

8 Childcare practice policy

Alongside associated procedures this policy was adopted by St George's Childcare

Signed



Name

ADRIAN GRAUCH

Position

CHAIR

Date

22 MAY 2023

Aim

Children are safe, happy, and eager to participate and to learn.

Objectives

- Babies and young children need to form a secure attachment to their key person when they join the setting to feel safe, happy, and eager to participate and learn. It is their *entitlement* to be settled comfortably into a new environment.
- The needs of part-time children are considered.
- There is a procedure for when children do not settle and for prolonged absences.
- Introductions and induction of the parent is carried out before children start.
- We consider children emotionally and create opportunities for learning. We actively promote British values, inclusion, equality of opportunity and the valuing of diversity.
- We operate a positive behaviour management approach. Behaviour management procedures cover how staff should respond to all aspects of behaviour, including children who exhibit challenging behaviour towards other children. These procedures build on the Early Years Alliance's approach to learning based on three key statements.
 1. Learning is a lifelong process, which enables children and adults to contribute to and shape their world.
 2. We want the curriculum we provide to help children to learn to:
 - be confident and independent
 - be aware of and responsive to their feelings
 - make caring and thoughtful relationships with other people
 - become increasingly excited by, interested in, and knowledgeable and questioning about the world around them.

3. We provide a wide range of interesting child-chosen and adult-initiated activities which:

- give children opportunities to use all their senses
- help children of different ages and stages to play together
- help children be the directors of their own learning
- help children develop an inquiring and questioning attitude to the world around them

The *Early Years Foundation Stage* is used as a framework to provide care and learning opportunities for babies and children under two years.

Children

- To feel securely settled and ready to learn, children need to form attachments with adults who care for them, primarily to a key person, but with other adults and children too. In this way children feel part of a community of learners; they can contribute to that community and receive from it.

Waiting list and admissions

Our provision is accessible to children and families from all sections of the local and wider community. We aim to ensure that all sections of the community receive accessible information and that our admissions procedures are fair, clear, and open to all parents who apply for places. The availability of a place at the setting considers staff/child ratios, the age of the child and registration requirements.

- We endeavour to operate in an inclusive manner which enables all children and families to access our services.
- We also have regard for the needs of parents who are:
 - looking to take up work, remain in work or extend their hours of work
 - looking to commence training or education
- We work in partnership with the local authority and other agencies to ensure that our provision is accessible to all sections of the community. Our charity side raises funds to support vulnerable children
- Services are widely advertised, and information is accessible to all sections of the community.
- Where the number of children wanting places exceeds the number of places available a waiting list is operated using clear criteria for allocation of places as detailed in section Waiting list and admissions procedure.

Funded places – free entitlement

All 3- and 4-year-olds in England are entitled to 15 hours free childcare each week, and some families that meet the criteria, 30 hours, for 38 weeks of the year. Some eligible 2 year olds are also entitled. Funded places are offered in accordance with national and local codes of practice and adherence to the relevant Provider Agreement/Contract with the local authority.

Legal References

Special Educational Needs and Disability Act 2001

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

Equality Act 2010

Childcare Act 2006

Childcare practice procedures


8.1 Waiting list and admissions

We aim to ensure that all sections of the community receive accessible information, and that our admissions procedures are fair, clear and open to all parents who apply for a place.

- The setting is widely advertised in places accessible to all sections of the community.
- Information about the setting is accessible, using plain English, in written and spoken form
- Children with disabilities are supported to take full part in all activities within the setting and the setting makes reasonable adjustments to ensure that this will be the case from the time the child is placed on the waiting list. The physical constraints of our building limit what we can offer
- The waiting list considers the following:
 - the age of the child with priority being given to children eligible for the free entitlement
 - length of time on the waiting list
 - siblings already attending the setting
 - the capacity of the setting to meet the individual needs of the child
- Funded places are offered in accordance with the Early Years Entitlements: Operational Guidance for local authorities and providers (DfE 2018) and any local conditions in place at the time,
- The setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers and childminders are all welcome.
- The setting and its practices operate in a way that encourages positive regard for and understanding of difference and ability, whether gender, family structure, class, background, religion, ethnicity, or competence in spoken English.
- The needs and individual circumstances of children joining the setting are monitored on our enrolment form, to ensure that no accidental or unintentional discrimination is taking place and that reasonable adjustments are made as required.
- Equality procedures are shared and widely promoted to all.
- Places are provided in accordance with our Childcare terms and conditions issued to every parent when the child takes up their place. Failure to comply may result in the provision of a place being withdrawn.

Admissions

- Once a childcare place has been offered the relevant paperwork is completed by the manager or deputy before the child starts and filed on the child's personal file.
- Our Privacy notice - explains what personal data we collect, why we collect it, how we use it, the control parent/carers have over their personal data and the procedures we have in place to protect it. This can be found on our website and a hard copy can be requested.

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- Childcare terms and conditions - govern the basis by which we provide childcare
 - Childcare **registration** form - contains personal information about the child and family that must be completed in full prior to the child commencing.

Children with SEND

- The SENDco must seek to determine an accurate assessment of a child's needs at registration. If the child's needs cannot be met from within the setting's core budget, then an application for SEN inclusion funding must be made immediately.
- Children with identified SEND must be offered a place when one becomes available as with any other child. However, the start date for children with more complex SEND will be determined by the preparations made to ensure the child's safety, well-being and accessibility in the setting. If a child's needs determine that adjustments need to be made, the manager must outline a realistic timeframe for completion, detailing the nature of adjustments e.g. risk assessment, staff training, health care plan and all other adjustments required. The child's safety at all times is paramount.
- Preparation for admitting a child with SEND must be made in a reasonable amount of time and any delay in the child starting is scrutinised by the manager to avoid discrimination and negative impact on the child and family. During a preparation period the family and relevant agencies and the local authority must be regularly updated on the progress of the preparations.

Safeguarding/child protection

If information is provided by the parents that a child who is starting at the setting is currently, or has had involvement with social care, the designated person will contact the agency to seek further clarification.

Parents are advised on how to access the setting's policies and procedures.

Further guidance

Early Years Entitlements: Operational guidance for local authorities and providers (DfE 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/718181/Early_years_entitlements-operational_guidance.pdf

Childcare practice procedures

8.2 Absence

We take steps to ensure that children are kept safe, that their wellbeing is promoted, and they do not miss out on their entitlements and opportunities. At the very least, good attendance promotes good outcomes for children. In a small minority of cases, good attendance may also lead to early identification of more serious concerns for a child or family.

There are several reasons why a child may be absent from a setting. In most cases it is reasonable to expect that parents/carers alert the setting as soon as possible, or in the case of appointments and holidays give adequate notice. Designated persons must also adhere to Kent Safeguarding Children Multi-Agency Partnership (KSCMP) requirements, procedures and contact protocols for children who are absent or missing from childcare.

- If a child who normally attends fails to arrive and no contact has been received from their parents, the staff takes immediate action to contact them to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents and there is no means to verify the reason for the child's absence i.e. through a named contact on the child's registration form, this is recorded as an unexplained absence.
- All absences are recorded on the register with the reason given for the absence,
- Absence records are retained for at least three years, or until the next Ofsted inspection following a cohort of children moving on to school.

If at any time further information comes to light that gives cause for concern, procedure Responding to safeguarding or child protection concerns is immediately followed.

Safeguarding vulnerable children

- The designated person or key person attempts to contact the parents to establish why the child is absent. If contact is made and a valid reason given, the information is recorded.
- Any relevant professionals involved with the child are informed, e.g. social worker/family support worker.
- If contact is made and the designated person is concerned that the child is at risk, the relevant professionals are contacted immediately. The events, conversation and follow-up actions are recorded. If contact cannot be made, the designated person contacts the relevant professionals and informs them of the situation.
- If the child has current involvement with social care, the social worker is notified on the day of the unexplained absence.

- If at any time information comes to light that gives cause for concern, safeguarding children, young people and vulnerable adults procedures are followed immediately.

Safeguarding

- If there is any cause for concern i.e. the child has a child protection plan in place or there have been previous safeguarding and welfare concerns, the designated person attempts to contact the child's parent/carer immediately. If no contact is made, the child's absence is logged and Social Care are contacted immediately, and safeguarding procedures are followed.

Poor/irregular attendance

While attendance at an early years setting is not mandatory, regular poor attendance may be indicative of safeguarding and welfare concerns that should be followed up.

- In the first instance the manager should discuss a child's attendance with their parents to ascertain any potential barriers i.e., transport, working patterns etc and should work with the parent/s to offer support where possible.
- If poor attendance continues and strategies to support are not having an impact, the manager must review the situation and decide if a referral to a multi-agency team is appropriate.
- Where there are already safeguarding and welfare concerns about a child or a child protection plan is in place, poor/irregular attendance at the setting is reported to the Social Care worker without delay.

In the case of funded children the local authority may use their discretion, where absence is recurring or for extended periods, considering the reason for the absence and impact on the setting. The manager is aware of the local authority policy on reclaiming refunds when a child is absent from a setting.

Childcare practice procedures

8.3 The role of the key person

'Each child must be assigned a key person' (EYFS 2021)

Babies and young children need to form a secure attachment to key person when they join the setting to feel safe, happy, and eager to participate and learn.

The key person role

- A key person builds an on-going relationship with the child and his/her parents and is committed to that child's well-being while in the setting.
- Every child that attends is allocated a key person - it is not the responsibility of the child to choose their own key person.
- Where possible a 'back up' key person is also identified for each child so that they can fulfil the role in the absence of the main key person, for example, during annual leave or sickness.
- The key person conducts the progress check at age two for their key children.
- The role is fully explained to parents on induction and the name of the child's key person is displayed
- The key person is central to settling a child into the setting. The manager and key person explain the need for a settling in process and agree a plan with the parents.
- Shift patterns and staff absence can affect a child who is just settling in; where possible, settling in should be matched to when the key person is on duty.
- The number of children for each key person considers the individual needs of children and the capacity of the key person to manage their cohort; it is also influenced by part-time places and part time staff. The setting manager should aim for consistency i.e., matching part-time staff to part-time children; full-time children should not be divided between key persons during the week.
- Photographs and/or names of key persons and their key groups are displayed clearly.
- The key person spends time daily with his or her key group to ensure their well-being.

Parents

- Key persons are the first point of contact for parents regarding matters concerning their child and any concerns parents may have, are addressed with the key person in the first instance.
- Key persons support parents in their role as the child's first and most enduring educators.
- The key person is responsible for the child's developmental records, completing the progress check at age two, and for sharing information about progress with the child's parents.

Learning and development

- The key person helps to ensure that every child's learning and care is tailored to meet their individual needs. This is achieved through regular observation and assessment of children, using information gathered about their achievements, interests and learning styles to plan for each individual child's learning and development.
- If a child's progress in any of the prime areas gives cause for concern, the key person must discuss this with the manager or SENCO (Special Educational Needs Coordinator) and the child's parents.

The key person also maintains other responsibilities for key children including administering medication and signing accident records.

Back-up key person

- The role of the back-up key person is to step in when the main key person is absent or unavailable to provide a stable and consistent care relationship for the child.
- The back-up key person is identified when the child starts.
- The back-up key person gradually forms a relationship with the child until the child is happy to be cared for by this person.
- The back-up key person shares information with parents in the key person's absence and makes notes in the child's records where appropriate.
- The back-up key person ensures information is shared with the key person.

Safeguarding children

- The key person has a responsibility towards their key children to report any concern about their development, welfare or child protection matter to the setting manager and to follow the procedures in this respect.
- Regular supervision with the line manager provides further opportunities to discuss the progress and welfare of key children.
- The back-up key person has a duty likewise.

Childcare practice procedures

8.4 Settling in and transitions

To feel securely settled and ready to learn, children need to form attachments with the adults who care for them, primarily a key person, but others too. In this way they feel part of a community; they are able to contribute to that community and receive from it. Very young children, approach separation from their parent with anxieties, older children have a more secure understanding of 'people permanence' and are able to approach new experiences with confidence; but also need time to adjust and feel secure. It is the entitlement of all children to be settled comfortably into a new environment.

We follow a three-stage model of settling in based on three key needs:

1. *Proximity* - Babies and young children feel safest when a familiar adult, such as a parent, is present when they are getting used to a new carer and new surroundings. In this way they can become confident in engaging with those experiences independently later on.
2. *Secure base* – Because the initial need for proximity of the parent has been met, babies and young children gradually begin to feel secure with a key person in a new surrounding so that they are able to participate independently for small periods of time.
3. *Dependency* – Babies and young children are able to separate from parents' and main carers when they have formed a secure attachment to their key person who knows and understands them best and on whom they can depend for their needs to be met.

The manager and key person explain the need for settling in and agree a plan with the parents.

Settling-in for babies, children under two and those with SEND

- Children are settled in at the first session with a parent and then following sessions for a short time without a parent, extending the duration until they are ready to start
- Where a number of babies need to start – key persons can start settling one child in the morning and another in the afternoon. We start the settling visits a few weeks before the child's start day at no cost to the parent
- If a child has been identified as having SEND then the key person/SENCO and parents will need to identify and address potential barriers to settling in e.g. timings of medication and invasive procedures, specific routines and levels of support.

Promoting proximity

- One to two hours is sufficient for a baby and parent to attend on any one day initially.
- On the first day, the key person shows the parent around, introduces members of staff, and explains how the day is organised, making the parent and child feel welcome and comfortable. The parent completes our settling in forms sharing their knowledge of their child
- The key person, where possible, always greets the parent and child.

- The parent is invited to play with their child and the key person spends time with them. As much time as possible is allowed for the key person to do this.
- The key person will engage the baby in eye contact but not rush to handle or hold the baby if this causes them distress.
- The key person observes to see if the baby is recognising them, beginning to explore the environment (if able), noting what they seem to like and making sure it is available the next visit

Promoting secure base

- When the young child has experienced different times of the day, these are then fitted together to establish continuity of the day.
- When the parent leaves, they always say goodbye and say they are coming back. Parents should never slip away without the baby noticing; this leads to greater distress.
- Parents can be asked to bring in a recently worn tee shirt or scarf that smells of them. Babies will often settle if they can smell the familiar smell of the parent. Some parents may agree to send in a recording of a song that they sing to get their baby to sleep, especially if it is in their home language.

Promoting dependency

- Attachment can be seen when the baby shows signs that they are happy to transfer their need to be dependent onto the key person. Key persons look for signs such as the baby being pleased to see them, looking for them when distressed, holding out their arms to be held, establishing eye contact, responding to play, feeding and taking comfort from the key person.

Part-time babies and toddlers

- Part-time babies have the same needs when settling in as full-time babies. However, part-time attendance means that there may be gaps between times the baby is in one week to the next.

When babies do not seem to settle

- It is not good for babies to be in a setting when they are acutely distressed and anxious. A baby who is not securely attached and settled is overwhelmed with fear. They are unable to participate in any activity and do not learn. It is not in their immediate or long-term interest to attempt to prolong what is an agonising experience for them.
- A highly distressed baby will need 1:1 attention consistently; their distress will upset other babies and put stress on staff. If this is the case, the key person discusses with the manager or deputy.
- Attempts are made to reduce anxiety and distress through a planned approach with the parent.
- Particular triggers of distress are discussed to see what can be done to alleviate it.
- If all attempts have been made and the baby or toddler still cannot cope without the parent, then the place can be delayed and more settling visits are offered.

When a parent is unable or refuses to take part in settling in

- Information about the 'settling in' plan is given at the first visit and the reasons are explained.
- If the parent feels that this will be difficult – perhaps another close relative can come in instead.
- Genuine difficulties need to be handled sensitively, but generally speaking this is not an issue where the parent has a choice not to attend with their child. A parent who refuses to take part in settling in may have the offer of the place withdrawn.

Prolonged absences

- Parents are made aware of the need to 're-settle' their children and a plan is agreed.

Moving up from room to room

- Children are given the opportunity to visit the next room as part of a normal day and participate in play and join in at mealtimes, becoming familiar with adults, children and the environment. Where possible their current key person will stay with them
- The key person discusses the plan for the child moving up with the parents.
- The current key person will spend time with the child in the new group, liaising with the new key person and ensuring that the child is familiar with all the main times of the day. The current Key person will introduce the new key person to the parent
- The child gradually spends more time with the new key person until they can cope in their new room.
- Some children take longer, and their needs for proximity and secure base stages should be accommodated as much as possible.

For children whose first language is not English

- For children learning English as an additional language, settling in may take longer as the child is dependent upon the parents' input to make sense of what is going on.

Childcare practice procedures

8.5 Establishing children's starting points

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

- The aim of establishing a child's starting points is to ensure that the most appropriate care and learning is provided from the outset.
- Starting points are established by gathering information from the first contact with the child's parents at induction and during the 'settling in' period. Staff do not 'wait and see' how the child is settling before they begin to gather information.
- The key person is responsible for establishing their key children's starting points by gathering information in the following ways:
 - observation of the child during settling in visits
 - discussion with the child's parents
 - building on information that has been gathered during registration by referring to the registration form
- The key person must make a 'best fit' judgment about the age band the child is working in, referring to Development Matters or Birth to Five Matters.
- The key person should complete details by indicating where they have gathered their evidence from, using more than one source where possible i.e. parent comment and observation during settling in.

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

Childcare practice procedures

8.6 Arrivals and departures

Arrivals and departures are key times in the day when children need support from their carer to make the transition smooth and happy; these times of day also pose a certain level of risk as parents and carers come and go. All staff are aware of the potential risks and take measures to minimise them.

Arrivals

- Whenever possible the key person or back up key person always greets young children. This ensures that young children are received into the setting by a familiar and trusted adult.
- The key person who greets the child asks the parent to sign the register and adds the time of arrival.
- If a child who is expected fails to arrive, this is recorded on the register and the manager is notified so that they can contact the child's parents to find out why the child is absent following procedure Absence.
- The key person ensures that the child has been signed in by the parent and there is a clear indication of who will be collecting the child, and at what time.
- The key person greets the parents and takes time to hear information the parents need to share. They inform the parents of aspects of the day, which members of staff will be around later when parents collect their child, any planned outings, or special planned event.
- The key person receives the child physically and tunes in to how he or she is feeling and prepares to meet his/her needs.
- Parents should spend a few minutes with their child and key person before leaving. Many parents will be in a hurry, but this can have an unsettling effect.
- Always ensure that the parents say goodbye to their child and say when they are coming back, such as 'after tea', rather than just 'later'.
- If the member of staff receiving the child is not the key person, the member of staff will hand over the information shared by the parents to the key person when they arrive.

Injuries noted on arrival

- If a child is noted to have visible injuries when they arrive at the setting these are recorded, and parents are asked to explain and sign

Changing shifts and handing over information

- When the key person leaves or goes on a break, they handover the care of the child to a 'back-up' key person.
- If someone other than the key person receives the child, he/she will share any information from the parent and write a note for the key person. Confidential information should be shared with the manager to pass on.
- The key person shares information with the back-up key person, in this way they ensure that all information is passed on to the parent in the key person's absence.

Departures

- Children are prepared for home, with clean faces, hands and clothes if required.
- The key person always aims to greet parents when they arrive, ensuring that the person who has arrived to collect the child signs the register. They hand over the child personally and enter the time of departure.
- Only persons aged over 16 years should normally collect children. If a parent has no alternative, then this is agreed with the manager and signed by the parent. In all cases the manager will ask the parents to ensure that in future alternative arrangements are made unless the parent is under 16 years of age. No child will be collected by anyone who has not reached 14 years of age. Staff should take account of factors such as age/vulnerability of child, journey travelled, arrangements upon leaving the setting to go home/elsewhere.
- Practitioners verbally exchange information with parents.
- If someone other than the key person is with the child at the end of the day, the key person should pass general information to the other staff or write a note for the parents. Confidential information should be shared with the manager to pass on.

Childcare practice procedures

8.7 Mealtimes

Children are supervised during mealtimes and always remain within sight and hearing of staff.

Feeding and mealtimes are key times in the day for being close and to promote security, as well as for exploration and learning. We understand the importance of a healthy balanced diet for young children.

Bottle fed babies

- Babies' hands are washed prior to being given their bottle.
- Babies are fed by their key person or back-up key person if they are not in.
- Bottles are warmed and ready in time; babies should not be left hungry and crying while bottles are being prepared.
- The key person sits in a comfortable chair, or on cushions to feed the baby; the key person needs to be relaxed and calm.
- Babies should be held close so that eye contact can be made. Key persons are responsive to their communication gestures during feeding, talking quietly to them, stroking or holding their hands.
- Babies are winded after feeding, nappies are changed, and the baby is settled to sleep or play.
- Other key children may want to be close to their carer when a baby is being fed. This may allay any anxiety or feelings of jealousy, especially for toddlers.
- Planning for feeding times should be done to try to avoid overlap so that one-to-one attention can be given. If this cannot be avoided the feeding times should be arranged so that the key person can comfortably be with both babies at the same time. Unless in extreme circumstances, feeding should not be regarded as a shared task; unfamiliar carers should not take over feeding times just to 'get it done'.
- Babies will want to hold their own bottles, but they are never left propped up with a bottle to feed themselves.

Mealtimes

- For the most part, older babies and toddlers who are feeding themselves have their meals in their space, with their key group and key person.
- Staff who are eating with the children must role-model hygiene, healthy eating and best practice always, for example not drinking cans of fizzy drinks in front of the children. Staff must only eat the same meal as provided for the children and not their own food
- Staff arrange the table before the children sit down; there should be no waiting time. Older children like to help lay the table
- Hands are wiped/washed clean before their meal.

- The key person sits with their children. They do not put food on plates if the toddler indicates that they do not want it but always encourage them to try everything and to self-serve.
- Toddlers can get very upset if their detested food is put in front of them; they do not understand 'try a little bit' in the way an older child does.
- Children are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks.
- Mealtimes are relaxed opportunities for social interaction of children with their group and the adults who care for them. It is a time of sensory learning and learning skills, as well as for the fundamental satisfaction of being fed.
- In order to protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swapping their food with one another.
- While toddlers are mainly fed in their rooms, opportunities should be open for older children to be invited into their room for lunch, especially siblings, or children who have just moved up into the older group. There should also be opportunities for babies and toddlers to join the older children, providing they do not find this unsettling or distressing.
- Daily menus are displayed and the full 4 week menu is on our website

Childcare practice procedures

8.8 Intimate care and nappy changing

Nappy changing times are key times in the day for being close and promoting security as well as for communication, exploration and learning.

Babies

- Babies/young children are usually changed within sight or hearing of other staff whilst maintaining their dignity and privacy at all times.
- Key persons have a list of personalised changing or checking times for the babies and toddlers in their care.
- Key persons undertake changing babies in their key groups wherever possible; back up key persons change them if the key person is absent.
- Nappy changing areas are warm; there are no bright lights shining down in babies' eyes.
- There are mobiles or other objects of interest to take the baby's attention.
- Each baby has their own basket to hand, containing their nappies and changing wipes; there may also be a special toy for the baby to play with.
- Members of staff choose if they wish put on aprons and/or gloves before changing starts and the area is prepared.
- All members of staff are familiar with the hygiene procedures and carry these out when changing nappies.
- Key persons ensure that nappy changing is relaxed and a happy time for babies.
- Key persons never turn their back on a child or leave them unattended on a changing mat.
- Key persons are gentle when changing; they allow time for communicating with the baby, talking, and responding to the baby's sounds. They allow time for play and 'rituals' that the baby enjoys, such as gently tickling tummies or toes.
- Key persons avoid pulling faces and making negative comment about the nappy contents.
- Key persons do not make inappropriate comments about babies' genitals, nor attempt to pull back a baby boy's foreskin to clean unless there is a genuine need to do so for hygiene purposes.

Nappy changing records.

- Key persons record when they changed the baby
- If the baby does not pass a stool, or if he/she strains to do so, or is passing hard or shiny stools, the parents will be informed. The baby may be constipated so their feed may need to be adjusted.

Constipation in babies is not 'normal' and every effort is made with the parent to help them adjust the diet until soft, formed stools are passed.

- A stool that is an unusual colour can usually be related to the food that was eaten, so it is important that this is noted. However, a stool that is black, green or very white indicates a problem, and the child should be taken to the doctor.
- Very soft, watery stools are signs of diarrhoea; strict hygiene needs to be carried out in cleaning the changing area to prevent spread of infection. The parent should be called to inform them, and that if any further symptoms occur they may be required to collect their child.
- Sometimes a baby may have a sore bottom. This may have happened at home as a result of poor care; or the baby may have eaten something that, when passed, created some soreness. The baby also may be allergic to a product being used. This must be noted and discussed with the parent and a plan devised and agreed to help heal the soreness. This may include use of nappy cream or leaving the baby without a nappy in some circumstances.

Young children, intimate care and toileting

- Wherever possible, key persons undertake changing young children in their key groups; back-up key persons change them if the key person is absent.
- Young children from two years may be put into 'pull ups' as soon as they are comfortable with this and if parents agree.
- Changing areas are warm, appropriately sited and there are safe areas to lay young children if they need to have their bottoms cleaned. There are mobiles or other objects of interest to take the child's attention.
- If children refuse to lie down for nappy change, they can be changed whilst standing up, providing it is still possible to clean them effectively.
- Each young child has his/her own basket to hand with their nappies/pull ups and changing wipes.
- Key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and talk to a friend who is also using the toilet.
- They are encouraged to wash their hands and have soap and paper towels to hand. They should be allowed time for some play as they explore the water and the soap.
- Key persons are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.
- Wipes or water are used to clean the child. Where cultural practices involve children being washed and dried with towels, staff aim to make reasonable adjustments to achieve the desired results in

consultation with the child's parents. Where this is not possible it is explained to parents the reasons why. The use of wipes or cotton wool and water achieves the same outcome whilst reducing the risk of cross infection from items such as towels that are not 'single use' or disposable.

- Key persons do not make inappropriate comments about young children's genitals when changing their nappies.
- The procedure for dealing with sore bottoms is the same as that for babies.
- Older children use the toilet when needed and are encouraged to be independent.
- Members of staffs do not wipe older children's bottoms unless there is a need, or unless the child has asked.
- Key persons are responsible for changing where possible. Back-up key persons take over in the key person's absence, but where it is unavoidable that other members of staff are brought in, they must be briefed as to their responsibilities towards designated children, so that no child is inadvertently overlooked and that all children's needs continue to be met.
- Parents are encouraged to provide enough changes of clothes for 'accidents when children are potty training.
- If spare clothes are kept by the setting, they are clean, in good condition and are in a range of appropriate sizes.
- If young children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect and will be a disciplinary matter.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or outdoors

Our nappy changing procedure must be followed and must be available at every changing station

Potty Training.

Using a potty is a new skill for your child to learn. It's best to take it slowly and go at your child's pace. Being patient with them will help them get it right, even if you sometimes feel frustrated, it doesn't usually happen overnight.

Children are able to control their bladder and bowels when they're physically ready and when they want to be dry and clean. Every child is different, so try not to worry or compete with others – wait to start toilet training at the right time for your child.

Bear in mind that most children can control their bowels before their bladder.

It usually takes a little longer for children to learn to stay dry throughout the night. Although most learn this between the ages of 3 and 5, up to 1 in 5 children aged 5 sometimes wet the bed.

When to start potty training

Remember, you cannot force your child to use a potty. If they're not ready, you will not be able to make them use it. In time, they will want to use one – most children will not want to go to school in nappies any more than you would want them to.

In the meantime, the best thing you can do is to encourage the behaviour you want.

When parents start thinking about potty training remember there is no perfect time. Lots of people find it easier to start in the summer, when there are fewer clothes to take off and washed clothes dry more quickly.

Try potty training when there are no great disruptions or changes to your child's or your family's routine. Disruptions can put back any advances you have made, this is normal. and it is important to stay consistent, so you do not confuse your child.

If you go out, take the potty with you, so your child understands that you'd like them to wee or poo in the potty every time they need to go. Check that any other people who look after your child can help with potty training in the same way as you.

You can try to work out when your child is ready. There are a number of signs that your child is starting to develop bladder control:

- they know when they've got a wet or dirty nappy
- they get to know when they're peeing and may tell you they're doing it
- the gap between wetting is at least an hour (if it's less, potty training may fail, and at the very least will be extremely hard work for you)
- they show they need to pee by fidgeting or going somewhere quiet or hidden
- they know when they need to pee and may say so in advance

Potty training is usually fastest if your child is at the last stage before you start the training. If you start earlier, be prepared for a lot of accidents as your child learns.

They also need to be able to sit on the potty, get up from it when they're done, and follow your instructions.

Getting ready for potty training

Using a potty will be new to your child, so get them used to the idea gradually.

Talk about your child's nappy changes as you do them, so they understand wee and poo and what a wet nappy means. If you always change their nappy in the bathroom when you're at home, they will learn that's the place where people go to the loo. Helping you flush the toilet and wash their hands is also a good idea.

Leave a potty where your child can see it and explain what it's for. Children learn by watching and copying. Using your child's toys to show what a potty is for can also help.

You could see if your child is happy to sit on the potty for a moment, just to get used to it, when you're changing their nappy, especially when you're getting them dressed for the day or ready for bed at night.

How to start potty training

Keep the potty in the bathroom. If that's upstairs, keep another potty downstairs so your child can reach the potty easily wherever they are. The idea is to make sitting on the potty part of everyday life for your child.

Encourage your child to sit on the potty after meals, because digesting food often leads to an urge to do a poo. Having a book to look at or toys to play with can help your child sit still on the potty.

If your child regularly does a poo at the same time each day, leave their nappy off and suggest that they go in the potty. If your child is even the slightest bit upset by the idea, just put the nappy back on and leave it a few more weeks before trying again.

Encouraging them to use the potty to wee will help build their confidence for when they are ready to use it to poo.

As soon as you see that your child knows when they're going to pee, encourage them to use their potty. If your child slips up, just mop it up and wait for next time. It takes a while for them to get the hang of it.

If you do not make a fuss when they have an accident, they will not feel anxious and worried, and are more likely to be successful the next time. Put them in clothes that are easy to change and avoid tights and clothes with zips or lots of buttons.

Your child will be delighted when they succeed. A little praise from you will help a lot. It can be quite tricky to get the balance right between giving praise and making a big deal out of it. .

Potty training pants and pull-ups

Disposable or washable potty training pants (also called pull-ups) can be handy when you start potty training and can give children confidence when it's time to swap nappies for "grown-up" pants. They do not soak up wee as well as disposable nappies, so your child will find it easier to tell when they are wet.

Training pants should be a step towards normal pants, rather than a replacement for nappies. Encourage your child to keep their training pants dry by using the potty.

Night-time potty training

Focus on getting your child potty trained during the day before you start leaving their nappy off at night.

If your child's nappy is dry or only slightly damp when your child wakes for a few mornings in a row, they may be ready for night-time potty training.

Ask your child to use the potty last thing before they go to bed and make sure it's close by, so they can use it if they need to wee in the night. There are bound to be a few accidents, so a waterproof sheet to protect your child's mattress is a good idea.

Just like daytime potty training, it's important to praise your child for success. If things are not going well, stick with nappies at night for a while longer and try again in a few weeks' time.

Using the toilet instead of the potty

Some children start using the toilet instead of the potty earlier than others.

A child's trainer seat that clips onto the toilet can help make your child feel safer and more confident on the toilet. A step for your child to rest their feet on gets your child in a good position for doing a poo.

If you have a boy, encourage them to sit down to pee. If they also need a poo, sitting down will encourage them to go.

Don't forget there is no right or wrong age to try potty training, If it is not going well, or your child is getting upset, take a break and try again in a few weeks. This can happen more than once, so stopping and having a break is better than frustration and upset to all concerned.

St Georges Childcare

Nappy Changing Procedure

Nappy changing is an important time and a chance for the key person to play simple games on a one to one basis. Staff need to ensure the child feels secure and happy and that this is an enjoyable experience.

Nappies should be checked and changed at regular intervals throughout the day by the key person.

A child should never knowingly be left in a soiled nappy

- 1 Collect everything you need to change a child's nappy
- 2 WASH YOUR HANDS
- 3 Put on apron and gloves if required
- 4 Place the child on the changing mat whilst talking and reassuring them.
- 5 Clean the child, dispose of the nappy and GLOVES then apply barrier cream as needed. Use a fresh glove if preferred.
- 6 Dress the child
- 7 WASH THEIR HANDS
- 8 Thoroughly clean the nappy mat and area with antibacterial spray and throw the apron away.
- 9 WASH YOUR HANDS to avoid cross contamination
- 10 Record the nappy change on the nappy chart, Note whether wet or dry, bowel movement, skin irritation, cream applied and initial the form.

NEVER LEAVE A CHILD UNSUPERVISED ON A CHANGING MAT

Childcare practice procedures

8.9 Sleep and rest time

At St George's we aim to ensure that all children have enough sleep to support their development and natural sleeping rhythms in a safe environment.

The safety of babies' sleeping is paramount. No child is made to sleep or kept awake if they are tired.

Sleeping children are checked at least every ten minutes; which is recorded with the time checked and the initials of the person responsible for checking. The check **MUST** include close observation of each child's regular breathing. Where ratio allows, for example after lunch when most children sleep, a staff member will **always** be in the room while children are sleeping.

The baby monitor and camera will be activated when children are sleeping.

As soon as the child/children are all asleep the door to the sleep room will be pinned open if there is no staff member present.

Children must **NEVER** have blankets/covers to keep out the light or for any reason. No type of covering will be used over cots or buggies.

No child will be left to cry themselves to sleep. After 15 minutes staff should consider getting the child up and trying again later. Upset children must never be left alone.

Sleeping children are supervised within sight or hearing of staff at all times.

The Key Person will

- Remove hair accessories and jewellery that may come loose or detach before sleep.
- Remove bibs, heavy outer clothing, and shoes before sleep
- Change nappies before sleep
- Offer the child their comforter and ensure any dummies are sterilised before and after sleep.
- Settle the child and soothe them to sleep. If the child is distressed the key person will comfort them
- Place babies with their feet at the bottom of the cot, with blankets tucked in at the bottom
- Place children on their backs unless we have a written request from parents.
- Ensure no duvets, pillows or cot bumpers are used and any mobiles are out of reach.

- Place children on mattresses head to toe
- Ensure all children have their own personal bedding kept in their basket
- Where possible have a quiet calm room and dim lighting.
- Record going to sleep time, 10 minute check times and wake up time with a staff signature
- Ensure cots/buggies are cleaned after use and well maintained to ensure they are safe
- Any soiled linen must be put in the laundry immediately and all other linen to be washed weekly

Further guidance

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

Childcare practice procedures

8.10 Managing separation anxiety in children under 2 years old

Separation anxiety occurs when babies and toddlers do not feel securely attached to their key person.

Taking steps to reduce anxiety and promote attachment is a priority task for the key person in partnership with the parent.

- Separation anxiety can be identified when signals are clearly understood by members of staff.
- Distress in children produces high levels of corticosteroids (neurochemicals) which hinder brain functioning. It is detrimental for babies to experience prolonged distress. Signals include:
 - crying inconsolably for extended periods; causing coughing or difficulty to breathe or vomiting
 - holding breath
 - head banging or rocking
 - ambivalent feelings towards the key person, i.e., wanting to be picked up then struggling free
 - frantic movement or lashing out with arms and legs
 - biting, tantrums and snatching from others.
 - jealousy shown towards other children in the key group
 - refusing food or drink or showing signs of digestive problems
 - temporary interest in toys or others, then crying again.
 - prolonged periods of sleep
 - switching off, staring blankly
 - anxiousness about who is coming in and out of a room, standing by the door for long periods
 - being held, but not responding or smiling
 - crying when the parent collects or cheering up and eager when parent collects
- A picture of evidence builds up which may suggest that the baby/toddler is experiencing separation anxiety. This needs to be discussed with the parent and a plan made to help the child settle.
- The parent and key person discuss the reasons that the separation anxiety has developed or been made worse. It could be due to:
 - hurried settling-in due to pressures on parents
 - inadequate settling in due to the key person being absent or the baby not being brought to complete the settling-in plan
 - the key person's absence during settling in period

- changes of staff
 - part time attendance not allowing sufficient continuity for the baby to become familiar with the surroundings and to make an attachment to the key person
 - change of key person in the setting
 - changes at home – stress events in the family
 - baby's illness
 - family having been away on holiday
 - previous distressing experiences with another setting
- The goal of any plan is to ensure the child is secure through forming an attachment with the key person.
 - The settling in process is reviewed; if any aspect has been missed, this needs to be re-planned. This may include the need for the parent to stay or find a close relative or friend whom the child feels safe with if the parent cannot be there.
 - A baby who will be attending on a part-time basis will need to come in more often, until he/she is familiar and beginning to settle.

Childcare practice procedures

8.11 Promoting positive behaviour

Positive behaviour is located within the context of the development of children's personal, social, and emotional skills and well-being. A key person who understands children's needs, their levels of development, personal characteristics, and specific circumstances, supports this development. This ensures children's individual needs are understood and supported. Settling into a new environment is an emotional transition for young children especially as they learn to develop and master complex skills needed to communicate, negotiate, and socialise with their peers. Skills such as turn taking and sharing often instigate minor conflicts between children as they struggle to deal with powerful emotions and feelings. During minor disputes, key persons help children to reflect and regulate their actions and, in most instances, children learn how to resolve minor disputes themselves. However, some incidents are influenced by factors, requiring a strategic approach especially if the behaviour causes harm or distress to the child or others. These situations are managed by the SENCO/key person using a stepped approach which aims to resolve the issue and/or avoid the behaviour escalating and causing further harm.

This is an unsettling time for young children. Practitioners are alert to the emotional well-being of children who may be affected by the disruption to their normal routine. Where a child's behaviour gives cause for concern, practitioners take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers and the principles of this procedure are adhered to

The manager/SENCO will:

- help staff to implement procedure Promoting positive behaviour in their everyday practice
- advise staff on how to address behaviour issues and how to access expert advice if needed

Rewards and sanctions

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

Rewards such as excessive praise and stickers may provide immediate results for the adult but do not teach a child how to act when a 'prize' is not being given or provide the skills to manage situations and emotions themselves. Instead, a child is taught to be 'compliant' and respond to meet adult expectations to obtain a reward (or for fear of a sanction). If used the type of rewards and their functions must be carefully considered.

Children are never labelled, criticised, humiliated, punished, shouted at, or isolated by removing them from the group to be left in 'time out' or on a 'naughty chair.' If a child is distressed or causing harm to others, it may help to remove them from the immediate environment where the incident occurred. They should be taken to a quiet area by their key person for up to 5 minutes to help them calm down. If appropriate, the key person can use this time to help the child reflect on what has happened. Physical punishment of any kind is never used or threatened which could adversely affect a child's well-being. If staff become aware that another person has given corporal punishment to a child, they follow Safeguarding children, young people,

and vulnerable adults procedures. Physical intervention to safeguard a child/children must be carried out as per the guidance in this procedure.

Step 1

- The manager, SENCo (Special Educational Needs Coordinator) and other relevant staff members are knowledgeable with and apply the procedure Promoting positive behaviour.
- Unwanted behaviours are addressed using an agreed and consistently applied approach to deescalate situations
- Behaviours that result in concern for the child and/or others must be discussed by the key person, SENCo/manager. During the meeting, the key person must use their all-round knowledge of the child and family to share any known influencing factors such as a new baby in the family, child and/or parental illness, underlying additional needs to help place the child's behaviour into context.
- Appropriate adjustments to practice must be agreed within the setting. If relevant, a risk assessment should be carried out.
- If the adjustments are successful and the unwanted behaviour does not reoccur or cause concern then normal monitoring can resume.

Step 2

- If the behaviour remains a concern, then the key person and SENCo must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause.
- If a cause for the behaviour is not known or only occurs whilst in the setting, then the manager/SENCo must suggest using a focused intervention approach to identifying a trigger for the behaviour such as the ABC approach, i.e., Antecedents – what happened before; Behaviour – what was the behaviour observed; Consequences – what happened after the event or the STAR approach
- If a trigger is identified, then the SENCo and key person must meet with the parents to plan support for the child through a graduated approach via SEN support.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents of the victim of the behaviour and the parents of the perpetrator must be informed. If the setting has applied a physical intervention, they must follow the guidance as set out below. The designated person completes Safeguarding incident reporting form and contact Ofsted if appropriate. A record of discussions is recorded, and parents are asked to sign.
- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the action plan. Other staff are informed of the agreed interventions and help implement the actions.

The plan must be monitored and reviewed regularly by the key person/SENCo until improvement is noticed.

- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged on SEN Support - Action plan.

Step 3

If despite applying initial intervention to deescalate situations and focused interventions to identify triggers the child's behaviour continues to occur and/or is of significant concern, the SENCo and key person invite the parents to a meeting to discuss external referral and next steps for supporting the child. It may be agreed that the setting request support from the Early Help team and/or other specialist services such as the Area SENCo. This will help address most developmental or welfare concerns. If the behaviour is part of other welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, safeguarding procedures 06 Safeguarding children, young people and vulnerable adults procedures must be followed immediately.

- Advice provided by external agencies is incorporated in SEN Support: Action Plan and regular multi-disciplinary meetings held to review the child's progress.
- If a review determines a statutory assessment may be needed then all relevant documentation must be collected in preparation for an Education Health and Care Assessment which may lead onto an Education, Health and Care Plan.

Use of physical intervention

Staff will already use different elements of physical contact with a child as part of their interaction in the setting especially when they are comforting a child or giving first aid. However, physical intervention to keep a child or other children safe is different and should only be applied in exceptional circumstances.

The EYFS (Early Years Foundation Stage) states that physical intervention from a staff member towards a child may be used for the purposes of "averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if it is absolutely necessary."

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children's behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. In other situations, an intervention can be applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child's movement against their will. In most cases this can be applied through the use of the adult's body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, a practitioner may use “reasonable force” to protect a child from injuring themselves or others. Legally a practitioner may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

Physical handling

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming for:

- keeping the child's safety and well-being paramount
- a calm, gentle but firm approach and application of the intervention
- never restricting the child's ability to breathe
- side-by-side contact with the child
- no gap between theirs or the child's body
- keeping the adults back as straight as possible
- avoiding close head-to-head positioning to avoid injury to the child and themselves (head butting)
- only holding the child by their 'long' bones to avoid grasping at the child's joints where pain and damage are most likely to occur
- avoiding lifting the child unless necessary
- reassuring the child and talking about what has happened
- only applying a physical intervention on a disabled child if training or preferred method is provided from a reputable external source e.g., British Institute of Learning Disabilities www.bild.org.uk/

Risks

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them. However, there are also risks to children associated with not intervening physically; for instance, if a practitioner did not take hold of a child by the wrist, they may have run into the path of a fast-moving car.

Before intervening physically to protect a child from immediate harm a practitioner needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

- What is the immediate risk to this child if I do not intervene now?
- What might the risks be if I do intervene? If this were my child, what would I want someone looking after them to do in this situation?
- What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

Recording

Any instance of physical intervention is fully recorded immediately and reported to the designated person as soon as possible on Safeguarding incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents are asked to sign a copy of the form which is then kept on the child's file. The designated person decides who will notify the parent and when, ensuring that the parent signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

Temporary suspension (fixed term)

Any decision to temporarily suspend a child must be carefully considered lawful, reasonable, and fair. If despite following the stepped approach for behaviour it is necessary to temporarily suspend a child, for no more than five days, on the grounds of health and safety, the following steps are followed.

- The manager provides a written request to suspend a child to their line manager; the request must detail the reason why the child must be suspended and the length of time of the proposed suspension.
- If the line manager approves, the parents must be invited to a meeting to discuss next steps. Parents are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting must aim for a positive outcome for the child and not to suspend.
- If no acceptable alternative to suspension is found then the setting manager must give both verbal and written notice of time related suspension to the parent, meanwhile the setting manager must ensure that continued resolution is sought, and suitable adjustments are in place for the child's return.

Suspension of a disabled child

We have a statutory duty not to discriminate against a child on the basis of a protected characteristic. This includes suspending a child based on a disability. Ignorance of the law or claiming it was unknown that a child was disabled is no defence. However, if the child's behaviour places themselves or others at risk then the setting must take actions to avoid further harm. Time limited suspension may be applied to keep the child and/or others safe whilst finding a solution. Suspension is only used if reasonable steps and planned adjustments are first used to help resolve the situation. Without this action, suspension of a child with SEND (Special Educational Needs and Disability) may constitute disability discrimination (Equality Act 2010). A decision to suspend a disabled child must be clearly evidenced, specific, measurable, achievable, realistic, and targeted. Plans and intervention must be recorded on the child's file and SEN Support - Action plan. If little or no progress is made during the suspension period, the following steps are taken.

- The manager sends a written/electronic invite to the parents, a local authority representative and any relevant external agencies to attend a review meeting. Each attendee must be made aware that the meeting is to avoid the situation escalating further and to find a positive solution.
- After the meeting, the setting manager continues to maintain weekly contact with the parents and local authority to seek a solution.
- Suitable arrangements offer the parent continued support and advice during the suspension. The setting manager reviews the situation fortnightly and provides their line manager with a monthly update.

Expulsion

In some exceptional circumstances a child may be expelled due to:

- a termination of their childcare agreement as explained in Childcare terms and conditions
- if despite applying a range of interventions (including reasonable adjustments), the setting has been unable to meet the child's needs or cannot protect the health, safety, and well-being of the child and/or others.

Challenging unwanted behaviour from adults in the setting

We do not tolerate behaviour demonstrating dislike, prejudice, discriminatory attitudes, or action towards any individual/group. This includes those living outside the UK (xenophobia). This also applies to behaviour towards specific groups of people and individuals who are British Citizens residing in the UK.

Allegations of discriminatory remarks or behaviour made in the setting by any adult will be taken seriously. The perpetrator will be asked to stop the behaviour and failure to do so may result in the adult being asked to leave the premises. Where a parent makes discriminatory or prejudice remarks to staff at any time, or other persons while on the premises, this is recorded on the child's file and is reported to the setting manager. The procedure is explained, and the parent is asked to comply while on the premises. An 'escalatory' approach will be taken with those who continue to exhibit this behaviour. The second stage comprises a letter to the parent requesting them to sign a written agreement not to make discriminatory remarks or behave in discriminatory or prejudice ways; the third stage may be considering withdrawing the child's place.

Childcare practice procedures

8.12 Identification, assessment and support for children with SEND

We have regard for the Special Educational Needs and Disability (SEND) (DfE and DoH 2015) which states that local authorities must ensure that all early years providers that they fund in the maintained, private, voluntary and independent sectors are aware of the requirement on them to meet the needs of children with SEN and disabilities. When securing funded early education for two, three- and four-year-olds local authorities should promote equality and inclusion for children with disabilities or SEN; this includes removing barriers that prevent access to early education and working with parents to give each child support to fulfil their potential. During the Covid outbreak we will review and update children's SEN support plans more frequently to ensure their progress and well-being.

The term SEN support defines arrangements for identifying and supporting children with special educational needs and/or disabilities. We are required to offer appropriate support and intervention and to promote equality of opportunity for children that we care for. Children's SEND generally falls within the following four broad areas of need and support:

- communication and interaction
- cognition and learning
- social, emotional and mental health
- sensory and/or physical needs

Graduated approach

Initial identification and support (identifying special educational needs)

- Ongoing formative assessment forms part of a continuous process for observing, assessing, planning and reviewing children's progress.
- Children identified as having difficulty with one or more area of development should be given support by applying some simple strategies and resources.
- For most children application of some simple differentiation approaches will be enough to build confidence and help the child develop, SEN Support: Initial record of concern form can be used for this purpose.
- If despite applying differentiated strategies a child continues to struggle and is showing significantly more difficulty with learning than their peers or has a disability which requires specific adjustments, then the key person should raise a concern with the setting's SENCo/setting manager and the child's parents.

Observation and assessment of children's SEN

Where a child appears to be behind expected levels, or their progress gives cause for concern, practitioners should consider all the information about the child's learning and development from within and beyond the setting.

- Information can be collated from formal checks such as the progress check at age two, observations from parents and observation and assessment by the setting of the child's progress.
- When specialist advice has been sought externally, this is used to help determine whether or not a child has a special educational need (SEN).
- The child's key person and SENCo/Manager use this information to decide if the child has a special educational need.
- If the decision is that the child does have a SEN and the parents are not already aware of a concern, then the information is shared with them. Once parents have been informed, they should be fully engaged in the process, contributing their insights to all future actions for their child.

Planning intervention

- Everyone involved with the child should be given an opportunity to share their views. Parents should be encouraged to share their thoughts on the child's difficulties and be involved in the decision as to what will happen next.
- A first intervention option may be to carry on with applying differentiated support and to review the child's progress at an agreed date. If the child's needs are more complex, then the decision may be to go straight ahead and prepare SEN support: Action plan with detailed evidence-based interventions being applied straight away and simultaneously external referrals made.
- If relevant, then the child should be appropriately included in development of the action plan but only at a level which reflects their stage of comprehension.
- SEN support: Action plan described below, ensures that children that are identified, or suspected of having a SEN will receive the right level of support and encouragement with their learning and development as early as possible.

Involving the child

- The SEND Code of Practice supports the rights of children to be involved in decisions about their education.
- Inclusion of children with SEND helps build self-confidence and trust in others.
- Ascertaining children's views may not be easy, a range of strategies will be needed.
- Accurate assessment helps identify children's strengths and possible barriers to learning.
- The key person and setting manager/SENCo work in partnership with parents and other agencies to involve the child wherever appropriate.

- Children are involved at appropriate stages of the assessment and to their level of ability.
- Establishing effective communication is essential for the child's involvement.

SEN action plan

- SEN support: Action plan, should show what support is required to help achieve outcomes for the child and detail the frequency of these interventions and who will apply them and with what resources.
- A review date (at least termly) should be agreed with the parents so that the child's progress can be reviewed against expected outcomes and next steps agreed.
- A copy of the plan is stored in the child's file so that any other member of staff or an inspector looking at the file will see how the child is progressing and what interventions have been or are being applied.
- If a child requires specific medical interventions during their time in the setting, 04.2a Health care plan form should also be completed and integrated into the general plans to ensure the child's medical needs are known and safely met.
- The action plan should provide an accessible summary of the child's needs, which can be used if further assessment is required including a statutory Education Health and Care (EHC) Assessment, and development of an EHC plan.

Drawing up a SEN action plan

- If external agencies are already involved at this stage, then they should also be invited to help decide on what appropriate interventions are needed to help meet outcomes for the child. The SENCo/setting manager should take the lead in coordinating further actions including preparation of the action plan and setting short-term targets.
- Where there are significant emerging concerns (or an identified special educational need or disability) targeted action plans are formulated that relate to a clear set of expected outcomes and stretching targets.
- SEN support: Action plan, highlights areas in which a child is progressing well; areas in which some additional support might be needed and any areas where there is a concern that a child may have a developmental delay (which may indicate a special educational need or disability). It describes the activities and strategies the provider intends to adopt to address any issues or concerns.
- Planned intervention should be based on the best possible evidence and have the required impact on progress with longer-term goals covering all aspects of learning and development and shorter-term targets meeting goals.
- The plan should focus on the needs of the child, the true characteristics, preferences, and aspirations of the child and involvement of the parents with a clear set of targets and expected outcomes for the child. Effective planning at this stage should help parents and children express their needs, wishes, and goals:
 - focus on the child as an individual and not their SEN label

- be easy for children to understand and use clear ordinary language and images, rather than professional jargon
- highlight the child strengths and capacities
- enable the child, and those who know them best, to say what they have done, what they are interested in and what outcomes they are seeking in the future
- tailor support to the needs of the individual
- organise assessments to minimise demands on families
- bring together relevant professionals to discuss and agree together the overall approach
- If the child fails to make progress and multi-agency support is sought, then it is at this point that Early Help/CAF assessment should be considered.

Record keeping

If a child has or is suspected of having a SEN, a dated record should be kept of:

- the initial cause for concern and the source of this information, (the progress check at age two and/or outcomes of previous interventions). SEN support: Initial record of concern form can also be used for this purpose drawing information from other sources
- the initial discussion with parents raising the possibility of the child's SEN
- the views of the parents and other relevant persons including, wherever possible, the child's views;
- the procedures followed with regard to the Code of Practice to meet the child's SEND e.g. SEN action plan, referrals to external agencies and for statutory assessment
- evidence of the child's progress and any identified barriers to learning
- advice from other relevant professionals; and all subsequent meetings with parents and other persons and any subsequent referrals

Records may include

- observation and monitoring sheets
- expressions of concern
- risk assessments
- access audits
- health care plans (including guidelines for administering medication)
- SEN action plans
- meetings with parents and other agencies

- additional information from and to outside agencies
- agreements with parents
- guidelines for the use of children's individual equipment; Early help CAF referrals
- referral to the local authority identifying a child's special educational needs and request for statutory Education, Health, Care (EHC) needs assessment; and a copy of an EHC plan

Seeking additional funding/enhanced/top up

If the child's needs cannot be met from within the setting's core funding, then it will be at this point that the evidence collated will be used to apply for top up/enhanced funding from the local authority's inclusion fund. If a new or existing child is disabled, then the setting should check if the family is in receipt or have applied for Disability Living Allowance. If so, the setting will be able to apply to their local authority for the local Disability Access Fund.

Statutory education, health and care (EHC) assessment and plan

Statutory assessment

- If a child has not made progress, then the next steps may be for the child to undergo an Education, Health and Care Assessment.
- If a child is under compulsory school age, the local authority will conduct an EHC needs assessment if they consider that the child's needs cannot be met within the resources normally available to the early years setting.
- Children aged under age two are eligible where an assessment has indicated that the child is likely to have SEN which requires an EHC plan when they reach compulsory school age.
- When a child's needs appear to be sufficiently complex, or the evidence suggest specialist intervention then the local authority is likely to conclude that an EHC plan is necessary
- The local authority should fully involve the parent and must seek advice from the setting in making decisions about undertaking an EHC assessment and preparing an EHC plan.
- Settings should prepare by collating information about the child's SEND including:
 - documentation on the child's progress in the setting
 - interventions and support provided to date
 - evidence of external agency assessment, support and recommendations
 - parental views and wishes (and where appropriate those of the child)

The information will then be submitted to the local authority to allow them to accurately assess the child in the context of the support already given.

- The local authority must inform the child's parents of their decision within six weeks of receiving a request for an assessment and give its reasons for their decision. If the local authority decides to

conduct an assessment, it must ensure the child's parents are fully included right from the beginning and are invited to contribute their views. If the local authority subsequently decides not to conduct an assessment it must then inform the parents of their right to appeal that decision, of the requirement for them to consider mediation should they wish to appeal.

- If the local authority decides that a statutory EHC plan is not necessary, it must notify the parents and inform the provider, giving the reasons for the decision. This notification must take place within 16 weeks of the initial request or of the child having otherwise been brought to the local authority's attention.
- If the decision following an assessment is to compile an EHC plan the local authority should consult collaboratively with the parents in the preparation of the plan ensuring that their views and their child's preferences are taken into account and that plans describe positively what the child can do and has achieved to date.
- Plans are evidenced based and focus on short term outcomes and long-term aspirations for the child including family and community support. Parents have the right to request a particular provision for their child to be named within their EHC plan.
- If an early years setting is named, the local authority must fund this provision. They cannot force a setting to take a child and can only name the provision in the EHC if the setting agrees.
- Local authorities should consider reviewing an EHC plan for a child under age five at least every three to six months. Such reviews would complement the duty to carry out a review at least annually but may be streamlined and not necessarily require the attendance of the full range of professionals, depending on the needs of the child. The child's parents must be fully consulted on any proposed changes to the EHC plan and made aware of their right to appeal to the Tribunal.

External intervention and support

Where external agency intervention has been identified to help support a child with SEND then this intervention should be recommended in writing by a suitably reliable source such as a speech and language therapist, paediatrician or educational psychologist.

Further guidance

Special Educational Needs and Disability (SEND) (DfE and DoH 2015)

www.gov.uk/government/publications/send-code-of-practice-0-to-25

Childcare practice procedures

8.13 Progress check at age two

- The key person is central to the progress check and must be the person completing it.
- Settings should take guidance from their local authority as to when the progress check at age two is completed; if no such guidance is provided, the progress check is completed when the child is between 26 and 30 months old. The child should be attending the setting for at least 1 term before the check is completed.
- Once the timing of the child's progress check is confirmed, parents are given the opportunity to discuss their child's progress at a mutually convenient time.
- The setting must seek to engage both parents and make allowance for parents who do not live with their child to be involved.

Completing the progress check at age two

- On-going observational assessment informs the progress check and must be referred to.
- Children's contributions are included in the report. Staff must be 'tuned in' to the ways in which very young children, or those with speech or other developmental delay or disability, communicate.
- Where any concerns about a child's learning and development are raised these are discussed with the parents, the SENCo and the setting manager.
- If concerns arise about a child's welfare, they must be addressed through Safeguarding children, young people and vulnerable adults' procedures.
- The key person must be clear about the aims of the progress check as follows:
 - to review a child's development in the three prime areas of the EYFS
 - to ensure that parents have a clear picture of their child's development
 - to enable practitioners to understand the child's needs and, with support from practitioners, enhance development at home
 - note areas where a child is progressing well and identify any areas where progress is less than expected
 - describe actions the provider intends to take to address any developmental concerns (working with other professionals as appropriate)

Childcare practice

8.14 Babysitting

St. George's does not provide a babysitting service outside of operational hours. However, we understand that parents sometimes ask staff to babysit for their children and this policy has been implemented to protect St. George's, the staff team and the families that use our service.

St. George's is not responsible for any private arrangements or agreements that are made between employed staff, volunteers or students and families that use St. George's.

Whilst in our employ, all staff are subject to ongoing supervision, observation and assessment to ensure their standards of work and behaviour are maintained in accordance with our policies, at all times. We have no control over the conduct of the staff outside of their position of employment.

Out of hours work arrangements must not interfere with staff hours of employment.

Our Confidentiality Policy must be adhered to at all times and any staff found to have discussed anything relating to St. George's, staff, children or families will face disciplinary action and possible dismissal.

St. George's will not be held responsible for any Health & Safety or other issues that arise from a private arrangement.

If a parent wants to arrange for a staff member to take a child home from St. George's, this must be put in writing and kept on the child's file.

Childcare practice policy

8.15 Weapon and Superhero Play

Most Children enjoy engaging in imaginative play that relates to, and makes sense of, the world they live in. For lots of children this imaginative play contains a strong element of weapon and superhero re-enactment. Re-enacting weapon use is a universal language of play for children and usually results in high level of engagement for the children actively involved in it.

Images and ideas gleaned from the media are common starting points in children's play and may involve characters with special powers and/or weapons. Adults can find this type of play particularly challenging and have a natural instinct to stop it. This is not necessary as long as practitioners help the children to understand and respect the rights of other children and to take responsibility for the resources and environment.

Creating situations so that children's interest in these forms of play can be fostered through healthy and safe risk-taking opportunities, will enhance every aspect of their learning.

St. George's, we feel it is important to create a whole setting approach of which staff, children, parents, governors and other agencies have a clear understanding.

We ensure:

- Approaches to teaching and learning in role play should reflect the interests of the children and not exclusively those of adults.
- Planning for role play in the environment should be based upon assessment information from the observed play of the current cohort.
- St. George's will acknowledge the positive aspects of the character of the superhero and highlight the negative aspects of weapon use and physical violence at a level that is appropriate to the age and needs of the children. This will mainly be done through story, drama and appropriate discussion.
- Styles of teaching and learning should meet the needs of the children and not preconceived notions of what is or is not appropriate role play.
- All children's emotional welfare, wellbeing and involvement should be assessed in relation to this style of play.
- Children should enjoy the play opportunity.
- The weapon/superhero play should motivate and challenge children.
- The creation of an effective culture of weapon/superhero play in our setting takes time and is a process rather than an event.
- Parents and carers need to feel well informed about and comfortable with the approach to weapon/superhero play and the principles that underpin it.
- Effective and engaging play is about St. George's fitting the interests of the children.
- Ongoing opportunities for quality play are not overlooked or left to chance but thought about and planned in advance.
- Staff are expected to identify possible areas in which to challenge and extend the child's current learning and development.

Further guidance Development Matters and Birth to 5 Matters - Characteristics of Effective Learning

