09 Early years practice policy

Alongside associated procedures in 09.1-09.15 Early years practice, this policy was adopted by *Peeple* in *November 2021*.

Aim

Children are safe, happy, and eager to participate and to learn, and supported to reach their full potential.

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/carer is carried out before children start.
- Information is gathered from parents and carers prior to start regarding the child's likes, dislikes, interests, routines, family structure and birth history.
- *Prime times* of the day make the very best of routine opportunities to promote 'tuning-in' to the child 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 *EYFS* is used as a framework to provide care and learning for babies and children under two years.

Older Children (2-5 years)

- To feel securely settled and ready to learn, children from two to five years 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. The three-stage model referred to in procedure 9.4 is applicable, but with some differences in the procedures for children moving up into the next group and for older children.

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 operate in an inclusive manner which enables all children and families to access our services.
- We also have regard for the needs of parents/carers 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.
- 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 09.1 Waiting list and admissions procedure.

Funded places – free entitlement

All 3- and 4-year-olds in England are entitled to 15 hours free childcare and early education each week for 38 weeks of the year. Some eligible two-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 2014)

Equality Act 2010

Childcare Act 2006

09.1 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 and, where appropriate, provided in different community languages and in other formats on request.
- 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 waiting list is arranged by the length of time since application and in addition we will consider the following:
    - whether the parent is a member of staff for Peeple or TOA (The Oxford Academy).
    - 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) 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 a childcare and early education registration form, to ensure that no accidental or unintentional discrimination is taking

place and that reasonable adjustments are made as required.

- Section 05 Equality procedures are shared and widely promoted to all.
- Places are provided in accordance with the childcare and early education 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 an early education and childcare place has been offered, the relevant paperwork is completed by the setting manager or deputy before the child starts and filed on the child's personal file. Forms completed include:

- 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.
- Early education and childcare terms and conditions - govern the basis by which we provide early education and childcare.
    - Early education and 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 manager 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.
- At the time of registration, the manager must check to see if a child's family is in receipt of Disability Living Allowance**,** if so, the manager must ask for evidence to enable them to claim the Disability Access Fund directly from the local authority. If the family is eligible but not in receipt of the allowance, the setting manager will support the family in their application. More information can be found at www.gov.uk/disability-living-allowance-children/how-to-claim.
- 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 setting 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/carers that a child who is starting at the setting is currently, or was involved with social care, the designated safeguarding lead will contact the agency to seek further clarification.

Parents/carers 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

09.2 Attendance and absence

We take steps to ensure that children are kept safe, that their wellbeing is promoted, and they do not miss 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. The attendance and absence policy are shared with parents and carers, and they are advised that they should contact the setting within one hour of the time the child would have been expected to advise of their absence. Designated safeguarding leads must also adhere to Local Safeguarding Partners (LSP) requirements, procedures and contact protocols for children who are absent or missing from the provision.

- If a child who normally attends fails to arrive and no contact has been received from their parents/carers, or if the child is absent for a prolonged period of time the designated safeguarding lead, 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/carers or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents/carers 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 on the child's personal file and is followed up by the manager each day until contact is made.
- If contact has not been made, and we have any reason for concern about a child's wellbeing and welfare, children's services will be contacted for advice about making a referral. Other relevant services may be contacted as per LSP procedures.
- All absences are recorded on the child's personal file with the reason given for the absence, the expected duration and any follow up action taken or required with timescales.

- Absence records will be monitored to identify patterns and trends in children's attendance. An understanding of the child's and family's individual circumstances will inform the setting's judgement in determining what constitutes a 'pronlonged period of 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 becomes known that gives cause for concern, procedure 06.1 Responding to safeguarding or child protection concerns is immediately followed.

Safeguarding vulnerable children

- The designated safeguarding lead or key person attempts to contact the parents/carers to establish why the child is absent. If contact is made and a valid reason given, the information is recorded in the child's file.
- Any relevant professionals involved with the child are informed, e.g. social worker/family support worker.
- If contact is made and the designated safeguarding lead 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 becomes known that gives cause for concern, 06 Safeguarding children, young people and vulnerable adults procedures are followed immediately.

Safeguarding

- If a child misses three consecutive sessions and it has not been possible to make contact, the designated person calls Social Care and makes a referral if advised. Contact with Social Care may be made sooner if there are concerns for a child's wellbeing or welfare.
- 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 on a Safeguarding incident reporting form, and Social Care are contacted immediately, and safeguarding procedures are followed.

Poor/irregular attendance

Whilst 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 setting manager should discuss a child's attendance with their parents/carers to ascertain any potential barriers i.e. transport, working patterns etc and should work with the parents/carers to offer support where possible.
- If poor attendance continues and strategies to support are not having an impact, the setting 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 setting manager is aware of the local authority policy on reclaiming refunds when a child is absent from a setting**.**

09.3 Prime times – The role of the key person

'Each child must be assigned a key person' (EYFS 2024)

Babies and young children need to form a secure attachment to a key person when they join Little Peeple nursery 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 their parents/carers and is committed to that child's well-being while in the setting.
- Every child that attends is allocated a key person before they begin settling in - it is not the responsibility of the child to choose their own key person.
- Where possible a 'back up' key person (secondary) 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/carers on induction and the name of the child's key person and 'back up' key person is recorded.
- The key person is central to settling a child into the setting. The setting 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.
- The key person spends time daily with his or her key group to ensure their well-being.

Parents/carers

- Key persons are the first point of contact for parents regarding matters concerning their child and any concerns parents/carers may have been addressed with the key person in the first instance.
- Key persons support parents/carers 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/carers.

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 setting manager or SENCO and the child's parents/carers.

Prime times

The key person role is explained further in the prime-time procedures (09.4/6/7/8/10/14); the key person also maintains other responsibilities for key children including administering medication and signing accident records.

Secondary key person

- The role of the secondary 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 secondary key person is identified when the child starts but is not introduced to the child until an attachment is beginning to form with the key person.
- The secondary key person gradually forms a relationship with the child until the child is happy to be cared for by this person.
- The secondary key person shares information with parents/carers in the key person's absence and makes notes in the child's records where appropriate.
- The secondary 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 continuous conversations with the setting manager provides further opportunities to discuss the progress and welfare of key children.

- The secondary key person has a duty likewise.

Further guidance

Being a Key Person in an Early Years Setting (Alliance Publication)

09.4 Prime times – 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 can contribute to that community and receive from it. Very young children, especially two- to three-year-olds, approach separation from their parent with anxieties, older children have a more secure understanding of 'people permanence' and can 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.

Little Peeple nursery 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 setting manager and key person explain the need for settling in and agree a plan with the parents/carer. They write this down and both key person and parents/carers keep a copy. Each day they review the plan and agree what will happen the next day.

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

- Start times for babies are staggered to allow sufficient one to one time with each child and parent/carer.
- Babies should at least be at stage 2 of settling before the key person begins settling another child.
- Where a number of babies need to start – key persons can start settling one child in the morning and another in the afternoon. In their first week, children who are settling in will not stay all day.
- If a child has been identified as having SEND then the key person/SENCO and parents/carers 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

- For the first session and more if necessary, the parent/carer attends with the baby and does not leave for any time.
- One to two hours is sufficient for a baby and parent/carer to attend on any one day initially.
- On the first day, the key person shows the parent/carer around, introduces members of staff, and explains how the day is organised, making the parent/carer and child feel welcome and comfortable.
- The key person always greets the parent/carer and child. (Shift patterns may need to be adjusted when settling in.)
- The parent/carer 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.
- Over subsequent days, depending how the child is responding, the parent/carer is invited to attend other significant times of the day, including lunch, sleep and afternoon play.
- At this time, the key person does not change or feed the baby but observes the parent/carer's handling of the baby and how the baby responds.
- 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 day.

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.
- During this time, the key person and parent establish how the baby is getting to know the key person. They note when the baby seems distressed and when the baby is happy and build on this.
- If the baby is responding to the situation with smiles and eagerness to be held, then the baby is ready for the parent/carer to spend short periods of time away in another part of the building. If signs of distress are still apparent then the separation will be approached more slowly, starting with the parent/carer staying in the room, but taking a 'back seat', while the key person spends time with the baby.
- When the parent/carer leaves, they always say goodbye and say they are coming back. Parents/carers should never slip away without the baby noticing; this leads to greater distress.
- Gradually, time out of the room is extended from 10 to 20 minutes, and then 30 minutes.
- When baby can comfortably cope with 30 minutes, the key person and parent/carer plan the next stage.

- Parents/carers 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/carers 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.
- Parents/carers can now leave their baby for longer, until the baby can cope with a longer day.

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.
- During settling in the baby and parent/carer attend every day, even on the days when they will not usually, until the baby is settled and comfortably attached to the key person. Then the normal pattern of attendance should commence.

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/carer.
- The three stages of settling-in are reviewed and the plan is pitched back at the appropriate stage.
- 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 is offered only with the parent/carer attending. In some cases, it may be appropriate to withdraw the place and help the parent/carer consider alternatives. For a child ‘in need’ this may need to be discussed with the social care worker, where one is allocated to the child, health visitor or referring agency.

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/carer 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/carer has a choice not to attend with their child. A parent/carer who refuses to take part in settling in may have the offer of the place withdrawn.

Prolonged absences

- If babies or toddlers are absent from the setting for any for periods of time beyond one or two weeks, their attachment to their key persons will have decreased and will need to be built up again.
- Parents/carers are made aware of the need to 're-settle' their children and a plan is agreed.

Moving up from baby room to the main room

- One-year olds are not moved to the main room before their second birthday or before they can cope; they are given the opportunity to visit the main group as part of a normal day and participate in play and join in at mealtimes, becoming familiar with adults, children and the environment.
- When approaching their second birthday, and when a vacancy arises, a new key person is identified. The key person discusses the plan for the child moving up with the parents.
- The baby room key person and the parents agree how the child will be settled; ideally parents/carers spend time with their child and new key person before the move takes place.
- 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 child gradually spends more time with the new key person until they can cope in their new room.

Two-year-olds starting a setting for the first time

- A two-year-old may have little or no experience of group care. As part of gathering information from parents, it is important to find out about the child's experience of non-parental care, for example grandparents, or childminder; this informs staff as to how a child may respond to a new situation.
- The three-stage approach involving *Proximity, Secure Base* and *Dependency/Independence* is applied to two-year-olds as to younger children.
- After the induction meeting with the setting manager or deputy and key person, a settling-in plan is drawn up. Where possible, a home visit is carried out for the same purpose.
- To settle in a two-year-old, the setting will go through the same process of gradually increasing the time a child attends with a parent/carer during the proximity stage.
- On the first day, the parent/carer attends with the child.
- It is evident that the child is developing a sense of secure base when he or she shows interest in activities and begins to engage with the key person and other children. Then the parent/ carer may gradually start to spend short periods of time in another room to see how the child responds, this time increases until the child can manage a whole session without the parent.

- Separation causes anxiety in two-year-olds, as they have no concept of where their parents/carers have gone. Parents/carers should always say goodbye and tell them when they will return. Patience with the process will ensure children are happy and eager to come to play and be cared for in the setting.

Three- and four-year-olds

- Most children of this age can move through the stages more quickly and confidently.
- Some children take longer, and their needs for proximity and secure base stages should be accommodated as much as possible.
- Some children appear to leap to dependency/independence within a couple of days. In most cases, they will revert to the need for proximity and secure base. It can be difficult to progress to true dependency/independence and this can be frustrating.
- After the parent/carer attends for an induction meeting with the setting manager or deputy and key person, (or in some circumstances a home visit), a settling-in plan is drawn up.
- On the first day, the parent attends with the child.
- If the child shows interest in the activities and is beginning to engage with the key person and other children, the parent/carer spends time in the parent/carer room (if available) to see how the child responds.
- Parents/carers are encouraged to explain to their child where they are going, and that they will return.
- If the child is able to spend more time without the parent/carer, the child may be ready for a short day or session the following week, progressing to a full day or session very soon.

For children whose first language is not English

- For many children learning English as an additional language, the stage of proximity takes longer as the child is dependent upon the parent/carers' input to make sense of what is going on.
- If the parent/carer does not speak English, efforts are made to source an interpreter for induction; it will be helpful for them to see around the setting and be clear about their role in interpreting in the play area.
- The settling-in programme is explained to the parent/carer, and it is emphasised how important it is that they stay with the child and talk to him/her in the home language to be able to explain things.
- Through the interpreter, the key person will try to gauge the child's level of skills in their home language; this will give the key person an idea of the child's interests and levels of understanding.
- The need for the parent/carer to converse in the child's home language is important.
- The key person makes the parent/carer feel welcome using smiles and gestures.

- With the parent/carer, make a list of key words in the child's home language; sometimes it is useful to write the word as you would pronounce it. These words will be used with the child and parents/carers will be addressed with 'hello' and 'goodbye' in their language.
- The key person prepares for the child's visits by having a favourite toy or activity ready for the child to provide a means to interact with the child.
- Children will be spoken to as per any other child, using gestures and facial expressions to help.
- When the child feels happy to spend time with the key person (secure base), the parent/carer should spend time outside of the room.
- Progress with settling in will be done as with any other child; it just takes a little longer to reach dependency/independence.

09.5 Establishing children's starting points

When children start at Little Peeple nursery they arrive at different levels of learning and development. 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/carers at induction and during the 'settling in' period. Staff do not 'wait and see' how the child is settling before they begin to gather information.
- The key person is responsible for establishing their key children's starting points by gathering information in the following ways:
    - observation of the child during settling in visits
    - discussion with the child's parents/carers
    - building on information that has been gathered during registration by referring to the registration form

The information gathered is recorded within two weeks of the child's official start date and sooner where possible.

- The key person must make a 'best fit' judgment about the age band the child is working in, referring to Development Matters or Birth to Five Matters and our curriculum.

- The key person should complete details by indicating where they have gathered their evidence from, using more than one source where possible i.e. parent/carer comment and observation during settling in.

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

09.6 Prime times – arrivals and departures

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

Arrivals

- Whenever possible the key person or secondary key person always greets young children. This ensures that young children are received into the setting by a familiar and trusted adult.
- The key person who greets the child marks their presence and time of arrival on the register.
- If a child who is expected fails to arrive, this is recorded on the child's personal file, and the setting manager is immediately notified so that they can contact the child's parents/carers to find out why the child is absent following procedure 09.2 Absence.
- The key person ensures that the child has been signed in and there is a clear indication of who will be collecting the child, and at what time.
- The key person greets the parents/carers and takes time to hear information the parents/carers need to share. They inform the parents/carers of aspects of the day, such as if there is an agency member of staff or flexible worker in, which members of staff will be around later when parents/carers collect their child, any planned outings, or special planned event. Any consent forms are signed.
- The key person receives the child physically and tunes in to how he or she is feeling and prepares to meet his/her needs.
- Parents/carers should spend a few minutes with their child and key person before leaving. Many parents/carers will be in a hurry, but this can have an unsettling effect.
- Always ensure that the parents/carers say goodbye to their child and say when they are coming back, such as 'after tea', rather than just 'later'.
- If the member of staff receiving the child is not the key person, the member of staff will hand over the information shared by the parents/carers to the key person when they arrive.

Injuries noted on arrival

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

Changing shifts and handing over information

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

Departures

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

Maintaining children's safety and security

Arrivals and departures pose a particular threat to the safety and security of the children, particularly when parents arrive at the same time or when in shared premises. To minimise the risk of a child leaving the building unnoticed, the setting manager conducts a risk assessment that identifies potential risks and the measures put in place to minimise them, such as staff busy talking to individual parents/carers or doors left ajar. The risk assessment is shared with their line manager and is updated as and when required. View procedure 01.1 Risk assessment for further guidance.

09.7 Prime times – Baby and toddler mealtimes

Feeding and mealtimes are key times in the day for being close and to promote security, as well as for exploration and learning. Little Peeple nursery understands the importance of a healthy balanced diet for young children. At each meal/snack time, a named person is responsible for checking that the food provided meets all requirements for each child.

Bottle fed babies

- Babies' hands are washed prior to being given their bottle.
- Babies are fed by their key person or secondary 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.

Snack times

- A 'snack' is prepared mid-morning and mid-afternoon, following our healthy eating guidelines.
- Children have their hands wiped before and after snack-time.
- Children are only offered full-fat milk until they are at least two years old because they may not get the calories they need from semi-skimmed milk. After the age of two, children can gradually move to semi-skimmed milk as a main drink, if they are eating a varied and balanced diet.

- Fruit or raw vegetables, such as carrot or tomato, are offered in batons, which children should be encouraged to help in preparing. Bananas and other foods are not cut as rounds but are sliced to minimise a choking hazard.
- Portion sizes are gauged as appropriate to the age of the child.
- Biscuits are not offered, but toast, rice cakes or pitta bread etc are good alternatives.
- Children arrive as they want refreshment and leave when they have had enough. Children are not made to leave their play if they do not want to have a snack.
-

Toddler mealtimes

- For the most part, older babies and toddlers who are feeding themselves have their meals in their space, with their key person.
- Whilst eating, there should always be a member of staff in the room with a valid Paediatric First Aid certificate.
- A member of staff should always be in sight and hearing of children when eating and sat facing them wherever possible so they can ensure that children are eating in a way to prevent choking and so they can prevent food sharing and be aware of any unexpected allergic reactions.
- Staff who are eating with the children must role-model hygiene, healthy eating and best practice at all times, for example not drinking cans of fizzy drinks in front of the children.
- Food is brought to their room in serving dishes on a trolley.
- Staff arrange the table before toddlers sit down; there should be no waiting time.
- Babies' and toddlers' hands are wiped/washed clean before their meal.
- Key persons serve their children where possible.
- Babies and toddlers are not discouraged from eating with their fingers; this exploration of their food with their hands is the beginning of self-feeding. When they have finished, they may wish to 'play' further with any remaining food. It is fine for them to get a bit messy; they, and their table can be cleaned afterwards.
- Babies and toddlers 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 babies and toddlers 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.

- To protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swopping 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 for, providing they do not find this unsettling or distressing.
- Information for parents is displayed on the parent's notice board, including:
  - Ten Steps for Healthy Toddlers https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR_toddler_booklet_green.pdf
  - Daily menus including identification of any foods containing allergens

09.8 Prime times – Snack-times and mealtimes (older children)

Children are supervised during mealtimes and always remain within sight and hearing of staff and where possible should be sat facing children whilst they are eating so they can make sure children are eating in a way to prevent choking and also prevent food sharing and be aware of any unexpected allergic reactions. A member of staff with a valid paediatric certificate is always present at mealtimes and there is a named person responsible for ensuring that the food provided meets each child's needs.

Snack times

- A 'snack' is prepared mid-morning and mid-afternoon, following our healthy eating guidelines.
- Children may take turns to help set the table. Small, lidded plastic jugs are provided with choice of milk or water.
- Children wash their hands before and after snack-time.
- Children are only offered full-fat milk until they are at least two years old because they may not get the calories they need from semi-skimmed milk. After the age of two, children can gradually move to semi-skimmed milk as a main drink, if they are eating a varied and balanced diet.
- Fruit or raw vegetables, such as carrot or tomato, are offered in batons, which children should be encouraged to help in preparing. Bananas and other foods are not cut as rounds but are sliced to minimise a choking hazard.
- Portion sizes are gauged as appropriate to the age of the child.
- Biscuits are not offered, but toast, rice cakes or pitta bread etc are good alternatives.
- Children arrive as they want refreshment and leave when they have had enough. Children are not made to leave their play if they do not want to have a snack.
- Staff join in conversation and encourage children's independence by allowing them to pour drinks, butter toast, cut fruit etc.

Mealtimes

- Tables are never overcrowded during mealtimes.
- Children are always within sight and hearing of staff at mealtimes and where possible sat facing them while they are eating.
- There is a Paediatric First Aider present at children's meal and snack times.
- Children help staff set tables when possible.
- Their food is brought to their room in serving dishes for each table on a trolley. Dishes are not kept in a food warmer or oven so will not be too hot to touch.
- Children wash their hands and sit down as food is ready to be served.
- Children are encouraged to choose what they want and to take their own helpings.
- If staff have their lunch with children, they do not eat different food in front of children. Staff who are always eating with the children role-model healthy eating and best practice, for example not drinking cans of fizzy drinks in front of the children.
- Children are given time to eat at their own pace and are not hurried to fit in with adults' tasks and breaks. They are not made to eat what they do not like and are encouraged to try new foods slowly.
- To protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swopping their food with one another.
- If children do not eat their main course, they are not denied pudding. Food is not used as a reward or punishment.
- Mealtimes are relaxed opportunities for social interaction between children and adults.
- There are sometimes opportunities for children to eat with friends on other tables. Children may be invited to the babies' room for lunch, to join a sibling or be with their previous carer if they have just moved up into the older group. There should also be opportunities for babies and toddlers to join the older children for lunch, providing they do not find this unsettling or distressing.
- After lunch children are encouraged to scrape their plates and help wipe the table and sweep the floor.
- Information for parents/carers is displayed on the parent/carers notice board, including:
  - Ten Steps for Healthy Toddlers https://infantandtoddlerforum.org/media/upload/pdf-downloads/HR_toddler_booklet_green.pdf
  - Daily menus including identification of any foods containing allergens

09.9 Prime times – Intimate care and nappy changing

Prime times of the day make the best of routine opportunities to promote 'tuning-in' to the child emotionally and to create opportunities for learning while attending Little Peeple nursery. Children's privacy is maintained during nappy changing and toileting, whilst balanced with safeguarding considerations. 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 always maintaining their dignity and privacy. Where the layout of the setting makes this difficult to achieve, the setting manager completes a risk assessment to ensure that alternative arrangements are in place.
- 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; secondary 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 ensure the area is prepared before changing starts, gloves are always worn for soiled nappies.
- 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 and whether the baby passed a stool and if there was anything unusual about it e.g. hard and shiny, soft, and runny or an unusual colour.
- 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/carer 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/carer 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.
- Exceptionally 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/carer 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 because 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. If a medicated nappy cream is used, this must be recorded as per procedure 04.2 Administration of medicine.

Young children, intimate care, and toileting

- Wherever possible, key persons undertake changing young children in their key groups; secondary key persons change them if the key person is absent.
- 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.
- Anti-bacterial hand wash liquid or soap should not be used by young children, as they are no more effective than ordinary soap and water.

- Key persons are gentle when changing and avoid pulling faces and making negative comment about the nappy contents.
- Wipes or cotton wool and 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/carers. Where this is not possible it is explained to parents/carers 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 staff 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. Secondary 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/carers 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 next to snack tables. If there are limitations for nappy change areas due to the lay-out of the room or space available this is discussed with the setting manager's line manager so that an appropriate site can be agreed that maintains the dignity of the child and good hygiene practice.

09.10 Prime times – Sleep and rest time

At Little Peeple nursery we recognise that sleep and rest times are key times in the day for being close and promoting security and are an important part of a child's unique and individual care. Younger children will

need to sleep but older children do not usually need to. No child is made to sleep. Our sleep and rest procedures at Little Peeple nursery comply with the EYFS and the latest available safety guidance.

Partnership with families

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

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

Parents/carers may provide a suitable sleeping bag for their child if preferred, providing there is no risk of it causing a child's temperature to rise. Sleeping bags **must** be of an appropriate size for the child and **must** not be used with any other bedding. We can only use sleeping bags that meet European safety standards. This will be shown on the label as **BS EN 16781:2018.** We do not swaddle babies as this is only recommended for babies that are unable to roll over.

Staff training

All staff at Little Peeple nursery complete a comprehensive induction which includes safer sleep training. All staff are required to read Lullaby Trust Guidance on Safer Sleep and the NHS advice on Sudden Infant Death Syndrome.

Children asleep on arrival at the setting

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

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

The sleep environment

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

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

The sleeping environment must be:

- Be clean and uncluttered.
- There must be no shelves or objects above where the child is sleeping.
- The room temperature should be between 16–20C monitored by a thermometer in the sleep area. This must be recorded on the sleep checklist when children go to sleep
- The room should be well ventilated.
- Every child 12 months and under sleep in a cot, travel cot, moses basket or carry cots that meets BS EN 716-1:2017, BS EN 1466:2014 or BS EN 1466:2023 British Safety Standards – with mattresses that meet BS EN 16890:2017+A1:2021
- Children aged over 12 months must be placed down on their back in their own separate sleep space on a clear, flat, firm surface such as a cot, bed or suitable mattress on the floor.
- Children must sleep head to toe to reduce the spread of infection.
- Every child has their own clean bedding, consisting of a fitted bottom sheet and cotton cellular blanket
- Every child has a place where their clothes and comforter are stored. This is labelled with a photo so they can identify their basket (if used).
- Pillows, cot bumpers and duvets, are not used

Babies aged 12 months and under

- Babies at Little Peeple nursery sleep in a cot and have individual bedding. This consists of a fitted bottom sheet and cotton cellular blanket.
- Sleep comforters are not used for babies and children under 12 months
- Babies and children must finish drinking from a bottle or beaker, before being placed down to sleep or rest.
- Babies are placed flat on their back on a firm, flat mattress.
- If a baby rolls over, we put them on their back again, until they can roll independently.
- Where blankets are used, the baby is placed feet-to-foot at the bottom of the cot, with blankets tucked in below their shoulders.
- If the family have provided a sleep bag it must conform with the British Safety Standards, with baby's feet first at the foot of the cot.
- If children fall asleep in-situ they are not left to sleep in a buggy, they are transferred to their cot once they return to the setting and hats and extra clothing are removed as soon as they are indoors to prevent overheating. Indoors also applies to entering a vehicle such as a bus or train for example.
- Babies are prepared by their key person. Nappies are changed and heavier clothing removed. The child's key person, or another educator who has formed an attachment with the child, will talk to them

as they prepare them for sleep, talking about their day so far and singing or soothing them by gently stroking or patting

Supervision of sleeping children

- Children under six months of age will always have an adult with them in the same room for every sleep.
- A sleeping or resting child is always within sight and hearing of staff.
- Babies under six months old or a baby new to the setting, have an active sleep check made every five minutes, until staff are familiar with their routine.
- A ten-minute timer (or 5 minutes for babies under six months old) is used to remind staff to check sleeping children and carry out an active check on their well-being.
- Each active sleeping checks is recorded with the time, and date of the check and is signed by the staff member making the check.

An 'active' sleeping check on a child involves:

- Placing a hand on the child's chest or near their mouth to check they are breathing.
- Visual check: do they look different to usual? Check the colour of their lips and if you gently press their fingernail does blood rush back? For children with dark skin does their palm look yellow?
- Temperature check: ensure the child is not too hot or too cold. This must be done by putting your hand on the skin on their chest or at the back of their neck.
- Check that sheets or blankets are not wrapped around the child or covering their face.

Children aged over 12 months

- Children sleep on rest mats and have their own individual bedding.
- Children have a suitable place or basket to store clothes, shoes and a special toy, book or comforter for sleep. This is labelled with a photo so they can identify their basket (if used).
- Nappies are changed and heavier clothing removed.
- Hair accessories that may come lose or detach are removed before sleep/rest time.
- Children are settled by their key person and comforted to sleep. Key persons may gently stroke or pat children.
- If children fall asleep in-situ it will be necessary to move or wake them to make sure they are comfortable, they are not left to sleep in a buggy and are transitioned to their sleeping mat. Sleeping children are regularly checked at least every ten minutes and are within sight and/or hearing of staff. Hats and extra clothing are removed as soon as they are indoors or enter a vehicle.

Young children

- Young children sleep on rest mats and have their own personalised bedding.

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

Further guidance

Safer sleep – help for early years providers

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

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

Sudden infant death syndrome (SIDS) NHS guidance
https://www.nhs.uk/baby/caring-for-a-newborn/sudden-infant-death-syndrome-sids/

Ofsted staff deployment guidance

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

09.11 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 parents/carers.

- 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 breath 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/carer 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/carers
  - inadequate settling in due to the key person being absent or the baby not being brought in each day 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/carer to stay or find a close relative or friend whom the child feels safe with if the parent/carer cannot be there.
- A baby who will be attending on a part-time basis will need to come in daily until he/she is familiar and beginning to settle.

09.12 Promoting positive behaviour

At Little Peeple nursery 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 will 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. Educators 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, educators at Little Peeple nursery 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 setting manager/SENCO at Little Peeple nursery will:

- ensure that all new staff attend training on behaviour management such as that available on EYA Central
- help staff to implement procedure 09.12 Promoting positive behaviour in their everyday practice
- advise staff on how to address behaviour issues and how to access expert advice if needed
- Maintain a focus on prevention
- Consider appropriate adaptations in the approach for those with SEND

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 06 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 setting manager, SENCo and other relevant staff members are knowledgeable with, and apply the procedure 09.12 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/setting 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 setting 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.
- 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/carers of the victim of the behaviour and the parents/carers 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 safeguarding lead completes a Safeguarding incident reporting form and contact Ofsted if appropriate. A record of discussions is recorded, and parents/carers are asked to sign.

- Parents/carers 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.

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/carers 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 a 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.

Working in partnership with families and the team around the child, staff should understand potential triggers for those with SEND and how behaviour may present for that individual child. Settings should seek to minimise or remove identified triggers where practicably possible, ensuring inclusion and a proactive preventative approach is employed to mitigate the use of physical intervention as much as possible.

This should be recorded in a child's SEN Action Plan, detailing deescalation techniques and adaptations and reviewed and updated regularly to meet the needs of the child. Risk assessments should be completed as appropriate to support practice.

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 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 using the adult’s body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, an educator may use “reasonable force” to protect a child from injuring themselves or others. Legally an educator 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 an educator 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 an educator 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 a Safeguarding incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents/carers 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/carer and when, ensuring that the parent/carer 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 setting manager provides a written request to suspend a child to their line manager; the request must detail the reason the child must be suspended and the length of time of the proposed suspension.
- If the line manager approves, the parents/carers must be invited to a meeting to discuss next steps. Parents/carers are invited to bring a representative along. Notes must be taken at the meeting and shared later with the parents. The meeting aims 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 based on 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 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 a SEN Support - Action plan. If little or no progress is made during the suspension period, the following steps are taken.

- The setting manager sends a written/electronic invite to the parents/carers, 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/carers and local authority to seek a solution.
- Suitable arrangements offer the parent/carer 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 and early education agreement as explained in 9.1d Childcare and early education terms and conditions
- if despite applying a range of interventions (including reasonable adjustments), the setting has been unable to adequately 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/carer 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/carer 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/carer 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.

Further guidance

Behaviour Matters (Alliance Publications)

09.13 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/carers to give each child support to fulfil their potential.

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, a 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, educators 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/carers 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 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/carers 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/carers 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 maybe to go straight ahead and prepare a 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.
- A 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/carers 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

- A 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/carers 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, a 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.
- A 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). A SEN support: Initial record of concern form can also be used for this purpose drawing information from other sources
- the initial discussion with parents/carers raising the possibility of the child's SEN
- the views of the parents/carers and other relevant persons including, wherever possible, the child's views
- the procedures followed regarding 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/carers and other agencies
- additional information from and to outside agencies
- agreements with parents/carers
- 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

- parent/carer 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/carers 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/carers in the preparation of the plan ensuring that their views and their child's preferences are considered 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/carers 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/carers 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

SEND Code of Practice: 0 to 25 years (DfE and DoH 2015)

Ready, Steady, SENCO (Alliance Publication)

09.14 Prime times – Transition to school

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

Partnership with schools

- Details of the school that a child will be attending are recorded along with the name of the reception class teacher.
- Every effort is made to forge and maintain strong links with all schools that children may attend. The setting manager will approach schools to open lines of communication where these have not previously existed.
- Details of the school's transition or settling in procedures are kept by the setting and are referred to so that members of staff are familiar with them and can develop a consistent approach to transition with teachers, parents/carers and children.
- Teachers are welcomed into the setting and sufficient time is made for them to spend both with the child, their parents/carers and with the key person, to discuss and share information that will support the child's transition to school.
- A child's learning journey record is forwarded to the school along with other information that will aid transition and settling in. Parents/carers receive a copy of this.
- Any action plans relating to a child's additional needs are also shared, where this is in place.
- Other formal documentation such as safeguarding information is prepared in line with procedure 07.6 Transfer of records.

Partnership with parents

- Key persons discuss transition to school with parents and set aside time to discuss learning and development summaries. Parents/carers are encouraged to contribute to summaries.
- Key persons will discuss with parents/carers how they are preparing their child for school and will share information about how the setting is working in partnership with the school to aid transition.
- Key persons will make clear to parents the information that will be shared with the school, for example, information regarding child protection and work that has taken place to ensure the child's welfare.

Increasing familiarity for children

- Where possible, the key person will take the child to visit the new school, if this is the school's transition policy.
- If there are several schools in a catchment area, or the setting is not within a reasonable distance of the school, other means of familiarisation will be explored. This could be through videos, photographs or

other information about the school that can be shown within the setting. Staff may borrow resources from the schools and will use these with the children.

Preparing children for leaving

- Children and parents/carers form bonds with adults and children in the setting and will need preparation for separating from the relationships they have formed.
- The child's last day should be prepared for in advance and marked with a special celebration that acknowledges that the child is moving on.
- Parents/carers should not be discouraged from bringing the child for the occasional brief visit, as separations often take time to complete. Sometimes children need the reassurance that their nursery/pre-school is still there and that they are remembered.

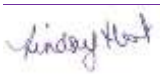
09.15 Progress check at age two

- 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/carers are invited to discuss their child's progress at a mutually convenient time.
- The setting must seek to engage both parents/carers and make allowance for parents/carers 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/carers, the SENCo and the setting manager.
- If concerns arise about a child's welfare, they must be addressed through 06 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 educators to understand the child's needs and, with support from educators, 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)

This policy was adopted by:	Peeple Childcare
On: *	November 2021
Updated:	May 2026
Signed on behalf of the provider:	
Name of signatory:	Lindsey Hart
Role of signatory (e.g. chair, director or owner):	Early Education and Childcare Manager

** This policy was adopted in November 2021 and will be reviewed annually and updated if appropriate. A signed copy is kept on site.*