



Clovelly House

Policy & Procedure Positive Behaviour Management

(Quality Standard 6)
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Positive Behaviour Management Policy

1. Introduction

This policy is applicable to all staff working in Clovelly House. Children and young people who are in care will be made aware of the policy and the agreed permissible forms of control.

In line with the Clovelly House ethos, the home promotes and caring and nurturing approach to childcare based on DDP, (dyadic, developmental psychotherapy), which is a 'family-based method which uses PACE, (playful, accepting, curiosity and empathy). This model is embedded in our behaviour management strategies.

It is unreasonable to expect children not to misbehave from time to time and there will always be times when carers need to employ the use of control and discipline. Good order is a necessary aspect of family life to enable children to develop in a safe and secure environment.

This policy seeks to provide all involved with the framework within which positive behaviour care can be promoted and managed while protecting children and carers alike.

Caring for looked after children can be complex, difficult, stressful, yet rewarding task. Clovelly House recognises that carers need relevant information, support and training to assist them in offering good quality care to children. Children in Care require carers who have the skills, knowledge and abilities to manage their behaviour appropriately if they are to be able to take advantage of the 'life chances' they are afforded.

Support given to a child or young person who is living at Clovelly House must ensure that the child is safeguarded and protected and that the welfare of the child is paramount. Children in Care are all subject to individual circumstances, which can result in feelings of hurt, fear and sadness. Such feelings, together with previous experiences, can at times be expressed in behavioural terms. At the same time children and young people will grow up into a world where people do not always take account of their difficult past experiences. They need to be able to act with consideration for others and for themselves.

2. Context

It is important to recognise that children living in care will not always respond to boundaries in the way that children in the community may respond. There are a number of aspects to this:

- They may have been through experiences that have led up to them having an extremely low view of themselves. They may feel failures, worthless and deserving of punishment;
- They may be accustomed to punishment and to having nothing;
- They may find it difficult to use intrinsic or social rewards;
- They may find it difficult to maintain motivation and relationships with staff and peers;
- Difficult behaviour is often a means of coping with difficult emotions and extreme situations.

Every child is different and management strategies need to be individualised and tailored to the particular child and their current situation. Approaches are likely to need to change over time.

Children will need repeated opportunities to learn positive coping.

3. Principles

Principles which seek to guide carers in promoting positive behaviour and managing behaviour effectively are:

- Praise for all good behaviour
- Seeking to reward good behaviour
- Adopting a non-confrontational approach
- Establishing a good relationship/rapport with children based on mutual respect
- Establishing house rules which are consistent, explicit and applicable to all children within the household
- Acknowledging and appreciating the past life experiences which children bring



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- The use of age, and developmental stage-appropriate sanction – but only when necessary, not as routine
- Receiving training which covers both the origins of behaviour and standard techniques/strategies
- Having access to resources
- Working within a multi-agency context
- Working with the child and enabling the child to express their wishes and feelings

The aim of the policy and associated procedures and training is to equip carers with the knowledge and skills to be able to manage children's behaviour with confidence.

4. Promoting Positive Behaviour and Relationships

Residential childcare workers

It is expected that residential child care workers will practice to:

- Encourage socially acceptable behaviour
- Assist young people in recognising the consequences of their behaviour
- Develop the young person's positive coping strategies
- Assist young people in recognising their feelings and the impact of these on their behaviour
- Maintain and build relationships, sense of self-worth. Motivation an experience of success, ensuring that all children and young people feel valued
- Assist young people to develop resilience
- Develop inner control so that in time they will learn self-control and are motivated towards improved behaviour

Environment

RCWs should provide a positive environment for the children and young people in their care by:

- Being good role models of positive behaviour
- Praising and rewarding positive behaviour
- Encouraging an atmosphere of mutual respect between carers and young people
- Ensuring that all children and young people feel valued.

Practice

- The carer should develop a shared approach to interactions, rewards and sanctions that is made explicit and open to young people
- There should be regular reviews of the ways that management strategies are working
- Carers should use a range of ways of managing situations.
- Carers should be mindful of maintaining the balance between criticism and praise. Children are more likely to use suggestions towards change if these are made in a positive way, suggesting what a child might do rather than what they should not do, and talked about in small doses alongside praise for success and achievement
- Carers and managers should regularly discuss what sanctions are being used to ensure that they are safe as well as effective.

Rewards and Sanctions will be more successful if they are applied fairly and in the context of relationship between carers and young people which are based on mutual respect.

5. Permitted Sanctions

The techniques that are deployed will be largely dependent on the child's individual circumstances and needs and should also be relevant to their age and developmental stage. The aim is always to reduce and/or eradicate behaviours by responding in a positive and consistent manner.

Occasionally, carers will need to exercise sanctions for unacceptable behaviours in the home and the following actions are permitted:



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Stripping their room

If there are concerns that a child may harm themselves or others with cords, cables, mirrors or any other item, then the child's room will be stripped back to basics for a period of time, until it is felt that they are settled enough to have their possessions back.

Disapproval

For disapproval of behaviour to be effective, and have an influence on the child, the quality of the relationship between the child and carers is of great importance. 'Disapproval' should not be practiced over extended periods of time, nor should it involve other children.

Verbal reprimand

This can be used where the child's behaviour is clearly outside the boundaries of acceptance. At no time should intimidating or threatening language or manner be used.

Time out

This can be used as a calming down period – removing a child to another area. If a person is asked to leave the area this should only be for a short period, e.g. 5 minutes to calm down to prevent escalation of behaviour. Carers should be clear that they young person or others are not put at risk by them being outside the home.

Financial Reparation

This is the appropriation of pocket money or savings to repair damage or for the replacement of loss. This should only be used as a direct consequence of the wilful damage to property, misappropriation of moneys or for payment of a court imposed fine. Restitution may be in full, in part or merely token, but children and young people must not be deprived of more than two thirds of their total spending money for the week.

Withholding Pocket Money

Pocket money can be rationed for a specific period of time and must be saved to be returned to the child. When a child has caused damage to the home or another persons property, they may be required to pay reparation of up to 50% of their pocket money, which may extend for a period to cover part of the cost of significant damage.

Curtailing Leisure Activities

This must only be used when repeated use of previous measures has not proved effective. Children should not be stopped from attending regular social clubs and/or statutory activities. This sanction should be within a 48hr time period of the discipline event.

Early bed

Sending a young person to bed earlier than the usual time for that person, should be for the maximum of half an hour.

Denial of Privileges

Being denied the privileges awarded to the remainder of the children in the household, e.g. losing a bedtime extension.

Property Confiscated

This can only be used if the property is connected to the misbehaviour, e.g. removal of a music system if s/he is persistently playing too loudly. The period for which it is to be confiscated must be realistic and made clear to the child. Items that will not be returned would be alcohol, illegal drugs, weapons, etc.

Limiting time out (for a limited period only)

The refusal of permission to go out should be used for a specific time limited period, e.g. one evening. Carers should ensure that any grounding does not constitute the use of accommodation to restrict liberty. Children should not miss out on regular leisure commitments or contact.



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6. Prohibited Measures

Carers must never resort to any of the prohibited measures listed below. Carers may be subject to investigation if they use any of the prohibited measures.

Corporal Punishment

It is not permitted under any circumstances to use any element of force as punishment including smacking, pinching, squeezing, shaking, throwing missiles, rough handling, punching or pushing in the heat of the moment in response to violence from young people.

Deprivation of food or drink

Food or drink can only be refused a child/young person upon medical advice.

Refusal or Restriction of Contact

Contact identified in the Care Plan must never be used as a form of control or sanction. (Contact should be written into the Care Plan and promoted.) It is important that Carers be informed of contact arrangements and any changes.

Required to wear Distinctive Clothing

No child should be required to wear badges, uniform, inappropriate clothes for the time of day. School uniforms are the exception.

Withholding of Medication or Medical/Dental Treatment

This is prohibited at all times.

Locking in

No child should be locked in a room or confined space.

Deprivation of Sleep

Apart from the grave psychological damage deprivation of sleep could inflict; it could also seriously affect the physical health of the child or young person.

The emphasis is on individual children and behaviour management which is tailored to each child's needs. Some of the behaviours which carers may find difficult could include persistent lying, persistent stealing, sexually harmful behaviours, self-harming, aggression, repeated destruction of property and going missing from home.

Where-ever possible, rewarding acceptable behaviour should be preferred and usual methods of reinforcing and encouraging acceptable conduct and behaviour.

Carers will be encouraged to seek help and advice, where appropriate, from other agencies such as health and education.

7. Positive Handling and Restrictive Physical Interventions

Carers have to bear in mind that the legal 'duty of care' that applies to all those working with children means that 'doing nothing' may be construed by the law as 'negligence' in terms of this duty.

There are circumstances when it would be appropriate to intervene physically to prevent behaviour that is harmful to a child or others.

Physical intervention refers to direct contact between one person and another or to physical contact related to the use of an aid, such as a protective helmet.

Positive handling non-restrictive physical interventions cover such areas as touching, obstructing and holding.

Restrictive physical intervention involves the use of force to restrict movement or mobility or the use of force to disengage from dangerous or harmful physical contact initiated by the young people.

Positive Handling non-restrictive intervention – permissible by carers



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Touching - Normal physical contact, (as would be expected between good parents and their children), is expected between carers and the children they look after. Although physical contact may, on occasions be used to assert authority over a child or young person, it is more often an important element of care and parenting.

Holding – Holding would discourage a child from harming him/herself, others or property. Young people may be successfully engaged by a hand placed firmly on the arm or shoulder to reinforce the attempts of carers to reasons with them or to emphasise the concern felt for them. Carers may also firmly encourage a young person to move away from a situation by placing a hand on their arm or around their shoulders and moving them away.

Obstructing – The use of the carer's physical presence without touching to obstruct or restrict a child's movement around a room or building to prevent him or her from picking up an object to use as a missile.

Positive handling interventions should not be used as a matter of routine but only if absolutely necessary to the situation in order to safeguard the child or another person. Holding should involve no more than a hand placed on an arm or shoulder or leading a child by one or both hands and/or possibly by the flat of one hand placed against a child's back in order to guide him/her to some other place or activity. An example of holding would be to avoid external danger, (holding a child's arm while crossing the road.)

Children have various needs which the adults caring for them should respond to. Those needs will include the need for guidance, personal example, influence, sensitivity and, in some circumstances, control. Carers have broadly the same rights and responsibilities as a parent would to promote a child's welfare, safeguard a child from negative influences and protect others from harm. It is recognised that carers who have day to day care of a child or young person will from time to time be required to exercise control in a manner which safeguards and promotes the welfare of the child. There may be circumstances where a child or young person may be at risk of committing harm to themselves or to other people, whether intentionally or not. In such circumstances non-restrictive physical intervention may be necessary, (touching, obstructing or holding.)

Any physical intervention will be justifiable and appropriate to the child's circumstances and will enhance safety. Any physical intervention must take into account of the physical, emotional and medical needs of each individual young person. Physical interventions should not in any way be used as a substitute for other types of intervention. (Also read appendix 1).

Risk assessment and behaviour management will inform any physical intervention and will indicate the necessity for the use of physical intervention. Where this is indicated, carers will receive relevant training and information about the management of behaviour, which will emphasise positive approaches and alternatives to the use of physical intervention wherever possible.

Where physical intervention has been necessary, carers will make a written record. The social worker should be informed as soon as possible so that the child can be seen. Children, young people and carers will afterwards receive additional support when required.

Restrictive physical intervention (restraint) – not permissible by carers who have not undertaken physical restraint training

Definition – restraint is an act or the quality of holding back, limiting or controlling something or someone. Physical restraint is by definition against the child's stated will. Its' aim is to take control from the child to stop them doing whatever they are doing, using the minimum amount of force and the minimum amount of time. (See Physical Restraint Policy.)

Restrictive physical intervention is the positive application of force with the intention of protecting a young person from harming him/herself or others or seriously damaging property. Carers are not permitted to use restrictive physical intervention unless they have completed relevant training.

Where it is recognised that a child's behaviour is likely to require the application of restraint, the child should only be placed with carers who have completed training.

8. Resources and Training available to Carers

Training underpins the development of understanding and insight for carers seeking to establish behaviour management strategies for individual children. The model of training available to staff at Clovelly House is based on Positive Behaviour management techniques. Carers receive information about behaviour



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management in a variety of ways and formats:

Child development training provides explanation and understanding of why children may have needs beyond what would normally be expected for their age and developmental status. Separation and loss are discussed and all strategies and interventions suggested are based on the needs of the individual child. Reflective Practice studies are used to create discussion which incorporates 'home rules' and 'safer caring'. Carers undertaking Child Care Diploma receive input which addresses issues of behaviour management. Carers are expected to attend the in-house training course on Behaviour Management, (Rewards and Sanctions). Carers are offered the opportunity to undertake attachment training.

9. The Planning Framework

Planned Admissions

Matching – At the matching stage any known difficult behaviour should be considered, together with any risk posed to the child and/or carers. (The Placement Information Record, Care Plan and Risk Assessment must be accessible to children's home staff.)

Placement Planning – It is essential that carers receive the relevant background written information on the child, - Placement Information Record, Care Plan. Risk assessments should be completed and accessible to carers. Carers should attend pre-placement planning meetings and be informed of any known difficult behaviour which the child has and where particular behaviour is indicated for the future. In these circumstances a behaviour management plan should be completed.

Despite the emergency nature of unplanned admissions, it is essential that there should be an element of matching discussion and risk assessment. The Placement Planning Meeting must be held within 72 hours of placement.

Behaviour Management Plan – This is a plan which sets out any known or predicted difficult behaviours of the child, known factors likely to trigger the behaviour, agreed strategies to manage the behaviour, arrangements for recording behaviour and strategies taken to manage it. Strategies should be agreed with children and young people, where age and developmental-stage appropriate. For further information see Appendix 2, Behaviour Management plan.

Post Placement – Any behaviour management plan will be regularly reviewed and amended as required. Ongoing training will be made available to carers. Where a specific training need is identified within a carer's supervision this will be addressed in the Personal Development Plan. Carers are encouraged to see the help and advice of their senior childcare practitioner and Home Manager.



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Appendix 1

Essential Required Good Practice Relating to Physical Intervention

The permissible types of non-restrictive physical intervention which involve the physical involvement of carers are described. They are not intended to be progressive and failure of one method should not necessarily automatically lead to the next.

The type of physical intervention used will always depend upon and need to be in keeping with the circumstances including the age, competence and nature of the child and the potential risks involved. Wherever possible, physical intervention should be guided by a risk assessment and behaviour management plan. Any intervention should always be preceded by clear verbal instruction and warnings of the consequences of ignoring them and them accompanied throughout by attempt to 'talk down' and calm the incident until any risk has passed.

Physical intervention should only be used when required by the particular circumstances prevailing and never as part of a general regime. Consideration must be given to the health and cultural background of each individual child/young person before intervening.

Touching – carers should be able to express 'parental affection' towards children and young people in their care and to provide comfort to ease distress. This may include a hug or friendly arm on the shoulder, etc. Carers need to be mindful that a high proportion of children and young people who are looked after have experienced sexual and physical abuse. Therefore, carers need always to be cautious and ensure that any physical contact is not misinterpreted.

The family 'safe caring' policy should give parameters of acceptable behaviour within the home. Reference should be made to the 'safe caring' policy for the carers and any relevant background information about the child. Carers also need to be aware of issues of age and gender and to be clear on when it is not appropriate to touch a child or young person.

Carers should ensure that care is taken not to touch a child or young person in any way they are uncomfortable with as certain physical contact may be open to misinterpretation.

Where a carer is concerned that behaviour may have been inappropriate, they should discuss their concerns with their designated safeguarding officer.

Children and young people who have been sexually abused may exhibit sexualised or inviting behaviour. Carers need to remain aware of their role and acknowledge any issues such as behaviour that arises from them. Seeking advice and guidance from their designated safeguarding officer.

Obstructing – a carer may use his/her physical presence to stand in the way of a child who is ignoring instructions or losing control, or to obstruct an exit and, thereby, create an opportunity to express concerns and remonstrate and reinforce the instruction.

However, 'obstructing' **must**:

- * Be likely to be effective by virtue of the overall authority of the carer rather than simply his/her physical presence, and be used in the general context of trying to engage the young person in discussion about his/her behaviour and its implications, and be discontinued if the young person physically resists. Should this occur a decision will have to be made as to whether some other form of permitted intervention is justified and necessary.
- * The effect of the obstruction may be to restrict a child's movement around the room or building. This is acceptable only so long as the duration of the restriction does not extend into hours, unless in the case of a child with learning difficulties the potential danger of leaving the home is real and obvious and there is a need to provide close supervision to prevent injury or risk of significant harm.

Holding – This should involve no more than a hand placed on an arm or shoulder or leading a child by one or both hands and/or possible by the flat of one hand placed against a child's back in order to guide him/her to some other place or activity.

This may be necessary:

- * To avoid external danger (for example guiding a child across the road)



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* To divert a child from destructive or disruptive behaviour.

A child may be successfully diverted from destructive or disruptive behaviour by being led away by the hand, arm, or by means of an arm around his/her shoulder. Again, children having a minor argument or a fight, which in itself is not likely to cause serious harm, but is nonetheless disruptive and detrimental to the well-being of other children, may be successfully separated by being held firmly and guided away.

Carers should adopt the following principles when dealing with children in this way. Whenever possible, the carer involved should have an established relationship with the child and should explain to the child what s/he is doing and why:

- * Holding should not arouse sexual expectations or feelings and should cease if the child gives any indication of this;
- * Carers should be careful where they hold children. For instance, carers should be careful not to hold a child or young person in such a way that involves contact with breasts or genitals.
- * If on any occasion the child forcibly resists or clearly objects the 'holding' should no longer be used as a method of physical intervention for that particular child;
- * Should the carer feel unsure about any responses to a child's behaviour s/he should consult with the child's social workers, or the manager of the home.



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Appendix 2 Behaviour Management Plan

As part of the placement planning process for all Children in Care consideration should be given to the drawing up of a Behaviour Management Plan.

All children placed in residential care should have a Behaviour Management Plan.

In Clovelly House this plan is linked to the young person's risk assessment and covers areas such as:

- * absencing behaviour
- * anxiety or withdrawal
- * bullying or other similar behaviours
- * challenging behaviour
- * drug or substance misuse
- * lack of awareness of personal safety
- * offending or offensive behaviour
- * prostitution
- * self-harming behaviour
- * sexually exploitative or inappropriate behaviour
- * violence or aggressive behaviour

Behaviour Management Plans should be incorporated into children's Placement Information Records.

Behaviour Management Plans must summarise the behaviours causing concern and the strategies being adopted by staff/carers to manage the behaviours.

Where the same behaviour is exhibited outside the placement, e.g. at school, every effort should be made to ensure staff/carers and other professionals work in partnerships, ensuring consistency where appropriate.