

Supporting the Social and Emotional Well- being of Children in Early Years Settings Appendices

**Early Years Educational Effectiveness
Team**

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Appendix 1 -Supporting Children’s Social and Emotional Well-being Audit (PSED)

Supporting Emotional Well-being Audit has been produced to enable practitioners to reflect on their current practice and to identify where changes may need to be made to ensure that emotional wellbeing is promoted.

- The audit should be completed by the whole staff team working through the process together.
- Discuss each statement with members of your staff team and complete the audit based on your observations and evidence.
- Record your staff team’s response to the statements by ticking the appropriate column using the criteria below
- **Fully met** - an area of strength and is embedded within the settings culture and behaviours
- **Partially met** - in place but is not yet effective or sufficiently developed or is not in place but is contained within the relevant action plan
- **Unmet** - not in place and there is no current action plan to support its development
- In the comments box you may want to highlight any areas of strength or actions.
- Once the audit is completed it will help to identify areas where changes may be made enabling you to complete your action plan.

You can contact your Early Years Advisor for support or email earlyyearsadvisors@surreycc.gov.uk

Setting Policy and Procedures

Statement	FM	PM	UM	Comments
1. A Behaviour policy and procedure is in place and is regularly reviewed to evaluate its effectiveness				
2. A Key Person policy is in place and reviewed regularly to evaluate its effectiveness				
3. A settling in policy is in place and reviewed regularly to evaluate its effectiveness				
4. Practitioners and parents have a clear understanding of the settings policies and procedures and sign to say they have read and understood them				
5. Practitioners are aware of the EYFS statutory guidance on 'Managing children's Behaviour and physical interventions. Pg 34, 3.53.3.54				
6. Behaviour concerns are dealt with effectively in the light of Equality Act 2010				

Unique Child

Statement	FM	PM	UM	Comments
1. Learning opportunities and expectations of children's social and emotional well-being are appropriate for the age and stage of individual children				
2. Children can be independent and make choices				
3. Children can bring familiar or favourite items from home to ensure emotional well-being e.g., comfort blankets, family photos				
4. Children's comments and views are listened to and valued				
5. Parents/carers are actively encouraged to use positive strategies to support the child's social and emotional well-being				
6. Parents/carers are routinely informed of children's progress in PSED.				

Positive Relationships

Statement	FM	PM	UM	Comments
1. Key Person system is embedded in practice				
2. Settling in procedures are adapted to meet the individual needs of children				
3. Key Person greets children and parents/carers on arrival to ensure secure attachments				
4. Key Person gathers information about every child from the parents/carers prior to or during initial visits to the setting.				
5. Key person meets regularly with parents/carers to ensure staff are tuned in to their key children's emotional needs and feelings				
6. Practitioners join in play sensitively supporting the children to develop their ideas and make choices				
7. Practitioners use gestures, visual and physical cues to support spoken language				

Statement	FM	PM	UM	Comments
8. Practitioners model appropriate social interactions/play/language at all development levels				
9. Practitioners acknowledge all of the feeling's/ emotions children have and show				
10. Practitioners seek and value partnership with parents and children's home experiences, and link this into supporting each child's emotional well-being				
11. Practitioners use observations to monitor and evaluate children's progress, interests, and well-being				
12. Practitioners demonstrate good knowledge and understanding of child development				
13. Practitioners regularly monitor record and plan to deliver individualised learning				
14. Practitioners focus on supporting children's PSED using co-regulation				

Statement	FM	PM	UM	Comments
15. Practitioners use specific praise to ensure the child can link what they have done to a positive affirmation				
16. Small achievements are recognised and praised				
17. Practitioners are able to use more positive language when supporting a child. I.e., saying yes more, for example yes, you can have that after jimmy has had his turn, Don't say: "Don't throw the car." Instead: "The car is for driving. You may throw this soft ball."				
18. Practitioners are using their body language to show children they are listening				

Enabling Environments

Statement	FM	PM	UM	Comments
1. Equipment and resources are easily accessible to children indoors				
2. Equipment and resources are easily accessible to children outdoors				
3. Resources are labelled with photos and words indoors				
4. Resources are labelled with photos and words outdoors				
5. There is individual storage for children's belongings				
6. The environment is adapted to meet individual needs e.g., calm, quiet or more active areas				
7. There is a multi-sensory environment with a range of resources for all the senses				
8. There are multiple items of favourite toys				

Statement	FM	PM	UM	Comments
9. Practitioners model and teach children how to care for the equipment and materials				
10. Space is organised to meet the different areas of learning indoors				
11. Space is organised to meet the different areas of learning outdoors				
12. The environment is arranged so that there is easy movement within and between areas				

Routines

Statement	FM	PM	UM	Comments
1. Routines are established to reflect the developmental stage of children				
2. Timings of activities are considered when planning the daily routine				
3. A visual timetable supports the daily routine				
4. Notice is always given before a change of activity				

Statement	FM	PM	UM	Comments
giving children time to adjust				
5. Practitioners eliminate long waiting periods and make short waiting times as active as possible				
6. Routines are flexible to meet the needs of individual children				
7. Practitioners are able to identify when children have the need to run, kick, throw and they are able to adjust the day to incorporate this need.				

Age and Stage appropriate Behaviours and Boundaries

Statement	FM	PM	UM	Comments
1. Age and stage appropriate boundaries are few in number, worded positively and are developmentally appropriate. E.g. walking feet indoors.				
2. Children are consulted and rules are clearly understood by them				

Statement	FM	PM	UM	Comments
3. Age and stage appropriate behaviours are visually displayed in the setting				
4. Age and stage appropriate behaviours are taught to the children individually or in small groups where the adult models the behaviours and uses visual prompts to support them.				
5. Age and stage appropriate behaviours are communicated frequently and effectively to children, all staff, and parents				
6. Praise and encouragement are given consistently at the same level by all staff for achievements the child has made.				
7. Do practitioners know what they need to teach the child and how they will teach the child age/stage appropriate behaviours				

Resolving Conflict

Statement	FM	PM	UM	Comments
1. The 6 steps for solving problems and resolving conflict are used if appropriate to child's level of understanding				
2. Practitioners support children to regulate their emotions				
3. Practitioners use 'I' statement such as 'I feel ... because				
4. In challenging situations practitioners stop, think, and remain calm?				
5. Practitioners offer limited choices to help children feel as if they have some control i.e. "You can do this? Or this?"				
6. There is a calm space and resources provided to help children calm down.				
7. Strategies are shared with parents/carers and staff?				
8. Any strategies in place are being used to support children to become emotionally regulated as calmly and quickly as possible				

When a child becomes emotionally dysregulated

Statement	FM	PM	UM	Comments
1. Practitioners gather information from parents about any recent change in the child's life that could affect her or his behaviour i.e. new baby, moving to a new house				
2. Practitioners are able to identify any recent changes to the environment that could contribute to the behaviour i.e. moved rooms				
3. Practitioners are able to identify any recent staff changes that could contribute to the behaviour e.g. new key person or lots of staff changes				
4. Is the behaviour appropriate for the child's age or developmental stage				
5. Practitioners can identify what the child is trying to communicate through their actions/words				

Statement	FM	PM	UM	Comments
6. Practitioners can identify any triggers for the child's behaviour				
7. Practitioners are able to identify times or situations when the child may become emotionally dysregulated i.e. transition times?				
8. Practitioners carry out further observations i.e. incident chart, ABCC, tracker, sociogram observation etc?				

Support for individual staff

Statement	FM	PM	UM	Comments
1. During supervision practitioners can discuss how confident they feel and acknowledge difficulties and concerns.				
2. Practitioners are given effective guidance to support children's social and emotional well-being by the management team or training.				
3. The actions/words of children who become emotionally				

Statement	FM	PM	UM	Comments
dysregulated are recorded fairly and efficiently				
4. Practitioners roles are clearly defined				
5. Practitioners are aware of a good range of strategies that can be used to support social and emotional well-being				
6. Practitioners are aware of the support services available within the setting and locally				
7. Practitioners attend regular training to update their skills and knowledge				

Name of setting:

Date:

Supporting Social and Emotional Well-being Audit Action Plan

Please complete with improvements identified from completing the audit

Section:	Action for improvement	By whom:	By when:
Setting Policy and Procedures			
Unique Child			
Positive Relationships			
Enabling Environments			
Routines			
Age and Stage Appropriate Expectations and Boundaries			

Section:	Action for improvement	By whom:	By when:
Resolving Conflict			
When a child becomes emotionally dysregulated			
Support for individual staff			



Monitoring Progress Sheet for (insert child's name)

Appendix 2

Date of birth		Admission date		Date of progress check at age two	
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KEY:

Colour									
Date of assessment									
Age (months)									

Completing the tracker below:

- Only colour in the whole rectangle for an age band (i.e. all four quarters) if the child **consistently** demonstrates secure knowledge, skills and understanding in that area.
- If the child is emerging and still requires support to consolidate learning, then you need to make a judgement by colouring 1,2 or 3 of the smaller rectangles within an age-band to reflect their level of skill and development.
- **Please refer to the OBSERVATION CHECKPOINTS within Development Matters, to help you make a judgement on the child's development.**
- Your knowledge of child development and the observation checkpoints will help you notice whether a child is at risk of falling behind in their development.

Area of Learning and Development	0-1 year (0-12mths)				1-2 years (12-24mths)				2-3 years (24-36mths)				3-4 years (36-48mths)				4-5 years (48-60mths)			
Personal, Social, and Emotional Development																				
Communication and Language Development																				
Physical Development																				

PLEASE NOTE: If the child's tracker indicates that their progress is less than expected, additional assessment tools, such as those below, will help you assess and monitor a child's progress more closely. Please add a summary of any assessment outcomes to the 'Summary of Strengths and Needs' on the next page

[Teaching Talking Early Years profile](#)

[An Early Language Monitoring tool](#)

[Templates from the Supporting Children's Social and Emotional Wellbeing in Early Years Settings Pack](#)

Appendix 3 – Parent & Practitioner Discussion Template

Working with Parents – Supportive guidance

We have provided the points below to help you to think about how to have conversations with parents that might raise ‘concerns’ or might be considered ‘challenging’. This advice is provided to aid a conversation. It’s important for practitioners and parents’ relationships to be built on mutual trust, respect and understanding from the earliest stages. Building this relationship is central to the child’s wellbeing.

- Agree with your manager who should talk to the parent/carer. Whoever has the strongest relationship with the family may be the best person to speak to them. Or your setting policy might be for this to be done by a Senior member of staff. We would always recommend that a child’s key person also attends.
- Agree on how and where the concern should be raised - use a private place, make the parent a drink, ensure staff know not to disturb you.
- Plan what you want to say before the meeting – this will help you to be confident in covering the points that you need/want to and be clear in what you have tried/what needs to happen next to support the child best. Keep the discussion informal but with structure.
- We recommend spending a short amount of time at the start of the meeting to introduce yourself (if parents don’t know you very well) and have some ‘problem free talk’. This can help to set the tone of the meeting and be a gentler approach. Always start your conversation with the child’s strengths.
- If you feel the parent(s)/carers may be anxious, suggest both parents or a friend of the parent come to the meeting – this can be helpful for another adult to understand and to offer support to the family.
- Always make sure that an expression of concern is accompanied by positive messages about the child, e.g. ‘she’s getting on really well with the activities, but she seems to have some trouble hearing what we say to her.’
- Always ask parents for their views. Have they got any concerns about the child at home? Have they found some things that work well?
- Ensure that at the end of the meeting there are some actions agreed on, e.g. trying one thing that can be done in the setting and at home that might help the child to achieve their next steps. Make sure that you review this at a later date to see how things are going.
- Keep brief notes of what was discussed at the meeting and make a reminder to yourself for when you want to review this – it’s important that notes should be shared with the parent/carer. Any actions and the review can be discussed at a future meeting to monitor the ongoing progress of the child and identify ‘what next’.

Parent & Practitioner Discussion Proforma – see next page

This is for you to organise your thoughts before the meeting, so you are clear about what you want to discuss with the family. Your relationship with the family is essential to this and you should have already been having conversations and opportunities to talk about the child's wellbeing etc. throughout their time with you (EYFS - Key person relationship).

We recommend that you use this proforma alongside the 'Working with Parents – Supportive guidance' as they are designed to be used together.

You can write on this page if you wish to or use a different format to keep a record of your discussion, actions and strategies.

If you are going to Request Support from the Educational Effectiveness Team or the SEND Advisory Team, then you should also talk about the Request for Support Form and ensure parents are clear about what you are including when you complete it.

Please see the next page for a
printable form.

Parent & Practitioner Discussion Proforma

Child's name:

Date:

Summary of strengths / achievements: What is the child interested in and good at? What do they like?

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What are parents' views: What does your child like to do at home? What are they good at? How do they show you what they are interested in?

--

Discuss current specific concerns: Try to describe the behaviour and the impact that this is having on the child's development

--

What happens at home? Ask the parent whether any of the behaviours happen at home, or while they are out together? What happens when the parent plays with the child, or leaves them to play with a sibling/friend for example?

--

What has been tried? What has helped, what strategies have worked well, or those that you are currently using. What else can be tried? Does the parent have any ideas that could be used at the setting?

--

Next steps: Agree on actions to try at the setting and actions for the parent to try at home. These should be small steps and be reviewed regularly together. When is the next review date (set and agree a time-scale)?

--

Are any other actions needed? Do you need to consider an Early Help Assessment using the Effective Family Resilience tools?

--

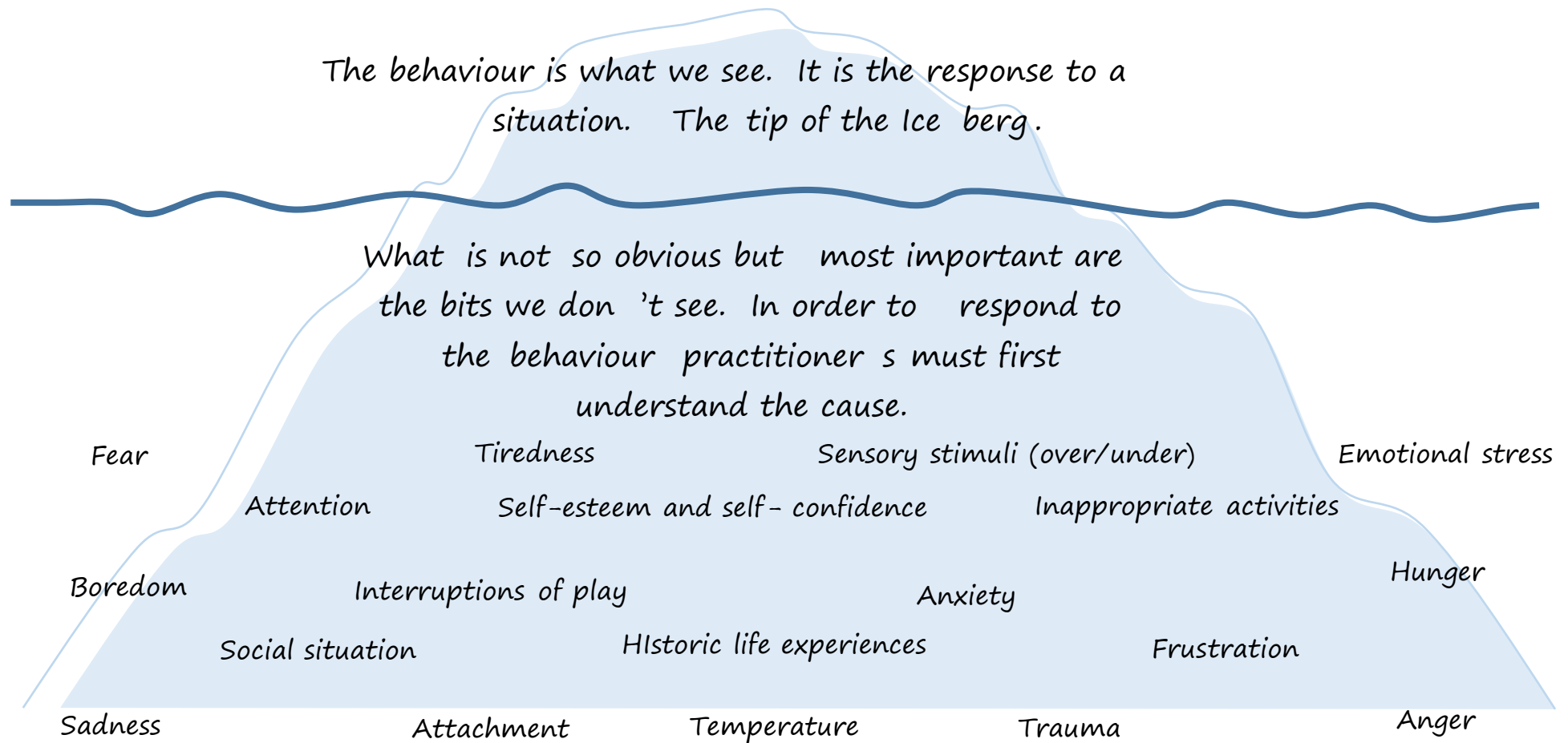
Progress review date:

Signed by parent / Carer:

Signed by Practitioner / Setting:

Appendix 4- The Iceberg Model

The behaviour you see, and experience is the tip of the iceberg therefore we react to that. What we need to do is look at what is below the water where the real issues are and that is what needs to be looked at. This can be difficult in the heat of the moment but good knowledge of children's needs is essential as is good sharing of information. This allows us to 'stop and think' when we see a child becoming distressed. What do you already know, what has worked previously, what should you not do, what is your own emotional reaction, are you in control?



Appendix 5 - Incidents chart (sample)

This can be used to record behaviour over a day or session, to see if any particular pattern of behaviour emerges. You will need to use a separate sheet for each day of the week.

Activities throughout the session e.g. snack time		Arrival	Group time	Play indoors	Play outdoors	Adult led activity	Snack time	Story time
Type of Behaviour/ Number of incidents (Record as a tally chart)	Hitting							
	Taking toys							

Name _____ Date _____

Activities throughout the session e.g. snack time		Arrival	Group time	Play indoors	Play outdoors	Adult led activity	Snack time	Story time
Type of Behaviour/ Number of incidents (Record as a tally chart)								

Appendix 6- Behaviour Diary

This can be used to rate behaviour over a period and to see if a pattern of behaviour emerges.

Rate each part of the day or activity on a scale of 1 to 5 where 5 is good. Vary the time slots or activities to suit your setting

Based on the rating above add the activity/play area/behaviour detail in the table below

	8.30-9.00	9.00 - 9.30	9.30 – 10.00	10.00 – 10.30	10.30 – 11.00	11.00 – 11.30	11.30 – 12.00
Monday	5	1	4	2	5	4	2
Tuesday							
Wednesday							
Thursday							
Friday							

	12.00 – 12.30	12.30-1.00	1.00-1.30	1.30-2.00	2.00-2.30	2.30-3.00	3.00-3.30
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

The diary is showing.....

Possible explanations for this are.....

We should....

Date for next diary:

What is happening and how often

We want to find out how much a behaviour is happening and use as a starting point to measure the progress from implementing a support plan



Week ...

Routines of the session		Arrival	Group time	Play indoors	Play outdoors	Adult led activity	Snack/meal time	Story time
Day Monday								
Type of Behaviour/ Number of incidents (Record as a tally chart)	Biting	1				1		1
	Pulling Hair		1					
	Throwing			1				

Routines of the session		Arrival	Group time	Play indoors	Play outdoors	Adult led activity	Snack/meal time	Story time
Day...								
Type of Behaviour/ Number of incidents (Record as a tally chart)								

Appendix 7 – ABCC Documents

ABCC Guidance

A: Antecedent - (Where? When? Who with?)

Record the ANTECEDENT events – (things that happened BEFORE the behaviour). Record things such as:

- Where was the child? Exactly what were they doing?
- Was anyone else around or had anyone just left?
- Had a request been made of the child?
- Had the child asked for, or did they want something specific to eat or drink?
- Had the child asked for, or did they want a specific object or activity?
- Had an activity just ended or been cancelled?
- Where were the adults? What were they doing?
- How did the child's mood appear, e.g. happy/sad/withdrawn/angry or distressed?
- Did the child seem to be communicating anything through their behaviour, e.g. I want, don't want something?
- Were there any obvious triggers, e.g. too noisy, sitting on own for some time?

B: Behaviour - (What does s/he do? Can I see it? What happened?)

Record a detailed description of the actual BEHAVIOUR - (What did it look like?) This involves documenting:

- A step by step description of what happened, e.g. he got up from the song time on the carpet, stood in the hallway and hit his head with his right hand for approx. 1 minute

C: Consequences - (How did the adult react? What happens when s/he does the behaviour? What happened straight afterwards? What did they get as a result of the behaviour?)

Record the CONSEQUENCES of the behaviour. (What happened after?)

This involves recording:

- Exactly how did the adult respond to the behaviour? Give a step-by-step description
- How did the child respond to your reaction?
- Was there anyone else around who responded to or showed a reaction to the behaviour?
- Did the child's behaviour result in them gaining anything they did not have before the behaviour was exhibited, e.g. attention from somebody (positive/negative); an object, food or drink; or escape from an activity or situation?

C: Communication - (What is the child communicating? What are the possible reasons/purpose of the behaviour?)

It may sometimes seem that there is no trigger or purpose for the behaviour, but however there is *always* a reason. The role of the adult is work out the reason for the behaviour, the need the child is getting met from the behaviour and the triggers. It may be that you are unsure of the purpose and need to observe and unpick further over a period of a few weeks.

Common reasons could include:

- Health - are they unwell, in pain and unable to tell an adult/carer?
- Change - it is important to consider if there have been any big changes in the child's life, such as divorce, a bereavement, a new baby or moving house

There are many reasons why a child may exhibit behaviour that challenges others, but here are four common purposes:

- **Social connection** - Children are social beings and seek attention from others and adults for a variety of reasons and sometimes seek this social interaction in challenging ways due to having limited expressive language skills, poor social language, boredom or difficulties in initiating and sustaining attention through play
- **Tangibles** - A desire for certain things which is the motivation for the behaviour, for example food, drink, objects or activities
- **Escape** - Some children will behave in a way to avoid or escape certain situations, routines or activities that they don't find motivating or rewarding, (such as group time, tidy up, snack, nappy changing, messy play)
- **Sensory** - Sometimes behaviour is very rewarding to the child, they have a need to repeatedly complete certain actions or movements to fulfil a need or to help them cope with a situation or avoid a situation

Record possible reasons for the purpose of the behaviour, what is the child trying to COMMUNICATE

Appendix 8 – ABCC documents

ABCC chart for _____ Completed by _____

Date & Time	Antecedent (Where? When? Who with?)	Behaviour What does s/he do? Can I see it? What happened?	Consequence What happens when s/he does the behaviour? What happened straight afterwards? What did they get as a result of the behaviour?	Communication (Possible reason/purpose) Why do we think that s/he is doing the behaviour? Is it for social attention, a tangible, for escape or a sensory need. See below for possible explanations section...

Examples of completed ABCC

Social connection: Children are social beings and seek attention from others and adults for a variety of reasons and sometimes seek this social interaction in challenging ways due to having limited expressive language skills, poor social language, boredom or difficulties in initiating and sustaining attention through play.

Antecedent	Behaviour	Consequences	Communication (Possible reason/purpose)
Charlotte finds 1:1 attention rewarding and seeks to play with or near the adult for the start of the session. When left unattended Charlotte wanders around the room unable to engage in play	Charlotte watches other children closely then picks up a toy and throws it at another child	Adult bends down close to Charlotte, talks to Charlotte explaining that we don't hurt our friends. Takes Charlotte by the hand and directs her to an activity and sits with her	Charlotte gets 1:1 attention from the adult for a brief time at an activity, she learns that when she wants attention from the adult that she will throw toys at other children Purpose or reason for behaviour is social connection

Tangibles: This is a desire for certain things which is the motivation for the behaviour, for example food, drink, objects or activities.

Antecedent	Behaviour	Consequences	Communication (Possible reason/purpose)
Joshua comes in from the outside area and picks up his sports cup	Joshua walks around the room banging his sports cup very loudly on lots of surfaces and toys, breaking up some construction models	Adult takes his cup away, fills it with water and sits him down and also offers him some snack	Joshua has learnt that to gain a drink and snack rather than asking using words or gesture if he bangs his cup on the table the adult will fill it and also offer food TANGIBLE: the function of the behaviour is that he gets something

Escape: Some children will behave in a way to avoid or escape certain situations, routines or activities that they don't like or find motivating/rewarding, (such as group time, tidy up, snack, nappy changing, messy play).

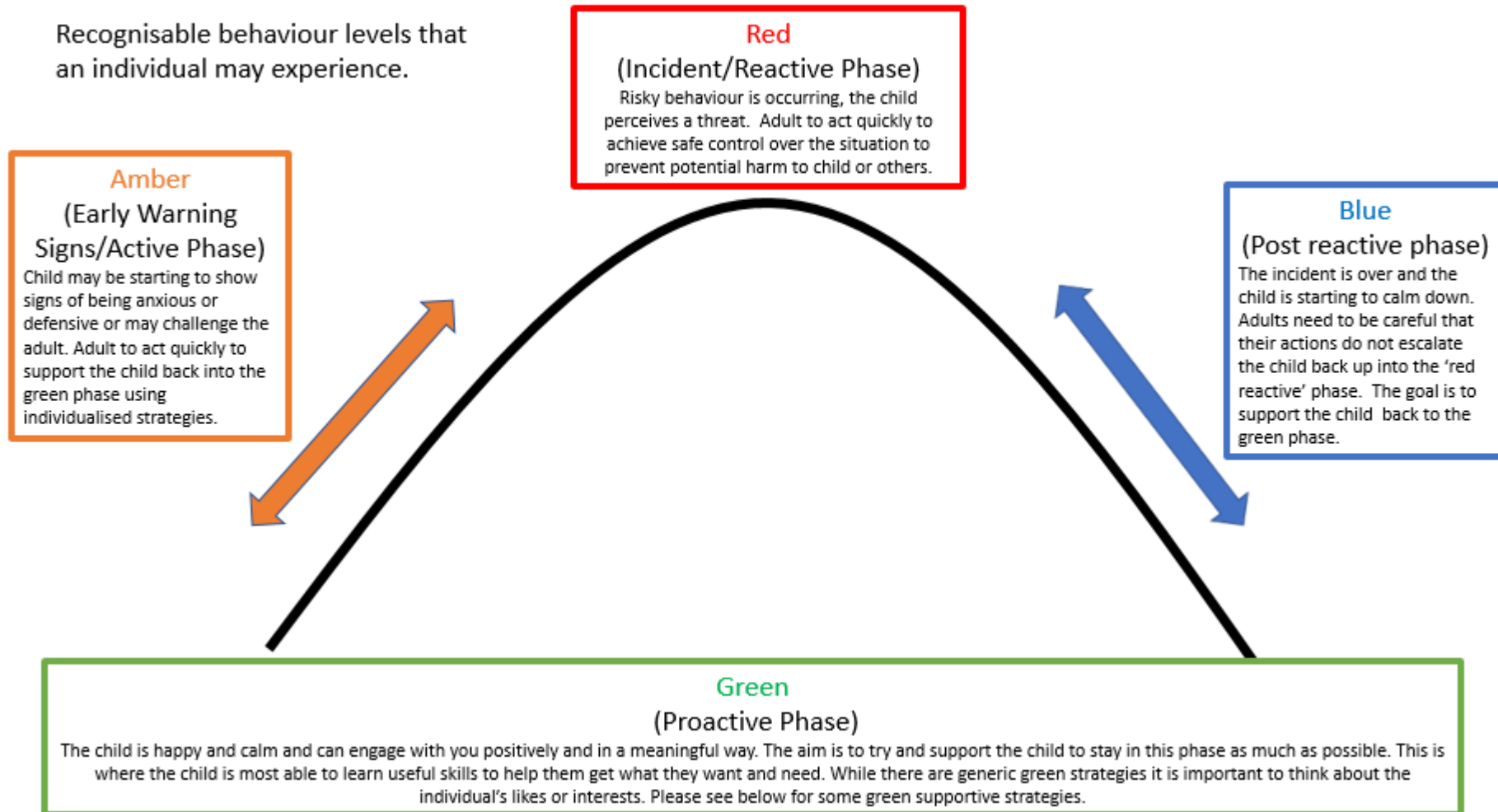
Antecedent	Behaviour	Consequences	Communication (Possible reason/purpose)
Daisy is wandering around the room, crying at tidy up time	The adult approaches Daisy and tries to encourage her to tidy up, Daisy drops to the floor crying and head butting the floor	Daisy is picked up and comforted by the adult in the quiet area until she stops crying	Daisy is given 1:1 attention and comforted every tidy up time, so she escapes this adult led routine The function of Daisy's behaviour is escape

Sensory: Sometimes behaviour is very rewarding to the child, they have a need to repeatedly complete certain actions or movements to fulfil a need or to help them cope with a situation or avoid a situation.

Antecedent	Behaviour	Consequences	Communication (Possible reason/purpose)
Mia runs around the room rapidly getting out of breath	Mia begins to climb up on tables, chairs and shelving units and jumping off onto the floor repeatedly	Mia likes the feeling of being up high and is seeking lots of movement based activities	Mia has learnt that when she has been sitting for a long time or is about to be expected to sit she needs to run off some energy first The function of Mia's behaviour is sensory

Appendix 9 - Different Phases of Behaviour Curve

Recognisable behaviour levels that an individual may experience.



Strategies to support children through the Different Phases of Behaviour Curve

These strategies can be used to complete the Emotional Well-being Support Plan

Proactive “Green” strategies – The aim of these strategies is to keep the child feeling emotionally regulated. They help the child to have their needs met without becoming emotionally dysregulated. They will depend very much on the child and will vary from one child to the next.

This time is when the adult teaches the child the skills or strategies that they need to support them with more effective ways to communicate their needs or self-regulate.

Think about what the child interests are and the things they like to do. You will find this information out by observing the child, communicating with the child and by engaging with parents regarding the child’s needs. The interests and likes should link to the child’s One Page Profile and will need to be reviewed on a regular basis as the child develops and matures.

Green examples:

- Offer preferred activity /object or person
- Teach the child how to get the adult attention and attention of others, (for example, using gesture, visuals, a Makaton sign or gently tapping your arm or hand. Or role model language used to initiate play with others, such as ‘I like your....., Can I have that after you
- Keep language positive. Focus on the do’s and not the don’ts
- Use simple clear language that is appropriate for the child’s stage of development
- Make sure that the child has resources to help him/her meet their sensory needs such as chew stick or access to playdough
- Give the child time to respond to questions and requests
- Use visual aids to support the child’s understanding
- Create a calm area where the child can go
- Get down to the child’s level when communicating with them
- Talk in a calm quiet voice
- Teach them to make their own choices and a way to say the words ‘yes’ or ‘no’
- Use a timer to warn of the end of activities or transitions in routine, such as lunch or home time
- Point out how others are feeling to help the child understand the needs of other

Early Warning Signs “Amber” strategies – These are strategies that you use when you see the early warning signs you have identified as part of the plan. Practitioners need to intervene at the earliest possible opportunity to minimise the chance of the child becoming overwhelmed and emotionally dysregulated.

Early warning signs should be shared with all practitioners. Early warning signs may be subtle and easy to miss so it is important to take time to identify these. They may present in body language or vocal changes or facial expressions and are usually individual to each child, e.g., clenching of the fists or jaw, moving slightly away from other children, holding objects out of reach of others, pushing or leaning into other children, facial expressions.

Amber examples:

- Offer the child help with whatever they are struggling with
- If appropriate for the child provide sensory stimulation such as rubbing their back or give deep pressure squeezes. Only do this with the child's permission
- Try to distract the child by offering other options of things to do or play with
- Sing calming songs
- Move other children away from the child's space
- Encourage the child to go to the calm areas and sit with them (if that is what they like)
- Remove whatever is causing the over stimulation of senses

Reactive "Red" Strategies - These are used when the behaviour occurs, and the practitioner needs to intervene quickly to make the situation safe and in control.

Red examples:

- Remain calm
- Ask others for help or to take over if you are finding it challenging to remain calm
- Talk in a calm voice and only when necessary to make the child feel safe. Do not raise your volume to that of the child
- Use touch to make the child feel safe if the child is accepting of it, e.g., rocking, stroking, deep pressure hug
- Be aware of your own body language and facial expression
- Do not make any demands on the child when they are agitated or distressed
- Reassure the child that you are going to help them
- Make sure only one person deals with the child and only one person talks at a time
- Use the child's favourite toy to distract them from what is upsetting them
- Provide alternatives that will provide sensory feedback in a more appropriate way such as cuddle toys or a weighted blanket
- Offer the option of using the calm zone
- Do not try to make the child apologise or even acknowledge what has happened at this point

Post Incident Support "Blue" Strategies – Blue strategies should be used once the child has calmed down and the behaviour has stopped.

- Give the child a drink and a snack if they want one
- Give the child a cuddle if they are ready for one
- If the child is not ready for a cuddle, then give them a toy to cuddle instead
- Read a story together
- Do not revisit the incident until you are completely sure that the child is calm and in the green zone again. This should only be done to support the child to understand and manage their own feelings and not as a punishment
- The incident should be fed back to the child's parent/carer in the agreed manner and should not be communicated in front of the child

References:

<http://www.challengingbehaviour.org.uk/learning-disability-files/03---Positive-Behaviour-Support-Planning-Part-3-web-2014.pdf>

Appendix 10- Social and Emotional Well-being Support Plan

Emotional Well-being Support Plan for		Date:
A description of behaviour	Support Strategies	Review Date:
Proactive Phase: <i>What the child does, says or looks like that shows he is calm and relaxed</i>	<i>Things we can do or say to keep child in the green phase as much as possible</i>	
•	•	•
Early Warning Signs/Active Phase: <i>What does the child do, say or look like that shows he is/or could be becoming distressed or anxious</i>	<i>Things we can do and say to stop the situation escalating and return the child to the green phase as quickly as possible</i>	
•	•	•
Incident/Reactive Phase: <i>What does the child do, say and look like during the behaviour that challenges</i>	<i>Things that we can do or say quickly to manage the situation and prevent unnecessary distress, injury and destruction</i>	
•	•	•
Post Reactive Phase: <i>What does the child do, say or look like that shows he is becoming calmer and less anxious</i>	<i>Things that we can do or say to support the child to become more calm, less anxious and is able to return to the green phase again</i>	
	•	•

EXAMPLE: Social and Emotional Well-being Support Plan for Peter Date: 10/09/2019		
A description of behaviour	Support Strategies	Review Date: 11/11/2019
Proactive Phase: <i>What the child does, says or looks like that shows he is calm and relaxed</i>		
<ul style="list-style-type: none"> • Peter will ask adults for help • He will run and chase his friends outside • He will make eye contact and request toys or snack items • He will play with toys of his choice for long periods of time • Happy to join in with routines • Accesses toys of the shelf himself • Peter will play alongside his peers 	<i>Things we can do or say to keep child in the green phase as much as possible/ teachable moments</i> <ul style="list-style-type: none"> • Give Peter regular positive feedback and encouragement such as good sharing, walking feet, good listening • Adults always try to use positive language, (for example not 'that's not your drink' try 'that's Charlie's drink, let's find yours') • Keep instructions simple and in small chunks. Use simple clear language, back up with gesture/visuals • Adult to role model what is expected of Peter if he is confused, (tidy up time) • Let Peter have access to things he enjoys, outside time and trains • Offer him choices throughout the day of what to do and where to play, (use objects or visuals to support him) • Use 'social stories' about turn-taking • Talk about emotions and name feelings • Use a timer to encourage swapping/turn-taking of popular resources • Encourage and support turn-taking in child-initiated play • Give warnings on transitions • Comment on other children's play 	
Early Warning Signs/Active Phase: <i>What does the child do, say or look like that shows he is/or could be becoming distressed or anxious</i>		
	<i>Things we can do and say to stop the situation escalating and return the child to the green phase as quickly as possible</i>	

<ul style="list-style-type: none"> Leaning against other children who are also at the train track table Holding train track above his head away from others Not giving eye contact, not responding to his name Clenching of his jaw and fists Pushing other children away from the train track or other resources Laying over the resources so other children can't access them Peter will squeal and repeatedly shout out 'No' 	<ul style="list-style-type: none"> Encourage Peter outside if he is getting over excited and needs to run around Support Peter to access the quiet area when he looks like he needs some quiet time away from other children Offer Peter help if he seems to be struggling with some tasks Adult to join in play at the train track if Peter is getting loud and over excited, adult to role model sharing and turn taking Ensure that there are enough motivating resources, (Thomas Train) for everyone, or offer Peter alternative play space and limited resources away from others Encourage him to spend time 1:1 with the adult, looking at his favourite book, (Dear Zoo), or singing his favourite song, (The Wheels on the Bus) Offer choices instead of open ended questions 	<ul style="list-style-type: none">
<p>Incident/Reactive Phase: <i>What does the child do, say and look like during the behaviour that challenges</i></p>	<p><i>Things that we can do or say quickly to manage the situation and prevent unnecessary distress, injury and destruction</i></p>	
<ul style="list-style-type: none"> Peter will throw toys at other nearby children Peter will throw himself on floor and begin to head bang the floor or another child's legs If approached he will pull hair, pinch or smack other children 	<ul style="list-style-type: none"> Use a calming voice Sit next to Peter, but not directly in front of him so he knows you are there if needed Use visuals 'no hitting' Take a step back and think about the language being used- make it count Remove other children from area if needed Guided walk to a quieter area with sensory bag to keep others safe Do not make or request prolonged eye contact 	<ul style="list-style-type: none">
<p>Post Reactive Phase: <i>What does the child do, say or look like that shows he is becoming calmer and less anxious</i></p>	<p><i>Things that we can do or say to support the child to become more calm, less anxious and is able to return to the green phase again</i></p>	

<ul style="list-style-type: none"> • Crying but slower and posture more relaxed • He will respond to his name and look towards the adult • Peter can sometimes get hot and sweaty and red faced 	<ul style="list-style-type: none"> • Do not ask Peter to tidy up what he has throw • Do not ask him to say 'sorry' this could escalate him back into the red phrase • Give Peter a cuddle if he wants it • Offer the choice between 2 preferred activities e.g. outside or trains • Offer a drink and ask if he wants to remove his jumper • Use language such as 'when you are ready...' • Do not use this time as a learning opportunity to re-visit the incident as this will take Peter back into the red phase 	<ul style="list-style-type: none"> •
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Training

Self-Regulation in the Early Years Training can be accessed via the Early Learning Portal

Thrive Training

ELSA Training

Appendix 11- Social and Emotional Wellbeing Action Plan

Name of child		D.O. B	Level of support-		
Start date		Key person	Professionals involved:		
Areas of strength based on observations					
Areas for development based on observations					
Area of concern	Target	Strategies	Resources	Who	
Area of concern	Target	Strategies	Resources	Who	
Area of concern	Target	Strategies	Resources	Who	
Review date:			Action Plan shared with:		
Signed by parent carer:			Signed by keyperson:		
Date:			Date:		

Social and emotional wellbeing action plan example

Name of child: Joshua		D.O. B: 02/02/19 Age: 3 years 9 months	Level of support- Setting support	
Start date: 15/11/22		Key person: Kerry	Professionals involved: n/a	
Areas of strength based on observations		1:1 support from adults Structure and predictability within the setting		
Areas for development based on observations		To support Joshua's emotional regulation		
Area of concern	Target	Strategies	Resources	Who
Joshua finds it difficult to access the environment in the setting	Joshua will access the block area, messy area and book area with support from his keyperson each session	The adult will show Joshua the choice board of the three areas prior to taking him to the area he chooses. The adult will play alongside Joshua and engage him in play but allow Joshua to take the lead. The adult will remind Joshua before finishing the activity and use the now next board to move him on.	Choice board Now/ next board	Key person
Area of concern	Target	Strategies	Resources	Who
Joshua displays anxiety-based behaviours when he becomes overwhelmed in the nursery	Joshua will allow the keyperson to come alongside him and support him to regulate his emotions when he begins to become anxious or overwhelmed.	Get down on Joshua's level and acknowledge his feelings. Suggest you both go to the calming area. Joshua can make a choice of what he would like from the box. The adult will sit with him until he is calm. Try to encourage Joshua to name his feelings or name them for him and then when he is ready re-introduce him to the environment.	Calm down area-resources that support Joshua to calm down when he is overwhelmed	Key person
Review date: six weeks		Action Plan shared with: parents/ carers, Senco		
Signed by parent carer: mum		Signed by keyperson: Kerry		
Date: 15/11/22		Date: 15/11/22		

Appendix 12: Physical Intervention Record

Name of child	Date of Birth
Date of incident	Time of incident
Details of the incident including why physical intervention or positive handling if used:	
Who was involved?	
What happened before the incident occurred?	
What happened after the incident?	
What actions have you identified to prevent this incident happening in the future?	
Was parent/carer verbally informed on the day?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of staff member completing form:	
Signature:	
Name of parent/carer:	
Signature:	
Parents comments	



Appendix 13 - Surrey County Council

Individual Child Risk Assessment

A plan for assessing and managing foreseeable risks
for children in Surrey Early Years Settings

Setting:

Name of Child:

DOB:

Room:

Name of Key Person:

Name of Parents/Carers:

Identification of Risk	
Describe the foreseeable risk (i.e. what specific behaviours have occurred)	
Is the risk potential or actual (i.e. has this happened before?)	
List who is affected by the risk	

Assessment of Risk	
In which situations does the risk occur?	
How likely is it that the risk will arise (i.e. has it happened before?)	
If the risk arises, who is likely to be hurt or injured?	
What kinds of injuries are likely to occur?	
How serious are the adverse outcomes?	

Assessment completed by:

Date of review:

Signature:

Date:

Agreed Plan and Risk Management Strategy

Focus of measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		
Early intervention to manage risks		
Reactive interventions to respond to adverse outcomes		

Agreed by:

Date:

Parent/Carer

(Key person)

(Manager)

Communication of Plan and Risk Management Strategy

Plans and strategies shared with	Communication method	Date actioned

Staff Training Issues		
Identified training needs	Training provided to meet needs	Date training complete

Evaluation of Plan and Risk Management Strategy		
Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

ACTIONS FOR THE FUTURE

Plans and strategies evaluated by:

Title:

Date:



Surrey County Council

Individual Child Risk Assessment Example

A plan for assessing and managing foreseeable risks
for children in Surrey schools

Setting:

Name of Child:

DOB:

Room:

Name of Keyperson:

Name of Parents/Carers:

Name of manager

Identification of Risk	
Describe the foreseeable risk (i.e., what specific behaviours have occurred)	Throwing toys at other children Head banging the floor Pulling hair Pinching children Pulling other children
Is the risk potential or actual (i.e., has this happened before?)	Risk is actual and has happened before
List who is affected by the risk	Peter himself Other children

Assessment of Risk	
In which situations does the risk occur?	<ul style="list-style-type: none"> • When playing with cars or trains and other children are nearby. • Close to transition times when cars/trains need to be tidied away • Noisy busy times

How likely is it that the risk will arise (i.e., has it happened before?)	Has happened many times before, Usually happens 3-6 times per session. Happens more frequently towards the end of the week
If the risk arises, who is likely to be hurt or injured?	Peter himself and other children
What kinds of injuries are likely to occur?	<ul style="list-style-type: none"> • Smacking, • pinching/breaking the skin/scratching • Headbanging- large swelling, • impact injuries from toys, cuts, swelling, bruises • hair pulling
How serious are the adverse outcomes?	<p>On a scale of 1-5, 1 least amount of injury. 5 being most amount of injury</p> <p>Headbanging – 4 (Walk in Centre) Hairpulling – 3 (TLC/Nursery first Aid) Smacking – 3 (TLC/Nursery first Aid) Throwing – 4 (Walk in Centre) Pinching – 2 (TLC/Nursery First Aid)</p>

Assessment completed by:

Sharon Seale

Date of review:

12/09/2022

Signature:

Date:

Agreed Plan and Risk Management Strategy		
Focus of measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks	Adult to join in play with cars and trains to monitor, role model and de-escalate. Ensure cars and trains are in a quieter area of the room Encourage Peter outside if he is over excited, or to quiet area if stressed, use visuals. Can take a car/train with him as transitional object	

<p>Early intervention to manage risks</p>	<p>Offer Peter alternative play space away from others and with limited resources. Adult to put themselves between Peter and other child Stop Peter reaching out to other children by putting arm out to protect other children Offer choices between 2 options rather than using open-ended questions</p>	
<p>Reactive interventions to respond to adverse outcomes</p>	<p>Guide Peter outside or to quiet area if possible Move other children from the area Ensure that Peter has space on the floor is that where he wants to be. Move any objects that could cause him harm or that he could throw Use soft furnishings to protect him from hurting himself on furniture</p>	

Agreed by:
Parent/Carer

Date:

Child (if appropriate)

(Keyperson)

(Manager)

Communication of Plan and Risk Management Strategy

Plans and strategies shared with	Communication method	Date actioned
Parents	Verbal (worked on plan together) Plan emailed on:	

Keyperson and all staff in room	verbal (worked on plan together). Copies given to room leader, SENCO and Keyperson.	
Family Support worker	Emailed plan on:	

Staff Training Issues		
Identified training needs	Training provided to meet needs	Date training complete
PSED	EIF: <ul style="list-style-type: none"> • Positive Touch training - STIPS • Thrive – EYEE • Self-regulation training EYEE • Behaviour Training - EYEE 	

Evaluation of Plan and Risk Management Strategy		
Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks	Peter is responding well to visuals and having a quieter space to move to, adults need to continue to remember that he can take a transitional object with him, but not all cars and trains.	Number of incidents overall have reduced (2-3 per day for the past 4 weeks)