



The **Daffodil** Project CIC

Supervision & Behaviour Management Policy

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1. Policy Statement

The Daffodil Project CIC is committed to providing a therapeutic, safe, and empowering environment where every child is supported to understand, express, and regulate their emotions and behaviour. We recognise that behaviour is a form of communication, often rooted in neurodevelopmental differences, sensory processing needs, communication difficulties, attachment disruptions, or trauma histories. Our approach is preventative, relational, and restorative—placing connection before correction. Supervision is embedded into our culture as a proactive, protective, and responsive framework that enables children to feel safe and secure. This policy outlines our standards for supervision, our philosophy of behaviour support, and our procedures for managing and reflecting on behaviour safely and therapeutically.

- Provide compassionate, consistent, and structured supervision for all children
 - Respond to behaviour through a trauma-informed and relational lens
 - Uphold children's dignity and right to be heard, even in moments of dysregulation
 - Work collaboratively with families and professionals to ensure consistency and safety
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2. Scope

This policy applies to all children, staff, volunteers, visitors, contractors, and professionals operating within or on behalf of The Daffodil Project CIC. It covers supervision and behaviour management in all contexts—indoors and outdoors, during educational, therapeutic, recreational, and care-based activities, and while on off-site visits.

- Applies across all areas and contexts within the provision
 - Covers structured, therapeutic, play, and transitional times
 - Includes interactions with animals, equipment, and peers
 - Encompasses children with complex, challenging, or high-risk behaviour profiles
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3. Legal & Regulatory Framework

This policy is underpinned by the following statutory and regulatory frameworks:

- **Children Act 1989 & 2004** – Duty to safeguard and promote wellbeing
 - **Equality Act 2010** – Protection from discrimination based on disability
 - **SEND Code of Practice (2015)** – Reasonable adjustments for behavioural presentations
 - **Education and Inspections Act 2006** – Lawful discipline and behaviour standards
 - **Health and Safety at Work Act 1974** – Supervision duties and risk management
 - **Human Rights Act 1998 & UNCRC Articles 3, 12, 19** – Protection of dignity, views, and wellbeing
 - **Ofsted Education Inspection Framework** – Personal development, behaviour, and attitudes
 - Ensure behaviour approaches are legally proportionate, ethical, and inclusive
 - Maintain child-centred practices grounded in statutory protections
 - Ensure robust supervision to prevent injury or neglect
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4. Roles & Responsibilities

The Director has overall responsibility for ensuring safe supervision and lawful, ethical behaviour management. They oversee policy implementation, training, and case reviews.

The Designated Safeguarding Lead (DSL) monitors where behaviour may indicate underlying harm, neglect, or safeguarding risk. The DSL leads on safeguarding-related interventions and referrals.

All Staff and Volunteers must maintain active supervision, follow agreed behaviour strategies, and report all concerns promptly. They are expected to model emotional regulation, relational repair, and restorative conversation.

Parents/Carers are integral to all behaviour planning and reviews. Their insight, lived experience, and preferred strategies are respected and incorporated.

Visiting Professionals (therapists, SEN specialists, etc.) may provide input into support plans and staff practice development.

- Director leads policy, oversight, and training strategy
 - DSL assesses safeguarding risks behind behaviours
 - Staff uphold supervision and model calm, attuned responses
 - Families co-create individual support plans and review strategies
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5. Supervision Principles & Guidelines

Supervision at The Daffodil Project CIC is both protective and developmental. It is designed to maintain physical safety, emotional containment, and relationship-based learning. We avoid passive observation in favour of dynamic, responsive presence.

All supervision must ensure:

- **Active Engagement** – adults are positioned to scan, notice, and support
 - **Ratio Compliance** – tailored according to need, EHCP guidance, and activity risk
 - **Dynamic Risk Assessment** – adjusting staff positioning, ratios, or proximity based on behaviour, activity, or environment
 - **Visible Boundaries** – children must not be left alone or unsupervised
 - **Predictable Transitions** – visual and verbal cues support changeovers
 - **Support for Independence** – freedom within safe boundaries is promoted for skill development
 - Maintain sight and awareness of all children
 - Use staff positioning and communication to guide behaviour pre-emptively
 - Increase supervision during high-risk times (e.g. transition, sensory overload)
 - Reduce environmental overstimulation that may escalate behaviour
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6. Behaviour Management Philosophy

Our philosophy is underpinned by therapeutic values and rejects punishment-based models. We view all behaviour—especially that which challenges us—as a meaningful signal of a child's unmet need, emotional dysregulation, or difficulty communicating.

Key principles:

- **Connection before correction**

- **Curiosity over control**
- **Compassionate consistency**
- **Respect for sensory and neurological difference**
- **Restoration and repair over punishment**

We reject exclusion, isolation, physical intervention (unless absolutely necessary), and public shaming. Instead, we offer co-regulation, repair conversations, and structured problem-solving.

- Behaviour is understood in context, not in isolation
- Responses are guided by knowledge of attachment, trauma, and SEND
- Children are partners in their regulation journey

7. Understanding Behaviour: SEND, Trauma, and Neurodiversity

Children in our setting may exhibit:

- Fight/flight/freeze behaviours due to trauma histories
- Meltdowns due to sensory overwhelm
- Shutdowns due to social anxiety or cognitive overload
- Defiance or aggression linked to demand avoidance (e.g. PDA)
- Control-seeking due to past instability

These are not “naughty” or “defiant” behaviours, but signals of dysregulation. Our role is to observe, reflect, and adapt.

Each child has an **Individual Behaviour Support Plan (BSP)**, co-produced with families and updated regularly. This includes:

- Known triggers and stressors
- Preferred regulation strategies
- Risk-reduction approaches
- De-escalation tools
- Communication and sensory profiles
- Identify and understand behavioural patterns in context
- Maintain child-specific BSPs accessible to all staff
- Adapt language, tone, and environment to reduce escalation

8. Positive Behaviour Support Strategies

We use a layered, preventative approach that includes:

- **Visual aids and now-next boards**
- **Predictable routines** with sensory breaks
- **Flexible expectations** based on emotional regulation
- **Choice-making and shared control**
- **Calm-down spaces** with sensory tools
- **Praise for effort and self-regulation**, not compliance
- **Emotion coaching** through co-regulation
- **Social stories**, comic strip conversations, and drama therapy techniques

These are embedded into daily practice and continuously modelled by staff.

- Use visuals, structure, and choice to promote autonomy
- Provide pre-emptive sensory supports
- Model calm, attuned interactions to shape emotional development
- Praise small steps towards positive communication

9. Managing Distressed or Dysregulated Behaviour

When a child becomes distressed, the priority is to maintain safety, de-escalate the situation, and protect the child's dignity. All staff are trained in trauma-informed de-escalation and use the following framework:

1. **Pause and observe:** What is the trigger or need?
2. **Regulate:** Offer calm tone, sensory support, grounding statements
3. **Redirect:** Provide a safe choice or distraction
4. **Withdraw pressure:** Remove audience or demand if needed
5. **Hold space:** Offer proximity, safety, and presence
6. **Repair:** Once calm, reflect, reconnect, and plan for next time

Restrictive intervention is only used as a **last resort**, for immediate safety, and must always be proportionate, trained, documented, and reported.

- De-escalate using therapeutic, not reactive, methods
- Never isolate, shame, or raise voice in response to dysregulation
- Apply Positive Behaviour Support and relational repair
- Follow safety plans and call for team support where needed

10. Physical Intervention & Restrictive Practices

The Daffodil Project CIC does not condone the use of physical intervention except in circumstances where a child's behaviour poses a risk of serious harm to themselves or others. All physical interventions must:

- Be the **least restrictive** measure
- Be conducted by trained staff only
- Be **documented and reported** immediately
- Trigger a **review of the child's plan**, and a debrief with staff, family, and child

All incidents involving physical intervention will be reviewed by the Director and DSL to assess proportionality, necessity, and emotional impact.

- Physical intervention is last resort, not part of routine practice
- Always use trained staff and follow reporting protocols
- Debrief, reflect, and amend support plans after any incident

11. Incident Reporting, Reflection & Family Engagement

All behavioural incidents involving harm, risk, or distress are recorded in the **Behaviour & Incident Log**, detailing:

- Time, location, staff involved

- Antecedents and context
- Behaviour and impact
- Strategies used and outcome
- Child voice (where possible)
- Family contact and next steps

Incidents are reviewed termly to identify patterns and adapt support. Children are supported to reflect and repair relationships at their own pace, using tools such as comic strips, drawing, or supported discussion.

- Record all incidents promptly and accurately
- Contact families same-day where appropriate
- Use reflection tools that respect developmental and emotional stage
- Use incident data to inform practice and plan adjustments

12. Monitoring, Training & Review

This policy is reviewed **annually** or following a serious incident. Behaviour logs are analysed termly to inform supervision, support planning, and training priorities.

All staff receive training in:

- Trauma-informed practice
- Positive Behaviour Support
- Autism and sensory integration
- De-escalation and emotional regulation
- Safe physical intervention (Team Teach or equivalent)
- Review and audit logs to ensure consistent, ethical practice
- Provide staff with CPD in therapeutic and neurodiverse behaviour support
- Involve families in reviews of behaviour planning and policy development

Signed:

Magdalena Van De Voort



Director, The Daffodil Project CIC

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