



Behaviour Policy

Bluebell Nursery aims to provide an environment that has high expectations of a child's behaviour and supports them at every stage of their development. We know that children's behaviour is a form of communication and when they display undesirable behaviour, they are trying to tell us that they are finding something difficult or they are unhappy.

All staff have responsibility for issues concerning behaviour. Staff are "Step-On" trained by Norfolk Steps, who promote positive behaviour through evidence-based principles and support early intervention and prevention of behaviours that challenge or risk harm.

Nursery Manager, Meganne Smith, is "Step Up" trained by Norfolk Steps, enabling safe and effective use of restrictive physical intervention within the current legislative frameworks.

Positive behaviour is an important factor in the development of children's personal, social, and emotional skills and well-being. Staff should strive to understand children's needs, their levels of development, personal characteristics, and specific circumstances, to support 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. 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. Bluebell Nursery encourages the use of our "Golden Rules" and remind children to use kind hands, indoor voices, walking feet and that sharing is caring.

Where a child's behaviour gives cause for concern, staff will take into consideration the many factors that may be affecting them. This is done in partnership with the child's parents/carers.

Children need consistent messages, clear boundaries and guidance to manage their behaviour through self-reflection and control.

- All staff are required to be positive role models of behaviour and treat others with friendliness, care, courtesy and respect.

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- All staff are to be consistent in their application of positive strategies for handling any conflict. Distraction, praise and role-modelling (appropriate to the age/stage of development) are employed as methods to assist children to find solutions.
- Bluebell Nursery recognises that methods of interacting with other people vary between cultures. All members of the pre-school are to respect and be aware of this.

Children at Bluebell Nursery are never labelled, criticised, humiliated, punished, shouted at or isolated by removing them from the group to be left in 'time out'. 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 the practitioner for up to 5 minutes to help them calm down and enable self-regulation. If appropriate, staff can use this time to help the child reflect on what has happened. Young children often do not have the capacity to understand 'why?' they reacted in a certain way to the situation.

Physical punishment of any kind is never used or threatened which could adversely affect a child's well-being. Physical intervention to safeguard a child/children must be carried out as per the guidance outlined to follow in this policy.

Some incidents of undesired behaviour require a strategic approach, especially if the behaviour is causing harm or distress to the child or others. The aim of the stepped approach (outlined below) is to resolve and/or avoid the behaviour escalating and causing further harm.

Step 1

Unwanted behaviours are addressed using an agreed and consistently applied approach to de-escalate behaviours.

- Incident form filled out on Tapestry
- Individual Record completed and if required, personal risk assessment carried out.
- Discussion on strategic approach between all staff members.

If adjustments are successful and the unwanted behaviour does not occur or cause further concern, then normal monitoring can resume.

Step 2

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If behaviour continues to be a concern, the SENCo and/or Key person must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps.

- The setting will review incident forms and look to identify a trigger for the behaviour.
- If a trigger is identified, Bluebell Nursery must meet with the parents/carers to work together on a behaviour support plan for the child. This allows for a consistent approach. All staff are informed of the agreed interventions and help implement the actions. The plan must be monitored and reviewed by the Key Person 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 using the agreed initial intervention approach. If the behaviour has been significant or may have a detrimental effect on the child, the parents/carers of the victim of the behaviour and the parents/carers of the perpetrator must be informed
- Parents/carers must also be asked to sign personal risk assessments where the risk assessment relates to managing the behaviour of a specific child.

Step 3

If despite applying an 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/carers 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. 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 must be followed immediately.

- Advice provided by external agencies is incorporated into a Support Plan and regular multi-disciplinary meetings will be 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.

Use of Physical Intervention

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 them first aid.

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Physical intervention to keep a child or other children safe is different and should only be used 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 at Bluebell Nursery must do all they can to avoid using physical intervention because it is not the preferred way of addressing children’s behaviour.

Most single incidents, such as throwing a book or snatching a toy, 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. 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 using the adult’s body gently and safely blocking the child from access to danger or to prevent danger.

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

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

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- 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 e.g. British Institute of Learning Disabilities 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 the practitioner 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 were 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 Manager as soon as possible on an incident reporting form, ensuring that it is clearly stated when and how parents were informed. Parents/carers are asked to sign a copy of the form which is then kept on the child's file. The Manager decides who will notify the parent/carer and when, ensuring that the parent/carer signs to say they have been notified. An individual risk assessment should be completed after any physical intervention with a child which

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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.

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