# 1.15 Behaviour policy



#### Vision and Values statement

At Tiddley Tots Nursery, staff are trained on 'Hertfordshire Therapeutic Approaches to Behaviour' also called TAB. We believe that:

- All behaviour is communication
- Everyone in the nursery has the right to feel safe both physically and emotionally
- Everyone in the nursery has the right to be treated with respect
- Everyone in the nursery has the right to learn without distraction
- That we can teach behaviour, not control it
- Positive experiences create positive feelings. Positive feelings create positive behaviour
- A clear and consistent approach to behaviour must be supported by all stakeholders.

At Tiddley Tots Nursery children are supported by staff to behave in a prosocial way. We embed British Values into our practice to enable our children to fit in and be accepted in society. Therapeutic Approaches to Behaviour in Early Years is about teaching children to want to behave well. At Tiddley Tots we aim to teach understanding and values around behaving well, and both adults and children are encouraged to:

- Treat everyone with kindness and respect.
- Consider the needs of others.
- Behave considerately, being always polite and helpful.
- Be friendly and co-operative.
- Be honest and truthful.
- Treat property with respect.

## **Prosocial Behaviour across Tiddley Tots Nursery**

Prosocial or also called positive behaviour is located within the context of the development of children's personal, social, and emotional skills and well-being. Everyone must understand children's needs, their levels of development, personal characteristics, and specific circumstances, that 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. We have a shared understanding of pro-social behaviour which we consider developmentally appropriate as follows:

- Sharing
- Taking turns
- Being sensitive to others' needs
- Being kind to each other
- Taking care of property
- Using quiet voices when talking
- Calling people by their proper names
- Walking in the nursery
- Tidying away
- Respecting each other's personal space
- Using equipment appropriately

We acknowledge good behaviour with specific praise e.g "good sitting", "good listening", "good walking"; and we share with parents. We also have discussions with the children around good behaviours as and when they occur which helps us reinforce the positive behaviours across the nursery.

# Tiddley Tots Nursery promotes prosocial behaviour, considering the needs of each child, in the following ways:

- We provide children with clear routines including what follows next through ongoing conversations, visual timelines and consistency.
- We establish clear boundaries and expectations and consistently respond to instances where children's behaviour is anti-social/challenging.
- We offer an engaging and diverse environment that includes areas for both rest and relaxation.
- We do not control children's behaviour but focus on teaching them prosocial behaviour by using positive phrasing, consistency, role modelling, developing positive relationships, and comforting and forgiving children.
- We help children to develop a sense of themselves as pro-social: kind, helpful, thoughtful children who are able to share and take turns.
- We do not use rewards and consequences to promote prosocial values and behaviour; but see children as good in their own right, by using specific praise related to the behaviour displayed.
- We provide children with recognition and give them clear feedback to help them celebrate their achievements and pro-social behaviours.
- We role model pro-social skills and interactions.
- We assess children's capacity for empathy and sympathy and help them heighten their awareness of the emotions of others.
- We point out the consequences of actions and the impact on others to help children develop an understanding of action-consequence which helps children learn in a logical way related to the specific behaviour.
- We are supportive and sensitive to the child's needs and help them develop the necessary skills to manage and regulate their own emotions.
- We support the development of coping and problem-solving skills by effectively planning stimulating and varied activities, including calming activities and those which promote prosocial behaviour and develop an understanding of feelings and emotions.
- We aim to build strong bonds and relationships with the child's family with the child's need being in the centre.
- We ensure all children have equal access to learning, taking into account their developmental stage, age, experiences, and abilities to promote clear equity.

#### **Anti-Social Behaviour**

At Tiddley Tots Nursery we will involve parents at an early stage with any anti-social behaviour and keep them informed of developments. Behaviour suppression is not sufficient to create lasting changes to behaviour, therefore our staff focuses on analysing children's behaviour. Our staff has a strong understanding that negative experiences such as exclusion, missing out on stuff, public shame, blaming, abuse, neglect, poverty, bereavement, differences, etc. can all create negative feelings in a child that will lead to anti-social/unwanted behaviour being displayed. Examples of anti-social/unwanted behaviour:

- Snatching things
- Pushing other children
- Walking away from the carpet
- Running around indoors
- Throwing objects
- Biting
- Hitting

#### Function of behaviour

Function is what the behaviour is communicating and sometimes one behaviour may have more than one function. Function of behaviour or why the behaviour is occurring:

### Sensory (meeting a known or unknown need)

- Provides input to one or more of the senses
- Likely to happen in different situations, even if there is minimal interaction and engagement on offer.
- Biting, running, tipping out etc where there is high sensory feedback. They are enjoying the sensations of their behaviour. These are often behaviours where there is no build up and it appears to come out of nowhere.

#### **Escape or Avoidance**

- The demand may be verbal, physical or related to proximity or environment.
- Escape: when already in a situation and the behaviour is communicating escape
- Avoidance: Behaviour happens when being asked to do something and behaviour functions as a way of avoiding
- Children who try to run out of the door when they are dropped off or try to escape the EY area or staff members. Hiding under tables is an example of this behaviour.

#### **Attention (interaction or reaction)**

- Can be verbal, physical, social or related
- Can be positive or negative attention
- Self-sabotaging behaviours such as destroying work. The children who constantly seek positive feedback and show you everything they do...constantly.
- We should view this behaviour as attention NEEDING not attention SEEKING. They physically or emotionally need this attention to help them feel safe and emotionally regulated.

## **Tangible**

• Behaviour occurs as a way of gaining access to a person, an item or activity.

# Therapeutic Approaches to Behaviour in Early Years' says – "To create change we need to understand, not simply suppress the behaviour."

We train our staff to analyse antisocial, difficult or dangerous behaviour, and to understand what behaviour might be communicating. All staff should focus on de-escalation and preventative strategies rather than focusing solely on reactive strategies.

### **Difficult and Dangerous Behaviours**

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. Behaviours that result in harm requiring basic first aid, distress or minor damages are identified as *difficult behaviors*. *Dangerous behaviours* are those that require hospitalization and there is an evidence of significant distress, extensive damage, evidence of loss of life or permanent disability, emotional trauma requiring counseling or critical property damage.

Any difficult or dangerous 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.

This is an unsettling time for young children. 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. 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 and receive in-house training on our main approach which is the Therapeutic Approach to Behaviour (TAB)
  - help staff to implement procedures of **1.15 Behaviour policy** in their everyday practice
  - advise staff on how to address behaviour issues and how to access expert advice if needed

# Tiddley Tots Nursery uses the following steps as interventions where anti-social/unwanted behaviour has occurred:

## Step 1

- Any anti-social/unwanted behaviours are addressed to the manager immediately and
  following on from assessment of the behaviour, the manager and key worker agree on the most
  appropriate strategy to be applied consistently to de-escalate situations. The parents are
  informed of the strategy and asked to apply the same strategy at home should the behaviour
  occur. Some of the strategies we might use include:
  - Ignoring the anti-social/unwanted behaviour and distraction by directing children to more positive and appropriate activities.
  - Analysing the behaviour identifying triggers, and considering what feelings and emotions the child may be experiencing. We might use ABC observations, Anxiety mapping or Roots and Fruits to support the analysis of the behaviour.
  - Taking the child to a calming area where they can have a book or favourite toy, and time with a key worker to self-regulate and emotional recovery.
  - Giving children small tasks to complete in order to distract them and help build a positive image of themselves.
  - Using scripts and positive phrasing.
- If the adjustments are successful and the unwanted behaviour does not reoccur, or cause concern then normal monitoring can resume.

#### Step 2

- If there is no improvement following on from the strategies agreed and used, and the behaviours continue to occur, we will invite the child's parents for a meeting. During the meeting, the key person and manager must use their all-around 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, and underlying additional needs to help place the child's behaviour into context. We will work together to explore possible reasons for the behavior and agree on next steps.
- Appropriate adjustments to practice must be agreed within the setting. If relevant, a risk assessment and risk reduction plan should be completed.
- 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. We might also use Anxiety mapping or Roots and Fruits.
- 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. The designated person completes the Safeguarding incident reporting form and contacts Ofsted if appropriate. 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 key person/SENCo until improvement is noticed.
- Incidents and interventions relating to anti-social/unwanted/challenging behaviour by children must be clearly and appropriately logged on via our Eylog system using the incident report form.

#### 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 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 Safeguarding children, young people and vulnerable adults procedures must be followed immediately.
- Advice provided by external agencies is incorporated in SEN Support Plan (IEP) 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.

## **Support from External Agencies Other agencies**

Possible external agencies we work in partnership with are as follows:

- Health visitors
- Special Needs Health Visitors
- Speech and Language therapists
- Family centre
- Children services
- ISL (Integrated Services for Learning) team
- Outreach services e.g DSPL (Delivering Special Provision Locally)
- SEND support

(this list is not exhaustive)

#### **Communication with Parents/Carers**

At Tiddley Tots Nursery we know our parents play a vital role in promoting good behaviour and so effective parent partnership is vitally important. We expect parents to:

- Keep us informed of behaviour difficulties they may be experiencing at home.
- Inform us of any trauma, which may affect their child's well-being or behaviour at nursery e.g., separation, divorce, a death in the family or something as simple as a bad night's sleep or losing a toy.
- Inform us about their child's ill health and any absences connected with it.
- We keeping parents informed of our nursery activities via our newsletters and daily diaries.

## Safe touch and use of physical intervention

Staff will already use different elements of physical contact with a child as part of their interaction called safe touch. Safe touch is used in the setting especially when educators are physically comforting a child or giving first aid, providing intimate care for them. Physical contact is never made as a punishment, or to inflict pain. All forms of corporal punishment are prohibited.

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 only "to avert 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 from 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, 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 physical intervention.

Please see a list of the physical interventions we use below:

Physical Intervention	Do we do this? (If)	When do we do this?	Why we do this
A side hug (one arm around the child, with the child leaning against your hip).	Yes	- If a child has sustained an injury and cannot self-soothe with verbal encouragement - If a child cannot settle after transition away from parent/carer - If a child requests a hug.	<ul> <li>To help your child feel safe and happy.</li> <li>To provide comfort.</li> <li>To help your child feel calm following an upsetting incident (coregulation).</li> <li>To help your child return to their activities in a faster way.</li> </ul>
Helping a child who has fallen over/has been hurt	Yes	- Anytime a child has fallen over or has been hurt.	<ul> <li>To help your child feel safe and happy.</li> <li>To provide comfort.</li> <li>To help your child feel calm following an upsetting incident (coregulation).</li> </ul>

Hand holding	Yes	- When a child	- To help your child
nana notanig	103	requests to hold hands.	feel safe and happy.
		- When we take	- To provide comfort.
		children on outings, and	-
		they use the safety	
		walking reins.	
Carrying a child	Yes	- When a child is	- To help us form a
		non-mobile.	secure attachment with
		- When a mobile child refuses to walk and	your child.
		verbal persuasion fails.	- To help your child feel secure and promote a
		verbai persuasion ians.	sense of closeness.
			- To help your child
			develop new skills and
			adapt to the outside world.
			- To help your child
			move from one to another
		70 1311	area of the nursery.
Physically comforting	Yes	- If a child has	- To help your child
a child (hug, stroking)		sustained an injury and cannot self-soothe with	feel safe and happy.
		verbal encouragement.	<ul><li>To provide comfort.</li><li>To help your child</li></ul>
		- If a child cannot	feel calm following an
		settle after transition	upsetting incident (co-
		away from parent/carer.	regulation).
		- If a child	- To help your child
		requests to be	return to their activities in
		comforted.	a faster way.
		- When we put	- To help your child
Characteristics and	V.	children to sleep.	fall asleep.
Steer guiding or escorting a child	Yes	- When a child seems to struggle with	- To help your child follow the routine.
escorting a chilu		understanding verbal	- To help a child
		instructions.	follow verbal instructions.
Holding	Yes	- If a child has	- To help your child
notating	res	sustained an injury and	feel safe and happy.
		cannot self-soothe with	- To provide comfort.
		verbal encouragement.	- To help your child
		- If a child cannot	feel calm following an
		settle after transition	upsetting incident (co-
		away from parent/carer.	regulation).
		- If a child	To help your child return to
		requests to be	their activities in a faster
I an citting	Voc. only for short	comforted If a child has	Way.
Lap sitting	Yes, only for short periods	sustained an injury and	- To help your child feel safe and happy.
	perious	cannot self-soothe with	- To provide comfort.
		verbal encouragement.	- To help your child
		- If a child cannot	feel calm following an
		settle after transition	upsetting incident (co-
		away from parent/carer.	regulation).
		- If a child	- To help your child
		requests to be	return to their activities in
		comforted.	a faster way.

Physically separating a child from their parent	Only as a final resort when verbal persuasion has failed and only with parents' permission.  However, each situation will be assessed and if we see that the child is not ready to come in and they will be distressed we will not use this intervention.	- When a child refuses to come into their room and verbal persuasion has failed.	- To help a child transition away from a parent/carer.		
Intimate care	Yes	<ul> <li>During our nappy-changing times.</li> <li>When a child had a toileting accident.</li> <li>When a child got their clothes messy during play time.</li> </ul>	- To keep your child clean To ensure high standards of personal hygiene To prevent your child's from getting a nappy rash.		

#### **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.

#### **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 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.

#### 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 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.

#### **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 their line manager and/or director; the request must detail the reason why the child must be suspended and the length of time of the proposed suspension.
- If the line manager or director approves, the parents must be invited to a meeting to discuss the 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 based on 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 while finding a solution. Suspension is only used if reasonable steps and planned adjustments are first used to help resolve the situation. Without this

action, the 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 interventions must be recorded on the child's file and IEP (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 their line manager with a monthly
  update.

### **Expulsion**

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

- a termination of their childcare and early education agreement as explained in 9.1d Childcare and early education 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.