

BEHAVIOUR MANAGEMENT POLICY. Achieving Positive Behaviour

Our setting believes that children flourish best when their personal, social and emotional needs are met and where there are clear and developmentally appropriate expectations for their behaviour.

Children need to learn to consider the views and feelings, needs and rights of others, and the impact that their behaviour has on people, places and objects. This is a developmental task that requires support, encouragement, teaching and setting the correct example. The principles that underpin how we achieve positive and considerate behaviour exist within the programme for promoting personal, social and emotional development.

Procedures

Our Special Education Needs and Disabilities Coordinator (SENDCo) has overall responsibility for supporting personal, social and emotional development, including issues concerning behaviour and will be our behaviour coordinator (BECO).

- We require the named person to:
 - keep her/himself up-to-date with legislation, research and thinking on promoting positive behaviour and on handling children's behaviour where it may require additional support,
 - access relevant sources of expertise on promoting positive behaviour,
 - work closely with in house Early Years Advisor and Owner to ensure all staff have relevant in-service training/knowledge on promoting positive behaviour and that policies and procedures are in place and up to date.
- We recognise that codes for interacting with other people vary between cultures and require staff to be aware of - and respect - those used by members of the setting.
- We recognise that any behaviour has its cause.
- We work in partnership with children's parents. Parents are regularly informed about their children's behaviour. We work with parents to address recurring inconsiderate behaviour, using our observation records (ABCC form) to help us to understand the cause and to decide jointly how to respond appropriately. We create Individual Behaviour Plan (IBP) if needed and share with parents and members of staff.
- We seek advice from outside agencies and work with them closely to achieve best outcomes for child/children.
- We discuss and agree all rules that govern the conduct of the group and behaviour of the children.
- All adults will see that all rules are applied consistently, so that the children have the security of knowing what to expect and can build up positive habits of behaviour.
- All adults are aware that their own friendliness, care and courtesy provide a positive role model for the children.
- We will take positive steps to avoid a situation where a child only receives adult attention in return for undesirable behaviour.
- Physical punishment will neither be used nor threatened.
- Children will never be sent out of the room by themselves.
- Techniques intended to single out and humiliate individual children will never be used.
- When appropriate, a period of come down time with an adult will be given.
- In cases of serious misbehaviour - such as racial or other abuse - the unacceptability of the behaviour and attitudes will be made clear immediately, by means of explanation.

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Children who display positive, considerate behaviour

- Adults will endorse and praise desirable behaviour, such as kindness and willingness to share.
Staff will name positive behaviour ('good boy' for example does not recognise what the child has done).
- Staff will talk to children on what positive impact has it got on others and self and why it is important.
- Staff recognise that praise and positive interaction have impact on child's self-esteem, confidence and it is a great motivator.
- Springwood may use props, such as stickers or certificate to acknowledge behaviour.

Strategies with children who engage in inconsiderate behaviour

- We require all staff, committee members, volunteers and students to use positive strategies for handling any inconsiderate behaviour, by helping children find solutions in ways, which are appropriate for the children's ages and stages of development. Such solutions might include, for example, acknowledgement of feelings, explanation as to what was not acceptable and supporting children to gain control of their feelings so that they can learn a more appropriate response.
- We ensure that there are enough popular toys and resources and sufficient activities available so that children are meaningfully occupied without the need for unnecessary conflict over sharing and waiting for turns.
- We acknowledge considerate behaviour such as kindness and willingness to share.
- We support each child in developing self-esteem, confidence, and feelings of competence.
- We support each child in developing a sense of belonging in our group, so that they feel valued and welcome.
- We avoid creating situations in which children receive adult attention only in return for inconsiderate behaviour.
- When children behave in inconsiderate ways, we help them to understand the outcomes of their actions and support them in learning how to cope more appropriately.
- We do not send children out of the room by themselves, nor do we use a 'naughty chair' strategy that excludes children from the group (unless there is a danger of hurting anyone or the child itself, but never left on their own).
- We use physical restraint, such as holding, only to prevent physical injury to children or adults and/or serious damage to property.
- Details of such an event (what happened, what action was taken and by whom, and the names of witnesses) are brought to the attention of our Behaviour Management and are recorded on Accident/incident Form and Physical Intervention Record Form. The child's parent(s) is informed on the same day – in person or by phone.
- We never use physical or corporal punishment, such as smacking or shaking. Children are never threatened with these.
- We do not use techniques intended to single out and humiliate individual children.
- In cases of serious misbehaviour, such as racial or other abuse, we make clear immediately the unacceptability of the behaviour and attitudes, by means of explanations rather than personal blame.
- We do not shout or raise our voices in a threatening way to respond to children's inconsiderate behaviour.
- Where inconsiderate behaviours are consistent by a child, and are causing a negative impact on other children or staff (such as physically hurting children or staff, the child is smacking children or staff, biting children or staff, or any other forms of physical behaviour like these) we will risk assess the child, we will meet with the child's family to investigate if these behaviours are shown at home. Our aim is to work with the family for the child to remain safe whilst at the setting. With parents' consent we may ask for Portage to be involved to help support the child, and ask employees and parents' to attend courses to support the child. (PPP for parents', biting courses, behaviour management course for children). We aim to meet every child's needs through out each day.

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Children under three years

- When children under three years old behave in inconsiderate ways we recognise that strategies for supporting them will need to be developmentally appropriate and differ from those for older children.
- We recognise that babies and very young children are unable to regulate their own emotions, such as fear, anger or distress, and require sensitive adults to help them do this.
- Common inconsiderate or hurtful behaviours of young children include tantrums, biting or fighting. Staff are calm and patient, offering comfort to intense emotions, helping children to manage their feelings and talk about them to help resolve issues and promote understanding.
- If tantrums, biting or fighting are frequent, we try to find out the underlying cause - such as a change or upheaval at home, frequent change of carers or communication difficulties. Sometimes a child has not settled in well and the behaviour may be the result of 'separation anxiety'.

We focus on ensuring a child's attachment figure in the setting, their key person, is building a strong relationship to provide security to the child.

Rough and tumble play and fantasy aggression

Young children often engage in play that has aggressive themes – such as superhero and weapon play; some children appear pre-occupied with these themes, but their behaviour is not necessarily a precursor to hurtful behaviour or bullying, although it may be inconsiderate at times and may need addressing using strategies as above.

- We recognise that teasing and rough and tumble play are normal for young children and acceptable within limits. We regard these kinds of play as pro-social and not as problematic or aggressive.
- We will develop strategies to contain play that are agreed with the children, and understood by them, with acceptable behavioural boundaries to ensure children are not hurt.
- We recognise that fantasy play also contains many violently dramatic strategies, e.g. blowing up and shooting, and that themes often refer to 'goodies and baddies' and as such offer opportunities for us to explore concepts of right and wrong.
- We are able to tune in to the content of the play, perhaps to suggest alternative strategies for heroes and heroines, making the most of 'teachable moments' to encourage empathy and lateral thinking to explore alternative scenarios and strategies for conflict resolution.
- Parents/carers will be informed if we noticed that child is sharing information or has knowledge on movies or games, etc. that are not appropriate to their age or are distressing to a child.

Hurtful behaviour

We take hurtful behaviour very seriously. Most children under the age of five will at some stage hurt or say something hurtful to another child, especially if their emotions are high at the time, but it is not helpful to label this behaviour as 'bullying'. For young children, hurtful behaviour can be momentary, spontaneous and often without cognisance of the feelings of the person whom they have hurt.

- We recognise that young children behave in hurtful ways towards others because they have not yet developed the means to manage intense feelings that sometimes overwhelm them.
- We will help them manage these feelings as they may have neither the biological means nor the cognitive means to do this for themselves.
- We understand that self-management of intense emotions, especially of anger, happens when the brain has developed neurological systems to manage the physiological processes that take place when triggers activate responses of anger or fear.

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- Therefore, we help this process by offering support, calming the child who is angry as well as the one who has been hurt by the behaviour.
- We do not engage in punitive responses to a young child's rage as that will have the opposite effect.
- Our way of responding to pre-verbal children is to calm them through holding and cuddling. Verbal children will also respond to cuddling to calm them down, but we offer them an explanation and discuss the incident with them to their level of understanding (e.g. using visuals).
- We recognise that young children require help in understanding the range of feelings they experience. We help children recognise their feelings by naming them and helping children to express them, making a connection verbally between the event and the feeling. "Adam took your car, didn't he, and you were enjoying playing with it. You didn't like it when he took it, did you? Did it make you feel angry?" Older children will be able to verbalise their feelings better, talking through themselves the feelings that motivated the behaviour.
- We help young children learn to empathise with others, understanding that they have feelings too and that their actions impact on others' feelings. "When you hit Adam, it hurt him and he didn't like that and it made him cry".
- We help young children develop pro-social behaviour, such as resolving conflict over who has the toy. "I can see you are feeling better now and Adam isn't crying any more. Let's see if we can find another car, so you can both play with one".

We are aware that the same problem may happen over and over before skills such as sharing and turn-taking develop. In order for both the biological maturation and cognitive development to take place, children will need repeated experiences with problem solving, supported by patient adults and clear boundaries.

- We support social skills through modelling behaviour and activities. We build self-esteem and confidence in children, recognising their emotional needs through close and committed relationships with them.
- We help a child to understand the effect that their hurtful behaviour has had on another child; we do not force children to say sorry, but encourage and role model this where it is clear that they are genuinely sorry and wish to show this to the person they have hurt (e.g. but doing something for them or with them).
- When hurtful behaviour becomes problematic, we work with parents to identify the cause and find a solution together. The main reasons for very young children to engage in excessive hurtful behaviour are that:
 - they do not feel securely attached to someone who can interpret and meet their needs – this may be in the home and it may also be in the setting;
 - their parent, or carer in the setting, does not have skills in responding appropriately, and consequently negative patterns are developing where hurtful behaviour is the only response the child has to express feelings of anger;
 - the child may have insufficient language to express him or herself and may feel frustrated;
 - the child is exposed to levels of aggressive behaviour at home, or may be experiencing child abuse; - the child has a developmental condition that affects how they behave.
- Where this does not work, we use the Code of Practice to support the child and family, making the appropriate referrals to a Behaviour Support Team where necessary.
- Where inconsiderate behaviours are consistent by a child, and are causing a negative impact on other children or staff (such as physically hurting children or staff, the child is smacking children or staff, biting children or staff, or any other forms of physical behaviour like these) we will risk assess the child, we will meet with the child's family to investigate if these behaviours are shown at home. Our aim is to work with the family for the child to remain safe whilst at the setting. With parents' consent we may ask for Portage to be involved to help support the child, and ask employees and parents' to attend courses to support the child. (PPP for parents', biting courses, behaviour management course for children). We aim to meet every child's needs through out each day.

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Bullying

We take bullying very seriously. Bullying involves the persistent physical or verbal abuse of another child or children. It is characterised by intent to hurt, often planned, and accompanied by an awareness of the impact of the bullying behaviour.

A child who is bullying has reached a stage of cognitive development where he or she is able to plan to carry out a premeditated intent to cause distress to another.

If a child bullies another child or children we take the following steps:

- We show the children who have been bullied that we are able to listen to their concerns and act upon them.
- We intervene to stop the child who is bullying from harming the other children.
- We explain to the child doing the bullying why her/his behaviour is not acceptable.
- We give reassurance to the child or children who have been bullied.
- We help the child who has done the bullying to recognise the impact of their actions.
- We make sure that children who bully receive positive feedback for considerate behaviour and are given opportunities to practise and reflect on considerate behaviour.
- We do not name the children who bully as 'bullies'.
- We recognise that children who bully may be experiencing bullying themselves, or be subject to abuse or other circumstance causing them to express their anger in negative ways towards others.
- We recognise that children who bully are often unable to empathise with others and for this reason we do not insist that they say sorry unless it is clear that they feel genuine remorse for what they have done. Empty apologies are just as hurtful to the bullied child as the original behaviour.
- We discuss what has happened with the parents of the child who did the bullying and work with them to create IBP.
- We share what has happened with the parents of the child who has been bullied, explaining that the child who did the bullying is being helped to adopt more acceptable ways of behaving.

Physical Handling Policy

Physical handling policy states that all staff within the setting aim to help children take responsibility for their own behaviour. This is done through a combination of approaches, which include:

- positive role modelling
- planning a range of interesting and challenging activities □ setting and enforcing appropriate boundaries and expectations □ providing positive feedback.

However, there are occasional times when a child's behaviour presents particular challenges that may require physical handling. This guidance sets out expectations for the use of physical handling.

There are three main types of physical handling:

Positive handling. The positive use of touch is a normal part of human interaction. Touch might be appropriate in a range of situations:

- giving guidance to children (such as how to hold a paintbrush, or when climbing)
- providing emotional support (such as placing an arm around a distressed child) □ physical care (such as first aid or toileting).

Our staff exercises appropriate care when using touch. There are some children for whom touch would be inappropriate, such as those with a history of physical or sexual abuse, or those from certain cultural groups. Our policy is not intended to imply that staff should no longer touch children.

Physical intervention. Physical intervention can include mechanical and environmental means such as stair gates or locked doors. These may be appropriate ways of ensuring a child's safety.

Restrictive physical intervention. This is when a member of staff uses physical force intentionally to restrict a child's movement against his or her will. In most cases this will be through the use of the adult's body rather than mechanical or environmental methods. Our procedure refers mainly to the use of restrictive bodily physical intervention.

Principles for the use of restrictive physical intervention

Springwood's staff only use restrictive physical intervention in extreme circumstances. It is not the preferred way of managing children's behaviour. Physical intervention is only to be used in the context of a well-established and well implemented positive framework.

We aim to do all that we can in order to avoid using restrictive physical intervention. However there are clearly rare situations of such extreme danger that create an immediate need for the use of restrictive physical intervention. Restrictive physical intervention in these circumstances can be used with other strategies such as saying "stop".

We feel restrictive physical intervention will only be used when staff believe its use is in the child's best interests: their needs are paramount.

All staff have a duty of care towards the children in our setting. When children are in danger of hurting themselves, others or of causing significant damage to property, staff have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "stop!" However, if it is judged as necessary, staff may use restrictive physical intervention.

Physical intervention is used, within the principle of reasonable minimal force. This means using an amount of force in proportion to the circumstances. Staff use as little restrictive force as necessary in order to maintain safety. Staff use this for as short period as possible.

We use Physical intervention when:

- someone is injuring themselves or others
- someone is damaging property
- there is suspicion that, although injury, damage or other wrong doing has not yet happened, it is about to happen.

We use physical intervention if a child is trying to leave the site and it is judged that the child would be at risk. Springwood also uses other protective measures, such as securing the site and ensuring adequate staffing levels. This duty of care also extends beyond the site boundaries: when staff have control or charge of children off site (e.g. on trips).

There may be times when, restrictive physical intervention is justified but the situation might be made worse if restrictive physical intervention is used. If staff judge that restrictive physical intervention would make the situation worse, staff would not use it, but would do something else (like issue an instruction to stop, seek help, or make the area safe) consistent with their duty of care.

We aim to use restrictive physical intervention to restore safety, both for the child and those around him or her. Restrictive physical intervention must never be used out of anger, as a punishment or as an alternative to measures, which are less intrusive and which staff judge would be effective.

Who can use restrictive physical intervention?

Where individual children's behaviour means that they are likely to require restrictive physical intervention, staff should identify members who are most appropriate to be involved, i.e. their Key person. Parents/carers will be called if necessary.

In an emergency, staff do their best within their duty of care and using reasonable minimal force. After an emergency the situation is reviewed and plans for an appropriate future response are made (eg. ABCC form followed by Individual Behaviour Plan, Area INCO referral, etc.) If necessary, the Individual risk assessment will be done, which considers:

- what the risks are
- who is at risk and how
- what can be done to manage the risk

A risk assessment is used to help write the individual behaviour plan that is developed to support a child. If this behaviour plan includes restrictive physical intervention, it will be just one part of a whole approach to supporting a child's behaviour. The behaviour plan should outline:

- an understanding of what the child is trying to achieve or communicate through their behaviour
- how the environment can be adapted to better meet the child's needs
- how the child can be taught and encouraged to use new, more appropriate behaviours
- how the child can be rewarded when he or she makes progress
- how staff respond when the child's behaviour is challenging (responsive strategies).

Staff pay particular attention to responsive strategies. There are a range of approaches such as humour, distraction, relocation, and offering choices, which are direct alternatives to using restrictive physical intervention. Responsive strategies are chosen in the light of a risk assessment, which considers:

- the risks presented by the child's behaviour
- the potential targets of such risks
- preventive and responsive strategies to manage these risks

Springwood will draw from as many different viewpoints as possible when it is known that an individual child's behaviour is likely to require some form of restrictive physical intervention. In particular, the child's parents/carers will be involved with staff from the setting who work with the child, and any visiting support staff (such as e.g. Area Inclusion Co-ordinator, Area SENCOs, Educational Psychologists, Portage workers, the Behaviour Support Team,

Speech and Language Therapists or Social Workers). The outcome from these planning meetings will be recorded and signature will be sought from the parent/carer to confirm their knowledge of the planned approach. These plans will be reviewed at least once every six months or more frequently if there are major changes to the child's circumstances.

Recording and reporting

It is important that any use of restrictive physical intervention is recorded. This should be done as soon as possible and within 24 hours of the incident. **Incident/Accident Form and will be completed along with Physical Intervention Record Form.**

After using restrictive physical intervention, we will inform the parents on the same day – in person or by phone; if parents are not collecting the child on the day of incident the PIR form still must be sign as soon as possible. The copy of the report can be given upon request.

Springwood understands that it can be distressing to be involved in a restrictive physical intervention, whether as the person doing the holding, the child being held, or someone observing or hearing about what has happened. After a restrictive physical intervention, support is given to the child so that they can understand why they were held or restricted in their movements.

Where appropriate, staff may have conversations with other children who observed what happened. In all cases, staff wait until the child has calmed down enough to be able to talk productively and understand this conversation. If necessary, an independent member of staff will check for injury and provide appropriate first aid.

Support is given to the adults who were involved, either actively or as observers. The adults are given the chance to talk through what has happened with the most appropriate person from the staff team.

The key aim of after-incident support is to repair any potential strain to the relationship between the child and the adult that restrained him or her. After a restrictive physical intervention, staff consider reviewing the individual behaviour plan so that the risk of needing to use restrictive physical intervention is reduced.