Staffordshire
County Council

Disability Resource Centres

Behaviour Management Policy and Staff Guidance

Completed August 2021, REVIEWED DECEMBER 2022

Relevant Legislation

Children Act 1989 and revised 2004

Equality Act 2010

Human Rights Act 1998

DOLSs – Mental Health Capacity Act 2005 Liberty Protection Safeguards.

Children's Homes Regulations 2015

Coronavirus Act 2020

Health and Safety Care Act 2008

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Introduction

The children's Homes Regulations 2015 states 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.

The registered person must keep the behaviour management policy under review and, where appropriate, revise it. The registered person must ensure that 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. This is written in the debrief.

This policy is designed principally as a tool of inclusion and not exclusion to assist everyone in the maintenance of a culture of consistent caring, enabling, enjoyment and learning.

The centres follow The children's Act 1989 Guidance and Regulations, Volume 4 and Guidance on Permissible Forms of Control in Residential Care 1993 in relation to measures of control and discipline.

The Disability Resource Centres have qualified staff to deliver appropriate therapeutic approaches using a *Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis*, *Intervention and Prevention* (Proact-SCIPr). Staff are refreshed on an annual basis ensuring key knowledge is up to date and staff feel confident in what they are doing.

There is no one way to effectively implement behaviour management strategies. Behaviour management can be accomplished through role modelling, rewards, ground rules, educational workshops, peer influence strategies and/or simple compromising. In the disability resource centres we encourage staff to educate the young people around what is and what isn't socially acceptable behavior through clear care planning in consultation with the child, parent and carers.

Aims and purpose of this policy

The Disability Resource Centres recognise the importance of positive and effective behaviour management strategies in promoting children's welfare, learning and enjoyment. It is the aim of this policy to make restrictive physical intervention as safe as practicable, relevant and practical for staff and young people.

The aims of our Behaviour Management Policy is to ensure;

- Children understand the boundaries and expectations when accessing the disability resource centres
- Practice focuses on reward and proactive strategies
- The Disability Resource Centres take a no tolerance attitude towards bullying
- All methods of restrictive interventions are used as infrequently as possible (the expectation is that as far as possible the Disability Resource Centres will be restraint free)
- That restrictive interventions are used in the best interests of the child
- Every reasonable effort is made to minimise risk or harm to anyone involved and that the need to maintain an individual's respect, dignity and welfare is maintained.
- behaviours are risk assessed, discussed within the team, evaluated and a planned approach is taken to incidents wherever possible.
- The child develops confidence, self-discipline and self-esteem in an atmosphere of mutual respect and encouragement.

We require all staff, volunteers and visitors to the centres to provide a positive model of behaviour by treating children, parents/carers and one another with friendliness, care and courtesy.

Admission to service and care planning

"The Disability Resource Centres operate offering effective and creative services to fulfil the needs of disabled children and their families including residential, family based and community short break packages. Primarily the resource centres support children with learning disabilities, significant health needs, associated physical disabilities and sensory impairments". – SOP DRCs

Upon admission, all children will have an appropriate risk assessment devised in consultation with the significant people around the individual. Initial research is vital in providing optimum care for a young person. Home visits, school visits and social worker assessments allow the service to understand past events, trauma, achievements, experience and simply their likes and dislikes. All contributors, if ignored, to negative behaviour.

A Positive Behaviour Support Plan (PBSP) is devised before the young person accesses service. This is widely viewed by the individual's social worker, parent/carer, centre manager and centre worker to ensure a consistent approach is taken. This will be available to all staff working alongside that child.
The PBSP is reviewed informally whenever new behaviours are observed or communicated and formally on a six-monthly basis.

Consistency is key. Where staff work inconsistently with a child, little progress will be made and could possibly result in further disruption.

The staff believe in rewarding positive behaviour and lead by example by modelling positive conduct, demonstrating respect for others and challenging inappropriate and negative aspects of behaviour within a framework of good practice.

Promoting Proactive Care

Within the disability resource centres, we encourage all staff to develop positive relationships with every child. Through careful care planning staff will ascertain the child's preferences, wishes and feelings, aspirations, motivators, and de-escalating techniques. This information forms part of the PBSP developed for the child.

Our relationships with the young people are the single most influential factor in managing behaviour. If children invest in staff relationships and are cared for with dignity and respect, this can act as a huge motivator to appropriate behaviour.

The staff within the centres are dedicated to creating a positive and stimulating environment for the young people through listening and acting on children's opinions and suggestions.

Knowing the child is paramount when working effectively. Pre-empting behaviours, reading early warning signs implementing strategies early on when signals are given by the young person and working together effectively as a team.

The centres ensure the environment suits the needs of the child. Where a child may have sensory difficulties, the environment is adapted to ensure no unnecessary triggers are present and where this is out of our control, we will change the surroundings the best we can.

Young people's targets are developed to safely encourage them to achieve a goal that is attainable. Encouraging children to become as independent as possible, preparing them for adulthood, gives them a sense of importance, validity, and trust in the staff around them.

Reinforcing positive behaviour

The use of praise, positive feedback, reward schemes and privileges are an effective way to promote and encourage positive behaviour.

In line with the PBSP the staff are encouraged to,

- Work towards targets that may result in tangible items for the young people from the reward box
- Praise the young people for positive behaviour
- Formally record good behaviour in the Positive Measures of Control book
- Nominate young people for good work through the nominations process
- Celebrate success through the young person's review
- Use calming techniques according to personality, likes and preferences
- Understand that not all children can tolerate praise and adopt a more specific way of rewarding

Physical Interventions – execution, reporting, recording, reviewing, and debriefing

The existing policy for restraint is found in The Children's Homes Regulations 2015 – regulation 22.

Proact-Scipr philosophy is;

"we start by understanding people's behaviour. Our extensive experience and research shows that behaviours of concern result from people not being able to communicate their wants and needs. Our approach identifies distress early and we respond positively, in a non-restrictive way. We only ever teach supportive physical interventions when it is essential to safety.

This proactive approach comes from the Proact Scip philosophy. It is based on evidence and values and takes the 'whole-person approach' to supporting

people whose behaviour can be of concern and in turn, can restrict their own lives and independence".

Levels of intervention;

Non-restrictive intervention - This is where the service user is not physically restricted or controlled in any way. They can move away freely is they wish to. This may include manoeuvres such as Touch Support or Front Approach Deflection.

Such intervention may be required to support or guide a young person in a certain direction or prepare staff for a potential physical incident.

Restrictive intervention – Restrictive interventions are deliberate acts on the part of other people that restrict a young person's movement, liberty and/or freedom to act independently in order to take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken.

Such interventions as One to Two Person Escorts and/or Two-person Arm Support are examples of restrictive practice.

What is reasonable force? There is no legal definition of reasonable force. Understanding and knowing the child's ability, age, build, strength and health needs versus staff only applying adequate pressure to sustain a situation will result in success.

In all cases the interventions must be used for the minimum or shortest time necessary; and the amount of force must be the minimum that is necessary also.

However, where the child is deemed *Out of control* staff should not attempt to execute any intervention that may cause further harm to themselves, the child and/or others.

Who may use physical intervention?

Only staff trained in Proact-Scipr are permitted to use any physical intervention on a child. This intense training prepares staff to work alongside children that may present with physically aggressive behaviours, enabling them to act and react according to the child's displayed behaviour.

Monitoring process

Any young person that experiences a physical intervention whilst in our care will be monitored for a minimum of 24-48 hours dependant on that child. Health issues and previous experience will be a key factor when monitoring any young person and will be in the best interests of the individual. All monitoring periods will be appropriately recorded on the child's observations and communicated to the relevant people around the child.

Ofsted will monitor the implementation of these procedures as part of their role in order to protect the interests of the child who are exposed to the use of physical restraint. These records are also closely monitored by the Regulation 44 independent visitor. Where necessary they must make recommendations for local managers to implement regarding the use of restrictive physical intervention.

Where there is a deemed failure to meet requirements or indeed good practice expectations, Ofsted will take appropriate action which can include enforcement action.

The centres have a lead person for the monitoring of violence and aggression forms and a champion trained in Proact Scip.

Any incidents that may occur within the centres are communicated through the team. This discussion will be held during hand overs, full staff meetings, Child In Need reviews, supervisions, management meetings and in some cases where strategy and/or risk management meetings are required. He best interests of the child are taken into account, considering the risk presented for them and those around them.

Recording of physical interventions

Wthin 24 hours of the use of a measure of control or restraint in relation to a child in the home a record will be made which includes:

• the name of the child

• details of the child's behaviours leading up to the use of the measure

• the date, time and location of the measure

• a description of the measure and its duration

• details of any methods used or steps taken to avoid the need to use the measure

• the name of the person who used the measure, and of any other person present when the measure was used

• a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure.

This is all detailed in the violence and aggression form, the child's daily observations and the Measure of Control book.

Record keeping needs to be consistent, accurate and timely, keeping in line with CH Regs 2015 Reg 35.

Violence and Aggression forms are completed by the staff team when any form of aggressive behaviour is witnessed. These are monitored by management where patterns and trends can be detected.

All physical intervention must be reviewed. Did the intervention work well? what could be improved? Was the intervention suitable to the service user? All these questions should be asked when intervention has been made.

Debriefing

All physical interventions should be discussed as part of reflective practice with the manager. There should always be an opportunity for a debrief with all involved. This is to promote and encourage reflective practice, identifying patterns and trends, good practice and where practice could be improved. Debriefs must happen as soon a practicable possible.

The young person must be given the chance to comment and reflect on behaviours and where possible given the opportunity to comment on the physical intervention, if used. All debriefings must be evidenced on the appropriate debriefing form held on the child's file. Where the child is unable to read, write and/ or indeed verbally communicate, all methods of communication must be offered to support their response and understanding.

Should the child wish to make a complaint, they have the right to do so and should be advised of the appropriate channels to take to action this.

Positive Behaviour Support Plans

Each young person receiving a service from the disability resource centres who require a PBSP will be assessed and provided with appropriate strategies before accessing the home. After consulting with those around the child, including educators, carers, parents and social workers a behaviour support plan is devised taking into consideration, contributing factors to negative behaviours, background to the child, and potential tigger points.

The reason for collecting this evidence is to make well informed choices on the actions that needs to be taken. Only then the situation can be dealt with positively and effectively. Strategies are put in place to reduce the likelihood of these behaviours occurring and when they do re-occur the PBSP will indicate the best form of action to take.

The PBSP should clearly set out;

- Background to the child
- Behavioural indicators
- Antecedent events
- Levels of behaviour (traffic light system)
- Intervention required
- Strategies
- Aims

The PBSP should be signed by the centre worker, Proact-Scipr instructor, Social Worker, Parent/Carer, Manager and where appropriate the child.

This formal document is reviewed on a six-monthly basis and/or when new information is communicated or behaviours observed. This is a live document that must be kept up to date.

Use of medication

Medication should never used as a sole method of gaining control over a person who displays violent or aggressive behaviour, but as part of a holistic care plan. Medication must be administered upon medical advice in accordance with the County Council's Medication Management Arrangements HR109, and not used as a routine method of managing difficult behaviours.

Mechanical restraints

Devices that are required for a therapeutic purpose for a disabled child, such as wheelchairs and standing frames (including supporting harness), walking reigns and Houdini harnesses may/will restrict movement. Such devices should never be used solely for the purpose of preventing problematic behaviours.

An HS57 assessment shall be made for such equipment and placed on the young person's file. This allows those working alongside children that may use such devices, to be used appropriately and according to risk assessment.

Non-restrictive equipment

Devises may also be used for some behaviours and their use must be considered as some form of restrictive physical intervention. Arm splints or protective equipment may be used to prevent or reduce self-injurious behaviours. Also, consequences of physical illness and/or epilepsy seizures may result in the need for helmets and other protective equipment. These should be considered when other methods have been exhausted.

A multidisciplinary assessment must take place that includes consultation with the family and child.

Where applied, staff must be fully trained in the use of such mechanical restraints and recorded using the Restrictive Physical Intervention Protocol HS 57.

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