Behaviour Policy

Governors' Written Statement of Behaviour Principles

This statement has been written by the governing body of Norcot Early Years Centre in accordance with our duties under the Education and Inspections Act 2006. It sets out the principles that guide centre's approach to behaviour and discipline.

It provides guidance to the headteacher in drawing up the behaviour policy so that it reflects the values and ethos of the centre and clarifies the expectations and responsibilities in relation to children's behaviour.

This statement was approved by the governing body on 20 October 2026 and will be reviewed annually.

At Norcot Early Years Centre, we believe that positive behaviour is built through kindness, nurturing relationships, mutual respect and a sense of belonging. Guided by our vision, 'Be kind. Have fun. Be you!', we are committed to creating a safe, inclusive and welcoming environment where everyone feels valued, respected and supported to thrive.

We recognise that all behaviour is a form of communication and that developing positive behaviours is a journey requiring patience, understanding and consistent support. We seek to understand the needs behind behaviour, respond with empathy and curiosity, and provide opportunities for everyone to learn, grow and make positive choices.

As adults, we recognise our responsibility to be positive role models, demonstrating the kindness, respect, compassion and self-regulation we wish to nurture in children. We work in partnership with families and colleagues, celebrate individuality, respect differences and support one another to overcome challenges.

Together, we strive to create a culture where everyone feels safe to be themselves, where mistakes are opportunities for learning, and where kindness, inclusion and positive relationships underpin everything we do.

Ethos

Our approach to behaviour is underpinned by a therapeutic understanding of child development. We recognise that all behaviour is a form of communication and that young children are still developing the emotional, social and communication skills needed to understand and manage their feelings and actions.

We consider each child holistically, recognising that behaviour is influenced by their developmental stage, individual experiences and circumstances, as well as environmental factors such as sleep, hunger, mood and sensory needs. Rather than viewing behaviour in isolation, we seek to understand its underlying causes and identify what a child may be communicating or attempting to achieve.
Our approach focuses on teaching, modelling and nurturing the skills children need to develop positive behaviours. Through consistent routines, co-regulation and carefully planned experiences, we support children to build emotional awareness, develop self-regulation and learn appropriate ways to communicate their needs, interact with others and navigate challenges.

We understand that learning these skills takes time and that children will require different levels of support at different stages of their development. We respond to behaviours that cause concern with curiosity and reflection, considering what the child needs to learn and how we, as adults, can adapt our approach to support their progress.

Our behaviour curriculum aims to support all children to:

- Develop emotional literacy: Recognise, name and communicate their emotions and needs in age-appropriate ways, building their emotional vocabulary and understanding.
- Develop self-regulation skills: Build the capacity to manage feelings and responses through co-regulation, learning from the consistent modelling and support of the adults around them.
- Promote independence and resilience: Develop increasing independence, make choices, navigate challenges and learn from experiences in a supportive environment.
- Develop social understanding: Build the skills needed to understand the perspectives of others, develop empathy, manage interactions and make positive choices.
- Work collaboratively: Draw on the expertise of families, colleagues and external agencies when needed to develop shared strategies and ensure every child receives the support they need.

We believe every child has the capacity to develop positive, pro-social behaviours when provided with appropriate opportunities, guidance and support. Our role is to understand, teach and encourage these skills, recognising progress at every stage of the child's development."

Philosophy and Values

Our therapeutic philosophy is rooted in the understanding that all behaviour is a form of communication. We recognise that young children are developing the skills to manage their feelings and behaviour. We consider each child holistically, taking into account their developmental stage and environmental factors such as sleep, hunger, mood, or sensory needs. We understand that positive experiences create positive feelings, which support pro-social choices. We do not view children as 'challenging'; instead, we see behaviour as a signal that a child needs support. We explicitly teach emotional literacy, self-regulation, social skills,

and communication through nurturing relationships, consistent routines, and co-regulation. We respond to challenging behaviour with curiosity, asking what the child is communicating and how we can better support them. We believe that every child can develop pro-social behaviours and are committed to providing patient, consistent support throughout their journey.

Responsibilities of Governors

- Agree this policy and review it annually, or sooner if there are changes to relevant laws, statutory guidance, or significant incidents that require policy amendments
- Ensure the policy conforms to relevant legislation, including the Equality Act 2010, and statutory guidance including Keeping Children Safe in Education (KCSIE)
- Monitor the implementation and effectiveness of this policy through:
    - Regular reports from the Headteacher and SENCO
    - Visits to the Centre to observe practice
    - Analysis of behaviour data and incident records
    - Feedback from staff, families and external professionals
- Ensure the policy reflects the Centre's commitment to the Public Sector Equality Duty and makes reasonable adjustments for children with SEND
- Ensure safeguarding and health and safety considerations are embedded throughout behaviour management practices

Responsibilities of the Headteacher

- Ensure this policy is consistently implemented across the Centre and embedded in the Centre's culture and ethos
- Provide ongoing support and guidance to staff in implementing the policy effectively
- Ensure there is a named practitioner with responsibility for behaviour (currently the SENDCo)
- Ensure all staff receive appropriate training.
- Ensure adequate supervision arrangements are in place, particularly when staff are supporting children with extremely challenging behaviour
- Monitor the effectiveness of the policy.
- Ensure appropriate risk assessments are in place and regularly reviewed
- Work in partnership with families and external agencies to support children's behaviour and development

Responsibilities of the Special Educational Needs Co-ordinator (SENDCo)
Currently fulfilled by Kathryn Sykes

- Act as the named practitioner with responsibility for behaviour across the Centre
- Provide expert advice, support and coaching to staff regarding:
    - Understanding behaviour as communication
    - Implementing therapeutic thinking approaches
    - Developing individualised behaviour support strategies
    - Using appropriate visual resources and communication tools

- Support staff to identify children who may need additional support with their behaviour and emotional regulation
- Take action following receiving a Support Request Form (Appendix L), listening to the child's voice, the views of the family and exploring nursery observations.
- Lead on the development and review of therapeutic trees and individual behaviour support plans, working collaboratively with staff and families
- Liaise with appropriate external professionals when necessary.
- Monitor patterns and trends in behaviour across the Centre and use this information to inform practice and training needs
- Ensure staff have access to appropriate resources and strategies to support positive behaviour
- Keep up to date with research and best practice in early years behaviour management and share this with the team
- Support the Headteacher in monitoring the effectiveness of this policy

Responsibilities of All Staff

- Be familiar with and consistently follow this policy at all times
- Understand that all behaviour is a form of communication.
- Act as positive role models and create a calm and nurturing environment with consistent routines that help children feel safe and secure.
- Respond calmly and patiently to all behaviour, supporting children to recognise and manage their feelings and understand how their behaviour impacts others.
- Promote positive behaviour, specifically praising pro-social choices, emphasising what children should do and why and promoting respect for the environment and property.
- Together with the family, complete a Support Request form (Appendix L) and share this with the SENDCo.
- Collaboratively develop and implement consistent behaviour strategies through the completion of behaviour tracking records and therapeutic trees to analyse behaviours and plan pro-social experiences using a therapeutic plan.
- Seek support from colleagues and external professionals including the SENCO, Safeguarding & Welfare Lead, and specialists as needed.
- Ensure children's safety and wellbeing at all times, recognise and respond appropriately to signs of child-on-child abuse including unwanted approaches and follow online safety procedures.
- Record all behaviour incidents and concerns and report any safeguarding concerns immediately to the Designated Safeguarding Lead.
- Record any incidents of physical restraint or seclusion and report these to Headteacher, DSL, Daycare Manager or Deputy of Daycare in line with Restrictive interventions, including reasonable force, in schools – Guidance for Schools in England, April 2026.
- Maintain confidentiality in line with the Centre's policies.
- Staff will prioritise their own wellbeing, recognise when they need support and ask for it as a sign of professional strength, and engage in reflective practice and supervision to support their development and wellbeing.

Responsibilities of Students and Volunteers

- Follow the guidance and procedures set out in this policy, as directed by staff
- Work under the supervision and direction of qualified staff at all times
- Request support and advice when necessary
- Record and report and Safeguarding concerns to DSL/DDSL
- Maintain confidentiality in line with the Centre's policies
- Report any concerns about children's behaviour or wellbeing to a member of staff immediately
- Contribute positively to the Centre's nurturing and supportive environment

Responsibilities of Families

- Families will work in partnership with the Centre by keeping staff informed about concerns, changes or strategies affecting their child's behaviour and wellbeing.
- Families will attend meetings when invited
- Families will collaborate on behaviour support plans, maintaining consistency between home and Centre
- Families will engage with staff and external professionals.

Behaviour Curriculum in Action:

Universal Strategies

Across the Centre, staff will consistently use universal strategies (Appendix A) to support all children, creating a positive, predictable environment.

Responding to Anti-Social Behaviours

Staff will establish appropriate routines and explicitly teach and model the behaviour they expect from pupils, so that these are well understood, with approaches adapted to meet pupils' individual needs as necessary. Staff will follow this calm, solution-focused process, always setting children up to succeed:

1.Safety First

- Is everyone (child, other children, staff) safe?
- Use of restrictive physical intervention is used as a last resort and only when appropriate if a child is at risk of hurting themselves or someone else (see Appendices I and J)

2. Analyse the Situation

- What is developmentally appropriate for this child?
- Would gentle reassurance, redirection, or a reminder of expectations help?
- What is the child communicating? What problem are they trying to solve?
- What pro-social skills does this child need to learn, and how can we support this?

3. Connect and Co-Regulate

- Use de-escalation strategies (Appendix F) to help the child regulate
- Reduce adult language and provide time and space to calm
- Model calming techniques such as deep breathing
- Relationships between pupils and staff should show kindness, courtesy, empathy and respect, reflecting a positive culture.

4. Support Reparation

- Is an apology developmentally appropriate for this child's age and stage?
- Does equipment need tidying or something need cleaning up?
- How can we help the child make things right?

5. Apply Consequences (used proportionately and appropriately)

- **Logical consequence** – naturally related to the behaviour
- **Educational consequence** – what learning can be supported?

6. Record Incidents

All concerns, discussions and decisions made, and the reasons for those decisions, should be recorded in writing using factual, non-emotive language helping to identify repeated patterns of continuous behaviour:

- **Appendix B: ABCC Behaviour Chart** – use following 4 incidents occurring within a half-term period
- **Appendix C: Behaviour Tracking Chart** – use if incidents are occurring on a daily basis

7. Escalate if Needed

If anti-social behaviours persist, the key person should consult with the SENDCo (or in their absence the Headteacher) and complete a **Support Request Form (Appendix I**) alongside the family and consider:

- **Appendix D: Therapeutic Thinking Tree**
- **Appendix E: Therapeutic Plan**
- An individual risk assessment may be appropriate

8. Debrief (if needed):

To be completed by SMT/Behaviour Lead within 24 hours of any incident that has left a staff member feeling emotionally or physically hurt (Appendix J)

Leaders work with pupils and parents to communicate expectations about behaviour and to foster partnerships between home and school. It is essential for the child's family to be fully involved in this process. This enables insights from both home and nursery, promoting a consistent approach across both environments.

When a child consistently repeats challenging behaviour or targets another child (Appendix H), staff must inform the SENDCo/Headteacher and record the incidents to track patterns and develop effective interventions.

Criteria for Success

- The policy is compliant with all legislation and guidance
- Children's behaviour in the centre is judged to be good
- Staff report that they feel confident and supported when dealing with anti-social behaviour

Associated Policies

- Safeguarding
- Curriculum, Teaching & Learning
- Health & Safety
- Equalities, Diversity & Inclusion
- Illnesses, Injuries and Medication

Policy Agreed Governors:
Policy to be Reviewed by Curriculum & Personnel Committee October 2027

Appendices

A. **Strategies for supporting behaviours**
B. **ABCC chart for behaviour analysis.**
C. **Behaviour tracking chart**
D. **Therapeutic Tree**
E. **Therapeutic Plan**
F. **De-escalation strategies in Early Years**
G. **Reasonable Force**
H. **Understanding child-on-child abuse.**
I. **Physical Restraint Form**
J. **Body Map**
K. **Debrief conversation for staff.**
L. **Support Request Form**

Appendix A

Strategies for Supporting Behaviour

All strategies for supporting behaviour must be adapted to take into account each child's:

- Level of development and stage of learning
- Communication and language skills
- Specific learning needs, including SEND
- Individual circumstances and experiences
- Emotional state and capacity for self-regulation at that moment

Universal Strategies - Supporting All Children
These strategies should be used consistently by all staff to create a positive, predictable environment:

Creating a calm, nurturing environment:

- Maintain a calm, warm tone of voice at all times
- Use positive language that tells children what to do, rather than what not to do (e.g., "gentle hands" rather than "don't hit")
- Provide clear, consistent routines so children know what to expect
- Give children time to process instructions and respond
- Use visual supports (e.g., visual timetables, now and next boards, emotion cards) to help children understand expectations and routines

Supporting communication and emotional literacy:

- Model and teach emotional vocabulary appropriate to the child's developmental stage (e.g., "I can see you're feeling frustrated")
- Use "mental state talk" - share your own thought processes out loud (e.g., "I'm thinking about which book to choose. I wonder if...")
- Acknowledge children's feelings before addressing behaviour (e.g., "You're feeling cross because...")
- Support children to name their emotions using visual resources such as emotion fans, feeling faces, or zones of regulation

Promoting positive behaviour:

- Catch children being good - give specific, descriptive praise (e.g., "Thank you for waiting so patiently. That was kind")
- Model the behaviour you want to see (e.g., saying "please" and "thank you", sharing, waiting)
- Use co-regulation strategies - stay calm and regulated yourself to help children regulate
- Provide opportunities for children to make choices within clear boundaries
- Use timers (sand timers or visual timers) to help children understand waiting and turn-taking
- Teach and model phrases such as "Can I have a turn please?" or "Stop, I don't like that"

Preventing difficulties:

- Ensure the environment and activities are appropriate for children's developmental stages

- Provide sufficient resources to minimise conflicts over sharing
- Give warnings before transitions (e.g., "In 5 minutes it will be tidy-up time")
- Ensure children's basic needs are met (e.g., not hungry, tired, or overstimulated)
- Be aware of individual triggers and plan to avoid or support children through these

Appendix B

ABCC Chart

Day/Date	Time of Day	A. Antecedents	B. Behaviour	C. Consequences	C. Communication
		What was happening before the behaviour occurred?	*What did ……. do?*	*What you/others did after the behaviour occurred.*	*What is the behaviour communicating?*

Appendix C

Behaviour Tracking

Pupil Name: **Room:**

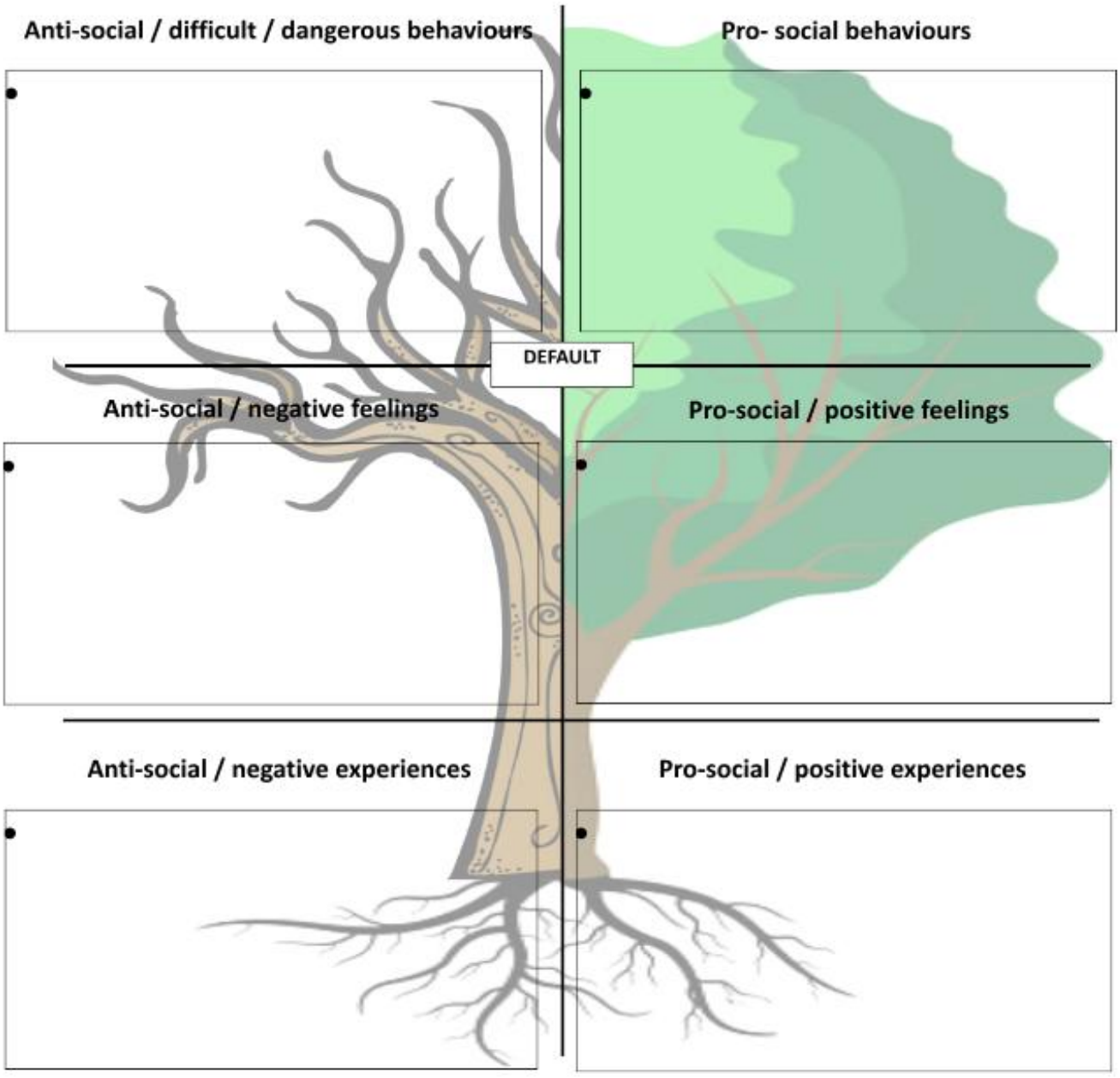
Date	Time	Activity	Behaviour to Peers		Behaviour to Staff		Behaviour to Self	Staff Response	Contributory Factors	Staff Initials	Additional Comments
		Explore EX Snack Sn Playtime Pl Transition Tr Toileting To Offsite O	Physical Hurt: P Verbal Abuse: V Rejection: R	Initial of peer	Physical Hurt: P Verbal Abuse: V Rejection: R	Initial of staff	Absconding: A Self-Harm : Se	Encouraged: E Ignored: I Planned strategy: P Unsure: U	Activity: A Environment: E Health: H Relationships: R Sensory: S Unsure: U		

Appendix D

Therapeutic Thinking

The Therapeutic Tree

Name	
Supporting Staff	
Date	
Review Date	



Appendix E

Therapeutic Support Plan

Name: **DOB:** **Class:**	**Those involved in constructing the plan:** **Date Shared with Parents:** **Review Date:**
Core Aims:	
Current Behaviour causing concern:	**Possible Communicative Function:**
Proactive Strategies	
Examples: communication aids, sensory snacks/supports for regulation **things you do 90% of the time**	
When Regulated:	Supportive behaviour curriculum to include:
Key observations when the child is regulated: (environment, sensory resources etc)	

Active Strategies
Examples: Known triggers to challenging behaviour, management of trigger behaviours and ways of calming, distraction, regulation, **things you do to keep calm before behaviour escalates**

Early Signs of dysregulation include:	

Reactive Strategies	
Crisis-type behaviours that show us something is wrong	

Appendix F – De-escalation strategies in Early Years

When a child displays distressed behaviour, staff will use de-escalation techniques appropriate to the child's age and developmental stage. Staff will establish appropriate routines and explicitly teach and model the behaviour they expect from pupils, ensuring these are well understood, with approaches adapted to meet pupils' individual needs as necessary. To support de-escalation staff will:

- use a low, calm voice, maintain a non-threatening body posture, and give children space whilst ensuring safety.
- create a positive environment where relationships between pupils and staff show kindness, courtesy, empathy and respect, reflecting a positive culture.
- redirect children to a calmer activity or quiet area, offering comfort objects or sensory resources as appropriate.
- provide reasonable adjustments and adaptations will be made when considering pupils' needs, challenges and barriers, while maintaining high expectations for what all pupils can achieve, using timely, well-chosen, targeted interventions to support those who need additional help.

Physical intervention will only be used as a last resort when necessary to prevent harm, and any such use will be reasonable, proportionate and necessary (Appendix 7).

Appendix G: REASONABLE FORCE PHYSICAL INTERVENTION

Always explore de-escalation first before physical intervention

A restrictive intervention is defined as the use of physical force to control a child's behaviour. The law states that restrictive physical interventions with a child **should be used with the least amount of force or least restrictive intervention necessary for the least amount of time required to reduce the relevant risks. Following de-escalation (Appendix F) restrictive interventions may be used to prevent or stop a pupil from:**

- **Causing injury to themselves or others**
- **Committing a criminal offence**
- **Damaging property**
- **Causing disorder among pupils at the school whether during a teaching session or otherwise.**

(Restrictive interventions, including reasonable force, in schools – Guidance for Schools in England, April 2026).

The centre believes that in the vast majority of circumstances restrictive physical intervention with young children is an extreme course of action and should only be used in an extreme crisis or as a last resort when all other de-escalation strategies have been tried.

There may be circumstances where staff need to use reasonable force physical interventions with a child such as guiding them by the arm or using their body as a physical block or seclusion. Seclusion is a non-disciplinary intervention involving keeping a pupil confined to a place away from others and preventing them from leaving either by physical obstruction, blocking or making them believe they will be punished if they try to leave. Pupils shall be supervised at all times and as soon as the immediate risk of harm has reduced the pupils should be allowed to leave and needs to be reported. These should only be engaged in if the child is at serious risk of hurting him/herself or someone else and should be used to safeguard children and staff. Staff must maintain the child's dignity, communicate what is happening, seek to understand how they are feeling and consider pupils welfare, and their individual needs for example:

- Adverse life events
- Diagnosed or undiagnosed medical conditions or sensory impairments.
- SEND
- Follow therapeutic support plans and risk assessments

All incidents of restrictive physical intervention and seclusion should be reported on the same day to DSL or DDSL using an incident reporting form (Appendix 9).

All completed Incident Reports will be kept on CPOMs under each child's name. As parents are able to access any report referring to their child on request, any other pupils involved are not named. This will be shared on the termly governors' report, the chair of governors meeting with the headteacher and with the local authority through the on-line accident/incident reporting system.

At Norcot Early Years Centre we believe that it is quite acceptable to appropriately make physical contact with young children, for example to give reassurance to a child who is hurt or distressed. Staff should however be aware that children respond differently to touch and a child's personal boundaries should always be respected. Staff will seek consent from a child before physical contact is made ie, "would you like a hug".

Appendix H

Understanding Child-on-Child Abuse in Early Years

All staff should be aware that children can abuse other children at any age (often referred to as child-on-child abuse), and that it can happen both inside and outside of school or college and online Keeping Children Safe in Education Keeping Children Safe in Education Keeping Children Safe in Education.

What child-on-child abuse can include in early years:

Whilst we recognise that very young children are still developing their understanding of appropriate behaviour and social interactions, staff must be aware of and respond to behaviours that could indicate child-on-child abuse, including:

- **Physical harm:** Hitting, kicking, biting, hair pulling, or otherwise causing physical harm that goes beyond typical developmental exploration
- **Bullying behaviours:** Repeatedly targeting a particular child in a way that causes distress (including name-calling, exclusion, or taking/hiding belongings)
- **Unwanted physical contact:** Touching other children in ways they don't like, after being asked to stop
- **Inappropriate sexual behaviour:** Behaviour that is not typical for the child's developmental stage and may indicate exposure to inappropriate content or experiences

Important context for early years:

- Very young children are still learning about boundaries, personal space, and appropriate ways to interact with others
- Some behaviours that might seem concerning are part of normal development and exploration
- However, staff must not dismiss behaviours that cause harm or distress
- It is important that all staff recognise the indicators and signs of abuse and know how to identify it and respond to reports Keeping Children Safe in Education Keeping Children Safe in Education Keeping Children Safe in Education

Appendix I

Physical Restraint and Seclusion Form – Guidance for Completion

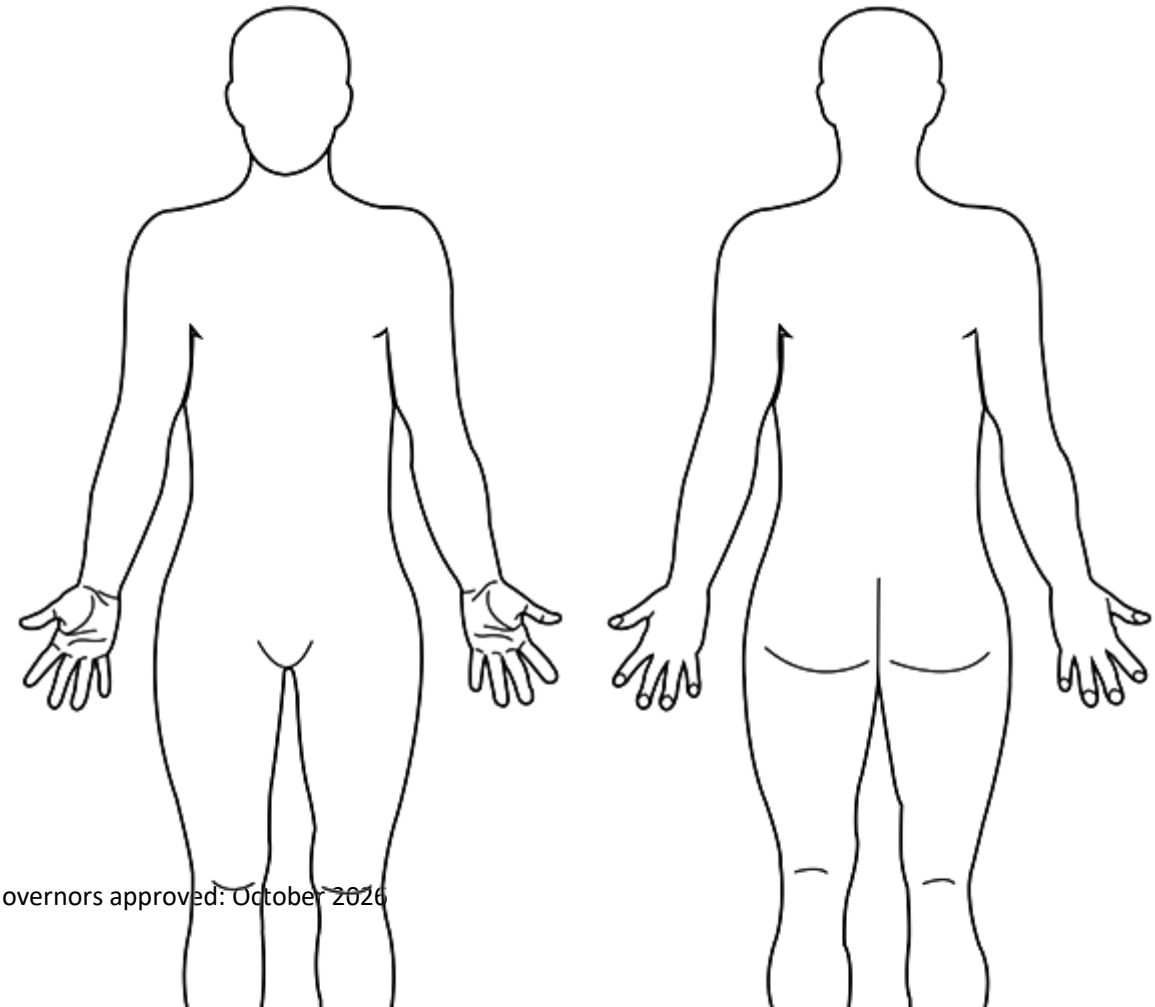
Name of child: Remember to write child's surname	D.O.B: ensure that this is completed
Date & time of incident:	Location: be specific
Person making report:	Date & time of writing report:
Report: Relevant needs, circumstances or known triggers (eg SEND, Therapeutic Support Plan)	
What happened before the serious behaviour incident? What led to the outburst?	
What de-escalation strategies were used by the members of staff?	
How did the child respond to the de-escalation strategies used? What behaviours did you see?	
Describe the reasonable forced used, the degree and any physical injuries. Complete a body map (Appendix 2)	
How did the child self-regulate/calm down? Length of time taken? Any support given? Any first aid given?	

Incident reported to (delete as appropriate):		Date and time received:
Helen Walsh	Katarina Bingham	

Lisa McCoy	Faye Turner	Signature:
Signature (and position) of person making the report:		Date:
Summary of intended action and outcome: e.g. BSP written, discussion with parents, record of behaviours		
Details of debrief:		
Further actions needed:		
Signature of Parent:		Date:

Behaviour Policy – Appendix 2

BODY MAP



Appendix J

BFfC Post Incident Debrief Guidance for Schools and Settings

Description of the Event:

- “Are you ready to start and is there anything you need? “
- "Let's take some time to discuss the incident in more detail."
- "Can you walk us through what happened, where and when?” *Try to establish the **facts** and **stages** of the incident at this phase- it is useful to write these down so they can be revisited- dissuade staff members from emotive or generalized language. Ask clarifying questions such as “what did that look like/ what do you mean when you say…”*
- "What were the key moments that stood out to you? *Establish what the person noticed most.*
- “What were your thoughts and feelings at each of these key moments*? Go back through each stage/ moment to establish thinking and emotional responses.*
- “What are you thinking now?” *probing if those thoughts and feelings have changed with distance/ hindsight.*
- “What do you think the child was thinking and feeling at each key stage” *facilitators should prompt where staff have drawn these conclusions from – try to establish evidence for suggestions here. It may be appropriate to introduce other explanations/ perspectives, if helpful in supporting thinking and resolution. Sentence stems include “I wonder if, could it be that What evidence do we have about…?*

Emotional and physical Impacts:

- "How has the incident affected you emotionally/ physically?"
- “What about the child” *the child’s view may be discussed here if this is known.*
- "Have you noticed any changes in your behavior or feelings since the incident?" How often and for how long?
- “What about the child” *the child’s view/ other adults view may be discussed here if this is known.*

Support Strategies:

- "What coping mechanisms have you found helpful?"
- "What additional support do you think you might need?"

- "Are there any resources or support systems you feel would be beneficial that we have not discussed?"

Action Plan:

- "Let's look together at the plan/ risk assessment for this child/ group" Read thorough the plan together.
- "What aspects of the plan were implemented that had a positive impact?"
- What aspects were hard to follow or were not used?
- "What aspects did not go as planned or didn't help de-escalate the incident."
- "How can we ensure that the plan is implemented effectively in the future?"
- If changes to the plan need to be made this should be considered outside of the meeting and then communicated back to the people involved in implementation. Training including modelling, monitoring and feedback should be provided. Plans should not be changed without analysis.
- "Are there other ways you think we can prevent similar incidents in the future?"
- "What insights have we gained from this incident?"

Conclusion

- " Let's check and capture the actions we will take, I am going to (specify what and when)……..you are going to (specify what and when)" These should be recorded and sent to the person in writing and any other people that need to take action.
- **Facilitators must ensure that actions are followed up.**

Appendix L: Support Request Form

Support Request Form

Please complete the form with the family, alert the SENDCo and save in your PEP folder on the curriculum drive

Name:	**D.o.B.**	**Age in months:**
Key Person:	**Start Date:**	**Date received:**
What is happening currently at nursery and/or at home?		
What strategies have you tried and how successful were they?		
What would you like to be different?		
Discussion with family/concern raised by family details:		
Summary of SENDCO intended action:		
Signed: Date:		