



# Smalley Pre-school Early Years Practice Policy

(Registered Charity No. 1033193)

Church Hall, Main Road, Smalley, Ilkeston, Derbyshire DE7 6EF

07903 129575

## Aim

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

## Objectives

- 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 are carried out before children start.
- *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 that 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; and
    - 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 that:
    - 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; and
    - help children develop an inquiring and questioning attitude to the world around them.
- 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 is applicable, but with some differences in the procedures for children moving up into the next group and for older children.

### **Funded places – free entitlement**

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 2015)

Equality Act 2010

Childcare Act 2016

## **Attendance and absence**

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

There are several reasons why a child may be absent from a setting. In most cases, it is reasonable to expect that parents/carers alert the setting as soon as possible, or in the case of appointments and holidays give adequate notice. The attendance and absence procedure is 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 Partner (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 person takes immediate action to contact the parent/carer to seek an explanation for the absence and be assured that the child is safe and well.
- Attempts to contact the child's parents or other named carers continue throughout the day on the first day of absence.
- If no contact is made with the parents and there is no means to verify the reason for the child's absence (e.g. through another known contact), 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 'prolonged 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 comes to light that gives cause for concern, the procedure for 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 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 comes to light that gives cause for concern, the procedures for safeguarding children 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 (e.g. 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 in a safeguarding incident reporting form, 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 to ascertain any potential barriers (e.g. transport, working patterns, etc.) and should work with the parents 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, taking into account 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.

## **Prime times – the role of the key person**

“Each child must be assigned a key person” (EYFS, 2024)

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

### **The key person role**

- A key person builds an ongoing relationship with the child and their parents and is committed to that child's wellbeing whilst in the setting.
- We allocate a key person before the child starts but will change them if it becomes obvious they have formed an attachment to a different person or if the child's attendance hours or staff member's working hours change.
- Where possible, a 'backup' key person is also identified for each child so that they can fulfil the role in the absence of the main key person, for example during annual leave or sickness.
- The key person conducts the progress check at age two for their key children.
- The role is fully explained to parents on induction and the name of the child's key person is recorded on the child's registration form.
- 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 takes into account the individual needs of children and the capacity of the key person to manage their cohort; it is also influenced by part-time places and part-time staff. The setting manager should aim for consistency (i.e. matching part-time staff to part-time children); full-time children should not be divided between key persons during the week.
- Photographs of key persons and their key groups are displayed clearly.
- The key person spends time daily with their key group to ensure their wellbeing.

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

## **Parents**

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

## **Learning and development**

- The key person helps to ensure that every child's learning and care are 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.

## **Safeguarding children**

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

## **Further guidance**

[Being a Key Person in an Early Years Setting](#) (Early Years Alliance)

## **Settling in and transitions**

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

### **Settling in**

- Before a child starts to attend our setting, we use a variety of ways to provide their parents with information. These include written information (including our prospectus and policies), displays

about activities available within the setting, information days/evenings and individual meetings with parents.

- During the half-term before a child is enrolled, we provide opportunities for the child and their parents to visit the setting.
- The key person welcomes and looks after the child and their parents at the child's first session and during the settling-in process.
- We use pre-start visits to explain and complete, with their parents, the child's registration records.
- When a child starts to attend, we explain the process of settling in with their parents and jointly decide on the best way to help the child to settle into the setting.
- Younger children will take longer to settle in, as will children who have not previously spent time away from home. Children who have had a period of absence may also need their parent to be on hand to re-settle them.
- We judge a child to be settled when they have formed a relationship with their key person; for example, the child looks for the key person when they arrive, goes to them for comfort and seems pleased to be with them. The child is also familiar with where things are and is pleased to see other children and participate in activities.
- When parents leave, we ask them to say goodbye to their child and explain that they will be coming back and when.
- We do not believe that leaving a child to cry will help them to settle any quicker. We believe that a child's distress will prevent them from learning and gaining the best from the setting.
- We reserve the right not to accept a child into the setting without a parent or carer if the child finds it distressing to be left. This is especially the case with very young children.
- Within the first four to six weeks of starting, we discuss and work with the child's parents to begin to create their child's record of achievement.

### **Settling in for those with SEND**

- If a child has been identified as having SEND, then the key person / SENCO and parents will need to identify and address potential barriers to settling in (e.g. timings of medication and invasive procedures, specific routines, and levels of support).

## **Establishing children's starting points**

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

- The aim of establishing a child's starting points is to ensure that the most appropriate care and learning is provided from the outset.

- Starting points are established by gathering information from the first contact with the child's parents at induction and during the 'settling-in' period. Staff do not 'wait and see' how the child is settling before they begin to gather information.
- The key person is responsible for establishing their key children's starting points by gathering information in the following ways:
  - observation of the child during settling-in visits;
  - discussion with the child's parents; and
  - 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' judgement about the age band the child is working in, referring to Development Matters or Birth to 5 Matters.
- The key person should complete details by indicating where they have gathered their evidence from, using more than one source where possible (e.g. parent comments and observation during settling in).
- If the initial assessment raises any concerns that extra support may be required, the procedure for identification, assessment and support for children with SEND is followed.

## **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 are aware of the potential risks and take measures to minimise them.

### **Arrivals**

- A member of staff always greets young children. This ensures that young children are received into the setting by a familiar and trusted adult.
- Another member of staff marks the child's presence and time of arrival in 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 to find out why the child is absent, following absence procedures.
- The greeting member of staff greets the parents and takes time to hear information the parents need to share. They inform the parents of aspects of the day, such as if there is an agency member of staff or flexible worker in or any planned special events. Any consent forms are signed.
- If the member of staff receiving the child is not the key person, the member of staff will hand over the information shared by the parents to the key person when they arrive.

## **Injuries noted on arrival**

- If a child is noted to have visible injuries when they arrive at the setting, the relevant safeguarding procedures are followed.

## **Changing shifts and handing over information**

- When the key person leaves or goes on a break, they hand over the care of the child to a 'backup' key person.
- If someone other than the key person receives the child, they will share any information from the parent 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 backup key person; in this way, they ensure that all information is passed on to the parent in the key person's absence.

## **Departures**

- Children are prepared for home, with clean faces, hands and clothes if required.
- A member of staff greets parents when they arrive, checking that the person who has arrived to collect the child is a previously approved individual.
- 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. In all cases, the setting manager will ask the parents to ensure that in future alternative arrangements are made. If the parent 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 and arrangements upon leaving the setting to go home/elsewhere.
- Educators verbally exchange information with parents.
- If someone other than the key person is with the child at the end of the day, the key person should pass general information to the other staff or write a note for the parents. Confidential information should be shared with the 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. A member of staff should remain at the door to minimise the risk of a child leaving the building unnoticed.

## **Prime times – snack times and mealtimes (older children)**

Children are supervised during snack times and mealtimes and always remain within sight and hearing of staff; where possible, staff should be sat facing children whilst they are eating so they can make sure children are eating in a way to prevent choking, prevent food sharing and be aware of any unexpected allergic reactions. A member of staff with a valid paediatric first aid 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.
- Children may also help set the table. Small, lidded plastic jugs are provided with a choice of semi-skimmed milk or water.
- Children wash their hands before and after snack time.
- 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.
- 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, 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 whilst they are eating.
- There is a paediatric first aider present at children's meal and snack times.
- Children wash their hands and sit down as their lunchboxes are brought out.
- Children are encouraged to feed themselves.
- Staff may have their lunch with children. Staff who are eating with the children role-model healthy eating and best practice at all times, 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.
- In order to protect children with food allergies or specific dietary requirements, children are discouraged from sharing and swapping their food with one another.
- Mealtimes are relaxed opportunities for social interaction between children and the adults who care for them.

## **Prime times – intimate care and nappy changing**

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

Nappy changing times are key times in the day for being close and promoting security, as well as for communication, exploration and learning. Children's privacy is maintained during nappy changing and toileting, balanced with safeguarding considerations.

- We have a schedule for changing the children in our care who are in nappies or 'pull-ups' and change nappies/pull-ups according to this schedule, or more frequently where necessary.
- We have a rota for staff to change children's nappies/pull-ups.
- Babies and young children are changed within sight of other staff whilst maintaining their dignity and privacy at all times.
- Our changing area is warm, with a safe area to lay children and no bright lights shining down in their eyes.
- Each child has their own bag to hand with their nappies or pull-ups and changing wipes.
- Our staff put on gloves before changing starts and the mat is cleaned with antibacterial spray before and after each child. Gloves are not always required for a wet nappy where there is no risk of infection; however, gloves are always available for those staff who choose to wear them. Gloves are always worn for a soiled nappy.
- All our staff are familiar with our hygiene procedures and carry these out when changing nappies.
- Our staff never turn their back on a child or leave them unattended whilst they are on the changing mat.
- We are gentle when changing; we avoid pulling faces and making negative comments about nappy contents.
- We do not make inappropriate comments about children's genitals when changing their nappies.
- In addition, we ensure that nappy changing is relaxed and a time to promote independence in young children.
- We encourage children 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.
- We encourage children 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.
- Older children access the toilet when they have the need to and are encouraged to be independent.
- We dispose of nappies and pull-ups hygienically. Any soil (faeces) in nappies or pull-ups is flushed down the toilet and the nappy or pull-up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for parents to take home.
- We have a 'duty of care' towards children's personal needs. If children are left in wet or soiled nappies/pull-ups in the setting, this may constitute neglect.

Nappy changing is always done in an appropriate/designated area. Children are not changed in play areas or next to snack tables.

## Prime times – sleep

### Children over 2 years old

- Children sleep on rest mats and have their own bedding and heavy clothing removed.
- Hair accessories that may come loose or detach are removed before sleep/rest time.
- A separate area is made quiet, perhaps with soft music playing and curtains drawn.
- 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 may be necessary to move or wake them to make sure they are comfortable; they are not left to sleep in a buggy or bouncy chair.
- Sleeping children are always supervised within sight and/or hearing of staff.

### Further guidance

[Safer Sleep for Babies](#) (Lullaby Trust)

## Promoting positive behaviour

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

Where a child's behaviour gives cause for concern, educators 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 will ensure that all new staff attend relevant training on behaviour management and will advise staff on how to address behaviour issues and how to access expert advice if needed.

### Rewards and sanctions

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

Rewards such as excessive praise and stickers may provide immediate results for the adult but do not teach a child how to act when a 'prize' is not being given or provide the skills to manage situations and emotions themselves. Instead, a child is taught to be 'compliant' and respond to meet adult expectations to obtain a reward (or for fear of a sanction). If used, the types 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, as this could adversely affect a child's wellbeing. If staff become aware that another person has given corporal punishment to a child, they follow the safeguarding 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 this procedure.
- Unwanted behaviours are addressed using an agreed and consistently applied approach to de-escalate situations.
- Behaviours that result in concern for the child and/or others must be discussed by the key person and 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 and 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 of the victim of the behaviour and the parents of the perpetrator must be informed. If the setting has applied a physical intervention, they must follow the guidance as set out below. The designated person completes a safeguarding incident reporting form and contacts Ofsted if appropriate. A record of discussions is recorded and parents are asked to sign.
- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the action plan. Other staff are informed of the agreed interventions and help implement the actions. The plan must be monitored and reviewed regularly by the key person / SENCO until improvement is noticed.
- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged on a SEN support action plan.

### **Step 3**

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

- Advice provided by external agencies is incorporated in the SEN support action plan, and regular multi-disciplinary meetings are 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 on to an Education, Health and Care Plan.

### **Use of physical intervention**

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

The EYFS 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 that requires an immediate need for the use of both verbal and physical intervention. If a single or persistent incident requires a physical intervention such as physical handling from a staff member towards a child, then this is used intentionally to restrict a child's movement against their will. In most cases, this can be applied through the use of the adult's body gently and safely blocking the child from access to danger or to prevent danger.

To physically intervene, 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 that requires urgent physical hands-on intervention, this is best applied by staff who know 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 wellbeing by aiming for:

- keeping the child's safety and wellbeing 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; and
- only applying a physical intervention on a disabled child if training or a preferred method is provided from a reputable external source (e.g. the British Institute of Learning Disabilities: [www.bild.org.uk/](http://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, consider 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 are asked to sign a copy of the form, which is then kept on the child's file. The designated person decides who will notify the parent and when, ensuring that the parent signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child, which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

## **Temporary suspension (fixed term)**

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

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

## **Suspension of a disabled child**

We have a statutory duty not to discriminate against a child on the basis of a protected characteristic, including a disability. 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.

## **Expulsion**

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

- a termination of their childcare and early education agreement; and/or
- 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 wellbeing of the child and/or others.

## **Challenging unwanted behaviour from adults in the setting**

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

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

## **Further guidance**

[Behaviour Matters](#) (Early Years Alliance)

# **Identification, assessment and support for children with SEND**

**Our designated SENCO is Jenny Rowland.**

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

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. We follow a graduated approach for this (assess, plan, do and review). The overall approach is as follows:

- *Initial identification and support* (identifying special educational needs), as part of a continuous process for observing, assessing, planning and reviewing children's progress.
  - Such support could include simple strategies, differentiation approaches and resources.
  - If a child continues to struggle, 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*, considering all the information about the child's learning and development from within and beyond the setting.
- *Planning intervention*, giving everyone involved with the child the opportunity to share their views.
  - A first intervention option may be to carry on with applying differentiated support and to review the child's progress at an agreed date.
  - If the child's needs are more complex, then the decision may be to go straight ahead and prepare a SEN support action plan with detailed evidence-based interventions being applied straight away and simultaneously external referrals made (e.g. Derbyshire EYSEN Specialist Teacher Service, Derbyshire Educational Psychology Service, and Derbyshire Speech and Language).
  - If relevant, the child should be appropriately included in development of the action plan but only at a level that reflects their stage of comprehension.

We provide parents with information on local sources of support and advice (e.g. the Derbyshire Local Offer).

### **Recordkeeping**

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 (e.g. the progress check at age two and/or outcomes of previous interventions);
- the initial discussion with parents raising the possibility of the child's SEN;
- the views of the parents and other relevant persons, including, wherever possible, the child's views;
- the procedures followed with regard to the Code of Practice to meet the child's SEND (e.g. SEN action plan and referrals to external agencies and for statutory assessment);
- evidence of the child's progress and any identified barriers to learning; and
- advice from other relevant professionals and all subsequent meetings with parents and other persons and any subsequent referrals.

### **Seeking additional/enhanced/top-up funding**

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 has

applied for Disability Living Allowance. If so, the setting will be able to apply to the local authority for the local Disability Access Fund.

### **External intervention and support**

We are committed to working with external agencies to help improve outcomes for children with SEN. 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](#) (Early Years Alliance)

## **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 are able to 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 in the child's file, 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 in order 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 and children.
- Teachers are welcomed into the setting and sufficient time is made for them to spend with the child, their parents and 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 receive a copy of this.
- Any action plans relating to a child's additional needs are also shared, where these are in place.
- Other formal documentation, such as safeguarding information, is prepared in line with recordkeeping and transfer procedures.

### **Partnership with parents**

- Key persons discuss transition to school with parents and set aside time to discuss learning and development summaries. Parents are encouraged to contribute to summaries.

- Key persons will discuss with parents how they are preparing their children 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.
- Other means of familiarisation could also 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 use these with the children.

### **Preparing children for leaving**

- Children and parents 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 or party that acknowledges that the child is moving on.
- Parents 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.

## **Progress check at age two**


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

### **Completing the progress check at age two**

- Ongoing observational assessment informs the progress check and must be referred to.
- Children's contributions are included in the report. Staff must be 'tuned in' to the ways in which very young children, or those with speech or other developmental delay or disability, communicate.
- Where any concerns about a child's learning and development are raised, these are discussed with the parents, the SENCO and the setting manager.

- If concerns arise about a child's welfare, they must be addressed through safeguarding 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; and
  - describe actions the provider intends to take to address any developmental concerns (working with other professionals as appropriate).

This policy was adopted by Smalley Pre-school

On	23.12.25
Date to be reviewed	23.12.26
Signed on behalf of the provider	
Name of signatory	Joanne Rothwell
Role of signatory (e.g. chair, director or owner)	Chair of the Committee