**Behaviour Management—Policy & Practise.**

We as adults will provide a positive role model for the children in our care. We will show friendliness, kindness, courtesy and care.

There are 5 characteristics that we are aiming to develop which underpin good behaviour.

1. Confidence
2. Communication
3. Co-operation
4. Curiosity
5. concentration

We constantly praise good behaviour, kindness, sharing, turn taking, modelling correct language (please/thank you). We are consistent in our behaviour management, and this helps children to understand what acceptable behaviour is. We have rules such as “we walk inside” “we use our indoor voices” “we use kind hands and feet”. We do not use the word naughty when speaking to a child and recognise the behaviour as unacceptable/bad not the child. All staff adhere to this policy and work in partnership with each other and parents to ensure consistency for the children.

All staff have attended the Therapeutic approach to behaviour training. We are aware of distraction techniques, how to handle a child safely who may be physically challenging.

When children behave in an unacceptable manner where their behaviour could lead to them harming themselves or others or causing severe disruption, we will take the child away from the situation to the quiet area and provide them with a calming activity until they are ready to rejoin the group. For behaviour that is seen as unacceptable and after other strategies have been put into place such as distraction and discussion, an adult will explain which behaviour was wrong and how it may have affected others. We then talk about the behaviour we wish to see. The child will then re-join activities and will be praised at the next opportunity for acceptable behaviour.

**Behaviours that are deemed unacceptable**

* biting
* hitting
* snatching
* pushing
* kicking
* swearing
* throwing, snatching, screaming (where not deemed age appropriate behaviour).
* Name calling, racist remarks.

For new children who exhibit some unacceptable behaviours but that is age appropriate we will support their transition using the timeline to support the changes throughout the session, we will work with parents and ask them to inform us of any changes in the child’s home life that could affect their behaviour within the group, these could be:

* Parental separation
* House move
* New addition to the family (baby)
* Family staying and then leaving meaning the child’s routine is disrupted.
* Separation from parents/main carers due to illness, hospitalisation or family emergencies.

It is important that parents share this information with us so we can support the children.

We will never use any form of physical punishment, such as smacking or shaking. We will never deprive a child of food and we will **never humiliate a child** by use of a ’naughty chair’. We will always speak to a child quietly and confidentially. If a pattern of behaviour is observed the leader will then speak to a parent to discuss ways of overcoming this and work together to resolve any issues ensuring to record any observations and discussions. As a group we use the ABC and anxiety mapping in order to identify the triggers in behaviour and to help devise a plan in which to support the child. Both negative and positive behaviour is recorded in order to gain the best view of the child’s needs. Staff share this information with parents along with any incident forms that have been recorded. A plan will then be put in place which could involve a temporary adjustment to hours to help support the child’s behaviour. This will be reviewed with the parents after two weeks with the goal of extending the hours back to the full entitlement. If the child is still not ready, we will extend the review period and have another meeting with the parents after another two weeks.

A child will only be held/restrained if injury could befall them or another person. If a child has been restrained, we will record it in the Childs personal records and on an incident report form. We will also speak to parents the same day and ask them to sign the form.

**Bullying**

Any signs of bullying will be taken very seriously and dealt with accordingly. A child who has reached the cognitive development stage meaning they premeditate this behaviour in order to cause distress to a peer must be addressed immediately. The child will be spoken to and informed of appropriate ways of playing together co-operatively. Children will be encouraged to take part in games and turn-taking activities to demonstrate positive behaviour. Reassurance will be given to the child who has been bullied and they will be made to feel confident in sharing their experience and that they are in a safe space.

We will not label the child who is bullying as a ‘Bully’ but work with the parents and the child to find out why they are exhibiting this behaviour. Are they being bullied themselves?, are they witnessing others bullying?.

**BITING POLICY**

Biting is fairly, common amongst young children and it is one of the things that concerns adults the most. Evidence suggests that up to a quarter of all very young children will bite others at some stage. We understand this is a difficult situation for parents whether it is your child that has bitten of your child that has been responsible for biting.

Biting is often very painful and frightening for the child who is bitten. It can also be frightening for the child who bites, because it upsets the child and makes adults angry. Biting can make the child who bites feel very powerful because of the strong reaction that it brings. This power can be frightening for the children because they need to feel secure that their feelings can be controlled. It happens for different reasons with different children and under different circumstances. The first step in learning to control it is to look at why it may be happening using the ABC chart.

We will also speak with the parents to find out if this is happening at home and how it is being dealt with.