



## BEHAVIOUR MANAGEMENT POLICY (INCLUDING RESTRAINT)

This policy was reviewed on:	DECEMBER 2019
Date to be reviewed:	DECEMBER 2021
Signature of person responsible:	
Name of signatory:	MICHELLE WITTENBERG
Role of signatory:	MANAGER



### **POLICY STATEMENT**

KEF aims to create and maintain an environment and community where there is respect for each individual, free from subjective judgements. We recognise that in order for the children to feel secure and thrive, we need to have in place boundaries and methods to manage the children's behaviour.

This policy reflects our beliefs on behaviour and discipline. It is essential that adults are clear with each other and with the children about what is expected of them in terms of encouraging desired responses from children, including, for example, waiting for a child to do something independently. We expect all adults to be conscious of their own behaviour in relation to children and the people they work with – e.g. unhelpful or negative comments, body language, facial expression and negative, unhelpful responses.

At KEF, we aim to work as a team, which includes all volunteers working with the children, other professionals, and families – where possible.

We recognise that all children have differing and complex needs at different times, and as such all people are treated fairly so that their differing and complex needs can be successfully identified and addressed.

KEF has a duty of care to all children within our setting. This includes what we DON'T do as much as what we DO do. If a child is in danger of hurting themselves or others, or causing significant damage to property, it is our responsibility to intervene. Most of the time, a simple instruction or a diversion to another activity is sufficient. However, if necessary we will use restrictive physical intervention.

### **UNDERSTANDING BEHAVIOUR**

KEF views all behaviour, including challenging behaviour, as serving a function - including communication, emotional regulation and/or satisfying a sensory need.

We believe that children's behaviour is influenced by many factors in the child's life. This includes the child's physical environment, interactions with other children, and the way the adults interact with the children and with each other.

There may be factors over which KEF has little influence (for example medical or physical reasons), although we try, where possible, to work alongside and with significant people in the child's life. We recognise that, at times, some of the families experience challenges, which can have an impact on the child's wellbeing.

Behaviour is a mode of communication. A child who is behaving in a certain way is usually trying to tell us something. It is our job as caregivers to find out and then put into place the appropriate strategies. It may be they are trying to tell us they need something - and by giving it to them, we can gradually build up their understanding that they can get what they need (drink, toilet, break, pain relief).

Children with special needs are sometimes inconsistent in their responses, due to reasons such as sensory impairments, difficulty in understanding social skills, changes in volunteers and changes



in approach. We believe it is the role of all caregivers in a child's life to work together to establish reasons behind behaviours, and to develop strategies to support the child at times when they may be finding situations challenging. For example, it might be necessary to convene a special meeting to discuss what the child's behaviour support needs are following displays of changes in behaviour which concern his/her carers.

Kef works in close partnership with parents/carers and where possible schools and therapists.

### **GENERAL STRATEGIES**

At KEF we aim to encourage positive behaviour through different strategies, depending on the understanding and ability of each child.

All staff aim to help children take responsibility for their own behaviour. This is done via a combination of approaches, to include:

- Positive role modelling
- A full and stimulating programme
- Setting and enforcing appropriate boundaries and expectations
- Providing supportive feedback.

Strategies include but are not limited to:

- Individualised reward systems or specific behaviour strategies for particular children e.g. star charts
- Discuss in appropriate behaviour with children wherever possible
- Set clear and reasonable boundaries and expectations

Additionally we ensure that the staff feel emotionally equipped and trained to manage challenging behaviour and to keep physically safe, through regular training as well as senior staff support on site at all times.

### **CONSEQUENCES:**

Some pupils have an understanding of a consequence as a result of their action. This is a legitimate form of sanction

e.g. if you pull down this display, you need to put it back up again (natural consequence).

If you pull his hair, you have to sit away from the group for 5 minutes (enforced consequence).

KEF staff and volunteers are trained to never verbally demean children, threaten children, shout unnecessarily, deprive children of their entitlement to sustenance e.g. dinner, pudding, drink or snacks, physically harm pupils by rough handling. e.g. pushing, pulling, squeezing, slapping or pull pupils by their clothing etc. use force to gain compliance - see section on Physical Restraint

### **MANAGING BEHAVIOUR**

At Kef we try to defuse and de-escalate situations before they become so dangerous that physical support becomes the only option. But we recognise that there may be situations in which there is no other option but to use physical intervention.

There are only three circumstances in which physical restraint is permissible:

1. Where there is a serious risk to the child themselves or another person
2. Where there is a serious risk to the physical environment
3. Where the person is committing an offence. (Education and Inspections Act 2006 section 93)



### **PHYSICAL INTERVENTION & RESTRAINT**

Restrictive physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will.

It is possible that all staff, at some time or other, will find themselves in situations where there is a need for restraint or intervention. Restrictive physical intervention would be used at the same time as using other approaches, e.g. saying "Stop!" and giving a warning of what might happen next. Safety is of paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk.

The main aim of restrictive physical intervention is to maintain or restore safety and is always a last resort. We also consider whether the restrictive physical intervention might actually escalate the difficulty.

Note that this does not refer to physical contact which might be appropriate in a range of situations, such as:

- Physical guidance for children in activities
- Emotional support when children are distressed
- Physical care – first aid/toileting

Note that even in these settings, appropriate consideration is given regarding physical contact as there are some children for whom physical contact would be inappropriate e.g. those with a history of physical/sexual abuse, or when it is inappropriate for certain cultural/religious groups. Careful attention will be given to issues of gender and privacy.

We will operate at all times within the guidelines and Reporting Systems laid down by Barnet's Local Authority Policy on the Use of Restrictive Physical Interventions with Children and Young People (February 2005). We also work within the guidelines as set down in the 'Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders' DfES DoH July 2002. In addition we work within the principals and guidance of Use of reasonable force in schools, DfE July 2014.

In the event of physical restraint being necessary, it must be supported by a Behaviour Support Plan and a prior risk assessment, except in the event of an unplanned emergency. The risk assessment will include what the risks are, who is at risk, and risk management.

Staff will operate according to the following general principles:

- Physical restraint can only be used as a last resort when other methods have failed and where failure to intervene could constitute neglect or physical damage to the child or young person.
- Physical interventions and restraint are only permissible in circumstances where staff are attempting to prevent children from harming themselves or others or where there is a threat to seriously damage property.
- The amount of force used is in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible. The age, understanding and gender of the child/young person is taken into account.
- As soon as it is safe to do so, staff should gradually release children and allow them to exercise self-control.
- Every effort should be made to ensure the presence of another adult in situations where restraint is a possible outcome
- Physical restraint is NEVER used as a punishment
- Physical restraint is not be used to force compliance with instructions.



### **WHO TO USE RESTRICTIVE PHYSICAL INTERVENTION**

If the use of restrictive physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well and is trained in the use of restrictive physical intervention (ideally BILD accredited), should be involved.

However in an emergency, any other staff member can restrain the child in the circumstances set out in Section 93 of the Education and Inspections Act (2006).

### **SECLUSION**

We do not plan for, or allow, except in emergency situations, staff to use seclusion. Seclusion is where a young person is forced to spend time alone in a confined space against their will. However, withdrawal or time-out in a planned way can be used.

Withdrawal involves taking a young person with their agreement, away from a situation that has caused anxiety or distress, to a place where they can be observed continuously and supported until they are ready to resume their usual activities.

Time-Out is where a response to a young person's inappropriate behaviour includes a specific period of time with no positive reinforcement as part of an overall intervention plan.

### **PROCEDURE FOR RECORDING**

Where intervention proceeds according to a Behavioural Intervention Plan (and Risk Assessment), and also in the case of an emergency, the incident must be recorded in the red Bound and Numbered Book which is kept in the Kef office and brought with to residential settings where possible.

In emergencies, families will be informed of the incident.

### **STRESS ON STAFF**

We recognise that dealing with behaviour challenges as a matter of routine can become a stressful experience even for long-serving volunteers. As an organisation working with children with challenging behaviour, we recognise that we need to acknowledge these stresses and work to support each other.

Staff must report to a member of the Management Team immediately after they have been involved in a stressful situation and/or been assaulted. Where necessary, staff should be given a break away from the situation to gather themselves for as long as they feel is required. The Management team will provide a debrief session, and offer relevant support.

### **PHYSICAL PROMPTING AND HANDLING**

KEF acknowledges that many of our children will need a degree of support, prompting and physical contact which is vital to their care. Staff have a responsibility to manage all children in a considerate and minimal way as outlined in this Policy. Staff should not lift students except to prevent harm or as part of a planned approach.

### **STAFF DEVELOPMENT**

All staff will be inducted into the contents of this Policy.