



IMPLEMENTATION GUIDANCE CHILDMINDING

*Childminding and Day Care for Children Under Age 12
Minimum Standards*

Version 3
June 2016

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Introduction

The Health and Social Care Board is issuing this Implementation Guidance (Version 3, October 2016) with the endorsement of the Department of Health and following consultation with Health and Social Care Trusts, the regional membership organisations (NICMA, Early Years Organisation, and PlayBoard) and other stakeholders.

The Implementation Guidance (Version 3) has been developed to be helpful to providers and registering social workers and aims to promote a shared interpretation of the Minimum Standards for Childminding and Day Care for Children Under Age 12, by providing explanatory and additional information.

From a legal perspective early years practice is governed by Part XI of the Children Order (NI) 1995 and the associated Regulations. The Department of Health has also issued Volume Two of the Departmental Guidance and Regulations – Family Support, Childminding and Day Care.

In 2012 the Department published the Minimum Standards for Childminding and Day Care for Children Under Age 12 under their powers from the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003. The publication of the Minimum Standards reflects the importance of having access to an up to date framework for the registration and inspection of childminding and daycare services.

The Minimum Standards (as interpreted by the Implementation Guidance) are compulsory. The Standards and the Implementation Guidance issued by the Health Social Care Board, would be referred to by any Court considering a challenge to a decision in respect to registration by a Trust. The Implementation Guidance must always be read in conjunction with the Standards and is not designed as a stand-alone document.

While the Minimum Standards and Implementation Guidance are issued primarily for HSC Trusts in regulating services they are also for use by providers and staff to inform and promote self-assessment of their services. Many providers aspire to exceed these standards and develop their service in order to achieve excellence. The HSC Trusts, local Childcare Partnerships, and membership organisations are committed to providing support to providers towards continuous improvement, and to deliver a high quality service for children.

Definitions

Definition of a childminder

Childminders look after children under the age of twelve in domestic premises, often but not always the childminder's own home. They offer this service all the year around for the full working day. Parents and childminders negotiate the terms and conditions.

(Children (NI) Order 1995 Regulations and Guidance Volume 2).

Childminders are required to register when they look after one or more children aged 12 years and under for reward on domestic premises. This refers to the household's daily living space that is used for the care of children and includes relevant rooms such as sitting room, kitchen, bathroom(s), bedroom(s) and converted integral garage/extension (that is not developed solely for childcare). All rooms and outdoor facilities will be considered as part of the Registration process and therefore will also be part of the Inspection process.

Childminders' own children are only factored into the registration numbers if they are present during the hours of childminding.

When statutory requirements to do with premises have to be met, confirmation of this should be sought from the relevant authority. Health and Social Care Trusts should seek appropriate advice and guidance from key agencies with expertise in specific areas such as Environmental Health; Public Health Agency; Planning Authority.

Section 1 – Quality of Care

STANDARD 1 - Safeguarding and Child Protection

All childminders and assistants must complete a certificated Safeguarding/Child Protection course every three years. Childminders and assistants must have a valid Safeguarding/Child Protection certificate at all times.

All childcare providers including childminders and their staff must have sufficient understanding and use of English to ensure the wellbeing of children in their care. For example, providers and staff must be in a position to keep records in English, to liaise with other agencies in English, to summon emergency help, and to understand instructions such as those for the safety of medicines or food hygiene.

STANDARD 2 - Care, Development and Play

All registered childminders are required to have a Play Policy. The Play Policy should be underpinned by the Principles of Playwork and recognise children's capacity for development through play. The Principles of Playwork are stated here <http://www.playboard.org/wp-content/uploads/2014/11/Playwork-Principles.pdf> and in Appendix 2.

It is important that children feel valued and respected. A childminder's home needs to be child centred, friendly and a place where children feel welcome.

The importance of observation to support individual children's development is reinforced but, it is not necessary for these to be written records of observations in childminding settings.

It is important to recognise, when developing children's abilities, that speech, language and communication skills should be promoted.

STANDARD 3 – Children's Health & Wellbeing

A childminder must have a valid Paediatric First Aid certificate. This must be a certificate provided by a training organisation which is registered with Ofqual, SQA or the Welsh Government to provide Paediatric First Aid training. The certificate must be valid for three years.

Certificates do have to be renewed on a three-yearly basis to maintain validity.

E-Learning, blending or any other format of distance learning is not a valid form of delivery for Paediatric First Aid. Training must be delivered face to face. Guidance about what training is required for childminders can be found at the Childcare Partnership website www.childcarepartnerships-ni.org and through NICMA at www.nicma.org.

All medicines must be inaccessible to children. Additional consideration needs to be given to medicines that need to be kept in the fridge. Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003 (COSHH (NI)) recommend that medicines and hazardous substances are locked up.

Children will only require their own hairbrush and toothbrush, if they need to use these items while at the setting.

All settings should have a policy on Infection Prevention and Control. Should a child have an infectious illness which is not on the exclusion guidance list, continuing to provide care is at the discretion of the childminder and in consideration of the views of the parents of other children attending the setting.

The “working day” refers to the hours that the childminder states within the Statement of Purpose that they are available to childmind and therefore smoking is not permitted during these times. This includes the use of e-cigarettes.

STANDARD 4 - Health & Safety in the Setting

All settings must register with the local Environmental Health Service and comply with regulations and guidance. Reference is made to childminders being “under the influence of any substance”. This relates to alcohol or drugs (illegal or prescribed) and includes ‘legal highs’.

Fire Safety Risk Assessments do not need to be carried out by a fire safety specialist. If the childminder feels that he/she is not competent enough to complete this, due to the complexity of the premises, a specialist may be hired to provide this service. The Fire Safety Risk Assessment should include details of the setting's approach to regular fire drills and be regularly reviewed and updated in line with Northern Ireland Fire and Rescue Service Guidance. Refer to the <http://www.nifrs.org/firesafe/guidance.php> for more information.

Childminders are also required to have:

- An Evacuation Plan
- Working smoke detectors on every level where children are cared for
- Carbon monoxide detectors in every room where there is an appliance that burns gas, solid fuel or oil (including an integral garage)
- A fire blanket in the kitchen

Childminders will not necessarily have flame retardant furnishings in all rooms. When this is the case, it must be reflected in the Risk Assessment and action taken, such as the use of a full fire guard and no lit candles present.

When a childminder employs an assistant, the assistant will be required to have their own Public Liability insurance unless covered by the childminders own Public Liability policy. Where the assistant is a relative, separate Employers Liability insurance is not required.

(Further advice on this can be found at:

<http://www.hseni.gov.uk/about-you/employer.htm>

and

http://www.hseni.gov.uk/leaflet_employers_liability_insurance_employers.pdf

ROSPA no longer recommend socket covers. For more information refer to <http://www.rospa.com/home-safety/resources/policy-statements/electricity/>

A nappy changing mat must be used at all times. Guidance from Environmental Health about the positioning of nappy changing facilities must be followed.

A 'Safety Emergency' (Minimum Standards 2012 page 18) could cover a wide range of eventualities including flooding and security alerts. A policy is required to cover these but has not specifically been named in the Standards document. Some possible situations could be covered under policies entitled Security of the Setting, Fire Safety Risk Assessment and Managing Emergencies.

STANDARD 5 - Food and Drink

It is essential that parents are aware of the policy on the provision of food and drinks. The social value of children eating together is recommended and childminders, if providing food, should do so from the four main food groups. These are:

- Bread, rice potatoes, pasta and other starchy foods
- Fruit and vegetables
- Meat, fish, eggs, beans and other non-dairy sources of protein
- Milk and dairy foods

The Public Health Agency can provide additional guidance about healthy eating in Nutrition Matters in the Early Years guide

<http://www.publichealth.hscni.net/publications/nutrition-matters-early-years-guidance-feeding-under-fives-childcare-setting>

Further guidance for children under and over five years of age

0-5 years - <http://www.publichealth.hscni.net/publications/getting-good-start-healthy-eating-one-five-english-and-translations>

5 years plus - <http://www.publichealth.hscni.net/publications/enjoy-healthy-eating-0>
<http://www.enjoyhealthyeating.info/>

All childminders are required to register with their local Environmental Health Service and to comply with all guidance issued.

STANDARD 6 - Promoting Positive Behaviour

All childminders should have a clear written policy outlining to parents strategies for promoting positive behaviour in all children, including age and developmentally appropriate responses to particular behaviour which is challenging in a group. The Childcare Partnerships and membership organisations (NICMA, Early Years Organisation, PlayBoard, Altram, Employers for Childcare and other independent organisations), provide training about “Promoting Positive Behaviour” and childminders are encouraged to avail of this.

STANDARD 7 - Working in Partnership with Parents

This section recognises that children’s well-being and development is best promoted through carers and parents collaborating in a child’s care. The development of speech, language and communication skills is best promoted by a consistency of approach by both.

An outline of a statement of purpose is available in the Minimum Standards DHSS&PS 2012 Page 58.

Guidance about records which should be to be kept about each child is available in the Minimum Standards DHSS&PS 2012 Page 59.

Childminders should ensure that the views of parents are sought on a regular basis. This will be required for the Annual Inspections carried out by HSC Trusts (Minimum Standards DHSS&PS 2012 page 24). Also parents must be made aware that their contact details may be made available to HSC Trust Early Years Teams to allow the HSC Trusts to seek the views of parents as part of the Inspection process. This may include the views of all parents that have used the facility within the inspection year. Written consent for this should be obtained from parents as part of the registration process.

A childminder should make Inspection Reports available to parents.

STANDARD 8 - Equality

Childminders must adhere to the requirements of any Equality Legislation with regard to the construction of admission criteria, the treatment of children and their parents and the employment and training of staff and volunteers working in the setting. The issue of equality of opportunity refers to any setting's treatment of children, parents and staff.

www.equalityni.org/employers-service-providers/serviceproviders

STANDARD 9 - Additional Needs

Childminders should work closely and confidentially with the parents of a child who may have additional needs to ensure the needs of the child may be fully met, as far as possible.

If a child is identified as a child in need (Article 17 Children (NI) Order 1995) the person in charge may give appropriate information to referring agencies with the permission of the parents.

Childminders are encouraged to avail of relevant training available in their local area promoted by Childcare Partnerships, training organisations and membership organisations.

Section 2 – Quality of Staffing, Management & Leadership

STANDARD 10 - Management and Monitoring Arrangements

Childminders (with an assistant) are not required to receive Monitoring Reports from the assistant. All persons working as an assistant must be aged over 18 years.

STANDARD 11 - Organisation of the Setting

Adult/child ratios, space and resource requirements for childminding settings are stated in the Minimum Standards DHSS&PS 2012 Page 35.

“Compulsory School Age” replaces the previously used term “Under 5 Years”. Compulsory school age children reach their fourth birthday before July 1st.

To fully meet this Standard, the following issues should be addressed:

- For childminders working alone, the ratio is 1:6 this means 6 children under 12 of whom no more than 3 are under compulsory school age.
- Normally registration permits no more than one child under a year old. The exceptions referred to in the Standards relate to a relaxation of this by Trusts in exceptional circumstances to provide for siblings or for continuity such as to minding twins. On very rare occasions this may mean the childminder going over their registered numbers by a maximum of one for a short time period. The Trust should consider each situation on a case by case basis.
- If the childminder employs a Category 2 Assistant, two children under a year old can be cared for when the assistant is present.
- All childminding registrations should take account of a childminder’s own child(ren) under 12 years of age when on the premises.
- Registration requirements only cover children up to age 12. If a child turns 12 during the academic year, the registration requirements can include this child until the end of the school year i.e. 30th June.
- Registration does not include children older than 12 years. If children over 12 years are being minded, the number of children under 12 years that the childminder can be registered for will be reduced. Childminders would be advised to carry out a risk assessment prior to caring for older children and this should be shared with the parents of children under 12 years.

(a) Students/Trainees in Placement

Childminders may provide placements for students. All students must be vetted before placement and the childminder must be in receipt of a Trust Clearance letter before the placement begins, as with any student in an early years setting. **(See VET 1 Childminding and Day Care Vetting Procedure).**

(b) Daily Register

A daily register must be used to record:

- (i) The names and dates of birth of children attending
- (ii) The names of the childminders, any assistants/volunteers and students in attendance
- (iii) The actual time of arrival and departure of children

Childminders should maintain a record of all visitors to the setting and this may be kept separate from the daily register.

The drop-off and collection arrangements with appropriate consents should be retained in each child's own records. For ease, this could also be recorded in the daily register.

(c) Excursions/School Pick-ups

When taking children on outings, proper arrangements for their health and safety should be observed. This should be done through a Risk Assessment and written permission from a parent/guardian. Written permission should be sought when a child starts attending a setting.

If additional adults are required to ensure proper supervision on an outing, at no time should they be left unsupervised. Parents should also be informed of this arrangement.

(d) Childminders' Mandatory Training

Childminders must meet the core training requirements in the subject areas of safeguarding/child protection, paediatric first aid and health and safety.

Certificates do have to be renewed on a three-yearly basis to maintain validity.

Currently, introductory pre-registration training is required in these core areas as part of the Registration process. Full training (12 hours certificated course) in paediatric first aid is required within the first year of Registration. Evidence of this must be provided to the Trust.

The Health and Safety App for Childminders that has been developed by NI Social Care Council with NICMA, the Health and Social Care Board and the Health and Social Care Trusts, is an appropriate form of training in this subject area.

If a childminding applicant has undertaken approved training in any of the mandatory core areas prior to application but within the previous three years, this will meet the training requirement.

(e) Arrangements for Emergencies

A Risk Assessment and contingency plan should be in place in the event of an emergency. The contingency plan should be agreed, in writing, with parents. The contingency plan will be included in the Registration and Inspection processes.

(f) Childminders with an Assistant

The registered childminder is fully accountable for the regulatory requirements (as outlined in the Minimum Standards and on the Certificate of Registration issued by Trusts) even if an assistant is employed. Only one person may be registered for a unique address at any time.

Prior to employing an assistant, the childminder must seek approval from the Registering Trust to ensure all necessary suitability checks are carried out. Parents should always be made aware of the use of an assistant and their role.

In considering approval, Trusts will consider the role of any assistant and apply the relevant approval processes.

Assistants are generally used for two main purposes:

Category 1

A Category 1 assistant could be employed or be a volunteer. Their role would be to carry out short time-limited tasks such as school collections. The approval process considers the satisfactory completion of the following:

- Access NI Check
- Health Declaration
- Trusts checks
- References
- Completion of introductory training in the mandatory core areas.

If the proposed assistant is a member of the household who has already been subject to some or all of the above checks, these may be considered by the Trust rather than repeated.

A volunteer, regardless of what Category, is required to be vetted and trained in the mandatory core areas as with an assistant. The childminder is not required to have all the staff policies for a Category 1 volunteer that are required in group day care, however is expected to provide the volunteer with:

- informal supervision,
- a policy on volunteer duties and
- payment of expenses.

These documents must be available for inspection by the Trust.

Category 2

A Category 2 assistant could be employed or be a volunteer. This role would be to work alongside the registered childminder on a consistent or substantial basis. This may enable the childminder to care for more children or for a child with particular needs.

The approval process considers the satisfactory completion of the following:

- Access NI Check
- Health Declaration
- Trusts checks
- References
- Completion of introductory training in the mandatory core areas
- Fit Person Assessment

If the proposed assistant is a member of the household who has already been subject to some or all of the above checks, these may be considered by the Trust rather than repeated.

Policies required to be in place when a Category 2 Assistant is working with a childminder are noted on page 21 of this document. NICMA will provide a suite of childminding policies to a childminder upon request.

The maximum number of children that can be minded by a childminder with assistant(s) is 8 with a maximum of 6 children under statutory school age. This is based on the presence of the registered childminder at all times, adequate accommodation and a suitable risk-assessment.

A childminder with an assistant may normally mind no more than two children under one year old.

If a childminder is alone caring for children, the specified number of children for that provision (excluding the assistant) as identified on the Registration Certificate must be followed.

Childminders intending to register with a Category 2 assistant for more than 6 children (including the Childminder's own child(ren)) should ensure that they consult with the Planning Service, act on the advice given and provide evidence of this to the Trust. Should there be a delay in the Planning Service responding (maximum 4 weeks), the Registration process can continue. Registration will be reviewed should the Planning Service turn down the application.

Currently registered childminders who employ a Category 2 assistant, mind **more than 6 children** and have not previously sought advice from the Planning Service, must now do so. Evidence of seeking advice and of the advice given by the Planning Service must be provided to the Trust.

Currently registered childminders who employ a Category 2 assistant and wish to continue to care for **6 children or less**, all of which could be under school age, do not have to contact the Planning Service.

Childminders may employ up to two assistants but there can only be two people (including the registered childminder) caring for children at any one time. This will ensure a continuity of care for the children on domestic premises.

The registered childminders should ensure that there is someone with a valid Paediatric First Aid Certificate on the premises at all times.

Category 2 assistants can cover short periods of sick leave and annual leave for the registered childminder; this would be generally *no longer than three weeks*. After three weeks, guidance must be sought from the Trust as to the appropriateness of the situation continuing and whether any adjustment to the registered number of children is required. Changes will be based on the assessment of the Trust.

STANDARD 12 - Suitable Person

As outlined in the Standards all persons who are in regulated activity with children must be suitable to do so. The term substantial access therefore does not only refer to those employed to care for children in a childminding or day care setting, but anyone who has access to the children throughout the period of time in which care is provided.

Those working with children or who have substantial access to them should have Enhanced Disclosure vetting checks completed.

Childminders are accountable for, and must supervise any individual who comes into the premises when children are being minded.

A childminder should maintain a record of any visitor to the home whilst 'minded' children are present; within this record their vetting status should be noted. This should be made available to Early Years Teams and parents on request.

Inspecting Social Workers will assess whether an individual is a regular visitor on the basis of:

- frequency of visits over a period of time
- regular contact with 'minded' children
- level of interaction with 'minded' children.

Where an individual other than the childminder may be asked to supervise children, they must be assessed as an Assistant. No visitor should ever be left alone with a 'minded' child.

Vetting does not only refer to criminal record checks but includes medical references, employment and personal references, and Social Services checks. Vetting will be carried out in line with the Regional Vetting Procedure. The procedure is outlined in **Vet 1 Childminding and Day Care Vetting Procedure**.

Therefore all family members resident in a childminder's home over the age of criminal responsibility (10 years), assistants and regular visitors to a childminder's home who are over 18 years, are required to be vetted.

It is the responsibility of the childminder to advise the HSC Trust of any circumstances which may invalidate or significantly impact on the standing of the Suitable Person Assessment.

Regular visitors should be discouraged during the hours when children are being minded. The HSC Trust will consider whether any person visiting the premises is indeed a Category 1 assistant/volunteer and will then require the necessary vetting.

The Registering HSC Trust can request that vetting checks are carried out on a regular visitor as a condition of the childminder's registration. The power to impose these requirements is set out in Art. 125 (6) of The Children (NI) Order 1995.

Children aged between 10 and 18 who visit the childminding setting do not require to be vetted and are the responsibility of the childminder under the Safeguarding/Child Protection Policy.

A VET/4 Regular Visitors Self-Declaration Vetting Form must be completed. This can be provided to a childminder by the Trust directly or from the Trust website.

A childminder cannot begin to provide care for children, employ an assistant or use a volunteer until they have received a letter confirming Trust clearance and the Registration Certificate.

When recruiting an assistant or volunteer, the childminder should inform the applicant that an offer of employment is subject to a satisfactory Fit Person Assessment which is completed by the Trust. If deemed "not fit" the childminder will be informed by the HSC Trust that the applicant cannot be employed at this time. The applicant will have a right to appeal through the Early Years Panel process.

Section 3 – Quality of Physical Environment

STANDARD 13 - Equipment

Equipment in all settings must be age appropriate and suitable to meet the needs of the children using it. Childminders will be advised by the Registering and Inspecting staff as to whether the equipment in a room is appropriate. Guidance can also be sought from the membership organisations.

Providers should be aware of safety standards in relation to all equipment placed at the reach of children and their liability for this. There are also standard safety measures to consider. Some examples of safety measures are:

- High chairs must have a five point harness.
- Baby walkers should not be used at all.
- All fixed outdoor play equipment must be safely secured with consideration given to the surface on which it is placed.
- Advice must be sought on the safe fitting of car seats and the type of car seat required depending on the height and weight of the child.
- Childminder/assistants should have access to comfortable seating which allows them to feed a bottle to or nurse an infant.
- All furniture, play equipment and safety equipment must conform to BSEN safety standards. Should BSEN standards be superseded by European Standards, then these should be complied with.

STANDARD 14 - Physical Environment

(a) *Temperature of rooms*

The temperature range for rooms in which children are cared for is 18°C - 21°C. It is necessary to monitor this on an on-going basis and it is useful to have a thermometer in each room.

Childminders must ensure that equipment used to heat/cool the room/facility must be risk assessed and any concerns addressed to ensure children are not exposed to direct contact.

(b) Outdoor play space

Where there is outdoor play space, a Risk Assessment must be completed. One element of security is the requirement of a non-climbable, vertical fence or wall to a minimum height of 1.0 metres. It may be necessary for this to be higher depending on any risks assessed. There should be no surface water lying and all ponds must be made safe using a rigid cover.

Outdoor areas are required to be safe and suitable prior to registration. If the outdoor area is too extensive to be fenced off, a smaller area can be fenced off.

(c) Sleeping arrangements

Appropriate sleeping arrangements must be made for babies and toddlers under two years old. This may be in a separate room such as a bedroom. Each baby must have their own bedding.

Travel cots may be used providing a parent has given permission, in writing. A childminder must comply with Public Health Agency guidance on infection prevention and control and have completed a risk assessment.

[http://www.publichealth.hscni.net/sites/default/files/Nursaries_Infection_Prevention_LR_07_11%20\(2\).pdf](http://www.publichealth.hscni.net/sites/default/files/Nursaries_Infection_Prevention_LR_07_11%20(2).pdf)

It is not considered best practice for babies/toddlers to sleep in rockers, car seats or buggies. However, when a parent requests, in writing, that their child (aged over 18 months) sleeps in a buggy, this may be permitted.

Section 4 – Quality of Monitoring & Evaluation

STANDARD 15 - Documentation

Records

All records, including those pertaining to children and assistants/volunteers are accessible to the HSC Trust's Registration and Inspection staff. The Registered Childminder must advise parents at the time of admission and staff/volunteers on commencement of their employment that this is the case. This requirement should be included in policies on Data Protection and Partnership with Parents. (Standard 7)

Observations recorded for the purposes of planning for individual children, may also be accessed by HSC Trust staff.

The reference to Article 125(2) (c) of the Children (NI) Order 1995 relates to the requirement to keep a record of the name and address of:

- (i) Any child looked after on the registered premises;
- (ii) Any person who assist in looking after any such child; and
- (iii) Any person who lives, or is likely at any time to be living, at those premises.

Article 130(3) (d) relates to the Trusts mandate to inspect any records relating to children being cared for on the premises which also includes access to computerised records Article 130 (6) (a).

Notifications

Childminders should also be aware that accidents may need to be reported to the Health & Safety Executive in relation to:

- work-related deaths/serious injuries (to staff or children)
- "over three-day" injuries
- work-related diseases
- dangerous occurrences (near miss accidents)

[Further information on employer responsibilities can be found at www.HSENI.gov.uk/riddor_booklet.pdf]

Childminders should also note that home incidents/accidents may need to be referred to:

- Environmental Health (advice from the local Council)
- Public Health Agency in relation to Infection Control (www.publichealth.hscni.net)

The HSC Trust must be notified of accidents or incidents which are referred onward. Guidance on retention of records should be sought from the childminder's legal advisers and insurers.

STANDARD 16 - Complaints

The management of complaints is an important part of good practice arrangements in any setting. It is important that:

- there is a complaints policy, clearly outlining how to make a complaint, the steps taken to investigate and the feedback arrangements to a complainant. This includes the contact information for both the Registering Social Worker and the HSC Trust Early Years Team;
- all parents/users of the service know about the policy and the arrangements for dealing with complaints;
- all assistants know how to deal with a complaint from a parent/service-user;

Section 5 – Policies & Procedures

HSC Trusts, in their regulatory capacity, will wish to be satisfied that childminders have the range of policies and procedures as outlined in this section. It would be helpful if the classification of policies available adhered to the list on Page 50 of the Minimum Standards for Childminding and Day Care for Children under the Age of 12 (DHSS&PS 2012).

As each Policy & Procedure must reflect the content of the Minimum Standards as a requirement, the list below will give further guidance as to where the reference to the policy can be obtained and guidance of the content. In some situations, the setting's policy may be a combination of a number of related policies referenced in the Minimum Standards.

The list of Policies and Procedures may be amended in future based on on-going advice and guidance. It is important that policies and procedures are **used** to inform activities and must be working documents known to and followed by assistants and volunteers. Parents should also be made aware of their content. Good practice would encourage childminders to seek written evidence from parents that these have been shared with them.

It is important that all Policies & Procedures including Risk Assessment are reviewed on an annual basis. **Childminders should be aware that NICMA will be able to provide a suite of childminding policies upon request.**

List of Policies as outlined in the Minimum Standards:

All policies marked with an * are only required if an assistant is employed.**

Absence of the Manager***

Standard 11 - Organisation of the Setting requires that a suitably qualified person is in charge at all times and therefore could form the basis for this policy.

Accidents

Standard 4 - Health and Safety in the Setting requires that proper precautions are taken to prevent accidents and minimise risks. This policy could also be included in the comprehensive risk assessment for the setting which is also required in Standard 4.

Additional Needs

Standard 9 - Additional Needs requires a policy which addresses how the setting will respond to children with additional needs including both special educational needs and disability

Allegations against Staff***

Standard 1 - Safeguarding and Child Protection requires a policy on reporting child protection concerns based on the Regional Child Protection Policy and Procedures.

Standard 15 - Documentation refers to information that is required to be passed to the HSC Trust without delay, in certain circumstances, and could therefore form the basis of this policy.

CCTV

Standard 1 - Safeguarding and Child Protection requires a policy and written procedures on the use of CCTV.

Complaints

Standard 16 – Complaints requires a policy on complaints that is publicised and made available to parents.

Confidentiality

Standard 1 - Safeguarding and Child Protection

Standard 9 - Additional Needs refers to a child's right to privacy and respect when confidentially discussing potential additional needs.

Standard 15 – Documentation refers to the safe storage of documentation including children's records. This refers not only to the period when children are being cared for but for a required period when this has ended.

Consent

Standard 3 - Children's Health and Wellbeing refers to parents giving permission for their children to have contact with animals, the administration of medication and the application of sunscreen and therefore could form the basis of this policy. This is not an exhaustive list of consents to be gained from parents.

Data Protection

Standard 15 – Documentation requires a statement about compliance with Data Protection.

Equality

Standard 8 - Equality refers to all matters in relation to equality and would provide the basis for this policy. The admissions policy should be covered in the Statement of Purpose (Minimum Standards page 58).

First Aid

Standard 3 - Children's Health and Wellbeing requires a Risk Assessment on the number of First Aid boxes a setting has. This policy could be contained within the Risk Assessment. Reference to staff with Paediatric First Aid is also within this Standard.

Infection Prevention and Control

Standard 3 - Children's Health and Wellbeing requires a stated policy on the exclusion of children who are ill or infectious.

Intimate/Personal Care

Standard 1 - Safeguarding and Child Protection requires a policy and procedure for intimate/personal care.

Maintenance and Replacement of Play Equipment

Standard 13 - Equipment requires a policy on the maintenance and replacement of play equipment.

Managing Aggression

Standard 6 - Promoting Positive Behaviour requires a policy on behaviour management including bullying.

Managing Emergencies

Standard 3 - Children's Health and Wellbeing requires a policy and procedure on dealing with medical emergencies.

Standard 4 - Health and Safety in the Setting requires a policy and procedure on how to deal with safety emergencies.

Both policies could be combined to meet this requirement or could remain separate.

Management of Medicines

Standard 3 - Children's Health and Wellbeing requires a policy and written procedures on the management of medicines.

Management of Records

Standard 15 - Documentation requires a Record Management policy. This could also include the policy on retention, safe storage and destruction of records which is also required in this Standard.

Management of Risks Associated with the Care of Individual Service Users

The Standards require a number of Risk assessments to be completed as follows:

- Standard 3 Contact with Animals
- Standard 3 Contents of First Aid Boxes
- Standard 4 Health and Safety of the Premises
- Standard 4 Fire Safety
- Standard 11 Outings
- Standard 14 Drop off and pick up of Children
- Standard 14 Outdoor Play space

Menu Planning

Standard 5 - Food and Drink requires a policy on the provision of food and drinks and menu planning could be incorporated within this.

Mobile Phones

Standard 1 - Safeguarding and Child Protection requires a policy on the use of Information and Communication Technology (ICT) Equipment and Code of Conduct in relation to the use of mobile phones.

Parents Access to Records

Standard 15 - Documentation refers to records about a child being made available to parents and therefore could be the basis for this policy.

Participation

Standard 7 - Working in Partnership with Parents refers to the involvement of parents in their child's care and they are encouraged to participate in the work of the setting. Therefore this could form the basis of this policy. This Standard also refers to the Statement of Purpose setting out information for parents.

Photography and Videography

Standard 1 - Safeguarding and Child Protection requires a policy and procedures on the taking of photographs.

Play

Standard 2 - Care Development and Play refers to the care developmental and play needs being met and could therefore form the basis of this policy.

Provision of Food and Drink

Standard 5 - Food and Drink requires a policy on the provision of food and drinks. Menu planning can be incorporated within this.

Reporting Adverse and untoward Incidents

Standard 15 - Documentation refers to information that requires to be passed to the Registering HSC Trust and could therefore form the basis of this policy.

Safeguarding and Child Protection

Standard 1 - This policy should contain the information as set out on page 10 of the Standards Document and included the responsibility to report suspected or actual child abuse or neglect.

Security of the Setting

Standard 4 - Health and Safety in the Setting refers to a Risk Assessment for the setting and therefore this policy could be incorporated in this Risk assessment.

Smoking

Standard 3 - Children's Health and Wellbeing refers to all buildings and grounds being smoke free. This could therefore form the basis of this policy.

Social Networking

Standard 1 - Safeguarding and Child Protection requires a policy on the use of Information and Communication Technology (ICT) Equipment and a Code of Practice in relation to the use of mobile phones.

Staffing***

Standard 10 - Management and Monitoring Arrangements, **Standard 11** - Organisation of the Setting and **Standard 12** - Suitable Person all cover issues with regard to staffing and could be used to form the basis of this policy.

If a volunteer is used as Category 1 assistant a childminder is not required to have all the Staffing Policies as listed in the Standards but will be required to have a policy on the volunteer's duties and the volunteers expenses.

If the assistant is a Category 2 volunteer, all policies in relation to staff are required as listed in the Standards.

Transport

Standard 4 - Health and Safety in the Setting requires a policy and procedures on the transport of children.

Whistle Blowing

Standard 1 - Safeguarding and Child Protection requires a stated whistle blowing policy.

Estates and Facilities Alert



Action

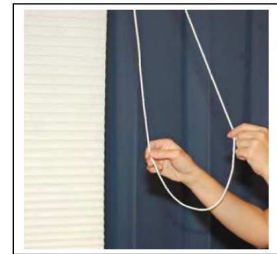
Ref:EFA/2015/001

Issued: 26 Jan 2015

Device

Window blinds with looped cords or chains.

All types.



Problem

Looped cords and chains on window blinds continue to present a strangulation hazard to children and vulnerable adults.

There have been a number of deaths associated with these types of blind cords throughout the UK despite an on-going campaign of awareness.

This alert provides new information on the procurement of blinds and updates the information previously contained in EFA/2010/007.

Action

- If you have premises where children under the age of 42 months are present or likely to have access, you **must** only install blinds which are compliant with the child safety requirements of BS EN 13120:2009+A1:2014.
- Further Actions given on page 2.

Action by

Risk managers, staff and contractors involved in the specification, installation, maintenance or risk assessment of window blind systems. The suggested onward distribution list should be noted.

Contact

Further advice may be obtained from the British Blind and Shutter Association (BBSA).

BBSA website: www.makeitsafe.org.uk

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[Short version only – complete details below]
[If the alert is generic, say something like]
Enquiries about specific type of equipment should be directed to the relevant manufacturer or supplier.

Problem

1. In early 2014 the standards regarding the manufacture, supply and professional installation of internal window blinds changed significantly. It is now illegal to supply or professionally install an internal window blind which does not comply with the child safety requirements of BS EN 13120:2009+A1:2014. Although the law has changed it is estimated that there could be up to 100 million blinds installed prior to this and fatalities in domestic settings continue to be reported involving children and looped blind cords/chains.
2. In May 2009, following a Fatal Accident Inquiry in Scotland into the death of 2½ year old Muireann McLaughlin, Sheriff David Mackie made the following statements in his determination:

“It was the pathologist’s chilling evidence that death in such circumstances can occur in a matter of 15 to 20 seconds or a little longer.”

“The means of avoiding or minimising the risk associated with free hanging looped blind cords [are] known and understood. They are, in the main, simple and cheap.”

When a child becomes entangled or suspended by the neck in a looped cord, death or serious injury can occur quickly. This is particularly true for children under 4 years old.

3. Since 1990 the incidence of deaths of children, mainly under 4 years of age, by strangulation associated with blind cords has been approximately one per year, primarily within a domestic environment.

Action

4. If you have premises where children under the age of 42 months are present or likely to have access, you **must** only install blinds which are compliant with the child safety requirements of BS EN 13120:2009+A1:2014.

5. Given the extremely short period of time in which a child can suffer injury or death, it would be unwise of healthcare establishments to rely solely on supervision of children by parents or staff. Therefore you should also consider applying the same blind safety standard to areas that have children over 42 months with learning and physical difficulties. Note - these measures may not present suitable protection against self-harm, which may need to be considered separately.
6. If not already documented as part of EFA/2010/007 a risk assessment should be carried out on all existing looped blind cords and chains, where children and vulnerable adults are likely to have access. All blind cords and chains deemed to be potentially hazardous should be modified or secured out of their reach. The BBSA leaflet accompanying this Alert provide options for reducing associated risks and should provide a valuable resource in managing this risk.
7. Organisations should consider making the BBSA leaflet available in public waiting areas to raise the awareness of the potential risk in the domestic setting. The BBSA leaflet has been translated into a limited number of different languages; copies of which can be downloaded from [here](http://www.publichealth.hscni.net/publications/make-it-safe-2014-legal-requirements-internal-window-blinds). <http://www.publichealth.hscni.net/publications/make-it-safe-2014-legal-requirements-internal-window-blinds>.
8. Best practice requires healthcare organisations to take a holistic approach and conduct regular risk assessment of the environment for patients who are at risk and should update the assessment criteria in the light of any new information. Where the users of the premises are children or vulnerable adults, there is a greater duty of care to ensure their safety.
9. Best practice requires healthcare organisations to take a holistic approach and conduct regular risk assessment of the environment for patients who are at risk and should update the assessment criteria in the light of any new information. Where the users of the premises are children or vulnerable adults, there is a greater duty of care to ensure their safety.
10. Report all incidents of this nature to your relevant contact point, given below.

Suggested Onward Distribution

- | | |
|--|---------------------------------------|
| • Directors with responsibility for patient safety | • Health & Safety Managers |
| • Directors of Estates & Facilities | • Care Quality Commission |
| • Directors of Nursing | • Care provider representative bodies |
| • Medical Directors | • GP's |
| • Risk Manager | • Dentists |

Additional information for Northern Ireland

The above sections of this Alert were compiled by the Department of Health in Northern Ireland and distributed nationally without modification.

Action required by this alert should be **underway by: 1 February 2015**

Action required by this alert should be **completed by: 31 March 2015**

This Alert updates and replaces the advice given in EFA/2010/007

Enquires should quote reference number EFA/2015/001 and be addressed to:

Northern Ireland Adverse Incident Centre (NIAIC) Health Estates Estate Policy Directorate Stoney Road Dundonald Belfast BT16 1US	Tel: 02890 523868 Fax: 02890 523900 E-mail: NIAIC@dhsspsni.gov.uk Website: http://www.dhsspsni.gov.uk/niaic
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How to report adverse incidents

Incidents relating to medical devices, estates equipment and plant in Northern Ireland must be reported to the Northern Ireland Adverse Incident Centre (NIAIC) as soon as possible. Further information about reporting incidents can be found in DB(NI)2010-001; and downloadable report forms are available from the NIAIC's website (<http://www.dhsspsni.gov.uk/niaic>).

Alternatively, further information and printed incident report forms are available from: NIAIC at the address above.

(An answer phone service operates outside normal office hours)

Estates and Facilities Alerts are available in full text on the NIAC website

Further information about SABS can be found at <http://sabs.dhsspsni.gov.uk>

This Alert can be found on the following websites

<http://www.dhsspsni.gov.uk/niaic> and <http://sabs.dhsspsni.gov.uk>

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Addressees may take copies for distribution within their own organisations



**make it
safe**

BBSA[®]
BRITISH BLIND & SHUTTER ASSOCIATION



2014 legal requirements for internal window blinds

**What to look for in new blinds and how to make
existing blinds safer - this leaflet will tell you how**

“Make it Safe”

says Mum of three, Rachael Maynard

“My daughter, Megan, became entangled in a window blind chain in her bedroom when she was two and a half years old. She spent four days in hospital on a life support machine before we knew she was going to recover. Something as simple as an unrestrained window blind cord or chain can present a real danger to young children but with awareness and by taking some simple actions, any hazard can be eliminated.

Make sure you always Make it Safe.”



It's the law

In early 2014 the standards regarding the manufacture, supply and professional installation of internal window blinds changed significantly. It is now illegal to supply or professionally install an internal window blind which does not comply with the child safety requirements of BS EN 13120:2009+A1:2014

Blinds that are 'safe by design' are deemed to be fully compliant with this new standard.

Don't leave things to chance - Get expert advice

An accredited BBSA member or Make it Safe dealer can provide you with expert advice. They will be able to show you the safety features on new blinds and can help you make your existing blinds safer. Just visit www.makeitsafe.org.uk to find an approved expert nearest to you. If you are installing your own blinds or fitting your own safety devices make sure you follow all instructions provided by the supplier.

Mandatory requirements:

The new standard aims to protect babies and small children by:

- ✓ Installation of child safe blinds to ALL HOMES whether children are present or not
- ✓ Limitations on cord and chain lengths
- ✓ Safety devices for preventing any cords or chains from creating a hazardous loop
- ✓ The fitting of safety devices on cords and chains at the point of manufacture
- ✓ The testing of all safety critical components of internal blinds
- ✓ Safety warnings and product instructions

Any professional installer of internal blinds must fit safety devices - by law



The British Blind and Shutter Association

The BBSA is the UK's only trade association representing companies that manufacture, supply and install interior and exterior blinds, awnings, security grilles and shutters. The BBSA launched the Make it Safe campaign in 2009 and has campaigned for safer blinds so welcomes mandatory standards for internal window blinds. To see more about the BBSA's Make it Safe campaign visit: www.makeitsafe.org.uk

Advice in this brochure and the Make it Safe campaign is supported by:

The Royal Society for the Prevention of Accidents

RoSPA's mission is to save lives and reduce injuries in all areas of life and has achieved significant changes through its campaigning work over the 90 years since its inception. www.rospa.com



Child Accident Prevention Trust

A leading UK charity working to reduce the number of children and young people killed, disabled or seriously injured in accidents. www.capt.org.uk



British Blind and Shutter Association

PO Box 232, Stowmarket, Suffolk, IP14 9AR

E: info@bbsa.org.uk W: www.bbsa.org.uk

**See the window blind safety video at:
www.makeitsafe.org.uk**

This leaflet is intended only to give general and preliminary guidance and is for information purposes only. It does not, and is not intended to, give professional or technical advice. The reader should always seek specific advice from a professional. The BBSA accepts no liability in contract or tort, and is not responsible for any loss (howsoever caused), and whether arising directly or indirectly, as a result of any action taken based upon the information contained in this leaflet.

03/14 ©BBSA 2014

What to look for in your new blinds

Blinds come in an endless range of colours and finishes but when buying new blinds for your home, you must consider the way they are operated.

Safe by design >

A blind which is safe by design is one that is cordless or has concealed or tensioned cords.

Typically these blinds are pushed or pulled into position.

Motorised blinds also remove the need for operating cords. Wooden shutters and external blinds are other cordless styles of window dressing.



Wand operated vertical blinds - pushed and pulled into position by the wand which when twisted tilts the louvers



Spring operated roller blind - some styles operate with a decelerator so the blind retracts at a constant, gentle speed



Tensioned pleated blind - all cords are held under tension and the blind is just pushed or pulled into position



On this venetian blind the slats are tilted and the blind raised or lowered with the wand on the right of the blind

In-built safety systems >

In-built safety systems are those that are built into the product and so do not require additional installation or operation in use.

Some window sizes or shapes may not lend themselves to cordless window blinds or you may specifically wish to co-ordinate with your existing blinds. If this is the case then choose a blind style with an in-built safety device, such as a chain break connector where the chain is designed to separate under any undue pressure. Breakaway tassels at the bottom of cords work in the same way.

Note: By law there are limitations on cord and chain lengths for in-built safety systems.



Chain break connector will part under any undue load but after inspection can be clipped back together again



A breakaway device on the cords of a roman blind. The blind raises and lowers normally but cords will separate under undue loads

Separate safety systems >

Separate safety systems are those that require additional installation and/or operation in use.

If cordless options or those with in-built safety devices are not suitable for your specific situation then the only alternative is to use a blind with a separate safety device such as a tensioning system or an accumulation device like a cleat. Make sure the device is securely fitted and always used.

Note: By law there are limitations on cord and chain lengths for separate safety systems.



Cord and chain tensioner for vertical blinds to hold cord and chain taut



Chain tensioner to hold a single chain or cord taut

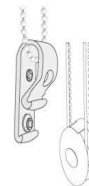
Making your existing blinds safer

If you have a window blind which has an operating cord or chain that could form a loop you must keep it out of the reach of babies and young children. There are a range of safety devices available for every type of blind.



Chain-break connector

These will break apart when undue pressure is applied on the operating chain but, after inspection, can be reconnected again. Chain sizes vary so you **must** use the chain-break connector which is designed to be used with your specific chain.



Cord/Chain tidys & tensioners

These devices should be securely fixed to an adjacent surface and at the maximum distance from the top of the blind so the cords and/or chains are held permanently taut by the device.



Cleat

This should be securely fixed to an adjacent surface out of the reach of children and at least 1.5 metres from the floor. The cord must be secured as shown after each and every operation of the blind.

Young children can be strangled by loops in pull cords, chains, tapes and inner cords that operate the product. To avoid strangulation and entanglement, keep cords out of the reach of young children. Cords may become wrapped around a child's neck.

Move beds, cots, highchairs and playpens away from window covering cords and chains.



Make sure all cords and chains are always secured out of reach of babies and young children. Do not tie cords or chains together. Make sure cords or chains do not twist and create a loop.

Move furniture away from window covering cords and chains as children love to climb.



By Law: All internal blinds sold **must** comply with the 2014 standards

By Law: Professional installers **must** fit compliant (safe) blinds in **all** homes

APPENDIX 2

The Playwork Principles

These Principles establish the professional and ethical framework for playwork and as such must be regarded as a whole. They describe what is unique about play and playwork, and provide the playwork perspective for working with children and young people. They are based on the recognition that children and young people's capacity for positive development will be enhanced if given access to the broadest range of environments and play opportunities.

1. All children and young people need to play. The impulse to play is innate. Play is a biological, psychological and social necessity, and is fundamental to the healthy development and well being of individuals and communities.
2. Play is a process that is freely chosen, personally directed and intrinsically motivated. That is, children and young people determine and control the content and intent of their play, by following their own instincts, ideas and interests, in their own way for their own reasons.
3. The prime focus and essence of playwork is to support and facilitate the play process and this should inform the development of play policy, strategy, training and education.
4. For playworkers, the play process takes precedence and playworkers act as advocates for play when engaging with adult led agendas.
5. The role of the playworker is to support all children and young people in the creation of a space in which they can play.
6. The playworker's response to children and young people playing is based on a sound up to date knowledge of the play process, and reflective practice.
7. Playworkers recognise their own impact on the play space and also the impact of children and young people's play on the playworker.
8. Playworkers choose an intervention style that enables children and young people to extend their play. All playworker intervention must balance risk with the developmental benefit and well being of children.



The Playwork Principles were developed by the Playwork Principles Scrutiny Group, convened by Play Wales and adopted by SkillsActive in 2005