**Safeguarding and Welfare Requirement: Managing behaviour**

**Providers must have and implement a behaviour policy and procedure.**

**Statement of intent:**

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. We understand that behaviour is a means of communication and that children’s behaviour requires a sympathetic and compassionate approach. We consider looking beyond the behaviour to try and understand what is happening or has happened in a child’s life to which may cause them to behave in a particular way.

As children develop they learn about boundaries, what behaviour is acceptable and what isn’t. As children continue to develop they begin to consider the views and feelings in addition to the needs and rights of others and the impact that their actions has on people, places and objects. The development of these skills requires adult guidance to help encourage and model appropriate behaviours and to offer support and intervention when children struggle with conflict and emotional regulation. In these types of situations key staff can help identify and address triggers for unwanted behaviour and help children understand and manage their actions. Simple, appropriate rules help support children to understand boundaries and behaviour.

* We require all staff, volunteers and students to:
	+ Provide a positive model of behaviour by treating all children, parents/carers and one another with friendliness, care and courtesy.
	+ Use positive strategies for handling any conflict by helping children find solutions in ways which are appropriate for the child’s age and stages of development.
* We recognise that young children require help in understanding the range of feelings they experience and help them recognise their feelings by naming them and expressing them in appropriate ways.
* We praise, endorse and encourage desirable behaviour such as kindness and willingness to share.
* We use an initial problem solving intervention (Highscope 6 steps to conflict resolution) for situations where a child or children are distressed or in conflict. All staff use this approach consistently. The approach involves:
	+ Adult approaches calmly, stopping any hurtful actions and placing themselves between children, on their level. Adult uses a calm voice and remains neutral without taking sides.
	+ Adult acknowledges the child or children’s feelings “you look really upset” and lets the children know they will hold any object that is at the centre of the conflict.
	+ Adult calmly gathers information “what is the problem?”
	+ Adult restates the problem “so the problem is…”
	+ Adult asks the children for solutions “what can we do to solve this problem?” and encourages the children to think of a solution, choosing one together.
	+ Adult stays close to give follow up support if necessary and recognises if the problem has been solved.

By using this approach the children gain control over positive solutions and find ways that they can revisit for future conflicts.

* If a child is upset we will comfort them.

* We avoid creating situations in which children receive adult attention only in return for undesirable behaviour. We achieve this through praise and acknowledgement of positive actions and attitudes. This helps children understand that we value and respect them.
* We never use physical punishment, such as smacking or shaking. Children are never threatened with these, nor do we shout or raise our voices. We do not use techniques intended to single out or humiliate individual children and support the children in finding solutions to conflicts.
* We never use physical restraints (such as holding) or physically remove a child from a situation unless it is to prevent physical injury to the child, other children or adults and/or serious damage to property. Details are bought to the attention of the parent and are recorded in our Incident log.

**Supporting and intervention**

* We work in partnership with children’s parents/carers keeping them regularly informed about behaviour and working with them to address unacceptable behaviour. If children need additional, focused intervention support an ABCC observation approach is adopted to allow staff to observe, reflect and identify the causes and functions of the unwanted behaviour in the wider contexts of other know influences on the child. The ABCC approach considers:
* **A** – antecedent – information on what preceded a behaviour e.g. location, people, activity
* **B** – behaviour – recording the behaviour that took place
* **C** – consequence – what happened as a consequence of the behaviour e.g. what were the reactions?
* **C** – communication – what was the possible reason for the behaviour i.e. what was it trying to communicate?

The information that is gathered this way is considered to offer an insight into the causes of the unwanted behaviour so that appropriate strategies and support can be applies.

* At this point we may involve the setting SENDCo / Behaviour Management Officer to jointly create an Individual Behaviour Plan (IBP) to ensure we are all working together towards set targets. These will be regularly reviewed to monitor progress.
* Staff members will intervene and prevent escalation if there is aggressive or racially aggressive incident towards another child. Incidents of this nature will be recorded and parents of all children involved will be informed, observing necessary confidentiality. If appropriate the Designated Safeguarding Lead Office will contact children’s services and/or the police.

**Rough and tumble play, and fantasy aggression**

We recognise that teasing and rough and tumble play are normal for young children and acceptable within limits.

We develop strategies that are agreed with the children and understood by them to contain this type of play so it does not become hurtful or inconsiderate. We use opportunities of fantasy play to explore the concepts of right and wrong. Where children are engaged in rough and tumble or fantasy play we have a strict no contact rule.

**Biting**

Even in the best of preschools, nurseries and childminder settings outbreaks of biting may occur. This is an unavoidable consequence of young children in larger social groups. When in happens, it is scary, frustrating and very stressful for children, parents and staff. Although unfortunate, it is a natural phenomenon, not something to blame on children, parents or staff, and there is no quick and easy solutions to it.

Children bite, for a variety of reasons; simple sensory exploration, panic, crowding, seeking to be noticed, or the intense desire for a toy. Repeated biting becomes a pattern of learned behaviour that is hard to extinguish because it achieves the desired results: the toy, the attention.

**This is what we do to try to stop biting behaviour**;

* When a child is bitten, we avoid any immediate response that reinforces the biting, including negative attention.
* Children deem any attention as positive reinforcement irrespective of whether the attention is intended as negative. The child who has bitten is immediately removed with no emotion or words and caring attention is focused on the victim. The child who has bitten is not allowed to return to the play and is talked to on a level that he/she can understand then he/she is redirected.
* We look intensively at the context of each biting incident for patterns. Was there frustration? Does the child who has bitten need help becoming engaged in play or to make friends?
* We work with each child who bites to resolve conflict/frustration in an appropriate way.
* We make special effort to protect potential victims.

We accept responsibility for biting and other hurtful acts and protecting the children. It is our job to provide a safe setting where no child needs to hurt another child. The name of the child who has bitten is not shared because it serves no useful purpose and can make an already difficult situation more difficult.

A child who bites is not on a path to being a discipline problem, a bad person, or a cannibal. There are a number of possible explanations why some children bite. Parents are not held responsible for a child becoming a biter, nor are they expected to always be a significant factor in the ‘cure’, other than working with staff on consistent strategies and reducing any stress that the child may be feeling.

We do not recommend delayed consequence to the biting at home, which a child will not understand, as this is unlikely to help the situation, it is more likely to make it worse. What does work is logical consequences e.g. being deprived what he/she sought and denial of adult attention at the point of when the biting takes place.

We inform parents of both the child that has bitten and the child that has been bitten, discuss our approach and actions and give an advice slip to both parents. For some children a biting phase can last longer than others which is frustrating for all, in particular the parents of victims. We try to make every effort to support development away from the behaviour as quickly as possible whilst balancing our commitment to the family of the biting child and that of other families.

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