

Group Policy: Positive Behaviour & Emotional Regulation

Policy Header:	Positive Behaviour & Emotional Regulation
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1. Policy Statement & Vision

At Flower Pots Day Nursery, we believe that children flourish in a highly stable, predictable, and nurturing environment where expectations are clear, and positive relationships form the foundation of all practice. We reject primitive models of "discipline" and "punishment" in favor of an architecture of positive reinforcement, co-regulation, and emotional literacy.

Our approach is deeply rooted in our 5 Group Core Values. We recognise that early years children are learning self-regulation; therefore, we view behavior as a vital form of communication. Our commitment is to remain proactive, engaging, and solution-focused, ensuring every child feels safe, valued, and included.



2. Statutory Framework

This policy complies with the Statutory Framework for the Early Years Foundation Stage (EYFS), specifically regarding supporting children's personal, social, and emotional development (PSED), maintaining safe boundaries, and satisfying the strict prohibition of physical punishment, corporal punishment, or emotional humiliation. It interfaces directly with our duties under the Equality Act 2010 and the Special Educational Needs and Disability (SEND) Code of Practice 2015.

3. The Foundations of Positive Behaviour

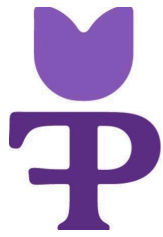
To eliminate triggers for behaviours which challenge, Flower Pots mandates a preventative, high-quality environment. Staff must proactively curate the setting using four foundational pillars:

- **A Stable Environment:** Well-resourced, highly organised continuous provision with open-ended resources and loose parts prevents frustration, territorial behavior, and boredom.
- **Predictable Routine:** Clear visual schedules and highly structured transition cues reduce anxiety and support children to anticipate changes.
- **Ambitious Expectations:** We explicitly teach and narrate our behavioral boundaries using positive phrasing, walking feet, and listening ears, rather than waiting for boundaries to be broken.
- **Positive Relationships & The Key Person:** Secure attachments allow practitioners to read early behavioral cues. The Key Person uses their deep individual knowledge of the child to co-regulate effectively before escalation occurs.

4. Behaviour as Communication: Play, Cues, and Schemas

Practitioners must look beyond the surface behavior to understand its true intent:

- **Play Cues & Misinterpretation:** What looks like aggression can often be an unskilful attempt to initiate play. Staff must step in to facilitate and scaffold social interactions *in the moment*.
- **Behavior as an Unmet Need:** Bites, hits, or screams are frequently communication cues for hunger, overtiredness, sensory overload, communication barriers, or emotional transitions at home.



- Cognitive Schemas: Repetitive behaviors such as throwing toys or tipping resources are often valid cognitive schemas (e.g., *trajectory* or *enclosure*). Staff must never punish a schema; instead, they must redirect the child to an ambitious, safe alternative within the continuous provision (e.g., moving a throwing schema from indoor blocks to outdoor target mats with soft balls).

5. Positive Reinforcement & Praise

We flood the nursery floor with positive attention, ensuring children are never rewarded with disproportionate adult focus for negative behavior.

- Descriptive Praise: Staff must explicitly describe the positive behavior they see, linking it directly to our Core Values (e.g., *"I noticed your kind hands when you shared that wooden plank, that is being a great friend."*).
- Praise Effort, Not Perfection: We celebrate a child's persistence, turn-taking, and attempts to self-regulate, reinforcing their self-esteem and motivation to repeat desirable behaviors.

6. Proactive Escalation Flow & Developmental Norms

When unwanted behavior occurs, staff must pivot through the following systematic, developmentally mapped escalation sequence:

[Level 1: Low-Level Disruption] —→ 1. Stay Calm & Move Close

2. State Positive Boundary Simple Language

3. Validate Feelings & Redirect

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[Level 2: Persistent / Escalating] → 1. In-the-Moment Co-Regulation

2. Implement ABCC Tracking Framework

3. Involve Room Leader, SENCo, & Parents

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[Level 3: Extreme / Safety Risk] → 1. Positive Handling (Emergency Only)

2. Immediate Management Intervention

3. Individual Behaviour Support Plan (BSP)

Step 1: Low-Level Disruption (E.g., Running indoors, shouting, minor resource disputes)

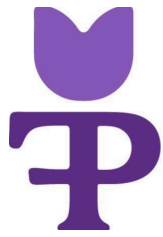
- **Action:** Approach calmly and move physically close to the child. Lower your posture to their eye level. Never shout across a room.
- **Language Strategy:** State the boundary clearly using brief, short, positive phrasing. Validate the emotion while maintaining the boundary.
 - *Instead of:* "Stop running and stop shouting!"
 - *Say:* "Walking feet inside so we stay safe. Use your indoor voice."
 - *Emotional Validation:* "I can see you are frustrated because you want that truck. It is okay to feel angry, but it is not okay to push. Let's find another ramp together."

Step 2: Persistent, Repetitive, or Targeted Behaviours (E.g., Persistent biting, hitting, kicking, or distress)

- **Action:** Move the child away from the immediate trigger to a quiet, supportive sensory space *with an adult*. This is an active Co-Regulation strategy, never an isolation or a punishment.
- **Framework Implementation:** Initiate the ABCC Framework (Antecedent, Behaviour, Consequence, Communication) to analyse patterns, times, and specific environmental triggers.
- **Notification:** The Room Leader, Nursery Manager, and SENCo must be informed *prior* to commencing an ABCC chart.
- **Partnership:** Share findings transparently with parents to build a consistent home-nursery approach.

Step 3: Extreme, Dangerous, or Complex Behaviours (E.g., Immediate risk of severe injury to self or others)

- **Action:** Immediate crisis management led by the Unit/Nursery Manager.



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- **Physical Handling Restriction:** Strict NO PHYSICAL HANDLING rule across the group. Staff must never forcibly move, hold, or restrain a child, except in rare emergencies where a child is in immediate, severe physical danger.
- **Positive Handling Approach:** If emergency physical intervention is absolutely required to preserve life or prevent severe injury, it must use the absolute minimum force for the absolute shortest duration. The event must be immediately documented on a Incident Form, reported to the DSL, and signed by the parent on the exact same day.
- **Escalation & SEND Awareness:** Move immediately to a formal Behaviour Support Plan (BSP) overseen by the SENCo. Staff must review all potential barriers to learning (e.g., speech and language delays, undiagnosed SEND, sensory processing needs) and consider structural modifications, individual visual timetables, or targeted 1:1 support requests.

7. Behaviour Guidance Mapped by Age

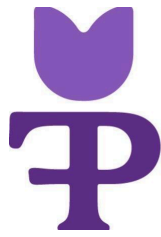
Babies (9-18 Months)

- **Developmental Expectation:** Learning cause and effect; zero impulse control; language is primitive or absent.
- **Staff Response:** Immediate physical redirection. Use simple, recurring phrases matched with physical modeling. Offer instant physical comfort.
 - *Example:* "Gentle hands." (Adult models stroking the child's hand softly).
Move the child quickly to an engaging sensory loose part.

Toddlers (18 Months - 3 Years)

- **Developmental Expectation:** High egocentrism; struggles intensely with waiting, sharing, and transitions; emotional outbursts (tantrums) are neurodevelopmentally normal.
- **Staff Response:** Verbally name and label the emotion to build emotional literacy. Offer simple dual choices to empower autonomy. Keep routines completely consistent.
 - *Example:* "You look cross because the sandpit is full. You can choose to build with the blocks or do water play while we wait."

Preschool & Classroom (3-5 Years)



- **Developmental Expectation:** Beginning to develop theory of mind; capable of early verbal negotiation, recognising impact on others, and early problem-solving.
- **Staff Response:** Facilitate in-the-moment restorative discussions. Guide children to identify solutions and make things right independently.
 - *Example:* Once the child is calm: "Look at Ava's face. She is crying because her tower was knocked over. What can we do to help her feel better? Shall we help her rebuild it?"

8. Training & Professional Standards

- **Mandatory Training:** All Flower Pots practitioners must complete our internal briefing on *Managing Behaviours Which Challenge*, focusing on de-escalation, schema redirection, and the ABCC data capture model.
- **Staff Agreement:** Staff must model exceptional courtesy, warmth, and self-regulation at all times. Shouting, threatening, isolating, shaming, or using punitive language will lead to immediate disciplinary procedures.

9. Partnerships & Parental Signposting

We recognise that behavioral challenges can cause significant stress at home. We operate without judgment to include and support families.

- **Internal Signposting:** Provide parents with copies of our *policy* to ensure consistency of phrasing between home and nursery.
- **External Signposting:** When thresholds indicate a requirement for wider support, the SENCo will formally signpost parents to:
 - The Local Authority Early Help team or Family Hubs.
 - Community Speech and Language Therapists (SALT) to unlock communication barriers.
 - Paediatric Occupational Therapy or Local SEND Support Teams.

10. Quality Assurance & Reporting

- **Incident Auditing:** The Nursery Manager and SENCo audit all Incident Forms and ABCC charts to evaluate environmental design, staff deployment patterns, and the effectiveness of current Behaviour Support Plans.



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- **Safeguarding Integration:** If a child's behavior shifts suddenly or features extreme outbursts, the DSL must cross-reference this against the child's Safeguarding Chronology to check for underlying trauma, neglect, or welfare issues outside the nursery.

Appendix: The Flower Pots Behaviour Code (Do's & Don'ts)

The ABSOLUTE DO'S

- **DO** use In-the-Moment Discussions about behavior and emotional impact once a child is completely calm and regulated.
- **DO** validate the underlying emotion before addressing the action (e.g., *"It's okay to feel upset, but it is not okay to bite"*).
- **DO** use visual cues, sand timers, and transitional objects to support predictability.
- **DO** treat care and hygiene routines as opportunities for rich, positive interaction, never as conditions or punishments.
- **DO** allow children to fix their mistakes dynamically (e.g., fetching an ice pack or a tissue for a friend they hurt). *Note: Children must never be forced to say a mechanical "Sorry" if they do not understand it.*

The ABSOLUTE DON'TS

- **DON'T** ever use "Time Out" or the "Naughty Chair." Isolating a dysregulated child triggers a panic response and prevents emotional development.
- **DON'T** ever use physical handling or restraint as a behavioral consequence. Physical intervention is restricted solely to the immediate protection of life in an emergency.
- **DON'T** ever shout, mimic, humiliate, or shame a child, or label a child as "bad," "naughty," or "aggressive." Address the behavior, never the child's identity.
- **DON'T** ever withhold comfort, food, outdoor access, or primary care as a behavioral consequence.
- **DON'T** talk about a child's negative behavior in front of them to another adult or parent. This severely damages trust and reinforces the negative trait.

Policy Authorised By: Nikki McNulty

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