



**Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive**



Guideline on developing a Behaviour Management policy for pre-school services



Pre-school services do not have to adopt the sample policy given here. This is given to provide some key information around the requirements of regulation 9 of the Child Care (Pre-school Services)(2) Regulations 2009, and in particular to clarify issues in relation to the recognition and management of challenging behaviours. It is also being given to that show that by providing practical information and guidelines to staff and parents through a comprehensive behaviour management policy, a pre-school service can make a significant positive contribution to children's social, emotional and behavioural development.

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REGULATION 9 - BEHAVIOUR MANAGEMENT:

- Regulation 9 (Behaviour Management) of the Child Care (Pre-School Services) (2) Regulations 2006 states that –
 - (1) *A person carrying on a pre-school service shall ensure that no corporal punishment is inflicted on a pre-school child attending the service.*
 - (2) *A person carrying on a pre-school service shall ensure that no practices that are disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful are carried out in respect of any child.*
 - (3) *A person carrying on a pre-school service shall ensure that written policies and procedures are in place to deal with and to manage a child's challenging behaviour and to assist the child to manage his or her behaviour as appropriate to the age and stage of development of the child.*

- In order to be compliant with all three sections of Regulation 9, and to provide sufficient information for determining compliance by the pre-school inspectorate, the following will be looked for during an inspection visit –

Required

Sections (1) & (2)

- At an inspection visit, the management of children's behaviour observed must at all times be considered appropriate and positive. No corporal punishment, or methods that are deemed to be disrespectful, degrading, exploitive, intimidating, emotionally or physically harmful or neglectful should be seen to be carried out in respect of any child.
- The service must be able to clearly demonstrate how it ensures that no corporal punishment, or practices that are disrespectful, are disrespectful, degrading, exploitive, intimidating, are not carried out in respect of any child. The most effective way to demonstrate this is to provide a clear statement in the behaviour management policy specifying the practices that are not used in the service, and evidence that all staff who have access to children, and parents of children proposing to attend the service are obliged to read the policy.
- As part of ensuring that children are protected against being subject to any negative methods of discipline, or to abuse or neglect (Regulation 9, behaviour management), the service should have a child protection policy based on the national Children First Guidelines. The service policy should be adapted from the National Guidelines to be of practical use to staff and assist them in identifying and reporting suspected incidences of abuse or neglect. In general the policy should contain the following –
 - Make reference to the document - *Children First National Guidelines for the protection and welfare of Children.*
 - Confirm that all adults who have access to children in the service have been appropriately vetted through reference checks and Garda / police vetting.
 - Include a brief description of the signs and symptoms of abuse and neglect (See appendix 1 of the Guidelines).
 - Identify a designated individual in the service for dealing with reports of alleged abuse or suspicions of abuse.
 - Give information as to how and to whom, identified concerns are to be dealt with.
 - Include a copy of form for use when making a written referral to the HSE or Medical Social Work department (sample form included in the national guidelines).(Please note that the development of a child protection policy is not covered in any more detail in this behaviour management template. Should you require further assistance with the development of a child protection policy, please contact the support worker with the Donegal Child Care Committee or Pre-School Services office or Noreen Herron (trainer in Children First national guidelines)).

Section (3)

- The service must have written policies and procedures in place to deal with, and to manage a child's challenging behaviour, and to assist the child to manage his or her behaviour as appropriate to their age. This means that the policy must identify what is done to manage the child's behaviour when it occurs, and secondly what is done to teach the child how to manage their own behaviour thereby preventing it from becoming a long-term problem.

- At an inspection visit, any child presenting with challenging behaviour should be seen to be appropriately managed, and adequately assisted and supported to manage their own behaviour.

Recommended

- It is not a requirement to detail how minor or moderate behaviour problems are dealt with, however, the policy is of more practical benefit to staff, students and parents if these are also included. In addition, a policy that details the management of minor behaviour problems is able to demonstrate that the service understands the different stages of child development and their associated behaviour challenges and also provides much of the foundation work for recognising and dealing with more challenging behaviours.

General considerations:

- ❑ The Behaviour management policy should ideally contain a balance between the details around promoting positive behaviour, and dealing with behaviour issues / problems. There are 2 key reasons for this – Firstly because, as research has shown, a consistent, positive, caring, and supportive environment nurtures the positive development of the child including their behaviour, and has been proven to go in a big way to preventing the development of some behaviour problems and to reduce challenging behaviours (Dunlap et al 2006) Secondly, the policy can provide very important and useful information to parents, around understanding the normal stages of child development and their associated behaviours and in providing them with some strategies for promoting positive behaviour in the home; as well as some hints in dealing with negative incidents; in reinforcing that corporal punishment and other negative methods are inappropriate and can be damaging; and may go in some way in reassuring them when their child's behaviour is within normal limits or alert them where there are signs of a more significant problem.
- ❑ Regulation 9 (3) requires the pre-school to have procedures in place to manage challenging behaviour and to assist the child to manage their own behaviour. There is a substantial difference between behaviour incidents that are consistent with the stage of the child's development, and challenging behaviours, which are far more difficult to manage even if on occasions these lines can blur. Therefore, it helps if the policy makes this distinction clear, rather than amalgamating all behaviour problem solving tactics together. It would also allow staff and parents alike to distinguish between what is normal but unwelcome negative behaviour, however trying and disruptive these are; and the more challenging behaviour, which indicate a real underlying problem.
- ❑ We would strongly caution that as Regulation 9(3) puts an onus on pre-school services to have suitable procedures in place for dealing with and managing challenging behaviour, any mention within the policy suggesting that a parent may be asked to remove their child from a service because of their behaviour alone, without having exhausted every other reasonable option, could be viewed as inadequate provision i.e. that the service failed to put in place adequate measures to deal with and support children's challenging behaviour while within their care.
- ❑ It is important to consider that the more frequent a child presents with negative behaviour incidents, the more frequently they are likely to be corrected. Children who misbehave frequently may end up feeling that everything they do is wrong, resulting in very poor self-esteem, while adults, including the child's parents, may begin to view this child as troublesome and bold and be less affectionate and positive towards them. As good behaviour is often less obvious than the bad, it is extremely important that the more a child misbehaves, the more important it is to capture them during the times they are being good. This will provide important opportunities for praise and reward and to introduce some positive motivation and build up their sense of achievement. It is also very important that parents are brought in on this action focus, as they too may have only been noticing the intrusive naughty behaviour and not the less obvious good.
- ❑ It is also equally important to take into account the impact it can have on a parent or family where a child repeatedly presents with behaviour issues. Parents may begin to dread every

occasion that they engage with a pre-school where any good news always comes with a “but”. It may make them question their own parenting skills and impact on their own self-esteem. The pre-school should be as supportive as possible, providing them with adequate discussion time, providing information around local support services and where practical, bringing on board all key adults in the child’s life (e.g. Father, grandparent etc) when co-ordinating a behaviour management strategy.

- ❑ An anti bullying policy is not considered appropriate for the pre-school aged child. Bullying requires a level understanding (i.e. cognitive skills) that the pre-school aged child would not yet have acquired. Therefore where a pre-school child is observed to act in an aggressive manner to another child, the behaviour should be considered as a negative behaviour issue and not labelled as bullying.
- ❑ Where a service has drawn up rules for children to follow, we suggest that a copy of these could be attached to the behaviour management policy. We also suggest that it might be of some benefit if short information leaflets on some of the more common conditions that can present with challenging behaviour (especially ADHD, Autistic spectrum disorders) were available in the service to staff.

Challenging Behaviours:

- ❑ There is an increasing realisation that serious and persistent challenging behaviour in early childhood are associated with longlasting problems. These behaviours, if they are not identified and appropriately managed, tend to worsen and result in deteriorating relationships with family, other adults and peers; in poor school attendance and academic success; onto problems into adulthood including mental health problems, and in some cases delinquency, crime and early death. As a results professionals have noted the importance of identifying, preventing and resolving problems challenging behaviours as early as possible in a child’s development. Therefore the first and most important step in this direction is being able to recognise the difference between normal negative developmental behaviours and challenging behaviour (Dunlap et al 2006).
- ❑ Challenging behaviour has been given several definitions. Smith and Fox (2003 from Dulap et al) describe it as “any repeated behaviour, or perception of behaviour that interferes with, or is at risk of interfering with optimal learning or engagement in pre social interactions with peers and adults”. In a nutshell, challenging behaviour is a pattern of behaviour that has a significant impact on the child itself, its ability to learn or others around them. Therefore it is not just the type of behaviour, but the intensity and frequency of the behaviour and its effect on the child itself and on others around them.
- ❑ The following table sets out a general guide in helping to determine how significant a behaviour problem is (*from The Pre-school Children Behaviour Support Clinic guidelines, HSE Donegal*)

	Mild	Moderate	Severe
Level at which it impairs the child	Minimal	Significant	Severe
Impact on relationships around the child	Minimal on child / family / life	Significant	Severe
*Chronicity (times and places)	Occasional	Chronic – ongoing (happens more often)	Chronic – very (very frequent)

**Chronicity meaning chronic or lingering, takes into account how often the behaviour occurs (e.g. now and again, daily, many times a day), and in how many settings (i.e. Is it limited to at the pre-school or other places as well e.g. at home, out shopping, at other relatives houses, everywhere.*

- ❑ There are many possible underlying causes of challenging behaviour. The majority, but not all, tend to stem from what is often generally described as a learning disability where the child’s ability to deal with information, follow instructions, understand and communicate

effectively are impaired. Most commonly (but again not in all cases), the behaviour tends to emerge from 18 months of age and worsen as the child gets older. The following is a list of some of the contributory causes to serious behaviour problems –

In The child:

- Developmental delay or speech and language delay. The child becomes frustrated because it is unable to communicate needs effectively.
- Night-time sleep problems (interrupted night sleep). This has been found to be a common cause of behaviour problems causing chronic fatigue and a cranky, irritable child with poor coping skills.
- Fear, anger or anxiety resulting from a recent traumatic event e.g. a bereavement, new child; stress in the home from conflict; abuse either physical, emotional or sexual.

Caregiver – child relationship:

- Attachment disorders, where the caregiver is indifferent to, or emotionally detached from the child. The child becomes unable to respond appropriately to adults. May present as chronic crying or withdrawn or may be indiscriminate in their affection to others. Tend to have poor social skills with other children.
- Poor caregiving / parenting skills, General neglect and abuse; overprotection
- Inappropriate behaviour management (i.e. no routine or boundaries; over discipline).
- Caregiver mental health problems or chronic substance abuse.

Medical conditions:

- Hearing or visual impairment,
- Learning disability (e.g. general developmental delay, Autism, Aspergers, Fragile X syndrome etc)
- Head / brain injuries that may contribute to increased irritability e.g. birth injury; cerebral palsy, epilepsy, hydrocephalus.
- ADHD (hyperactivity and attention deficit).
- Chronic illness especially frequent infections (increases general irritability).

Environment:

- Over stimulation, especially for infants causing distress, fear and caution
- Under stimulation causing withdrawal.
- Chronic poverty,
- Violent home or neighbourhood.

- Many professionals are reluctant to put a formal diagnosis or label on a child under 5 years of age. Therefore, pre-school service may encounter children who have similar traits to certain recognisable conditions such as ADHD or Autism but are not given a formal diagnosis. Nevertheless, it is still possible to provide an appropriate behaviour management programme based on the following key elements –

- Recognise there is a problem and set in motion the relevant procedures. If person in the service has specific training or skills in behaviour management consider appointing them as the resource person in the service to guide staff, co-ordinate the behaviour management approach and liaise with parents and professionals.
- Refer for assessment. Challenging behaviour requires professional assessment and guidance. Therefore referral to relevant professional should be sought as early as possible. Even where a diagnosis is inconclusive, the professional will be able to provide important information that will assist in deciding on suitable strategies for managing the behaviour. Whether a child attends one, or several, therapists (e.g. speech or psychology), a lead professional should be identified as the person to provide guidance on suitable approaches. It is the parent who makes the referral to a professional. In addition, Donegal have a new (but limited area cover) Children's Behaviour Support Service (see enclosed leaflet) where a child can be referred for behaviour assessment and tailored behaviour management programme. Parents can seek referral to this service through their GP or Public Health Nurse. In the event that a pre-school have a child whom they consider to have a behaviour problem and where the parent is reluctant or unwilling to seek assessment, the pre-school may contact the Public Health Nurse in the pre-school service for further guidance on the matter.
- A positive environment. Research has shown that high quality early education environments and caregiver interactions are associated with fewer behaviour problems and the development of social competence.

- Consistency in managing the behaviour is essential to success. Therefore it is important to ensure that praise, reward and behaviour management strategies are matched with the home so that the child receives the same approach.
 - Structured routine. While all pre-school aged children require a general routine to their day, many children with challenging behaviour often require a very rigidly structured daily routine especially in the early management phase. This is largely due to their great difficulty in cope with unpredictability, however minor.
 - Record Observations of the antecedent triggers (i.e. signs and triggers leading up to the challenging behaviour); the challenging behaviour itself, and its aftermath (recovery period). These observations will prove invaluable in determining the underlying cause, in making a referral, in seeking additional supports, in knowing what changes to make in the child's environment / programme of activities, and in being able to evaluate what is working and what is not.
 - Use the observations to make appropriate changes to the child's environment, programme of activities, strategies etc. and to see if a new approach is working. The observations should also capture the child being good, and to ensure that the child gets regular opportunities to engage in activities they enjoy, so that they are given plenty of opportunities to receive praise and affection and build up their self-esteem.
 - Teaching procedures have been demonstrated to be effective in developing the children's skills and reducing challenging behaviours. The child with challenging behaviour needs to be taught how to recognise when they are becoming angry or frustrated, how to ask for help, how find an alternative way to act when they become angry or upset including how to avoid hurting or upsetting others.
 - Supports. The child should have be linked to a key worker who they learn to trust and who can recognise warning signs and guide the child before, during and after a behaviour incident. It is also important to ensure that staff who are caring for any child with difficult behaviour issues are well as the parents are suitably supported. If additional advice is needed by the pre-school seek from relevant source with respect to confidentiality of the child's details.
 - Realistic expectations. It is important for the morale of both parents and pre-school staff that expectations are realistic. With many challenging behaviour, a complete resolution may not be achievable. A positive outcome may consist of having suitable procedures in place to manage the challenging behaviour most of the time and preventing the behaviour from getting worse.
 - Update on knowledge. Our knowledge about caring for children and supporting their development, including behaviour is constantly evolving. It is important that policies on behaviour management are reviewed annually against information available from recognised sources.
- Children who appear to be well behind other same-aged children in how they play, speak, pay attention, mix with others, cope etc., are more likely to have some level of intellectual disability. Children with an intellectual disability can have difficulty processing information and instructions in the same way as their normally developed peers. In particular they may experience great difficulty in concentrating on a task and in following through on an instruction. Getting the child to pay heed to an instruction may require getting down to the child's eye level and waiting until you get full attention and good eye contact before issuing the instruction. Many may have difficulty processing where two or more instructions are given together e.g. " go to the shelves and take down the jigsaw". Therefore it may be necessary to break down each instruction singly and in some cases even down to one word directions (e.g. John – Shelf). It is also important that the instructions and corrections are worded the same by all staff in the service and in the child's home so that the child learns to recognises these and does not become confused because something is said in a different way from before. We sometimes do not appreciate how complex language and effective communication are (which includes reading facial expressions as well as hearing the words) as it comes so naturally to us.
- Other children in the child's immediate group should be taught and supported in dealing with a child who periodically presents with challenging behaviour. Children from 3 years onwards can be very observant and aware if there is a significant intellectual or behavioural difference between themselves and another child in their group. They may be puzzled if it

appears that one child is allowed to get away with something that they are not e.g. if a child do other activities while they are expected to remain seated for a different activity or task. However, children are also very matter of fact and often the simplest explanations will suffice e.g. "John needs extra help in painting /reading etc. and you are very good at that, will you help him with me ?.... If john starts to hit you, just say "no john", and come over for me to help you. Children in a group will also pick up on how adults deal with a child that is different to them and may imitate strategies they have observed the adult doing e.g. waiting to make eye contact with "John" before saying something to him.

- Challenging behaviour is exactly that – a challenge. No matter how good a behaviour management policy is, or how experienced the staff, there may be occasions where a service requires additional professional guidance in managing a particular behaviour problem. The policy should therefore include a mention of what sources the service can turn to for support and advice. The support worker with the Donegal County Child Care Committee or public Health Nurse in the pre-school services team are two such services. Parents may also seek referral through their public health nurse or GP to the Pre-School Services Behaviour Management Support clinic. (New service set up by HSE, Donegal and only covers part of Donegal as yet).

Policy template - layout used:

- This policy template given next is set out in 4 sections.
 - The first section, Promoting Positive behaviour sets the groundwork i.e. all the background work that provides the environment for encouraging good behaviour. It is worth the effort to set out in detail how the pre-school achieves this. The pre-school should come across as a well-organised, competent service that provides an exciting and happy place for children to play in. The first 3 points in particular are the key importance as it sets out the focus of a good policy – understanding that many misbehaviour are a part of normal child development, that the aim is to provide a positive and consistent approach, and clearly confirms what methods are not used and what the expectations and aims are.
 - Second section deals with minor behaviour problems. They are categorised as such because the behaviour is in keeping with the child's age and stage of their development; the overall negative impact on the child itself, on its family, on other children (and pre-school staff) is minimal or short lived; and the type of behaviour moves on with the next stage of the child's stage of development (i.e. does not linger)
 - Third section also deals with moderate behaviour problems. These are negative behaviour patterns that are still in keeping with the age and stage of the child's development but are more frequent and intense, and have a greater impact on themselves, their family or other children around them. They lie in that grey area between what is normal and clearly challenging behaviour.
 - The fourth section deals with severe behaviour problems and can therefore be classed as challenging behaviours. While some sources limit the definition of challenging behaviour to those appear challenging to others (e.g. screaming, defiance, destructive etc) All behaviours that have a profound effect on the child itself, their ability to learn or on others around them can be classified as challenging behaviour.

Remember this is a template only. The following points made are merely examples of how to word some of the key points. Not all points made here may be relevant to your service. It is important that you consider each point on its own merit and then decide what to include or omit, and to personalise to your service. Some services may wish to simplify the policy further by dividing it into two sections e.g. Management of general behaviour problems (taking in both the minor and some of the moderate) and Management of Challenging behaviours. Both the support worker in the Donegal County Child care Committee and Pre-school service offices are happy at any time to give feedback on any draft policies that pre-school services wish to have reviewed.

Promoting positive behaviour

Think about leading in by describing what it is like for a pre-school child to get their point across when they do not have the language skills, understanding or patience to communicate effectively and how this contributes to the majority of negative behaviour incidents we see in this age group. This then makes the aim of the policy more practical as you may see from this sample point.

- ◇ Example: From 0 – 6 years, children go through a variety of developmental stages, each bringing with it new experiences and challenges for children. As the children's coping and understanding skills are still very immature, they will periodically exhibit some unwelcome behaviours. In addition, children attending a pre-school face an additional challenge from the quietness of their home where they may be king or queen of their castle – to a place that is busy, noisy, and where they must share the same space with lots of other children. Clashes are inevitable. Staff therefore accept, that part of caring for children will include regularly dealing with behaviours issues. While the majority of behaviour incidents are a normal part of a child's development, children need to learn how to manage their own behaviour and to cope with the behaviour of other children as they develop. The aim of the behaviour management policy is to provide a consistent approach in managing children's behaviour, both positive and negative, in helping the child learn how to master their own behaviour, and in how best to respond to, and cope with the negative behaviour of others. The policy also includes what procedures are taken where a child's behaviour is particularly challenging a causes concern.

It is necessary that the policy makes clear that corporal punishment or other negative methods are not used in the service. An example of each of the negative approaches mentioned in the regulation is given here to illustrate to you what the types of negative behaviour the regulation 9 (2) is referring to. You may consider using a simpler statement of approaches not used e.g. no smacking, shouting, mocking, name calling or depriving of food or treats will be carried out etc.

Example: Behaviour issues will always be managed in a positive way that supports children's confidence and self-esteem. Negative methods of behaviour management will never be carried out on any child attending the service. These include -

- Corporal punishment (e.g. smacking, hitting, shaking)
- Disrespectful or degrading (e.g. mocking or shaming, telling them that they are bad, refusing to respond when they ask a question, refusing to help when asked, using a mocking nickname rather than the child's name)
- Exploitive (e.g. use of older children to mind younger children in place of an adult)
- Intimidating (e.g. shouting at, using threatening words or actions)
- Harmful or neglectful (e.g. isolating, withholding food or drinks, restricting their movement, showing favouritism, repeatedly ignoring, being cold towards, failing to re-assure, comfort or support).

Think about what are the rules that children are asked to adhere to in your service. Are they all reasonably achievable? How do children remember what they are? Consider a picture / cartoon poster version of rules as it makes it easier to point to and make reference to when children are misbehaving. Please note that star chart systems for rewarding individual children is not recommended in pre-school settings unless directed by a professional therapist for an individual child as this system only works where children are at an age to understand and be able to reflect on their actions and to pre-meditate for lengthy periods of time.

- ◇ Example: Rules that children are asked to adhere to are kept simple, few, achievable and consistent so children understand the boundaries, even the youngest toddlers. The rules are displayed as a picture chart in each playroom to make it easier for children to understand, and for easy reference to, when dealing with a behaviour incident (attach to policy). Where practical, the positive aim of a rule will be emphasised as a first step rather than the negative so that the words no and don't are kept to a minimum e.g. saying "I want you to sit back down on your chair please, because remember, climbing is for outside. We are inside and we don't climb on the furniture when we are inside" rather than saying "don't stand on the table".

Supports provided. The following group of points all refer to what supports are given to children and to staff to enable good behaviour management practices.

- ◇ Example: All of the staff are trained and skilled in understanding children's development and how to deal appropriately with the many minor behaviour incidents that are likely to arise in a setting of such young people.
- ◇ Example: Staff members act as positive role models by being considerate to each other, especially in how they speak.
- ◇ Example: The numbers of staff to children will be in keeping with current Child Care regulations (*could mention instead the actual ratios provided*). This will ensure that the children are appropriately supervised and supported at all times.
- ◇ Example: Service operates a key worker system where a child has a consistent adult caring for them— someone who they can trust and who is there to assist them if they are struggling to master a task or to communicate their wish / needs.
- ◇ Example: Regular and effective communication between the pre-school and the child's parent or guardian is seen as vital in supporting children's emotional needs and its impact on their behaviour (*could make reference here as to how this is done e.g. communication book etc*)
- ◇ Example: Staff member(*insert name of staff member*) is the person in the service who is designated for dealing with the overall behaviour in the service. They act as a resource person for staff in the service to discuss any behaviour management problems.
- ◇ Example: Where necessary, the service may seek additional advice or support from relevant professional services, e.g. the support worker with the Donegal County Childcare committee; the public health nurse in the Pre-school inspectorate; or the lead professional where a child has a diagnosed additional need.

Nurturing positive behaviour. The following group of points deals with how the service the facilities provided in the service, the programme of activities and in particular developing social skills helps children from becoming too bored or frustrated which in turn reduces the inclination to misbehave.

- ◇ Example: Service provides a wide range, variety and quantity of play equipment and toys. This goes in some way to prevent fighting and competition over toys.
- ◇ Example: Service provides daily access to spacious outdoor play areas so that children can run about and let off steam.
- ◇ Example: The daily routine and programme of activities, is matched with the child's ability and moves on as they progress, so that there is very little opportunity for them to become bored or frustrated.
- ◇ Example: Desirable behaviour will be encouraged by praising children for positive efforts such as attempting a task, being kind, willing to share, paying attention, doing as asked etc.
- ◇ Example: Developing social skills will be an essential part of the daily routines. Children will be encouraged to respect others, to take their turn, to share, to be kind and helpful, to recognise what hurts others, to respect differences, to cope with the behaviour of others, to forgive etc.
- ◇ Example: Children will be taught how to recognise and name their feelings using methods appropriate to their age (e.g. simple language, picture or gestures (e.g. pointing, imitating an action, nodding when adult says the correct guess) This will make it easier for them to tell if they have a problem, or if they feel angry or frustrated. Children will be listened to patiently and given time to get across what they want to say and this will reinforce to them that they are important and valued.
- ◇ Example: Children will experience on a daily basis, how they and other children around them are treated. This will reinforce to them, that every person big and small is valued, listened to, given time and support to express their wishes, that there are ground rules that are consistent, and that there are firm but fair consequences for unacceptable behaviours.
- ◇ Example: Staff recognise that children may be very unsettled when they first join the service or move to a different room. The service has a settling in policy to ensure that each is helped to become familiar with the routine, other children, and with staff.
- ◇ Example: The service recognises that children with communication difficulties, especially speech problems, can become more easily frustrated and misbehave. The service will assist these children as best it can in helping them to express their needs and to learn how

to manage their frustrations. We will liaise with the parent to ensure that the home and pre-school are using the same way of communication (e.g. are these special hand signals, are picture cards used? Etc), Where a child is attending a specialist service (e.g. speech therapy, psychology), we will ask that parents provide regular feedback and guidance from that therapist to ensure that we all are adopting the same approach.

Managing minor behaviour problems

Negative behaviour incidents are unwelcome behaviour responses such as temper tantrums, fighting, hitting, screaming, sulking, biting, kicking, refusing to co-operate etc that are in keeping with the developmental stage and occur on occasions, for short period of time, and results in minimal or short lived negative impact on the child itself or on others around them.

You may consider inserting some information regarding examples of negative behaviour patterns relevant to the different stages between 1 to 6 year, as briefly summarised below.

Example: Some examples of the stages of child development and the more unwelcome patterns of behaviours that are associated with them -

- Under 1 yr* Frequent crying to seek attention, Anger in response to removal of toy, anxiety with other strange adults and on separation from parent, cry when other children cry.
- 1 – 1½ yr* Tantrum when refused a wish or being required to share a toy, easily frightened. Biting others (up to age 2½ yrs)
- 1½ - 2yr* Frequent Temper tantrum, resent attention given to other children, repeatedly will test limits or rules. Fluctuates between being clingy and resisting attention. Wants everything immediately. Tendency to be stubborn and wilful.
- 2- 3yrs* Temper tantrums reach a peak at 2 years. Self centred. Rebellious. Possessive of toys. Fussy feeder. May go through phase of using bad language.
- 3-5 years* Peak of fears for specific things like spiders or the dark. Constantly questioning. Whinging. Verbally challenges rather than hits out. May be bossy.

A sensible approach. The following are a group of points regarding realistic expectations, Fairness, and the benefits of good observations.

- ◇ Example: The cause of every incident may not always be immediately apparent. Staff will use their best judgement in dealing with every situation. On occasions, it may be more appropriate for staff to discretely ignore minor incidents, or provide an opportunity for children to resolve their own battles.
- ◇ Example: There will be a sensible expectation on outcome of incidents taking into account, children's age, stage of development, individual personalities and the cause of the incident.
- ◇ Example: Not all negative incidents will need be recorded or reported, as many will likely be part of the normal day-to-day occurrences, which are forgotten soon after the event. Incidents or accidents that cause an injury or significant upset to a child will be recorded in line with the accident / incident policy
- ◇ Example: Good supervision and observation skills will mean that in many situations staff will be able to see potentials situations arising and use some distraction tactic to divert potential battles or diffuse the situation. Good observations will also play an important part of recording any behaviour incidents. Unwelcome behaviours are easily noticed while good behaviour is often gentler and quieter. The child who has misbehaved for 5 minutes may have been a model for the previous 55 minutes. Therefore, any behaviour incidents that require discussion with parents will be done in a balanced framework that takes into account the child's overall behaviour on that day.

Key strategies. The following are some of the commonest responses likely to be taken. If you follow a specific programme based on recognised principles e.g. High Scope, you should include relevant behaviour management strategies based on those principles.

- ◇ Example: Where it is evident that a child is about to misbehave (e.g. reaching to take a toy from another child), a verbal warning will be given with referral to the relevant rule. This is to allow the child an opportunity to change their course of action. If a second verbal caution

- is given, the child may be warned of what the consequence will be if they continue. If they continue to misbehaviour, the relevant outcome will be implemented.
- ◇ Example: Where a child is unintentionally disruptive e.g. climbing on furniture, walking about in the middle of a scheduled activity, the child will first be asked to do the appropriate action with a simple explanation. If they persist, this approach may be repeated, then a warning given.
 - ◇ Example: Where a child's actions places themselves, or another child in immediate danger, it may be necessary to first physically remove the child from that situation before explaining to the child why the actions were necessary.
 - ◇ Example: Where children are fighting over the same toy(s), attempts will be made to negotiate a solution with a few simple rules e.g. Whoever had it first gets to keep it for a(number of minutes) and then asked pass it over. The child who wants it must offer another toy in exchange. If no one can agree, the teacher has it for 10 minutes. The child that is willing to pass it on gets plenty of praise and attention.
 - ◇ Example: Whingeing, sulking, bad language, and minor temper tantrums are sometimes best ignored.
 - ◇ Example: Excessive crying – Is more common in infants under 15 months. The most important management is through reassurance and comforting by their key worker. If it continues, we look for the underlying cause (e.g. hunger, tiredness), address the problem.
 - ◇ Example: Calming time away from the activity or other children will only be necessary where a child continues to hit, hurt or negatively affect other children (or a group activity), or are in the throes of a temper outburst and need time to cool down and regain control over their own emotions. It will be explained to them why they are being given calming time (in a quiet voice even if they are shouting). Time out will never involve isolating the child as a method of punishment, but choosing a practical distance that minimises the interruption to other children or the activity. The length of time will depend on when the child itself feels calm enough to join in the activity again.
 - ◇ Example: Biting - is a habit found mostly in the 1 - 2½year age bracket. It is more common in pre-schools where toddlers may be reluctant to share the same area, toys and adult attention with other similar aged wilful toddlers. Biting at this age is not a premeditated act just a symptom of an age with very little common sense. Once it occurs, the child who has done the biting will be quickly lifted and placed away from younger children for a few minutes, while the bitten child is comforted. The bite will be treated and reported in accordance with accident / incident policy. A close eye will be kept on the child who bites so that their attention is diverted if a potential risky situation arises again until they grow out of this phase.
 - ◇ Example: The Fussy Feeder. Children in pre-schools tend to be far less fussy about their food then at home. Many children will eat foods in a pre-school that they would not at home. This is often due to being in a different environment and seeing everyone else eating up and this encourages them to do the same. Vegetables are often the biggest cause of food refusals. No child will be forced to eat a particular food. We work instead on enticement and disguise. Specifically with vegetables instead We often get around this by carefully blending most of the vegetables and leaving a small portion visible on the plate. After a while they may accept this is always being offered and may consider trying. With the younger toddlers, we will check with parents with regards to how much milk they are drinking daily as too much is associated with faddy eating habits. The regular use of outdoor play especially before meal times will stimulate children's appetites and the hunger will often encourage them to eat what is on offer.
 - ◇ Example: Temper Tantrums -Start around the 1st birthday and have generally ceased by age 4. Management depends on the age. For the under 3's it tends to be from frustration, while for the over 3's it is more likely to be linked to defiance. The younger child needs the more gentle, comforting approach, with a firmer approach for the older child. For the older child, it will be calmly explained in as few words as possible why they cannot get what they want and then if possible ignored. If the tantrum continues and involves hitting or upsetting other children, the child will be moved to an area away from them, where they can calm down. They will be calmly told that when they are calm they can join again in the activity. When the tantrum is over, the child will be welcomed as if nothing has happened

Managing Moderate behaviour problems

Where negative behaviours are happening more frequently than one would normally expect and is having a greater impact on the child itself and on those around them.

- ◇ Example: Use the observations of the child to look for clues. When is the child at their best behaviour and when at their worst? Could they be tired, hungry, don't like that particular activity, clash with a particular child etc.
- ◇ Example: Listening to the child, are they able give any clues as to what is bothering them. Getting the child to be able to show on picture card what emotion they are feeling.
- ◇ Example: An off period may indicate that the child is unwell or developing an illness.
- ◇ Example: Discuss with parent regarding possible causes or clues. Change in behaviour, may be as a result of changes in the home or pre-school that temporarily unsettling the child. Poor night time sleeping pattern is often associated with moderate to severe behaviour problems leaving the child chronically tired and reducing their ability to cope.
- ◇ Example: If a group of children are becoming disruptive, look to see if the activity does not suit them, too boring or involves them sitting for too long.
- ◇ Example: Co-ordinating an approach between the child's parent and pre-school to assist in providing a consistent approach.
- ◇ Example: There will be a focus on using observations to "capture the child being good". The more frequent a child presents with negative behaviour responses, the more frequently they will end up being corrected. If they feel that they are always getting things wrong, this can seriously affect their self-esteem. Capturing them being good will provide more opportunities to praise the child and build their self-esteem. We will work in tandem with parents to do this so that they can be captured being good at home as well as the pre-school.
- ◇ Example: It may be necessary to involve the staff member with the overall responsible for behaviour management to oversee management of the problem.
- ◇ Example: Changes to the child's daily routine or to their environment (e.g. what room they are in, layout of toys etc), to how the programme of activities is implemented with them may need to be considered.
- ◇ Example: Where a shared approach does not appear to bring about any improvement after a reasonable period of time, it may be necessary to discuss with parent regarding referral to other professional (e.g. GP, Public Health Nurse, Behaviour support clinic)

Managing Severe & Challenging Behaviour problems

Challenging behaviours are frequent and repeated actions by a child that impacts significantly on other children or the child itself, or their ability to engage in the daily activities, and which fails to improve under the usual behaviour management strategies or requires ongoing intensive one-to-one management to keep under control. The behaviours may have been present from the start, gradually worsening as the child gets older or involve a deterioration of their behaviour from a previously normal pattern.

Example: Severe behaviour problems may present as any, or several of the following ways –

- Repeated openly aggressive actions e.g. full blown tantrums, kicking & hitting, bad language, bullying, destructive behaviour; intentionally disruptive responses (e.g. prolonged screaming) and oppositional responses (defiance);
- Repeated contained aggressive actions e.g. self harming (e.g. breath holding, head banging) and withdrawal behaviours (e.g. overly quiet and withdrawn, refusal to engage with others or in activities)
- Impaired or disordered responses e.g., developmentally inappropriate responses (e.g. biting after the toddler stage), poor coping skills (i.e. frequently and easily becomes distressed, anxious or over reactive, fails to smile or show enjoyment); unintentional disruptive behaviour (e.g. hyperactive, poor attention span) impaired social skills (avoids contact with others, plays alone, indiscriminately affectionate to everyone, becomes aggressive in company etc.)
- Unusual behaviour e.g. flapping hands, unusual vocal sounds, picking at skin etc

Possible Causes. Consider including some of the main underlying causes as an important signpost and guide to staff and to parents where behaviour presents as a real problem.

The following is a group of actions taken, not necessarily in this order. The key elements of managing challenging behaviour is recognising there is a problem; carry out a detailed group of observations if time permitting; discuss with parents regarding possible urgent recommendation to refer to relevant professional; provide relevant supports; implement the programme designed by the professional . Good observations will be of very practical benefit to a professional in making a diagnosis.

- ◇ Example: Staff will discuss the problem with(insert name of staff) who has overall responsibility for managing child behaviour problems in order to set up a plan of action.
- ◇ Example: Information to date about the child will be gathered, including recent observations made and how the behaviour problem is presenting.
- ◇ Example: A further short period of detailed observations of the child may be carried out to look at in depth what triggers positive behaviour and what triggers negative responses. Based on findings from the observations, certain changes may be made to the layout of play equipment and how activities are implemented for that child. Observations will also be used to try to capture the child being good and provide opportunities to offer praise. At this stage the parent will also be involved to ensure that behaviour is being managed the same in the home and pre-school so that the child is given a predictable consistent approach.
- ◇ Example: A multidisciplinary team approach is required involving parent, pre-school and relevant professional. Where it is suspected that a child has a severe behaviour problem, a referral to a relevant professional is indicated. The staff member responsible for overall behaviour management (insert name or title) will discuss the matter confidentially with the child's parents (Except where child protection concern arises). The recommendation that the parent refer the child to the child local Public Health nurse or GP to outrule any underlying factor or to refer on to more specialised services (e.g. Speech therapist, assessment of need, psychology) will be raised. The service acknowledges that it may be very difficult and upsetting for a parent to accept where their child's behaviour may result from an underlying problem, especially a possible long term medical condition. Every effort will be taken to be as supportive as possible.
- ◇ Example: Behaviour problems arising out of child protection concerns will be appropriately dealt with – See services Child Protection policy.
- ◇ Example: Where a child receives a diagnosis as having additional needs, the pre-school may apply for a special needs assistant with the agreement of the parent, in order to provide more supportive care but only where it is deemed to be necessary. For children with a known additional need, the lead professional may be contacted, via the parent for guidance on dealing with behaviour issues.
- ◇ Example: A behaviour management strategy will be drawn up based on observations and professional guidance. The strategy, or personalised behaviour programme will include what to do when the child shows signs that a challenging behaviour is brewing (antecedent behaviour), how best to control the behaviour when it occurs, how to limit the negative impact on other children or activities and specific strategies that are taught to the child to assist them in controlling their own behaviour.
- ◇ Example: When giving an instruction or correction to the child, particular attention will be paid to making sure we have the child's attention first, getting good eye contact at the child's own eye level. Every effort will be made to ensure that rules, corrections and directions given are kept short and simple and worded similarly by the staff in the service and by the child's parents so that the child become familiar with what is being looked for.
- ◇ Example: Where a child attending the service has a diagnosed additional need or needs, the children in that child's group will be actively supported and encouraged to be a part of the caring team around them, and in learning how to support others who are less able than they are.
- ◇ Example: Should we require additional information, advice or support in relation to the behaviour management of a child, we will contact the relevant professional i.e. PHN in pre-school services or support worker with the Donegal County Childcare Committee (relevant names can be inserted if liked)

- Final point – Finish on a strong positive note and don't be afraid to acknowledge limitations*
- ◇ Example: We won't always get it right, or solve every single behaviour issue satisfactorily, but we can affirm that the service will strive to ensure that any problems that arise around children's behaviour will be dealt with in a supportive, positive way, in co-operation with the child's parents and any other relevant professionals so that the child is enabled to manage their own behaviour as appropriate to their age and ability.

Reference and useful sources

- Article quoted in this information leaflet is taken from -
Dunlap G., Strain P.S., Fox L., Carta J.J., Conroy M., Smith B.J., Kern L., Hemmeter M.L., Timm M.A., McCart A. & Sailor W., Markey U. & Markey D.J., Lardieri S & Sowell C. (2006). **Prevention and Intervention with young Children's Challenging Behaviour: Perspectives Regarding Current Knowledge.** Behavioural Disorders, 32 (1) 29 –45. *(Copies of this are available on request from pre-school services).*
- There are some very good, easy to read (and witty) books on behaviour management by Dr Green, a Consultant Paediatrician / lecturer of worldwide renown. These books are available from most large bookstores and latest editions, published in 2001 by Vermillion, Ebury press, London.
 - New Taming the Toddler: A Guide to Parents (for the under 5's)
 - Beyond Toddlerdom (from 5 to 12 years)
 - Understanding A.D.H.D.
- Website = www.challengingbehaviour.org useful for information around challenging behaviour in intellectual disabilities
- **Child Mental and Emotional Health: A review of Evidence** pages 34-34; This is an Irish research document which can be viewed through the HSE website. First key in www.hse.ie, click on publications and key in first part of title.

More Support

If you require clarification on any points mentioned in this template, or require more information in relation to developing a behaviour management policy, please contact the Pre-School Services office Tel- 074 9123669

Additional information and training is available from the Donegal County Child Care Committee Tel – 074 9132416

Naoinrí affiliated with Comhar Naoinra na Gaeltachta Teo should consult with Brid Mc Bride for additional behaviour management support. Tel- 074 9560296

Parents may enquire about the "Pre-School services Behaviour Management Support Clinic" from their local Public Health Nurse (Note: limited area cover)

Any parent of a child aged under 5 years who feels that they may have a disability can apply for an assessment under the "Assessment of Need " (Disability act 2005). Applications must be made in writing on a standard form which is available from local health office or call HSE infoline 1850 24 1850
