

## **Respectful Relationships Policy**

**Within East Ayrshire Council's Respectful Relationships Policy, it clearly states that we must aim to** 'establish open, positive, supportive relationships across our learning community, where children feel safe and listened to'.

In East Ayrshire Council we believe that children thrive best when their personal, social and emotional needs are met and where there are clear and developmentally appropriate expectations for their behaviour.

Our young children are learning to consider the views and feelings, needs and rights, of others and the impact that their behaviour has on people, places and objects. This is a developmental milestone that requires support, encouragement, teaching and most importantly, positive modelling.

The principles that underpin how we promote positive and considerate behaviour exist within our centre values and the whole ethos of our ECC.

The purpose of this policy is to clearly set out the responsibility of all staff in the matter of respectful relationships and to ensure that all staff understand that where restraint is used **it is as a last resort and in exceptional circumstances only**.

### **Who is Responsible?**

1. It is the overall responsibility of the Senior Management Team (SMT) to ensure that all staff and volunteers have knowledge of and access to this policy and fully understand their role in promoting positive relationships with children and families.
2. The SMT are responsible for ensuring appropriate plans and risk assessments are in place and reviewed regularly to meet the needs of individual children. ECC staff must follow the EAC assessment process (appendix 4) and work closely with parents, carers and other professionals to ensure a supportive and consistent approach.
3. The SMT are responsible for ensuring that all staff are aware of their roles in reporting and recording significant information about children in relation to safe handling. This must include detailed and accurate records being maintained on any occasions where restraint has been applied to a child.
4. All staff are responsible for ensuring practice is safe and respectful at all times. Where staff observe inappropriate practice, it is essential that this is reported immediately to the Head of Centre/Head Teacher and the whistleblowing policy must be adhered to.
5. The SMT are responsible for sharing this policy with parents/carers.

## How must this policy be implemented?

- All staff must fully adhere to the SSSC staff codes of practice.
- Staff should adopt a child centred approach which is informed by best practice guidance and the Nurture Principles (see appendix 4).
- All staff must familiarise themselves with the national practice guidance, in particular where the guidance refers to staff being 'mind minded'. Babies and children will experience the balance of "feeling safe, loved and cared for, when the adults around them are being mind-minded and responsive" (Meins et al., 2018).
- All staff must familiarise themselves with the Care Inspectorate guidance, 'Reducing restrictive practice: A practice note to promote children's rights, safety and wellbeing, 2026'.
- All staff, volunteers and students must provide a positive model of behaviour by treating children, families and one another with kindness, care, compassion and respect.
- Staff should adopt a restorative approach (see below for more detail).
- Staff must support each child in developing a sense of belonging in their keyworker group from their first session, so that all children feel valued and welcome.
- When children are expressing themselves in ways that we do not expect, or which may cause problems for themselves or others, it is important that staff reflect on whether the child understands what to do, whether they are sufficiently able to do it, and whether strong feelings – driven by needs we can't see – are influencing their emotions.
- Staff must always remain calm and non-judgemental, keeping an open mind, with an aim of helping all children to return to a place of good emotional wellbeing. This can be challenging at times as strong behaviours can invoke natural responses in us.
- Staff must only ever raise their voices if they need to react quickly when a child's behaviour is likely to cause injury to themselves or another child.
- If a child is having persistent difficulties in their relationships with others, staff must be curious to the reasons why and consider support strategies that could be put in place. It is often the case that the child may need support to develop the social communication skills necessary to socialise with their peers.
- If a child is behaving unsafely towards others, staff must intervene and show them how to use toys and resources appropriately and/or encourage them to come to a different area of the ECC to play or have time alone. If the child is unwilling/unable to move from the area, then staff must guide the other children away if the child is making the area unsafe for them.
- When supporting/redirecting children, staff must lead children by the hand and never hold the child's wrist. It is important that hand holding is done with the consent of the child.
- Staff should also adopt a supportive approach towards one another, tapping in and out where required. When dealing with distressed behaviours it can be extremely challenging for staff and sometimes staff may need to step back from

situations if not feeling contained/regulated themselves. This is completely normal, and staff should feel certain about making this decision. Sometimes staff may also benefit from further training/supports and should be confident to ask for this where needed. Staff must be reassured that they have not failed in their role as a practitioner if unable to support a child to achieve a regulated state.

## **The Restorative Approach**

When disagreements/upsets happen between children, staff should support through a restorative approach to work through the problem. How a restorative approach is taken will vary from one child to another, staff should take their cue from the child and adopt their approach accordingly.

The following questions may be explored:

- What has happened?
- How were you feeling?
- Clarification of both children's feelings will be required.
- What do you think needs to happen now to make things better?

The child may then require support to achieve the agreed solution or modelling to repair the relationship.

## **Understanding Behaviours**

- Rough and tumble play and fantasy aggression: young children often engage in play that has aggressive themes – such as superhero and weapon play; some children appear pre-occupied with these themes, but their behaviour is not necessarily a precursor to hurtful behaviour, although it may be inconsiderate at times and may need addressing using strategies outlined within this policy. Staff should recognise that rough and tumble play is not unusual for young children and is acceptable within limits. Staff should regard this type of play as pro-social and not as problematic or aggressive, however if they feel any child is uncomfortable with the play, staff must intervene.
- Staff should develop strategies to contain play that are agreed with children, and understood by them, with acceptable behavioural boundaries to ensure children are not hurt.
- Most children under the age of six will at some stage hurt or say something hurtful to another child, especially if their emotions are high at the time, but it is not helpful to label this behaviour as 'bullying'. For children under six, hurtful behaviour is momentary, spontaneous and often without cognisance of the feelings of the person whom they have hurt.
- Staff must 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.
- Staff must help children manage these feelings as they have neither the biological means nor the cognitive means to do this for themselves.

- Staff must understand that self-management of intense emotions, especially of anger, happens when the brain has developed neurological systems to manage the physiological processes that take place when triggers activate responses of anger or fear. Therefore, staff should aid this process by offering support, calming the child who is angry as well as the child who has been hurt by the behaviour. By helping the child to return to a calm state, staff are helping the brain to develop the physiological response system that will help the child be able to manage his or her own feelings, this is referred to as co-regulation.
- Staff must recognise that young children require help in understanding the range of feelings they experience. Staff can help children recognise their feelings by naming them and helping children to express them, making a connection verbally between the event and the feeling. Older children may be able to verbalise their feelings better, talking through the feelings that motivated the behaviour, staff should scaffold conversations accordingly to best support the individual child.
- Staff should also help children learn to empathise with others, understanding that they have feelings too and that their actions impact on others' feelings. Staff can use scenarios through planned experiences, stories and drama to help with this.
- Staff must help young children develop pro-social behaviour, such as resolving conflict over who has the toy, through positive modelling and effective use of language. It is important to remember that some children will have had limited social experiences prior to starting within the ECC.
- Staff should be aware that the same problem may happen over and over before skills such as sharing and turn-taking develop. For both the biological maturation and cognitive development to take place, children will need repeated experiences with problem solving, supported by patient adults and clear boundaries.
- Staff should build self-esteem and confidence in children, recognising their emotional needs through close and committed relationships with them.
- It is essential that staff are aware of negative interactions that may impact on a child's emotional wellbeing such as shaming or labelling a child, for example; 'you're always doing this, why can't you be kind like your friends'.
- Staff should use social stories to support children's understanding of various concepts in a supportive and child led way. These stories may also be shared with parents/carers to support consistency in a child's care.
- Staff must provide space for children to play freely. Staff must consider if the spaces provided promotes children's dignity and privacy. Over-crowded, noisy environments should be avoided.
- It is essential that children know what is expected of them. Staff must be consistent in their approach. All staff should reinforce the expectations within the centre and support children in developing their understanding. It may be necessary for a child to take a break from an experience or spend less time there than anticipated. Staff may also redirect a child's attention to another activity. Staff must ensure positive feedback keeps children motivated, and experiences end on a positive note. Staff must reinforce positive behaviours with warm feedback. Staff must ensure expected outcomes from learning activities/experiences are within the child's capabilities.

- In every group there may be some children who find it difficult to maintain and sustain positive behaviour. It is the responsibility of every adult to help and support these children to understand. It is essential that all staff fully understand that all behaviour is communication. Staff must ensure all measures are taken to deescalate situations where possible.
- Staff should think about who might be best to help support the child, this may not always be the child's keyworker.
- If the child does not want to or cannot talk, staff should consider using minimal words. Staff should use visual cues or communication aids (for example, emotion cards, now/next boards) to help the child express themselves.
- Staff should consider methods of distraction that may help regulate the child (a walk outdoors, something to eat and drink, removal of clothing if too hot, physical activity, offering their favourite toys or special interests).
- Staff may also give choices to restore a sense of control (for example, "Would you like to sit here or there?").
- A sense of humour can also be used as a constructive technique to make the child laugh and forget his/her anger /frustration. Some children may accept physical comfort, however others may not. Staff must ask children respectfully before touching them (see appendix 3 for other ideas to try).
- Staff should never underestimate the power of respectful relationships and know that warm, caring and nurturing interactions will build on a child's self-esteem, which will impact positively on them now and in the future.

**In our ECCs staff may have physical contact with children to promote their care, wellbeing and safety such as:**

- To give reassurance
- To provide support during a physical activity
- To administer first aid
- To give a hug if a child is upset
- To guide a child by the hand when crossing the road
- To block a child's path to prevent them from running into danger.

These actions are typically part of positive relationship building and address children's specific protection or wellbeing needs. The need to use restrictive practice including restraint should only be used in exceptional circumstances.

Restrictive practice can compromise children's rights and has the potential to cause emotional distress and physical harm. The use of restrictive practices, including physical restraint, must be carefully weighed against the need to uphold children's rights.

For a physical intervention to be legally defensible and justifiable, the practitioner must believe that:

- The child will cause physical harm to themselves or someone else.

- The child will run away and will put themselves or others at serious risk of harm.
- The child will cause significant damage which is likely to have a serious emotional effect or create a physical danger.

Any actions taken by staff must be carried out with consideration given to the child's best interests.

In situations where a child is causing injury to themselves or others, it may be more appropriate to remove the child from the situation. This may involve lifting the child to another area within the ECC. Staff should then place the child down as soon as it is safe to do so and not restrict their movement for any period of time unnecessarily.

It is important for staff to consider the support required after the event. If restrictive practices or restraint are used, it can be distressing to everyone involved. Here are some approaches staff can use to rebuild trust, reassure the child and reflect on the incident:

- Ensure the child knows they are not to blame - this is crucial for emotional recovery.
- Acknowledge the child's feelings and reflect on the event through a trauma-informed lens.
- Maintain a calm, open and relaxed posture to help the child feel safe.
- Focus on creating psychological safety through open communication, active listening and empathy.
- Communicate with the child in a way that helps them understand what has happened.
- Be honest and clear with the child about expectations and boundaries.
- Be willing to compromise.
- Inform parents/carers of the incident, taking a supportive approach.
- Involve the child and/or their family in their future care planning.
- Identify the triggers that led to the incident and how they could be prevented in future.
- Take a proactive approach to prevent further distress.
- Consider if staff training is needed. Where needed, seek support from other agencies.
- Notify the Care Inspectorate.

Challenge questions can also be found on appendix 6 to support staff reflection. See Care Inspectorate Guidance for Case Studies and further information.

## **Reporting/Auditing Procedures**

- The SMT should refer to appendix 2 for more information on what incidents require to be reported to the Care Inspectorate. An example of information required within the report has been included in appendix 5.
- All incidents reported to the Care Inspectorate should also be reported to the local authority through the SHE system and parents/carers as per normal procedures.
- Incidents of verbal and physical violence and aggression, where staff are, or perceive themselves to be physically and/or verbally harmed, should be recorded on SHE. Where there has been violence and aggression or dysregulation without physical and/or psychological harm being caused, this should not be recorded on SHE.
- ECC incident records should be audited monthly, with appropriate action taken to minimise further incidents, for example, enhanced support provided to an identified child. All actions identified within audits should be reviewed.

### **The Respectful Relationships Policy was written with consideration given to:**

- East Ayrshire Council, Standard Circular 57 – Child Protection.
- National Guidance for Child Protection in Scotland, Scottish Government 2021, updated 2023.
- East Ayrshire Relationships Framework.
- **Reducing restrictive practice: A practice note to promote children's rights, safety and wellbeing, Care Inspectorate, 2026.**
- Care Inspectorate 'Records services must keep and Notifications, 2025'.
- Realising the Ambition, Scottish Government, 2020.
- Guidance on Assessing and Supporting Children Experiencing Significant Dysregulation in Educational Settings, East Ayrshire Education Service.
- Health & Social Care Standards, 2017 (1.4, 1.13, 1.14, 1.15, 1.24, 2.12, 3.14, 3.17, 3.18, 3.19, 3.20, 3.21, 3.22, 4.18, 4.24, 5.17)

**Policy devised: July 2025**

**Policy Reviewed: March 2026**

### **Appendix 1 (Care Inspectorate guidance)**

It is recognised that on occasion, restrictive practice may require to be used on an emergency basis, which had not previously been anticipated.

**However, where it can be anticipated that a child using the service may be restricted or restrained, their risk assessment/behaviour management/personal plan must include:**

- An individual assessment of the form of approved restriction or restraint
- The circumstances of use
- How it is the most appropriate way of ensuring the child's physical and emotional wellbeing
- Any protected characteristics or additional support needs which may impact on the child's behaviour
- Details of observations and monitoring
- Agreement of the child's, legal representative, family/parents, social work or other agencies as appropriate
- The views of the child
- Debrief arrangements

**Incident reports following each period of restriction or restraint (this may include more than one restriction or restraint during each incident) must include:**

- The events which preceded the restraint
- Details of the form of restriction or restraint used
- The legal justification (harm to self, harm to others, or significant damage which will result in physical or emotional harm) for using the restriction or restraint
- How it was the most appropriate way of ensuring the child's physical and emotional wellbeing
- Details of observations and monitoring
- Date and location of the incident
- Start and finish time of each period of restriction or restraint
- Names of people involved, including who led the restriction or restraint
- Reference to risk assessment/behaviour management/personal plan
- Views of the child being restricted
- Notification to family/parents, social work and other agencies
- The learning and impact on future practice for that child
- The learning and impact on future practice for the wider organisation
- Arrangements for monitoring and ongoing assessment
- Manager's comments and external auditing as part of the provider's quality assurance.

**Appendix 2 (Care Inspectorate guidance)**

<b><u>Physical restraint</u></b>	<b><u>Seclusion</u></b>	<b><u>Restrictive physical intervention</u></b>	<b><u>Restrictive practice</u></b>
<p>'An intervention in which staff hold a child to restrict his or her movement and [which] should only be used to prevent harm'.</p> <p>All instances of physical restraint must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate.</p>	<p>An act carried out with the purpose of confining and isolating a child, away from other children and staff, in an area from which they are prevented from leaving.</p> <p>All instances of seclusion must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate.</p>	<p>'An action involving using a worker's body, for example blocking the path of a child or guiding him or her away from a harmful situation'.</p> <p>Restrictive physical interventions need not be recorded through the incident reporting process, however, must still be recorded in daily notes, detailed in personal plans, suitably risk assessed and have appropriate quality assurance oversight.</p> <p>They need not be reported to the Care Inspectorate, but this does not in any way eliminate the importance of organisations maintaining their own oversight and monitoring of these interventions.</p> <p>Restraint training providers may be able to offer guidance on at what point a physical intervention becomes a physical restraint.</p>	<p>'Methods of limiting freedom such as verbal control, psychological pressure or social exclusion can have just as restraining an effect on a person's behaviour as direct physical intervention.'</p> <p>Any of these restrictive practices (including physical, environmental, chemical, or mechanical restraint) which fall out with a normal parenting response for a child of the same age and stage of development, must be recorded and follow the organisation's reporting procedures. They should also be reported to the Care Inspectorate.</p>

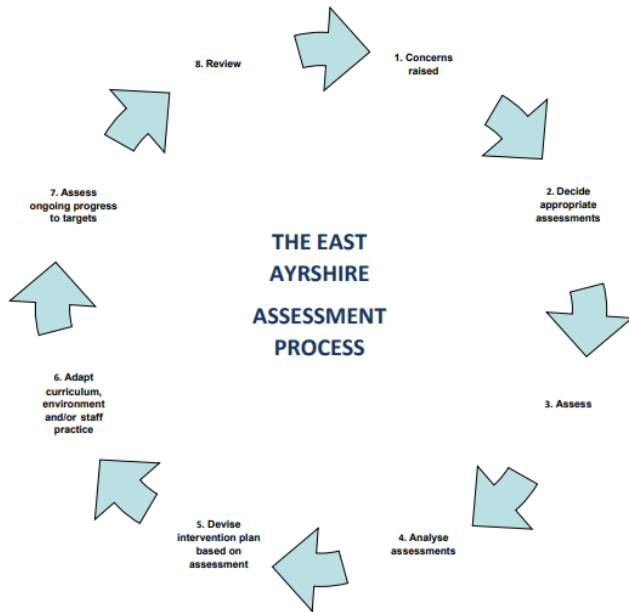
### **Appendix 3**

#### **Ideas to consider - adaptations, strategies and supports you may wish to use**

- Assessments (Teaching talking, SCERTS screening)
- Assessment summary analysis
- Referrals to other agencies
- Regulation tracker (speak to your link educational psychologist first)
- ABC charts
- Visual supports (timelines, objects of reference, PECS, board maker & 'now and next' boards)
- Communication passport
- Warnings prior to transitions
- Targeted intervention
- Makaton
- Calm area for child to regulate
- Reduced session times (must be agreed with parents/carers and other professionals)
- Change to drop off/pick up arrangements
- Rich sensory environment
- Ear defenders
- Flexible routines (e.g. child goes straight outdoors on arrival)
- Mealtimes: flexible with regards to routines / adaptations to menus/drinks etc
- Resources of high interest
- Use of large soft furnishings such as bean bags to prevent injury
- Change to keyworker or group (relationships)
- Child placed within smaller group (better staff: child) ratio
- Child placed in smaller room
- Social stories
- Risk assessment
- Nurturing intervention plan (safety plan)
- Special basket
- PEEP sessions
- Additional year of ELC
- Multi-agency working
- Daily nurture sessions with yoga, peer massage, mindfulness strategies and emotional regulation techniques
- Staff modelling reciprocal play
- Personal emergency evacuation plan
- Analysis of ECC accidents and incidents
- Weekly detailed observations shared with parents/carers to share new insights/strategies that worked/didn't work to promote a consistent approach.

There are also a host of wellbeing resources available for staff via the [Healthy Working Lives](#) page on the EAC Intranet. If staff require further support or guidance, the new dedicated Supporting Attendance and Wellbeing Team can be contacted at [SupportingAttendanceandWellbeing@east-ayrshire.gov.uk](mailto:SupportingAttendanceandWellbeing@east-ayrshire.gov.uk)

## Appendix 4



## Nurture Principles



**Appendix 5      Incident Report Example (Complete following the use of Restraint, Restrictive Practice or Seclusion)**

<b>Child's Name (remember only initials to be included on notifications submitted):</b>	
The events which preceded the restrain or restriction:	
Details of the form of restriction or restraint used:	
The legal justification (harm to self, harm to others, or significant damage which would result in physical or emotional harm) for using the restriction or restraint:	
Detail how using restraint or restriction was the most appropriate way of ensuring the child's physical and emotional wellbeing:	
Date and location of the incident:	
Start and finish time of restriction or restraint:	
Names of people involved, including who led the restriction or restraint:	
Reference to the child's risk assessment/behaviour management/personal plan:	
Details of observations and monitoring:	
Views of the child being restricted or restrained:	
Notification to family/parents, social work and other agencies:	
The learning and impact on future practice for the child:	
The learning and impact on future practice for the ECC:	
Arrangements for monitoring and ongoing assessment:	
Manager's comments (consider auditing and quality assurance):	

Appendix 6 Reflect on practice (Care Inspectorate) - These challenge questions are designed to help staff in the process of reflection.

### **Knowing and understanding children**

- How well do personal plans support staff to meet children's needs?
- What does children's behaviour tell staff about their needs?
- How can staff ensure that any interventions are always in the child's best interests?
- What strategies can staff use to support children in managing big emotions?
- What could be the long-term emotional impact of being restrained at a young age?

### **Creating a safe and nurturing environment**

- How do staff create an environment where children feel consistently safe and nurtured?
- How does the environment support children to regulate their own emotions?
- How can staff involve children in learning about boundaries and problem solving?
- How do you ensure that children's movements are not restricted during daily routines?

### **Engagement**

- How well do staff work with families to ensure that children receive care and support that meets their individual needs?
- How do staff collaborate with families and other agencies to ensure children receive the right level of support?

### **Skills, knowledge and expertise**

- How do your policies support staff to make decisions around restrictive practice?
- What training have staff received on trauma-informed care that helps them to reflect on the psychological effects of restraint?
- How do staff document and reflect on incidents involving restraint to improve future practice?
- Do staff feel confident and supported in challenging unsafe or inappropriate practice?