

# Kids Behaviour Support Policy and Procedures

**Last Updated: July 2025**

## **Purpose and Scope**

This policy sets out Kids approach, in line with Kids values, to support children and young people's behaviour across its services.

This policy aims to ensure consistency of approach and ensure colleagues are appropriately trained and supported to recognise and support children and young people with behaviours that pose risks to themselves, their peers, colleagues, the public or their surroundings.

This policy provides guidance on:

- Colleagues training requirements in relation to Behaviour Support (See Appendix 1 for Behaviour Support Training Matrix)
- Strategies for Behaviour Support
- Use of and circumstances for physical contact and restraint when required
- Detail of how colleagues must record and report behaviour incidents

This policy should be followed by all colleagues working on behalf of Kids and relates to all children and young people in receipt of Kids services.

**Colleagues should use resources on Kids Behaviour Support Intranet page (Pending) to support with practice and procedures outlined within this policy.**

## **Definitions**

**Behaviours of Concern:** Behaviours of concern are escalated behaviours that can negatively impact the individual or those around them. Behaviour support aims to understand why a child or young person is heightened and what their behaviours are communicating so that strategies can be developed to support the individual in a positive and person-centred way. Behaviours of concern are actions that are considered challenging or problematic for the individual or others. These can include physical aggression, verbal aggression, self-injury, property destruction, non-compliance, withdrawal or isolation, repetitive or obsessive actions, inappropriate social behaviour, emotional outbursts, running away or loss of control.

**Colleagues:** The term includes employees, sessional workers, volunteers, students and trustees of Kids. This is also extended to independent contractors who are undertaking direct work with children or young people on behalf of the charity.

**Physical Intervention:** Low-level supportive measures, guiding, escorting, gentle holding permitted to prevent immediate harm

**Reasonable force:** Physical contact by a colleague on a child or young person to control or restrain their actions/movements. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances. Any use of reasonable force is an example of a restrictive intervention and may or may not involve the use of restraint (Department of Education, 2025).

**Restrictive Intervention** Any planned or reactive action which limits a child/young person's movement, liberty or freedom to act independently. Restrictive interventions may include use of equipment, medication or seclusion. Restrictive interventions may or may not involve the use of reasonable force (Department of Education, 2025).

**Restraint:** A form of restrictive intervention involving direct physical contact and force where the intention is to prevent, restrict, or subdue movement of the body, or part of the body, of a child/young person. Restraint may also include mechanical or chemical restraint. Restraint may or may not involve the use of force (Department of Education, 2025).

### **Behaviour Support**

All colleagues must support children and young people using the following Behaviour Support strategies:

**Preventative Strategies:** Colleagues must work with parents/carers, children/young people to understand and remove conditions that are likely to cause behaviours of concern. For example, using preferred ways of communication, managing the environment, maintaining preferred routines and avoiding known stressors. Where able colleagues must allow children and young people choices and promote engagement in activities that are meaningful to the child.

**Active Listening:** is a powerful way to support behaviour and establish positive relationships. When children/young receive nurturing, responsive care they are more likely to feel secure and valued. Active listening shows children/young people that you value their thoughts and feelings and can help colleagues to understand underlying reasons for behaviours. Active listening can be verbal and non-verbal. For example, observing children and young people and giving eye contact provides positive attention. Colleagues should adapt interactions and communications styles in line with children and young people communication needs (for example if a child uses Makaton they should be supported with colleagues with this skill).

**Set Clear expectations:** Children and young people flourish best when they know how they and others are expected to behave. It is important that colleague create clear and concise expectations for children and young people. When children and young people know what is expected of them they are more likely to engage. Where able colleagues must provide activities that help children and young people learn about acceptable behaviours, including opportunities for children and young people to contribute to decisions about acceptable behaviour that are appropriate for example, supporting children and young people with problem solving and how to deal with conflict calmly.

**Be Consistent:** Behaviour support strategies are most effective if they are used consistently. Consistency creates stability and predictability for children and young people and helps build relationships with colleagues. Using the same words, phrases and tone for reinforcement and consequences can make the messages clearer for children and young people. Colleagues must work in partnership with parents and carers to ensure a consistent behaviour approach which supports children and young people.

**Positive Reinforcement:** This involves rewarding desired behaviour. Colleagues should praise children and young people and acknowledge their positive actions and attitudes. This demonstrates to children and young people that we value and respect them and increase the likelihood of desired behaviour being repeated. Motivation and engagement increase when a child or young person feels a sense of accomplishment and recognition and can improve self-esteem.

**De-escalation:** When a child or young person displays behaviours of concern colleagues should use distraction and de-escalation techniques. De-escalation techniques include:

- Listen and acknowledge. Allow the child or young person to communicate to reduce feelings of anger and frustration
- Offer choices. Give the child or young person options can help them feel more in control of the situation.
- Allow space, this lowers the risk of confrontation.
- Be respectful and empathetic

### **Physical Intervention including restraint**

Only if, despite using Behaviour Support strategies, a child/young person's behaviour escalates and there is a risk of injury, colleagues trained to do so may use physical intervention to avert immediate danger. **Heads of Services will specify which colleagues require Physical Intervention training.**

Colleagues using restraint should be familiar to the child or young person and understand the risks of physical restraint as well as individual health risks of who they are restraining.

The method of physical intervention used must always be dependent upon the circumstances, age and individual needs of the child or young person. Physical intervention must never go beyond the bounds of reasonable force.

Restraint can be traumatic for the person being restrained. The child or young person's safety and wellbeing must be considered. Restraint must only be used when there is clear risk to safety and restraint must be proportionate to the behaviour. When using restraint, colleagues must also continue to use de-escalation techniques. Restraint must stop when the danger has stopped. Colleagues must always protect the privacy and dignity of the child/young person being restrained and consider the impact on any witnesses.

Post restraint, colleagues must check the physical and emotional wellbeing of child or young person.

When a child or young person has had to be restrained, colleagues must review Behaviour Support Plans in collaboration with child or young person, their parents or carers.

If restraint has been used, a Body Map must be completed and uploaded to SafetyNest indicating where on body child/young person was held.

If restraint has occurred and an injury has been sustained, this must be escalated to Kids Head of Safeguarding and Health and Safety Manager.

If restraint has occurred and an injury has been sustained in an Ofsted and/or CQC regulated service a notification must be made to the regulator.

### **Prohibited forms of physical restraint at Kids**

Any gratuitously violent act or threat of such an act. Examples include hitting, slapping, punching and any dangerous procedures for example any interference with the child or young person's neck or throat.

**Seclusion or segregation.** No child or young person is to be confined alone in a room or separated and not allowed to mix with others for longer periods of time.

**Deprivation of diet and fluids.** No child or young person is to be deprived of full access to the amount and range of food and drink normally available to them or to other children and young person.

**Physical restraint for under 5s** is extremely rare and must only be used in exceptional circumstances or in an extreme emergency by trained colleagues when a child or young person is a risk to themselves or others.

**Ground Floor restraint** (Supine/Prone) is not a technique Kids colleagues are permitted to use.

### **Documentation**

When a child or young person registers with Kids, if detail is shared that child or young person presents with Behaviours of concern a Behaviour Support Plan (BSP) (Appendix 3) must be completed in collaboration with the child or young person (where appropriate) and parent or carer. Behaviour Support Plans must then be reflected in child or young person's Risk Assessment (Appendix 4)

If a child or young person without a Behaviour Support Plan starts to present with moderate to severe Behaviours of concern then a Behaviour Support Plan must be developed, and risk assessments updated. Moderate to severe behaviours are those present a significant risk to self, others, property or require a prompt and skilled response.

Following any Behaviour Incidents that require physical intervention Behaviour Support Plan and risk assessments must be reviewed and updated.

### **Recording Behaviour Incidents**

The recording of Behaviour Incidents is paramount to ensure incidents are evidenced and detail can be used to support child or young person's progress.

All Behaviour Incidents and associated documents must be recorded on Kids Health and Safety System – SafetyNest. To record a Behaviour Incident, see step by step guidance (Appendix 4). To record a Behaviour Incident colleagues must either upload an ABC Form (Appendix 3) or complete the ABC Form digitally on SafetyNest. The ABC form supports analysis of the causes of a behaviour and identifying strategies and plans that will reduce future incidents of the behaviour.

When completing SafetyNest behaviour incidents forms you must add any associated documents i.e. Body Map (if required).

Data from SafetyNest will support us to identify patterns and themes of Behaviour Incidents and inform Behaviour Support Practice development

### **Debriefing Behaviour Incidents**

#### **Parents/carers**

Parent/carers must be informed of all Behaviour Incidents and evidence of this documented on SafetyNest.

For significant behaviour events, Behaviour Support Plans should be reviewed with the child/young person and parent/carers so that changes can be made based on evidence of what has worked and what has not worked in practice.

## **Colleagues**

All colleagues must have the opportunity to discuss Behaviour Incidents and any matters arising from it with their line manager or other senior colleagues. Kids recognise that colleagues may need to take a calming break after behaviour incidents and should be supported to do so. Short Breaks colleagues must contact their Short Breaks Coordinator or Kids Out of Hours as soon as possible if a serious behaviour incident has occurred.

In the event that, despite implementing Behaviour Support strategies, there is a risk of serious harm to children/young people, colleagues and/or public, Kids may make a decision to pause service delivery temporarily and explore any reasonable adjustments that can be made to safely deliver service. In the event that Kids cannot safely deliver a service this must be communicated to parent/carers, funding agencies and where require to regulators.

**Training on this policy and procedure will be given during induction and updated through line manager briefings. Failure to comply with this policy may lead to disciplinary and criminal action which could include summary dismissal or as grounds to terminate your contract with Kids.**

## **References and Associated Documents**

Legislation, regulations, and national guidance

- Department of Education 2025 – Use of Reasonable Force and other restrictive interventions Guidance
- Early Years Foundation Stage Framework 2017
- Fundamental Standards of Care 2015
- Health and Social Care Act (Regulated Activities) Regulations 2014 (Reg:9 to 13)
- Mental Capacity Act 2005
- Mental Capacity (Amendment) Act, 2019 (MCA) in practice
- NICE Guideline NG11 (2015) Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges
- The UN Convention on the Rights of the Child
- The UN Convention on the Rights of Persons with Disabilities

Associated documents and guidance

- Kids Bullying and Peer on Peer Abuse Policy and Procedures
- Kids Health and Safety Policy
- Kids Mental Capacity Act Policy and Procedures
- Kids Safeguarding Children and Adults Policy and Procedures
- Kids Risk Management Policy and Procedures

## Appendix 1 - Kids Positive Behaviour Support Training Matrix

This matrix sets out Behaviour Support training requirements according to individual roles. Tiers 1-3 are based on the level of contact colleagues have with children and young people plus the colleague's involvement in the risk assessment of, care planning and overall responsibility for behaviour management. All colleagues who work with children and young people must complete mandatory behaviour management training at Onboarding and thereafter any role specific training must be completed within 3 months of commencing role.

Training can be collated from a variety of providers including Flick courses, Local Authority and other external agency training or platforms. To access courses on Flick, colleagues can search course titles via 'Find Course'.

All colleagues are responsible for completing and maintaining a record of training. Colleagues must be able to evidence training to Line Managers at appraisals. Line Managers can use the matrix in collaboration with colleagues to consider and plan training bespoke to individual ne

<b>Role of colleague</b>	<b>Skills &amp; Knowledge required</b>	<b>Mandatory Training</b>
<b>Tier 1</b> All colleagues who have infrequent direct contact with children or young people or families	Understand core behaviour expectations and Kids Behaviour Support policy	<i>Developing Positive Behaviour Management (Flick – Approx 10 Minutes) or for Early Years colleagues - Positive Behaviour in Early Years (Flick)</i>
<b>Tier 2</b> Colleagues in regular contact with children or adults but whom are supported in service delivery by more senior colleagues	As above plus: Understand Behaviour Principles and Basic De-escalation Verbal/non-verbal strategies	As above plus: TBC
<b>Tier 3</b> Senior colleagues who work regularly with children, young people are responsible for behaviour management in their services including involvement in assessing, planning and reviewing behaviour management plans.	Confident and competent in risk assessment of and planning behaviour support for children/young people with behaviours of concern  Confidence and competent in analysis of behaviour incidents and interventions  Competent and confident in advanced de-escalation skills to manage escalating situations non-physically  Knowledge of SEND & Trauma-informed Practice	As above plus: <i>Restraint in Care (Flick)</i>  Plus: Specialist Behaviour Principles Training TBC

## Appendix 2 Behaviour Support Plan

This is an ongoing Behaviour Support Plan (BSP) in line with the risk assessment and therefore it will develop and change.

BSP must be kept up to date and the line manager must be informed of any Behaviour Incidents and changes made to this form. This is to ensure that all Behaviour Support strategies used are consistent and in line with child/YP needs.

Name:	DOB:
About Me:	
Likes:	
Dislikes:	
When I am happy I...	
When I am having a more difficult time I:	
What can trigger me to come off baseline?	
You can help me by...	

**Appendix 3 - ABC Chart for Monitoring Behaviour - Antecedent-Behaviour-Consequence-Chart**

Name of Child/Young Person:			
Date and Time of Incident:			
ANTECEDENT	BEHAVIOUR	CONSEQUENCE	OUTCOME/IMPACT
<p>What was happening just before? Where were they/who were they with/what activity were they engaged with (or not)?</p>	<p>What did they do? How long for? What was the intensity? Were other children or young people involved?</p>	<p>What made the behaviour stop? What did colleagues do? i.e. Verbal support /distraction/ physical restraint? Did child/young person do anything to try regulate self?</p>	<p>What happened next? Did child/young person carry on with any activity/start a new activity? Did child/young person remain agitated? What was impact on child/young person or other people involved:</p>
<p><b>Were any recognised trainer techniques used</b></p>		<p><b>YES/NO</b></p>	
<p>If YES explain what techniques were used, why you believe you needed to use these techniques and do you think you could have defused the situation in any other way.</p>			
<p><b>Where there any injuries sustained by the child/young person or others (peers/colleagues)</b></p>			
<p><b>YES/NO</b></p> <p>If injury to Child/Young Person – Inform Head of Safeguarding If injury to child/young person and/or others detail injury and any first aid given If injury to child/young person and/or others complete Body Map for injuries and submit to SafetyNest with this form</p>			
<p><b>Did colleagues involve receive a Debrief Yes/No</b></p> <p>If yes – Detail of Debrief – by whom? When? Did debrief identify any training needs? Does child/Young person’s risk assessment need updating?</p>			
<p><b>Completed by/Sign and Date:</b></p>			

## Appendix 4 User Guide: How to report a Behavioural Incident on SafetyNest

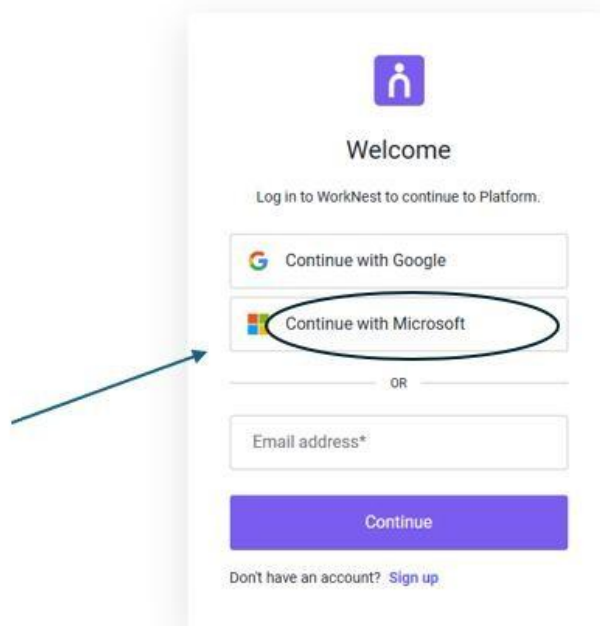
### Access SafetyNest via WorkNest:

Log in Platform: [Log in | Platform](#)

(ctrl and click to use link)

Or google 'WorkNest Login'

WorkNest connects to Kids Microsoft accounts, select 'Continue with Microsoft' to log in.



**Creating the Behavioural Incident Record:**

STEP		
1	<p>Once logged in, select the 'SafetyNest' tile.</p> <p>In the top left corner of the dashboard, click on the 3 lines. Then select 'Incidents' from the menu that appears.</p>	<p>This will direct you to the Incidents page.</p>
2	<p>In the top right corner of the screen, select the drop-down arrow on the 'Select a Site' field.</p> <p>Then, select your setting/site.</p>	<p>This will then display all the incidents logged for your setting.</p>
3	<p>Select the 'Add Incident' button.</p>	<p>The 'Initial Details' page will be displayed.</p>
4	<p>Fill in the 'Initial Details' form.</p> <ul style="list-style-type: none"> <li>- For 'Incident type', select 'Near Miss'.</li> <li>- For 'Form', select 'Behavioural Incident Form'.</li> <li>- For 'Incident Category', select 'General/Other'.</li> </ul> <p>In the description, please input a brief summary of the incident, you will include detail in a later section.</p> <p>Click the 'Next' button.</p>	<p>This will then take you to the 'People' page.</p>
5	<p>Fill in the 'People' form by inputting the details of the person who is involved in the behavioural incident.</p> <p>Click the 'Next' button.</p>	<p>When you select 'Next' it will direct you to the 'Behavioural Incident Details' page.</p>
6	<p>Fill in the 'Behavioural Incident Details' page, this is where you will add more depth to the form.</p> <ul style="list-style-type: none"> <li>- There is an 'add attachment' button in the bottom right corner of the Phot &amp; Document section. This is where you can attach a picture of the location and/or any documents you think are relevant to this form.</li> </ul> <p>Click the 'save' button when all the information has been inputted.</p>	<p>This will return you to the 'Incidents' home page. The behavioural incident you just inputted should be listed with the status 'In Progress'.</p>

**Downloading the Behavioural Incident Report:**

STEP		
1	Ensure your window is at full screen and that you are still on the 'Incidents' page.	
2	<p>Locate the accident record you want to download.</p> <p>Click the three dots on the right of the accident record, next to the investigation status. (You may have to use the slide bar at the bottom of the list to slide to the far right of the accident record).</p>	Once you have clicked the three dots, it will give you the option to 'Download' or to 'Delete' the accident record.
3	Select 'Download'	A document/folder will be created and saved locally in 'Downloads'.