



## 09 Childcare practice procedures

### 09.12 Promoting positive behaviour

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

This is an unsettling time for young children. Practitioners are alert to the emotional well-being of children who may be affected by the disruption to their normal routine. Where a child's behaviour gives cause for concern, practitioners take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers and the principles of this procedure are adhered to

The setting manager/SENCO will:

- ensure that all new staff attend training on behaviour management such as *Understanding and Addressing Behaviour in the Early Years* (EduCare)
- help staff to implement procedure 09.12 Promoting positive behaviour in their everyday practice
- advise staff on how to address behaviour issues and how to access expert advice if needed

#### **Rewards and sanctions**

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

Rewards such as excessive praise and stickers may provide immediate results for the adult but do not teach a child how to act when a 'prize' is not being given or provide the skills to manage situations and emotions themselves. Instead, a child is taught to be 'compliant' and respond to meet adult expectations to obtain a reward (or for fear of a sanction). If used the type of rewards and their functions must be carefully considered.

Children are never labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group to be left in 'time out' or on a 'naughty chair'. If a child is distressed or causing harm to others, it may help to remove them from the immediate environment where the incident occurred. They should be taken to a quiet area by their key person for up to 5 minutes to help them calm down. If appropriate, the key person can use this time to help the child reflect on what has happened. Physical punishment of any kind is never used or threatened which could adversely affect a child's well-being. If staff become aware that another person has given corporal punishment to a child, they follow 06 Safeguarding children, young people and vulnerable adults procedures. Physical intervention to safeguard a child/children must be carried out as per the guidance in this procedure.

### **Step 1**

- The setting manager, SENCo and other relevant staff members are knowledgeable with, and apply the procedure 09.12 Promoting positive behaviour.
- Unwanted behaviours are addressed using an agreed and consistently applied approach to deescalate situations
- Behaviours that result in concern for the child and/or others must be discussed by the key person, SENCo/setting manager. During the meeting the key person must use their all-round knowledge of the child and family to share any known influencing factors such as a new baby in the family, child and/or parental illness, underlying additional needs to help place the child's behaviour into context.
- Appropriate adjustments to practice must be agreed within the setting. If relevant, a risk assessment should be carried out.
- If the adjustments are successful and the unwanted behaviour does not reoccur or cause concern then normal monitoring can resume.

### **Step 2**

- If the behaviour remains a concern, then the key person and SENCo must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause.
- If a cause for the behaviour is not known or only occurs whilst in the setting, then the setting manager/SENCo must suggest using a focused intervention approach to identifying a trigger for the behaviour such as the ABC approach, i.e. Antecedents – what happened before; Behaviour – what was the behaviour observed; Consequences – what happened after the event.
- If a trigger is identified, then the SENCo and key person must meet with the parents to plan support for the child through a graduated approach via SEN support.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents of the victim of the behaviour and the parents of the perpetrator must be informed. If the setting has applied a

physical intervention, they must follow the guidance as set out below. A record of discussions is recorded and parents are asked to sign.

- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the action plan. Other staff are informed of the agreed interventions and help implement the actions. The plan must be monitored and reviewed regularly by the behaviour lead, key person/SENCo until improvement is noticed.
- Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged on 09.13b SEN Support - Action plan.

### **Step 3**

If despite applying initial intervention to deescalate situations and focused interventions to identify triggers the child's behaviour continues to occur and/or is of significant concern, the SENCo and key person invite the parents to a meeting to discuss external referral and next steps for supporting the child. It may be agreed that the setting request support from the Early Help team and/or other specialist services such as the Area ISSO. This will help address most developmental or welfare concerns. If the behaviour is part of other welfare concerns that include a concern that the child may be suffering or likely to suffer significant harm, safeguarding procedures 06 Safeguarding children, young people and vulnerable adults procedures must be followed immediately.

- Advice provided by external agencies is incorporated in 09.13b SEN Support: Action Plan and regular multi-disciplinary meetings held to review the child's progress.
- If a review determines a statutory assessment may be needed then all relevant documentation must be collected in preparation for an Education Health and Care Assessment which may lead onto an Education, Health and Care Plan.

### **Use of physical intervention**

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

The EYFS states that physical intervention from a staff member towards a child may be used for the purposes of "averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if it is absolutely necessary".

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children's behaviour.

To offer protection to children a range of appropriate graded interventions may be needed before physical intervention is applied. Most single incidents such as a child throwing a book on the floor or kicking a chair usually only require a verbal intervention from a member of staff. In other situations, an intervention can be

applied through mechanical and environmental means such as locking doors and stair gates. This usually stops a situation escalating. However, there will be some situations where a child places themselves or others in danger which requires an immediate need for the use of both verbal and physical intervention.

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

To physically intervene, a practitioner may use "reasonable force" to protect a child from injuring themselves or others. Legally a practitioner may also use reasonable force to prevent a child from damaging property. However, we would expect that in instances of damaging physical property a child would only experience a physical intervention if the broken property presented a risk or is high value.

If a situation arises which requires urgent physical hands-on intervention this is best applied by the staff who knows the child well such as their key person who is more able to calm them or use other known methods for defusing situations without physical intervention.

### **Physical handling**

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming for:

- keeping the child's safety and well-being paramount
- a calm, gentle but firm approach and application of the intervention
- never restricting the child's ability to breathe
- side-by-side contact with the child
- no gap between theirs or the child's body
- keeping the adults back as straight as possible
- avoiding close head-to-head positioning to avoid injury to the child and themselves (head butting)
- only holding the child by their 'long' bones to avoid grasping at the child's joints where pain and damage are most likely to occur
- avoiding lifting the child unless necessary
- reassuring the child and talking about what has happened
- only applying a physical intervention on a disabled child if training or preferred method is provided from a reputable external source e.g. British Institute of Learning Disabilities [www.bild.org.uk/](http://www.bild.org.uk/)

### **Risks**

There are risks associated with any physical intervention and handling of a child. The younger and more vulnerable a child may be, the greater risk to the child of using physical intervention towards them.

However, there are also risks to children associated with not intervening physically; for instance, if a practitioner did not take hold of a child by the wrist, they may have run into the path of a fast-moving car.

Before intervening physically to protect a child from immediate harm a practitioner needs to decision make in a split second, considering the following factors. This is described as dynamic risk assessment.

- What is the immediate risk to this child if I do not intervene now?
- What might the risks be if I do intervene? If this was my child, what would I want someone looking after them to do in this situation?
- What is the minimum level of intervention that will be effective here? How can I do this as gently as possible for as short a time as possible and how am I going to manage myself to stay calm?

### **Recording**

Any instance of physical intervention is fully recorded immediately and reported to the designated person as soon as possible on 6.1b Safeguarding incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents are asked to sign a copy of the form which is then kept on the child's file. The designated person decides who will notify the parent and when, ensuring that the parent signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child which considers the risks and likelihood of such behaviour re-occurring and how this will be managed. The risk assessment should be agreed and signed by parents.

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

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

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

### **Suspension of a disabled child**

We have a statutory duty not to discriminate against a child on the basis of a protected characteristic. This includes suspending a child based on a disability. Ignorance of the law or claiming it was unknown that a child was disabled is no defence. However, if the child's behaviour places themselves or others at risk then the setting must take actions to avoid further harm. Time limited suspension may be applied to keep the child and/or others safe whilst finding a solution. Suspension is only used if reasonable steps and planned adjustments are first used to help resolve the situation. Without this action, suspension of a child with

SEND may constitute disability discrimination (Equality Act 2010). A decision to suspend a disabled child must be clearly evidenced, specific, measurable, achievable, realistic and targeted. Plans and intervention must be recorded on the child's file and 9.12b SEN Support - Action plan. If little or no progress is made during the suspension period, the following steps are taken.

- The setting manager sends a written/electronic invite to the parents, a local authority representative and any relevant external agencies to attend a review meeting. Each attendee must be made aware that the meeting is to avoid the situation escalating further and to find a positive solution.
- After the meeting the setting manager continues to maintain weekly contact with the parents and local authority to seek a solution.
- Suitable arrangements offer the parent continued support and advice during the suspension. The setting manager reviews the situation fortnightly and provides the chair person with a monthly update.

### **Expulsion**

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

- a termination of their childcare agreement as explained in 9.1d Childcare terms and conditions
- if despite applying a range of interventions (including reasonable adjustments), the setting has been unable to adequately meet the child's needs or cannot protect the health, safety and well-being of the child and/or others.

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

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

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