

Supporting Children's Individual Needs

Child care professionals and families share a common goal to provide positive outcomes for children. Partnerships between stakeholders are characterised by communication and consultation between children, families, educators and management. Each partnership is unique and is dependent upon the specific needs, interests and communication styles of the participants.

The relationship between the child's family and the service is crucial to a child's wellbeing, health, development and progress. Children benefit most when this is a trusting and mutually supportive partnership.

When families, educators and management work together and communicate openly, the transition of the child and their family into the service is positive and meaningful. Having extensive knowledge of each child and their family can assist educators to develop strategies that are consistent with home, reflect common values and provide learning opportunities.

The service's Supporting Children's Individual Needs Policy should assist the service to understand the needs of each child and assist in implementing care giving strategies and experiences that are child-focused, strengths based and inclusive.

Linked to National Quality Standards- Quality Areas Two and Five

Policy statement

- * The service recognises that the individual needs of children are important factors in their development and overall wellbeing.
- * The service understands that the individual needs of children can, at times, affect their play and learning, which affects how educators plan for children's experiences.
- * The service is committed to maintaining positive lines of communication when collaborating with children, families, educators and external agencies to meet the individual needs of children.
- * It is understood by educators children and families that there is a shared responsibility between the service and other stakeholders that the Supporting Children's Individual Needs Policy is accepted as a high priority.

Strategies and practices

Individual health needs

The service with educators and management are committed to providing the very best of service to each child and their family. We wish to work with families in the care of each child in the service, to meet this goal we must look closely at the individual needs of every child.

For example, a need can include:

- a medical condition, such as asthma, diabetes or Attention-Deficit Hyperactivity Disorder (ADHD);
- an allergy, such as bee stings or hayfever; or
- a food allergy, such as nuts or lactose.
- * Parents can upon enrolment give the centre information about any medical conditions that may affect the child. This is documented on the child's enrolment form and child background sheet which is then kept by each group leader. It is also clearly displayed in the kitchen as well as the child's room. If at any time after enrolment a parent wishes to add to this they can do so by approaching their child's group leader or centre director.
- * Menu planning will be discussed with parents on a regular basis, via committee meetings, questionnaires, asking for recipes and informal chats with parents.
- * Parents have access to information on nutrition, age appropriate diets and food handling via the parent library, displays in the foyer and hallway, newsletters and brochures.

Confirmation from health care professionals

The centre may require confirmation from health care professionals about children's health needs.

This can include information about:

- the child's current health status;
- medication requirements;
- first aid plan and procedures, for example during an asthma attack; and
- potential adverse reactions to medication.

Allergies

All educators of the centre have a current first aid certificate. Should a child have a known allergy a first aid action plan will be displayed in the child's room. Other educators will also be given a copy of the action plan and be made aware of the child's allergies/ illnesses. All educators will follow the first aid plan and first aid procedures.

Dietary Allergies

The centre will work with parents to ensure that any food allergy is addressed with the assistance of the centre's cook. Each food allergy will be addressed individually and parents throughout the centre will be informed via newsletters and message boards of any need to comply with eliminating specific foods.

Individual developmental needs

Adopting a holistic approach needs to be considered when addressing children's individual needs. A service's practices support children's:

- physical;
- creative;
- language
- independence;
- emotional;
- social; and
- cognitive needs.

Centre educators will spend time observing all children in all areas of development. This is achieved while providing stress-free, success orientated and familiar activities. For example block play, story time, painting and play dough. This allows for an initial assessment of needs to be established, while children become comfortable in their new environment. Programs will then be formulated based on these individual needs.

Dressing and undressing

- * Dressing should be undertaken by children whenever possible. Educators can suggest removal of additional clothing items according to the room temperature however we must always consider the child's cultural and personal needs. Buttons, clips and laces can be attempted and help and positive reinforcement offered. Make this assistance a teaching opportunity rather than a production line activity.
- * Backward chaining is a style of instruction that allows for self help skills to be taught by starting at the end result and working backwards. Once the end result is mastered move to the previous small step. In this way the child ends with success each time and the skill is practiced rather than moving through the task until a new problem is hit thus ending the activity on an unsuccessful tone.
- * Using bed making as an example;
 1. Pull the top sheet up
 2. Put the top sheet on
 3. Place the bottom sheet on
 4. Tuck the bottom sheet in
 5. Remove the sheets from the bag
- * Just start with pulling the top sheet up-praise, praise, praise.
- * Then get the child to put the top sheet on and pull it up- praise, praise, praise
- * Then the child achieves each new step until they are consistently able to achieve the skill.

Healthy eating

- * Educators should sit and eat with the children, rather than standing back and supervising. This is a wonderful time for informal conversation between children and educators on nutrition, meal experiences of families of various cultures and general chat.
- * Most 3-4 year old children are capable of running the entire meal time by themselves and really enjoy doing so. You need to take time to do so and introduce the routine small steps at a time building new skills in during the year. Tasks that may be performed at this time could be;
 - o Setting up tables
 - o Serving meals
 - o Pouring and serving drinks
 - o Collecting used implements
 - o Wiping tables and chairs
 - o Rinsing off dishes in a container of water.
 - o Putting dishes in the racks to go straight in the dishwasher.

A roster of jobs could assist with how these tasks are completed.

Play and learning experiences

- * Resources in all areas should be kept plentiful and stored well for easy access; they should be attractive and in good repair. New items will be purchased periodically.
- * A stimulating program requires creativity of ideas from educators and children. The programme should try to look at familiar activities in new ways- vary the time, presentation, location or add new pieces of equipment.

Rest and sleep

- * Children's individual rest habits will be respected and catered for.
- * Educators will ensure that children are made as comfortable and soothed as possible for rest time. Soft music may be played, children will be given their own bedding and if they choose may have a soft toy or comforter.
- * Children are not forced to have a sleep, and children who are known to require less sleep will be given an opportunity for quiet activities after a specific rest time.
- * Children will be allowed to sleep for as long as they wish and are comforted and attended in a soothing manner when they awake. Dressing and changing children's clothes after rest time is a good opportunity to have a playful interaction with children and for older children a time for self help and independence skills.

Toileting

- * Children's toileting independence should be encouraged when using the toilet. Children are to be offered frequent opportunities for toileting particularly after meal times and sleep periods.
- * No child will be spoken to harshly, yelled at or belittled because they have had an accident. This will be seen as an opportunity for learning. Some children will become very emotional over their accidents and frustrated with toilet training. It may help to say things like "That tricky poo! It wouldn't wait until we made it to the toilet See if we can catch it next time." Children must be handled with dignity as they are cleaned up and their clothing changed. Toileting should become part of the routine and should be a positive experience. When toileting is fun and relaxed, children are more likely to learn more quickly and be proud of their achievements. Under no circumstance should a child be made to sit on the toilet against their will.
- * Correct use of the bathroom should be shown to children just like other areas of the centre the bathroom has rules and guidelines for children. The centre will teach these rules, display photos of children following the steps of using the bathroom appropriately. Other rules to follow will be;
 - o Use an appropriate voice in the bathroom
 - o Use appropriate body movements- no running
 - o Boys should be shown how to lift the seat and how to replace it after use.

- Explain what happens if a child has had an accident.
- Encourage children to flush
- Encourage them to check supplies and let a teacher know.
- Explain the importance of turning off the taps.
- Explain how to wash and dry our hands.
- Praise positive efforts made by individuals for any successful attempt.

Nappy changing

- * For infants the nappy changing time is a good opportunity for warm interactions between educators and children. Please use this time to enhance interactions with the child.

Nose wiping

- * For most children nose wiping can be an uncomfortable feeling. Please encourage independent nose blowing. Young children will require assistance and we encourage educators to use this time as a good opportunity for warm interactions between educators and children.
- * Educators should wear a glove and dispose immediately the glove and tissue.

Toilet training

- * Toilet training is an area where many parents can feel unsure. The centre educators will have regular chats with particular families to provide continuity for the child. Keeping daily nappy charts of both nappy changing and toileting will allow parents to know of the child's toileting habits through the day at the centre. Lots of reassurance and positive reinforcement for the child and showing parents an understanding of the children's needs, will help all concerned during this process.
- * Recognising signs that a child is ready for toilet training:
 - Can sit still for longer than 2 minutes
 - Is of an age where it is reasonable to expect that they may have some control- e.g. over the age of two for bladder control.
 - Can understand simple instructions or simple words or signs.
 - Stays dry for 1-2 hours at a time.
 - Does a reasonable sized wee each time.
 - Appears to dislike being wet.
 - Indicates to you that they are or needs to do a wee.
- * The parent library has several books on toilet training for parents to peruse.

Protective Behaviours and Practices

Educators, carers, students and volunteers as role models

- * Children learn through example and modelling is an important way to teach children about behaviours and practices.
- * Educators, students and volunteers must comply with the Supporting Children's Individual Needs Policy.

Educators/Carer professional development opportunities

- * Educators will undertake professional development on how to meet children's individual needs. This will be outlined on their work plan.

Communication with different stakeholders

Children

- * Children can contribute to the program in so many ways their ideas and thoughts need to be documented and put into practice within their day.

Families

- * The centre uses a variety of methods to communicate with parents about their child's learning within the centre they include;

- Orientation
- 'What we did today" sheets
- Communication books
- Noticeboards
- Newsletters
- Eating/ sleeping charts
- Parent information nights
- Parent teacher interviews
- Centre video with a typical day playing.
- Computer slide shows.

Educators

- * Educators receive communication via;
 - Newsletters
 - Educators appraisals
 - Professional development
 - Informal and Formal meetings
 - Memos
 - Noticeboards
 - Orientation.

Management

- * Will keep in touch with the centre via
 - Telephone
 - Email
 - Fax
 - Centre visits
 - Weekly reports

Policy review

- * The service will review the Supporting Children's Individual Needs Policy and procedures, and related documents, including behaviours and practices every 18 months
- * Families are encouraged to collaborate with the service to review the policy and procedures.
- * Educators are essential stakeholders in the policy review process and will be encouraged to be actively involved.

Procedures

The following are examples of procedures that the centre employs as part of its practices.

- * Employee induction procedure.
- * Policy development and review procedure.
- * Procedure for non-compliance of the Supporting Children's Individual Needs Policy and procedures by a:
 - child;
 - educators;
 - parent or family member; or
 - student/volunteer.
- Student and volunteer induction procedure.

Links to other policies

- * The following are a list of examples:
- * Behaviour guidance
- * Child protection
- * Clothing and comfort
- * Diversity and equity

- * Emergency
- * Employment of child care professionals
- * Enrolment of new children and families to the service
- * First aid
- * Health eating
- * Hygiene and infection control
- * Illness
- * Immunisation
- * Medication
- * Privacy and confidentiality
- * Rest and sleep

Sources and further reading

- Frith, J., Kambouris, N., & O'Grady, O. (2003). *Health & safety in children's centres: Model policies and practices* (2nd ed.). NSW: School of Public Health and Community Medicine, University of New South Wales.
- Matthews, C. (2004). *Healthy children: A guide for child care* (2nd ed.). NSW: Elsevier.
- National Health and Medical Research Council. (2005). *Staying healthy in child care: Preventing infectious disease in child care* (4th ed.). Canberra: Author.
- Oberklaid, F. (2004). *Health in early childhood settings*. NSW: Pademelon Press.
- UNICEF (n.d.). *Fact sheet: A summary of the rights under the Convention on the Rights of the Child*. Retrieved January 18, 2007, from http://www.unicef.org/crc/files/Rights_overview.pdf

Useful Websites

- Centre for Community Child Health - www.rch.org.au/ccch/index.cfm?doc_id=427
- HealthInsite - www.healthinsite.gov.au
- National Health and Medical Research Council - www.nhmrc.gov.au
- NSW Multicultural Health Communication Service - www.mhcs.health.nsw.gov.au
- Raising Children Network - www.raisingchildren.net.au

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