

## Safeguarding Children

### Safeguarding children, young people and vulnerable adults

#### Policy statement

Chapel Lane Preschool will work with children, parents and the community to ensure the rights and safety of children, young people\* and vulnerable adults. Our Safeguarding Policy is based on the three key commitments of the Early Years Alliance Safeguarding Children Policy.

#### Procedures

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

##### *Key commitment 1*

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

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

Libby Fothergill

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

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

Tracey Brind

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- The designated person, the suitably trained deputy and the designated officer ensure they have relevant links with statutory and voluntary organisations with regard to safeguarding.
- The designated person (and the person who deputises for them) understands LSCB safeguarding procedures, attends relevant LSCB training at least every two years and refreshes their knowledge of safeguarding at least annually.
- We ensure all staff are trained to understand our safeguarding policies and procedures and that parents are made aware of them too.
- All staff understand that safeguarding is their responsibility.
- All staff have an up-to-date knowledge of safeguarding issues, are alert to potential indicators and signs of abuse and neglect and understand their professional duty to ensure safeguarding and child protection concerns are reported to the local authority children's social care team or the NSPCC. They receive updates on safeguarding at least annually.
- All staff are confident to ask questions in relation to any safeguarding concerns and know not to just take things at face value but can be respectfully sceptical.
- All staff understand the principles of early help (as defined in *Working Together to Safeguard Children*, 2018) and are able to identify those children and families who may be in need of early help and enable them to access it.
- All staff understand the thresholds of significant harm and understand how to access services for families, including for those families who are below the threshold for significant harm, according to arrangements published by the LSCB or safeguarding partners in areas where the safeguarding partners have replaced the LSCB.
- All staff understand their responsibilities under the General Data Protection Regulation and the Data Protection Act 2018, and understand relevant safeguarding legislation, statutory requirements and local safeguarding partner requirements and ensure that any information they may share about parents and their children with other agencies is shared appropriately and lawfully.
- We will support families to receive appropriate early help by sharing information with other agencies in accordance with statutory requirements and legislation.
- We will share information lawfully with safeguarding partners and other agencies where there are safeguarding concerns.

- We will be transparent about how we lawfully process data.
- All staff understand how to escalate their concerns in the event that they feel either the local authority and/or their own organisation has not acted adequately to safeguard and know how to follow local safeguarding procedures to resolve professional disputes between staff and organisations.
- All staff understand what the organisation expects of them in terms of their required behaviour and conduct, and follow our policies and procedures on positive behaviour, online safety (including use of cameras and mobile phones), whistleblowing and dignity at work.
- Children have a key person to build a relationship with, and are supported to articulate any worries, concerns or complaints that they may have in an age appropriate way.
- All staff understand our policy on promoting positive behaviour and follow it in relation to children showing aggression towards other children.
- Adequate and appropriate staffing resources are provided to meet the needs of children.
- Applicants for posts within the setting are clearly informed that the positions are exempt from the Rehabilitation of Offenders Act 1974.
- Enhanced criminal records and barred 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 must:
  - be aged 17 or over;
  - be considered competent and responsible;
  - receive a robust induction and regular supervisory meetings;
  - be familiar with all the settings policies and procedures;

- be fully checked for suitability if they are to have unsupervised access to the children at any time.
- Information is recorded about staff qualifications, and the identity checks and vetting processes that have been completed including:
  - the criminal records disclosure reference number;
  - certificate of good conduct or equivalent where a UK DBS check is not appropriate;
  - the date the disclosure was obtained; and
  - details of who obtained it.
- All staff and volunteers are informed that they are expected to disclose any convictions, cautions, court orders or reprimands and warnings which may affect their suitability to work with children (whether received before or during their employment with us).
- From 31 August 2018, staff and volunteers in childcare settings that are not based on domestic premises are **not** required to notify their line manager if anyone in their household (including family members, lodgers, partners etc.) has any relevant convictions, cautions, court orders, reprimands or warnings or has been barred from, or had registration refused or cancelled in relation to any childcare provision or have had orders made in relation to care of their children. For childminders and childcare provided from domestic settings they will be required to notify if anyone in their household has any relevant convictions, court orders or reprimands or had registration refused or cancelled in relation to childcare provision or have had certain Orders made in relation to the care of their children in accordance with the Childcare Disqualification and Childcare Regulations 2018, and Disqualification under the Childcare Act guidance effective from 31 August 2018.
- Staff receive regular supervision, which includes discussion of any safeguarding issues, and their performance and learning needs are reviewed regularly.
- In addition to induction and supervision, staff are provided with clear expectations in relation to their behaviour.
- 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 or their participation in events organised by us. Parents sign a consent form and have access to records holding visual images of their child.. Staff do not use personal cameras or filming equipment to record images.
- Personal mobile phones are not used where children are present.
- The designated person in the setting has responsibility for ensuring that there is an adequate online safety policy in place.
- We keep a written record of all complaints and concerns including details of how they were responded to.
- We ensure that robust risk assessments are completed, that they are seen and signed by all relevant staff and that they are regularly reviewed and updated, in line with our health and safety policy.
- The designated officer will support the designated person to undertake their role adequately and offer advice, guidance, supervision and support.
- The designated person will inform the designated officer at the first opportunity of every significant safeguarding concern, however this should not delay any referrals being made to children's social care, or where appropriate, the LADO, Ofsted or RIDDOR.

### *Key commitment 2*

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

### *Responding to suspicions of abuse*

- We acknowledge that abuse of children can take different forms - physical, emotional, and sexual, as well as neglect.
- We ensure that all staff have an understanding of the additional vulnerabilities that arise from special educational needs and/or disabilities, plus inequalities of race, gender,

language, religion, sexual orientation or culture, and that these receive full consideration in relation to child, young person or vulnerable adult protection.

- When children are suffering from physical, sexual or emotional abuse, or experiencing neglect, this may be demonstrated through:
  - significant changes in their behaviour;
  - deterioration in their general well-being;
  - their comments which may give cause for concern, or the things they say (direct or indirect disclosure);
  - changes in their appearance, their behaviour, or their play;
  - unexplained bruising, marks or signs of possible abuse or neglect; and
  - any reason to suspect neglect or abuse outside the setting.
- We understand how to identify children who may be in need of early help, how to access services for them
- We understand that we should refer a child who meets the s17 Children Act 1989 child in need definition to local authority children's social work services
- We understand that we should refer any child who may be at risk of significant harm to local authority children's social work services.
- We are aware of the 'hidden harm' agenda concerning parents with drug and alcohol problems and consider other factors affecting parental capacity and risk, such as social exclusion, domestic violence, radicalisation, mental or physical illness and parent's learning disability.
- We are aware that children's vulnerability is potentially increased when they are privately fostered and when we know that a child is being cared for under a private fostering arrangement, we inform our local authority children's social care team.
- We are prepared to take action if we have concerns about the welfare of a child who fails to arrive at a session when expected. The designated person will take immediate action to contact the child's parent to seek an explanation for the child's absence and be assured that the child is safe and well. If no contact is made with the child's parents and the designated person has reason to believe that the child is at risk of significant harm, the relevant professionals are contacted immediately and LSCB procedures are followed.

If the child has current involvement with social care the social worker is notified on the day of the unexplained absence.

- We are aware of other factors that affect children's vulnerability that may affect, or may have affected, children and young people using our provision, such as abuse of children who have special educational needs and/or disabilities; fabricated or induced illness; child abuse linked to beliefs in spirit possession; sexual exploitation of children, including through internet abuse; Female Genital Mutilation and radicalisation or extremism.
- In relation to radicalisation and extremism, [we/I] follow the Prevent Duty guidance for England and Wales published by the Home Office and LSCB procedures on responding to radicalisation.
- The designated person completes online Channel training, online Prevent training and attends local WRAP training where available to ensure they are familiar with the local protocol and procedures for responding to concerns about radicalisation.
- We are aware of the mandatory duty that applies to teachers, and health workers to report cases of Female Genital Mutilation to the police. We are also aware that early years practitioners should follow local authority published safeguarding procedures to respond to FGM and other safeguarding issues, which involves contacting police if a crime of FGM has been or may be about to be committed.
- 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.
- If we become concerned that a child may be a victim of modern slavery or human trafficking we will refer to the National Referral Mechanism, as soon as possible and refer and/or seek advice to the local authority children's social work service and/or police.
- We will be alert to the threats children may face from outside their families, such as that posed by organised crime groups such as county lines and child sexual exploitation, online use and from within peer groups and the wider community.
- 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 and child

in need concerns and follow the local procedures as published by the local safeguarding partners.

- Where such indicators are 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 about children's welfare to the local authority children's social care team and co-operate fully in any subsequent investigation. NB In some cases this may mean the police or another agency identified by the local safeguarding partners.
- We respond to any disclosures sensitively and appropriately and take care not to influence the outcome either through the way we speak to children or by asking questions of children (although we may check out/clarify the details of what we think they have told us with them).
- 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 or neglect 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 in an age appropriate way, but the setting may override the young person's refusal to consent to share information if it feels that it is necessary to prevent a crime from being committed or intervene where one may have been, or to prevent harm to a child or adult. Sharing confidential information without consent is done only where not sharing it could be worse than the outcome of having shared it.
- All staff are also aware that adults can also be vulnerable and know how to refer adults who are in need of community care services.
- All staff know that they can contact the NSPCC whistleblowing helpline if they feel that or organisation and the local authority have not taken appropriate action to safeguard a child and this has not been addressed satisfactorily through organisational escalation and professional challenge procedures.
- We have a whistleblowing policy in place.

- Staff/volunteers know they can contact the organisation Public Concern at Work for advice relating to whistleblowing dilemmas.

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

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

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

- *Safeguarding Children* (Pre-school Learning Alliance 2013) contains procedures to help in making a referral to the local children's social care team, as well as template forms for recording concerns and to assist with making a referral.
- We keep a copy of this document alongside the procedures for recording and reporting set down by our local safeguarding partners, which we follow where local procedures differ from those of the Early Years Alliance.

### *Escalation process*

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

### *Informing parents*

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

### *Liaison with other agencies and multi-agency working*

- We work within the local safeguarding partners guidelines.
- The current version of 'What to do if you're worried a child is being abused' is available for parents and staff and all staff are familiar with what they need to do if they have concerns.

- We have procedures for contacting the local authority regarding child protection issues and concerns about children's welfare, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and children's social care to work well together.
- We notify Ofsted of any incident or accident and any changes in our arrangements which may affect the well-being of children or where an allegation of abuse is made against a member of staff (whether the allegations relate to harm or abuse committed on our premises or elsewhere). Notifications to Ofsted are made as soon as is reasonably practicable, but at the latest within 14 days of the allegations being made.
- Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) are also kept.

*Allegations against staff and persons in position of trust*

- 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 ensure that all staff volunteers and anyone else working in the setting knows how to raise concerns that they may have about the conduct or behaviour of other people including staff/colleagues.
- We differentiate between allegations, and concerns about the quality of care or practice and complaints and have a separate process for responding to complaints.
- We respond to any inappropriate behaviour displayed by members of staff, volunteer or any other person living or working on the premises, which includes:
  - inappropriate sexual comments;
  - excessive one-to-one attention beyond the requirements of their usual role and responsibilities, or inappropriate sharing of images
- We will recognise and respond to allegations that a person who works with children has:
  - behaved in a way that has harmed a child, or may have harmed a child
  - possibly committed a criminal offence against or related to a child
  - behaved towards a child or children in a way that indicates they may pose a risk of harm to children

- We respond to any concerns raised by staff and volunteers who know how to escalate their concerns if they are not satisfied with the response
- We respond to any disclosure by children or staff that abuse by a member of staff or volunteer within the setting, or anyone living or working on the premises occupied by the setting, may have taken, or is taking place, by first recording the details of any such alleged incident.
- We refer any such complaint immediately to a senior manager within the organisation and the Local Authority Designated Officer (LADO) as necessary to investigate and/or offer advice:

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*(name and phone  
number)*

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- 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. Where it is appropriate and practical and agreed with LADO, we will seek to offer an alternative to suspension for the duration of the investigation, if an alternative is available that will safeguard children and not place the affected staff or volunteer at risk.

### *Disciplinary action*

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

### *Key commitment 3*

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

### *Training*

- Training opportunities are sought for all adults involved in the setting to ensure that they are able to recognise the signs and signals of possible physical abuse, emotional abuse, sexual abuse (including child sexual exploitation) and neglect and that they are aware of the local authority guidelines for making referrals. Training opportunities should also cover extra familial threats such as online risks, radicalisation and grooming, and how to identify and respond to families who may be in need of early help, and organisational safeguarding procedures.
- Designated persons receive appropriate training, as recommended by the local safeguarding partners, every two years and refresh their knowledge and skills at least annually.
- We ensure that all staff know the procedures for reporting and recording any concerns they may have about the provision.
- We ensure that all staff receive updates on safeguarding via emails, newsletters, online training and/or discussion at staff meetings at least once a year.

### *Planning*

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

### *Curriculum*

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

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

### *Confidentiality*

- All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the local safeguarding partners and in line with the GDPR, Data Protection Act 2018, and Working Together 2018.

### *Support to families*

- We believe in building trusting and supportive relationships with families, staff and volunteers.
- We make clear to parents our role and responsibilities in relation to child protection, such as for the reporting of concerns, information sharing, monitoring of the child, and liaising at all times with the local children's social care team.
- We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.
- We follow the Child Protection Plan as set by the child's social worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation.
- We will engage with any child in need plan or early help plan as agreed.
- 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 partners.

## **Legal framework**

### *Primary legislation*

- Children Act (1989 s47)
- Protection of Children Act (1999)
- The Children Act (2004 s11)
- Children and Social Work Act 2017
- Safeguarding Vulnerable Groups Act (2006)
- Childcare Act (2006)
- Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018

### *Secondary legislation*

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

### **Further guidance**

- Working Together to Safeguard Children (HMG, 2018)
- What to do if you're Worried a Child is Being Abused (HMG, 2015)
- Framework for the Assessment of Children in Need and their Families (DoH 2000)
- The Common Assessment Framework for Children and Young People: A Guide for Practitioners (CWDC 2010)
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2008)
- Hidden Harm – Responding to the Needs of Children of Problem Drug Users (ACMD, 2003)
- Information Sharing: Advice for Practitioners providing Safeguarding Services (DfE 2018)

- Disclosure and Barring Service: [www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)
- Revised Prevent Duty Guidance for England and Wales (HMG, 2015)
- Inspecting Safeguarding in Early Years, Education and Skills Settings, (Ofsted, 2016)
- Safeguarding Children (Pre-school Learning Alliance 2013)
- Safeguarding through Effective Supervision (Pre-school Learning Alliance 2013)
- The New Early Years Employee Handbook (Pre-school Learning Alliance 2016)
- People Management in the Early Years (Pre-school Learning Alliance 2016)

\*A 'young person' is defined as 16 to 19 years old – in our setting they may be a student, worker, volunteer or parent.

The above policy was adopted at

Chapel Lane Pre-School

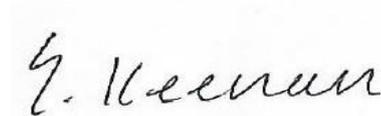
Date Reviewed

January 2020

Reviewed by

Libby Fothergill

Signed on behalf of the management committee



Name of signatory

Emma Keenan

Role of signatory (e.g. chair/owner)

Chairperson

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

### Policy statement

We believe that children settle best when they have a key person to relate to, who knows them and their parents well, and who can meet their individual needs. Research shows that a key person approach benefits the child, the parents, the staff and the setting by providing secure relationships in which children thrive, parents have confidence, 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 Welfare Requirements of the Early Years Foundation Stage. Each setting must offer 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.

### EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.3 Keeping safe 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child 3.3 The learning environment	4.4 Personal, social and emotional development

## **Procedures**

- Where possible, we allocate a key person before the child starts.
- A home visit is carried out before the child starts, by 2 members of staff including where possible the key person.
- The key person is responsible for ensuring that the child's care is tailored to meet their individual needs and to help the child become familiar with their setting, offer a settled relationship with the child, and build a relationship with the parents.
- 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.
- A 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.
- In the absence of the child's key person the parents may contact the manager or deputy manager.
- 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.
- The Key person will support the family to engage with specialist support if required.

## *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 and individual meetings with parents.
- During the half-term before a child is enrolled, we provide opportunities for the child and his/her parents to visit the setting.
- Where possible 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 our new parents open evening to explain and complete with his/her parents registration records.

- When a child starts, 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.
- Younger children may 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 believe a child is 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 in order to help them to settle quicker.
- We recognise that all children are individuals, some children will settle more readily than others, and we will work with the parents to make a settling in procedure for their child.
- We do not believe that leaving a child to cry for a prolonged period of time 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.
- Within the first 3 – 4 weeks of starting we share an initial assessment with the parents and ask for their input with this.

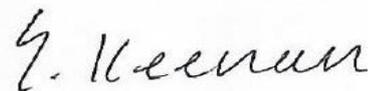
Date Reviewed

January 2020

Reviewed by

Libby Fothergill

Signed on behalf of the management committee



Name of signatory

Emma Keenan

Role of signatory (e.g. chair/owner)

Chairperson

## Promoting health and hygiene

### Administering medicines

#### Policy statement

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

In many cases, it is possible for children's GP's to prescribe medicine that can be taken at home in the morning and evening. As far as possible, administering medicines will only be done where it would be detrimental to the child's health if not given in the setting. If a child has not had a medication before, parent are required to 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. Further to this we also ask that if your child is prescribed antibiotics they have had before, they are kept at home for 24 hours before returning to preschool.

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

All staff are responsible for the correct administration of medication to children.

This includes ensuring that parent consent forms have been completed, that medicines are stored correctly and that records are kept according to procedures. The manager is responsible for the overseeing of administering medication

#### EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

## Procedures

- Children taking any medication must be well enough to attend the setting.
- Only prescribed medication is administered. It must be in-date and prescribed for the current condition with dosage information on the medication
- Only the dose specified on the medication will be given
- Children's prescribed medicines are stored in their original containers, are clearly labelled by the pharmacy and are inaccessible to the children.
- The staff receiving the medication must ask the parent to sign a consent form stating the following information. No medication may be given without these details being provided:
  - full name of child
  - name of medication and strength;
  - dosage to be given in the setting;
  - how the medication should be stored and expiry date;
  - signature, printed name of parent and date

### *Administration of medicine*

- The administration of medicine is recorded accurately also on the consent form detailed above with all the required information. Each time medicine is given it is signed by the person administering it and the following details logged:
  - Date
  - Time given
  - Dose given
  - Name of Staff member administering and initials

### *Storage of medicines*

- All medication is stored safely in a secure cupboard or refrigerated. Where the cupboard or refrigerator is not used solely for storing medicines, they are kept in a marked plastic box.
- Staff are responsible for ensuring medicine is handed back at the end of the day to the parent.

- For some conditions, where a care plan is in place medication may be kept in the setting. Staff to check that any medication held to administer on an as and when required basis, or on a regular basis, is in date and returns any out-of-date medication back to the parent.
- If rectal diazepam is given, another member of staff must be present and co-signs the record book.
- If the administration of prescribed medication requires medical knowledge, individual training is provided for all members of staff by a health professional.
- 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 a member of staff what they need. However, this does not replace staff vigilance in knowing and responding when a child requires medication.

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

- A risk assessment is carried out for each child with long term medical conditions that require ongoing medication, this is the responsibility of the manager and communicated to all staff members.
- Parents will also contribute to the risk assessment, they should be shown round 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, 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 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.
- A health care plan for the child is drawn up with the parent; and shared with all staff
- The health care plan should include the measures to be taken in an emergency.
- The health care plan is reviewed every six months or more if necessary. This includes reviewing the medication, e.g. changes to the medication or the dosage, any side effects noted etc.

- Parents receive a copy of the health care plan and each contributor, including the parent, signs it.

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

- If children with medication are going on outings, staff accompanying must be fully informed along with the risk assessments for any needs and/or medication.
- Medication for a child is taken in a sealed plastic box clearly labelled with the child's name, name of the medication, Inside the box is a copy of the consent form and a card to record when it has been given, with the details as given above.
- If a child on medication has to be taken to hospital, the child's medication is taken in a sealed plastic box clearly labelled with the child's name, name of the medication. Inside the box is a copy of the consent form signed by the parent.
- As a precaution, children should not eat when travelling in vehicles
- This procedure is read alongside the outing's procedure.

#### **Legal framework**

- The Human Medicines Regulations (2012)

#### **Further guidance**

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

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

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

The above policy was adopted at

Chapel Lane Pre-School

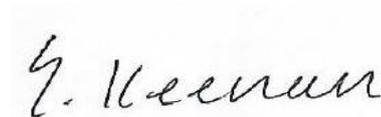
Date Reviewed

January 2020

Reviewed by

Libby Fothergill

Signed on behalf of the management committee



Name of signatory

Emma Keenan

Role of signatory (e.g. chair/owner)

Chairperson

## Promoting health and hygiene

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

(Including reporting notifiable diseases)

#### Policy statement

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

#### EYFS Key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.4 Health and well-being	2.2 Parents as partners 2.4 Key person	3.2 Supporting every child	

#### 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 on their behalf.
- If a child has a temperature, they are kept cool, by removing top clothing, sponging their heads with cool water, but kept away from draughts.
- The child's temperature is taken using a thermometer, kept in the first aid box.
- In extreme cases of emergency the child should be taken to the nearest hospital and the parent informed.
- If a child has not had a medication before, parent are required to 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. Further to this we also ask that if your child is prescribed

antibiotics they have had before, they are kept at home for 24 hours before returning to preschool.

- The setting can refuse admittance to children who have a temperature, sickness and diarrhoea or a contagious infection or disease
- Parents are asked to keep children at home for 48 hours after the last bout of sickness or diarrhoea.
- The setting has a list of excludable diseases and current exclusion times. The full list is obtainable from [www.hpa.org.uk/servlet/ContentServer?c=HPAweb\\_C&cid=1194947358374&pagename=HPAwebFile](http://www.hpa.org.uk/servlet/ContentServer?c=HPAweb_C&cid=1194947358374&pagename=HPAwebFile) and includes common childhood illnesses such as measles.
- When informed by the parent that their child will not be attending staff record absences in the holidays sickness section of the accident and incident book.

#### *Reporting of 'notifiable diseases'*

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

#### *HIV/AIDS/Hepatitis procedure*

- HIV virus, like other viruses such as Hepatitis, (A, B and C) are spread through body fluids. Hygiene precautions for dealing with body fluids are the same for all children and adults.
- Single use vinyl gloves and aprons are worn when changing children's nappies, pants and clothing that are soiled with blood, urine, faeces or vomit.
- Protective rubber gloves are used for cleaning/slucing clothing after changing.
- Soiled clothing is rinsed and either bagged for parents to collect.
- Spills of blood, urine, faeces or vomit are cleared using mild disinfectant solution and mops; cloths used are disposed of with the clinical waste.
- Tables and other furniture, furnishings or toys affected by blood, urine, faeces or vomit are cleaned using a disinfectant.

### *Nits and head lice*

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

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

- When parents start their children at the setting they are asked if their child suffers from any known allergies. This is recorded on the registration form.
- If a child has an allergy, a health care plan is completed to detail the following:
  - The allergen (i.e. the substance, material or living creature the child is allergic to such as nuts, eggs, bee stings, cats etc).
  - The nature of the allergic reactions e.g. anaphylactic shock reaction, including rash, reddening of skin, swelling, breathing problems etc.
  - What to do in case of allergic reactions, any medication used and how it is to be used (e.g. EpiPen).
  - Control measures – such as how the child can be prevented from contact with the allergen.
  - Review.
- This form is kept in the child's personal file and a copy is displayed where staff can see it.
- Parents train staff in how to administer special medication in the event of an allergic reaction.
- No nuts or nut products are used within the setting.
- Parents are made aware so that no nut or nut products are accidentally brought in, for example to a party.

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

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

insurance provider must be obtained to extend the insurance.

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

### *Oral Medication*

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

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

### *Life saving medication & invasive treatments*

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

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

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

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

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

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

#### **Further guidance**

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

Other useful Pre-school Learning Alliance Publications

- Good practice in Early Years Infection Control (2009)

▪ The above policy was adopted at

Chapel Lane Pre-School

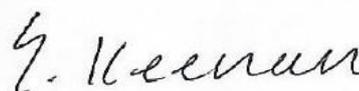
Date Reviewed

January 2020

Reviewed by

Libby Fothergill

Signed on behalf of the management committee



Name of signatory

Emma Keenan

Role of signatory (e.g. chair/owner)

Chairperson

## Employment

### Employment and staffing

(Including vetting, contingency plans, training and development)

### Policy Statement

We provide a staffing ratio in line with the 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 staffs are appropriately qualified and we carry out checks for criminal and other records through the Disclosure & Barring Service in accordance with statutory requirements.

### EYFS key themes and commitments

<b>A Unique Child</b>	<b>Positive Relationships</b>	<b>Enabling Environments</b>	<b>Learning and Development</b>
1.3 Keeping safe	2.4 Key person	3.4 The wider context	

### Procedures

#### *Ratios*

- To meet this aim we use the following ratios of adult to children:
  - for children aged two years of age:
    - 1 adult : 4 children
    - at least one member of staff holds a full and relevant level 3 qualification
    - at least half of all other staff working holds a full and relevant level 2 qualification
  - for children aged three to seven years of age:
    - 1 adult : 6-8 children

- at least one member of staff holds a full and relevant level 3 qualification
- at least half of all other staff working holds a full and relevant level 2 qualification

In addition, if there is a qualified teacher present:

- for children aged three years of age and over:
  - 1 adult: 13 children
  - at least one member of staff must have qualified teacher status, early years provision status or another full and relevant level 6 qualification
  - at least one other member of staff holds a full and relevant level 3 qualification minimum of three staff/adults are on duty at any one time
  
- We aim to have four members of staff in each session.
- Anyone under the age of 17 is not included in the ratios and is supervised at all times.
- Students on long term placements and volunteers (over 17 years of age) are included in the ratios, if the manager is satisfied with their ability
- We use a key person approach to ensure that each child has a named member of staff with whom to form a relationship and who plans with parents for the child's well-being and development in the setting.
- 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.

#### *Vetting and staff selection*

- We work towards offering equality of opportunity by using non-discriminatory procedures for staff recruitment and selection.
- All staff have general job descriptions which set out their roles – with more specific roles and responsibilities set out separately e.g. SENCO, lead language.

- We welcome applications from all sections of the community. Applicants will be considered on the basis of their suitability for the post, regardless of marital status, age, gender, culture, religious belief, ethnic origin or sexual orientation. However applicants must have sufficient understanding and use of the English Language to ensure the wellbeing of children in their care. Applicants will not be placed at a disadvantage by our imposing conditions or requirements that are not justifiable.
- We use Ofsted and the Pre-School Learning Alliance guidance on obtaining references and enhanced criminal record checks through the Criminal Records Bureau the Disclosure and Barring Service for staff and volunteers who will have unsupervised access to children. This is in accordance with requirements under the Safeguarding Vulnerable Groups Act 2006 for the vetting and barring scheme.
- We keep all records relating to employment of staff, which includes qualifications, identity checks and vetting processes that have been completed. We will record details of the criminal records disclosure, reference number, date and details of who obtained it.
- We keep all records relating to volunteers demonstrating that checks have been done, including the date and reference number of DBS checks.

#### *Changes to staff*

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

#### *Training and staff development*

- Our setting manager and deputy hold the CACHE Level 3 Diploma in Pre-school Practice or an equivalent qualification and a minimum of half of our staff hold the CACHE Level 2 Certificate in Pre-school Practice or an equivalent or higher qualification.
- Our setting manager has more than 2 years experience working in an early years setting
- We provide regular in-service training to all staff - whether paid staff or volunteers - through the Pre-school Learning Alliance and external agencies.
- Our setting budget allocates resources to training.
- We provide staff induction training which includes:
  - Details of their role and responsibilities within the setting.
  - Health and safety policies, which includes fire evacuation.

- Safeguarding Children Policies.
- Child protection policy.
- Equality policy.

Other policies and procedures will be introduced within an induction plan.

- We support the work of our staff by holding regular supervision meetings, giving staff the opportunity to discuss any issues they have, working to identify solutions for these issues and offering support to improve their personal effectiveness
- We are committed to recruiting, appointing and employing staff in accordance with all relevant legislation and best practice.
- We ensure staffs are given annual appraisals, identifying training needs and where possible ways we can improve an individual's qualification level. If a member of staff does not have a relevant qualification, we will support them to obtain a relevant level 2 qualification.

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

- In term time only settings, our staff take their holiday breaks when the setting is closed. Where staff may need to take time off for any reason other than sick leave or training, this is agreed with the manager with sufficient notice.
- Where staff are unwell and take sick leave in accordance with their contract of employment, we organise cover to ensure ratios are maintained.
- Sick leave is monitored and action is taken where necessary in accordance with the contract of employment.
- In the absence of the manager, the deputy will take charge of the setting
- We have contingency plans to cover staff absences, as follows:
  - Contact staff not on duty to obtain cover.
  - If qualified staff ratio is sufficient then contact committee members
  - If staff ratio cannot be met call Chairperson
  - If staff ratio cannot be met and Chairperson is unavailable the Pre-School will be closed.

#### *Staff taking medication*

- If a member of staff are taking medication which may affect their ability to care for children they must seek medical advice.
- The setting will only allow the member of staff to continue working with the children if the medical advice confirms the medication is unlikely to impair their ability to look after the children properly.
- Staff medication kept in the setting is stored securely in the medicine cupboard and is out of the reach of children.

Date Reviewed

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January 2020

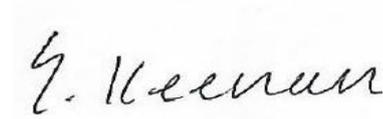
Reviewed by

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Libby Fothergill

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Signed on behalf of the management committee



Name of signatory

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Emma Keenan

Role of signatory (e.g. chair/owner)

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Chairperson

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## Equality of opportunity

### Achieving positive behaviour

#### Policy statement

Our setting believes that children develop best when their personal, social and emotional needs are met and where there are clear routines and boundaries for which to encourage positive behaviour in a secure, stimulating environment

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 developed through support, encouragement, teaching and being a good role model. We achieve positive and considerate behaviour through personal, social and emotional development

#### EYFS key themes and commitments

<b>A Unique Child</b>	<b>Positive Relationships</b>	<b>Enabling Environments</b>	<b>Learning and Development</b>
1.1 Child development	2.2 Parents as partners	3.2 Supporting every child	4.4 Personal, social and emotional development
1.2 Inclusive practice	2.3 Supporting learning	3.3 The learning environment	
1.3 Keeping safe			

#### Procedures

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

- We require the named person to:
  - keep her/himself up-to-date with legislation, research and thinking on promoting positive behaviour and on handling children's behaviour where it may require additional support;

- access relevant sources of expertise on promoting positive behaviour within the programme for supporting personal, social and emotional development ; and
  - check that all staff have relevant in-service training on promoting positive behaviour
- 
- We recognise that codes for interacting with other people vary between cultures and require staff to be aware of - and respect - those used by members of the setting.
  - We require all staff, volunteers and students to provide a positive model of behaviour by treating children, parents and one another with friendliness, care and courtesy.
  - We familiarise new staff and volunteers with the setting's 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. We work with parents to address recurring behaviour, using our ABC observation records to inform intervention plans (which are discussed and shared with parents) 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 consistently use positive strategies for handling any inappropriate behaviour, by helping children find solutions in ways which are appropriate for the children's ages and stages of development.
- We acknowledge positive 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 inappropriate behaviour, but support these actions to encourage positive and acceptable behaviour
- We help young children develop pro-social behaviour, such as resolving conflict.

- We support social skills through modelling behaviour, through activities, drama and stories. We build self-esteem and confidence in children, recognising their emotional needs through building safe and secure relationships

### *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. 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 according to individual understanding and age
- 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.
- When hurtful behaviour occurs we may use strategies such as removing them from the group or activity, use of a sand timer as appropriate to allow 'calming down' time and sitting with an adult for 'thinking time'. Strategies will be chosen depending on the needs and emotional development of the child and the nature of the behaviour and discussed with parents.
- We use physical restraint as a last measure, 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 manager and are recorded and the child's parent is informed on the same day.
- When hurtful behaviour becomes problematic, we work with parents to identify the cause and find a solution together using strategies.
- If necessary we use the Code of Practice to support the child and family, making the appropriate referrals to a EYIA Behaviour Support Team where necessary.

### *Children under three years*

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

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

Young children often engage in play that has aggressive themes – such as superhero and weapon play; some children appear 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 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.

The above policy was adopted at

Chapel Lane Pre-School

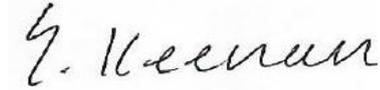
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Reviewed by

Libby Fothergill

Signed on behalf of the management committee



Name of signatory

Emma Keenan

Role of signatory (e.g. chair/owner)

Chairperson

## Equality of Opportunity

### Valuing diversity and promoting equality

#### Policy statement

We will ensure that our service is fully inclusive in meeting the needs of all children, particularly those that arise from their ethnic heritage, social and economic background, gender, ability or disability. 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 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 ethnic and cultural groups and disabled people;
- Apply our knowledge and understanding of issues of anti-discriminatory practice, promoting equality and valuing diversity; make inclusion a thread that runs through all of the activities of the setting.
- Ensure all activities are inclusive for all children's abilities and needs

#### EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice 1.3 Keeping safe	2.1 Respecting each other 2.2 Parents as partners 2.3 Supporting learning 2.4 Key person	3.2 Supporting every child 3.4 The wider context	4.4 Areas of learning and development

## **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 base our admissions policy on a fair system.
- We ensure that all parents are made aware of our equal opportunities policy.
- We do not discriminate against a child or their family, or prevent entry to our setting, on the basis of colour, ethnicity, religion or social background, the travelling community or an asylum seeker.
- We do not refuse a child entry or discriminate against a child relating to a disability
- We develop an action care plan to ensure that people with disabilities 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. 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 in the strongest manner.

### *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 promoting equality, valuing diversity and inclusion.

## **Curriculum**

The curriculum offered in the setting encourages children to develop positive attitudes about themselves as well as equality and diversity of others. It encourages children to empathise and to begin to develop their personal, social and emotional development.

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 positive about themselves;
- 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, abilities, interests and independence.
- 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 festivals of individual children.
- Creating an environment of mutual respect and tolerance.
- 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.
- 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 parents/carers to take part in the life of the setting and to contribute when able.
- 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.

### **Food**

- We work in partnership with parents to ensure that the medical, cultural and dietary needs of children 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.

### *Monitoring and reviewing*

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

### **Legal framework**

- The Equality Act 2006
- Disability Discrimination Act (DDA) 1995, 2005
- Race Relations Act 1976

- Race Relations Amendment Act 2000
- Sex Discrimination Act 1976,1986
- Children Act 1989, 2004
- Special Educational Needs and Disability Act 2001

The above policy was adopted at

Chapel Lane Pre-School

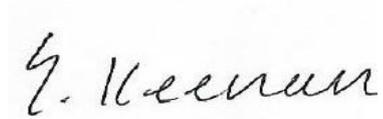
Date Reviewed

January 2020

Reviewed by

Libby Fothergill

Signed on behalf of the management committee



Name of signatory

Emma Keenan

Role of signatory (e.g. chair/owner)

Chairperson

## Equality of opportunity

### Supporting children with special educational needs

#### Policy statement

We provide an environment in which all children, including those with special educational needs, are supported to reach their full potential.

- We have regard for The Children & Families Act 2014
- We have regard for the SEND code of practice: 0-25years (2014)
- We ensure our provision is inclusive to all children with special educational needs.
- We support parents and children with special educational needs (SEN).
- We identify the specific needs of children with special educational needs and meet those needs through a range of SEN strategies.
- We work in partnership with parents and other agencies in meeting individual children's needs.
- We monitor and review our policy, practice and provision and, if necessary, make adjustments.

#### EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.1 Child development	2.1 Respecting each other	3.2 Supporting every child	4.1 Play and exploration
1.2 Inclusive practice	2.2 Parents as partners	3.3 The learning environment	4.2 Active learning
1.4 Health and well-being	2.3 Supporting learning	3.4 The wider context	4.3 Creativity and critical thinking
	2.4 Key person		

## Procedures

- We designate a member of staff to be the Special Educational Needs Co-ordinator (SENCO) and give his/her name to parents. Our SENCO is Jemima Ridley

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- We ensure that the provision for children with special educational needs is the responsibility of all members of the setting.
- We ensure that our inclusive admissions practice ensures equality of access and opportunity.
- We use the graduated response system assess, plan, do, review to create plans and support for children.
- We raise awareness of any specialism the setting has to offer in our local offer.
- We have a system in place to give parents extra support by referring them to Children's and Young People Integrated Therapies Toolkit CYIPP for information and advice and SENDIASS – Special educational needs and disability information advice and support and language drop ins.
- We have the support of an early year's inclusion advisor.
- We support the transition of SEN children into and out of our preschool to other settings through meetings and careful planning.
- We work closely with parents of children with special educational needs to create and maintain a positive partnership.
- We ensure that parents are informed at all stages of the assessment, planning, provision and review of their children's education.
- We provide parents with information on sources of independent advice and support.
- We liaise with other professionals involved with children with special educational needs and their families, including transfer arrangements to other settings and schools.
- We provide a broad, balanced and differentiated curriculum for all children with special educational needs.
- We use a system of abc observations, intervention plans, individual learning plans (ILPs) and EHCP's for children with special educational needs.

- We ensure that children with special educational needs are appropriately involved at all stages of the graduated response, taking into account their levels of ability.
- We have systems in place for supporting children during Statutory Assessment and the HCP/EHCP process.
- We use a system for keeping records of the assessment, planning, provision and review for children with special educational needs.
- We provide resources to implement our Special Educational Needs Policy.
- We provide in-service training for our practitioners to support additional needs.
- We raise awareness of any specialism the setting has to offer, e.g. Makaton trained staff.
- We ensure the effectiveness of our special educational needs provision by collecting information from a range of sources e.g. Individual Education Plan reviews, staff and management meetings, parental and external agency's views, inspections and complaints. This information is collated, evaluated and reviewed annually.
- We provide a complaints procedure.
- We monitor and review our policy annually.

The above policy was adopted at

Chapel Lane Pre-School

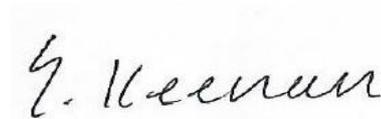
Date Reviewed

January 2020

Reviewed by

Libby Fothergill

Signed on behalf of the management committee



Name of signatory

Emma Keenan

Role of signatory (e.g. chair/owner)

Chairperson

## Admissions

### Policy Statement

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

### EYFS key themes and commitments

A Unique Child	Positive Relationships	Enabling Environments	Learning and Development
1.2 Inclusive practice	2.1 Respecting each other	3.3 The learning environment 3.4 The wider environment	

### Procedures

- We ensure that our setting is advertised in places accessible to all sections of the community, to include our website.
- We ensure that information about our setting is accessible and provided in written and spoken form. We will provide translated written materials where language needs of families suggest this is required, as well as access to an interpreter, Where necessary we will try to provide information in Braille, or through British Sign Language.
- We arrange and priorities our waiting list and offer places in date of birth order. In addition, our policy may takes into account the following:
  - The vicinity of the home to the setting
  - Siblings already attending the setting
- We describe our setting and its practices in terms that make it clear that it welcomes both fathers and mothers, other relations and other carers, including childminders.
- We describe our setting and its practices in terms of how it treats each child and their family, having regard to their needs arising from their gender, special educational needs,

disabilities, social background, religion, ethnicity or from English being a newly acquired additional language.

- We describe our setting and its practices in terms of how it enables children and/or parents with disabilities to take part in the life of the setting.
- We make our Equal Opportunities Policy widely known.
- We consult with families about the opening times of the setting to ensure we accommodate a broad range of family needs.
- Children are entitled to 15 hours funding from the term after their third birthday, and this can be attended as morning sessions between 8.45 – 11.45 or afternoon session between 12.15 – 15.15.
- 30 hours funding is also offered between 9.15 – 15.15 (with a minimum of 4days / 24hrs per week attendance). Where parents and careers are not entitled to 30hr funding sessions that sit outside of the universal 15hrs funding will be charged at the rates advertised on our website.
- If a child doesn't attend their session and the parent doesn't inform us, we will endeavour to make contact with them. However if this isn't possible we will enquire when they next attend.
- If a child is unable to attend the setting for at least 3 weeks, we will be unable to hold the place for the child, as funding will be withdrawn from Wokingham Borough Council.

Date Reviewed

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January 2020

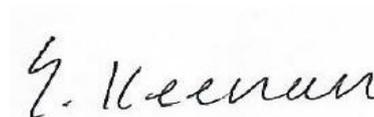
Reviewed by

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Signed on behalf of the management committee



Name of signatory

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Emma Keenan

Role of signatory (e.g. chair/owner)

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Chairperson

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