

# The Sunshine Centre

## Behaviour Policy

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Also refer to the following policies:

- Exclusion Policy
- Capability Policy
- SEND Policy
- Staff Disciplinary Policy
- Managing Allegations Against Staff

## Behaviour Management Policy

All children and adults attending The Sunshine Centre have the right to be treated with respect and to be in an environment which is calm and safe.

We recognise the importance of positive and effective behaviour management

in promoting children's welfare, learning and enjoyment. However, The Sunshine Centre has zero tolerance to abuse or violence from adults.

These procedures provide a range of strategies which can be used as we aim to be consistent in our approach but recognise the importance of meeting individual needs.

### 1: Aims

- To encourage children to have positive attitudes towards learning and themselves.
- To encourage children to be considerate of others and exercise self-discipline.
- To provide children with skills to manage their own behaviour and solve their own problems through talk.
- To ensure children respond to boundaries with encouragement and support and understand the shared behavioural expectations of The Sunshine Centre.
- To safeguard children's emotional development and well-being by establishing a safe and caring environment that supports and protects all children's rights to grow and learn.
- To work in partnership with parents/carers in managing their child's behaviour at home and at The Sunshine Centre.

At The Sunshine Centre we aim to offer a positive learning environment where all children can progress and experience success. To support children, we ensure a range of strategies and procedures are in place.

### 2: Consistent Expectations

The following behavioural guidelines are consistent across The Sunshine Centre and reviewed regularly. Parents/carers, staff and children are encouraged to contribute to these and to raise any concerns or suggestions.

2.1 We are gentle – we don't hurt others.

2.2 We are kind and helpful – we say nice things to each other, we smile, we tidy up.

2.3 We listen – we take our turn to talk.

2.4 We look after toys and books – we don't break things.

2.5 We say what really happened – we tell the truth.

2.6 We try new things – we enjoy learning.

2.7 We use our manners - we say 'please', 'thank you' and 'excuse me'.

Practitioners and parents/carers praise and encourage children when they make every effort to keep these guidelines. Practitioners use the language in the guidelines when talking to children, rather than terms 'good', 'bad', or 'naughty'. For example, when a child has given their toy to another child, a practitioner might comment "Well done, you have been kind, you gave the ..... to ....." or "Thank you for picking up that toy, you have been very helpful".

### 3: Clear Routines

It is important that staff teams agree consistent routines for their groups. Photographs, symbols, visual timetables are used to support children's understanding of the daily routine. Any changes are explained to the children and practitioners focus on supporting children who find transitions difficult.

### 4: Supporting Transitions

Practitioners give warning of impending change to daily routine. Allow children time to finish something when they are engrossed. Provide visual symbols and auditory aides to show what is happening next. Counting down also gives children the opportunity to get ready for the next activity, session or change in routine e.g. "When I get to .... I want you to put your book away".

### 5: Tidy Up Times

Practitioners encourage children to put things away as they go along, before getting new things out.

Children are given notice when it is nearly tidy up time, "When the sand-timer is finished it will be tidy up time" or the first sound of the bell tells the children they have five minutes until tidy up time.

Children are provided with a visual and auditory signal that it is tidy up time such as a second ringing of the bell or the singing of the tidy up song.

Practitioners are consistent across The Sunshine Centre and encourage all children to actively participate during tidy up sessions.

Resources are clearly labelled to support children in developing autonomy and becoming independent learners.

## 6: Meeting All Children's Needs

Developing positive relationships between parent/carer, child and key person is a priority at The Sunshine Centre. Practitioners gather information consistently about children's interests, development and needs. This information feeds into the planning to ensure activities provide the needs of children.

## 7: Limit Setting

We are aware of having age-appropriate limitations and expectations. We set realistic limits for children according to their *age* and *stage* of development.

Children need *choice* and *opportunities* to succeed.

Adults need to model, encourage and praise children. Useful strategies to use when setting limits include:

7.1 Say what you want the child/ren to do e.g. "I would like you to...."

7.2 Say 'Yes' rather than 'No' e.g. "Yes, you can have a turn on the bike when the sand-timer has finished".

7.3 Give limited choices e.g. "Would you like to tidy away the cars or the bricks?"

7.4 Use 'When .... then' statements e.g. "When you have your coat on then you can go outside".

## 8: Group Times

Practitioners ensure group sessions meet children's different learning styles by providing visual props and opportunities for movement. The length of the group should be long enough to sustain children's interest. Waiting time should be kept to a minimum, therefore it is important that the lead practitioner is prepared and ready prior to the children arriving/joining. Practitioners use visual prompts to support the expectation of 'Good Sitting', 'Good Listening' and 'Good Thinking'.

## 9: Children's Health

Children's behaviour can be affected if they are unwell, tired, hungry, and thirsty, have a poor diet or are on medication. Physical problems can mean children are unable to cope with additional stress. At The Sunshine Centre we provide morning and afternoon snacks and drinking water is always available. Practitioners are vigilant to children's health and any sudden changes in their behaviour.

## 10: Rewards

At The Sunshine Centre we want children to be motivated by the satisfaction of doing the right thing, rather than for a tangible reward such as a sticker. However, we recognise that these rewards may work for specific children, although the plan would be to gradually move on from giving stickers. Practitioners provide children with social rewards such as: a smile, a high five, praise, a gesture, or by telling another child, staff member and talking to parents/carers.

## 11: Practitioner/Adult Role

Practitioners will:

- 11.1 Provide a positive role model for the children regarding friendliness, care, understanding and courtesy in the way they respond to the children, each other and parents/carers.
- 11.2 Demonstrate and model positive behaviour, especially when playing alongside children.
- 11.3 Take positive steps to avoid a situation in which children receive adult attention only in return for undesirable behaviour.
- 11.4 Avoid shouting or raising their voices in a threatening way.
- 11.5 Be aware that some kinds of behaviour may arise from a child's additional needs.
- 11.6 Be confident in pre-empting problems that may arise and take steps to de-escalate possible conflicts, to limit their occurrence.
- 11.7 Help children to understand the effects of their behaviour on others by praising good behaviour, such as consideration for another person, taking turns, sharing and helping others.
- 11.8 Shadow a child or spend quality time playing and building a positive relationship with a child who has been displaying unwanted behaviour.

- 11.9 Make themselves aware of, and respect, a range of cultural expectations regarding interactions between people.
- 11.10 Ensure all individuals feel respected and included regardless of gender, race, religion, ethnicity, background, family or social circumstances.
- 11.11 Ensure children are free from judgements, whether based on previous behaviour or the behaviour of other family members.
- 11.12 Never humiliate, label, make fun of or talk negatively about children under any circumstances.
- 11.13 Respect that children will make mistakes and ensure that children learn from them.
- 11.14 Be willing to listen to children sensitively.
- 11.15 Ensure adequate supervision and interaction with children at all times to limit stressful situations.

## 12: Dealing with Challenging Behaviour

When dealing with challenging behaviour, practitioners will be clear to distinguish between 'disengaged', 'disruptive' and 'unacceptable' behaviour.

'Disengaged Behaviour' may indicate that a child is bored, unsettled or unhappy with sensitive interventions. Staff will often be able to re-engage a child in purposeful activities.

'Disruptive Behaviour' describes a child whose behaviour prevents other children from enjoying themselves. Staff will collectively discuss incidents and agree on the best way to deal with this behaviour. Peer group may be asked.

'Unacceptable Behaviour' refers to non-negotiable actions and may include discriminating remarks, violence, bullying or destruction of equipment. Staff will be clear with the child that consequences may follow if the behaviour continues.

## 13: Additional Strategies to Manage Behaviour

### 13.1 Praising children showing appropriate behaviour:

*If a child is displaying an unwanted behaviour, the adult can praise a child sitting close who is displaying the correct behaviour e.g. "I like the way you are sitting with your hands in your lap".*



### 13.2 Stating the positive:

*Adults aim to use positive language and focus on 'do' rather than 'don't' e.g. rather than stating "No running" the practitioner will say "Walk inside, it is safer". Instead of saying "No, don't throw your toys" the practitioner will say "Let's put the toys in the box together".*

### 13.3 Offering a choice:

*Providing children with a choice can be empowering for the child. For example ".....has the orange car, you can have the blue or green one". When going on a walk a child may be given the choice to "Hold my hand or go back to the Centre".*

### 13.4 Diverting children:

*It is important that adults intervene to prevent a situation becoming worse, an aggressive attack taking place or a child hurting themselves or another child. Sensitive adult interaction can support children by rearranging an activity, taking the role of referee, encouraging the children to work together rather than simply saying "come and help me".*

### 13.5 Express feelings:

*Children have strong feelings. At The Sunshine Centre we acknowledge children's different emotions. We encourage children to express themselves by providing the words children need to describe their feelings e.g. "You look very angry" or "You don't look very happy, what's the matter?"*

### 13.6 Assertiveness:

*At The Sunshine Centre we want to provide the children with the skills to solve their own problems. If a child has behaved inappropriately towards another child we encourage the children to explain what they did not like e.g. "Don't pull my hair, I don't like it" or use 'I feel' statements e.g. "When you pull my hair I feel sad because you hurt me". Practitioners also use 'I feel' statements e.g. "When you won't come when I call you I feel sad because I have to come and get you". Children in the early stages of language acquisition can say "Stop" and use a hand signal.*

### 13.7 Explaining Rules

*There are times when children do not understand what is expected of them, therefore the practitioners at The Sunshine Centre strive to explain the reasons behind the expected behaviour.*

## 14: Strategies for Dealing with Specific Unwanted Behaviour

### 14.1 Conflict

If children have become involved in any form of conflict, practitioners will follow the High-Scope six steps for conflict resolution:

1. Approach Calmly

*Stop any hurtful language or actions. A calm manner reassures children that things are under control and can be worked out to everybody's satisfaction. If an object is causing the conflict the practitioner holds the object until the issue is resolved.*

2. Acknowledge Feelings

*Children need to express their feelings before they can let go of them and think about possible solutions to the problem. A practitioner will make simple statements like "You look cross" or "Yes you want the bike".*

3. Gather Information

*Practitioners are careful not to make assumptions or take sides. Practitioners will ask open-ended questions to help children describe what happened in their own words. Practitioners may ask*

*"What happened?" or "What is the problem?"*

4. Restate the Problem

*Using the information provided by the children, the Practitioner restates the problem, using clear and simple terms and, if necessary, rephrasing hurtful words.*

5. Ask for Ideas for Solutions and Choose One Together

*Practitioners encourage children to suggest solutions, helping to put them in practical and concrete terms. We accept their ideas, rather than impose our own, thus giving children the satisfaction of having solved the problem. Practitioners may need to model how to make the situation better.*

6. Give Follow-up Support as Needed

*Practitioners help children begin to carry out their solution, making sure that no one remains upset. If necessary, we repeat one or more steps until all the children return to their play.*

#### 14.2 Physical Aggression, including spitting

Interrupt and stop any violent behaviour calmly and firmly say “We are kind to each other”. Deal with any injuries first then take the children through the six steps. Record the incident.

- a) Comfort the victim and encourage the other child to make amends, if appropriate, e.g. stroking or hugging the injured party, offering to play with him/her.
- b) Talk to both children about what happened and discuss/suggest an alternative way of behaving.
- c) If appropriate, encourage children to re-enact the scenario with appropriate behaviour e.g. if a child has snatched a toy they could model asking for a turn instead.
- d) In the event of spitting child’s clothes to be changed and or child cleaned with water if on skin. If it is on an adult they should change as soon as is appropriate to do so.

#### 14.3 Swearing

- Practitioners reinforce expectations by saying “We don’t use those words here”.
- Praise child’s use of appropriate language.
- If swearing continues, this needs to be discussed with the family.

#### 14.4 Destructiveness

- Point out what has happened.
- Encourage the child to clear up the mess or reconstruct a child’s work that has been damaged.

#### 14.5 Unwillingness to Share

- Ensure there are enough toys to avoid disputes.
- Give children permission to finish playing with a toy before being expected to hand it over to another child.
- Structure turn-taking by using a sand-timer.
- Praise children for being 'kind' when they willingly share equipment.

#### 14.6 Uncooperative Child

- Give plenty of warning of activity or changes.
- Use auditory or visual prompts to pre-warn children.
- Find steps to help the child join in slowly.
- Provide a more appropriate activity.

#### 14.7 Superhero and Gun Play

- Become familiar with the programme children are acting out so that themes can be incorporated into the educational programme and negative effects can be moderated.
- Engage in the play and redirect the play to have a 'rescuing' or helping focus.
- Remind children to pretend play and they must not have physical contact, this ensures no one gets hurt.
- Extend play into making props to support the story lines.
- Teach 'dramatic' skills e.g. showing how to pretend to be trapped or frozen.
- Support children in setting limits e.g. by saying "If I'm not in your game, don't shoot me".

#### 14.8 Biting

- Focus attention on the hurt child but involve the other child in reparation if appropriate.
- Say "No" firmly, a visual aid such as a red cross can be used.
- The victim will be inspected immediately for any visible injury and any broken skin is treated with a cold compress.
- Use language that reinforces that the biting caused pain.
- Encourage the child to look after the hurt child.
- Encourage the child to be 'gentle'.
- Provide alternative and appropriate things to bite on if teething.

## 14.9 Serious Biting

If a child continues to bite, practitioners will track the child and make observations to identify any causes. The practitioner and parents/carers will record details and draw up a behaviour plan.

Practitioners ensure the biter receives cuddles, hugs and friendliness at various times of the day and reinforce that we like the child but we don't like the biting.

## 14.10 Tantrums

Having tantrums is a normal part of a child's development, it is important that practitioners remain calm. Tantrums are an expression of a strong emotion that children are learning to deal with. While a child is having a tantrum practitioners need to:

- Make sure the child is safe by moving objects away.
- Do not try to talk to or reason with the child at this stage.
- Hold the child gently if allowed.
- De-escalate the situation by talking calmly.
- Reassure by saying "It will be OK".

If a child is prone to tantrums, practitioners need to identify the triggers.

## 15: Withdrawn or Distressed Children

Practitioners should:

15.1 Work closely with parents/carers and may need to 'resettle' the child.

Provide a visual timetable.

15.2 Use symbols to help communicate with the child.

15.3 Provide a bag or basket of personal items.

15.4 Pre-warn of any changes to routines.

15.5 Listen to the child in different ways e.g. using puppets or small world play.

15.6 Provide lots of opportunities for fun and laughter.

## 16: Identifying Challenging Behaviour

Types of behaviour that are deemed inappropriate are as follows:

16.1 Physical abuse/violence

16.2 Kicking, biting, hitting, hair pulling, scratching and spitting.

16.3 Verbal abuse, swearing, racist comments, derogatory comments or actions.

16.4 Throwing objects in rage, spitting, deliberate destruction of Centre's or other people's property.

## 17: Consequences and Sanctions

Consequences and sanctions are used as a last resort once the above strategies have not made a difference to a child's behaviour. Practitioners tell children what will happen if they continue to behave in a certain way. Children will be given 'thinking time' away from the situation (1 minute per year of age). Practitioners will talk to a child about their behaviour. The practitioner may say "I cannot let you hit ....". Practitioners will always use positive language when dealing with challenging behaviour. Commands such as 'sit down', 'naughty' and 'don't' will not be used.

## 18: Record Keeping

Practitioners adopt positive observational record keeping observing:

A – Antecedents (events that occurred prior to the behaviour)    B    –  
Behaviour (what actually happened).

C – Consequences (what happened afterwards and how the child/ren were supported).

Both positive and inappropriate behaviour is recorded.

Where a child continues to display negative behaviour, the key person and SRCO will work in partnership with the parents/carers using observation records to establish an understanding of the cause. Parents/carers will be invited to a meeting and a Behaviour Support Plan will be agreed to support the child.. This will be reviewed at least termly

Early identification of a concern is important. If the situations continue to occur, with parental consent, outside agencies may be contacted to offer constructive confidential advice.

## 19: Steps to Take If You Have A Concern About A Child's Behaviour

- a) Share concerns with colleagues.
- b) Share concerns, strategies and plans with parents/carers.
- c) State clearly what the behaviour is that concerns you.
- d) State clearly what you would like to see the child do instead.
- e) Prioritise
- f) Agree a plan of support and review regularly.
- g) Offer support of Outreach team.

h) Seek advice from outside agencies with parental consent.

## 20: Inclusion

We believe in providing care and education which meets all children's needs. We are aware that some children need additional support in managing their behaviour during their time at the Centre. Practitioners should actively encourage all children to play together and be aware of their different needs.

Practitioners are aware that children with significantly delayed language skills can become easily frustrated if they are unable to communicate their wants and needs. Staff need to use gesture, body language and supplementary signing systems to aid children's understanding. Visual materials should be used as much as possible.

Strategies to support behaviour in young autistic children:

- Aim to ensure routine, structure and predictability through the day. Use visual timetables and social stories.
- Use the child's interests as rewards.
- Find new ways of using the child's interests to engage them in new learning experiences.
- Provide the child with clear boundaries.

Strategies to support children with attention difficulties:

- Provide children with special responsibilities and encourage other children to see them in a positive light.
- Practitioners encourage parents/carers to introduce clear routines at home.
- Encourage the children to think positively about themselves by promoting positive self-talk. "You sat really well today, how do you feel?"

## 21: Safe Handling

We recognise that there are unforeseen or emergency situations which may cause the need for physical intervention.

Physical intervention should only be used to manage a child's behaviour if it is necessary to prevent personal injury to the child, other children or an adult, to prevent serious damage to property or in what would be regarded as exceptional circumstances. Any use of physical intervention in a setting should be consistent with the principle of reasonable minimal force. Where it is judged that restrictive physical intervention is necessary, staff should:

- Aim for side-by-side contact with the child. Avoid positioning themselves in front (to reduce the risk of being kicked) or behind (to reduce the risk of allegations of sexual misconduct).
- Aim for no gap between the adult's and child's body, where they are side by side. This minimises the risk of impact and damage.
- Aim to keep the adult's back as straight as possible.
- Beware in particular of head positioning, to avoid head butts from the child.
- Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely.
- Ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.
- Avoid lifting mobile children where possible.

Any occasion where physical intervention is used to manage a child's behaviour should be recorded and parents/carers informed about it on the same day.

Practitioners complete an incident sheet and inform the lead person for Behaviour Management and parents/carers on the same day.

## 22: Corporal Punishment

Physical punishment, such as smacking or shaking, will be neither used nor threatened. No-one is permitted to use any form of physical punishment on the premises.

If a practitioner commits any act of violence or abuse towards a child, serious disciplinary action will be implemented, according to Staff Disciplinary Procedures.

## 23: Role of SRCO

- To help identify children's behavioural needs.
- To help with planning approaches to working with and supporting children with behavioural needs.
- To ensure that parents/carers are updated by their child's key person on a regular basis.
- To make sure children's progress is regularly reviewed.
- To make sure parents/carers are fully involved in the planning for their child.
- To liaise with outside agencies.
- To support the writing of Behaviour Support Plans
- To participate in multi-agency procedures to secure the best possible support for individual children i.e SPORFIs, EHCPs
- To be an advocate for children in multi-professional meetings



- To manage any additional funding obtained and ensure all administration is carried out.

#### 24: Partnership with Parents/Carers

Discussion with parents/carers about strategies used at home is a very important part of supporting a child's behaviour at the Centre. It is important that practitioners share children's positive behaviour regularly with parents/carers especially when supporting a child who is displaying negative behaviour. Staff need to respond sensitively to parents/carers when they seek help in managing their child's behaviour.

#### 25: Working with Outside Agencies

Support may be sought from outside agencies, with the parents/carers agreement, through for example a referral to Single Point of Request for Intervention (SPORFI). Education, Health and Care Plan (EHCP), Team Around the Child (TAF)

#### 26: Withdrawal of Place

Withdrawal of a place is an exception. We may, depending on the severity issue a fixed term exclusion to acknowledge the severity of behaviour and to ensure that the child and other children can be in a safe environment. We must acknowledge when we continue to be unable to meet a child's needs at The Sunshine Centre and may, in very rare occasions, need to give support to parents/carers to find alternative care with the support of the local authority if appropriate.

Ratified on:

Name:

Signature:

Review: June 2025