Montessori
SCHOOL OF CAYMAN

BEHAVIOUR POLICY

Positive Guidance, Safe Handling & Keeping Everyone Safe

Originally approved and adopted: April 26, 2021
Reviewed: August 2024
Reviewed and updated: July 2026

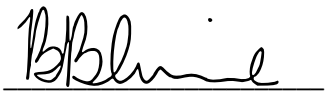
Montessori School of Cayman — Behaviour Policy

Approved and adopted: April 26, 2021

Reviewed: August 2024

Reviewed and updated: July 2026 — this revision refreshes the policy's language and adds explicit guidance on our response to persistent unsafe touch (hitting, scratching, biting) directed at peers or staff, reflecting our duty of care to keep every child, and every staff member, safe.

Head of School / Director



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This policy has been approved by the Cayman Islands Ministry of Education and Early Childhood Care & Education Unit.

1. Introduction

Staff and parents are responsible for supporting children as they self-regulate and learn to manage their emotions to function in the world around them and to develop respect for self, others and their environment. This Behaviour Policy lays out the legal framework and strategies for behaviour management based on best practice and research, for managing all behaviours — even those which are dangerous, and when a child may require more intensive intervention and support.

As per the Education Law, 2016, Clause 23:

> *(1) Corporal punishment and acts which are cruel, inhumane or degrading to a child shall not be administered in any early childhood care and education centre.*
>
> *(2) Reasonable use of force is acceptable in an early childhood care and education centre for the purpose of preventing a child from doing, or continuing to cause danger, personal injury or death to, or damage to the property of, any person, including the relevant child, but use of force shall be necessary, reasonable and proportionate.*

This Behaviour Policy focuses on the use of Positive Guidance, supporting self-regulation and self-management, and collaboration between Montessori School of Cayman's staff, parents/guardians and other stakeholders when supporting a child's growth and development. Self-regulation refers to having appropriate control over emotional responses and showing resilience in responding to disappointment or conflict. Self-management refers to having the cognitive control needed for learning: being able to focus attention, persevere, plan, choose, and decide what to do next.

Suspected child abuse or neglect is reported in line with Montessori School of Cayman's Child Protection — Reporting Child Abuse and Neglect Policy. Where an incident report is required, Montessori School of Cayman uses our centre's established incident reporting procedure.

2. Policy Statement

At Montessori School of Cayman, 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.

As children develop, they learn about boundaries, the difference between right and wrong, and to consider the views, feelings, needs and rights of others, along with the impact their behaviour has on people, places and objects. Developing these skills requires adult guidance to encourage and model appropriate behaviours, and to offer intervention and support when children struggle with conflict and emotional situations.

This policy recognises that learning self-regulation and socially appropriate behaviour is a developmental process. By modelling positive behaviour at all times and managing challenging behaviour appropriately and competently, we provide for the needs of each individual child while ensuring the safety and wellbeing of everyone. Montessori School of Cayman actively promotes the components below from the Education Regulations 2017, and encourages and praises positive, caring and polite behaviour at all times, ensuring an environment conducive to children learning to respect themselves, other people, and their surroundings.

In accordance with the Education Regulations, 2017, Clause 43(1), this policy promotes the development of:

a) a healthy, strong and well-adjusted child
b) a child who is able to communicate effectively

c) a child who values their culture and that of others
d) a critical thinker and an independent learner
e) a child who is self-respecting, respects others and the environment; and
f) a resilient child.

Parents, early childhood practitioners, early childhood centre management, and the wider community at Montessori School of Cayman are informed of this policy, which outlines our expected standards for appropriate and responsible support of children's behaviour.

3. Purpose

The Behaviour Policy provides the information staff need to:

- encourage acceptable forms of behaviour by consistently using strategies that build children's confidence and self-esteem
- provide children with support, guidance and opportunities to manage their own behaviour
- guide staff as to when to use safe handling techniques.

4. Aims

Our staff at Montessori School of Cayman aim to provide an environment that supports children in learning self-regulation and managing their own behaviour while taking into account the needs of others. Staff understand that children have different personalities, ideas, behaviour traits, attitudes, values, expectations and competencies. We aim to support each child as they learn to manage their own behaviour. The term 'Positive Guidance' is used because it covers all forms of behaviour, not just those labelled as disruptive. Our staff guide and support children to develop problem-solving skills, a sense of freedom to make their own decisions, and the self-esteem necessary to change a pattern of inappropriate behaviour.

We aim to listen to and acknowledge the views of everyone, embracing who we are and where we have come from. In recognition of this, our expectations of behaviour are underpinned by the following values:

RESPECT AND RECOGNITION — To value and celebrate our own and others' contributions and uniqueness, and to show consideration for our own feelings and the feelings of others.

FREEDOM AND RESPONSIBILITY — To enable children and adults to explore and express themselves freely in an environment that supports decision-making and opportunities to consider the consequences of our words and actions.

INCLUSION — To provide access to learning for all, considering everyone's needs, background and ability, and working together toward the same goal.

HONESTY — To empower everyone to communicate openly and honestly in their interactions with each other.

SAFETY AND TRUST — To help everyone feel able to express their concerns and fears in an appropriate way, and to thrive physically and emotionally in their learning.

There are external factors that may affect a child's behaviour from time to time, and these need to be considered when providing comfort and support to a child who has had a change in behaviour. A child's behaviour may be affected by:

- age and stage of development — for example, a two-year-old striving for independence
- special or additional needs
- general health and wellbeing — a child may behave differently when unwell or upset about a personal matter
- relationships within their family, such as the birth of a sibling or marital issues
- play and learning environments that are not stimulating or meeting the child's interests
- practices of individual staff members where these differ from the centre's established practices
- relationships with other children, staff and visitors
- external factors, such as family, home life, peer group experiences, or a traumatic event affecting the child, their family, or their community.

5. Promoting Positive Behaviour

At Montessori School of Cayman, we recognise that the adults and the environment around each child greatly affect that child's behaviour and development. Staff guide and support children to develop their self-management and self-regulation skills, and promote positive behaviours through:

- their warmth and friendliness toward the children, their parents, and each other
- the interest shown in the children
- supporting an ethos where children feel comfortable expressing themselves
- the gentle and encouraging manner in which they show respect for children
- providing opportunities for children to interact with each other to develop cooperation and collaboration
- reflective practice, adjusting methods and support to fit each child's changing needs
- supporting children as they try new things, even if they become discouraged
- using positive phrases for direction and instruction (e.g. "Remember to use your walking feet in the classroom" rather than "Don't run!")
- creating and maintaining an attractive, stimulating learning environment with resources that are appropriate in number, age-appropriate, accessible, and of good quality
- providing opportunities for children to explore differences between themselves and others — in language, ethnicity, religion, culture, and ability — in a sensitive way
- arranging the child's day using a consistent routine that caters to their developmental needs and interests
- providing healthy and acceptable choices for the child
- giving each child adequate time to respond to direction, questions and requests
- modelling acceptable behaviour, evidenced in staff relationships with colleagues and parents
- recognising, valuing and celebrating the differences and similarities that exist in all people
- clarity and consistency in the use of positive reinforcement
- respect for the importance of relationships between children, families and staff
- understanding and acknowledging why children behave in certain ways in specific circumstances
- promoting realistic play and behaviour limits that guide children's safety and security without curbing their play, curiosity or creativity
- practising planned ignoring where appropriate
- care-giving strategies that are clearly defined, transparent, and communicated to families.

5.1 When Using Positive Guidance, Staff Will:

- identify and encourage positive behaviours
- observe the child to help identify potential conflict situations and negative peer interactions
- support the child to negotiate with peers in potential conflict situations
- meet with the child (depending on age and stage of development) to agree on specific goals, strategies and consequences
- discuss the child's behaviour with their parent(s)/guardian(s) to:
  f) confirm whether similar behaviours are displayed at home
  f) see if there have been home issues that may be affecting the child's behaviour
  f) ensure consistency in positive guidance between home and centre.

6. If the Child Does Not Respond to Consistent Positive Guidance

Where consistent use of Positive Guidance is not enough on its own, Montessori School of Cayman will:

- seek support from our Learning Support team
- develop and implement a written Positive Guidance Plan, in collaboration with our SENCO, parent(s)/guardian(s), for use both in the centre and at home
- inform parent(s)/guardian(s) of the services of the Family Resource Centre if needed
- review and evaluate the effectiveness of the Positive Guidance Plan against the child's needs, and adjust the plan as needed.

If there is no improvement, the child will be referred to an appropriate agency, such as the Early Intervention Programme, with evidence of the observations and support provided within the centre, and any guidance given by the Early Childhood Care and Education Unit.

In cases where a child's behaviour presents a risk of harm to themselves, others, or the environment, safe handling and/or reasonable use of force can be used appropriately to protect the safety of all (see Section 7).

6.1 Key Components of the Positive Guidance Plan

(Adapted from aussiechildcarenetwork.com.au — Behaviour Management Plans in Childcare.) A Positive Guidance Plan should include:

Key Component	Description
Name of Child	Child's first and last name
Age	Child's age or date of birth
CIEYCF Outcome	The curriculum outcome that will be targeted for the child's growth and development
Dates	Start date and review date of the plan
Background Information	Family structure, culture, additional needs, family information, health issues and developmental delays
Behavioural Indicators	Specific behaviours recorded from observation, with detail on exactly what was seen

Key Component	Description
Antecedent Events	Triggers that appear to cause the child's behaviour
Target Behaviour	The most concerning behaviour that interferes with the child's ability to be successful, targeted first
Managing Risks	A risk assessment identifying the risks and how they will be managed
Strategies	The exact strategies to be used, including any changes to the environment and/or safe-handling procedures
Support	Support needed from centre staff, the child's family, and professional support services if needed
Monitoring Behaviour	How behaviour and progress will be monitored (observations, dated records, etc.)
Review and Evaluate	Evaluation of how the plan is working, revisions made, and any further follow-up required

7. Perspective on Safe Handling

We recognise that there may be occasions when a child's behaviour presents particular challenges that may require safe handling. This guidance outlines expectations for the use of safe handling for all adults within Montessori School of Cayman.

7.1 Principles for the Use of Restrictive Physical Intervention

At Montessori School of Cayman, restrictive physical handling is used only in the context of positive behaviour management.

Adults will only use restrictive physical intervention as a last resort, where nothing else has worked and the child's behaviour has become dangerous to the child, others, or the environment. It must never be the preferred way of managing children's behaviour, and is only used in the context of a well-established, well-implemented positive framework, as set out in this policy.

Every effort is made to avoid using restrictive physical intervention. However, there may be rare situations of such extreme danger that create an immediate need for it, used alongside other strategies such as saying 'stop'. Any use of physical force in an early childhood centre must be as per the Education Law, 2016, Clause 23(2):

> *Reasonable use of force is acceptable in an early childhood care and education centre for the purpose of preventing a child from doing, or continuing to cause danger, personal injury or death to, or damage to the property of, any person, including the relevant child, but use of force shall be necessary, reasonable and proportionate.*

Where restrictive physical intervention is used, parent(s)/guardian(s) will be informed and a written, detailed report of the incident and procedures will be sent to them. A copy is also added to the child's file.

7.2 Definitions of Safe Handling

All incidents of physical intervention should be handled in a way that ensures the safety of the child and the staff member; the term "safe handling" is used with regard to physical handling and intervention generally. There are three main types:

1. Positive handling

The positive use of touch is a normal part of human interaction. Touch might be appropriate for giving guidance (e.g. how to hold a paintbrush or when climbing), providing emotional support (e.g. a hand on the upper back of a distressed child), or physical care (e.g. first aid or toileting). Staff exercise appropriate care when using touch, based on the centre's Code of Conduct/Safeguarding Policy, and remain mindful that some children may respond differently to touch, such as those with a history of abuse or for cultural reasons.

2. Physical intervention

Physical intervention is any physical method used to ensure children remain in safe and desired areas — for example, stair gates and child-proofing the centre.

3. Restrictive physical intervention

This is when a staff member uses appropriate, intentional physical force (this does not include pulling of the hand(s), pushing, grabbing or slapping) to restrict a child's movement against their will, in order to reduce harm or danger to the child, other children, or adults in the immediate area, or to the environment. This is usually achieved through the use of the adult's body rather than mechanical or environmental methods; this guidance refers mainly to restrictive bodily physical intervention.

All staff have a duty of care towards the children at Montessori School of Cayman. When children are in danger of hurting themselves, others, or of causing significant damage to property, staff have a responsibility to intervene. In most cases this involves diverting the child to another activity or a simple instruction to 'stop'. Staff may only use restrictive physical intervention if it is judged an essential safety precaution, and the use of force must be necessary, reasonable and proportionate. Examples include:

- physically moving a child to safety who is attempting to climb the perimeter fence to leave the premises unsupervised and will not respond to verbal direction
- holding a child who may be running into danger, such as traffic or a body of water, on a field trip
- physically escorting a child to safety in the event of an earthquake or fire
- using appropriate safe handling techniques to restrain a child who is damaging the centre and will not respond to other techniques such as redirection.

If staff judge that restrictive physical intervention would make a situation worse, they should not use it, but should instead do something else consistent with their duty of care — such as issuing an instruction to stop, seeking help, or making the area safe. The aim of restrictive physical intervention is always to restore safety for the child and those around them; it must never be used out of anger, as a punishment, or as an alternative to less intrusive measures that staff consider effective.

7.3 What Type of Restrictive Physical Intervention Can and Cannot Be Used

Any use of physical intervention at Montessori School of Cayman is consistent with the principle of reasonable minimal force. Where restrictive physical intervention is judged necessary, staff will:

- aim for side-by-side contact with the child, avoiding positioning 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 when side by side, to minimise the risk of impact and damage
- keep the adult's back as straight as possible
- be mindful of head positioning, to avoid head-butts from the child
- hold the child by "long" bones — avoiding grasping at joints, where pain and damage are most likely to occur

- ensure there is no restriction to the child's ability to breathe, in particular avoiding holding a child around the chest or stomach
- avoid lifting mobile children where possible.

7.4 Planning

In an emergency, staff are required to do their best within their duty of care, using reasonable minimal force. After an emergency, the situation is reviewed and plans for an appropriate future response are made, based on a risk assessment considering the risks presented by the child's behaviour, the potential targets of those risks, and preventative and responsive strategies to manage them.

A risk assessment is included in the Positive Guidance Plan developed to support a child. Where a plan includes restrictive physical intervention, it will be just one part of a whole approach to supporting the child's behaviour. The plan outlines an understanding of what the child is trying to communicate through their behaviour, how the environment can be adapted to better meet the child's needs, how the child can be encouraged to use new, more appropriate behaviours, and how staff respond when the child's behaviour is challenging.

At Montessori School of Cayman, staff pay particular attention to responsive strategies such as humour, redirection, distraction, relocation, and offering choices — all direct alternatives to restrictive physical intervention. We draw on as many perspectives as possible when it is known that a child's behaviour is likely to require some form of restrictive physical intervention, in particular involving the child's parents/guardians alongside staff and any visiting support professionals (such as specialist early years services, Educational Psychologists, or Speech and Language Therapists). The outcome of these planning meetings is recorded, with a parent/guardian signature confirming their knowledge of the planned approach. Plans are reviewed at least once every three to six months, or more frequently if there are major changes to the child's circumstances.

7.5 Safe Handling & the Law

In line with the Penal Code (2010 Revision), Defence of Person or Property — (14), any person is allowed to use reasonable force to defend themselves from an attack, prevent an attack on another person, or defend their property. All staff at Montessori School of Cayman have been made aware of their rights and responsibilities regarding safe handling and use of reasonable force. Even though there may be an occasional need for safe handling techniques, corporal punishment is never permitted in ECCE centres.

7.6 Who Can Use Safe Handling Techniques?

It is recommended that a staff member who knows the child well is involved in a restrictive physical intervention, as this person is most likely to be able to use other methods to support and keep the child safe without physical intervention. In an emergency, anyone can use restrictive physical intervention as long as it is consistent with this policy.

If a child's behaviour is likely to require this intervention, staff will identify the most appropriate team members to be involved, who have received training and support in both behaviour management and physical intervention. Safe handling techniques can be justified when someone is injuring themselves or others, someone is damaging property, or there is suspicion that injury or damage, though not yet occurred, is at immediate risk of occurring.

Staff might have to use restrictive physical intervention or safe handling techniques if, for example, a child is trying to leave the centre without adult permission and supervision, or is damaging property and not responding to other behaviour management methods. Staff will also use other protective measures, such as securing the site and ensuring

sufficient staffing. This duty of care extends beyond the centre's boundaries, including when staff supervise children off-site (e.g. on trips).

7.7 Recording and Reporting

Any use of restrictive physical intervention or safe handling is recorded. Records show who was involved (child and staff, including observers), the reason physical intervention was considered appropriate, how the child was held, when it happened (date and time) and for how long, any subsequent injury or distress, and what was done in response. This is completed as soon as possible and within 24 hours of the incident, using the Safe Handling Incident Report Form (Appendix B). Depending on the nature of the incident, it may also be noted in other records, such as the accident book or child tracking sheets.

After using restrictive physical intervention, we inform the parent/guardian by phone or, if that is not possible, by a take-home letter with the child. The parent/guardian is given a copy of the record form.

7.8 Supporting and Reviewing

We acknowledge that involvement in a restrictive physical intervention is distressing — whether as the person holding, the child being held, or someone observing or hearing about what happened. After a restrictive physical intervention, support is given to the child so they can understand why they were held; where possible, a record is kept of how the child felt about the incident, and staff help the child express their views. Staff have similar age-appropriate conversations with other children who observed the incident, waiting until each child has calmed down enough to talk productively. If necessary, an independent staff member checks for injury and provides appropriate first aid; if first aid is needed as a result of physical restraint, the child's parents are contacted as soon as practically possible and told of the incident and injury. A description of any injury is included in the incident report.

Support is also given to the adults involved, actively or as observers, with the chance to talk through what happened with the most appropriate staff member. The aim of after-incident support is to repair any potential strain to the relationship between the child and the adult involved. Following a restrictive physical intervention, staff consider reviewing the child's individual behaviour plan to reduce the risk of needing to use restrictive physical intervention again.

7.9 Monitoring & Complaints

We monitor the use of restrictive physical intervention to help identify trends and develop the centre's ability to meet children's needs without using it. We recognise that the use of physical intervention can lead to allegations of inappropriate or excessive use; where anyone — child, carer, staff member, or visitor — has a concern, it is dealt with through our usual complaints procedure.

8. Perspective on Biting

Biting is a very common behaviour among children from birth to three years of age. It is a form of communication and is almost always a response to a child's needs not being met, or to coping with a challenge or stressor. We believe that by understanding children's developmental stages and individual needs, we can proactively prevent many biting behaviours through the environment we create.

A child biting others is one of the most common, and most difficult, behaviours to manage in group childcare settings. It can occur without warning, is difficult to defend against, and usually provokes strong emotional responses in children, families and caregivers.

For many young children, biting is just a passing stage. For some children, biting is a more persistent problem, driven by teething, frustration, boredom, inadequate language skills, stress or change in the environment, feeling threatened, or a desire for a sense of power.

8.1 Response to Biting: Action Plan

Before biting occurs

We create an environment that meets the developmental needs of the children. All children are monitored and supervised while working and/or playing, and redirection is used where a potential biting incident may occur. We maintain an environment that elicits calm, thoughtful behaviour.

When a biting incident occurs

- For the bitten child: adults comfort the child and administer appropriate first aid.
- For the child who has bitten:
    f) The child is immediately removed with no emotion, using words such as "I see X is crying/has a mark. Biting hurt X and made X sad."
    f) The child will not be allowed to return to the activity that led to the bite, and is spoken to at a level they can understand: "I can see that you want that activity, but I can't let you hurt X."
    f) The child is asked to make amends with the bitten child in a developmentally appropriate way — for example, getting an ice pack and holding it on the site of the bite (with the bitten child's permission), or simply watching the teacher apply it.
    f) The child may return to an activity after making amends.
- The parent/guardian of both children are contacted by telephone as soon as practically possible. The parent/guardian of the bitten child is advised of the child's condition (e.g. whether the skin was broken or bleeding) so they can decide on medical attention.
- The staff member completes a written incident report for each child involved, which is shared with parents/caregivers via Transparent Classroom.

Follow-up

g) Staff confer with the centre's Manager/Director to review the context of the incident. If changes to supervision and/or environment are warranted, they are implemented immediately.

h) If the biting behaviour is chronic, a meeting with the parent/guardian of the child who is biting is held to discuss possible triggers and to create and implement a Positive Guidance Plan.

i) This may include, but is not limited to, a referral to a specialist or changes at home (such as limit-setting or media exposure). Parent(s)/guardian(s) are expected to work in collaboration with the centre toward eliminating the biting behaviour.

9. Persistent Unsafe Touch Towards Peers or Staff

All staff at Montessori School of Cayman have a duty of care to keep every child in our care safe — and that duty extends to protecting children from other children's unsafe physical behaviour, as well as protecting staff. This section sets out our approach when a child repeatedly hits, scratches, bites, or otherwise physically harms peers or staff.

9.1 Our Perspective

We understand that young children are still learning to navigate big feelings. They do not yet have the language, self-regulation, or life experience to always manage frustration, disappointment, or overstimulation appropriately, and

unsafe touch is often a form of communication rather than defiance. A single incident, or an occasional one, is treated as a normal part of early childhood development and is handled in the moment through Positive Guidance and, where biting is involved, the Response to Biting Action Plan in Section 8.

At the same time, our duty of care to every child and staff member in our setting means that we do not tolerate continuous, repeated episodes of violent behaviour directed at others. Where unsafe touch becomes a pattern rather than an isolated incident, the safety of the group and of our staff must come first, and additional, more structured support is put in place.

9.2 Distinguishing an Isolated Incident from a Pattern

Staff record every incident of hitting, scratching, biting or similar unsafe touch, noting the date, time, context, and what happened before and after (see Sections 7.7 and 8). Leadership reviews these records regularly to identify whether a child's behaviour reflects an isolated incident or a developing pattern — for example, multiple incidents within the same week, a repeated target or trigger, or escalating severity. Identifying a pattern early allows us to respond proportionately and supportively, rather than punitively.

9.3 Our Response When a Pattern Emerges

- Immediate response: each incident is responded to as set out in Sections 7 and 8 — the injured child or staff member is comforted and, if needed, given first aid; the child responsible is calmly removed from the activity and supported to understand the impact of their actions; and an incident report is completed.
- Parent partnership: as soon as a pattern is identified, staff meet with the child's parent(s)/guardian(s) to share observations, discuss possible triggers, and agree next steps together.
- Written Positive Guidance Plan: a plan is developed or updated (see Section 6.1), including a risk assessment, the specific strategies staff and family will use, environmental adjustments, and how progress will be monitored and reviewed.
- Increased support: this may include closer supervision, adjustments to the child's routine or environment, and, where appropriate, referral to specialist support such as the Early Intervention Programme, an Educational Psychologist, or the ECCE Unit's Behaviour Support team.
- Ongoing review: the Positive Guidance Plan is reviewed regularly (see Section 6.1) to check whether the strategies in place are reducing the frequency and severity of unsafe touch, and is adjusted as needed.
- Escalation as a last resort: if, despite a well-implemented Positive Guidance Plan, consistent family collaboration, and the support outlined above, a child continues to pose an ongoing safety risk to other children or staff, Montessori School of Cayman will discuss with the child's parent(s)/guardian(s), and where relevant the ECCE Unit, whether the centre can continue to safely meet the child's needs with its current staffing and resources. This conversation is always collaborative rather than punitive, and may result in a modified schedule, additional 1:1 support, or referral to a setting better resourced to support the child, always with the aim of finding the right environment for that child to thrive.
- Shared accountability: a Positive Guidance Plan is a two-way commitment. Parent(s)/guardian(s) are expected to consistently implement the agreed home-based strategies (e.g. consistent language, routines, or reinforcement techniques) and to communicate regularly with staff on progress or challenges. Where a family is not able to implement their agreed part of the plan, staff will work with them to understand the barriers and adjust the plan accordingly — but the school will also be honest with families if a lack of consistency at home is limiting the child's progress, as the plan's success depends on both environments working in partnership.

At the same time, we are clear with families from the outset that the safety of every child and staff member in our care is non-negotiable, that continuous episodes of violent behaviour cannot continue unaddressed, and that a Positive Guidance Plan can only succeed with genuine, consistent effort from both home and school.

10. Strategies with Children Who Engage in Hurtful or Inconsiderate Behaviour

We require all staff, volunteers and students to use positive strategies for handling any inconsiderate behaviour, helping children find solutions in ways appropriate for their age and stage of development. Such solutions might include acknowledgement of feelings, an explanation of what was not acceptable, and support to gain control of their feelings so they can learn a more appropriate response.

Staff offer comfort to both children in a dispute and encourage them to find a solution to their problem. When children behave in inconsiderate ways, we help them understand the outcomes of their actions and support them in learning to cope more appropriately, praising their efforts and achievements in resolving a dispute or learning a social skill such as waiting for a turn.

We recognise that young children behave in hurtful ways towards others because they have not yet developed the means to manage intense feelings that sometimes overwhelm them. We help this process by offering support — calming the child who is angry as well as the one who has been hurt — and do not engage in punitive responses to a young child's rage, as that has the opposite effect.

We recognise that young children need help understanding the range of feelings they experience. We help children name their feelings and express them, making a verbal connection between the event and the feeling — for example: "Adam took your car, didn't he, and you were enjoying playing with it. You didn't like it when he took it, did you? It made you feel angry, didn't it, and you hit him."

We help young children learn to empathise with others, understanding that their actions impact others' feelings — for example: "When you hit Adam, it hurt him and he didn't like that, and it made him cry." We help children develop pro-social behaviour, such as resolving conflict over a shared toy: "I can see you are feeling better now and Adam isn't crying any more. Let's see if we can be friends and find another car, so you can both play with one."

We are aware that the same problem may recur many times before skills such as sharing and turn-taking develop. Both biological maturation and cognitive development require repeated experiences with problem-solving, supported by patient adults and clear boundaries. We support social skills through modelling behaviour and through activities, drama and stories, and build children's self-esteem and confidence through close, committed relationships. We help a child understand the effect their hurtful behaviour has had on another child; we do not force children to say sorry, but encourage this where it is clear they are genuinely sorry and wish to show it.

When hurtful behaviour becomes problematic, we work with parents to identify the cause and find a solution together. The main reasons very young children engage in excessive hurtful behaviour include:

- not feeling securely attached to someone who can interpret and meet their needs — this may be at home and/or in the setting
- a parent or carer lacking the skills to respond appropriately, so that hurtful behaviour becomes the child's only way of expressing anger
- exposure to aggressive behaviour at home, which may indicate the child is at emotional risk or experiencing abuse
- a developmental condition that affects how the child behaves.

Where these strategies do not resolve the behaviour, we use our Code of Practice to support the child and family, making appropriate referrals to a Behaviour Support team where necessary.

11. Policy Review

This Behaviour Policy is reviewed at least annually, or sooner if the Education Law, Education Regulations, or Ministry of Education/ECCE guidance changes. All staff are required to read, understand, and sign the Acknowledgement of Behaviour Policy in Appendix C.

Appendix A — Positive Guidance Plan

This form is completed for a child whose behaviour requires a written Positive Guidance Plan (see Sections 6 and 9).

Name of Child		**Date of Birth**	
CIEYCF Outcome		**Start / Review Date**	

BACKGROUND INFORMATION

BEHAVIOURAL INDICATORS

ANTECEDENT EVENTS

TARGET BEHAVIOURS

Risk Assessment

Likelihood (rows) against severity of impact (columns):

	1 – Insignificant	2 – Minor	3 – Moderate	4 – Major	5 – Extreme
A — Almost certain to occur in most circumstances	HIGH (H)	HIGH (H)	EXTREME (X)	EXTREME (X)	EXTREME (X)
B — Likely to occur frequently	MODERATE (M)	HIGH (H)	HIGH (H)	EXTREME (X)	EXTREME (X)
C — Possible and likely to occur at some time	LOW (L)	MODERATE (M)	HIGH (H)	EXTREME (X)	EXTREME (X)
D — Unlikely to occur but could happen	LOW (L)	LOW (L)	MODERATE (M)	HIGH (H)	EXTREME (X)
E — May occur but only in rare and exceptional circumstances	LOW (L)	LOW (L)	MODERATE (M)	HIGH (H)	HIGH (H)

MANAGING RISKS

STRATEGIES

SUPPORT

MONITOR BEHAVIOUR

REVIEW AND EVALUATE

Agreed By

☐ Parent: _____	Date: _____
☐ Owner/Principal: _____	Date: _____
☐ Early Childhood Practitioner: _____	Date: _____
☐ ECCE Officer: _____	Date: _____

Appendix B — Safe Handling Incident Report Form

This form is completed by the staff member involved in the incident, where appropriate, with support from leadership, in accordance with Section 7 of this policy. It is designed to protect the interests of children and staff. Any incident involving handling a young child as a result of a crisis MUST be recorded within 24 hours and given to the Early Childhood Leader, Manager, or Owner.

Child's name:		**Date of birth:**	
Class:		**Staff:**	
Date of incident:		**Time / duration (mins):**	
Reported by:		**Location:**	
Staff involved:			
Others present:			

Strategies Attempted	
☐ Humour	☐ Distraction
☐ Reassurance	☐ Calm talking
☐ Diversion	☐ Clear instruction/warning
☐ Verbal advice and support	☐ Offering services to other staff
☐ Reminder of consequences	☐ Offering choices
☐ Negotiation	☐ Non-threatening body position

Antecedent (situation leading up to the incident):

ANTECEDENT

Circle/highlight the level of potential risk: Low — Medium — High

Account of incident:

ACCOUNT OF INCIDENT

Reason / justification for physical intervention (please circle/highlight): Child liable to danger/injury — Property liable to be damaged — Other child(ren) liable to injury — Staff liable to injury.

Behaviours Displayed During Incident		
☐ Verbal abuse	☐ Kicking	☐ Punching
☐ Biting	☐ Pinching	☐ Spitting
☐ Scratching	☐ Self-harm	☐ Head butting
☐ Weapons	☐ Threatening	☐ Cursing
☐ Pushing	☐ Allegations	☐ Damage

Description of Physical Intervention Used (G – Ground, S – Sitting, K – Kneeling)	
☐ L One	☐ L Two
☐ X-wrap	☐ Under Arm Wrap
☐ Bolt Hold	☐ Ground Hold

Consequences / Follow-Up Action Taken	
☐ Individual counselling	☐ Removal of privilege
☐ Removal from area	☐ Letter home
☐ Suspension	☐ Exclusion
☐ RCIPS called to assist	☐ Parents called in

Identify any visible injuries (attach a diagram or photo to the child's file as appropriate).

Staff debrief taken place — Date: _____ Time: _____ Those present: _____

Staff comments:

STAFF COMMENTS

Child debrief taken place — Date: _____ Time: _____ Those present: _____

Child comments:

CHILD COMMENTS

Post-incident meeting taken place — Date: _____ Time: _____ Those present: _____

Outcomes:

OUTCOMES

Does this child have a Positive Guidance Plan/Support Plan in place? Y / N Is one needed, or does one need amending? Y / N

Agencies Informed	Comment
Parents/Guardian	
Family Support Unit	
DCFS Office	
Social Worker	
Health Service Authority	
Ministry — ECCE Unit	
RCIPS	
Other	

Signatures	Date	Time
Person completing form:		

Other staff:		
Other staff:		
Witnesses:		
Witnesses:		
Child involved:		
Centre Manager/Director:		
Owner:		

Appendix C — Acknowledgement of Behaviour Policy

Physical Intervention Declaration

Name: ……..

Role: ……..

Date: ……..

I declare that:

1. I have read and understood the Behaviour Policy, including the sections on Safe Handling, Biting, and Persistent Unsafe Touch Towards Peers or Staff.
2. I understand that I have a duty of care to keep all children, and my fellow staff members, safe.
3. The criteria for physical intervention, and the use of force to hold or restrain a child, is to be applied for the minimum amount of time for maximum effect, only once all other strategies to calm or diffuse the situation have been tried. I understand what is meant by the application of force and the forms it may take.
4. I understand that I must complete a Safe Handling Incident Report Form as soon as possible after an incident, file a copy in the incident file held in the main office, and ensure the Principal receives a copy before the end of the school day.
5. I understand that parents will be informed whenever a restrictive physical intervention has been used, and that I may be asked to attend a meeting to discuss my actions. I may choose to bring a friend/colleague to support me at such a meeting.

Signed ……

Date ……..