

## **BEHAVIOUR MANAGEMENT POLICY.**

**Please also refer to Child protection policy, Special Educational Needs Policy, Code of Conduct and Physical Code of Conduct Policies.**

### **Mission statement**

Our policy is based on the following values and is built on the Five to Thrive ATR model ( see Appendix 1)

We connect rather than correct

We understand behaviour is communication

We are curious in order to understand

We will co-regulate to help children regulate.

We recognise flight, fight and freeze response.

We empathise when someone is flipping their lid

We believe that relationships buffer stress and build resilience

All of us need one another always.

Resilience means, we see you, we hear you, we are with you.

Everyone belongs, everyone matters.

### **Aims**

This policy is designed to promote a positive ethos of behaviour in which children can work, play well together and build relationships. There is a high expectation of behaviour in all aspects of the day which places the needs of the child at its centre.

We will support all children including those displaying personal social, emotional difficulties.

We maintain that all behaviour is a form of communication. By understanding this all children shall have their individual needs met and the opportunity to reach their full potential. To achieve this our setting fully endorse the Five to Thrive - Attachment, Trauma and Resilience (ATR) model (see appendix 2)

We appreciate and understand that:

- Encourage a calm, purposeful and happy atmosphere conducive to good learning.
- Foster positive attitudes towards themselves and others which recognises and values achievements at all levels.
- Enable children to recognise, identify feelings and emotions and gradually acknowledge appropriate behaviour.
- Encourage increasing independence and promote self-regulation skills through co-regulation with a warm and responsive adult.
- Provide a consistent approach to positive relationships and behaviours that challenge across the setting.

- Ensure that children are supported to develop an understanding of agreed boundaries.
- Ensure practitioners nurture and work with children in such a way that they feel truly valued and emotionally regulated.
- Ensure that all children feel safe and secure within our setting.
- Provide an interesting, well-planned curriculum that motivates children to learn alongside developing the social, emotional, and behavioural skills.
- Embrace Five to Thrive ATR model in our setting.
- Recognise and place value that every interaction is an intervention.

### **Objectives**

We strive to promote a caring, calm and secure environment where everyone feels safe, secure and respect for others is fostered. We aim to promote a positive culture and to encourage in all children a sense of responsibility to themselves, to our setting and to the wider community. This is achieved through staff, children, parents/carers working in partnership.

This Relationship and Positive Behaviour Policy seeks to inform, guide and support staff, parents/carers, and children through:

1. Consistent Five to Thrive ATR approach to promote positive relationships
2. Identified Five to Thrive Champion/s
3. Strong leadership and management
4. Strategies that promote positive relationships and behaviour
5. Staff development and support
6. Liaison and work together with parents/carers and other agencies supporting the child
7. Managing child transition
8. Adaptations and reflection regarding learning environment

### **Strategies and Tools**

Our setting uses the following strategies and tools to promote positive relationships and behaviour. We adopt a clear, confidential and non-shaming approach to implementing these:

Clear boundaries which are applied consistently

Sharing techniques such as sand timers

Positive role models

High scope Six steps to conflict resolution

De-escalation toolkit

Calming Techniques

Tucker Turtle  
Colour Monster  
Five to Thrive ATR model

### **Children with Special Needs**

All staff have a responsibility for behaviour management but any concerns are referred to the supervisor and SENCO. Adults will be aware that some kinds of behaviour may arise from a child's Special Needs. Children with SEND Children who exhibit persistent and challenging behaviours are more likely to have an underlying need. If a child has an identified SEND and already has a SEN Support plan in place but their behaviour becomes persistent or challenging, we will invite the parent, early years inclusion adviser and other relevant professionals to help us review the plan. If necessary, we would make appropriate referrals for specialist support; for example, Educational/Clinical Psychology and Child and Adolescent Mental Health Services (CAHMS). These services carry out comprehensive assessments of some or all of the child's development and associated behaviours and can suggest appropriate interventions and support.

### **Parent partnership**

Recurring problems will be tackled by the whole playgroup in partnership with the child's Parents/Carers, using objective observation records to establish an understanding of the cause. If there is still no identifiable reason for the behaviour, then the key person should undertake a more detailed observation such as the ABC check to try to identify a trigger. ABC can help the setting identify and analyse the trigger of a specific behaviour in the context of, what events preceded the incident and what actions were taken immediately afterwards.

### **Incidents**

Any incident where a child has deliberately hurt another e.g. biting, throwing a chair, fighting etc. will be recorded in the Incident book which the parent must sign and be informed of on the same day.

### **Corporal Punishment and Physical Intervention (see also physical code of conduct policy and 3.54 of Statutory Framework)**

Physical punishment will never be used or threatened. Adults will not use any form of physical intervention such as holding unless it is necessary, to prevent personal injury to the child, other children an adult or serious damage to property (see 3.54 of Statutory framework). Physical intervention must only be

applied in exceptional circumstances and is not our preferred way of addressing children's behaviour. However, situations where a child places themselves or others in danger may require immediate verbal and some form of physical intervention; for example, if a child runs away, tries to injure themselves or another child, or break property (such as a window). This can often be applied through the use of reasonable force such as the adult's body gently and safely blocking the child. Before intervening physically to protect a child from immediate harm we consider the following:

What is the immediate risk to this child if I don't intervene now?

What are the risks if I do intervene?

What is the minimum level of intervention that will be effective?

How can I do this gently, for as short a time as possible?

How am I going to stay calm?

Any incident is recorded in the Incident Book and the Physical Intervention Record. The Parent/Carer will be informed of the incident on the same day. (See physical code of conduct policy)

Adults will not shout, or raise their voices in a threatening way unless it is to stop a child inflicting serious injury to another child or an adult.

### **Children under three years old**

- 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 very young children are unable to regulate their own emotions, such as fear, anger or distress, and require sensitive adults to help them to do this.
- Common inconsiderate or hurtful behaviours of young children include tantrums, biting or fighting. Staff will be 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.
- When one child bites another practitioners will be composed and will remove the child that has bitten, gently but firmly, telling them not to bite, and comfort the child that has been bitten.

- Any incident where a child has deliberately hurt another e.g. biting, throwing a chair etc. will be recorded in the Incident Record book which the parent must sign and be informed of on the same day.

### **Swearing**

When young children first start to talk it is not unusual for them to occasionally use a term which is socially unacceptable, such as a swear word. In very young children this may be because they are pronouncing a word incorrectly or because they have heard an adult use the term. Most young children will not understand the meaning of the offensive word but may continue to use it if it initiates a response from others. Practitioners should be calm in their response and ignore their use of the term because the child will quickly lose interest if they do not get a reaction. However, if the term is highly offensive and/or is repeatedly used and if a child can understand that an action or word is hurtful or offensive, then it should be explained that the word is not acceptable. If the child is younger and unable to understand boundaries then the supervisor should consult directly with the parents to agree a consistent approach, at home and in the setting. The strategy could be to ignore the child's use of the word, distract the child and adults to check their own language around the 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 children under five, hurtful behaviour is momentary, spontaneous and often without cognisance 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 have neither the biological means nor the cognitive means to do this for themselves.
- We understand that self-management of these 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.
- 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. By

helping the child to return to a normal state, we are helping the brain to develop the physiological response system that will help the child manage his/her own feelings.

- 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. We also use visual cues and puppets to try to explain the incident. We have regular visits from our persona dolls and we deal with these topics.
- Verbal children also respond to cuddling but we also explain the incident to them at their level of understanding. We name the feelings that children may have experienced e.g. '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? It made you feel angry, didn't it, and you hit him.'
- 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, such as resolving conflict over who has the toy. 'I can see you are feeling better now and Adam isn't crying anymore. Let's see if we can be friends and use the sand timer to take turns.'
- We are aware that such problems may occur over and over again 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, through activities, drama and stories. We build self-esteem and confidence in children, recognising their emotional needs through close and committed relationships with them.
- We help a child understand the effect their hurtful behaviour has had on another child; we do not force children to say sorry, but encourage this

where it is clear that they are genuinely sorry and wish to show this to the person that they have hurt.

- 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 the 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 is exposed to levels of aggressive behaviour at home and may be at risk emotionally, or may be experiencing child abuse; and
  - The child has a developmental condition that affects how they behave.

Where this does not work we make appropriate referrals to our local Early Years Inclusion Adviser.

### **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/she is able to plan to carry out a premeditated intent to cause distress to another. Therefore, this type of behaviour from a three-year-old is more likely to be a reflection of the child's emotional wellbeing, their stage of development or a behaviour copied from someone else. Unless addressed early, this type of behaviour in young children can lead on from pre-bullying actions to bullying behaviour later in childhood. The fear is that by labelling a child as a bully so early in life, we risk influencing negative perceptions and expectations of the child which will impact on their self-image, self-esteem and may adversely affect their long-term behaviour

Bullying can be:

- Emotional - being unfriendly, excluding, tormenting
- Physical - pushing, hitting, kicking or any use of violence
- Racist - racial taunts, graffiti, gestures
- Sexual - unwanted physical contact or sexually abusive comments
- Homophobic - because of, or focussing on the issue of sexuality including trans gender issues.
- Verbal - name calling, sarcasm, spreading rumours, teasing
- Cyber - all areas of the Internet such as email, text, and chat rooms.

If a child bullies another child/ren.

- 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 other children;
- We explain to the child doing the bullying why his/her behaviour is not acceptable;
- We give reassurance to the child/ren 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 upon considerate behaviour;
- We do not label children 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 as the original behaviour.

- We discuss what has happened with the parents of the child who did the bullying and work out with them a plan for handling the child's behaviour; and
- 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.

We work through the child friendly anti bullying policy with the children. This is displayed in the playroom. This is a very simple policy, which uses pictures to explain how we should behave (appendix 2)

## Appendix 1:

KCA (Kate Cairns Associates) have produced a useful model to describe five key parental and practitioner activities which actively develop baby brains through mindful soothing and simulation.



The Five to Thrive model is an attachment-based approach being promoted and delivered throughout Wiltshire by all professionals from health, education and all supporting agencies. In addition, Five to Thrive looks at supporting trauma in early childhood.

Within Five to Thrive there are five simple elements that children need every day that help children's brain development. The five key elements are referred to as brain food and are:

Respond • Cuddle • Relax • Play • Talk

## Appendix 2

### Child Friendly Anti Bullying Policy

When someone is hurting or annoying me I will

1. Look at them



2. Put my hand up in a stop sign



3. Say to the person “stop it, I don’t like



it”

4. If it doesn’t work I will get help from a teacher



