

Safeguarding and Welfare Requirement: Managing behaviour

Providers are responsible for managing children's behaviour in an appropriate way.

WORLINGHAM PRE-SCHOOL

Promoting positive behaviour

Policy statement

We believe that children flourish best when their personal, social and emotional needs are understood, supported and met and where there are clear, fair and developmentally appropriate expectations for their behaviour.

As children develop, they learn about boundaries, the difference between right and wrong, and to consider the views and feelings, and needs and rights, of others and the impact that their behaviour has on people, places and objects. The development of these skills requires adult guidance to help encourage and model appropriate behaviours and to offer intervention and support when children struggle with conflict and emotional situations. In these types of situations key staff can help identify and address triggers for the behaviour and help children reflect, regulate and manage their actions. We appoint a member of staff **Emma Britton** as behaviour coordinator and the Pre-School Manager **Angie Gurney** to oversee and advise on the team's responses to challenging behaviour.

Procedures

In order to manage children's behaviour in an appropriate way we will:

- attend relevant training to help understand and guide appropriate models of behaviour;
- implement the setting's behaviour procedures including the stepped approach;
- have the necessary skills to support other staff with behaviour issues and to access expert advice, if necessary

Stepped approach

Step 1

- We will ensure that EYFS guidance relating to 'behaviour management' is incorporated into relevant policy and procedures;
- We will be knowledgeable with, and apply the setting's procedures on Promoting Positive Behaviour;

- We will undertake an annual audit of the provision to ensure the environment and practices supports healthy social and emotional development. Findings from the audit are considered by management and relevant adjustments applied. (A useful guide to assessing the well-being of children can be found at www.kindengezin.be/img/sics-ziko-manual.pdf)
- ensure that all staff are supported to address issues relating to behaviour including applying initial and focused intervention approaches (see below).

Step 2

- We address unwanted behaviours using the agreed and consistently applied initial intervention approach. If the unwanted behaviour does not reoccur or cause concern then normal monitoring will resume.
- Behaviours that result in concern for the child and/or others will be discussed between the key person, the behaviour coordinator and Special Educational Needs Coordinator (SENCO) or/and manager. During the meeting, the key person will use their knowledge and assessments of the child to share any known influencing factors (new baby, additional needs, illness etc.) in order to place the behaviour into context. Appropriate adjustments to practice will be agreed and if successful normal monitoring resumed.
- If the behaviour continues to reoccur and remains a concern then the key person and SENCO should liaise with parent/carer to discuss possible reasons for the behaviour and to agree next steps. If relevant and appropriate, the views of the child relating to their behaviour should 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 behaviour coordinator will suggest using a focused intervention approach to identify a trigger for the behaviour.
- If a trigger is identified then the SENCO and key person will meet with the parent/carers to plan support for the child through developing an action plan. If relevant, recommended actions for dealing with the behaviour at home should be agreed with the parent/carer/s and incorporated into the plan. Other members of the staff team should be informed of the agreed actions in the action plan and help implement the actions. The plan should be monitored and reviewed regularly by the key person and SENCO until improvement is noticed.

All incidents and intervention relating to unwanted and challenging behaviour by children should be clearly and appropriately logged.

Step 3

- If, despite applying the initial intervention and focused intervention approaches, the behaviour continues to occur and/or is of significant concern, then the behaviour coordinator and SENCO will invite the parent/carers to a meeting to discuss external referral and next steps for supporting the child in the setting.
- It may be agreed that the Common Assessment Framework (CAF) or Early Help process should begin and that specialist help be sought for the child – this support may address either developmental or welfare needs. If the child's behaviour is part of a range of welfare concerns that also include a concern that the child may be

suffering or likely to suffer significant harm, follow the Safeguarding and Children and Child Protection Policy (1.2). It may also be agreed that the child should be referred for an Education, Health and Care assessment. (See Supporting Children with SEN policy 9.2)

- Advice provided by external agencies should be incorporated into the child's action plan and regular multi-disciplinary meetings held to review the child's progress.

Initial intervention approach

- We use an initial problem solving intervention for all situations in which a child or children are distressed or in conflict. All staff use this intervention consistently.
- This type of approach involves an adult approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issue to help children reflect, regain control of the situation and resolve the situation themselves.
- High Scope's Conflict Resolution process provides this type of approach but equally any other similar method would be suitable. Periodically the effectiveness of the approach will be checked.

Focused intervention approach

- The reasons for some types of behaviour are not always apparent, despite the knowledge and input from key staff and parent/carers.
- Where we have considered all possible reasons, then a focused intervention approach should then be applied.
- This approach allows the key person and behaviour coordinator to observe, reflect, and identify causes and functions of unwanted behaviour in the wider context of other known influences on the child.
- We follow the ABC method which uses key observations to identify a) an event or activity (antecedent) that occurred immediately before a particular behaviour, b) what behaviour was observed and recorded at the time of the incident, and c) what the consequences were following the behaviour. Once analysed, the focused intervention should help determine the cause (e.g. ownership of a toy or fear of a situation) and function of the behaviour (to obtain the toy or avoid a situation) and suitable support will be applied.

Use of rewards and sanctions

- All 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 an immediate change in the behaviour but will not teach children how to act when a 'prize' is not being given or provide the child with the skills to manage situations and their emotions. Instead, a child is taught how to be 'compliant' and respond to meet adult's own expectations in order to obtain a reward (or for fear of a sanction). If used then the type of rewards and their functions must be carefully considered before applying.

- Children should never be labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group and left alone in ‘time out’ or on a ‘naughty chair’. However, if necessary, children can be accompanied and removed from the group in order to calm down and if appropriate helped to reflect on what has happened.

Use of physical intervention

- The term physical intervention is used to describe any forceful physical contact by an adult to a child such as grabbing, pulling, dragging, or any form of restraint of a child such as holding down. Where a child is upset or angry, staff will speak to them calmly, encouraging them to vent their frustration in other ways by diverting the child’s attention.
- Staff should not use physical intervention – or the threat of physical intervention, to manage a child’s behaviour unless it is necessary to use ‘reasonable force in order to prevent children from injuring themselves or others or damage property’ (EYFS).
- If ‘reasonable force’ has been used for any of the reasons shown above, parent/carers are to be informed on the same day that it occurs. The intervention will be recorded as soon as possible within the child’s file, which states clearly when and how parent/carers were informed.
- Corporal (physical) punishment of any kind should never be used or threatened.

Challenging Behaviour/Aggression by children towards other children

- Any aggressive behaviour by children towards other children will result in a staff member intervening immediately to challenge and prevent escalation.
- If the behaviour has been significant or may potentially have a detrimental effect on the child, the parent/carers of the child who has been the victim of behaviour and the parent/carers of the child who has been the perpetrator should be informed.
- The designated person will contact children’s social services if appropriate, i.e., if a child has been seriously injured, or if there is reason to believe that a child’s challenging behaviour is an indication that they themselves are being abused.
- The designated person will make a written record of the incident, which is kept in the child’s file; in line with the *Safeguarding children, young people and vulnerable adults’* policy.
- The designated person should complete a risk assessment related to the child’s challenging behaviour to avoid any further instances.
- The designated person should meet with the parent/carers of the child who has been affected by the behaviour to advise them of the incident and the setting’s response to the incident.
- Ofsted should be notified if appropriate, i.e., if a child has been seriously injured.
- Relevant health and safety procedures and procedures for dealing with concerns and complaints should be followed.

- Parent/carers should also be asked to sign risk assessments where the risk assessment relates to managing the behaviour of a specific child.

Bullying is a behaviour that both parent/carers and practitioners worry about. Bullying is a deliberate, aggressive and repeated action, which is carried out with intent to cause harm or distress to others. It requires the child to have 'theory of mind' and a higher level of reasoning and thinking, all of which are complex skills that most three-year-olds have not yet developed (usually after the age of four along with empathy). Therefore, an outburst by a three-year-old is more likely to be a reflection of the child's emotional well-being, their stage of development or a behaviour that they have copied from someone else.

Young children are keen observers and more likely to copy behaviours, which mimic the actions of others, especially the actions of people they have established a relationship with. These are learnt behaviours rather than premeditated behaviours because children this young do not have sufficiently sophisticated cognition to carry out the type of bullying an older child can do. Unless addressed early, this type of pre-bullying behaviour in young children can lead on 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. This label can stick with the child for the rest of their life.

Challenging unwanted behaviour from adults in the setting

- Settings will not tolerate behaviour from an adult which demonstrates a dislike, prejudice and/or discriminatory attitude or action towards any individual or group. This includes negativity towards groups and individuals living outside the UK (xenophobia). This also applies to the same behaviour if directed towards specific groups of people and individuals who are British Citizens residing in the UK.
- Allegations of discriminatory remarks or behaviour including xenophobia 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 and in the case of a staff member, disciplinary measures being taken.
- Where a parent/carer makes discriminatory or prejudiced remarks to staff at any time, or other people 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/carer 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/carer requesting them to sign a written agreement not to make discriminatory remarks or behave in a discriminatory or prejudiced manner; the third stage may be considering withdrawing the child's place.

Coronavirus (Covid-19) Outbreak:

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.

Further guidance

- Special Educational Needs and Disability Code of Practice (DfE 2014)
- Behaviour Matters (Pre-school Learning Alliance 2016)
- CIF Summary Record (Pre-school Learning Alliance 2016)

This policy was adopted by	Worlingham Pre-School	<i>(name of provider)</i>
Coronavirus updated On	21 st June 2020	<i>(date)</i>
Date to be reviewed	November 2020	<i>(date)</i>
Signed on behalf of the provider	_____	
Name of signatory	_____	
Role of signatory (e.g. chair, director or owner)	_____	