Positive Behaviour Support Policy

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Regulations and Standards:

The Children's Homes (England) Regulations 2015:

- Regulation 19 - Behaviour management and discipline.
- Regulation 20 - Restraint and deprivation of liberty.
- Regulation 35 - Behaviour management policies and records.

Behaviour management policies and records

35.— *(1) The registered person must prepare and implement a policy ("the behaviour management policy") which sets out—*
(a) how appropriate behaviour is to be promoted in the children's home; and
(b) the measures of control, discipline and restraint which may be used in relation to children in the home. (2) The registered person must keep the behaviour management policy under review and, where appropriate, revise it.
(3) The registered person must ensure that—
(a) within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—
(i) the name of the child.
(ii) details of the child's behaviour leading to the use of the measure.
(iii) the date, time and location of the use of the measure.
(iv) a description of the measure and its duration.
(v) details of any methods used, or steps taken to avoid the need to use the measure; (vi) the name of the person who used the measure ("the user"), and of any other person present when the measure was used.
(vii) the effectiveness and any consequences of the use of the measure; and
(viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure.
(b) within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")—
(i) has spoken to the user about the measure; and
(ii) has signed the record to confirm it is accurate; and
(c) within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure.
(4) Paragraph (3) does not apply in relation to restraint that is planned or provided for as a matter of routine in

the child's EHC plan or statement of special educational needs.

Further Guidance:

Ofsted – Positive environments where children can flourish – available at: https://www.gov.uk/government/publications/positive-environments-where-children-can flourish/positive-environments-where-children-can-flourish

Restraint Reduction network – available at:

https://restraintreductionnetwork.org/

Crisis Prevention Institute; available at:

https://www.crisisprevention.com/en-GB/

BILD; available at:

https://www.bild.org.uk/

Please also refer to the following internal policies and procedures:

Safeguarding – Child Protection Policy.

Dealing with Aggression and Violence Policy.

Contents:

1. Introduction:

All HND Children's Care LTD staff are required to, and trained to understand that it is through the provision of a warm caring environment and the maintenance of agreed, firm and consistent boundaries that we encourage children to develop the positive relationships that will allow them to gain a sense of personal worth within a nurturing environment.

These positive relationships are the predominate means by which behavioural boundaries

are maintained, and issues of negative behaviours are dealt with.

Appropriate and realistic boundaries for each child are agreed in consultation with the child, the social worker, and the family where appropriate. If a child is not co-operative staff will follow the agreed proactive and reactive strategies, and the matter will be reviewed with the child and a resolution will be negotiated.

All HND Children's Care LTD staff are trained in behavioural management of challenging behaviour and de-escalation techniques and are aware that restrictive physical intervention is to be used only as a last resort, in the least restrictive manner possible, and for the least amount of time as is safely possible.

HND Children's Care LTD LTD expect all staff to work positively and confidently with children and find the least intrusive way possible to support and empower them and keep them safe. The foundation of good practice in working with children should be:

- protecting and promoting children's rights.
- recognising that staff have a responsibility to understand children's needs.
- building relationships of trust and understanding.
- understanding triggers and finding solutions.
- if incidents do occur, knowing enough about the child and positive behaviour support techniques to defuse the situation and / or distract the child wherever possible.

2. The Management of Challenging Behaviour:

Challenging behaviour is described as any behaviour that is deemed inappropriate, anti-social and / or detrimental to the health and well-being of the child.
All staff should be aware that all behaviour is a form of communication and staff are expected to be empathic and understanding regarding this, considering each child's current circumstances, past traumas, and precipitating factors.

All staff are trained and expected to understand the following:

- Precipitating factors – the underlying 'root' causes of behaviour; these can often be referred to as 'triggers' for behaviours. Staff are expected to minimise triggers for behaviours so far as is reasonably practically possible.
- Integrated experience – behaviour influences behaviour; it is important that staff are able to rationally identify that their own behaviours, and response to any given situation can influence the behaviour and response of children. The underlying culture that we endeavour to create is one of empathy and understanding. However, we would always expect behaviours to be challenged and addressed, albeit, with an understanding of the precipitating factors.
- Rational detachment – we expect staff to understand that more often than not, the children's behaviours are not the 'fault' of the home's staff, and therefore, we encourage all

staff to not take the behaviours of children personally. We believe that this will help all staff to address and respond to behaviours in an appropriate manner, in accordance with each child's risk assessment and behaviour support / management plan.

In order to establish whether a challenging behaviour poses a threat to the child, risk assessments will to be completed to ascertain the frequency and severity the behaviour poses. During the referral stage, an initial risk assessment is sent out to the social worker to complete, and the manager will assess all known information at the time, in order to identify the potential behaviours that each child may display – home's manager will then make a decision regarding whether the home, it's staff, facilities, location etc. are suitable to meet the child's needs.

3. Individual Risk Assessments:

This document is completed by the home's manager or child's keyworker. It outlines factors that may increase and decrease the probability of the challenging behaviour occurring. It identifies the frequency of the challenging behaviour and the severity it poses when it occurs. It will highlight ways in which to manage the behaviour once earlier warning signs are noticed, and / or when the incident is perceived as escalating. These take into consideration the potential risk the challenging behaviour may pose on other children resident within the home and the staff working with the children.

A section is presented outlining whether this is an agreed risk and whether in the professional opinion of the manager and those contributing to the risk assessment, this behaviour is permissible in controlled environments (i.e., free time, having money in hand etc). If agreed, further information is provided on who should be contacted if the identified risks occur (i.e., the home / on call manager; social worker / EDT; clinicians; Ofsted etc).

It is the home manager's responsibility to ensure all risk assessments are completed and reviewed on a monthly basis as a minimum. The reviewing process ensures that all factors (positive and negative) identified in the document are still current. In some circumstances, it is possible that the challenging behaviour will no longer be applicable, in such situations the document is to be retained. It is crucial for all staff to understand that the risk assessment is a working document, therefore may be subject to change as time proceeds. Staff must therefore ensure they are up to date with all information retained on the child records.

4. Behaviour Support Strategies:

These are a set of written guidelines focusing on specific challenges, each child must have a considered behaviour management / support plan in place, alongside a risk assessment.

HND Children's Care LTD risk assessments will focus on the following:

- Proactive focuses on minimising the onset of the behaviours, and
- reactive focuses on reducing the effect of the behaviours.

The process of writing a strategy begins with a list of all known behaviours a child displays.

Understanding the behaviours exhibited and the potential causes - e.g., learnt behaviour; effects of sexual abuse; self-fulfilling prophecy; genetic disposition etc., is essential. Every behaviour has a cause and meaning.

Behaviour management / support plans should assess the triggers / precipitating factors for potential behaviours and identify appropriate adult responses. Furthermore, behaviour management / support plans should consider the stages of children's behaviours, i.e.:

- **Baseline.**

- **Anxiety – staff' response – be supportive.**
- **Defensive – staff' response – be directive.**
- **Risk Behaviour – staff' response – safety interventions.**
- **Tension Reduction – staff' response – therapeutic rapport.**

Triggers / precipitating factors and early warning signs are then recorded, to enable the staff to recognise the causes and onset of these incidents. Staff are trained to consider all factors that may contribute to such events - i.e., driving past a certain area; smells; music; anniversaries etc.

Staff are trained to understand that consistency is crucial if behaviour support is to be sought and that it is possible and expected that behaviour may increase before it decreases, as a child may attempt to challenge the new guidelines / boundaries put into place.

In some cases, behaviour support is difficult to achieve. In such circumstances, strategies are written to help keep the child safe and minimise the effects of the behaviour. Some behaviours can be difficult to manage and can take time to improve – it is always important that we remain consistent and caring in our approach regardless.

Strategies are reviewed on a monthly basis internally, by the home manager and the staff team. If strategies require updating, updates are completed.

5. Consequences:

The consequence to any behaviour needs to be directly related to the behaviour, as this enables the child to establish a relationship between behaviours and consequences and facilitates staff' management of such behaviours.

For example, removing a child's mobile phone if they are late returning to the home after free time, is inappropriate and unrelated. However, removing a child's mobile phone, when it is believed they are conversing with inappropriate staff, is acceptable - as the effect (consequence) is directly linked to the cause (behaviour).

6. Agreements:

A useful way of managing behaviour, is by introducing and drawing up agreements with children, and may include areas of conflict such as: TV sharing; stereo usage; car usage, etc. For example, a document prepared for retaining a music system in the bedroom may specify the maximum volume this can be listened to, the time it can remain on, etc. If any of these terms and conditions are not adhered to, the agreement is broken by the child, leading to an agreed consequence, in this case for example, losing the opportunity to use the stereo for an agreed period of time.

In order for the agreement to be agreed to by both staff and child, it is essential that the child signs to say they are in agreement. If they decline to sign, this needs to be noted, and the child may be denied access to the item. If it is the property of the child, either the social worker or the parents' approval on the agreement must be sought. With their agreement, access can be denied.

Staff may also utilise incentives to help promote and reward positive behaviour, within reason. We feel that this is a proactive approach to managing behaviours.

7. Education:

All children are encouraged to play an active part in education, and staff will support them in engaging. Where the child does not actively engage in education, or behaves in a manner which creates difficulties, their behaviour will be discussed, and the potential severity of outcomes determined. A decision will be made on actions to be taken, including whether any consequences would be effective in managing future behaviours. Non school attendance is taken seriously, and the reasons behind it are important to understand before consequences are decided on.

If instances occur in which children are behaving negatively within their school / education environments, home's staff and management should ensure that they liaise and consult with the child's school / education representative / contact, in order to identify strategies designed to bring about improvement.

It is important that the home's staff work in collaboration with each child's school / education provision for consistency.

8. Restrictive Physical Intervention:

Physical interventions are only to be used as a last resort by staff. These are permissible only when there are immediate safety issues raised for the child or others (including the staff).

Planning for Children:

As part of the assessment and planning process for all children, consideration must be given to whether the child is likely to behave in ways which may place him / herself or others at risk of harm or may cause damage to property.

If such risks exist, consideration must be given to the strategies that will be adopted to

prevent or reduce the risk. These strategies may include Physical Intervention.

Where Physical Intervention may be necessary, for example, if it has been used in the recent past or there is an indication from a risk assessment that it may be necessary, the circumstances that give rise to it and the strategies for managing it should be outlined in the child's Placement Plan.

In developing such a plan, consideration must be given to whether there are any medical conditions which might place the child at risk should particular techniques or methods of physical intervention be used. If so, any health care professional currently involved with the child, should approve strategies and this must be drawn to the attention of those working with or looking after the child and it must be stated in the Placement Plan. If in doubt, medical advice must be sought.

Note:

The existence or absence of a Placement Plan or other behaviour support plan does not prevent staff from acting as they see fit in the management of highly confrontational or potentially harmful behaviour. However, staff may only deviate from agreed plans where they are able to demonstrate that that the plan would not be sufficient to prevent harm or significant damage to property and the alternative actions, they take are consistent with the principles contained in this policy.

Any deviation from an agreed plan or from the principles contained in this policy must be reported to the home manager and child's social worker as soon as practicable thereafter.

Definition of Physical Interventions:

Physical Intervention training is designed as a safe, non-harmful approach to assist professional staff (as well as unpaid carers where appropriate) in the management of a wide range of disruptive, challenging, aggressive, and violent behaviours, including the most acute behavioural disturbances and risk behaviour.

The applications of Physical Interventions:

Physical interventions can be applied in the following positions:

Seated position:

This represents the position of choice and is the most socially acceptable application of physical intervention. A seated position also offers the best options for the individual and staff to engage in other communication and non -physical approaches to de-escalate the crisis situation and re-establish therapeutic rapport in order to reduce the duration of and risks associated with the use of physical interventions. The seated position ideally refers to use of physical intervention to hold someone in a seated position on a piece of safe

furniture but depending on the environment may include any supportive surfaces.

Standing Positions:

This standing position is typically where many staff initially intervene when a person has reached a point of crisis and is engaging in behaviour that is a risk to self or others. Once staff have applied physical interventions in this position, it can be difficult to de-escalate and re-establish therapeutic rapport, so every attempt should be made to encourage the individual to move to a seated position. Additionally, attempting to maintain a physical intervention whilst standing increases the risk of slips, trips, or falls to the floor, so every attempt should be made to encourage the individual being held to move to a supportive surface in order to sit down so that de-escalation can occur, and Therapeutic Rapport can be re-established.

Criteria for using Physical Interventions:

There are different criteria for the use of restraint and other forms of Physical Intervention, such as holding and physical presence.

Restraint, which is the form of Physical Intervention used with the intention of making a child safe, may only be used where there is likely significant harm to themselves or others, or serious damage to property.

Other forms of Physical Intervention, such as holding, touching or presence, are less forceful and restrictive than restraint, and may be used to protect children or others from harm
which is less than significant or to prevent damage to property which can be less than serious.

Restraint may NOT be used to force compliance or as a punishment under any circumstance where there is no likely risk of significant harm or serious damage to individuals or to property.

Any use of Physical Intervention MUST NOT be pain inducing; it is designed to be safe; furthermore, following a recent study by the 'Journal of Emergency Medicine and Care'; and following a DofE announcement in May 2021; we commit to not utilising any restraint techniques that involve Wrist Flexion (WFT) as they are now known to cause pain, in varying degrees albeit.

For further guidance please follow the link below:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812435/reducing-the-need-for-restraint-and-restrictive-intervention.pdf

Before restraint or any other form of Physical Intervention is used, staff must be satisfied that it is necessary because there is a risk of harm or significant damage to property and that:

- The intervention is immediately necessary.
- The actions or interventions taken will be as a last resort.
- That any force or intervention used is the minimum necessary to achieve the objective.

It is only ever allowed to attempt to prevent a child from leaving an area within or from the home to reduce the risk of significant harm or serious damage to property and so long as the criteria set out above are met, i.e. where the harm or damage to property is likely in the predictable future, that the locking of the door is immediately necessary, used as a last resort and for the minimum amount of time necessary to de-escalate the situation. If such methods are used in the home, the following must apply:

- The home's Statement of Purpose must clearly state the policy and strategies for using such methods (the locking of doors for example).
- Placing Authorities must have their attention drawn to the use of such methods and the individual Placement Plans for children should refer to them and describe the circumstances where such strategies may be used.
- Such restrictions are individual to that child and do not restrict the movement of other children unnecessarily.

If such strategies are used upon a child on a frequent or extended basis, it may be a form of restriction of liberty, which is not acceptable; therefore, the social worker must be notified and should consider an application being made for a Deprivation of Liberty Order, Secure Accommodation Order, or possibly an alternative placement which is more suited to the needs of the child.

Staff may only use Physical Intervention if they have undertaken approved training
Notifications:

If Physical Intervention is used upon a child, the homes manager and child's social worker must be notified within 24 hours.

If a serious incident or the police / emergency services are called, the manager must be notified and a Notifiable Event must be recorded (‘Regulation 40’), if so, see ‘Notifiable Events Policy’.

The social worker should decide about whether to inform the child's parent(s) (if appropriate) and, if so, who should do so.

Any persons who hold parental responsibility over the child must be informed at the earliest possible time following incidents requiring the use of restrictive physical intervention.

Medical Assistance and Examination:

Where Physical Intervention has been used, the child, staff, and others involved will be able to call on medical assistance and children must always be given the opportunity to see a Registered Nurse or Medical Practitioner, even if there are no apparent injuries.

If a Registered Nurse or Medical Practitioner is seen, they must be informed that any injuries may have been caused from an incident involving Physical Intervention.

Whether or not the child or others decide to see a Registered Nurse or Medical Practitioner it must be recorded, together with the outcome.

Recording and Management Review:

Recording:

All forms of Physical Interventions should be recorded on the appropriate form, and an Incident Report will be completed.

This form must be completed in accordance with Regulation 35 (b).

The incident will be recorded in the home's Daily Log and on the Daily Record for the individual child(ren) also.

Management Review:

The child's placement plan / risk assessment / behaviour management plan should be reviewed to incorporate strategies for reducing or preventing future incidents. The child must be encouraged to contribute to this review and, if a health care professional is involved with the child, any new strategies must be approved by that person.

The manager of the home should regularly review incidents and examine trends and issues emerging from this to enable staff to reflect, learn and inform future practice and, where necessary, should ensure that procedures and training are updated.

9. Physical Intervention Training – Non-Violent Crisis Intervention:

All staff at HND Children's Care LTD are trained in physical intervention. Physical intervention is used only as a last resort when children place themselves and others at serious risk of harm, and in the event the child attempts serious damage to property.

Any use of physical intervention will be only as a LAST RESORT – the use must be justified as being REASONABLE, PROPORTIONATE and NECESCARRY.

All staff will complete physical intervention training according to the renewal dates specified with the training.

In exceptional circumstances, and as a last resort, it may be deemed necessary to call for police assistance if behaviours displayed by children are severe and unmanageable by staff, and significant safety risks are presenting.

10. Recording:

Where any review or implementation of behaviour support / management has been applied

with a child, staff must record this on the child records, and where necessary complete a physical intervention record, and record the incident. Incident reports are reviewed by the manager who gives advice to the staff team of possible changes to the individual behaviour management strategies if necessary.

After any incident, the homes manager is expected to evaluate incidents, and to ensure that a debrief / reflections are undertaken with all involved, including the children. In instances where the manager is involved in incidents, either the responsible individual or director will be responsible for the evaluation and debrief / reflection process.

It is hoped that through analysing behaviours and incidents, that we can identify triggers, what works and what does not, and hopefully bring about renewed strategies for improvement.

End.