



St. Elizabeth's School and Children's Homes

Behaviour Policy

Renewal Date **July 2021**

Date of next Review **July 2022**

*“Our community is together to be make our world a better place for all”
“To live and learn as friends together, to share and give and love”*

Definition

St Elizabeth’s School and Children’s Homes bring together a number of multi-disciplinary teams working in partnership to deliver a consistent and truly holistic approach to meeting the education, health, therapy and care needs of young people. The residential and academic staff teams at St Elizabeth’s School and Children’s Homes are supported by a multidisciplinary team which includes the St Elizabeth’s Health Agency. This includes access to nursing services, Physiotherapy, Occupational Therapy, Speech and Language Therapy and Positive Behaviour Support.

This enables St Elizabeth’s to provide a holistic and multi-disciplinary approach to effectively supporting children and young people with complex needs. St Elizabeth’s works within the Positive Behaviour Support (PBS) framework.

Legislation –

The Protection of Children Standard, Children Homes Regulation 2015

12 (1) The protection of children standard is that children are protected from harm and to keep themselves safe.

(2) In particular, the standards requires the registered person to ensure-

- (a) That staff-
 - (i) Assess whether each child is at risk of harm, taking into account information in the child’s relevant plans.
 - (ii) Help each child to understand how to keep safe
 - (iii) Have the skills to identify and act upon signs that a child is at risk of harm
 - (iv) Manage relationships between children to prevent them from harming each other
 - (v) Understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person
 - (vi) Take effective action whenever there is a serious concern about a child’s welfare; and
 - (vii) Are familiar with, and act in accordance with the home’s child protection policies.
- (b) That the home’s day to day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;
- (e) That the effectiveness of the home’s child protection policies is monitored regularly.

Regulation 20, Children’s Homes Regulations 2015 (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 home 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.

Protection of Children Quality Standard 9.42. Restraint also includes restricting a child's liberty of movement. This includes, for example, changes to the physical environment and removal of physical aids. Restrictions such as these, and all other restrictions of liberty of movement, should be recorded as a restraint. Some children, perhaps due to impairment or disability, may not offer resistance, but such measures should still constitute a restraint.

Protection of Children Quality Standard 9.61. Where a child has an EHC plan or statement of special educational needs in which a specific type of restraint is provided for use as part of the child's day to day routine, the home is exempted from the recording requirement. Where these plans provided for a specific type of restraint are NOT for day to day use, on the occasions when such restraint is used this MUST still be recorded as a restraint

Protection of Children Regulation 35 (CHR) requires each home to prepare and implement a behaviour management policy.

Protection of Children Quality Standard 9.36- The registered person should ensure that all incidents of control, discipline and restraint are subject to systems to regular scrutiny to ensure that their use is fair.

Protection of Children Quality Standard 9.63- A deprivation of liberty may occur where a child is both under continuous supervision and control and is not free to leave the home. A children's home cannot routinely deprive a child of their liberty without a court order, such as a section 25 order or in the case of young people aged over 16 who lack the mental capacity, a deprivation of liberty may be authorised by the Court of Protection following an application under the Mental Capacity Act 2005.

Protection of Children Quality Standard 9.62- The locking of external doors, or doors to hazardous materials, may be acceptable as a security precaution within the normal routine of the home.

Quality Standard 6 – Positive relationships (CH Regulation 11)

- 1 (b) Children are helped to develop, and to benefit from, relationships based on an understanding about acceptable behaviour
- 2 (a) (i) Child's behavioural needs are met as set out in the child's relevant plans
- (iii) Each child is encouraged to take responsibility for their behaviour, according to their age and understanding
- (v) Communicate to each child expectations about their behaviour and ensure that the child understands these in accordance with their age and understanding
- (x) Each child is provided with supervision and support to enable them to understand and manage their own feelings and responses to behaviour
- (xi) To de-escalate confrontations with or between children or potentially violent behaviour by children

Aims

- To promote the use of evidence based approaches to encourage CYP to know and feel they are safe, access full education and develop into positive and independent young people, who are able to make informed choices, self-regulate their emotions and fulfil their potential.
- To ensure that all children and young people, parents and local authorities understand the expectation and approach of the school with regard to behaviour and its management.
- To ensure that all staff are fully aware of the correct approach to, and means of, promoting and celebrating positive behaviours and safely reducing the risk in relation to behaviours that challenge.
- To ensure that all procedures relating to behaviour and its management are known and followed.
- To promote a multidisciplinary approach to support CYP in learning and a caring environment, encouraging a holistic approach to behaviour management.
- To promote the understanding that all behaviour, including challenging behaviour, happens for a reason. By building an understanding of those reasons and of the environmental context, strategies and environmental changes can be made in order to meet any unmet needs, with a focus on improving quality of life.
- To ensure that restrictive practice is reduced wherever possible and only ever used when absolutely necessary and in an individual's best interests.

Guidance

Key theories/ Evidence base

Positive Behavioural Support (PBS)

PBS is a framework for developing an understanding of an individual's challenging behaviour. It sets out processes by which this understanding can be used to develop effective support for each individual. It is an empirically validated, function-based approach that aims to reduce incidences of challenging behaviour and replace challenging behaviour with pro-social skills. Use of PBS decreases the need for more intrusive or aversive interventions (i.e., punishment or suspension) and can lead to both systemic as well as individualized change. Within the field of learning disabilities, it is the approach best supported by current research evidence and endorsed in existing policy and by professional guidance.

Using the PBS framework, St Elizabeth's School and Children's Home aims to provide support for children and young people (CYP) that enables **the greatest possible reduction in the occurrence of challenging behaviour in the context of the best possible quality of life.** PBS can be used with individual CYPs, as well as across the entire school and home as it does not focus exclusively on the child/young person, but also includes changing environmental variables such as the physical setting, task demands, curriculum, instructional pace and individualised reinforcement. Thus, PBS can be applied successfully with a wide range of CYPs, in a wide range of contexts, with a wide range of behaviours.

A Capable Environment

At St Elizabeth's School and Children's Homes we aim to provide as capable an environment as possible. There are many characteristics of a capable environment. There are two defining features of these characteristics. Firstly, they produce positive outcomes for young people and their supporters such as leading to an enhanced quality of life. Secondly, whilst they will not prevent all instances of challenging behaviour they will prevent many of them, ensuring that the young person is living as good a life as is currently possible (in some cases despite persistent challenging behaviour).

Reflective Practice

We aim to take a holistic and compassionate approach to behaviour management within a context that supports and promotes reflective practice at all levels of the organisation. Staff are actively encouraged to take a reflective approach to their practice as a process of continuing learning and adaptation. There are many opportunities for supervision, appraisal and training for staff. Continued professional development is supported across the staff team and class groups meet together at the end of each school day for a brief period of reflection.

Individualised Documentation

Children /Young People have the following individualised documentation relating to behaviour management if necessary:-

Document	Update schedule	Responsibility
ILP (Individual Learning Plan) (ALL – School document)	Every term, following a Progress Meeting	Class teacher
BSP (Behaviour Support Plan) (Referral Basis)	Every term	Behaviour Support Practitioner – creation /facilitate or support review with key worker
Risk assessment (All residential)	At least monthly or in response to a particular incident or change in need	Children's Home Manager
Chronologies (Referral Basis)	At least every term	Behaviour Support Practitioner – for identified young people only.

Staff are expected to be familiar with these documents. It is expected that they would have a working knowledge of the documents for the CYP they are working with, that they know where these documents are kept and how to access them. They understand that they are working documents that are subject to the organisational policies of data protection and confidentiality.

Behaviour Management in Practice

Challenging behaviour

Definition: Challenging behaviour (also known as 'behaviours which challenge services') is defined as "culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities".

Due to the client group we are working with i.e. young people with learning disabilities and complex health conditions, we recognise that there will be incidents of behaviour that challenge. In response we adopt a PBS framework which enables us to provide consistent support to keep the young people in our care safe from harm whilst continually striving for the greatest possible reduction to achieve maximum possible quality of life.

Common types of challenging behaviour include self-injurious behaviour (such as hitting, head-butting, biting, scratching), aggressive behaviour (such as hitting others, head-butting, screaming, scratching others, spitting, biting, punching, kicking), inappropriate sexualised behaviour (such as public masturbation or groping) and behaviour directed at property (such as throwing objects and stealing).

Proactive and Preventative Approaches to Behaviour

Wherever possible, staff are expected to take a proactive and preventative approach to behaviour support. All staff receive training in de-escalation skills and are expected to deploy these skills in all situations where time and risk levels allow. Over time patterns of triggers and consequences can be drawn up and analysed. The Behaviour Support team are on hand to support with this process if required. This information is then used to inform the design and implementation of personalised behaviour support plans. These plans are shared with parents / carers and reviewed on a regular basis so they reflect as closely as possible the needs of any given CYP at any point in time.

Physical intervention

The approved method of physical intervention to be used at St Elizabeth's School and Children's Home is MAPA (Managing Actual and Potential Aggression). The key principles of the policy with regards to the use of physical intervention are:

- To ensure that any intervention provided is tailored to meet the needs of each individual, taking into account the views of the young people being supported where reasonably practicable.
- To enable staff teams to be able to engage in dialogue and reflection, considering how to minimise the use of physical intervention by adopting proactive strategies and managing environments in a way that reduces risks.
- The Law clearly explains that when risk or severely challenging behaviour manifests itself, all possible responses must be considered, and if they appear to be failing in their intention, then approved physical intervention (or safe holding) can be employed to manage the risk being presented by the child / young person who is in distress for the **shortest possible period of time and as a last resort.**

- Whenever a child / young person has experienced a physical intervention staff should always try to ensure that they give the child / young person support, as and when they are ready to receive it. The support is appropriate to their needs, explaining to them that the hold was only employed to keep people safe.

See the Restraint Policy for further information

Role of medication in supporting behaviour management

- The management of behaviours that challenge is a priority of our service because of the impact it has on the CYP, others may be at risk and numerous resources are consumed.
- An early intervention is preferable, which may - in certain circumstances and assessed individually and multidisciplinary - include medication.
- The use of medication to manage behaviours that challenge and pose a risk to themselves or others must be considered holistically and the individual's best interests, as well as for the shortest time possible, following recommendations from the CYP's Psychiatrist.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) came into force from 1st April 2009. The safeguards authorise hospitals and care homes to deprive people of their liberty, under certain conditions, in spite of their assessed inability to consent to such an arrangement while at the same time providing protection in the form of a detailed assessment and review process for those who do lack the capacity to consent to a care package that deprives them of their liberty.

The DoLS do not provide permission to physically restrain individuals, other than as already authorised by the Mental Capacity Act 2005 i.e. as a proportionate response that is in the best interests of the individual. Initially DoLS legislation only applied to those over the age of 18 years and resident in a hospital or care home, however the most recent Children's Homes Regulations now comment on this issue.

Current guidance describes the importance of making a distinction between deprivation of liberty and restriction of liberty. Where Children's Home Managers take the view that the care plan in place restricts the liberty of a young person, rather than deprives them of their liberty, they do not need to request DoLS authorisation. For young people aged under 16, parental consent should be sought to approve any aspect of a young person's behaviour that might be considered to restrict their liberty. For young people aged 16 and over, it is necessary to seek an assessment under the Mental Capacity Act in order to authorise measures that could be construed as a deprivation of liberty or restriction of liberty. Currently, for those aged 18 or over, matters of deprivation of liberty should be referred to the Court of Protection.

It is permissible to deprive someone of their liberty in order to keep them safe, but where those measures are employed in a routine manner they should be assessed and reviewed within a legal framework such as a Mental Capacity Assessment.

Positive and Negative Consequences

Wherever possible, staff will seek to notice, record and reward examples of positive behaviours from CYP. Positive consequences could include rewards in the form of praise or

more tangible rewards such as certificates, stickers or tokens related to their personal behaviour programme. In a typical behaviour programme tokens can be exchanged for items on a CYP's reward menu which can include outdoor activities, additional screen-time, watching a DVD etc.

It is important that negative consequences are applied in a fair and consistent manner across the School and Children's Homes. To that end there is a list of agreed consequences which can be personalised and then included in a BSP. When applying a consequence for a CYP, it is expected that staff will make a clear link for the CYP between the behaviour in question and the consequence it has triggered.

Post incident support

Debriefs should occur when possible after any incident has occurred.

For young people

Following an incident the young person involved should be supported to communicate the function behind the incident, where this is appropriate and not likely to evoke a further incident. The young person should be offered a debrief to discuss how they felt about the incident and to record their views, opinions and wishes. As part of the debrief, staff may have to inform the young person of the consequences to their behaviour. The consequences should be agreed in accordance to the permitted negative consequences and agreed upon by the Senior Staff on duty and the Residential Management Team should be informed. Please note: following any use of restraint in the Children's Home, a debrief must be recorded which gives the CYP a chance to talk about their feelings in relation to the restraint.

For witnesses

Similarly to the debrief completed with the young person involved in the incident, those witnessing the incident may also need a debrief and an opportunity to discuss their feelings and views. By having this debrief the witness may feel more able to welcome their peer back into the group.

For staff

Staff involved in an incident should take part in a debrief with other staff present or with their staffing team/ supervisor. Staff may need time to recover and should be given an opportunity to express any concerns or feelings they have as a result of the incident.

Returning to the group: Following the debrief with a member of staff who was involved in the incident, a representative or two from the incident should be asked, to come and hear a summary of the debrief with the young person present. This process is designed to support the young person to reintegrate back in to the group; they may need reassurance at this point that they are still wanted at School, House and in Class. Reminding the young person of previous successes and how other similar incidents have been resolved may support them to recover.

Please note: following any use of restraint in the Children's Home, a debrief must be recorded which gives the staff to talk about the use of the restraint, explore and record the reasons why it was necessary and explore options that could be used in the future to avoid the use of restraint.

Multi-disciplinary Team Meetings (MDTs)

MDTs are used regularly within St Elizabeth's School and Children's Homes as a Positive Behaviour Support tool. They are a forum for discussing, reviewing and reflecting on a CYP's progress where all members of the MDT have the opportunity to provide feedback and share their experiences of working with the CYP in question to support their behaviour. Additional meetings are arranged on an ad hoc basis when a CYP is in crisis and/or the weekly slot has already been booked. The MDTs have proved to be a proactive way of supporting CYPs by noticing patterns, spotting problems early on and intervening to prevent a problem escalating or to propose and then implement a new strategy or intervention with the full support of the MDT. For some CYPs, regular MDTs may form part of their care package. Parents and social workers will usually be made aware of the MDT taking place and are often invited to join the meeting if they wish to and/or to receive feedback on the outcome of the meetings, items discussed, action points agreed.

Recording and reporting incidents

Behaviour Incident DATIX

Incidences of behaviour will be recorded using the DATIX electronic recording system. This system records all incidents, whether or not physical intervention was used. There are clear guidelines for the use of DATIX which all staff are aware of and should follow (see DATIX guidelines). These are important records which allow for accurate recording and detailed data analysis of incidences of behaviour. This has been introduced to all staff teams and line managers have a responsibility to ensure that these are completed. A person should be named at each incident to write up the DATIX and this member of staff has a responsibility to ensure that the DATIX has been recorded on the same day or shift as the incident. Senior managers from the academic team have the responsibility for following up and signing off DATIX reports.

Communication with parents/ carers and outside agencies

Families, education officers, social workers, psychologists or other professionals involved with a CYP may ask to see incident reports. Staff will ensure that confidentiality and anonymity are maintained (e.g. names of other CYP are blanked out of the copy before providing the document, use of secure email/ password protected documents).

Reports will automatically be sent to the local authority if there has been an Advanced Restraint and parents or other significant parties will be verbally informed. Some CYP have incidents reported more regularly to their social worker. Where there is a safeguarding risk, staff will follow the safeguarding reporting protocol.

Monitoring behaviour management

- **Chronologies**

All CYPs who have behaviour incidents recorded on DATIX will have a chronology document which summarises the incidents they have had over time, rated according to

severity of the incident. These documents are a useful way of summarising a CYPs' progress with regard to behaviour development.

- **Annual review/ progress meetings/ MDTs / Team meetings**

These are regular forums where staff can meet to discuss individual and review their progress with a group of representatives from the multidisciplinary team. CYP behaviour is regularly a focus of these meetings and it is a good place to explore triggers for behaviour, review the effectiveness of existing interventions, design and plan the implementation of new ones and so on.

- **DATIX**

All DATIX reports are 'signed off' by a member of the senior management team. This provides the management team with a good overview of the frequency of incidents occurring and provides the chance to review the quality of reporting and provide instruction and training where this is indicated.

Training and staff support

All staff receive training in MAPA, Manual Handling, Epilepsy, Health and Safety and Positive Behaviour Support. Some of this training is delivered in person and some is delivered through our e-learning platform, which supports ongoing professional development for staff. During their induction period, new staff undergo two days training in MAPA which covers a range of interventions from de-escalation techniques to physical holds. Every year, staff are required to attend updates to the in-house mandatory training programme.

Supervision/ Appraisals

All staff members receive regular supervision with their line managers and have an annual appraisal.

Moving On

St Elizabeth's provide a supportive environment for young people whose behaviour can challenge or cause risk to themselves and others. The Registered Manager takes account of the safety of all the children and staff when considering whether it is able to support these types of needs as well as considering whether St Elizabeth's has the right MDT expertise to continue to support the young person in the most positive way. St Elizabeth's works hard with families and local authorities in securing a planned transition to a new more appropriate placement and endeavours to support this transition. St Elizabeth's works to avoid ending a placement whenever possible, however in cases of extremely high and untenable risk, St Elizabeth's may feel it has no alternative having regard to the best interests both of the young person and others to whom it has a duty of care. If our support strategies are not working we will try to maintain the placement until a new service provider can be found, but in such circumstances we cannot maintain a placement indefinitely and sometimes it may become necessary to ask for a young person to be removed immediately.
