

Kangaroo Kids Behaviour Policy

February 2025





Statement of intent:

At Kangaroo Kids, we are passionate about managing behaviour via positive means. We believe that, wherever possible, this positive behaviour should be initially modelled by all practitioners to give children the best chance of making good choices and meeting our high expectations. It is our responsibility to ensure this is done well to stand our children in the best stead for the rest of their educational journey.

How do we do this?

When they enrol at Kangaroo Kids, each child will be assigned a key person. Although all staff are responsible for modelling positive behaviour, this key person can understand children's unique and specific needs as a result of the relationship that is formed between the child and their key person. We believe this can be especially beneficial when negative behaviour can occur due to distress. Settling into a new environment is an emotional transition for young children especially as they learn to develop and master complex skills needed to communicate, negotiate and socialise with their peers. A key person can alleviate some of the stress involved in this transition. Skills such as turn taking and sharing often instigate minor conflicts between children as they struggle to deal with powerful emotions and feelings. During minor disputes, key persons help children to reflect and regulate their actions and, in most instances, children learn how to resolve minor disputes themselves.

However, some incidents are influenced by factors, requiring a strategic approach especially if the behaviour causes harm or distress to the child or others.

Behaviour intervention

Stage one:

Practitioner (key person where possible) will model the behaviour expected of the child in a given situation. The child will be given the opportunity to display this positive behaviour in a second instance.

Stage two:

If a child continues to display behaviour that may cause harm to themselves or others, they will be redirected to a calm, quiet space within the setting. This allows the child to reflect



and recalibrate away from potentially distressing factors with the hope that they will be able to rejoin their peers. We do not advocate humiliating or isolating children.

Stage three:

If the behaviour remains a concern, then the key person must liaise with the parents to try to discover possible reasons for the behaviour and to agree next steps. If relevant and appropriate the views of the child must be sought and considered to help identify a cause. If relevant actions for dealing with the behaviour at home and preschool are agreed with parents, they are incorporated into the action plan. Other staff are informed of the agreed interventions. The plan must be monitored and reviewed regularly by the key person until improvement is noticed. Incidents and intervention relating to unwanted/challenging behaviour by children must be clearly and appropriately logged.

Use of physical intervention

Staff will already use different elements of physical contact with a child as part of their interaction in the setting especially when they are comforting a child or giving first aid. However, physical intervention to keep a child or other children safe is different and should only be applied in exceptional circumstances.

The EYFS states that physical intervention from a staff member towards a child may be used for the purposes of “averting immediate danger of personal injury to any person (including the child) or to manage a child’s behaviour if it is absolutely necessary”.

Staff must do all they can to avoid using a physical intervention because this is not the preferred way of addressing children’s behaviour.

Physical handling

We use the principle of applying reasonable minimal force and handling in proportion to the situation. Staff use as little force as necessary to maintain safety. This intervention should only be used for as short a period as possible to keep the child safe and maintain well-being by aiming to:

- Keep the child’s safety and well-being paramount.
- Maintain a calm, gentle but firm approach and application of the intervention.
- Never restrict the child’s ability to breathe.



- Use side-by-side contact with the child.
- Have no gap between theirs or the child's body.
- Keep the adults back as straight as possible.
- Avoid close head-to-head positioning to avoid injury to the child and themselves (head butting).
- Avoid lifting the child unless necessary.
- Reassure the child and talking about what has happened.