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## 09 Early years practice procedures

### 09.10 Promoting positive behaviour

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.

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) and in house Restorative practice training as part of their induction process
- ensure that staff provide a positive model of behaviour by treating children, parents and one another with friendliness, care and courtesy
- ensure that the setting promotes British Values
- 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.

#### 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' (*see anti-bullying*). For children under five, hurtful behaviour is 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 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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- We recognise that due to the development of the brain, a child will not be able to process what has happened nor will they be able to talk about the incident until they have returned to a calm state.
- 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 be able to manage his or her own feelings.
- Our way of responding to pre-verbal children is to calm them through holding and cuddling, if they are accepting of this. Verbal children will also be offered a cuddle to calm them down, but we will also discuss the incident with them to their level of understanding.
- 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 to help them calm down.
- We use the 'Restorative Practice' approach to support them to understand what happened, their feelings and the impact their actions had on others. The children are then supported to think about and try out their ideas to 'make things right.'

### **Restorative Practice**

Restorative approaches are built on values which separate the person from the behaviour. The main focus of 'Restorative Practice' is to encourage them to take responsibility for their actions and recognise the impact that these have had on others as well as repairing the harm and understanding how to manage a need or feeling in the future.

- Children and young people require the opportunity to hear about and face up to the harm or distress they have caused others as a learning experience and as a way to develop empathy. We will do this by getting the child who has been harmed/upset and the child who has harmed/upset them together.
- We work with the children following the principles of the 5 restorative questions:
  - What happened?
  - What were you thinking at the time?
    - How do you feel about it now?
  - Who do you think has been affected and how?
  - What needs to happen to put things right?
- 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

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the feeling. "Adam took your car and you were enjoying playing with it. I think this made you feel sad/angry because 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. "I think you are happy now you have the car because you are smiling but when you hit Adam, it hurt him and made him cry."
- We help young children develop pro-social behaviour, such as resolving conflict over who has the toy. "How do you think we can make Adam feel happy again? Maybe we could give him a cuddle/high five and we could take turns with the car so that we can both play with it."
- Older children will be able to verbalise their feelings better, talking through themselves the feelings that motivated the behaviour and how they think the other child is feeling and how they could put things right.
- 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' as this can become a learned word which lacks meaning and empathy.
- 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, persevering adults and clear, consistent 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.

### **Dealing with behaviour**

During minor disputes, staff 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 the SENCO/key person using a stepped approach which aims to resolve the issue and/or avoid the behaviour escalating and causing further harm.

#### **Step 1**

- The setting manager, SENDCo and other relevant staff members are knowledgeable with, and apply this policy and procedures.
- Unwanted behaviours are addressed using restorative practice which is a consistently applied approach to de-escalate situations.

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- Educators 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, educators take into consideration the many factors that may be affecting them.
- Behaviours that result in concern for the child and/or others must be recorded on an initial concerns form and stored on the child's file on CPOMS as well as being discussed by the key person, SENCo/setting manager. During this 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 SENDCo must liaise with the parents to try to discover possible reasons for the behaviour and to agree on next steps. The parents may also be asked to complete a parent initial concerns form. If relevant and appropriate the views of the child must also 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 SENDCo will work with the parents to plan support for the child through a graduated approach via SEN support. An individual behaviour plan/play plan will be written up.
- If relevant, actions for dealing with the behaviour at home are agreed with parents and incorporated into the plan. All staff are informed of the agreed interventions and help implement the actions. The plan must be monitored and reviewed regularly by the key person/SENCo until improvement is noticed.
- Aggressive behaviour by children towards other children will result in a staff member intervening immediately to stop the behaviour and prevent escalation. If the setting has applied a physical intervention, they must follow the guidance as set out below.
- Parents must also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.

## Step 3

If despite applying initial intervention to de escalate 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.

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It may be agreed that the setting request support from the Early Help team and/or other specialist services such as the Area SENCo. 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 into the Individual behaviour plan/Play plan.
- 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.

### Children under three years

- When children under three behave in inconsiderate ways we recognise that strategies for supporting them will need to be developmentally appropriate and differ from those for older children.
- 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, or frequent change of carers. Sometimes a child has not settled in well and the behaviour may be the result of 'separation anxiety'.
- We focus on a strong relationship to provide security to the child.

### Biting

Biting is part of a child's normal development and can be for several reasons- most of them are not intentionally malicious.

- **They are in pain:** Some children bite when they are teething.
- **They are exploring the world;** children use their mouths to explore as well as their hands. Some children are not yet able to prevent themselves from biting the object of interest.
- **They are looking for a reaction;** Part of exploration is curiosity. Toddlers experiment to see what kind of reaction their actions will provoke.
- **They are craving attention;** In older children, biting is just one of several negative behaviours used to get attention and is not a typical behaviour for an older child.
- **They are frustrated;** Biting, like hitting, is a way for some children to assert themselves when they are still too young or unable to express feelings effectively through words.

### Helpful techniques and strategies for biting.

- We will make the child feel safe, comfortable and reassure them when they have bitten or been bitten.
- We may use;
  - Teething rings



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- An ABC (Action, Behaviour, Consequence) chart may be used to find a trigger to help identify time to avoid or provide distractions and plan additional support.
- Help with language: Encourage the use of words (Age Appropriate) using facial expressions, visual and communication prompts such as Makaton.
- Attention and emotional support: Giving the child enough time throughout the day and support to handle emotions.
- Parents of a child who has been bitten will be informed via an incident record form in the setting. They will be informed what strategies the setting has put in places to help prevent future biting. They will not be told which child has bitten their child due to confidentiality.
- Parents of a child who bites will be asked to work closely with the key person to help find triggers or reasons for biting. These will be recorded on CPOMS and together strategies can be worked on.

### **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 preoccupied 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 violent, dramatic strategies e.g. blowing up, shooting etc, and that themes often refer to 'goodies and baddies' and as such offer opportunities for us to explore concepts of right and wrong in line with 'The Fundamental British Values'.
- 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.
- As with managing our safeguarding risks, our staff will be alert to changes in children's behaviour which could indicate that they may be in need of help or protection (children at risk of radicalisation may display different signs or may seek to hide their views). The key person approach means we already know our children well and so we will notice any changes in behaviour, demeanour, or personality quickly.

### **Anti- Bullying**

- By the end of the EYFS (Reception class) most children will have started to develop the social and emotional skills to help understand their own and others emotions. They will be learning that other people may have different views to their own and learning the rules of turn taking

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and keeping within the boundaries. They will also be starting to understand the consequences of theirs and others actions and the difference between right and wrong. Some children, however, will struggle to learn these skills.

- Bullying is a deliberate and aggressive action, carried out with intent to cause harm or distress to others. As such, a 'bullying' action requires the child to have a higher level of reasoning and thinking than most young children have. An outburst by a young child is therefore more likely to be a reflection of their emotional wellbeing, stage of development or behaviour that they have copied from someone else.
- Children these young do not have sufficiently sophisticated cognition to carry out the type of 'Bullying' we would attribute to an older child. Ultimately, we would like children to be considerate to others and manage their own behaviours by reflecting on their actions and controlling their emotions and behaviours but it is essential that during this early period of life, children are supported by caring adults with whom they have developed a secure attachment for example the key-person or their buddy and/or the SEN/behaviour management coordinator.
- If a child does repeatedly target another child, then we do not label the child as a 'bully.' We would restoratively talk with the children. We would also share what has happened with the parents of the child who has been harmed, explaining that the other child involved is being helped to adopt more acceptable ways of behaving.
- We recognise that children who hit out, may be subject to abuse or due to other circumstances causing them to express their anger in negative ways towards others; It is everyone's responsibility to protect the children within the setting and to report any concerns of bullying behaviour to the management.

### **Rewards and sanctions**

- 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.
- We do not engage in punitive responses to a young child's rage as that will have the opposite effect.
- We will not use any form of physical intervention unless it is to safeguard a child/children must be carried out as per the guidance in this procedure.
- 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'
- 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.

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- When hurtful behaviour becomes problematic, we work with parents/carers to identify the cause and find a solution together. The main reasons for 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, or mastery of English, to express him or herself and may feel frustrated.
  - The child is exposed to levels of aggressive behaviour at home and may be at risk emotionally 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 SEND Code of Practice 2015 to support the child and family, making the appropriate referrals.

### **Use of physical intervention/Restraint**

- 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. 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.
- To physically intervene, an educator may use “reasonable force” to protect a child from injuring themselves or others. Legally an educator 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



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physical intervention. They should also ensure that they have another staff member nearby to be a witness and additional support if needed.

### 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
- 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 an educator 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 an educator 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 on a physical restraint form and reported to the designated lead as soon as possible, 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 and on CPOMS. 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.

Sticky Fingers aspires to provide a safe, fun and welcoming environment for everyone. We offer children experiences to support their development, empowering them to reach their full potential



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## **Suspension and Expulsion**

### **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 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. 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 their line manager with a monthly update.

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## Expulsion

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

- a termination of their childcare and early education agreement,
- 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.

## Further guidance

[Behaviour Matters](#) (Alliance 2016)