



## Welcome to the March e-bulletin

This month includes

- Household Grant
- Checking Working Parents Eligibility Code
- Flyer for 2 year old 15 hours
- Working Parent Info for Parents
- Ofsted Big Listen
- Expressions of Self- Supporting Children's Identity
- Mayor of London's Inclusion Charter
- Equality & Equity Charter
- Bitesize Webinars & Training Schedule
- FREE SENCo training! APPLY NOW
- Nursery World Conference – EYCA Notes for you!
- Moments Matter, Attendance Counts
- Childhood Vaccinations –MMR & Whooping Cough

**Safeguarding focus** includes

- Safeguarding bitesize webinars
- National case reviews
- Working together to Safeguard Children summary of changes
- Returning children home from care - case review learning
- Online safety policy
- Safer sleep week 11 – 17 March
- Parents with substance use problems – case review learning
- Risky behaviour and why language matters
- Useful safeguarding contacts



### **Missed a copy of the e-bulletin?**

[Key information and resource links for early years and childcare providers | Early Years team information \(for providers\) | Royal Borough of Greenwich \(royalgreenwich.gov.uk\)](#)

### **Contacts**

Parents 020 8921 6921 [FIS@royalgreenwich.gov.uk](mailto:FIS@royalgreenwich.gov.uk)

Providers 020 8921 3877 [Childcare-support@royalgreenwich.gov.uk](mailto:Childcare-support@royalgreenwich.gov.uk)

**IMPORTANT NOTICE** Service Level Agreement 2023/25 Updated  
THIS HAS BEEN UPDATED IN LINE WITH THE NEW EXPANSIONS & FUNDING RATES  
IF YOU OFFER OFSTED REGISTERED PROVISION and/or FUNDED PLACES

**YOU MUST READ & SIGN SLA**  
**FUNDING PORTAL OPENS ON MON 15 APRIL – MON 20 MAY**

[Read the SLA](#) and Sign the SLA



<https://forms.gle/E9Px2gNPVfrbdUCW8> or <https://tinyurl.com/SLA-2023-25>

# GREENWICH EARLY YEARS HOUSEHOLD GRANT



Royal Greenwich are supporting some families with some extra money during the school Easter holidays. Parents/carers of eligible children under age 5 registered with a Children's Centre or attending an early years setting, will receive a cash payment of £30.

Eligible children under age 5 include those

- eligible for or in receipt of Healthy Start vouchers (birth to 4)
- eligible for or in a funded Together for Twos place
- in receipt of an Early Years pupil premium
- have an older sibling who is in receipt of free school meal

A code will be sent directly to mobile phones to be redeemed at the post office. So we need your help to collect up to date email and phone numbers. Please use the form provided and return by

**Thursday 21 March**

# GREENWICH EARLY YEARS HOUSEHOLD GRANT



Royal Greenwich are supporting some families with children under 5 with some extra money during the school Easter holidays.

If you are on low income and your child is eligible for healthy start vouchers, a Together for Twos place (even if you haven't taken up the offer) or Early Years Pupil Premium, you may be eligible to receive a cash payment of £30 through the post office. Please share your up to date email and mobile phone number with your early years' setting or Children's Centre.

Please contact your local Children's Centre or setting NOW (before **Weds 20 March**) to find out more or call Families Information Service on 020 8921 6921

HEALTHY  
START



## Expansion of childcare entitlements



<https://www.childcarechoices.gov.uk/>

The new early education and childcare statutory guidance for local authorities has now been published online, and is available at [Early education and childcare - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/early-education-and-childcare).

Eligible working parents of 2-year-olds are now able to apply for a code for 15 hours of free childcare, starting from 1 April 2024 (if stretched or 15 April if term time only).

It is recommended that parents start applying for their codes NOW in case there are delays.

You can now validate two-year-old codes on Synergy here [Provider Portal](#). If you need to be set up, please [childcare-support@royalgreenwich.gov.uk](mailto:childcare-support@royalgreenwich.gov.uk) with your request

A screenshot of a web application interface. At the top, there is a navigation bar with tabs for 'Home', 'Forms', 'Funding', and 'Sufficiency'. Below this is a secondary bar with links for 'Summary', 'Estimates', 'Actuals', 'Adjustments', 'Eligibility Checker', and 'Registered Interests'. The main heading is 'Eligibility Checker'. Below the heading, there is a paragraph of instructions: 'Use this area to check if a child is eligible for Working Parents EY Entitlements. Please click the button below and provide the details as required.' followed by a 'Data Protection Notice' line. A prominent blue button labeled 'Working Parents EY Entitlements' is centered below the text. Below the button is a form titled 'Working Parents EY Entitlements'. The form contains a header with the title, followed by instructions: 'Please enter a valid Eligibility Code and Child Date of Birth, together with Parent/Carer Details. Partner Details are optional but if entered then all fields, except Forename, must be filled in.' The form fields include: 'Eligibility Code\*' (text input), 'Child Date of Birth\*' (text input), 'Parent/Carer Forename' (text input), 'Parent/Carer Surname' (text input), 'Parent/Carer NI Number\*' (text input), a checkbox for 'Eligibility Check' with the text 'Consent must be given for this', 'Partner Forename' (text input), 'Partner Surname' (text input), and 'Partner NI Number' (text input). A note at the bottom left of the form states '\*denotes mandatory fields'. At the bottom of the form are two buttons: 'Submit' and 'Cancel'.

If you receive queries from parents regarding their eligibility, you direct them to <https://www.childcarechoices.gov.uk/> in the first instance. This is the parent-facing website which helps parents understand what entitlements they may be able to receive.

## ROYAL GREENWICH CHILDCARE CHOICES

# 15 HOURS FOR 2 YEAR OLDS



15 hours of early education for 38 weeks (up to 570 hours per year), that can be used flexibly with APPROVED participating providers from the term AFTER the child turns 2

### TOGETHER FOR TWOS AVAILABLE NOW

For families in receipt of support (eg on benefits or low income)

Apply on Royal Greenwich portal



Take 6 digit short code to your childcare provider

### FROM 1 APRIL 2024, ELIGIBLE WORKING FAMILIES

For working families where both parents/carers work and each earns at least 16 hours equivalent of National Minimum Wage

Apply on government gateway Childcare Choices, [here](#) before 31 March 2024

Take 11 digit long code to your childcare provider who will validate the code

Parents/carers MUST renew code every 3 months

To check eligibility under either scheme for 2 year olds and to validate codes, contact Families Information Service on [fis@royalgreenwich.gov.uk](mailto:fis@royalgreenwich.gov.uk) or 020 8921 6921





# Apply now for **free** 30 hours or Working Parent 2 year old codes to start in April 2024

Bring the code to us in good time to help us plan  
and allocate a place for your child

Apply in good time by the  
end of term and no later  
than 31<sup>st</sup> March 2024

[childcarechoices.gov.uk](https://childcarechoices.gov.uk)





## Are you eligible\* for a funded 30 hours place for your 3 and 4 year old or working parents funded 15 hours place for your 2 year old?

*\*If you are a working parent (including working foster parents) and your child is aged 2, 3 or 4 on or **before** 31<sup>st</sup> March 2024, you may be eligible depending on your income and if you have a valid code.*

1. Check now if you are eligible and remember to reconfirm your code **every 3 months** to keep your funded place
2. Set up or go to your Childcare Account [www.childcarechoices.gov.uk](http://www.childcarechoices.gov.uk)

# Childcare Choices

3. Your code must be dated no later than **31<sup>st</sup> March 2024** so apply **NOW**
4. Take your eligibility code to your early years' setting or school as soon as you can before the end of term and **NO LATER than end of term**. The code must be checked by your nursery, school or childminder before your child can take up a place at the start of the Summer term. Providers must verify all codes.
5. Your child must also be age eligible ie they had their 2<sup>nd</sup> or 3<sup>rd</sup> birthday by 31st March 2024.

For more information, please contact Families Information Service  
[www.royalgreenwich.gov.uk/fis](http://www.royalgreenwich.gov.uk/fis) [fis@royalgreenwich.gov.uk](mailto:fis@royalgreenwich.gov.uk) 020 8921 6921





Department  
for Education



<https://www.gov.uk/government/publications/30-hours-free-childcare-la-and-early-years-provider-guide>

Guidance

## 30 hours free childcare: local authority and early years provider guide

How local authorities and early years settings should provide the entitlement for 2, 3 and 4-year-olds.

<https://educationhub.blog.gov.uk/2024/01/22/how-to-claim-15-hours-free-childcare-code/>

### WORKING PARENTS' FUNDED ENTITLEMENT INFORMATION TO SHARE WITH PARENTS & CARERS

#### Who will be eligible to receive the working parent's entitlement?

Currently, 3 and 4 year olds whose parents meet the below criteria are able to access an additional 15 funded hours on top of the universal hours available for all **3 and 4 year olds**.

From April 2024, the eligibility criteria below will remain the same, however the age range will expand in phases as detailed above.

Funded hours will be available where both parents (and the sole parent in a lone parent family):

- are working and earn on average a weekly minimum amount equivalent to working 16 hours at either [National Minimum Wage \(NMW\)](#) or [National Living Wage \(NLW\)](#)
- have an adjusted net income of less than £100,000 each per year
- live in England (parents who are non-EEA nationals must have recourse to public funds to qualify)

You may still be eligible to apply if you or your partner:

- are taking paid time off work, such as maternity leave, paternity leave or sick leave
- are temporarily away from England for a period of up to 6 months, such as on military duty

You can also apply if either you or your partner are employed or self-employed and one of you gets one or more of the following benefits:

- Contribution-based Employment and Support Allowance
- Carer's Allowance
- Incapacity Benefit or Long-Term Incapacity Benefit
- Severe Disablement Allowance
- National Insurance Credits because of incapacity or limited capability for work



- You've been assessed as having limited capability for work for Universal Credit purposes

### How can I check if I am eligible?

You can check your eligibility for the working parents entitlement through the [Childcare Choices](#) website or by using the [Childcare calculator](#). These will also show if you can get any additional government help with childcare costs.

If you meet the eligibility criteria for the entitlement you should also qualify for [Tax-Free Childcare](#), which can be used to help pay for any additional childcare costs. You can apply for this and the working parent's entitlement at the same time through the [Childcare Choices](#) website.

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### Do I need to be working 16 hours a week to qualify?

The eligibility checker has been designed to accommodate parents with fluctuating incomes, such as seasonal workers, those on zero hours and the self-employed. So you do not need to actually work 16 hours every week but your earnings over the next 3 months must be equivalent to the amount you would earn if you worked 16 hours a week at either the [National Minimum Wage \(NMW\)](#) or [National Living Wage \(NLW\)](#).

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### If I am eligible when can I apply?

If your child will be 2 or over by the 31 March 2024 you can apply now through the [Childcare Choices](#) website. Parents wishing to access the working parents entitlement must apply before the deadline dates as below:

Start receiving funding from	You must have obtained a code by:
1 January	31 December
1 April	31 March
1 September	31 August

### We strongly recommend that you apply for the entitlement in advance of the application deadline date in case of delay in establishing eligibility.

If you're unable to apply online or have any problems with the application process you can contact the Childcare Service Customer Interaction Centre on 0300 123 4097 for support. If you disagree with the eligibility outcome, you will be able to use the HMRC's review and appeals process.

Once your eligibility is confirmed you will be given an 11 digit 'eligibility code'. You can find this in your gov.uk childcare service account and in your 'secure messages'.

You will need to take your eligibility code, National Insurance number and child's date of birth to your chosen childcare provider. They will ask you to complete and sign a 'Funded Childcare Eligibility Form' to give them consent to check and confirm your eligibility through Surrey's Funded Early Education Portal.

**You will need to reconfirm your eligibility every three months to continue claiming the funded hours.** You should receive a prompt from the HMRC to remind you to do this. However, it is advisable to make a note of your renewal date yourself to make sure you don't miss the deadline and lose out on your funding. If you completed your original application over the phone you will need to contact the Customer Interaction Centre to reconfirm.

You do not need to apply through the childcare service if you only want to use the universal 15 hours of **funded early education and childcare for 3 and 4 year olds** or want to apply for **Together for Twos**

### **What happens if I no longer meet the eligibility criteria?**

If your family no longer meets the criteria, your childcare provider will advise you that you have fallen out of eligibility. Your code will no longer be valid to use to claim funding and you will need to discuss options with your childcare provider, this is likely to mean having to pay privately for hours that were previously being claimed for. Please check your childcare provider's terms and conditions.

However, prior to the above, there will be a grace period until the start of the next funded period to give you the opportunity to regain employment and reconfirm your code. Your childcare provider will be able to check this for you on Royal Greenwich Funding Portal. If your circumstances change during the grace period you can reapply again and continue to receive the funded hours without any change.

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### **If I am eligible when can my child start to receive the working parent's entitlement?**

If your child is eligible, the earliest they will be able to receive the funding is the funded period after they turn the relevant age. These periods are set by the Department of Education rather than following school term dates.

<b>Child turns relevant age</b>	<b>Can receive the funded hours from</b>
I September to 31 December	I January (with valid code)
I January to 31 March	I April (with valid code)
I April to 31 August	I September (with valid code)

If you continue to meet the eligibility criteria, your child can receive the funding until they start reception class at a local authority-maintained school. This will usually be the September following their fourth birthday.

However, if you choose to defer their school start date or they start at a non-maintained (independent) school they can continue to receive the funding until they reach statutory school age, which is the funded period after their fifth birthday.

Please note: If your child has a delayed start to their school place during the autumn funded period they cannot claim their funded entitlement. This is because the school will receive the funding from the beginning of the term, even if they are only attending part time.

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### **When can my child use the entitlement hours?**

These hours will usually be offered as 15 or 30 hours each week for 38 weeks a year. The funded early education hours may only be available within set times and sessions so you will need to speak to your childcare provider to see if the hours they offer suit your needs.

However, you won't be able to:

- have any time before 6am or after 8pm
- have a session longer than 10 hours
- claim more than 15/30 hours a week
- claim more than 570/1140 hours per year
- use the funding at more than two sites in one day

Childcare providers can only claim funded hours for 38 weeks per year but may choose to stretch these hours themselves to offer these across more weeks of the year. If this would suit you better speak to the childcare provider to see if they are able to offer you a more flexible option.

Once your child starts at a childcare provider, you must be aware that:

- There are a maximum number of funded hours you can claim in a period. You should discuss this with your early years provider.
- The number of hours a child can stretch depends on the hours they are entitled to and which period they start claiming from, as well as the number of weeks the provider is open. You should discuss this with your early years provider.
- If your provider is stretching funded hours across the year and your child leaves mid-way through the year they will not receive their full funded entitlement. This should be included in the terms and conditions you sign when accepting your childcare place and you may be liable to pay under provider terms and conditions.
- At certain points of the year, it may be that your childcare provider has offered more funded hours than they have been able to claim. In this situation, they may need to invoice you for these additional hours. This would be at the provider's standard charge and they would make this clear in their terms and conditions in advance so you have a choice.
- If you would like to change between receiving your hours term time and stretched, this would be at your childcare provider's discretion. If they choose to allow you to change from taking term time hours to stretched hours during the year, they must make you aware that you may not receive your full year's allocation.

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### **Do I need to pay anything towards a funded place?**

Childcare providers are not allowed to charge parents a 'top-up' fee (the difference between their usual fee and the funding they receive from the local authority to deliver funded places) as per [Royal Greenwich Provider Agreement 2023 to 2025](#).

However, they can set the times that they offer the funded hours. This means, for example, three hours of funded early education could sit within a three and a half hour session. So, because you would essentially be taking time outside of the funded hours, a childcare provider could charge for this additional time, even if less than your entitlement is being used. They can also set their own rates for any additional time or extra services including snacks, lunch, trips, or music classes. They must let you know in advance what you will be expected to pay and offer you alternative options.

You should receive an invoice from your childcare provider at least once each funded period clearly showing what you are being asked to pay for. If you think that you are being charged for your child's funded early education hours or are being invoiced incorrectly you should speak to your childcare provider in the first instance. If you are still unsure then you can [fis@royalgreenwich.gov.uk](mailto:fis@royalgreenwich.gov.uk)

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### **Can I use the working parent's entitlement with more than one childcare provider?**

Yes. However, you must not exceed 15/30 funded hours a week or use it at more than two sites a day. Remember to get your eligibility code checked by all the childcare providers you use. You must let your childcare providers know if you are taking up funding at more than one. You will need to sign and confirm which hours are being taken where on the Parental Declaration Form which needs to be completed at the start of each funded period.

### **Do I have to use the full 15/30 hours?**

No, you can use as many hours as you need to meet your needs. Be aware however that providers can set a minimum attendance pattern at their setting and can cap the number of funded hours per day. As a result of this, you may be required to use a certain number of hours to attend a particular setting.

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### **Can foster parents claim the funding for their foster children?**

Foster parents may apply for an eligibility code via Royal Greenwich. However, this needs to be consistent with the care plan for the foster child or children listed in the application.

#### **To qualify for the funding you must meet one of the following criteria:**

- You are a single parent foster family and engage in paid work outside of your role as a foster parent.
- You are a two parent foster family and you both engage in paid work outside your roles as foster parents. If your partner is not a foster parent then they must be in qualifying paid work and earn a minimum of the equivalent of 16 hours at national minimum/national living wage.
- If in receipt of carer's allowance please discuss eligibility with [fis@royalgreenwich.gov.uk](mailto:fis@royalgreenwich.gov.uk)

#### **How to apply:**

- Speak to your foster child's social worker before applying. If they agree, you will need to complete a working parents entitlement children in foster care application form
- Families Information Service will support you with the process

If your application is successful you will be given an 11 digit eligibility code to take to your childcare provider. You will need to reconfirm this every three months to continue receiving the funding.

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### **Where can I find further information about the funding?**

Royal Greenwich [Provider Agreement](#) explains the process childcare providers must agree to follow to be able to claim funded early education at their setting.

[Childcare Choices](#), government help with childcare costs for parents. Whether you have toddlers or teens, you could get support.

#### **Useful links**

- [Childcare Choices: Can I get help with my childcare costs](#)
- [Gov.uk: Childcare calculator](#)
- [Gov.uk: Help paying for](#)



## Open consultation **Ofsted Big Listen**



Press release

### **Ofsted chief will put disadvantaged children first, as he launches 'Big Listen' to hear from parents and professionals**



#### **READ THE PRESS RELEASE BELOW**

<https://www.gov.uk/government/news/ofsted-chief-will-put-disadvantaged-children-first-as-he-launches-big-listen-to-hear-from-parents-and-professionals>

- Chief Inspector pledges that Ofsted will champion high standards for all children, especially the most disadvantaged and vulnerable.
- The Big Listen opens today and will run for 12 weeks, seeking views about Ofsted's work from parents, carers and professionals in education and social care.
- The Big Listen will be followed by 'real action', and marks a new chapter in Ofsted's relationship with the education and care sectors.

Take part in the [Ofsted Big Listen](#).

"The Big Listen, which will run for 3 months, is a wide-reaching and comprehensive effort to hear from the full range of professionals and providers Ofsted works with, as well as the parents, carers, children and learners it works for.

Launching the consultation at the Association of School and College Leaders (ASCL) Conference in Liverpool on Friday morning, the Chief Inspector, Sir Martyn Oliver, will say:

We want to see high standards for all children, and positive outcomes for all children. This is how we start to tackle disadvantage as a society – by opening new doors, creating new opportunities and better life chances.

We don't want disadvantage or vulnerability to be a barrier. Because if you get it right for the most disadvantaged, you get it right for everyone. Ofsted has a crucial role to play in making sure that happens, and pointing out when it doesn't.

Sir Martyn will also appeal to as many people as possible to get involved in the Big Listen, promising that he has big ambitions for Ofsted and the impact it can have.

He will say:

We need to listen to feedback. To criticism. To ideas for small changes and for big reforms.



If your work, your children, your decisions, your education or your care are impacted by what we do, we want to hear from you. Every voice will be heard, and nothing is off the table.

The [Big Listen consultation](#), published online today, asks a series of questions to help shape the conversation and provide a sense of direction for the changes Ofsted could make. The questions are based around 4 themes:

1. How Ofsted reports on its findings
2. How Ofsted carries out inspections
3. How Ofsted can have a positive impact in all the sectors it inspects
4. What Ofsted needs to do to be a world-class inspectorate and regulator, trusted by parents, children and the sectors it works with

Ofsted will launch a strand of the consultation specifically aimed at children, including those in the care system, later this month.

As well as the online consultation, independent organisations will carry out surveys and focus groups with parents and professionals to gather their views on Ofsted's future direction. Ofsted staff will also gather views directly at a variety of events and meetings.

In his first major speech since becoming Chief Inspector, Sir Martyn will tell the audience of school and college leaders that he wants the Big Listen to mark a new chapter in Ofsted's relationship with the sector:

I hope the steps I've taken in my first 2 months show you that I'm serious. Serious about Ofsted doing better. Serious about making a difference. And serious about working with the sector to make sure all children have the best possible education, care, and life chances.

Ofsted has a unique position in that it sees almost all of the services that affect a child's life, especially a vulnerable child's life, from their childminder or nursery, throughout their education and training. And for children who need additional care or support, this includes children's services and support for children with special educational needs and/or disabilities (SEND).

Under Sir Martyn's leadership, Ofsted will use this unique position to understand what it is like to be a child in every area of the country, with a particular focus on disadvantage – reporting on how children are helped to succeed, and where children fall through gaps because education and care services are not good enough.

The Big Listen consultation will run for 12 weeks, closing on 31 May 2024. For more information and to complete the consultation, visit the [Big Listen webpage](#).

Ofsted will carefully analyse all the responses to the Big Listen consultation and publish its conclusions and plans later this year.”

Open consultation

## Ofsted Big Listen

<https://www.gov.uk/government/consultations/ofsted-big-listen>

If your work, your children, your decisions, your education, or your care are affected by what Ofsted do, then they want to hear from you.

[Take the Ofsted Big Listen survey](#)

<https://youtu.be/TF9tNFc0P3U>



**You can read what Ofsted say below**

### **“Our ambition**

Ofsted wants to improve.

Our ambition is to be a modern, world-class inspectorate and regulator. We want to be trusted by the parents, carers, children and learners we work for, and the professionals we work with.

We start from the position that Ofsted aims always to be a force for good in this country, with the interests of children and learners as our priority. But we know we have work to do to achieve our ambition.

We know that most people agree that we play a vital role in holding to account those responsible for educating children and learners, keeping them safe and improving their lives.

But we know not everyone agrees. We know parents and carers believe we can do a better job of providing information about education providers and local areas. And we know that many of the professionals we work with believe we can improve how we work.

We agree with these challenges.

The last year has been a difficult one. We are launching the Big Listen at a time when Ofsted has – rightly – been under scrutiny following the tragic death of headteacher Ruth Perry last year.

Sir Martyn Oliver, and everyone at Ofsted, are determined that such tragedies should never happen again, and no one should feel as Ruth did. Our [response to Ruth’s death and to the Coroner’s inquest](#) set out urgent work we are undertaking.

But we know there is more to do to relieve the pressures felt by the professionals we inspect. The Big Listen will help us identify that work.

We are ambitious for Ofsted. We believe we can be world-class. But we can only achieve this ambition by scrutinising everything we do. We know this will mean hearing some difficult messages.

The Big Listen is the opportunity for you to help us improve. If your work, your children, your decisions, your education, or your care are affected by what we do, then we want to hear from you.

### **Our top priority**

We will always put the interests of children and learners first. We work for them, and their parents and carers.

That is why we are so keen to hear from children, learners, parents and carers through the Big Listen.

It is our job to tell parents and carers what it is like to be a child or learner in the providers we inspect: the places where they learn and are cared for. We are tasked with providing an accurate picture of what it is like to be a child or learner in the education and care systems, nationally and locally.

That is why we praise those that deliver for children and learners and why we unapologetically highlight where children's needs are not being met, especially when this negatively affects disadvantaged and vulnerable children.

We believe there is more we can do to highlight what it is like to be a child in this country, including how their experiences vary by location. And we can do more to highlight the experiences of the most vulnerable and disadvantaged children, because if you get it right for disadvantaged and vulnerable children, you get it right for all.

We know the vast majority of the professionals we work with agree. They understand the importance of accountability to ensure that children's education, care and life chances are not compromised. They agree that particular focus is needed on the experiences of vulnerable and disadvantaged children.

We know, too, that many of these professionals believe we can improve how we work.

We agree. We are determined that we always work with professionalism, courtesy, empathy and respect, minimising undue pressure on those we work with. We are ready to hear feedback, accept criticism and reform.

### **How you can help**

The Big Listen seeks views right across our work, from schools and children's social care to teacher training and early years.

Across our work, we want to explore 4 areas:

- **reporting** – how we report on our education and regulatory inspections
- **inspection practice** – the shape of our education and regulatory inspections, our ways of working and the craft of inspecting
- **culture and purpose** – the conduct of our inspections and the way we work
- **impact** – the consequences of our inspections for children, professionals, institutions and parents' choices

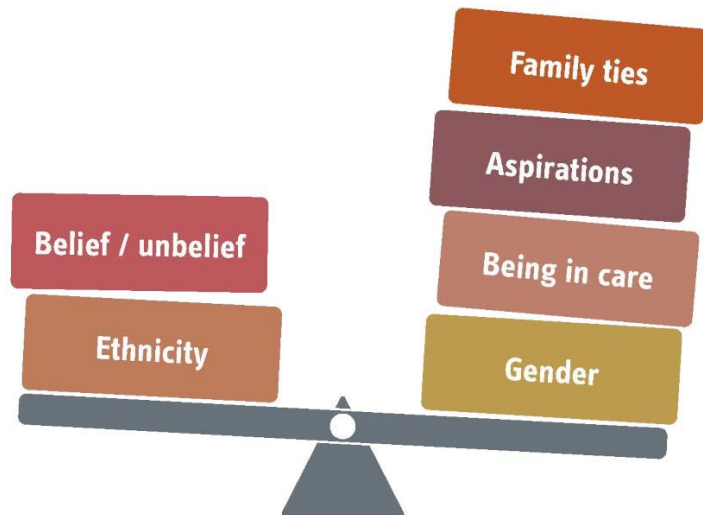
The Big Listen is structured to allow you to provide feedback on the areas of greatest interest and importance to you. You may only want to give us your views on schools. Or you might want to share views on how we report across further education and teacher training.

Whatever your focus, we have structured the Big Listen so you only need to comment on the things that matter to you.

Thank you for taking the time to help us improve and achieve our ambition of being a world-class inspectorate and regulator.”

research  
in practice

## Expressions of self: supporting minoritised children's identity



<https://www.researchinpractice.org.uk/children/publications/2024/january/expressions-of-self-supporting-minoritised-children-s-identity-frontline-briefing-2024/>



This briefing, and the tools contained within it, offer guidance on how social care practitioners can work with minoritised children and young people to explore their identities, meet their identity needs and promote positive identity development. It builds on research undertaken by Coventry University (funded by the Nuffield Foundation) regarding the identities of minoritised children and young people in care. The briefing provides tools to help social care practitioners think about and explore identity with children and young people, including:

- the different layers within their identities
- how they think, feel and relate to different aspects of their inherited identities
- how they think about their identities within different contexts, and with different people.

## Introduction to identity

Identity can be understood as an individual's or group's concepts of who they are, how they define themselves, how they relate to others, and how others see them. A person's sense of self is made up of their experiences, values, characteristics and social roles and the answers to questions such as:

- Who am I?
- What's important to me?
- What is my place in the world?

Rather than being static, identity is fluid and reflective of social and historical contexts, which fluctuate as circumstances, contexts and personal preferences change.

Central to an understanding of identity is the term 'intersectionality', a framework for understanding how different aspects of identity – for example, race, gender, sexuality – can lead to experiences of inequality, disadvantage or privilege.

## Identity needs of children and young people in care

According to the Care Leavers' Charter, efforts should be made to 'respect and honour' a young person's identity. Supporting children and young people's identities can enhance their sense of wellbeing and confidence. It is important that this is a safe space for them to navigate the complexities of their circumstances and identities, and also a place where they are supported to make sense of their experiences and how these affect their identity.

## Learning about identity from children and young people

The narratives of the young people who participated in the research showed that they see their identity as being defined by many experiences and beliefs, not just their ethnicity or religion.

Based on the stories and experiences of young people, the researchers developed the idea of '**in-flux identity**', as a way of recognising that identities are layered and continually changing. Understanding children and young people's identity as 'in-flux' can aid practitioners in the following ways:

- Reflects lived experience
- Avoids oversimplification
- Encourages open dialogue
- Helps prepares for challenges
- Enhances professional development.

In-flux identity has three overlapping aspects:

- Layered and intersectional
- Oscillating (changing and evolving)
- Child and young person determined.

## Layered intersectional identities

Practitioners face the challenging task of striking a balance between helping young people navigate their evolving identities and ensuring all their identity needs are met, when some may not yet be fully articulated or acknowledged by the individual. It is important for practitioners to work with the child or young person to address less visible and hidden identities that may not be readily apparent to others or receive explicit



recognition in their daily interactions. However, care also needs to be taken to avoid exacerbating trauma when exploring hidden identities.

It's possible to make assumptions about identity based on what appears visible. However, these assumptions may be incorrect, simplistic, or different to how a young person sees their own identity.

### **Oscillating identities**

Children and young people's identities are in constant motion, adapting according to pivotal moments in their lives. This is important when considering case recording. When identities are treated as static, fixed constructs in case recordings, there is potential for children to be ascribed identities based on a particular moment in time. This can inadvertently lead to biases, misconceptions, or incomplete understandings, which might impact the quality of support they receive.

### **Child/young person-determined identities**

Social care practitioners, as well as carers, play a key role in empowering children and young people, and supporting them to have the confidence and agency to define themselves.

In forming their identities, children and young people navigate the different cultures they encounter in care. This might include the culture of their biological family, as well as those of social workers and carers.

Children often do not conform to the rigid and set ideas of ethnic or religious identity.. Furthermore, other aspects of their identity – such as their artistic prowess – may be more important to their sense of self and wellbeing. Supporting children and young people with developing positive feelings about their identity requires practitioners to understand this as a process of co-construction. This needs to be done through building relationships with children and young people, and by checking the responsiveness of others towards them.

### **Conclusion**

This briefing emphasises the importance of talking to children, listening to their views about their identity and then taking time to reflect on what this means for the child or young person, and the people around them.

### **Resources**

A range of resources based on the findings from a project funded by the Nuffield Foundation. The research aimed to listen to minoritised children and young people in care to understand their layered identities. It focussed on understandings of ethnicity and religion and how these intersect with other aspects of identity.

<https://www.researchinpractice.org.uk/children/content-pages/open-access-resources/expressions-of-self-supporting-minoritised-children-s-identity/>

### **Youth justice & Race Identity**

Alliance for Youth Justice (AYJ) has published a briefing on racially minoritised young people in the criminal justice system transitioning to adulthood. The briefing discusses access to support across the transition and highlights: stereotyping, racial prejudices and unconscious biases such as 'adultification'; a need for the skills and resources to meet racially minoritised young people's needs; and issues of mistrust impacting on engagement with statutory services.

[Bridging gaps and changing tracks: supporting racially minoritised young people transitioning to adulthood – new AYJ report!](#)



<https://www.london.gov.uk/programmes-strategies/communities-and-social-justice/londons-violence-reduction-unit/londons-inclusion-charter>

### The inclusion charter

- Prioritises education that is fully inclusive, fair and available to all.
- Promotes and invests in inclusive practices. Children's rights and the experience of teachers are at its heart.
- Seeks to tackle the rise in suspensions and absenteeism through a set of agreed guiding principles around inclusion
- Shines a light on promising practice and celebrates inclusion already flourishing.
- Rights Respecting School Award programme free to all state funded schools and education settings in the 32 local authorities in London.

### Our four guiding principles

- Embedding Equity and Diversity
- Students as Active Citizens
- Being Adaptable and Reflective
- Beyond Academic Achievement

**FAIRER SAFER ACCESSIBLE INCLUSIVE**

**Have you signed up yet to the Equality and Equity Charter?**

It's quick and easy ... **Sign up now on link below or scan QR code with your phone camera**

<https://www.royalgreenwich.gov.uk/xfp/form/677>

Sign our Equality and Equity Charter →





## Bitesize Webinars

A series of one-hour free webinars at lunchtime with Early Years & Childcare Advisors to share key messages about important themes. You may use these for your staff training and inductions.

For any queries email [eyc.training@royalgreenwich.gov.uk](mailto:eyc.training@royalgreenwich.gov.uk)



Book your place here by scanning QR code or clicking on link  
<http://tinyurl.com/EYC-Training-Portal>



Watch the replay here - click on the links below to watch (do the evaluation if you want the certificate and presentation handouts – please state name of training)

- [Ofsted Trends June 2023](#)
- [Ofsted Trends November 2023](#)
- [Staff Wellbeing](#)
- [Child Safety](#)
- [Having Difficult Conversations with Parents](#)
- [Mental Health Awareness](#)
- [Female Genital Mutilation](#)
- [LADO Managing Allegations](#)
- [Emergency Planning](#)
- [Child Exploitation](#)
- [Fabricated Illness](#)
- [Child Abuse Linked to Faith & Belief](#)
- [Provider Forum – CSA & Expansion](#)
- [Welfare Rights for the Self Employed](#)
- [Childcare Sufficiency Briefing](#)

Please complete evaluation to receive a copy of the presentation/certificate.

State name of training



<https://forms.gle/PokLJjx5Ku54xavW9>

Area	Training Courses/Webinars	Day	Date	Start	End
Safeguarding & Welfare	Intermediate Safeguarding	Saturday	23 March 2024	09:30	13:00
Forum	Provider Forum - Entitlement Expansions	Thursday	21 March 2024	15:00	16:30
Forum	Provider Forum - Entitlement Expansions	Thursday	21 March 2024	19:00	20:30
Safeguarding & Welfare	Intermediate Safeguarding	Saturday	23 March 2024	09:30	13:00
Ofsted Readiness	Ofsted Trends	Thursday	18 April 2024	19:00	21:00
Safeguarding & Welfare	Designated Safeguarding Person	Saturday	27 April 2024	09:30	17:00
Safeguarding & Welfare	Intermediate Safeguarding	Saturday	18 May 2024	09:30	13:00
Learning & Development	Safeguarding Forum	Thursday	09 May 2024	18:30	20:30
Learning & Development	Curriculum & Teaching	Thursday	06 June 2024	09:30	13:00
Safeguarding & Welfare	Safer Recruitment	Tuesday	11 June 2024	09:30	13:00
Learning & Development	Childminding Network	TBC	TBC	19:00	21:00
Ofsted Readiness	Looking Ahead to Ofsted	Thursday	27 June 2024	19:00	21:00
Safeguarding & Welfare	Domestic Abuse Awareness	Tuesday	02 July 2024	19:00	21:00
Safeguarding & Welfare	Intermediate Safeguarding	Thursday	04 July 2024	09:30	13:00
Safeguarding & Welfare	Designated Safeguarding Person	Thursday	11 July 2024	09:30	17:00

**Cancellation Policy** Must be made in writing by e-mail at least 5 working days before the course [eyc.training@royalgreenwich.gov.uk](mailto:eyc.training@royalgreenwich.gov.uk)

Where cancellation is not received, and you do not attend the training you will be charged the full amount – where courses are free, you will be charged an admin fee of £10.



Book via Direct Services to Schools below or the attached QR code

<https://servicestoschools.royalgreenwich.gov.uk/courses/list?category=pvi>

<http://tinyurl.com/EYC-Training-Portal>

## Paediatric First Aid Training Dates

Day	Dates	Start	Finish
<b>Monday</b>	25 March 2024	08:45	16:30
<b>Saturday</b>	18 May 2024	08:45	16:30
<b>Monday</b>	20 May 2024	08:45	16:30
<b>Saturday</b>	08 June 2024	08:45	16:30
<b>Wednesday</b>	19 June 2024	08:45	16:30
<b>Wednesday</b>	03 July 2024	08:45	16:30
<b>Saturday</b>	13 July 2024	08:45	16:30



### IMPORTANT NOTICE

You must complete the online part of PFA before you attend the in-person date. You will be sent a link in advance of the in-person date.

You **must arrive on time** so leave good time for your journey. If you are late, you will not be permitted entry and will still be charged. This is to ensure you complete the hours required for certification.

There is an exam which you must pass before receiving your certificate on the day.

If you do not pass, you will need to do the course again to safely embed your knowledge and practice. You will have to re-book and pay for the course again.



## Training support available from DFE

# The role of the Early Years Special Educational Needs Coordinator

Download the DFE guidance about your role as SENCO

[https://assets.publishing.service.gov.uk/media/622894808fa8f526d8531647/The\\_Role\\_of\\_the\\_Early\\_Years\\_SENCO.pdf](https://assets.publishing.service.gov.uk/media/622894808fa8f526d8531647/The_Role_of_the_Early_Years_SENCO.pdf)




<https://www.bestpracticenet.co.uk/early-years-senco>

### Calling all Childminders!

The DfE has announced that you can now join the EY SENCO programme without requiring a Level 3 qualification.

Don't miss out, secure a remaining place on our final cohort!

Apply by March 31 



**Free SENCO TRAINING  
APPLY NOW BY 31 MARCH**

**LOCAL PROVIDERS SAY IT IS  
AMAZING TRAINING!**

Here's the course guide – complete online course within 4 months with live and study untid and get your L3 EY SENCO qualification

[https://www.bestpracticenet.co.uk/Media/EY\\_SENCO/EY\\_SENCO\\_Flyer.pdf](https://www.bestpracticenet.co.uk/Media/EY_SENCO/EY_SENCO_Flyer.pdf)

# Early Years SENCO Level 3

For a level 3 practitioner in a private, voluntary or independent setting. It is also appropriate for Ofsted-registered childminders and Ofsted-registered childminder agencies.

This is an important role to ensure the best possible educational outcomes are achieved for children with special educational needs and disabilities.

**FUNDING IS COMING TO AN END**

**Apply by March 31 to secure a remaining funded place!**

## Help for early years providers

Guidance for people who work in early years, from the Department for Education.

The [Help for early years providers](#) has a wealth of information that can help. For example, there's useful advice on [reducing paperwork](#) so you have more time to focus on areas such as [sensory food education](#).

## Early years child development training



This training:

- is free for childminders and nurseries
- combines theory with practical tips and ideas to use in your setting
- includes opportunities to reflect on your practice
- reinforces your understanding through learning check questions and tests
- links to additional resources
- offers the opportunity to download certificates of completion
- has been developed by expert practitioners
- 5 modules can be completed in any order and at any time

[Early years child development training : Home page \(education.gov.uk\)](#)



Department  
for Education

## New online Early years child development training

### Developed by early years experts

- Build your child development knowledge.
- Get practical advice for supporting children in your setting.
- Test your knowledge and reflect on your practice.
- Watch practical training videos.



Pause and restart the training at any time



Make notes as you learn



Download certificates after each module

Find out more by visiting:  
[child-development-training.education.gov.uk](https://child-development-training.education.gov.uk)



**Keynote - There will always be children**

Laura Henry Allain MBE

Laura shared her journey from a quiet, shy and dyslexic child leaving school without any qualifications and becoming a typist with which she got bored. At 40, she did a two week placement in a nursery and loved it! "I applied for NNEB and it was the best thing ever – I found where I needed to be and I became super studious



Uncle  
Nelson:  
Said, what  
he said.

*"There can be no keener revelation of a society's soul than the way in which it treats its children"*

*-Nelson Mandela*



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She talked about the current challenges around SEND, funding, recruitment crisis, and cost of living. In these times, she leans into Nelson Mandela's words that "you can tell a society by the way children are treated". She recognised the struggles of families with health, education and housing and sought to inspire everyone with holding heart about the lasting impact. She told a story about someone who reached out to her.

"On twitter, someone said "do you remember that you looked after my children". Over 30 years ago, these were Laura's key children. The parent said "thank you so much for your kindness and looking after my children. I was a lone parent, 21, and studying. I blame you for their careers, you encouraged them to enjoy Soca music and dance. Now one is West end actor and the other a nursery teacher!"

Laura closed by saying "children remember how you touch their souls."

<https://www.laurahenryallain.com/>



**In (re)search of children’s mental health: What can we do?** Matt Bawler, Head of Early Years and Development Lead - The Villa School and Nursery & Future Mind Foundations



Your wellbeing matters so make sure you don’t burn out. We care so give too much. How full is your cup? How are you feeling? Ask yourself and each other.

In the current climate (quoting Young Minds research)

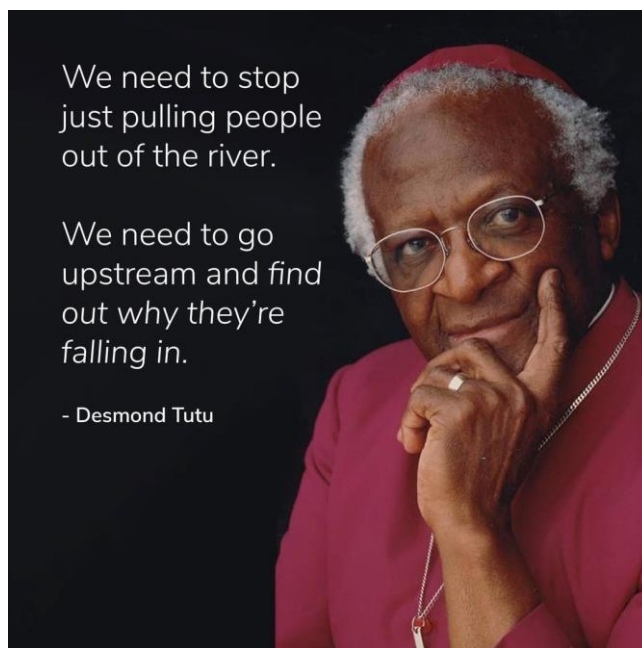
- 1 in 6 children aged 5 -16 have diagnosable MH which has changed from 1 in 9
- Only 1 in 3 have needs met
- 1 in 3 MH problems in adulthood connected to Adverse Childhood Experiences (ACEs)

What should our response be?

Proactive rather than reactive and need to go in much earlier to help equip children with tools to face challenges.

“We cannot leave things to chance, we teach children to read and write and sometimes leave out the emotional bit”

The speaker shared a story about a young child who was “smashing chairs and punching. The child had been read a story about whether a character was loved or not and she was transfixed until she found out if they were loved. Deep down she thought she wasn’t lovable”. There was “no point teaching until she knew she was loved” and foundations were covered in PSED as a prime area.



The 3 Is that matter in MH

- Character I can
- Resilience – I will
- Self-esteem – I am

The three key strands are

- How I see myself
- How I engage with the world and myself
- How I respond to setback and challenge

**Self-esteem (I am)** is about how I see myself and it really matters –you can fill it in negatively. But self-esteem is not fixed and can be re-written. “I decide what labels I want to keep and get rid of”

**I am safe, I am seen, I am soothed** (Maslow)

**Maslow’s Hierarchy of Needs**





There's a difference between positive versus high self-esteem. It's not just saying "you are amazing / you are the best" as it doesn't help – it is not taken seriously. To empower a child is to encourage them to try. Self-esteem, the positive sense of I am, draws on repeated experiences which adults can play part in. The key that the stories we develop.

The speaker paraphrased Alfred Adler that to explain "it's not what happened to you but the story you develop and the narratives you develop – you can choose how you frame it eg multiple examples of being brave. You can frame and help a child build up a narrative. Those stories we create become our foundation – how we look back and look forward."

The adult has a role in co-regulation – have a go, risk taking, working with someone else and learning as they go.

**Character (how I engage)** is like having a tool belt and thinking about all the different ways you can engage with the world.

The speaker talked "I can / we can" from Dr Martin Seligman's positive psychology of 24 core character strengths which are in everyone in different degrees

This is what I'm good at... so we stay with that. But we all have a tool belt and can choose which ones we grow, develop and sharpen

Start with these five

- problem solving
- self-regulation
- risk taking
- resilience
- team

It's about equipping and building agency in children rather than praising. Examples

- saying to children "you can use your tools... I saw you use your self-regulation". This empowering "I can do this, I can use my tools"
- risk taking – "do you want to take a risk and have a go?" or "you just need to be brave a little bit"
- resilience – thinking about "grit" and "loving challenge"

The regulation journey is from co-regulation to self-regulation for young children. When the amygdala is activated, memory shuts down and thinking "goes off line ". Encourage children to breathe – "take time before reasoning, time to re-oxygenate" and the speaker suggested finger breathing and mountain breathing.



- Have toolbox ready and try not to be reactive – don't just get out when there's a problem. Leave it out all the time and children can choose to self soothe.
- All emotions are welcome and allowed and the aim is to understand why anger and not suppress.
- Sometimes it's hard for children to explain feelings, get them to break down in colours, shape, size

How is my self-regulation?

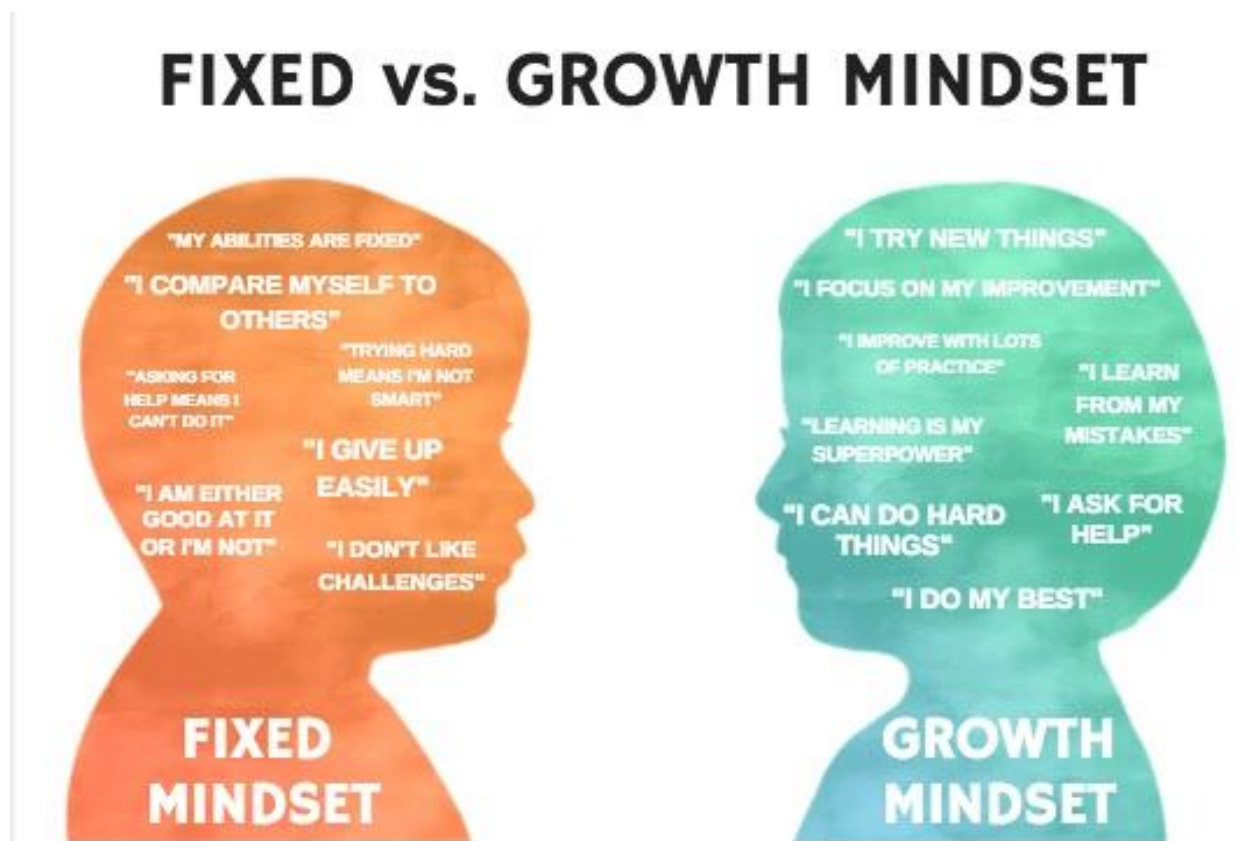
- how big is my problem – level 1 to level 5 small to emergency
- how big is my reaction – validating – you have a problem and let's work out how big it is

<p><b>Appreciation</b></p>  <p>When I realize the beauty around me, I feel happy.</p>	<p><b>Bravery</b></p>  <p>I have the courage to overcome my fears and choose to do the right thing.</p>	<p><b>Creativity</b></p>  <p>I have many ideas and I like to use my imagination.</p>	<p><b>Curiosity</b></p>  <p>I love to ask questions and discover about the world around me.</p>	<p><b>Fairness</b></p>  <p>I treat everyone fairly without discrimination.</p>	<p><b>Forgiveness</b></p>  <p>I can let it go when a friend makes a mistake or hurt my feelings.</p>
<p><b>Gratitude</b></p>  <p>I say thank you, I appreciate the good things I have.</p>	<p><b>Honesty</b></p>  <p>I tell the truth, keep my promises, and act with integrity.</p>	<p><b>Hope</b></p>  <p>I have faith that good things will come.</p>	<p><b>Humility</b></p>  <p>I know how to be humble and let other people shine.</p>	<p><b>Humor</b></p>  <p>I enjoy bringing smiles and laughter to others.</p>	<p><b>Judgment</b></p>  <p>I am open minded, and I think deeply before making a decision.</p>
<p><b>Kindness</b></p>  <p>I like to do nice things, to care and help others.</p>	<p><b>Leadership</b></p>  <p>I become a good example, I encourage my teammates to accomplish our goal.</p>	<p><b>Love</b></p>  <p>I am a good listener. I tell people that I love them.</p>	<p><b>Love of learning</b></p>  <p>I am eager to learn new things, and I master new skills.</p>	<p><b>Perseverance</b></p>  <p>I try to overcome obstacles, gradually to achieve my goals.</p>	<p><b>Perspective</b></p>  <p>I can see the big picture and give advice to others.</p>
<p><b>Prudence</b></p>  <p>I am careful to not take too many risks.</p>	<p><b>Self-regulation</b></p>  <p>I am disciplined, I manage well my emotions and actions.</p>	<p><b>Spirituality</b></p>  <p>I search for deep meaning, and feel a sense of purpose.</p>	<p><b>Social Intelligence</b></p>  <p>I am aware of my feelings, I have empathy towards others.</p>	<p><b>Teamwork</b></p>  <p>I like to work with my friends, to share and help each other.</p>	<p><b>Zest</b></p>  <p>I am enthusiastic and full of energy in many activities.</p>

**Resilience (I will)** is about how to respond and is down to mindset which is a set of beliefs which determine how you think.

What's your opinion on talent? Is it that some are naturally good at things, born more intelligent or more able? We inherit genes which gives advantages but the key you can develop more through PRACTICE!

Carol Dweck developed impactful ideas about two core mindsets – fixed and growth. See the brain as a muscle – stretch, flex and grow it!



We often see tables to compare the two different mindsets but mindset is not binary. It is a sliding scale and is context specific. If we praise for ability, it's supporting a fixed mindset but if we praise for effort, we encourage growth. Say to a child "you saw a challenge and you tried" and talk about "yet... it's a process"

Dweck did an experiment to look at intelligence focus v process and effort focus with a series of increasingly more challenging activities and questions. If adult said

- You must be smart – two thirds went back to easier questions
- You tried hard – all stayed with harder puzzles

Steps to success

- I can't do it YET – ah, ah! it's not that you can't do it, it's you can't do it yet... takes the pressure off



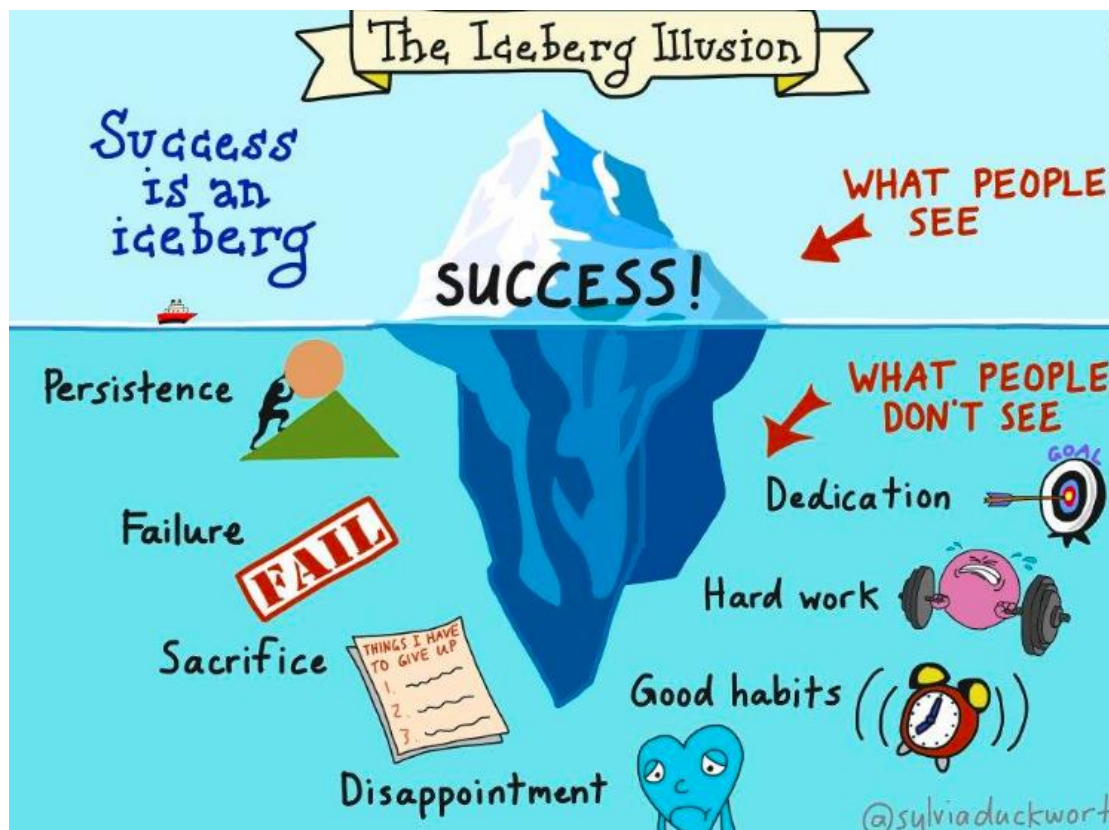
- Mistakes are great! How do you see mistakes? (when make mistakes, neurons crossing at synapses and fusing more)
- How does learning and discovery work? NASA wrongology  
process of elimination  
idea of loving mistakes  
every mistake makes me closer to the answer  
adults make mistakes – model mistakes



- I love a challenge – I’m not telling you it’s going to be easy, I’m telling you it’s going to be worth it (Art Williams)

Dweck quote – where’s the learning. It’s not about work harder – it’s about working smarter – build agency

- Catch that negative thought – we are not our thoughts, we are the observer of them
- Success is an iceberg



- Build that bridge for new learning - it’s like crossing a ravine in your brain. It’s like a rope bridge – then it gets strong
- I am, I can, I will is a process



## Physical Development - Developing Super Scribers

*Speaker: Helen Battelley MA, Education Consultant and Lecturer - Music and Movement*

Helen was the lead physical development advisor on Change4life's 10 Minute Shake Up Cards (UK) and is frequently found presenting at education conferences across the globe. In 2021 Helen developed a Physical Phonics programme for The National Literacy Trust, the programme will be rolled out across the UK in the academic year 2021-2022.

Helen spoke about the importance of physical Development. It is a PRIME area of learning within the Foundation Stage Profile however many young children are still not reaching the recommend physical activity levels.

Helen spoke about how the World Health Organisations (WHO) report on Children's Physical Activity and how it is clear we still need to 'do more' to promote physical activity among young children. In the UK, 91% of children under the age of 4 are still not reaching the recommended levels of physical activity (PA), this will impact on all areas of development and increases the risk of mental and physical health concerns in later life. The recommended amount of daily physical activity for a child aged under 5 is 180 minutes (3 hours) incorporating 60 minutes for MVPA (moderate to vigorous physical activity).

Helen asked the participants of the developing supper scribers seminar to completely fold up a paper bag while holding it in your left hand with your arm stretched out as far as it could go, without using any other hands until it was crushed into a small ball, we then had to straighten the bag back out in the same way that we had scrunched it. This exercise demonstrated that we were also using our core muscles because we were standing up. Children could get more exercise and physical activity within a nursery by simply removing the chairs. The only reason they would need to sit down and not be using their core muscles would be to eat. It seems very simple but could make a huge difference to the day-to-day activity and muscle development of our youngest children. Doing activities standing at tables to do crafts and play games rather than to sit could help children meet the recommended levels of physical activity (PA), reducing the predicted increased risk of mental and physical health concerns in later life.

Helen went on to say about the different types of movement that early year's children should be doing every day. These movement should include Pushing, pulling, climbing, swinging, hanging, jumping, balancing, crawling, running, catching, rolling, dancing, creeping, hopping, stomping. As all of these movements assist with the development of the proprioceptive and vestibular systems essential to future development.

Think about how you can increase the physical activities in your setting. How will you include all of these movement each day? How will you make it fun and exciting for the children. One way to do this is to introduce movement to music. Add actions and signs to nursery rhymes and stand up, move and include big movements like marching hopping and jumping.

You can get more ideas on how you can increase children's physical activity by visiting

<https://www.musicandmovement.org.uk/>

You will also find lots of free resources.

## **See Me Hear Me – using Makaton as a voice for every child.**

Gary Coffey – Executive Head Teacher over a federation of 2 special schools and 2 specialist college and Makaton Regional Tutor

**Key themes - Child-centred approach, positive communication and creating an environment where children can thrive.**

### **The Uniqueness of the Child**

- Understanding child's uniqueness research indicates that infants are known to use different modalities of communication such as gesture, body movement, facial expressions, or vocalisations as a means of communication prior to their development and prior to the child's linguistic modes of communication.
- Children, babies, and young adults with language difficulties communicate every second of the day through behaviours, pointing, crying or laughing. Important practitioners recognise and interpret these non-verbal cues, gaining insight into what communication looks like for a child.

**Summarizing the uniqueness of a child - **group discussion** - being an individual, having diverse experiences, cultural and religious background, distinct developmental rates, and unique learning styles and experiences.**

**Gary spoke with older children within his federation the feedback around the meaning of identifying uniqueness as - *I am me - they have their own personalities.***

- Acknowledging that children have their unique personalities shouldn't be suppressed but built on understanding their personalities and effectively supporting their motivation and enthusiasm to be engaged in their learning.

### **The Information Seeker**

- A key person or advocate for a child is important for supporting and understanding any changes they may be going through. Working in partnership to gather information is important for gaining knowledge and understanding of the child's needs.

### **Lived Experience – Strength based approach**

- The lived experience of the child is key from a safeguarding lens and in the importance of their welfare. Lived experiences can impact the child and their ability to communicate effectively and engage in their environment.
- To support a child's mode of communication, having insight into their lived experience is key to planning and developing effective tailored communication strategies to support their learning. This will impact on how the child engages, communicates, and responds to the world they are in.
- Effective communication with a child using symbols and photos can be influenced by the child's life experiences – as strategy may not have been a used approach before. Understanding the child's lived experience and communication style is important to knowing how a child's development is shaped.
- Understand and address challenges children face in expressing their disabilities and their preferred modalities of communication. When communicating, think about key concepts so children understand.
- An information seeker should find out what the child's diagnosis means – working with others, having a coordinated response. What is the now and what will it look like in the future.



Sue Gerhard quote on the Lived Experience – as being the kind of brain that each baby develops is the brain that comes out of his or her particular experiences with people.

### **Makaton – Language programme that is multi modal. It is not a sign language**

Resources vocab – now have 20k+ concepts – constantly adding new concepts words i.e ipad, iphone tablet - vocabulary not to be taken away as it is a child's voice it's what they know. May use for short period or longer term as part of a support program.

Makaton is a multi modal language programme – using now and next by saying the word and showing the symbol and sign as well.

Have flexibility on how Makaton is delivered. – change symbols for who you are working with to tailor the needs of the child. Use for children from 6 months old. Please and thank you is not taught. Lots of image gratification in food and drink items. The first thing taught is yes and no, which is important as children can let you know if they don't want to do something.

Makaton used to increase equal opportunity – making it inclusive using key words, being able to play with other children. Makaton **not** an intervention where children are taken out of classroom for speech, it should be used daily for every child for every part of the day.

A language rich environment is called total communication environment as it uses different modes of communication - Makaton, photos, technology eye gaze systems every aspect is part of child communication.

- Bring Makaton into the setting let everyone understand key elements - like help, how are you, friend come and play. Do sing and sign assemblies help support everyone's development, make it engaging use questions in everyday language, use real life objects. Use key signs as part of children's routines, don't overload vocabulary, keep it repetitive.

### **Good to see some local settings at the Nursey World Conference!**



## Is there time for Slow Pedagogy in early childhood education Professor Alison Clark

Canadian researcher Veronica Pacini-Ketchabaw - the clock is fundamental to how early childhood education is understood, organised and enacted' (p.155) –

Time is important to how we work with children, look and think about words we use ie free time, play time or it's a bad time and phrases that we use i.e busy time, snack time, tidy up time.

Managing time can sometimes be tricky, particularly when balancing play experiences with a fixed schedule. Communicating time limits, like telling children they have only two minutes, may interrupt their deeply involved play and pose challenges within a structured timetable. Highlights the need to appreciate and value nurturing moments, even within the constraints of a schedule.



Play and care fits around the clock and hosts of other reasons. Thinking about wonder and creativity all those are difficult to measure and quantify and put timing on. Downward pressure at the first stage in education systems is sometimes subtle so in higher education primary and secondary sits where there is pressure for children to do more earlier.

The organization of time - where the future takes precedence over the present, is evident in Early Years. What children should be doing next overshadows the importance of their current activities, diminishing the quality of their present experiences. Particularly noticeable during transitions, as children in their final year of nursery often spend excessive time preparing for school. This overshadowing moment deprives children's valuable learning and experiences during this crucial year, which potentially limits their exposure to certain aspects before entering the school system.

Slow school movement was linked to the slow movement in Italy 1980 around food and the relationship with foods, not slowing down to a complete halt but finding the right rhythm to completing what you were doing.

*Morris Holt it's time to start the slow school movement*

*The "slow food" movement began as a protest against the global proliferation of McDonald's restaurants. Mr. Holt calls for a similar backlash against today's "hamburger" approach toward education, which emphasizes uniformity, predictability, and measurability of processes and results*

Hamburger approach to education sounded familiar.

Uniformity where everything is told to look the same.

Predictability – plan exactly what you want to see and nothing different

Measurability – things measured and easily measured – difficulty not everything can be easily measured what is missed out

A two-year study, supported by the Froebel Trust focussing on exploring the relationship with time while adhering to the principles of Froebel. It provided insights into how time is perceived and managed in early childhood education across diverse global contexts.

Are we asking young children and those working with young children to run over faster to maintain their place in hours and hours in the world?

*In other words in daily educational practice we tend to give importance to a way of life that leans more towards slowness, meaning towards reflection and observation*

This phrase shows an acceptance that it can be tricky, dependent on the environment you're working in, where is the intention for you to lean more towards slowness.

Helen Tovey – wrote about the Froebel approach.

- *'Froebelian educators create long periods of open-ended, uninterrupted time so that both children and adults can become deeply involved in play and other learning activities. Time is not 'filled' but is freed from all unnecessary interruptions.'*
- *'The use of adults' time is crucially linked to children's growing independence and autonomy'.*
- *'The availability of time is therefore a key feature of a Froebelian environment'.*

What is an unnecessary interruption – and what is an important interruption taking you back to the phrase stretched time.?

Use of adult's time being linked to children's growing independence and autonomy – meaning adults stepping back and looking for the moment when to step in.

Interconnecting Themes around slow pedagogy is not always slow in terms of time. Being attentive to the rhythm of children you are working with, the adults you are working with and materials you are working with. It's about being with others, being with ideas and not just us standing outside of it but being with. Being with, is giving children our undivided attention

*Peter Moss – fast pedagogy is knowing when you have to get somewhere and knowing what the somewhere is and knowing when – you have to get there and isn't any time to go off track*

Going off track - A slow pedagogy is open to exploration, looking for somewhere new – listening to a child. Digesting what is happening, working on it and not going off track. Have confidence in what you have planned and following the child's needs.

Diving deep - Amanda Bateman – slow pedagogy interaction between child and teacher – interactions with children giving them opportunity to go deep with their ideas.

Michell Sanderson – environment always there for children so that they can carrying on with their ideas and explorations can grow – having that continuous provision that can be developed.

Opportunities to ReWalk the same environment – what do children gain from this.

Thinking about the relationship with time is not just around the clock but the past present and future

*Clody tall – taking the long way and not the short way. Quotes on slides*

Thinking about the here the now and ... the present is important - be aware of what children bring to the present, what babies home experiences are like, what are they bringing with them and where are they heading. Planning around the here and now and thinking of the longer view of supporting children's learning and giving them time to learn.

*Froebel; talks about children having opportunities to unfold – being able to grow and develop his first ideas for the kindergarten*

Linear timetable – timelessness and the importance of timefulness, what are we aiming for? making the most of children's time in the richest possible way – listening and tuning into the pace and rhythm of the

children whilst giving attention to the present, whilst being mindful of children's past experiences and their future

Close connection to slowing down and listening to children – the importance of listening to children to draw on their strength helped Alison Clark to develop the mosaic approach – which looked at different ways to tune into children's own perspectives and for it to be necessary to slowing down for adults.

Slow practices look like ...

Making children be more involved. What is the role of the adult and what does it enable the children to do and not do. What about the environment – creating opportunities for the children to do. Enabling children to be more hands on

Questions for us all to think about :

Are we making the best use of children's time?

What are the opportunities, can we create more slow moments for children and practitioners – around more opportunities for timefulness for children and giving practitioners more chance to breath?

<https://www.froebel.org.uk/training/films/slow-pedagogy>

### Good to see some local settings at the Nursey World Conference!





## Resources on a Shoestring: Making the Most of Limited Resources Shardi Vaziri

In our early years settings, creating an enriching and stimulating learning environment often comes with budget constraints. Shardi Vaziri, an experienced Early Years Adviser shared her insights on resourceful strategies to reimagine and repurpose items, proving that a limited budget doesn't have to limit creativity. Shardi's valuable advice shows us how to foster inviting, engaging, and enabling spaces for children without breaking the bank.

Shardi began her lecture by emphasizing the profound impact of a child's learning environment. A thoughtful, inclusive, caring, and responsive setting lays the foundation for children to thrive in their learning journey. The challenge in our settings is to create an enabling environment with rich, open-ended resources while being mindful of both budget constraints and environmental sustainability.

Shardi's advice revolved around practical ways to transform educational settings using free, donated, recycled, and upcycled items. The learning environment should promote a sense of safety and a 'home from home' feeling while ensuring that resources are easily accessible for the children.

Shardi stressed the importance of regularly evaluating the learning environment. An enabling environment, as she described it, provides a rich, varied, and safe space in which children can play, explore, and learn.

The heart of Shardi's lecture was about reimagining and upcycle furniture. By adapting existing items, settings can save on costs while unlocking endless possibilities. Whether it's transforming an old headboard into a space divider or repurposing an outdated bathroom cabinet into a magical writing cupboard, the potential for creative adaptation is limitless.

Shardi offered so many of practical ideas for settings to make the most of limited resources. Instead of discarding plastic toys for the current trend of wooden aesthetics, she urged educators to recognize the ongoing value of these items. A call to action was made to embark on treasure hunts in our own homes and to seek out partnerships with local businesses for potential free resources.

### Good to see great sensory play ideas at Nursey World Conference!



**Making mathematics playful for young children: A route to mastery** Dr Helen Williams, Consultant  
- Early Childhood Mathematics Group

Imagine a world where math isn't stressful but instead a fun and creative adventure. In a recent talk about how kids best learn math, the idea of play came up as a great way to make numbers enjoyable. The lecture explored the playful side of math and looked at how we can change our approach to make math a fun journey for kids.

The talk started with a video clip of a little girl playing with numbers. She had created her very own play dough balls and she happily counted them, repeated random numbers, and had her own imaginative ideas when counting. Her joy in exploring numbers showed how play and learning in math go hand in hand.

The lecture made you think about your own happy math moments – or the lack of! Did anyone enjoy maths at school? What is it about maths we most dislike? Maybe it's fear of being judged – getting that one optioned rigid answer wrong? or perhaps the discomfort of making mistakes? Play, is the opposite of fear and limits. It's a safe space for kids to use their imagination, making it easier for them to explore and learn. By making math playful, we can break down the barriers that make people feel negative about numbers.

The talk challenges educators and parents to be more creative in teaching math. Instead of sticking to standard exercises, the idea is to spark curiosity. What if counting went beyond 20? What if different types of games led to new math adventures?

Adults often guide kids on what to do, but the talk suggests letting kids take charge. This way, they can feel more independent and confident in their math journey.

Using research, the talk points out things that predict success in math, like parents' education and developing good number sense. Practical ideas include finding creative ways to mix adult-led and child-led play, using age-appropriate lessons, and adding awareness activities like puzzles.

In the end, the talk encourages us to see math as a source of joy and curiosity. By adding play to learning, we can make math a positive experience that sticks with kids. Let's start a journey where math brings warm and fuzzy feelings, like the happiness found in a favorite book, staying in the hearts of young learners forever.

**Getting children 'ready' for the next step: It's stage not age** Sue Allingham

"It's not age, it's stage." This simple yet powerful message challenges the usual focus on age-related expectations and encourages early years practitioners to look at each child's unique development journey. Dr Sue urges the sector to shift from rigid age-based rules to a more personal and responsive way of teaching.

We often hear about targets for kids based on their age. People say things like "all 2-year-olds should do this" or "all 3-year-olds should do that." But what does this really mean? Are we considering each child as an individual, with their own strengths and quirks, walking into our classrooms every day?

Even though we're told not to have preconceived ideas about a child, it's tough not to fall into the trap of thinking kids should hit certain milestones just because of their age. This can stop us from really understanding what a child needs and what they're capable of.

The big idea here is that what's right for a child is more about where they are in their development journey than how many birthdays they've had. Recognizing and respecting the differences in how kids grow is crucial. It helps practitioners tailor what they do, what they teach, and how they interact with each child.

The "It's not age, it's stage" philosophy means moving away from one-size-fits-all rules based only on age. To make this philosophy work, early years practitioners need to get personal with kids. Learn more about their backgrounds, experiences, and what makes them tick. By doing this, educators unlock each child's full potential, providing an environment that helps them learn and grow in the best way for them. By focusing on a child's stage of development, we create a more inclusive, responsive, and enjoyable learning



experience for every child. In the end, it's not about their age, it's about where they are in their journey of growing up.

### **Why Partnerships with Parents** *Phillipa Thompson*

Collaboration issues with parents/carers coming together, worked in sector for 30 years in roles such as Early Years Teacher, Local Authority advisor, and community teacher.

Advocating for parental choice and rejecting a one-size-fits-all approach. Currently teaching in Early Childhood studies, particularly focusing on parents with children experiencing anaphylaxis, including her own child.

Addressing childhood poverty amid a cost of living crisis and playing multiple roles when working with families. Highlighting the diverse challenges faced by parents during the COVID-19 pandemic, with some not returning.

Observing a widening inequality gap and encountering challenging language in the discourse. Emphasising the shift from referring to children to acknowledging and supporting parents. Raising the question of whom parents turn to if not communicating with educators.

Promoting a culture of co-production and co-education, recognising everyone as an asset. Critiquing the valuation of certain parenting styles, often rooted in a white middle-class narrative that does not resonate with many parents. Advocating for family hubs to tailor home learning programs based on their knowledge of the children.

Acknowledging that many parents have untold stories, urging a more empathetic approach. Reflecting on whether parents support educators or vice versa.

Video shown- I can't go into school today- video of children with illness/ medical condition'

Expanding the discussion on childcare beyond affordability, questioning how it contributes to quality. Highlighting curriculum pressures and time constraints, while emphasising the importance of practitioners' well-being and addressing personal biases. Encouraging open communication within teams and discouraging judgment based on differing parenting styles.

### **Joining the Dots** *Julie Kent*

Fostering creativity while facing challenges in accessing training and engaging with other professionals. Serving as a lecturer in Early Childhood studies and a speech and language therapist, with prior experience managing Sure Start Children's Centres in Phase 2 community.

Conducting current research on interactions to support children in language and communication, emphasising interagency working systems and adopting a public health approach to communication and language, emphasising the importance of self-reflection.

In the context of the Early Years Foundation Stage (EYFS) in England, highlighting that prime areas underpin all other areas, providing a foundation for building and empowering children. Recognising disparities at school entry related to social deprivation, often identified by the age of 2.

Addressing public health issues, such as speech and language, as indicators of health and well-being, and noting their connection to underachievement and potential long-term involvement in the justice system. Advocating for early intervention as it can lead to better outcomes for children.

Discussing the importance of considering different perspectives, whether from parents expressing concerns about a child's speech or professionals providing input. Advocating for a combination of specialist, targeted, and universal services, including clinical interventions and programs like Early Talk Boost and Tots Talking that can cater to the entire setting.

Highlighting the significance of settings understanding their children and families' communication styles and the potential for settings to share training with neighbouring settings. Introducing the role of a communication champion or language lead within the setting.

Evaluating the effectiveness of the 2-year check by emphasising the importance of sharing information between health visitors and the setting. Addressing the question of whose knowledge is more privileged, that of the parent or the practitioner.

Encouraging an environment free of judgment when children struggle with communication and language, recognising the layers of communication—makro, exo, meso, and micro—involving culture, policies, interactions, and the home/setting context.

Focusing on staff development, encouraging reflection as a team, enhancing individual communication skills, engaging with families and communities, identifying strengths, and creating a positive environment. Encouraging the overcoming of fear associated with peer observations and fostering compliance and collaboration within the team.

### Good to see inclusive ideas at the Nurse World Conference!



## Mindful Me, Mindful You: An exploration of how mindfulness supports relationship in young children *Judith Brown*

- Judith talks about how practicing mindfulness and meditation, after suffering from post-natal depression, supported her journey as a parent, her own mental health, as well as her children's mental health and their relationship – it changed her perceptions of parenting.
- Research focuses on how mindful meditation practice shapes the parenting of children under 3, because of the link to brain development.
- Knowing an individual's level of interpersonal mindfulness doesn't always necessarily translate or predict their reactivity, judgement, or awareness in interaction.
- Judith's research is looking at catching the gap between looking at if parents are aware of their internal state.

Try this breathing exercise:

- One hand on your heart and one hand on your tummy.
  - Close your eyes or lower your gaze.
  - Focus on your next 5 breaths. Breathe in through your nose for as long as you can, then breathe out through your mouth for as long as you can.
  - Notice how your chest and tummy rise and fall. Try to connect with those 5 breaths. You can even silently say to yourself breathing in and breathing out.
  - Even 30 seconds to 1 minute can start to calm your nervous system. Just taking that pause can help you to respond differently to children when you're in their presence.
- 
- The concept of reflective functioning is defined as the ability to imagine mental state in yourself and others. Mindful parenting has been described as a fundamental parenting skill or practice that sustains conscious awareness and enhances the capacity of parents or practitioners to mentalise both their own and their child's immediate experiences.
  - Context of child – adult relationship, caregiving relationship – mindfulness refers to the intentional practice of being fully present and engaged in the moment with one's child.
  - Key elements:
    - Present moment awareness – focus our attention on the current moment. Involves actively participating and appreciating the child's ongoing experiences.
    - Non-judgmental awareness – Not trying to make the experience different to what it is, not thinking it should be different, not creating that resistance. Acknowledging and accepting there are positive situations and challenging situations when caregiving. Stop being self-critical! Not having unrealistic expectations, by keeping the child's developmental stage in mind.
    - Attunement to the child, sensitive to their signals and respond with empathy and understanding. It helps with emotional regulation; it helps us to regulate our emotions. It reduces impulsive reactions and promotes a more thoughtful and measured response to children's behaviors.
  - Parents who practice mindfulness serve as role models for their children. They demonstrate calmness, patience, attentiveness and all these things contribute to the child's emotions and wellbeing and development of their own mindfulness skills.
  - Reciprocity – serve and return. The give and take. Being mindful with your child is not just a practice that needs to be led by the parent, it can be a shared exploration where the parent and child can discover the present moment together. It fosters a sense of discovery for you both.
  - Mindful spaces - Having a cosy corner, relaxation station, sensory space. Both child and the caregiver can be involved in creating those spaces by discussing what the child would put in these areas. This will give the opportunity to observe the children in different environments.

- By actively involving both the child and the caregiver in the mindfulness process, you create a dynamic and reciprocal relationship, in which each participant contributes to that shared experience.
- Mindful presence can be full of love. It can be a powerful expression of love.

*“I’m here, I see you, I hear you”*

*“I know that you’re hurt”*

*“I noticed that you were upset about that”*

*“I can see why you’re crying”*

*“I understand and can see that you’re angry”*

- Mindful presence communicates to the child that they are valued and important and there’s a sense of security that comes from that.

Star breathing/Handy Breath exercise

- Taking 5 breaths as you trace your five fingers.
- Breathing in as you trace up a finger, and breathing out as you trace down the other side.
- You could also print of a star card and get them to follow this in the same way. It’s something you can do with children together.



<https://teachchildrenmeditation.com/therapist/judith-brown/>



# MOMENTS MATTER, ATTENDANCE COUNTS.



## Attendance communications toolkit for schools



Department  
for Education

<https://dfegovukassets.blob.core.windows.net/assets/Attendance%20campaign/Attendance%20campaign%20communications%20toolkit%20for%20schools.pdf>

### 7 ways you can support the campaign & attendance comms

MOMENTS  
MATTER,  
ATTENDANCE  
COUNTS.

1. Help create a national warm welcome to school for families throughout the spring by sharing the attendance campaign resources (on slide 6) on your social media channels, newsletters and website. You can tailor these to your school.
2. Make the Spring term a fresh start for children and young people struggling to attend school by taking a “support first” approach and sustaining efforts to engage families where absence is severe or persistent. We have produced range of webinars and case studies with tips and best practice to address attendance barriers.
3. Refer to the communicating with families to support attendance toolkit when communicating with families about attendance, to maximise your impact. The campaign we will also encourage parents and carers struggling with their child’s attendance to reach out to their school as the first step of support.  
<https://www.gov.uk/government/publications/working-together-to-improve-school-attendance/toolkit-for-schools-communicating-with-families-to-support-attendance>
4. Set clear expectations for parents and carers about what they need to do to support good attendance (e.g., phoning when their child is ill and having a back-up plan if their child misses school transport). And what you will do for them in return (e.g., phoning parents and carers to discuss a child’s attendance where there are challenges and getting them into school for a meeting if there are concerns).
5. Remind parents and carers of the NHS Is my child too ill for school guidance and the Chief Medical Officer Chris Whitty’s letter on mild illness and school attendance that says a prolonged period of absence is likely to heighten a child’s anxiety about attending school in the future.
6. Help reduce the spread of infection in your school - remind staff and pupils of the importance of regular and effective handwashing and ensure spaces are well-ventilated. You can use your CO2 monitors to

manage good ventilation. Tell parents and carers about the steps you are taking to reduce infection spread to offer reassurance.

7. Sign up to share your daily attendance data with DfE if your school has not already done so and use the data to identify and respond to trends early





# MOMENTS MATTER, ATTENDANCE COUNTS.

**“THIS MORNING, HE  
WAS WORRIED ABOUT  
SCHOOL... BUT LOOK  
AT HIM NOW!”**



**MOMENTS  
MATTER,  
ATTENDANCE  
COUNTS.**



HM Government

Head to the Education Hub to find out more.



# MOMENTS MATTER, ATTENDANCE COUNTS.

“THIS MORNING,  
HE HAD A RUNNY  
NOSE... BUT LOOK  
AT HIM NOW!”

MOMENTS  
MATTER,  
ATTENDANCE  
COUNTS.



HM Government

Head to the NHS website to find out more.





**MOMENTS  
MATTER,  
ATTENDANCE  
COUNTS.**



**Even when you're very small,  
good attendance makes a BIG difference!**

- positive, real, life-changing moments every day
- make best friends and learn social skills
- play, learn and have fun
- be imaginative, creative and active
- have healthy all-round development and reach full potential
- feel settled and secure with regular routines
- feel confident and have good self esteem
- get ready for school and build good attendance habits from the start



**What a difference a day at  
nursery, in school or with a  
childminder makes!**

**free early learning**  
Royal Greenwich

**MOMENTS  
MATTER,  
ATTENDANCE  
COUNTS.**



## What you can do as a parent or carer

Your enthusiasm and encouragement will help your child enjoy their time in early years and develop a positive attitude for school later

- Take time to visit the setting and chat with staff
- Have a regular bedtime and morning routine – you could try a visual timetable, so your child knows what to expect and when or show them the hands on the clock when it's nearly time to leave
- Choose and get ready clothes and pack “school” bag the night before together with your child
- Talk about the setting and the fun things they will do there
- Have a backup plan for getting there if something comes up
- Arrange medical appointments, outings and holidays at times when your child is not due at their setting
- Check your child’s immunisations are up to date



# MOMENTS MATTER, ATTENDANCE COUNTS.

## What to expect when your child takes up their early years place

- You may be offered a home visit or a visit to the setting
- Your child will have a key person (if they are in a nursery) who will be mainly responsible for their care and learning
- It might take your child some time to settle in as it will feel new and big – talk to the staff and find out what you can do to help
- If your child is reluctant, ask for advice and help from staff as they have lots of experiences of helping children settle in
- You will be encouraged to get involved in their learning both at the setting and at home
- You will be told how your child is getting on and share what you know about their interests and development
- Sometimes your child will get dirty and messy – this is a sign that they are having fun and learning!





Correspondence

# Letter to school leaders on mild illness and school attendance

Published 5 September 2023

<https://www.gov.uk/government/publications/letter-to-school-leaders-on-mild-illness-and-school-attendance/letter-to-school-leaders-on-mild-illness-and-school-attendance>

## Professor Chris Whitty, Chief Medical Officer, England

Reassure parents that the NHS and the Chief Medical Officer say it is usually appropriate for parents and carers to send their children to school with mild respiratory illnesses, including general cold symptoms like a minor cough, runny nose or sore throat.



<https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>

Is my child too ill for school?

It can be tricky deciding whether or not to keep your child off school, nursery or playgroup when they're unwell.

There are government guidelines for schools and nurseries about [managing specific infectious diseases at GOV.UK](#). These say when children should be kept off school and when they shouldn't.

If you do keep your child at home, it's important to phone the school or nursery on the first day. Let them know that your child won't be in and give them the reason.

If your child is well enough to go to school but has an infection that could be passed on, such as a cold sore or head lice, let their teacher know.



Press release

# Marketing campaign launches to drive up childhood vaccinations

Here is the government page about the campaign

<https://www.gov.uk/government/news/marketing-campaign-launches-to-drive-up-childhood-vaccinations>

The UK Health Security Agency (UKHSA) is launching a new multi-media marketing campaign across England to remind parents and carers of the risk of their children missing out on protection against serious diseases that are re-emerging in the country – with an urgent call to action to catch up on missed vaccinations.

The campaign goes live on 4 March with a powerful video advert told from the perspective of children and in their voices. “Our generation’s risk of illnesses like measles and whooping cough is rising” they tell their parents and carers looking straight into camera - “If we’re not vaccinated, we’re not protected.”

The campaign theme and materials, based on insight and feedback from parents in the North West, were developed by UKHSA in partnership with DHSC Marketing, Liverpool City Council, NHS England, NHS North West and NHS Greater Manchester.

The campaign comes as the latest weekly update today on measles cases in England shows there have been another 69 cases in the past week, bringing the total number of laboratory confirmed measles cases reported since 1 October 2023 to 650.

In the 4 weeks since 29 January 2024, there have been 183 newly confirmed cases, with the highest number of cases reported from the West Midlands 43% (79/183). During this period all regions have had confirmed cases, 19% of cases have been (34/183) in the North West, 14% (26/183) in London, 10% (18/183) in the East Midlands and 8% (15/183) in Yorkshire and the Humber.

[Uptake levels of childhood vaccines](#) offered through the [routine NHS vaccination programme](#) in England have been falling over the past decade across all vaccines, including whooping cough, measles, mumps and rubella, polio, meningitis and diphtheria - with England no longer having the levels of population immunity recommended by the World Health Organization that is needed to prevent outbreaks. Crucially, lower vaccine uptake within communities is directly linked to wider health inequalities.

Professor Dame Jenny Harries, Chief Executive of UKHSA, said:

We need an urgent reversal of the decline in the uptake of childhood vaccinations to protect our communities. Through this campaign we are particularly appealing to parents to check their children’s

vaccination status and book appointments if their children have missed any immunisations. The ongoing measles outbreak we are seeing is a reminder of the very present threat.

While the majority of the country is protected, there are still high numbers of children in some areas that continue to be unprotected from preventable diseases. It is not just their own health that can suffer, but other unvaccinated people around them such as school friends, family and those in their community could also experience serious infections.

Unless uptake improves we will start to see the diseases that these vaccines protect against re-emerging and causing more serious illness.

Health Minister Maria Caulfield said:

Parents want what is best for their children – and that includes the vital protection that vaccines provide from preventable diseases.

This campaign is an important step to engage local communities and highlight the importance of immunisation, as diseases like measles are not illnesses of the past. We want to make sure parents know how and where they can get essential jabs for their children as quickly as possible.

I want to encourage parents to get their children immunised, particularly if they are behind on their immunisation schedule. Please check your children's vaccination record and book in an appointment to get the jabs they need.

To counter this decline, UKHSA is co-ordinating its national marketing campaign with an [NHS operational MMR catch up campaign](#). Areas with low uptake will be a focus for support and parents of children aged from six to 11 years will be contacted directly and urged to make an appointment with their child's GP practice for any missed MMR vaccines.

In addition to the TV advert, the campaign will be seen across a range of channels and formats including radio advertising, digital display, online and on social media. Additional advertising will be seen in the West Midlands, North West and London where we know there are larger pockets of low uptake. The campaign will be supported by a number of key stakeholders, including local authorities and NHS organisations.

The World Health Organization recently repeated their warning on the growing measles threat due to sub-optimal vaccination rates well below the 95% target, highlighting that more than half the world faces high measles risk. This includes [Europe](#), where it warns of the high probability of importation from areas experiencing high circulation and the fact that the seasonal peak of the virus could be seen in the coming months.

UKHSA Chief Executive, Professor Dame Jenny Harries, will be in the North West region today to launch the campaign – visiting sites in Manchester and Liverpool. Parts of the region have some of the lowest uptake rates in the country for some childhood vaccines and local health partners have helped to develop the campaign. She will visit a GP vaccination clinic in Salford to see their on-going work to catch up children who have missed out on MMR vaccines; as well as meeting local stakeholders, including attending a learning event in Liverpool, organised by Liverpool City Council and the Liverpool School of Tropical Medicine, to hear about the work of the Health Equity Liverpool Project. The project brings together healthcare workers and community representatives to find solutions to local health issues and they will be sharing their recent work on ways to increase immunisation in the city.

Steve Russell, National Director for Vaccinations and Screening at NHS England, said:

The MMR vaccination offers the best protection against becoming seriously unwell, and while an increase in measles cases is a global issue, the NHS in England is doing all it can to ensure people have the best

possible protection, which is why we have expanded our MMR catch up campaign even further in recent weeks and have been contacting hundreds of thousands of families, urging them to come forward.

Two doses are needed to get maximum protection, so as well as sending reminders to parents and guardians of children up to five who have yet to get full protection, the NHS has been asking all parents and guardians of children aged six to 11 who have missed one or more doses of the MMR vaccine to book a catch up at their GP practice, or through MMR pop-ups in schools and other convenient places.

Measles is a serious illness, and in some cases can lead to having to be admitted to hospital for treatment, so the message is clear: if you or your young ones aren't vaccinated, you aren't protected, and it is vital you come forward as soon as possible for the MMR jab.

Dr Linda Charles-Ozuzu, Regional Director of Commissioning for NHS England North West, said:

Routine vaccinations have been given to generations of children and are proven to be effective at preventing serious childhood illnesses.

They also protect those who are too young to be vaccinated and people who are vulnerable such as those who are immunocompromised, who benefit from the 'herd immunity' that happens when the majority of the population are vaccinated.

That's why we've been so concerned to see parts of the North West experiencing low vaccination rates that are below the recommended levels.

With the health of some children at risk because of falling vaccination rates, we really hope this campaign will help to remind parents about the important role childhood vaccines play and encourage them to bring their children forward when they are invited.

Here are the national measles guidelines

<https://assets.publishing.service.gov.uk/media/65ddd0e9f1cab300lafc4774/national-measles-guidelines-Feb-2024.pdf>



UK Health  
Security  
Agency

# National measles guidelines

February 2024





Here's a recent news article about a national campaign to be launched

<https://www.bbc.co.uk/news/health-68424365>

### **What is an outbreak?**

An outbreak is defined as 2 or more epidemiologically linked cases that occur within one incubation period of each other (that is the second case occurs between 7 and 21 days of the first case)

### **What to do if there a case?**

Confirmed and likely cases should be excluded from nursery or school for the infectious period (from 4 days before rash onset and for a further 4 full days) Given the high risk of secondary infection following measles, it is advisable to return to nursery or school only after full recovery.

Consideration and advice should be taken with regard to unvaccinated or vulnerable children and adults.

Please notify likely or confirmed cases to

- **UKHSA South London Health Protection Team**  
Tel : 0300 303 0450 / Out of hours advice 0300 303 0450  
Email : phe.slhpt@nhs.net
- **Early Years and Childcare**  
Email : childcare-support@royalgreenwich.gov.uk  
Tel : 020 8921 3877

Further advice

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

**Millions of parents and carers in England are being urged to book their children in for their missed measles, mumps, and rubella (MMR) vaccine as part of a major new NHS drive to protect children from becoming seriously unwell, as measles cases continue to rise across the country.**

The NHS campaign will see all parents of children aged from six to 11 years contacted encouraging them to make an appointment with their child's GP practice for their missed MMR vaccine.

NHS figures show more than 3.4 million\* children under the age of 16 years are either unprotected or not fully protected and at risk of catching these serious and completely preventable diseases.

Last year the NHS sent two million, texts, emails and letters to parents and carers of 1-5 year olds who were unvaccinated and thanks to those efforts, 165,000 doses of MMR vaccine were delivered.

The NHS campaign will target areas with low uptake of the vaccine with the health service contacting just over one million people aged 11 to 25 years-old in London and the West Midlands to invite them to catch up on their missed MMR vaccinations.

**Steve Russell, NHS Director of Vaccinations and Screening, said:** "The NHS is acting quickly to tackle the spread of measles by contacting one million people aged between 11 and 25 across London and the Midlands to urge them to get their vaccine.

"People who are unvaccinated can get catch-up jabs at MMR pop-ups in schools and other convenient places while GPs, teachers and trusted community leaders are encouraging groups that are less likely to get their jab to come forward.

“All this builds on the national MMR catch-up campaign the NHS rolled out at the beginning of winter, with text, email and letter reminders sent out to parents and guardians of children up to five who have yet to get full protection.

“Measles is a serious illness, with one in five children who get the disease having to be admitted to hospital for treatment, so if you or your child have not had your MMR jab, it is vital you come forward”.

Measles is not just a childhood disease and can be serious at any age. If caught during pregnancy it can be very serious causing stillbirth, miscarriage and low birth weight and NHS bosses are urging young adults to catch up on any missed doses before thinking about starting a family.

Two doses of the safe and effective MMR vaccine are needed for maximum life-long protection, with the first dose given around the child’s first birthday, and the second dose given at around three years and four months old.

However, anyone can catch up at any age on any missed doses and it’s never too late to protect yourself. The vaccine doses are typically given via a single injection into the muscle of the thigh or upper arm and are usually delivered with their other one year and preschool vaccinations.

The NHS campaign is being supported by Samantha Murray-James from Cheshire, mum of 16 months old Lucca.

**Samantha said:** “I’d heard stories from my grandmother about measles and how she nursed her children in a darkened room to stop them going blind with it in the 1950s, but didn’t think it was still a problem now. When I heard that measles was making a come back in the news I was worried about my son, Lucca who was just a few months old. As soon as my GP invited me around his first birthday I booked him an appointment to get his first MMR vaccine. The nurse reassured us both and it has put my mind at rest to know he is now protected”.

Measles, mumps and rubella are highly infectious illnesses that can easily spread between unvaccinated people.

Complications from measles, mumps and rubella can be potentially life changing including blindness, deafness and swelling of the brain (encephalitis).

Analysis shows one infected child in a classroom can infect up to nine other unvaccinated children, making it one of the most infectious diseases worldwide; and [more infectious than COVID-19](#). Meanwhile, one in five children with measles, will need to be admitted to hospital for treatment.

**Dr Gayatri Amirthalingam, UK Health Security Agency Consultant Medical Epidemiologist**

**said:** “The continuing downward trend in the uptake of routine childhood vaccinations is a serious concern. The diseases that these vaccines protect against, such as measles, can be life-changing and even deadly. No parent wants this for their child especially when these diseases are easily preventable.

“We now have a very real risk of measles outbreaks across the country. Please don’t put this off, check now that your children are fully up to date with both their MMR jabs and all their routine vaccines, and do take up the offer as soon as possible if you are contacted by your GP practice or the NHS for your child to catch up”.

Data shows the MMR vaccine is safe and very effective. After two doses:

- around 99% of people will be protected against measles and rubella
- around 88% of people will be protected against mumps

This latest campaign follows on from an NHS polio and MMR catch-up campaign, which targeted un-or-partially-vaccinated children aged one to 11 years in London, rolled out at the end of March through GP practices, primary schools and community vaccination clinics.

**Health Minister Maria Caulfield said:** “Measles is a serious but entirely preventable disease.

“The MMR vaccine is proven to be safe for youngsters and offers lifelong protection.

“I’m urging everyone whose child is not yet fully vaccinated to come forward and get them protected as soon as possible”.

Parents and carers can find out more about the different vaccines their child should have and when by visiting [www.nhs.uk](http://www.nhs.uk) and searching for ‘[NHS vaccinations and when to have them](#)’.

[Visit NHS.uk for information about booking your child’s vaccination appointment.](#)

\* The 3.4 million figure, based on NHS management data, is the number of children aged 12 months to 16 years in the groups the NHS is targeting with its catch up campaign, who are eligible for either one or two doses of the MMR vaccine but have not yet received it. This figure was calculated at a single point in time and is subject to change as people become eligible and receive vaccinations.



Press release

## Whooping cough infections rise

553 new cases of whooping cough confirmed in January.

<https://www.gov.uk/government/news/whooping-cough-infections-rise>

New [data](#) published today by the UK Health Security Agency (UKHSA) shows there has been a continued increase in pertussis (whooping cough) cases at the start of this year, with 553 confirmed in England in January, compared with 858 cases for the whole of last year (2023).

The increase in whooping cough across England is occurring after a prolonged period of low case numbers due to restrictions and reduced social mixing patterns during the COVID-19 pandemic. We know that cases of whooping cough rise cyclically every few years, with the last peak year, 2016, recording 5,949 cases. The current increase is coming at a time when there has been a steady decline in uptake of the vaccine in pregnant women and in children.

In response to increasing case numbers, the UKHSA is reminding mums-to-be to get protected against whooping cough so that their young baby has protection from birth against this serious disease and to ask their midwife if they are unsure. UKHSA is also urging parents to check that their children are vaccinated against whooping cough, which is offered to all infants at 8, 12 and 16 weeks of age (as part of the 6-in-1 combination vaccine) with an additional dose included in the pre-school booster vaccine.

This reminder is part of the UKHSA’s new [Childhood Immunisation Campaign](#) urging parents to check the vaccination status of their children against measles and other serious diseases, which went live across a range of media channels at the start of this week. Parents are being asked to respond to invites from the NHS or to book an appointment with their GP practice if their child has not received all their routine vaccines.

Data for January show that there were 22 infants aged under 3 months diagnosed with whooping cough. These infants, who are too young to be fully vaccinated, are at greater risk of severe disease, including death. UKHSA is strongly encouraging expectant mothers to take up the maternal vaccine. Vaccination of pregnant women is 97% effective at preventing death in young infants from whooping cough.

As a result of the rising cases in 2024, the UKHSA has also moved to a monthly reporting cycle for whooping cough infections to provide timely information on disease rates across the country to help local public health teams respond to outbreaks and to support the health professionals delivering the routine NHS Childhood Vaccination Programme.

Dr Gayatri Amirthalingam, Consultant Epidemiologist at UK Health Security Agency, said:

Whooping cough can affect people of all ages but for very young infants, it can be particularly serious. However, vaccinating pregnant women is highly effective in protecting babies from birth until they can receive their own vaccines. Parents can also help protect their children by ensuring they receive their vaccines at the right time or catching up as soon as possible if they have missed any. If you're unsure, please check your child's red book or get in touch with your GP surgery.

Steve Russell, National Director for Vaccinations and Screening at NHS England, said:

With whooping cough on the rise, it is important that families come forward to get the protection they need.

If you are pregnant and have not been vaccinated yet, or your child is not up-to-date with whooping cough or other routine vaccinations, please contact your GP as soon as possible, and if you or your child have symptoms ask for an urgent GP appointment or get help from NHS 111.

The new campaign comes after a steady decline over the past decade in uptake of all childhood vaccinations offered through the routine NHS programme in England. The number of 2-year-olds who completed their 6-in-1 vaccinations as of September 2023 is 92.9%, compared to 96.3% in March 2014. Uptake of the maternal pertussis vaccine, offered to women in every pregnancy, has also dropped from over 70% in September 2017 to around 58% in September 2023.

Whooping cough, clinically known as pertussis, is a bacterial infection which affects the lungs. The first signs of infection are similar to a cold, such as a runny nose and sore throat, but after about a week, the infection can develop into coughing bouts that last for a few minutes and are typically worse at night. Young babies may also make a distinctive "whoop" or have difficulty breathing after a bout of coughing.

If anyone in your family is diagnosed with whooping cough, it's important they stay at home and do not go into work, school or nursery until 48 hours after starting antibiotics, or 3 weeks after symptoms start if they have not had antibiotics. This helps to prevent the spread of infection, especially to vulnerable groups. However, vaccination remains the best protection for babies and children.

UK Health Security Agency press office

10 South Colonnade  
London  
E14 4PU

Email [ukhsa-pressoffice@ukhsa.gov.uk](mailto:ukhsa-pressoffice@ukhsa.gov.uk)

**News article**

<https://www.bbc.co.uk/news/health-68504615>



## 100-day cough

In September 2023, the number of two-year-olds who completed their routine six-in-one vaccinations, which includes protection against pertussis, was 92.9%, compared with 96.3% in March 2014.

Uptake of the maternal pertussis vaccine, offered to women in every pregnancy, also dropped - from over 70% in September 2017 to about 58% in September 2023.

- [Check if your child has whooping cough](#)

The first signs of whooping cough are similar to a cold, with a runny nose and sore throat.

But after about a week, the infection can develop into coughing bouts that last a few minutes and are typically worse at night.

Young babies may also make a distinctive "whoop" or have difficulty breathing after a bout of coughing.

The bacteria spread through coughs and sneezes, so experts advise members of a family in which it has been diagnosed to stay at home until three weeks after the symptoms began or 48 hours after the patient started taking antibiotics.

NHS England national director for vaccinations and screening Steve Russell said: "With whooping cough on the rise, it is important that families come forward to get the protection they need.

"If you are pregnant and have not been vaccinated yet or your child is not up-to-date with whooping cough or other routine vaccinations, please contact your GP as soon as possible.

"And if you or your child have symptoms ask, for an urgent GP appointment or get help from NHS 111."



<https://www.nhs.uk/conditions/whooping-cough/>

## Whooping cough

**Whooping cough (pertussis) is a bacterial infection of the lungs and breathing tubes. It spreads very easily and can sometimes cause serious problems. It's important for babies and children to get vaccinated against it.**

### Check if you or your child has whooping cough

The first signs of whooping cough are similar to a [cold](#), such as a runny nose and sore throat (a high temperature is uncommon).

After about a week, you or your child:

- will get coughing bouts that last for a few minutes and are worse at night
- may make a "whoop" sound – a gasp for breath between coughs (young babies and some adults may not "whoop")
- may have difficulty breathing after a coughing bout and may turn blue or grey (young infants)
- may bring up a thick mucus, which can make you vomit
- may become very red in the face (more common in adults)

The cough may last for several weeks or months.

## Ask for an urgent GP appointment or get help from NHS 111 if:

- your baby is under 6 months old and has symptoms of whooping cough
- you or your child have a very bad cough that is getting worse
- you've been in contact with someone with whooping cough and you're pregnant
- you or your child has been in contact with someone with whooping cough and have a weakened immune system

Whooping cough can spread very easily. It's best to call the GP before you go in. They might suggest talking over the phone.

[Check symptoms on 111 online](#) (for children aged 5 and over) or call 111 (for children under 5).

## Call 999 or go to A&E if:

- your or your child's lips, tongue, face or skin suddenly turn blue or grey (on black or brown skin this may be easier to see on the palms of the hands or the soles of the feet)
- you or your child are finding it hard to breathe properly (shallow breathing)
- you or your child have chest pain that's worse when breathing or coughing – this could be a sign of pneumonia
- your child is having seizures (fits)

## Important

Stay off school, work or nursery until 48 hours after starting antibiotics, or 3 weeks after your symptoms started if you've not had antibiotics.

### The whooping cough vaccine

The whooping cough vaccine protects babies and children from getting whooping cough. That's why it's important to have all the [routine NHS vaccinations](#).

The whooping cough vaccine is routinely given as part of the:

- [6-in-1 vaccine](#) – for babies at 8, 12 and 16 weeks
- [4-in-1 pre-school booster](#) – for children aged 3 years 4 months

If you're pregnant you should also have the whooping cough vaccine – ideally between 16 and 32 weeks.

[Find out more about the whooping cough vaccination in pregnancy](#)

# NHS vaccinations and when to have them

## NHS vaccination schedule

### Vaccines for babies under 1 year old

Age	Vaccines
8 weeks	<a href="#">6-in-1 vaccine</a> <a href="#">Rotavirus vaccine</a> <a href="#">MenB vaccine</a>
12 weeks	<a href="#">6-in-1 vaccine</a> (2nd dose) <a href="#">Pneumococcal vaccine</a> <a href="#">Rotavirus vaccine</a> (2nd dose)

## Vaccines for babies under 1 year old

Age	Vaccines
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16 weeks	<a href="#">6-in-1 vaccine</a> (3rd dose) <a href="#">MenB vaccine</a> (2nd dose)
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## Vaccines for children aged 1 to 15

Age	Vaccines
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1 year	<a href="#">Hib/MenC vaccine</a> (1st dose) <a href="#">MMR vaccine</a> (1st dose) <a href="#">Pneumococcal vaccine</a> (2nd dose) <a href="#">MenB vaccine</a> (3rd dose)
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2 to 15 years	<a href="#">Children's flu vaccine</a> (every year until children finish Year 11 of secondary school)
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3 years and 4 months	<a href="#">MMR vaccine</a> (2nd dose) <a href="#">4-in-1 pre-school booster vaccine</a>
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12 to 13 years	<a href="#">HPV vaccine</a>
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14 years	<a href="#">3-in-1 teenage booster vaccine</a> <a href="#">MenACWY vaccine</a>
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## Vaccines for pregnant women

During flu season [Flu vaccine](#) From 16 weeks pregnant [Whooping cough \(pertussis\) vaccine](#)





# HELP PAYING FOR YOUR CHILDCARE



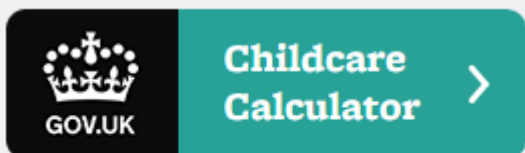
An online application is quick and easy

You get an immediate response on whether you are eligible for a place



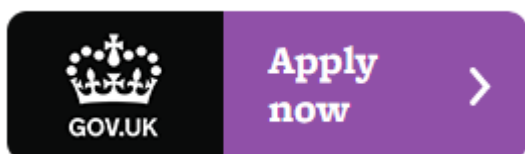
Access the online portal

<https://tinyurl.com/Together-for-Twos>



Get an **estimate** of how much help you can get with Tax-Free Childcare and other offers.

<https://www.gov.uk/childcare-calculator>



<https://www.gov.uk/apply-for-tax-free-childcare>  
<https://www.gov.uk/apply-30-hours-free-childcare>

## Childcare Choices

<https://www.childcarechoices.gov.uk/>

Here is the link to some videos from Childcare Choices which you can share on your social media

<https://www.childcarechoices.gov.uk/providers/guidance-and-resources/social-media/short-films-2022/>

# HOW MANY HOURS OF CHILDCARE CAN YOU GET PER WEEK?

Age  
**3-4**  
years

Age  
**2**  
years

Age  
**9-23**  
months

**ALL PARENTS**

<b>15 HOURS</b>	<b>15 HOURS</b>	<b>15 HOURS</b>	<b>15 HOURS</b>
Now	APR 2024	SEP 2024	SEP 2025

**FAMILIES RECEIVING SOME ADDITIONAL FORMS OF GOVERNMENT SUPPORT**

<b>15 HOURS</b>	<b>15 HOURS</b>	<b>15 HOURS</b>	<b>15 HOURS</b>
Now	APR 2024	SEP 2024	SEP 2025

**WORKING FAMILIES**

<b>15 HOURS</b>	<b>30 HOURS</b>
SEP 2024	SEP 2025

**WORKING FAMILIES**

<b>30 HOURS</b>	<b>30 HOURS</b>	<b>30 HOURS</b>	<b>30 HOURS</b>
Now	APR 2024	SEP 2024	SEP 2025

**WORKING FAMILIES**

<b>15 HOURS</b>	<b>15 HOURS</b>	<b>30 HOURS</b>
APR 2024	SEP 2024	SEP 2025

Over 38 weeks a year

Providers may apply additional charges.

Sign up on Childcare Choices for updates [Upcoming changes to childcare support | Childcare choices](#)

## Keeping Children Safe

### Contact Children's Services

Emergency Duty Team (out of office hours only): 020 8854 8888

Referral team: 020 8921 3172

Email: [mash-referrals@royalgreenwich.gov.uk](mailto:mash-referrals@royalgreenwich.gov.uk)

**You don't need to be sure that a child or young person has been abused - it's OK to report a suspicion.**

#### Early Years & Childcare



020 8921 3877



[childcare-support@royalgreenwich.gov.uk](mailto:childcare-support@royalgreenwich.gov.uk)



GREENWICH  
**Safeguarding  
Children**  
PARTNERSHIP



020 8921 4477



[safeguardingchildren@royalgreenwich.gov.uk](mailto:safeguardingchildren@royalgreenwich.gov.uk)

#### LADO



020 8921 3930



[childrens-LADO@royalgreenwich.gov.uk](mailto:childrens-LADO@royalgreenwich.gov.uk)

Ofsted: 0300 123 4666 / [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)

DBS Regional Office: 0300 105 3081 / [Kiranpreet.rehal@db.gov.uk](mailto:Kiranpreet.rehal@db.gov.uk)

[DBSRegionaloutreach@db.gov.uk](mailto:DBSRegionaloutreach@db.gov.uk)



Prevent Team 020 8921 8340



[prevent@royalgreenwich.gov.uk](mailto:prevent@royalgreenwich.gov.uk)

This is the Greenwich Domestic Violence and Abuse Service.



Telephone: 020 8317 8273



Email: [info\\_gdva@h4w.co.uk](mailto:info_gdva@h4w.co.uk)

All children in Royal Greenwich, regardless of their background and circumstances, should have a happy and fulfilled childhood where they enjoy school and family life, learn, belong, grow and achieve so that they enter adulthood ready, willing and able to achieve their highest potential.



## Free Safeguarding Bitesize Webinars

[Courses \(royalgreenwich.gov.uk\)](https://royalgreenwich.gov.uk)



Please complete evaluation to receive a copy of the presentation/certificate.

State name of training



<https://forms.gle/PokLJjx5Ku54xavVV9>

If you missed it, click on the links below to watch – remember to do the evaluation if you want a certificate and the handout! The QR code will be in the video and in the YouTube notes

- [Female Genital Mutilation](#)
- [LADO Managing Allegations](#)
- [Emergency Planning](#)
- [Child Exploitation](#)
- [Fabricated Illness](#)
- [Child Abuse Linked to Faith & Belief](#)

## Learning from case review briefings

Case reviews featuring issues including neurodiversity, sudden infant death, disguised compliance, and suicide as well as non-accidental injuries, criminal exploitation, child neglect and domestic abuse.

[Child safeguarding practice review: Lilo.](#)

Lewisham Safeguarding Children Partnership (2023)

[Local child safeguarding practice review \(LCSPR\) Isabel.](#)

Medway Safeguarding Children Partnership (2023)

[Child safeguarding practice review: Harry \(TT\): overview report.](#)

Slough Safeguarding Partnership (2023)

[Child safeguarding practice review: Child “Rowan”.](#)



Surrey Safeguarding Children Partnership (2023)

[Child safeguarding practice review: Child P.](#)

Essex Safeguarding Children Board (2022)

[Child safeguarding practice review: learning identified from considering Ted.](#)

Southampton Safeguarding Children Partnership (2022)

[Report of the safeguarding children practice review regarding C101.](#)

Torbay Safeguarding Children Partnership (2023)

[Local child safeguarding practice review: Samuel, Shay and Joy.](#)

Pan Dorset Safeguarding Children Partnership (2023)

[Child safeguarding practice review report: thematic review: which examines the multi-agency response in the Luton area, to keeping young people safe from risks related to exploitation, violent youth crime and gang associations.](#)

Luton Safeguarding Children Partnership (2023)

[Report of the serious case review regarding Child V.](#)

East Sussex Safeguarding Children Partnership (2023)

[Thematic review: babies who sustained injuries.](#)

Bradford District Safeguarding Children Partnership (2023)

[Local child safeguarding practice review: commissioned by The Bradford Partnership – concerning Child A.](#)

Bradford District Safeguarding Children Partnership (2023)

**NSPCC thematic briefings** highlight the learning from [case reviews](#) that are conducted when a child dies or is seriously injured and abuse or neglect are suspected.

Each briefing focuses on a different topic, pulling together key risk factors and practice recommendations to help practitioners understand and act upon the learning from case reviews.

Download the learning from case review briefings by clicking on the links

## **Types of abuse**

[Child sexual abuse](#)

[Child sexual exploitation](#)

[Domestic abuse](#)

[Harmful sexual behaviour](#)

[Neglect](#)

[Online harm and abuse](#)

## **Children or families at risk**

[Child mental health](#)

[Culture and faith](#)

[d/Deaf children and children who have disabilities](#)

[First generation immigrants, asylum seekers and refugees](#)

[Infants](#)

[Parents with a mental health problem](#)

[Parents with substance use problems](#)

[People whose first language is not English](#)

[Suicide](#)

[Unseen men](#)

[Teenagers](#)

[Young parents](#)

## Challenges to professional practice

[Disguised compliance](#)

[Returning children home from care](#)

## Learning for specific sectors

[Early years sector](#)

[Education](#)



<https://learning.nspcc.org.uk/media/r0vgnjlq/key-provisions-working-together-safeguard-children-2023.pdf>

## Working together to safeguard children 2023: summary of changes

The Department for Education (DfE) published a new edition of its statutory guidance Working together to safeguard children in December 2023.

This 2023 edition replaces Working together to safeguard children 2018, which underwent a limited factual update in 2020.

The guidance outlines what organisations and agencies must and should do to help, protect and promote the welfare of all children and young people under the age of 18 in England. This briefing outlines the main changes in the 2023 edition, including updates around:

- multi-agency expectations for all practitioners
- working with parents and families
- clarifying the roles and responsibilities of safeguarding partners
- the role of education and childcare providers
- multi-agency practice standards
- support for disabled children
- tackling harm that occurs outside the home.



### **Returning children home from care: learning from case reviews**

*Summary of risk factors and learning for improved practice for reunification*

Returning children home from care: learning from case reviews

Returning a child home to their family following a stay in local authority care can be a time of great change for both the child and their family.

The learning from case reviews highlights the need for professionals to thoroughly assess risk, protective factors and parental capacity, make clear preparations for the return, and share information with professionals working in other agencies. They also need to provide support for the child and family and continue to monitor the child's safety and wellbeing before, during and after the return.

This briefing is based on a sample of case reviews published between 2016 and 2023 which have highlighted lessons for returning children home from care.

<https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/returning-children-home-from-care/>



## Creating safer spaces online for children

<https://learning.nspcc.org.uk/online-safety>

Every child deserves to be, and feel, safe online.

The online world creates many opportunities for children and young people, providing a place where they can communicate, learn and play. But there are also risks.

So it's important that everyone working and volunteering with children and young people has the confidence and skills to help keep them safe online.

Our online safety resources, guidance and training are designed to help you create and maintain safer online spaces for children.

NSPCC Learning has published a new page bringing together online safety information for people working or volunteering with children. New and updated content includes: preventing online harm and abuse; responding to online abuse; and social media, online communities and safeguarding.

# Example of an online safety policy statement

<https://learning.nspcc.org.uk/media/1600/online-safety-policy-statement-example.pdf>

Every organisation that works with children needs to have an online safety policy statement, which sets out your commitment to keeping children and young people (as well as staff and volunteers) safe online. You should also set out your expectations about how children and young people should use the internet safely within your organisation.

We've created an example online safety policy statement and an example online safety agreement, which you should tailor according to the context of your organisation.

These should form part of your overall child protection and safeguarding measures and be used alongside a set of more detailed procedures and an overarching code of conduct for keeping children safe online.





# Example of an online safety agreement for use with young people



<https://learning.nspcc.org.uk/media/1599/online-safety-agreement-example.pdf>

## Online safety news

The UK Safer Internet Centre has published new research on online safety examining the experiences and opinions of children and their parents/carers. Findings from a survey of 2,008 parents and their children aged 8-17 include: 74% of parents and carers are worried about the fast-changing online world as posing safety risks to their child; 60% of 8-17-year-olds who say they have used generative Artificial Intelligence (AI) believe it has online safety risks; and 48% of 8-17s think changing technology is making it harder for them to control who can access information about them online.

Read the news story: [Almost half of children and three quarters of parents and carers are worried about safety risks amidst fast-paced technological developments such as genAI.](#)

Download the report: [Safer Internet Day 2024 research](#)

## Child mental health

NSPCC Learning has published a Helplines insight briefing on mental health exploring children and young people's experiences as in-patients. The briefing includes what young shared with Childline about being sectioned or hospitalised for their mental health. Key themes include: admittance to in-patient care, voluntarily or after being sectioned; involvement in care decisions while in hospital; and the after-effects of having been hospitalised.

[Young people's experiences of in-patient mental health care](#)

The Association for Child and Adolescent Mental Health (ACAMH) has published a new podcast on parental and child mental health. The podcast discusses the impact of parental depression and risk factors for anxiety and depression in their children in childhood and adulthood.

**Podcast:** [Mood and anxiety disorders in the children of depressed parents](#)

[Following the children of depressed parents from childhood to adult life: a focus on mood and anxiety disorders](#)

The Royal College of Psychiatrists has published a news story on mental health support for children and young people in England. An analysis of data from NHS Digital finds that over the past four years, psychiatrists and their teams have seen a 53% increase in the number of children in mental health crisis, who need emergency support.

[“We cannot allow childhood mental illness to become the new norm” – RCPsych](#)

Stem4 has conducted a survey into the mental health of children and young people across the UK. Findings from a sample of 1,025 young people include: 28% of 12- to 18-year-olds had avoided school or college in the past 12 months due to anxiety; 48% said they were suffering mental health distress, and among those who said they were experiencing mental health issues, 50% had missed school because they were too anxious to go.

[Nearly a third of UK secondary pupils avoid school due to anxiety, survey finds](#)

## [Stem4](#)



<https://www.lullabytrust.org.uk/safer-sleep-advice/>

Safer Sleep Week is a national campaign which takes place annually in March. Below are a few ideas for how you can help this Safer Sleep Week:

### **Safer Sleep Display**

Create a display of our safer sleep materials in your local health or childcare setting

### **Hold a coffee morning**

Organise a coffee morning and provide [safer sleep leaflets](#) or even play [safer sleep videos](#) during the event.

## Child deaths

The BBC has released a new Panorama episode focusing on sudden unexplained deaths in children in the UK. The documentary explores how this sometimes results in accusations of harm and examines relevant research.

[Sudden child deaths: the search for answers](#)

[BBC iPlayer: Panorama](#)

### **Parents with substance use problems: learning from case reviews**

#### **Summary of risk factors and learning for improved practice around parents with substance use problems**

Case reviews highlight that professionals often focus on the issues faced by parents with substances use problems without considering the impact on their children.

Problem substance use by a parent or carer is widely recognised as one of the factors that puts children more at risk of harm. The biggest risk posed to children is that parents, when under the influence of drugs or alcohol, are unable to keep their child safe (including overlay through co-sleeping and accidents caused through lack of supervision).

This briefing looks at case reviews published between 2022 and 2023, where parental substance use problems were a key factor. Many of the learning and recommendations contained in the serious case reviews repeat lessons from numerous other reviews. Reviews emphasise that professionals need to conduct child-centred assessments and continue to reassess the potential risks that children face in households experiencing problems with substance use.

<https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/parents-substance-use-problem>



## Why language matters: why we shouldn't talk about the 'risky behaviour' of young people experiencing abuse

<https://learning.nspcc.org.uk/news/why-language-matters/risky-behaviour-young-people-experiencing-abuse>



*[From the NSPCC'S Library and Information Service specialists](#)*

Taking risks is an important part of growing up. It helps young people discover who they are, expand their skills and develop their independence.

Case reviews [often identify](#) professionals focusing on the 'risky behaviour' of teenagers experiencing abuse or exploitation. This includes a case in which a teenage girl who was sexually exploited was described as, "leading a lifestyle that puts her at serious risk of significant sexual, physical and emotional harm",<sup>1</sup> and another in which a boy experiencing criminal exploitation was consistently referred to in assessments as, "placing himself at risk of harm".<sup>2</sup>

In the context of abuse and exploitation, a professional focus on risk-taking behaviour can imply that the young person has a level of responsibility for what has happened to them – when in fact abuse is never a young person's fault.

### **Keep the focus on the impact on the child**

Risk is a word that is often used when talking about adolescent behaviour, such as drinking alcohol or staying out late. When the same language is used to talk about signs of exploitation and abuse, such as being given alcohol by adults or repeatedly being found a long way from home, it can minimise the safeguarding concerns involved. This can feed into a wider tendency for professionals to lose sight of the fact that teenagers are children in need of protection.

It can also make young people feel like the harm they've experienced isn't being recognised. As one young person commented, "For me it's the word 'risky'. . .using words like that you can feel that less important, your problems are not important, your trauma is not important".<sup>3</sup>

### **Don't place responsibility on the child**

Language which focuses on 'risky behaviour' implies that, through their actions, young people are choosing to put themselves at risk of harm. It places responsibility on the behaviour of the young person, rather than the person causing them harm. This fails to acknowledge the impact of the abuser's coercive,

controlling or grooming behaviour on the young person. It overlooks the fact that the behaviour being labelled as “risky” is often a product of abuse, and an indicator of safeguarding concerns. It also distracts from the fundamental fact that abuse occurs not because of the young person’s behaviour, but because those who want to harm are motivated to do so.<sup>4</sup>

Making young people feel like they are in some way responsible for their own abuse can add to feelings of self-blame, shame and guilt.<sup>5</sup> It can make them feel less able to speak about what is happening to them and hinder recovery from the trauma they have experienced.

### **Consider the context of the behaviour**

Labelling behaviour as ‘risky’ also overlooks the complexity of the context in which the abuse takes place. Actions which appear ‘risky’ to a professional, could for the young person feel like a form of self-preservation, an attempt to meet unmet needs, or a response to their previous experiences of trauma.<sup>6</sup>

For example, a young person who has experienced abuse in the past might be groomed by someone who appears to offer them the ‘love’ and affection’ they need. Their past experiences of abuse may make it hard for them to recognise that their ‘relationship’ is exploitative or make them feel like they don’t deserve anything better.

### **Address the safeguarding concerns**

When language is centred on the behaviour of the child, it can lead to a professional response which prioritises or overly focusses on addressing that behaviour, rather than meeting safeguarding needs.

Empowering young people with the knowledge and support they need to recognise abusive situations and share what is happening to them is an important part of safeguarding. It requires mutual trust between the professional and the young person and an understanding of the young person’s lived experience. It also needs to be part of a wider response. Keeping the language focused on safeguarding encourages discussions around what needs to be done to tackle the perpetrators’ abusive behaviour and to address the context that allowed abuse to take place.

### **Changing language to help change practice**

Work with young people should always emphasise the fact that the abuse is not their fault, and that responsibility for the abuse sits with their abuser. Talking about experiences from the child’s perspective can help build up a picture of their lived experiences and identify the support and protection they need to help keep them safe.

Instead of talking about the young person’s behaviour, describing the actions of the perpetrator appropriately places the focus on the abuse the young person is experiencing. For example, the Barnardo’s guide to language suggests talking about adults using alcohol to disinhibit children as part of their grooming behaviour, rather than children choosing to spend time drinking with adults.<sup>7</sup>

Changes in language can also help professionals consider the context in which abuse takes place. The Children’s Society suggests talking about there being a lack of protective factors, locations being dangerous or situations reducing children’s safety, rather than describing the child as putting themselves at risk.<sup>8</sup>

Reframing the problem can help professionals consider the wider actions needed to address both the behaviour of the perpetrator and the situations in which abuse takes place. It can enable opportunities to help professionals build up a trusting relationship with the young people they are trying to help and highlights the fact that safeguarding should always be the initial focus of any response.





### Key points

- Talking about a young person's 'risk taking behaviour' in the context of abuse incorrectly implies the child is responsible for the harm they are experiencing. This can lead to a response focused on addressing the child's behaviour, rather than protecting the child from their abusers.
- A child's behaviour is never the reason why abuse happens, the abuser is responsible for the abuse.
- By reframing conversations to focus on the harm young people are experiencing, children can be better protected, and abuse can be more directly addressed.

### NSPCC References

1. Raynes, B. (2016) [Serious case review: overview report in respect of Jeanette \(PDF\)](#). Calderdale: Calderdale Safeguarding Children Board.
2. Vinall, I. (2023) [Local child safeguarding practice review: David \(PDF\)](#). Berkshire West: Berkshire West Safeguarding Children Partnership.
3. Farooq, R. et al (2018) ['Risky child, risky involvement?': Hearing the voice of the child subject to or at risk of sexual exploitation](#). The Child & Family Clinical Psychology Review, 6(9), 52-57.
4. Barnardo's (2023) [Language matters: use of language in child sexual abuse and exploitation practice \(PDF\)](#). [Ilford]: Barnardo's
5. Appiah, A. et al (2021) [Making words matter: attending to language when working with children subject to or at risk of exploitation: a practice and knowledge briefing \(PDF\)](#). Derby: NWG Network
6. Eaton, J. and Holmes, D. (2017) [Working effectively to address child sexual exploitation: evidence scope](#). Dartington: Research in Practice.
7. Barnardo's (2023) [Language matters: use of language in child sexual abuse and exploitation practice \(PDF\)](#). [Ilford]: Barnardo's
8. The Children's Society (2022) [Appropriate language in relation to child exploitation \(PDF\)](#). London: The Children's Society

## Royal Greenwich Children's Services Useful Safeguarding Contacts and Telephone Numbers

<b>Children's Services Front Door (Safeguarding, Social Care &amp; FaASS previously Early Help)</b>	
'Multi Agency Safeguarding Hub' (MASH) <a href="mailto:MASH-referrals@royalgreenwich.gov.uk">MASH-referrals@royalgreenwich.gov.uk</a>	020 8921 3172
Safeguarding Consultation Line	020 8921 2267
Social Care and Safeguarding Emergency Duty Team <a href="mailto:Childrens-Out-Of-Hours@royalgreenwich.gov.uk">Childrens-Out-Of-Hours@royalgreenwich.gov.uk</a>	020 8854 8888
<b>Local Authority Designated Officer - Winsome Collins Service Leader</b>	
<a href="mailto:childrens-LADO@royalgreenwich.gov.uk">childrens-LADO@royalgreenwich.gov.uk</a>	020 8921 3930
Winsome Collins – DO PVLs/ CMs Laura Lhumbis –DO Schools	020 8921 3930
<b>Greenwich Safeguarding Children Partnership</b>	
Greenwich Safeguarding Children Partnership website <a href="http://www.greenwichsafeguardingchildren.org.uk">http://www.greenwichsafeguardingchildren.org.uk</a>	020 8921 4477
<b>Prevent</b>	
Adam Browne – Prevent Co-ordinator	020 8921 8321/ 8340
Confidential Anti-Terrorist Hotline	0800 789 321
<b>Police 999</b>	
CAIT - Child Abuse Investigation Team	0207 230 3705
<b>Ofsted</b>	
Ofsted enquiries, complaints, investigation, and enforcement	0300 123 1231
<b>Royal Greenwich Early Years</b>	
Early Years & Childcare	020 8921 3877
Families Information Service	020 8921 6921
<b>Support, Advice &amp; Signposting</b>	
NSPCC	0808 800 5000/ 0800 136 663
Childline	0800 1111
Samaritans	08457 909090
Family Lives - Parentline	0808 800 2222
Young Minds – Parent Helpline	0808 802 5544
CAMHS	0203 260 5211
Greenwich 0 to 4 Health Visiting Service <a href="mailto:bromh.greenwich0to4@nhs.net">bromh.greenwich0to4@nhs.net</a>	0300 330 5777
Greenwich Local Labour & Business (GLLaB) <a href="mailto:apprenticeships@royalgreenwich.gov.uk">apprenticeships@royalgreenwich.gov.uk</a> <a href="mailto:gllab-jobs@royalgreenwich.gov.uk">gllab-jobs@royalgreenwich.gov.uk</a>	0208 921 2440
<b>Children with Disabilities</b>	
Disabled Children's Social Work & Occupational Therapy	020 8921 2599
Disabled Children's Keyworker Team	020 8921 4939
SEND Assessment & Review Service	020 8921 8029
SEND Outreach Support Services	020 8921 3311