

First Steps (Bath)

Positive Behaviour Policy

First Steps (Bath) seeks to encourage children to develop self-regulation and self-esteem in an atmosphere of mutual respect and encouragement. We do this by building secure attachments with children and using safe touch and holding methods. In this way, the children are more likely to behave appropriately and develop a more effective stress-regulation system. We believe that by providing an appealing and stimulating environment and by noticing children's achievements and interests much undesirable behaviour can be avoided.

First Steps follow the Thrive Approach. This is a Therapeutic approach to support children's social and emotional well-being, underpinned by research in neuroscience and by child development theory, attachment theory and research into the importance of play and creativity.

Appropriate behaviour

Our expectations of behaviour are made clear through discussing and agreeing guiding principles with parents and children e.g. 'Have fun, stay safe, be kind'. We seek to apply these expectations consistently so that the children have the security of knowing what to expect and can build up positive habits of behaviour.

Encouraging appropriate behaviour

We believe that appropriate behaviour is encouraged if staff and parents/carers:

- Provide a positive model for the children about friendliness, care, and courtesy.
- Separate the behaviour from the child
- Praise desirable behaviour such as kindness and respect
- Support children to recognise their feelings and emotions
- Speak calmly and be a calm physical presence.
- Work with children to understand the reasons for difficulties And reflect on what happened before the behaviour
- Use strategies that support children to regulate their emotions including the VRF's – Vital Relational Functions
- Use emotion coaching strategies to support positive behaviour.
- Arrange the physical environment in a way in a way that encourages desired behaviour. Setting up aesthetically pleasing areas, planned and well organised to diminish the potential for problems.
 - To engage children without limiting their play and experiences
 - Ensure sufficient space so children can play and work creatively in a relaxed setting and enough resource to promote turn taking
 - Plan the outdoor space to provide opportunities for children to move more freely, be louder without restrictions and regulate through physical exercise.

- Balance active, loud, and energetic play spaces with soft, passive, quiet and peaceful areas both indoors and outdoors.
- Support children to understand and anticipate the consequences of their actions (feel-Stop-think-choose)

Expectations of staff and parents

We expect all staff to follow the principles outlined below, that parents/carers attending groups and on First Steps premises also follow these and that parents/carers of children attending day care support the staff in implementing this behaviour policy.

Staff will inform parents of events that may affect children, e.g. staff holidays. We ask all parents / carers to tell us about any significant changes in circumstances that may affect their child's behaviour e.g. the arrival of a new baby, bereavement, divorce, separation, hospitalisation.

Following the Thrive approach staff will adapt practice to meet the needs of the child's social and emotional wellbeing at their 'within time' stage (Being, Doing, Thinking). Staff use the Vital Relational Functions (VRF's) and PLACE to support children throughout their day. These include; VRF's-Attunement, Validation, Containment and Regulating. PLACE- Playful, loving, accepting, curious and empathetic. If certain children are identified to benefit from Thrive, they will have a Thrive Assessment carried out by a Thrive trained practitioner with an individual action plan to follow. Key staff will carry out action plans as part of targets.

Schedules, routines and transitions serve as a framework from which children gain trust, security and order. These are always flexible, with as few transitions as possible, but they provide clear guidelines about what is expected.

Any changes to the scheduling within the timetable will be clearly communicated to the children (and their families where necessary), along with clear reasons for the change (see Transitions Policy).

Emotional Outbursts

When a child becomes so angry, anxious, or frustrated to the extent that they and others have been unsettled, staff will intervene to prevent harm to persons or property.

- Staff will stop a child's aggressive or destructive behaviour such as biting, kicking, or hitting and give a direction for their action such as 'gentle hands, we don't hurt others.'
- Staff model positive behaviour to the child and will never shame or mirror the child's behaviour by raising their tone of voice or acting inappropriately.
- When the situation has been diffused, it is important that staff give support, time, and further discussion with the child, to reflect on what happened and to plan an alternative coping strategy in case a similar issue arises again.

- A positive approach that the child may use in the future is reinforced such as walking away and playing elsewhere or by stating clearly that they don't like what is happening and/or it hurts.

Unacceptable behaviours

We support children who display undesirable behaviours and their parents/carers to work towards a better pattern as appropriate to their age or stage of development. To achieve this the SENCO and key person co-ordinate individual support packages for children and can access expert advice on behaviour issues working with staff and parents. These may include risk assessments, behavior plans, and working with outside agencies to support the well-being/needs of the child.

In early education settings, any incidences of non-accidental hurting by one child to another are recorded in the nursery incident record. Both parties are asked to sign an acknowledgement of the incident.

We aim to help all children and adults towards an appropriate pattern of behaviour, relevant to their age or stage of development. However, should circumstances arise where other children and families are significantly adversely affected by the behaviour of another despite making appropriate adaptations to support both children and their families, we reserve the right to exclude the child or family, and we would try to suggest alternative sources of support. This may include reduced hours depending on the child's individual needs

Physical containment and restraint

Physical restraint, holding or restraining a child is only used if children are in danger of hurting themselves, other people, or damaging property. No matter what age the child is, physical restraint will only ever be used for immediate safety reasons, with the minimum force and for the minimum amount of time. The purpose of this intervention can only be to prevent injury to the child, another child or to an adult, or to prevent serious damage to property. If restraint is used within the early education setting then it is recorded on the incident record and is shared with the parent/carer that day upon their return to collect their child.

Physical holding as prevention must only be used:

- To prevent an accident such as a child running across a road.
- To prevent injury, e.g. where a child is lashing out or hurting themselves .
- Where a child is expressing feelings of anger, anxiety, or frustration, in a way which is unsafe for themselves and others and where reasoning has not stopped the behaviour, a staff member may assist the child in re-establishing control by holding them, to contain their feelings safely, as a last resort and for the minimum length of time. This intervention will only be used in an age-appropriate way, e.g. it may be appropriate to pick a very young child up.

- Great care will be taken when holding a child with particular attention paid to their individual needs.
- Where young children have become overwhelmed by their emotions, containment is offered by a familiar adult 'I am here to keep you safe' Physical containment for younger children involves holding and comforting a child to make the unbearable survivable.

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