP or have manufacturer’s instructions clearly written on them.

* We must have a Health Care Plan in place with clear written instructions on how to administer such medication.
* We adhere to all risk assessment procedures for the correct storage and administration of the medication.
* We must have the parents or guardians prior written consent. This consent must be kept on file. It is not necessary to forward copy documents to our insurance provider.

Life-saving medication and invasive treatments:

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

We must have:

* a Health Care Plan in place and if necessary due to more complex needs a letter from the child's health professional, GP or Consultant stating the child's condition and what medication if any is to be administered;
* written consent from the parent or guardian allowing staff to administer medication; and proof of training in the administration of such medication by the child's GP, a district nurse, children’s nurse specialist or a community paediatric nurse.

If we are unsure about any aspect, we contact the Early Years Alliance on 020 7697 2585 or email [membership@pre-school.org.uk](mailto:membership@pre-school.org.uk).

# Manual Handling Policy

Policy Statement

As it is not possible to eliminate manual handling altogether, correct handling techniques must be followed to minimise the risks of injury. A variety of injuries may result from poor manual handling and staff must all be aware and adhere to the settings manual handling policy.

Remember - lifting and carrying children is different to carrying static loads and therefore manual handling training should reflect this. All Staff will receive training on manual handling during their induction and will receive ongoing training as appropriate.

# Procedures

# Preventing injuries

As with other health and safety issues, the most effective method of prevention is to eliminate the hazard – in this case, to remove the need to carry out hazardous manual handling. For example, it may be possible to re-design the workplace so that items do not need to be moved from one area to another.

However this is not possible for lifting children. Where manual handling tasks cannot be avoided, they must be assessed as part of the risk assessment. This involves examining the tasks and deciding what the risks associated with them are, and how these can be removed or reduced by adding control measures.

As part of a manual handling assessment the following should be considered:

* The tasks to be carried out
* The load to be moved (remember to think about the children moving at this point)
* The environment in which handling takes place
* The capability of the individual involved in the manual handling.

A number of factors increase the risk of manual handling injuries, and these should be considered and controlled. The following paragraphs offer a number of suggestions.

Correct Lifting Procedure

* Think about the task to be performed and plan the lift
* Consider what you will be lifting, where you will put it, how far you are going to move it and how you are going to get there
* Never attempt manual handling unless you have read the correct techniques and understood how to use them
* Ensure that you are capable of undertaking the task – people with health problems and pregnant women may be particularly at risk of injury
* Assess the size, weight and centre of gravity of the load to make sure that you can maintain a firm grip and see where you are going
* Assess whether you can lift the load safely without help. If not, get help or use specialist moving equipment e.g. a trolley. Bear in mind that it may be too dangerous to attempt to lift some loads
* If more than one person is involved, plan the lift first and agree who will lead and give instructions
* Plan your route and remove any obstructions. Check for any hazards such as uneven/slippery flooring
* Lighting should be adequate
* Control harmful loads – for instance, by covering sharp edges or by insulating hot containers
* Check whether you need any Personal Protective Equipment (PPE) and obtain the necessary items, if appropriate. Check the equipment before use and check that it fits you
* Ensure that you are wearing the correct clothing, avoiding tight clothing and unsuitable footwear
* Consider a resting point before moving a heavy load or carrying something any distance.

Carrying Children

* If the child is old enough, ask them to move to a position that is easy to pick up, and ask them to hold onto you as this will support you and the child when lifting
* Avoid placing the child on your hip, carry them directly in front of you in order to balance their weight equally
* Wherever possible, avoid carrying the child a long distance
* Where a child is young and is unable to hold onto you, ensure you support them fully within your arms
* Avoid carrying anything else when carrying a child. Make two journeys or ask a colleague to assist you
* If a child is struggling or fidgeting whilst you are carrying them, stop, place them back down and use reassuring words to calm the child before continuing

Position

* Stand in front of the load with your feet apart and your leading leg forward. Your weight should be even over both feet. Position yourself (or turn the load around) so that the heaviest part is next to you. If the load is too far away, move toward it or bring it nearer before starting the lift. Do not twist your body to pick it up.

Lifting

Always lift using the correct posture:

* Bend the knees slowly, keeping the back straight
* Tuck the chin in on the way down
* Lean slightly forward if necessary and get a good grip
* Keep the shoulders level, without twisting or turning from the hips
* Try to grip with the hands around the base of the load
* Bring the load to waist height, keeping the lift as smooth as possible.

Moving the Child or Load

* Move the feet, keeping the child or load close to the body
* Proceed carefully, making sure that you can see where you are going
* Lower the child or load, reversing the procedure for lifting
* Avoid crushing fingers or toes as you put the child or load down
* If you are carrying a load, position and secure it after putting it down
* Make sure that the child or load is rested on a stable base and in the case of the child ensure their safety in this new position
* Report any problems immediately, for example, strains and sprains. Where there are changes, for example to the activity or the load, the task must be reassessed.

# The Task

* Carry children or loads close to the body, lifting and carrying the load at arm’s length increases the risk of injury
* Avoid awkward movements such as stooping, reaching or twisting
* Ensure that the task is well designed and that procedures are followed
* Try never to lift loads from the floor or to above shoulder height. Limit the distances for carrying
* Minimise repetitive actions by re-designing and rotating tasks
* Ensure that there are adequate rest periods and breaks between tasks
* Plan ahead – use teamwork where the load is too heavy for one person.

# The Environment

* Ensure that the surroundings are safe. Flooring should be even and not slippery, lighting should be adequate, and the temperature and humidity should be suitable
* Remove obstructions and ensure that the correct equipment is available.

# The Responsibility of the Employee

* Take responsible care of their health and that of others whose safety may be affected by their activities when involved in manual handling operations.
* Co-operate with the Manager in making the assessments of hazardous manual handling tasks.
* Observe safe systems of work and use of safety equipment, reporting any defects in to the Manager
* Participate in manual handling training.
* Report pregnancy or any medical conditions which may affect their ability to handle loads safely.
* Report any change in working conditions, personnel involved in manual handling risks or a significant change in the nature of the task or the load which may necessitate a review of their assessment.
* Employees have a duty to use manual handling equipment provided and ensure it is used correctly.

# Maintaining Children’s Safety and Security on Premises

Policy Statement

At Haxby Playgroup 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 through the Criminal Records Bureau.

## All children are supervised by adults at all times and they must usually be within sight and hearing of staff; always at least within sight or hearing of staff. *EYFS Statutory Guidance 2014 3.27*

## 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.
* Our systems prevent unauthorised access to our premises.
* Our systems prevent children from leaving our premises unnoticed.
* The personal possessions of staff and volunteers are securely stored during sessions.
* Staff check the identity of any person not known to them before they enter the premises.
* Minimal petty cash is kept on the premises.

# Mobile Phone, Ipads, Smart Watches and Social Networking Policy

Policy Statement

Haxby Playgroup has a commitment to safeguarding the welfare of children by promoting appropriate and acceptable use of information and communication technology.

It is the responsibility of all members of staff to understand their safeguarding responsibilities regarding the use of technology and everyone must be vigilant and report any concerns to the Designated Safeguarding Lead or Committee Chair.

This policy should be read in conjunction with the Playgroups Whistle Blowing Policy which is in our policy handbook.

Mobile Phones/ Smart Watches

It is to be recognised that studies consistently indicate that imposing rigid regulations and/or ‘bans’ on the actions of others are counterproductive and should be avoided. Such imposition will lead to a culture of suspicion, uncertainty and secrecy. An agreement of trust is therefore to be promoted regarding the use of mobile phones and smart watches in the setting.

* Mobile phones belonging to members of staff or visitors should be stored safely in staff in trays in the classroom at RB or mobile phone box at Headlands.
* Members of staff must ensure that the telephone number of the setting is known to immediate family and other people who need to contact them in an emergency
* Staff may take their own mobile phones on outings, for use in case of emergency.
* Members of staff will not use their personal mobile phones for taking photographs of children on outings.
* Members of staff who are to bring personal devices into the early years setting must ensure that they hold no inappropriate or illegal content.
* Staff need to ensure that accessing work emails on their own device doesn’t compromise the safeguarding of children or GDPR of the settings.
* No sensitive data should be kept on any personal device
* Logging on to your personal device must be done via a pass code or password (preferably two factor authentication)
* If the device is lost, the staff member will inform the manager as soon as possible.
* Parents and visitors will be requested not to use their mobile phones whilst on the premises. There is an exception if a visitor's company or organisation operates a lone working policy that requires contact with their office periodically throughout the day. Visitors will be advised of a quiet space where they can use their mobile phone, where there are no children present

IPads

To comply with the General Data Protection Regulation 2018, we ensure that any photographs or recordings taken of your children at Haxby Playgroup are only done with prior written permission from each child’s parent. This is gained when each child is registered and is updated on a regular basis to ensure that this permission still stands.

* The use of personal cameras/IPads and video recorders is prohibited at all times.
* All staff are responsible for the location of nursery IPads
* IPads must be locked away at the end of every day.
* Staff should only use the nursery memory cards to take photos; Images taken and stored on the camera/IPads must be downloaded as soon as possible, ideally once a week. This must be on to a password protected device.
* Under no circumstances must camera/IPads of any kind be taken into the toilets without prior consultation with the named Designated Safeguarding Officers. If photographs need to be taken in the toilet area i.e. (photographs of children washing their hands) then the Safeguarding Officers must be told and staff supervised whilst carrying out this kind of activity. At all times the camera/IPad must be placed in a prominent place where it can be seen.
* Children may on occasion be given the opportunity to photograph each other and their surroundings. This practice may occur during off-site activities and for most children it will be normal practice to take photographs to record a trip or event.
* Children also have access to cameras and IPads within the setting environment to support their learning and development needs. These activities will be encouraged in a safe and enabling environment.
* Children’s Learning Journeys or photographs of the children to support records done at home must be signed out of the playgroup.
* Parental permission should be sought to take and use photographs off site for professional, marketing and training purposes
* Parents are not permitted to use any recording device or camera on the nursery premises without the prior consent of the Manager.
* We only store images during the period a child is with us. If we would like to use any images after this date we will seek additional permission.

Smart Watches

Smart watches should be only be worn in the presence of children if their blue tooth and internet connectivity is restricted, via airplane mode or similar.

Social Networking

* Staff must not post anything onto social networking sites such as ‘Facebook’ that could bring Haxby Playgroup into disrepute.
* Staff must not post anything onto social networking sites that could offend any other member of staff or parent using Haxby Playgroup.
* Communication with parents/carers should be professional and take place via official setting communication channels e.g. work provided email or setting telephone.
* Staff should not communicate with parents outside of Preschool using their personal Facebook accounts, or contact them using their personal email addresses or phone numbers.
* The government safeguarding guidance for professionals published 4 February 2019 recommends that staff do not accept friend requests or communications from parents/carers, past or present), if there is a pre-existing relationship, this should be discussed with DSL and/or the manager, who will consider how this is managed, provide staff with clear guidance and boundaries and record action taken.

If any of the above points are found to be happening then the member of staff involved may face disciplinary action, which could result in dismissal.

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# Missing Child

Policy Statement

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

Procedures

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

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

*Child going missing on an outing*

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

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

* As soon as it is noticed that a child is missing, staff on the outing ask children to stand with their designated carer and carry out a headcount to ensure that no other child has gone astray. One staff member searches the immediate vicinity, but does not search beyond that.
* The setting manager is contacted immediately (if not on the outing) and the incident is recorded.
* The setting manager contacts the police and reports the child as missing.
* The setting manager contacts the parent, who makes their way to the setting.
* Staff take the remaining children back to the setting.
* In an indoor venue, the staff contact the venue’s security who will handle the search and contact the police if the child is not found.
* The setting manager contacts the chair, director or owner and reports the incident. The chair, comes to the setting immediately to carry out an investigation, with the management committee.
* The setting manager or member of staff may be advised by the police to stay at the venue until they arrive.

*The Investigation*

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

###### *Managing People*

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

# Nappy Changing Procedure

Policy Statement

At Haxby Playgroup it is our aim to ensure that children are kept clean and comfortable by being changed and checked on a regular basis. Children’s privacy should be treated with respect and nappy changing should not be rushed but used as an opportunity for one-to-one exchanges of conversation and smiles. It is our aim that the child’s Key Person will change their nappy or soiled clothing.

**Nappy changing procedure is as follows:**

* On enrolment we will identify children's individual requirements.
* Children who are soiled will be changed immediately.
* Disposable aprons and gloves will be worn by staff and changed following each nappy change.
* Children will use the changing mat on the floor (RB) according to manual handling procedures, or use the specially designed changing unit (Headlands).
* Wet/soiled nappies will be removed and the child cleaned with baby wipes (unless aware of allergy) from front to back.
* If needed, cream will be applied and then clean nappy will be put on.
* Changing mat will be sprayed with sanitising spray and wiped thoroughly with a cloth or wiped with sanitising wipes.
* Soiled nappies, used wipes, gloves and aprons will be disposed of in the nappy bin.
* Hands will be washed thoroughly following hand washing procedure.
* Nappy change and time will be recorded in the nappy change book (RB) or wall sheet (Headlands).

# No-Smoking

Policy Statement

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

Procedures

* All staff, parents and volunteers are made aware of our No-smoking Policy.
* The No-smoking Policy is stated in our information for parents.
* We actively encourage no-smoking by having information for parents and staff about where to get help to stop smoking if they are seeking this information.
* Staff who smoke do not do so during working hours, unless on a break and off the premises.
* Staff who smoke during their break make every effort to reduce the effect of the odour and lingering effects of passive smoking for children and colleagues.

**Legal Framework**

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

# Nutrition Food and Meal Time Policy

Policy Statement

Haxby Playgroup is committed to ensuring that the food provided supports the development of healthy eating practices.

We know that the food children eat at a young age plays a huge role in what they will eat later in life as children’s eating habits are formed a very early. We understand the important role we play in helping children to develop a healthy and positive approach to eating. We aim for meal times to be enjoyable social occasions, providing an opportunity to encourage good communication skills and language development.

Procedure

We will ensure that:

* There is an area which is adequately equipped and hygienic to provide balanced and healthy snacks for the children.
* All staff responsible for the preparing and handling of food will receive training in Food Handling
* We provide nutritious food at snack times, avoiding large quantities of fat, sugar and salt and artificial additives, preservatives and colourings.
* We will include servings of fresh seasonal fruit and vegetables.
* Parents will be given information on healthy packed lunch ideas.
* Fresh drinking water will be constantly available and frequently offered to children.
* Individual dietary requirements will be respected. Before a child starts the setting we will gather information from parents regarding their dietary needs including any allergies. Where appropriate we will carry out a risk assessment in the case of allergies and work alongside parents to put into place an individual diet plan for their child.
* Staff will show sensitivity in providing for children’s diets and allergies. They would not use a child’s diet or allergy as a label for the child, or make a child feel singled out because of her/his diet or allergy.
* Staff will set a good example and eat with the children and show good table manners. Meal and snack times will be organised so that they are social occasions in which children and staff participate in small groups. During meals and snack times children will be encouraged to use good manners and say 'Please' and 'Thank you' and conversation will be encouraged.
* Staff will use meal and snack times to help promote children to develop independence through making choices, serving food and drink, and feeding themselves.
* Any child who shows signs of distress at being faced with food he/she does not like will have their food removed without any fuss.
* Children who refuse to eat at the mealtime will be offered food later in the day.
* Children who are slow eaters will be given time and not rushed.
* Quantities will take account of the ages of the children.
* We will promote positive attitude to healthy eating through play opportunities, cooking and discussions.

Drinks we will provide:

* Plain still water will be available to the children throughout the day.
* Milk and plain still water will be offered with snacks.

To encourage good eating habits we will:

* Make meal times an enjoyable, social occasion.
* Children will be encouraged to participate in the preparation of snacks when appropriate.
* Promote healthy eating using resources within the setting.
* A variety of healthy options is made available and new tastes will be actively encouraged.

# Outdoor Play Policy

Policy Statement

At Haxby Playgroup we realise that it is important for children to have access to fresh air and physical exercise outdoors; we aim to offer access to a stimulating outdoor environment that offers child led activities so they can develop their play over time.

Procedure

* The setting has suitable sunhats to allow the children to play outside. But we request parents bring in winter hats, gloves and socks.
* Before letting children play outside a brief risk assessment will be carried out.
* At least one supervising adult will be a regular member of staff, except in exceptional circumstances, when relief staff may be left supervising children, providing they are cleared day care workers and are aware of their responsibilities and a regular member of staff may be called upon.
* Adults must ensure that all outdoor areas are carefully monitored in the interests of child safety and protection.
* If children are playing on play equipment, extra care must be taken to ensure their safety.
* When returning to the building staff must check the garden and ensure no children remain outside.

# Parental Involvement

Policy Statement

At Haxby Playgroup we believe that children benefit most from early years education and care when parents and settings work together in partnership.

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

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

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

The Children Act (1989) defines parental responsibility as 'all the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and his property’. (For a full explanation of who has parental responsibility, refer to the Early Years Alliance publication Safeguarding Children.)

Procedures

* We have a means to ensure all parents are included - that may mean we have different strategies for involving fathers, or parents who work or live apart from their children.
* We consult with all parents to find out what works best for them.
* We ensure ongoing dialogue with parents to improve our knowledge of the needs of their children and to support their families.
* We inform all parents about how the setting is run and its policies, through access to written information including our Safeguarding Children and Child Protection Policy and our responsibilities under the Prevent Duty, 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.
* We seek specific parental consent to administer medication, take a child for emergency treatment, take 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 Person meet regularly with parents to discuss their child’s progress and to share concerns if they arise.
* Where applicable, our key persons work with parents to carry out an agreed plan to support special educational needs.
* Where applicable, our key persons work with parents to carry out any agreed tasks where a Protection Plan is in place for a child.
* We involve parents in the shared record keeping about their children - either formally or informally – and ensure parents have access to their children's written developmental records.
* We provide opportunities for parents to contribute their own skills, knowledge and interests to the activities of the setting.
* We support families to be involved in activities that promote their own learning and well-being; informing parents about relevant conferences, workshops and training.
* We consult with parents about the times of meetings to avoid excluding anyone.
* We provide information about opportunities to be involved in the setting in ways that are accessible to parents with basic skills needs, or those for whom English is an additional language; making every effort to provide an interpreter for parents who speak a language other than English and to provide translated written materials.
* We hold meetings in venues that are accessible and appropriate for all.
* We welcome the contributions of parents, in whatever form these may take.
* We inform all parents of the systems for registering queries, complaints or suggestions and we check to ensure these are understood. All parents have access to our written complaints procedure.
* We provide opportunities for parents to learn about the curriculum offered in the setting and about young children's learning, in the setting and at home. There are opportunities for parents to take active roles in supporting their child’s learning in the setting: informally through helping out or taking part in activities with their child, or through structured projects engaging parents and staff in learning about children’s learning.

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

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

# Pre Existing Injury Policy

Policy Statement

Haxby Playgroup has a duty to safeguard all children. If a child arrives at the setting with a pre-existing injury we will ask the parent/carer to complete a record of how the injury occurred. This information will then be stored in the child’s file.

Addendum Covid 19 :This form may be sent via email

Name of child:

Address where injury occurred:

Date/ Time injury occurred:

Cause of injury:

Action taken:

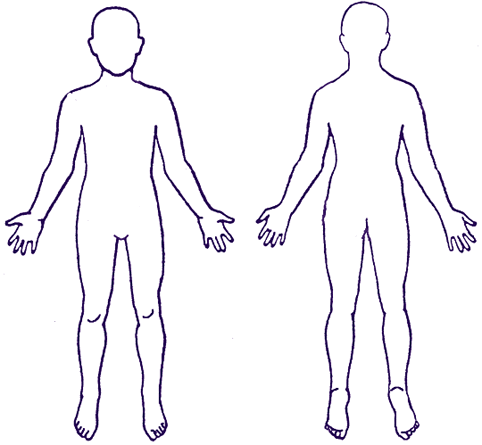
Description of injury:

Staff Signature:

Date and Time:

Parent/Carer Signature:

Date and Time:



# Provider Records

Policy statement

At Haxby Playgroup we keep records and documentation for the purpose of maintaining our business/charity. These include:

* Records pertaining to our registration.
* Lease documents and other contractual documentation pertaining to amenities, services and goods.
* Financial records pertaining to income and expenditure.
* Risk assessments.
* Employment records of staff including their name, home address and telephone number.
* 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 framework of the General Data Protection Regulations (GDPR) (2018) 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 the management team who ensure they are kept securely.
* All 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.
* Health and safety records are maintained; these include risk assessments, details of checks or inspections and guidance etc.
* Our Ofsted registration certificate is displayed.
* Our Public Liability insurance certificate is displayed.
* All our employment and staff records are kept securely and confidentially.

We notify Ofsted of any change:

* in the address of the premises;
* to the premises which may affect the space available to us or the quality of childcare we provide;
* to the name and address of the provider, or the provider’s contact information;
* to the person managing the provision;
* any significant event which is likely to affect our suitability to look after children; or
* any other event as detailed in the Statutory Framework for the Early Years Foundation Stage (DfE 2017).

**Legal Framework**

* General Data Protection Regulations (GDPR) (2018)
* Human Rights Act 1998

# Role of the key person and settling-in

Policy Statement

At Haxby Playgroup 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, 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 staff. We also want parents to have confidence in both their children's well-being and their role as active partners with the setting.

We aim to make the 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 setting must assign a key person for each child.

The procedures set out a model for developing a key person approach that promotes effective and positive relationships for children who are in settings.

Procedures

* We allocate a key person before the child starts.
* The key person is responsible for the induction of the family and for settling the child into our setting. The key person offers unconditional regard for the child and is non-judgemental. This process will include a baseline assessment in consultation with the parent/carer.
* The key person works with the parents to plan and deliver a personalised plan for the child’s well-being, care and learning.
* The key person acts as the key contact for the parents and has links with other carers involved with the child, such as a childminder, and co-ordinates the sharing of appropriate information about the child’s development with those carers.
* The key person is responsible for 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.
* We provide a back-up key person so the child and the parents have a key contact in the absence of the child’s key person.
* 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 staff and children.

*Settling-in*

* Before a child starts to attend the setting, we use a variety of ways to provide his/her parents with information. These include written information (including our prospectus and policies), displays about activities available within the setting, information days and evenings, home visits and individual meetings with parents.
* We provide opportunities for the child and his/her parents to visit the setting.
* We allocate a key person to each child and his/her family before she/he starts to attend; 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 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 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 recognise that some children will settle more readily than others, but that some children who appear to settle rapidly are not ready to be left. We expect that the parent will honour the commitment to stay for at least the first week, or possibly longer, until their child can stay happily without them.
* We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child’s distress will prevent them from learning and gaining the best from the setting.
* We reserve the right not to accept a child into the setting without a parent or carer if the child finds it distressing to be left. This is especially the case with very young children.
* Within the first four to six weeks of starting, we discuss and work with the child’s parents to begin to create their child’s record of achievement.

*The progress check at age two*

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

**Recording and reporting of accidents and incidents**

(Including the procedure for reporting accidents and incidents to the HSE under RIDDOR requirements)

Policy Statement

At Haxby Playgroup 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.

Procedures

*Our accident book:*

* is kept in a safe and secure place;
* is accessible to 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 (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations). We report to the Health and Safety Executive:

* any work-related accident leading to an injury to a child or adult, for which they are taken to hospital;
* any work-related injury to a member of staff, which results in them being unable to work for seven consecutive days;
* when a member of staff suffers from a reportable work-related disease or illness;
* any death, of a child or adult, that occurs in connection with activities relating to our work; and
* any dangerous occurrences. This may be an event that causes injury or fatalities or an event that does not cause an accident, but could have done; such as a gas leak.

Information for reporting incidents to the Health and Safety Executive is provided in the Early Years Alliance's Accident Record publication. Any dangerous occurrence is recorded in our incident book (see below).

*Our 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 keep an incident book for recording major incidents, including those that that are reportable to the Health and Safety Executive as above.
* These incidents include:
  + a break in, burglary, or theft of personal or the setting's property;
  + an intruder gaining unauthorised access to the premises;
  + a fire, flood, gas leak or electrical failure;
  + an attack on member of staff or parent on the premises or nearby;
  + any racist incident involving staff or family on the setting's premises;
  + a notifiable disease or illness, or an outbreak of food poisoning affecting two or more children looked after on the premises;
  + the death of a child or adult, and
  + a terrorist attack, or threat of one.
* In the incident book we record the date and time of the incident, nature of the event, who was affected, what was done about it or if it was reported to the police, and if so a crime number. Any follow up, or insurance claim made, is also recorded.
* In the unlikely event of a terrorist attack, we follow the advice of the emergency services with regard to evacuation, medical aid and contacting children's families. Our standard Fire Safety and Emergency Evacuation Policy will be followed and staff will take charge of their key children. The incident is recorded when the threat is averted.
* In the unlikely event of a child dying on the premises, for example, through cot death in the case of a baby, 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.

**Legal Framework**

* Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 (As Amended)

# Risk Assessment

Policy Statement

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

This policy is based on the Early Years Alliance risk assessment processes, which follow five steps as follows:

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

Procedures

* Our risk assessment process covers adults and children and includes:
* determining where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice, and to demonstrate how we are managing risks if asked by parents and/or carers and inspectors;
* checking for and noting hazards and risks indoors and outside, in relation to our premises and activities;
* assessing the level of risk and who might be affected;
* deciding which areas need attention; and
* developing an action plan that specifies the action required, the time-scales for action, the person responsible for the action and any funding required.
* The risk assessments are written and reviewed regularly.
* We maintain a hazard identification sheet.
* We maintain lists of health and safety issues, a dynamic risk assessment is carried out before the session begins and any identified risks are recorded and actioned. A full risk assessment is carried out on a termly basis.
* The manager at each setting ensures, electricity and gas safety checks, and any necessary work to the setting premises are carried out annually and records are kept.
* The manager ensures that staff are aware of risk assessments that include relevant aspects of fire safety, food safety for all areas of the premises.
* The manager ensures that staff members carry out dynamic risk assessments for work practice including:

-          changing children;

-          preparation and serving of food/drink for children;

-          children with allergies;

-          cooking activities with children;

-          supervising outdoor play and indoor/outdoor climbing equipment;

-          putting babies or young children to sleep;

-          assessment, use and storage of equipment for disabled children;

-          the use and storage of substances which may be hazardous to health, such as cleaning chemicals;

-          visitors to the setting who are bring equipment or animals as part of children’s learning experiences; and

-          following any incidents involving threats against staff or volunteers.

* The manager in consultation with the staff carry out risk assessments for off-site activities if required, including:

-          children’s outings;

-          forest schools;

-          other off-site duties such as attending meetings, banking etc

**Legal Framework**

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

# Safeguarding Policy

**Working Together to Safeguard Children**

To access safeguarding children general procedures

**http://www.safeguardingchildren.co.uk/**

**Designated Person (staff) who co-ordinates safeguarding is:**

Liz Radford

**Designated Person (committee) who oversees this work is:** Committee Chair

Safeguarding and promoting the welfare of children, for the sake of this policy is defined as:

* Protecting children from maltreatment
* Preventing the impairment of children’s health or development
* Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
* Taking action to enable all children to have the best outcomes

*(Definition taken from the HM Government document ‘Working together to safeguard children March 2015’)*

We support the children within our care, protect them from maltreatment and have robust procedures in place to prevent the impairment of children’s health and development. Safeguarding is a much wider subject than the elements covered within this single child protection policy, therefore this document should be used in conjunction with other policies and procedures.

Haxby Playgroup will work with children, parents, external agencies and the community to ensure the welfare and safety of children and to give them the very best start in life. Children have the right to be treated with respect and to be safe from any abuse in whatever form.

To this end we will:

* Introduce key elements of keeping children safe into our curriculum promoting the personal, social and emotional development of all children , so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe
* Create a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, language spoken at home, cultural and social background
* Encourage children to develop a sense of independence and autonomy in a way that is appropriate to their age and stage of development

Haxby Playgroup has a clear commitment to protecting children and promoting welfare. Should anyone believe that this policy is not being upheld, it is their duty to report the matter to the attention of Liz Radford or Committee chair at the earliest opportunity.

The Local Authority has designated officers (**LADOs**) to:

* Provide advice and guidance to employers and voluntary organisations
* Liaise with the police and other agencies
* Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

Contact

01904 551783

Staff have a duty to protect and promote the welfare of children; they will often be the first people to sense that there is a problem. They may well be the first people in whom children confide about abuse. Haxby Playgroup has a duty to be aware that abuse does occur in our society.

This statement lays out the procedures that will be followed if we have any reason to believe that a child in our care is subject to welfare issues including physical, sexual, emotional abuse or neglect.

DEFINITIONS OF ABUSE

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocation.

Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institution or community setting; by those known to them, or more rarely by a stranger.

Physical harm may also be caused when a parent carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after (factitious illness by proxy).

### Recognising physical abuse

Bruising is a concern when bruises:

* can be seen on parts of the body not normally harmed through play  
  appear in or around the mouth (especially in young babies)  
  appear as small 'grasp' or finger marks to a child's arms or legs  
  look like they have been caused by a stick or belt  
  appear to be of different ages (colour) in the same area  
  appear the same on both sides of the body, legs, head or arms  
  appear as bite marks especially when the marks appear to be those of an adult or older child (more than 3cm across)  
  are seen in a baby which is not mobile

Most fractures are treated by a hospital. It is concerning when a child is not taken for treatment if they are suffering pain, swelling or discoloration over a bone or joint. Although it may not always be possible to know whether a child has a fractured bone it is difficult for a parent or carer to be unaware that the child has been hurt. It is rare for children under the age of one to sustain a fracture accidentally.

It can be difficult to distinguish between a burn or scald that has been caused accidentally or non-accidentally. As with fractures all burns and scalds should receive medical treatment.

Emotional Abuse

Emotional abuse is when a child is deprived of love, warmth and affection or is persistently treated negatively, inconsistently, inappropriately or is rejected. This may include the child being constantly told that they are worthless, unloved or inadequate or the parent or carer having unreasonable and unrealistic expectations of the child's abilities or making the child being made to feel frightened or in danger.

### Recognising emotional abuse

Signs of emotional abuse include:

* very low self-esteem, often with an inability to accept praise or trust in adults
* excessive clinging and attention seeking behaviour
* over anxious - being excessively 'watchful', constantly checking or being over anxious to please
* withdrawn and socially isolated

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.

Sexual activities may involve physical contact such as sexual intercourse, buggery or non-penetrative acts.

Sexual activities may also include non-contact activities like involving children in looking at pornography, creating pornography, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

### Recognising sexual abuse

Signs of sexual abused include:

* sexually explicit talk or play, especially in prepubescent children
* sexual behaviour, such as pretending to have sex during play
* sexually provocative relationships with adults
* itching, redness, soreness or unexplained bleeding from a child's vagina or anus
* bruising, cuts or marks to the genital area
* repeated genital infections

Neglect

Neglect is when there is a constant failure to meet the child's basic physical or psychological needs in a way that is likely to cause serious damage to the child's health or development. Neglect can include failing to provide a child with adequate food, shelter or clothing or failing to protect a child from harm or danger or failure to ensure access to appropriate medical care or treatment.

### Recognising neglect

Signs of neglect include:

* the child frequently appearing hungry
* the child consistently appearing unkempt or inappropriately dressed for the weather or smelling
* failure to seek medical attention
* failure to prevent accidental injury

Key Commitment 1:

Our prime responsibility is the welfare and well-being of all children in our care. As such we believe we have a duty to the children, parents and staff to act quickly and responsibly in any instance that may come to our attention. All staff will work as part of a multi-agency team where needed in the best interests of the child.

* Haxby Playgroup aims to ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.
* All staff have an up-to-date knowledge of safeguarding issues, are alert to the signs and symptoms of abuse, and understand their professional duty to ensure safeguarding concerns are reported to the local authority children’s social work team or the NSPCC.
* The Designated Safeguarding Person will undertake specific training and accesses regular updates to developments within this field.
* All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
* Adequate and appropriate staffing resources are provided to meet the needs of children.
* Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
* Enhanced criminal records and barred lists checks and other suitability checks are carried out for staff and volunteers prior to their post being confirmed, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.
* Where applications are rejected based on information disclosed, applicants have the right to know and to challenge incorrect information.
* Enhanced criminal records and barred lists checks are carried out on anyone living or working on the premises.
* Volunteers do not work unsupervised.
* Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
* the criminal records disclosure reference number;
* the date the disclosure was obtained; and
* details of who obtained it.
* All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
* All staff and volunteers are required to notify us if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, court orders, reprimands and warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision (see above questions), or have had orders made in relation to care of their children.
* We notify the Disclosure and Barring Service of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of a child protection concern.
* Procedures are in place to record the details of visitors to the setting.
* Security steps are taken to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.
* Steps are taken to ensure children are not photographed or filmed on video for any other purpose than to record their development, our planning or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.
* Any personal information is held securely and in line with data protection requirements and guidance from the ICO
* The designated person in the setting has responsibility for ensuring that there is an adequate e-safety policy in place
* We keep a written record of all complaints and concerns including details of how they were responded to.
* We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
* The designated officer will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.
* The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern, however this should not delay any referrals being made to the children’s social worker services, the LADO, Ofsted or Riddor.

*Key commitment 2*

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

*Responding to suspicions of abuse*

* We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
* When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
* significant changes in their behaviour;
* deterioration in their general well-being;
* their comments which may give cause for concern, or the things they say (direct or indirect disclosure)
* changes in their appearance, their behaviour, or their play;
* unexplained bruising, marks or signs of possible abuse or neglect; and
* any reason to suspect neglect or abuse outside the setting.
* We consider factors affecting parental capacity and risk, such as social exclusion, domestic violence, parent’s drug or alcohol abuse, mental or physical illness or parent’s learning disability.
* We aware of other factors that affect children’s vulnerability such as, abuse of disabled children; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, such as through internet abuse; and Female Genital Mutilation and radicalisation; that may affect, or may have affected, children and young people using our provision.
* We also make ourselves aware that some children and young people are affected by gang activity, by complex, multiple or organised abuse, through forced marriage or honour based violence or may be victims of child trafficking. While this may be less likely to affect young children in our care, we may become aware of any of these factors affecting older children and young people who we may come into contact with.
* Where we believe that a child in our care or that is known to us may be affected by any of these factors we follow the procedures below for reporting child protection concerns and follow the LSCB procedures.
* Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the member of staff who is acting as the 'designated person'. The information is stored on the child's personal file.
* In the event that a staff member or volunteer is unhappy with the decision made of the designated person in relation to whether to make a safeguarding referral they must follow escalation procedures.
* We refer concerns to the local authority children’s social care department and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the Local Safeguarding Children Board.
* We take care not to influence the outcome either through the way we speak to children or by asking questions of children.
* We take account of the need to protect young people aged 16-19 as defined by the Children Act 1989. This may include students or school children on work placement, young employees or young parents. Where abuse is suspected we follow the procedure for reporting any other child protection concerns. The views of the young person will always be taken into account, but the setting may override the young person’s refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.
* We have a whistle blowing policy in place.

*Recording suspicions of abuse and disclosures*

* Where a child makes comments to a member of staff that give cause for concern (disclosure), or a member of staff observes signs or signals that give cause for concern, such as significant changes in behaviour; deterioration in general well-being; unexplained bruising, marks or signs of possible abuse or neglect; that member of staff:
* listens to the child, offers reassurance and gives assurance that she or he will take action;
* does not question the child;
* makes a written record that forms an objective record of the observation or disclosure that includes: the date and time of the observation or the disclosure; the exact words spoken by the child as far as possible; the name of the person to whom the concern was reported, with the date and time; and the names of any other person present at the time.
* These records are signed and dated and kept in the child's personal file, which is kept securely and confidentially.
* The member of staff acting as the 'designated person' is informed of the issue at the earliest opportunity, and within 1 working day.
* Where the Local Safeguarding Children Board stipulates the process for recording and sharing concerns, we include those procedures alongside this procedure and follow the steps set down by the Local Safeguarding Children Board.

*What You Should Do If You Suspect Abuse*

* You must report concerns as soon as possible to the **Designated Child Protection Persons: Liz Radford or Committee Chair.** If it is an emergency and the designated persons cannot be contacted then social services or the police should be contacted (refer to contact numbers sheet at bottom of policy).
* Suspicions must remain confidential and not be discussed with anyone other than those named above. It is the right of any individual to make direct referrals to the child protection agencies. We would hope that an individual would use this procedure. However, if you feel that the organisation has not responded appropriately to your concerns it is open to you to contact the child protection agencies direct.

*Unclear Situations*

* If it is unclear whether a child is suffering or likely to suffer significant harm, discussions should be made with the Designated Child Protection Person and Children's Social Care 01904 551900 or 0845 0349417 outside office hours The Emergency

*Making a Referral to the Local Authority Children's Social Care Team*

* We display a copy of the City of York Safeguarding Children Board referral route map that sets down the procedures to be followed if you are concerned about a child.
* We also have available The City of York Safeguarding Children Board form to report Child Protection Concerns.
* All referrals from professionals should be confirmed in writing by the referrer **within 48 hours.**

*Escalation Process*

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

*Informing Parents*

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

*Liaison with other agencies*

* We work within the Local Safeguarding Children Board guidelines.
* The current version of 'What to do if you’re worried a child is being abused' available for parents and staff and all staff are familiar with what they need to do if they have concerns.
* We have procedures for contacting the local authority regarding child protection issues, including maintaining a list of names, addresses and telephone numbers to ensure that it is easy, in any emergency, for the setting and children's social care to work well together.
* We will notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
* The contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) is 0808 800 5000.

*Allegations against Staff*

* We ensure that all parents know how to complain about the behaviour or actions of staff or volunteers within the setting, or anyone living or working on the premises occupied by the setting, which may include an allegation of abuse.
* We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working on the premises, which includes:
* inappropriate sexual comments;
* excessive physical force
* excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images.
* We follow the guidance of the Local Safeguarding Children Board when responding to any complaint that a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, has abused a child.
* We ensure that all staff or volunteer know how to raise concerns about a member of staff or volunteer within the setting. We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with my/our response
* We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident and then contacting the Local Authority Designated Officer (LADO) to investigate
* We also report any such alleged incident to Ofsted, as well as what measures we have taken. We are aware that it is an offence not to do this.
* We co-operate entirely with any investigation carried out by children’s social care in conjunction with the police.
* Where the management team and children’s social care agree it is appropriate in the circumstances, the member of staff or volunteer will be suspended for the duration of the investigation. This is not an indication of admission that the alleged incident has taken place, but is to protect the staff, as well as children and families throughout the process.

*Disciplinary Action*

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

*Key commitment 3*

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

*Training*

* Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse and neglect and that they are aware of the local authority guidelines for making referrals.
* Designated persons receive training in accordance with that recommended by the Local Safeguarding Children Board.
* We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.

*Planning*

* The layout of the rooms allows for constant supervision. No child is left alone with staff or volunteers in a one-to-one situation without being visible to others.

*Curriculum*

* We introduce key elements of keeping children safe into our programme to promote the personal, social and emotional development of all children, so that they may grow to be strong, resilient and listened to and so that they develop an understanding of why and how to keep safe.
* We create within the setting a culture of value and respect for individuals, having positive regard for children's heritage arising from their colour, ethnicity, languages spoken at home, cultural and social background.
* We ensure that this is carried out in a way that is developmentally appropriate for the children.

*Confidentiality*

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

*Support to families*

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

**Legal Framework**

***Primary legislation***

* Children Act (1989 s47)
* Protection of Children Act (1999)
* Data Protection Act (1998)
* The Children Act (Every Child Matters) (2004)
* Safeguarding Vulnerable Groups Act (2006)
* Childcare Act 2006

***Secondary legislation***

* Sexual Offences Act (2003)
* Criminal Justice and Court Services Act (2000)
* Equalities Act (2010)
* Data Protection Act (1998) Non Statutory Guidance
* Childcare (Disqualification) Regulations 2009
* Children and Families Act 2014
* Serious Crime Act 2015

**Further Guidance**

* Working Together to Safeguard Children (2015)
* What to do if you’re Worried a Child is Being Abused (DfE 2015))
* Framework for the Assessment of Children in Need and their Families (DoH 2000)
* The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010)
* Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007)
* Information Sharing: Guidance for Practitioners providing Safeguarding Services (DfE 2015)
* Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)
* Keeping Children Safe in Education (2015)

LOCAL CONTACTS FOR SUPPORT

Important contacts in child protection and related fields include:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone** | **Times** | **Area of Work** |
| Liz Radford/  Designated member of staff | Playgroup  01904 762776  01904 768966 | Playgroup opening hours | Designated Child Protection Person |
| Committee Chair | Playgroup  01904 762776(RB)  01904 768966 | Playgroup opening hours | Committee Designated Person |
| OFSTED | 03001231231 | Office hours | General Enquiries and Whistle blowing |
| OFSTED | 0300123466 | Office Hours |  |
| York Children's Social Care: MASH  Emergency Duty Team (for evenings, weekends and bank holidays): | 01904551900  08450349417 | Office hours | The Advice and Information worker sends the referral to the Service Manager or duty Referrals and Assessment Team Social Worker |
| North Yorkshire Police | 101 | 24 hours | Family Protection Unit |
| Survive | 0117 9612999 | Office hours | Support for women and children suffering domestic abuse |
| Childline | 0800 1111 | 24 hours | Listen to and counsel children and young people |
| 'Family Lives' | 0808 800 2222 | 8am-10pm | Listen to and counsel parents |

# Supporting Children with Special Educational Needs

Aims of Our Policy for Children with Special Educational Needs.

We welcome all children as part of our community and will ensure that all children have an equal opportunity to engage in the curriculum, so each individual child has an opportunity to develop to their full potential and feel equally valued.

We aim to work closely alongside parents/carers in a supportive, enabling way and utilize additional support from our partners and outside agencies (with parents/carers consent) to ensure all children’s needs are met.

Definition of Special Educational Needs

Children have Special Educational Needs if they have a learning difficulty which calls for special educational provision to be made for them.

1. Have a significantly greater difficulty in learning than the majority of children of the same age; or
2. Have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for children of the same age in mainstream schools or mainstream post 16 institutions

We aim to involve all children in our setting ensuring a stimulating and secure environment, where individual abilities are recognised and children learn through first hand experiences, exploration, practice and discovery.

We regularly assess, identify and review individual needs of all children in our care. We aim to keep updated with our SEND policy and local and national guidelines. We believe supporting children with SEND involves everyone in our setting.

Our beliefs and attitudes Re: Equal Opportunities

We believe that all children should be treated equally regardless of any additional needs they may have. All that we do and provide will be adapted for the needs of every individual child in our settings.

We will promote equal opportunities for all children, parents/carers and staff, as they will be seen as individuals progressing at their own levels and pace.

The setting aims to ensure that all children, parents/carers, staff and additional support staff have respect and regard for age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnerships, pregnancy and maternity.

The role of the Special Educational Needs Co-ordinator

The designated person who has responsibility for the co-ordination of Special Educational Needs (SENCO) is: Liz Radford

The SENCO has additional training to enable her to carry out their responsibilities. Where there are children with special needs in their group, we seek to provide the staff with appropriate training and support

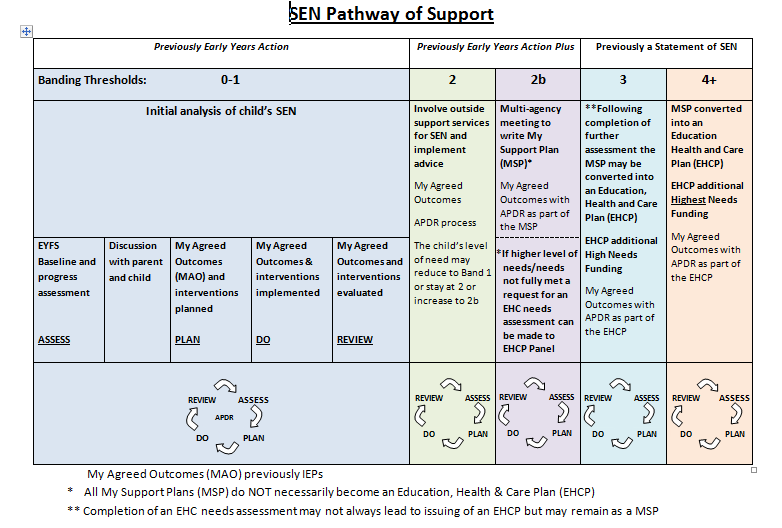
The designated person has responsibility for:

* The day-to-day operation of the Playgroup's Special Educational Needs policy, planning activities and setting targets..
* Co-ordinating provision for children with Special Educational Needs.
* Ensuring liaison with parents and other professionals in respect of children with Special Educational Needs.
* Advising and supporting other practitioners in the setting.
* Ensuring that appropriate My Agreed Outcomes are in place.
* Maintaining the playgroup's Special Educational Needs register. This will ensure that the relevant background information about individual children with Special Educational Needs is collected, recorded and updated.

**Procedures**

* We will where appropriate, take into account children’s views and wishes in decisions being made about them, relevant to their level understanding.
* We will provide parents with information on local sources of support and advice e.g. Local Offer, Information, Advice and Support Service.
* We liaise and work with other external agencies to help improve outcomes for children with SEN.
* We have systems in place for referring children for further assessment e.g. Common Assessment Framework/Early Help Assessment and Education, Health and Care (EHC) assessment.
* We provide resources (human and financial) to supporting children with Special Educational Needs Policy.
* We ensure that all staff are aware of Supporting Children with Special Educational Needs Policy and the procedures for identifying, assessing and making provision for children with SEN. We provide in-service training for parents, practitioners and volunteers.
* We aim raise awareness of our special education provision via our website and or promotional materials.
* We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g. action plan reviews, staff and management meetings, parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.
* We have an up to date complaints procedure.
* We monitor and review our policy annually.

**Procedures for identification, assessment and review**



My Agreed Outcomes

Strategies employed to enable the child to progress will be recorded within a My Agreed Outcomes (MAO). This will include information about:

• the short-term targets set for the child

• the teaching strategies

• the provision to be put in place

• when the plan is to be reviewed

• the outcome of the action taken

The MAO will record only that which is additional to, or different from, the differentiated curriculum in place as part of normal provision. The MAO will focus on a maximum of three key targets and will be developed with the child and parents/carers/other professionals if necessary.

The MAO will be continually kept ‘under review,’ but are formally reviewed three times a year. The child, parents/carers, Key person and Senco (if appropriate) will be a key part of the review process.

**Resources we provide for children with SEND**

We will ensure all resources are made available for all children and adapted where possible to ensure all children’s needs are met. We will adapt our environment where possible to meet the needs of all our children. We will seek support and advice where appropriate to ensure those children who have been identified as having a SEND receive any resources that could enable them to reach their full potential.

Admission Arrangements

We aim to provide an application process that is inclusive for all our children and their needs. Once our setting has reached its full capacity we operate a waiting list system and children will be offered a place in turn.

Transition Arrangements

It is important that all children are at the centre of the transition process when they move on to new early years setting or school. The core purpose of this is to ensure that we sustain continuity for the child, family, school and outside support agencies.

The designated SENCO of our playgroup will liaise with the Early Years Setting or school who is to receive the child with special Educational Needs, with parent’s permission they will pass on information about the child’s progress and the individual learning programmes in place where requested.

Parents or carers are key partners and will be involved in all decisions relating to the child’s transfer.

Staff Training – Qualifications/experience in SEND

The setting SENCO will attend 3 training sessions a year to ensure they are kept up to date with relevant information and processes. The SENCO will then disseminate this information to whole staff team. If a new SENCO is identified they will have initial SENCO training provided by City of York.

For further reference see:

Early years: guide to the 0 to 25 SEND code of practice

Advice for early years practitioners that are funded by the local authority. September 2014.

# Staffing Policy

Policy Statement

At Haxby Playgroup we maintain a staffing ratio in line with the Safeguarding and Welfare Requirements of the Early Years Foundation Stage to ensure that children have sufficient individual attention and to guarantee care and education of a high quality. Our staff are appropriately qualified and we carry out checks for criminal and other records through the Criminal Records Bureau in accordance with statutory requirements.

Procedures

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

* Children under two years of age: 1 adult : 3 children:
  + at least one member of staff holds a full and relevant level 3 qualification and is suitably experienced in working with children under two;
  + at least half of all other staff hold a full and relevant level 2 qualification;
  + at least half of all staff have received training that specifically addresses the care of babies; and
  + where there is an under two-year-olds’ room, the member of staff in charge of that room has suitable experience of working with under twos.
* Children aged two years: 1 adult : 4 children:
  + at least one member of staff holds a full and relevant level 3 qualification; and
  + at least half of all other staff hold a full and relevant level 2 qualification.
* Children aged three years and over: 1 adult : 8 children:
* at least one member of staff holds a full and relevant level 3 qualification; and
* at least half of all other staff hold a full and relevant level 2 qualification.
* We follow the Early Years Foundation Stage Safeguarding and Welfare Requirements where a Qualified Teacher, Early Years Professional or other suitable level 6 qualified person is working directly with children aged three and over between the hours of 8am and 4pm as follows:
* there is at least one member of staff for every 13 children; and
* at least one other member of staff holds a full and relevant level 3 qualification.
* A minimum of two staff/adults are on duty at any one time; one of whom is either the manager or deputy. If for any reason this is not possible, for example training or illness, a named senior member of staff will take responsibility for the management of the setting
* 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 regular volunteers
* Staff, students and volunteers must inform colleagues if they have to leave an area and tell colleagues where they are going.
* Each child is assigned a key person to help the child become familiar with the setting from the outset and to ensure that each child has a named member of staff with whom to form a relationship. The key person plans with parents for the child's well-being and development in the setting. The key person meets regularly with the family for discussion and consultation on their child's progress and offers support in guiding their development at home.
* We hold regular staff meetings to undertake curriculum planning and to discuss children's progress, their achievements and any difficulties that may arise from time to time.

# Staff Development and Training Policy

Policy Statement

Haxby Playgroup highly values its staff. It is in the interests of the playgroup, the children, families, and the individual, that each staff member is given the opportunity to develop their skills to their maximum and to broaden their knowledge and skills in caring for children.

Personal and professional development is essential to maintaining the quality and delivery of high quality care and education for young children in early years. It underpins all aspects of curriculum delivery and positive interactions. Haxby Playgroup ensures that the majority of staff are qualified to Level 3 or equivalent in childcare and education. We strongly promote constant professional development and have a training budget which is set annually and reviewed to ensure that the team gain the external support and training where needed.

**To facilitate the development of staff we:**

* coach, lead and role model with staff, and offer encouragement and support to achieve a high level of morale and motivation
* promote teamwork through ongoing communication, involvement and a no blame culture to enhance our practice
* provide opportunities for delegation based on skills and expertise to offer recognition and stimulate staff
* encourage staff to contribute ideas for change within the playgroup and hold regular staff meetings and team meetings to develop these ideas. Regular meetings are also held to discuss strategy, policy and curriculum planning
* encourage staff to further their experience and knowledge by attending relevant external training courses
* encourage staff to pass on their knowledge to those who are less experienced and disseminate knowledge from external training
* provide regular in-house training relevant to the needs of the setting
* carry out regular peer observation and supervision meetings with all staff. Staff appraisals are carried out annually where objectives and action plans for staff are set out, whilst also sourcing training according to their individual needs
* promote a positive learning culture within the setting
* delegate responsibilities according to an individual’s expertise
* carry out full evaluations of all training events and use these to evaluate the training against the aims set to enable the development of future training programmes to improve effectiveness and staff learning
* provide inductions to welcome all new staff and assign a mentor to coach and support new staff
* offer ongoing support and guidance
* offer to staff varied information sources including membership to national organisations, resources, publications and literature.

# Staff Personal Safety including Home Visits

**Policy Statement**

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

**Procedures**

*General*

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

*Home visits*

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

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

*Dealing with agitated parents in the setting*

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

# Student Placements

Policy Statement

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

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

Procedures

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

# Sun Awareness Policy

# Policy Statement

Too much exposure to ultraviolet (UV) radiation from the sun causes sunburn, skin damage and increases the risk of skin cancer. Sun exposure in the first 15 years of life contributes significantly to the lifetime risk of skin cancer.

### Our Sun Protection Strategies

It is our aim that when UV radiation index levels are high, children and staff will use a combination of sun protection measures to ensure they are well protected. Particular care is taken between 11 am and 3 pm when UV levels reach their peak.   
This sun awareness policy is considered when planning all outdoor events e.g. outdoor activities and trips out.

### Shade

The availability of shade is considered when planning all outdoor activities and excursions.   
Children are encouraged to use available areas of shade when outside, especially if they do not have a hat or are wearing inappropriate clothing.

### Clothing

We recommend children wear clothing that covers as much skin as possible. This includes tee-shirts with longer sleeves, longer style dresses and shorts. Sunhats are available at both settings.  
(Please note: Vest or sleeveless tops do not offer enough protection and are therefore not recommended.)

### Hats

We encourage children to wear hats that protect their face, neck and ears, i.e. legionnaire, broad brimmed or bucket hats, whenever they are outside.   
(Please note: Baseball caps do not offer enough protection and are therefore not recommended but older children may be more willing to wear these.)

### Sunscreen

We have a sunscreen station available to parents of a morning and will top up children’s suncream during the day if required. Parental consent forms will be checked prior to application of sunscreen.

### Education

Games, activities and play experiences that incorporate the sun awareness message are included in our activities.

### Communication

Our service:

* Regularly reinforces sun awareness behaviour through correspondence with parents via the notice board and displays, and through children and staff activities,
* Ensures information about the sun awareness policy is included in parent handbooks and other important documentation sent to parents.

# Supervision of Children on Outings and Visits

Policy Statement

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

Procedures

* Parents sign a general consent on registration for their children to be taken out as a part of the regular activities of the setting.
* This general consent details the venues used for regular activities.
* There is a risk assessment for local trips which is reviewed termly.
* Parents are always asked to sign specific consent forms before major outings.
* A risk assessment is carried out before an outing takes place.
* All risk assessments are made available for parents to see.
* Our adult to child ratio is high, normally one adult up to 4 children, depending on their age, sensibility and the type of visit, as well as how it is to be reached.
* Named children are assigned to individual staff to ensure that each child is well supervised, that no child goes astray and that there is no unauthorised access to children.
* Outings are recorded in an outings 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.
* Staff take a mobile phone on outings, as well as supplies of tissues, wipes, spare clothing and nappies if required, medicines required for individual children, a mini first aid kit, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children, as well as how long they will be out for.
* Staff will take the completed risk assessment containing a list of children with them with contact numbers of parents/carers, and a copy of our Missing Child Policy.

# Transfer of Records to School

Policy Statement

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

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

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

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

Procedures

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

* Using Birth to Five and Development Matters in the Early Years Foundation Stage guidance and our assessment of children's development and learning, the key person will prepare a summary of achievements in the seven areas of learning and development.
* The record refers to:
  + any additional language spoken by the child and his or her progress in both languages;
  + any additional needs that have been identified or addressed by the setting;
  + any special needs or disability, whether a CAF was raised in respect of special needs or disability, whether there is a Statement of Special Educational Needs, and the name of the lead professional.
* The record contains a summary by the key person and a summary of the parent’s view of the child.
* The document may be accompanied by other evidence, such as photos or drawings that the child has made.
* When a child transfers to a school, most local authorities provide an assessment summary format or a transition record, which we will follow as applicable.

*Transfer of confidential information*

* The receiving school or setting will need to have a record of any safeguarding or child protection concerns that were raised in the setting and what was done about them.
* A summary of the concerns will be made to send to the receiving setting or school, along with the date of the last professional meeting or case conference. Some Local Safeguarding Children Boards will stipulate the forms to be used and provide these.
* Where a FEHA has been raised in respect of any welfare concerns, the name and contact details of the lead professional will be passed on to the receiving setting or school.
* Where there has been a s47 investigation regarding a child protection concern, the name and contact details of the child’s social worker will be passed on to the receiving setting or school – regardless of the outcome of the investigation.
* This information is posted or taken to the school or setting, addressed to the setting or school’s designated person for child protection and marked as 'confidential’.

**Legal Framework**

* General Data Protection Regulations (GDPR) (2018)
* Freedom of Information Act (2000)
* Human Rights Act (1998)
* Children Act (1989)

# Uncollected Child

# Policy Statement

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

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

## Procedures

* Parents of children starting at the setting are asked to provide the following specific information, which is recorded on our Registration Form:
* Home address and telephone number - if the parents do not have a telephone, an alternative number must be given, perhaps a neighbour or close relative.
* Place of work, address and telephone number (if applicable).
* Mobile telephone number (if applicable).
* Names, addresses, telephone numbers and signatures of adults who are authorised by the parents to collect their child from the setting, for example a childminder or grandparent.
* Who has parental responsibility for the child.
* Information about any person who does not have legal access to the child.
* On occasions when parents are aware that they will not be at home or in their usual place of work, they inform us in writing of how they can be contacted.
* On occasions when parents, or the persons normally authorised to collect the child, are not able to collect the child, they provide us with written details of the name, address and telephone number of the person who will be collecting their child. We agree with parents how to verify the identity of the person who is to collect their child.
* Parents are informed that if they are not able to collect the child as planned, they must inform us so that we can begin to take back-up measures. We provide parents with our contact telephone number.
* We inform parents that we apply our child protection procedures in the event that their children are not collected by an authorised adult within one hour after the setting has closed and the staff can no longer supervise the child on our premises.
* If a child is not collected at the end of the session/day, we follow the procedures below:
* The child’s file is checked for any information about changes to the normal collection routines.
* If no information is available, parents/carers are contacted at home or at work.
* If this is unsuccessful, the adults who are authorised by the parents to collect their child from the setting - and whose telephone numbers are recorded on the Registration Form - are contacted.
* All reasonable attempts are made to contact the parents or nominated carers.
* The child does not leave the premises with anyone other than those named on the Registration Form or in their file.
* If no-one collects the child within 30 minutes of their expected collection time and there is no-named contact who can collect the child, we will apply the procedures for uncollected children.
* If we have any cause to believe the child has been abandoned we will contact the local authority children’s social care team: If they are unavailable we will call the police.
* We contact our local authority children’s social care team on:

|  |  |
| --- | --- |
| 01904551900 08450349417 Out of hours |  |

* After an additional 15 minutes if the child has not been collected, we will contact the above statutory agencies again.
* The child stays at the setting in the care of two fully-vetted workers until the child is safely collected either by the parents or by a social care worker, or by a person specified by social care.
* Social care will aim to find the parent or relative. If they are unable to do so, the child will become looked after by the local authority.
* Under no circumstances will staff go to look for the parent, nor do they take the child home with them.
* We will ensure the child anxiety is kept to a minimum and we will not discuss any concerns in front of them
* A full written report of the incident is recorded in the child’s file.
* Depending on circumstances, we reserve the right to charge parents for the additional hours worked by our staff.
* Ofsted may be informed:

|  |  |
| --- | --- |
| 0300123 1231 |  |

# Valuing Diversity and Promoting Equality

Policy Statement

Haxby Playgroup is committed to equal opportunities both in relation to employment and the delivery of its service. As a provider of childcare, we have a responsibility to actively oppose any form of discrimination. The service will reflect the valuing diversity and promoting equality policy in the form of the provision it offers to users, namely that:

It is the child’s right under the 1989 Children Act to have needs met regardless of race, religion, gender, disability or social status. All will be cared for equally.

We will ensure that our service is fully inclusive in meeting the needs of all children. We recognise that children and their families come from diverse backgrounds. All families have needs and values that arise from their social and economic, ethnic and cultural or religious backgrounds. Children grow up in diverse family structures that include two parent and one parent families; some children have two parents of the same sex. Some children have close links with extended families of grandparents, aunts, uncles and cousins; while others may be more removed from close kin, or may live with other relatives or foster carers.

Some children have needs that arise from disability or impairment, or may have parents that are affected by disability or impairment. Some children come from families who experience social exclusion or severe hardship; some have to face discrimination and prejudice because of their ethnicity, the languages they speak, their religious or belief background, their gender or their impairment.

We understand that these factors affect the well-being of children and can impact on their learning and attainment. Our setting is committed to anti-discriminatory practice to promote equality of opportunity and valuing diversity for all children and families. We aim to:

* provide a secure and accessible environment in which all of our children can flourish and in which all contributions are considered and valued;
* include and value the contribution of all families to our understanding of equality and diversity;
* provide positive non-stereotyping information about gender roles, diverse family structures, diverse ethnic and cultural groups and disabled people;
* improve our knowledge and understanding of issues of anti-discriminatory practice, promoting equality and valuing diversity;
* challenge and eliminate discriminatory actions;
* make inclusion a thread that runs through all of the activities of the setting; and
* foster good relations between all communities.

Procedures

### Admissions

Our setting is open to all members of the community.

* We advertise our service widely.
* We reflect the diversity of our society in our publicity and promotional materials.
* We provide information in clear, concise language, whether in spoken or written form.
* We provide information in as many languages as possible.
* We base our Admissions Policy on a fair system.
* We ensure that all parents are made aware of our Valuing Diversity and Promoting Equality Policy.
* We do not discriminate against a child or their family, or prevent entry to our setting, on the basis of a protected characteristic as defined by the Equalities Act (2010). These are:
* disability;
* race;
* gender reassignment;
* religion or belief;
* sex;
* sexual orientation;
* age;
* pregnancy and maternity; and
* marriage and civil partnership.
* We do not discriminate against a child with a disability or refuse a child entry to our setting for reasons relating to disability.
* We ensure, wherever possible, that we have a balanced intake of boys and girls in the setting.
* We develop an action plan to ensure that people with impairments can participate successfully in the services offered by the setting and in the curriculum offered.
* We take action against any discriminatory behaviour by staff or parents whether by:
* direct discrimination – someone is treated less favourably because of a protected characteristic e.g. preventing families of some racial groups from using the service;
* indirect discrimination - someone is affected unfavourably by a general policy e.g. children must only speak English in the setting;
* 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 because of their mannerisms or how they speak.
* Displaying of openly discriminatory and possibly offensive materials, name calling, or threatening behaviour are unacceptable on, or around, the 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*

* Posts are advertised 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 checks by the Criminal Records Bureau. This ensures fairness in the selection process.

### All 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 staff and volunteers to enable them to develop anti-discriminatory and inclusive practices, which enable all children to flourish.
* We ensure that staff are confident and fully trained in administering relevant medicines and performing invasive care procedures 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 the setting encourages children to develop positive attitudes about themselves as well as to people who are different from themselves. It encourages children to empathise with others and to begin to develop the skills of critical thinking.

Our environment is as accessible as possible for all visitors and service users. If access to the settings is found to treat disabled children or adults less favourably, then we make reasonable adjustments to accommodate the needs of disabled children and adults. We do this by:

* making children feel valued and good about themselves and others;
* ensuring that children have equality of access to learning;
* undertaking an access audit to establish if the setting is accessible to all children;
* making adjustments to the environment and resources to accommodate a wide range of learning, physical and sensory impairments;
* making appropriate provision within the curriculum to ensure each child receives the widest possible opportunity to develop their skills and abilities, e.g. recognising the different learning styles of girls and boys;
* positively reflecting the widest possible range of communities in the choice of resources;
* avoiding stereotypes or derogatory images in the selection of books or other visual materials;
* celebrating a wide range of festivals;
* creating an environment of mutual respect and tolerance;
* differentiating the curriculum to meet children’s special educational needs;
* helping children to understand that discriminatory behaviour and remarks are hurtful and unacceptable;
* ensuring that the curriculum offered is inclusive of children with special educational needs and children with disabilities;
* ensuring that children learning English as an additional language have full access to the curriculum and are supported in their learning; and
* ensuring that children speaking languages other than English are supported in the maintenance and development of their home languages.

*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 ensure their full inclusion.
* We offer a flexible payment system for families of differing means and offer information regarding sources of financial support.
* We take positive action to encourage disadvantaged and under-represented groups to use the setting.

*Food*

* We work in partnership with parents to ensure that dietary requirements of children that arise from their medical, religious or cultural needs are met.
* 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 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 meets the overall aims to promote equality, inclusion and to value diversity.
* We provide a complaints procedure and a complaints summary record for parents to see.

**Legal Framework**

The Equality Act (2010)

Children Act (1989) & (2004)

Children and Families Act (2014)

Special Educational Needs and Disability Act (2001)

# Whistle Blowing Policy

Policy Statement

Whilst we expect all our colleagues, both internal and external, to be professional at all times and hold the welfare and safety of every child as their paramount objective, there may be occasions where this may not be happening.

It is vital that all team members talk through any concerns they may have with the manager at the earliest opportunity to enable any problems to be ironed out as soon as they arise.

Disclosure of Information

If, in the course of your employment, you become aware of information which you reasonably believe to show one or more of the following, you **MUST** follow the playgroups disclosure procedure set out below:

* That a criminal offence has been committed or is being committed or is likely to be committed
* That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject (e.g. EYFS, National Minimum Standards, National Care Standards)
* That a miscarriage of justice has occurred, is occurring, or is likely to occur
* That the health or safety of any individual has been, is being, or is likely to be, endangered
* That the environment, has been, is being, or is likely to be, damaged
* That information tending to show any of the above, is being, or is likely to be, deliberately concealed.
* Inappropriate behaviour displayed by other members of staff, or any other person working with children e.g. inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images

Disclosure Procedure

* If this information relates to safeguarding then the playgroup safeguarding policy should be followed, with particular reference to the staff and volunteering section
* Where you reasonably believe one or more of the above circumstances listed above has occurred you should promptly disclose this to The Named Safeguarding Person or Committee Chair so that any appropriate action can be taken. If it is inappropriate to make such a disclosure to the Named Safeguarding Person (i.e. because it relates to your manager) you should speak to Committee Chair. Employees will suffer no detriment of any sort for making such a disclosure in accordance with this procedure. For further guidance in the use of the disclosure procedure, employees should speak in confidence to the Manager
* Any disclosure or concerns raised will be treated seriously and will be dealt with in a consistent and confidential manner and will be followed through in a detailed and thorough manner
* Any employee who is involved in victimising employees, takes any action to deter employees from disclosing information or makes malicious allegations or disclosures in bad faith will be subject to potential disciplinary action which may result in dismissal
* Failure to report serious matters can also be investigated and potentially lead to disciplinary action which may result in dismissal
* Any management employee who inappropriately deals with a whistle blowing issue (e.g. failing to react appropriately by not taking action in a timely manner or disclosing confidential information) may be deemed to have engaged in gross misconduct which could lead to dismissal.

# Working in Partnership with other Agencies

Policy Statement

At Haxby Playgroup 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 purpose.

Procedures

* We work in partnership, or in tandem with, local and national agencies to promote the well-being of children.
* Procedures are in place for the sharing of information about children and families with other agencies. These are set out in the Privacy Notice, 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 staff from other agencies, we make those individuals welcome in the setting and their professional roles are respected.
* We follow the protocols for working with agencies, for example on child protection.
* Staff from other agencies do not have unsupervised access to the child they are visiting in the setting and do not have access to any other child(ren) during their visit.
* Our staff do not casually share information or seek informal advice about any named child/family.
* When necessary, we consult with local and national agencies who offer a wealth of advice and information that help us 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.