

Ref: 8



## The Shires Children's Home

# Behaviour Management and Safety Intervention Policy

## Introduction

This policy relates to the guidance in the Children's Homes (England) Regulations 2015, the quality standards, regulation 4.

It is underpinned by:-

- Regulation 12 – The Protection of Children Standard
- Regulation 19 - Behaviour Management and Discipline
- Regulation 20 – Restraint and Deprivation of Liberty
- Regulation 34 – Policies for the Protection of Children
- Regulation 35 – Behaviour Management Policies and Records
- Regulation 36 – Children's Case Records
- Regulation 37 – Other Records

The children who live in The Shires Children's Home all have a diagnosis of Autism and can have associated difficulties in managing their behaviour. Staff working with the children must set high expectations of behaviour whilst accepting that there are times when the young people may not be able to comply with these expectations. The culture of The Shires is characterised by clear boundaries, fairness in handling behaviour that is unacceptable, and respect for the young people who live there. The Shires also has a culture care, welfare, security and collaboration.

## Guiding principles in the management of behaviour

- ❖ positive behaviour is reinforced
- ❖ good behaviour is rewarded in a way that is appropriate to the needs, capabilities and interests of young people in a bespoke approach
- ❖ the young people are respected and where possible involved in devising their individual behaviour management plans and positive behaviour support plans
- ❖ negative or inappropriate behaviour is dealt with fairly and proportionately by staff
- ❖ consequences are only used for those children or young people who are able to understand the notion of cause and effect and these are used as a last resort to manage behaviour
- ❖ children cannot be expected to be 'well behaved' all of the time

## Behaviour modification

BF Skinner (1904 – 1990) an American psychologist is regarded as the father of operant conditioning (also known as instrumental conditioning). His work was based on Edward Thorndike's law of effect. Skinner introduced the term reinforcement into the law of effect. According to Skinner, behaviour which is reinforced tends to be repeated (i.e. strengthened); whereas behaviour which is not reinforced tends to die out or be extinguished (i.e. weakened).

As part of his work related to operant conditioning, Skinner identified three types of responses or operant that can follow behaviour. They are:-

- ❖ **neutral operants** which are responses from the environment that neither increase nor decrease the probability of a behaviour being repeated
- ❖ **reinforcers** which are responses from the environment that increase the probability of a behaviour being repeated – reinforcers can be positive or negative
- ❖ **punishers** which are responses from the environment that decrease the likelihood of a behaviour being repeated – punishment weakens behaviour

Although there are many other types of behaviour modification theories, The Shires bases its behaviour management on Skinner's work.

This means that positive behaviour is reinforced through praise and reward, and negative behaviour is discouraged through reprimand, consequences and showing the young person an alternative and more appropriate way of behaving.

### **Promoting positive behaviour through rewards**

At The Shires positive behaviour is encouraged and is promoted through praise and a reward system. Staff play a key role in modelling appropriate behaviour through their interactions with one another and their relationships with the young people. Staff are expected to model a high standard of behaviour that is characterised by respect for one another, co-operation, a willingness to help and positive communication. Staff should ensure that they:-

- ❖ listen to the views of the children and their colleagues
- ❖ praise even the smallest successes so that the children are encouraged to show continued positive behaviours
- ❖ use rewards in a meaningful way that takes account of the child's age, interests, capabilities in a bespoke approach
- ❖ gradually reduce the child's dependence on rewards as a motivator for positive behaviour
- ❖ apply rewards consistently, fairly and proportionately
- ❖ involve children in the selection and application of reward systems
- ❖ model good behaviour in their interactions with others

### **Discouraging inappropriate behaviour using reminders and reprimands**

Despite all the best intentions of the young people and staff there are times when children in The Shires display challenging and inappropriate behaviour. This may take the form of swearing, shouting, damaging property, attempting to hurt themselves and others, kicking, scratching, biting and punching.

At the early stages of the display of inappropriate behaviour, or when the level of inappropriate behaviour is low level – for example occasional swearing, staff should use a verbal or visual **reminder** that clearly conveys that the behaviour is not acceptable. Reminders should be given in a firm but fair way and should enable the child to know:-

- ❖ the behaviours that are unacceptable
- ❖ the impact of the behaviour on others
- ❖ how to stop the behaviour or to put it right

Where behaviour is persistently or seriously unacceptable it may be necessary to **reprimand** the child. A reprimand should only be used when a reminder has not been effective, and should not be the first choice of strategy for managing inappropriate behaviour. Reprimands should only be used with children and young people under the following circumstances:-

- ❖ where children are capable of behaving acceptably and understand what is expected
- ❖ where children have persistently or seriously failed to do as they are required
- ❖ where nothing else can be done to change the behaviour such as encouraging or rewarding positive behaviour

Reprimands should always be used sparingly, never in public and as soon as possible after the misbehaviour has occurred. Whilst reprimands should not be delivered in a threatening

way, the young person needs to feel that the staff member is confident. Staff should use clear language when issuing a reprimand and should ensure that the child knows what is wrong about his/her behaviour and how it impacts on others. Children should be given the opportunity to explain their behaviour and whilst an apology should not be expected, discussion with the child should focus on how things can be put right and how he/she might respond to a similar situation in the future.

An effective reprimand should be 'over and done with' in a few minutes.

### **The use of consequences**

Consequences are inappropriate for many children whose misbehaviour arises from their autism and/or children who do not have the capacity to link cause and effect. Likewise, children who have been subject to frequent ineffective consequences in the past may not respond positively to the imposition of sanctions.

At The Shires, consequences are seen as a last resort in the management of inappropriate behaviour and the promotion of positive behaviour. It is always more effective to notice and reward good behaviour than to sanction inappropriate behaviour. Children often respond well to praise, encouragement and intrinsic and extrinsic rewards whereas consequences can have the effect of reducing a child's level of self-esteem.

Where consequences are used, they should, where possible, involve the child in terms of setting their parameters. If a child can see that a consequence is fair and proportionate then he/she is likely to accept it more readily, and it is likely to be more effective.

Appropriate consequences might include: -

- ❖ reparation - putting right the harm or damage a young person may have done
- ❖ restitution - compensation, e.g. paying for damages
- ❖ curtailment of extra leisure activities
- ❖ additional house chores
- ❖ increased supervision

All consequences should be planned in advance, the Managers must be consulted before a consequence is given and all consequences must be explained to the child so that he/she is helped to make an informed/conscious choice about his/her behaviour and its consequences.

Consequences should be recorded in the home's poor choice log.

**Regulation 19 of The Children's Home (England) Regulations 2015 states:-**

*(1) No measure of control or discipline which is excessive, unreasonable or contrary to paragraph (2) may be used in relation to any child.*

*(2) The following measures may not be used to discipline any child—*

*(a) any form of corporal punishment;*

*(b) any punishment involving the consumption or deprivation of food or drink;*

*(c) any restriction, other than one imposed by a court or in accordance with regulation 22 (contact and access to communications), on—*

- (i) a child's contact with parents, relatives or friends;
  - (ii) visits to the child by the child's parents, relatives or friends;
  - (iii) a child's communications with any persons listed in regulation 22(1) (contact and access to communications); or
  - (iv) a child's access to any internet-based or telephone helpline providing counselling for children;
- (d) the use or withholding of medication, or medical or dental treatment;
- (e) the intentional deprivation of sleep;
- (f) imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation;
- (g) any intimate physical examination;
- (h) withholding any aids or equipment needed by a disabled child;
- (i) any measure involving a child imposing any measure against another child; or
- (j) any measure involving punishing a group of children for the behaviour of an individual child.
- (3) Nothing in this regulation prohibits—
- (a) the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of the child; or
  - (b) taking any action that is necessary to prevent injury to any person or serious damage to property.

### **Restraint and deprivation of liberty**

Regulation 20 of The Children's Home (England) Regulations 2015 states:-

- (1) Restraint in relation to a child is only permitted for the purpose of preventing—
- (a) injury to any person (including the child);
  - (b) serious damage to the property of any person (including the child); or
  - (c) a child who is accommodated in a secure children's home from absconding from the home.
- (2) Restraint in relation to a child must be necessary and proportionate.
- (3) These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.

Staff in The Shires are trained in the use of CPI safety intervention, a BILD accredited method of Managing Actual or Potential Aggression. This method of behaviour management was chosen by The Shires because it focuses on de-escalating situations and redirecting children rather than using physical interventions. Restraint at any level is used only when there is no other alternative.

The CPI Safety Intervention principles centre around the management of behaviour at different levels – low, medium and high. Low interventions are largely defined as ‘touch’ usually on the upper arm and usually for reassurance for the child. Medium interventions include light pressure on a child’s arms to guide them somewhere safe or safer. High level interventions include restricting a child’s movements when to avoid doing so might lead to them causing themselves or others harm.

Technically any of these interventions are deemed to be restricting a child’s liberty and as such are to be recorded as follows: -

- ❖ Low level interventions (Block and move or Hold and stabilise) should be recorded in the young person’s personal log and on an incident form if applicable
- ❖ Medium level interventions (Hold and stabilise the leads to the use of Pull/push or leaver) should be recorded in the young person’s personal log and on an incident form
- ❖ Any one person guides or turn and moves must be recorded in the one-person escort and turn and move logging area on access care planning, in the young person’s log and on an incident form if applicable.
- ❖ High level intervention 2 person (any low, medium or high level of holding both seated or standing) must be recorded in the personal log, on Access care planning and the Team Managers and Registered Manager must be informed

On the rare occasions when staff need to use high level restraints the following points should be considered: -

- ❖ staff should have good grounds for believing that immediate action is necessary to prevent a child from significantly injuring himself/herself or others, or causing serious damage to property
- ❖ staff should take steps in advance to avoid the need for physical restraint e.g. through dialogue and diversion, and the child should be warned verbally or visually that physical restraint may be used unless the behaviour stops
- ❖ only the least restrictive option available to use to prevent injury or damage should be applied
- ❖ as soon as it is safe, restraint should be gradually relaxed using a gradient response to allow the child to regain self-control
- ❖ restraint should always be used in a therapeutic manner
- ❖ restraint should be seen as an act of care and control, not punishment
- ❖ the child should be debriefed after the restraint and his/her views about the restraint recorded
- ❖ a body Map must be completed on the child following any form of restraint and body maps are to be reviewed after 24hrs, 48hrs and 72 hours. If the child has visible marks after 72 hrs we are to continue to update the body maps until the mark is gone.
- ❖ the Registered Manger, social worker and parents/guardians where appropriate are to be made aware if a child has been involved in a restraint and notified of any visible marks following a restraint.
- ❖ following a restraint, the child is to have the opportunity to attend a medical appointment at the local GP, walk-in centre or accident and emergency unit. It must be recorded if a child refuses to attend or if and why it is not felt medical attention is needed. Parents and social workers need to be notified of this. If you feel the child needs to be seen due to injury, then a medical professional must be called to the home.
- ❖ All staff involved in the restraint should be debriefed after the restraint.
- ❖ restraint should be recorded within 24 hours on Sleuth although immediately after is preferable

- ❖ Restrictive physical restraint should not be used purely to enforce compliance with staff instructions or when there is no immediate risk to people or property

For the purpose of this policy, significant injury is deemed to be actual or potential grievous bodily harm, physical or sexual abuse, risking lives of or injury to self and others by wilful or reckless behaviour.

Examples of significant injury might include:-

- ❖ abduction
- ❖ actual, grievous bodily harm or more serious violent offences
- ❖ attempted suicide or death
- ❖ contact with a known Schedule 1 offender
- ❖ poisoning
- ❖ injury that requires medical attention
- ❖ serious drug or alcohol misuse
- ❖ sexual exploitation including sexual abuse, child pornography or prostitution
- ❖ theft or being carried in a stolen vehicle
- ❖ serious damage to property

### **Restraint and deprivation of liberty**

Physical interventions should be used as a last resort and for the least amount of time possible until it is safe to disengage and allow a young person to calm independently, staff should follow the training they receive in CPI safety Intervention and disengage when asked to or told to by a young person and or if there appears to be a medical emergency.

As a rule staff should not hold any young person in a restraint for prolonged periods. This guiding principle should be followed:-

- ❖ No restraint at any level should last longer than 5 minutes. If a restraint is lasting close to 5 minutes then staff must disengage regardless of the behaviours being presented. If necessary re-engage again as appropriate. Every instance of restraint must be well documented.

### **Restraint Reduction**

The Shires have two certified CPI instructors, Hannah Church and Myles Ackland. At Stretton Hannah Church and Myles Ackland take the lead on Analysing and monitoring Physical interventions, both play an active part within the Restraint reduction Network and emphasise the efforts that are made to reduce physical intervention within the home and the organisation.

Staff at The Shires have joined the Restraint Reduction Network™ through undertaking the CPI Safety intervention programme.

All staff have made a commitment to work together with service users, families, leaders, managers and frontline staff to ensure coercive and restrictive practice is minimised and the misuse and abuse of restraint is prevented.

Restraint Reduction is growing and there is now more of an emphasis on not using Physical interventions to manage behaviour, The Shires have an active role within the Restraint Reduction Network, with the same values and Philosophy of Care, Welfare, Safety and



Security being of paramount importance for the young people living in our care. All staff have adopted the least restrictive and least amount of time culture to offer the best care and support to the young people we look after during the time they spend with us.

The Shires works tirelessly with young people, families and professionals to create bespoke, achievable and life changing care plans to give young people the best opportunities to move on and lead an as independent life as possible.

**Under no circumstances should restrictive physical intervention be used as a consequence.**

### **Individual behaviour management plans / Positive Behaviour Support Plans**

The children's individual behaviour management plans and Positive Behaviour Support plans are in conjunction and at times are included as part of their care plan. Care plans are drawn up by the Registered Manager before the young person starts his/her placement. They are based on information provided before admission by parents/carers and/or previous placement staff. Behaviour management plans are implemented consistently by all staff working with the child and are reviewed at primary carer meetings. They state the actions to be taken to optimise positive behaviour and to reduce inappropriate behaviour.

Where necessary and appropriate the input of the clinical psychologist, speech and language therapist and occupational therapist is sought. Many young people who live at The Shires have access to CAMHS and some are prescribed medication to support them in managing their behaviour.

Staff keep daily records of the young person's behaviour to help identify triggers and trends, and to ensure that any medication is not having an adverse impact on the young person.

In some circumstances young people's behaviour may be monitored intensely by therapists, behavioural advisors or by the Registered Manager to identify causes of behaviours and how they can be managed to support the young person better. Staff are expected to support all behaviour monitoring and this may include filling extra recording paperwork requested by therapists, behavioural advisors, placing authorities or by the Registered Manager.

Behaviour management plans may initially be written by the Registered Manager and CPI intervention Safety instructor, however, they should be updated as part of a multi-disciplinary team including the young person, parents, social workers, key workers and therapists.

### **Zones of regulation**

















The Zones is a systematic, cognitive behavioural approach used to teach self-regulation by categorizing all the different ways we feel and states of alertness we experience into four concrete coloured zones. The Zones framework provides strategies to teach young people to become more aware of and independent in controlling their emotions and impulses, manage their sensory needs.





# Zones of Regulation™

My

BLUE	GREEN	YELLOW	RED
 bored	 calm	 silly	 angry
 sick	 happy	 excited	 scared
 sad	 tired	 work	 worried
	 ok	 frustrated	 hit
			 yell