SPECIALIST EDUCATION SERVICES

Positive Management of Behaviour Policy and Practice

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"Listening - like conversation – does not happen easily in today's frenzied world.

(Listening To Children In Education, Davie and Galloway 1996)

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POLICY

CREATING A POSITIVE CLIMATE

GRADUAL AND GRADED INTERVENTION

1   PREFACE

This policy and its accompanying practice paper reflects a range of national guidance and practical experience in respect of the management of behaviour. Reference points and sources of material include:

- The Children Act 1989 and subsequent Guidance and Statutory Instruments of the Act
- Discipline in Schools (Elton Report) 1989
- Children in the Public Care (Utting Report) 1991
- The Quality of Care (Howe Report) 1992
- Another Kind of Home (Skinner Report) 1992
- Guidance on Permissible Forms of Control in Children's Residential Care (Department of Health) 1993
- "Growing up in Groups", Barbara Kahan, National Institute for Social Work Research Unit, 1994
- DfES Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders (July 2002)
- DfES Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties (Sept. 2003)
- Every Child Matters (Sept 2003) and Every Child Matters: next steps (2004)
- Guidance on the Education of Children and Young People in Public Care
- Holding Safely: A guide for Residential Child Care Practitioners and Managers about Physically Restraining Children and Young People (Scottish Institute for Residential Child Care, 2005)
- DCSF: The Education of Children and Young People with Behavioural, Emotional and Social Difficulties as a Special Educational Need (May 2008)
- DCSF: Sir Alan Steer's Reports of 2006, 2008 and 2009
- DfE: Use of Reasonable Force: Advice for head teachers, staff and governing bodies (2013)
- Improving Guidance on Reducing Risk, Restraint and Restriction in Children's Services (National SEND Forum 2014)
- Children's Homes Regulations and Quality Standards (2015)
- National Minimum Standards for Residential Special Schools (2015)
- DfE: Behaviour and Discipline in Schools: Advice for Head Teachers and School Staff (2016)
- Positive Environments Where Children Can Flourish: Guide for Inspectors (2021)

Each and any of these documents can be obtained either from the Department for Education website, an internet search or from the Team Teach Positive Handling Strategies Committee or the Team Teach website. *(Positive Handling refers to the full range of Team Teach strategies used to de-escalate, defuse and divert in order to prevent violence and reduce the risk of injury to staff and children).*

Other SES policy and practice documentation should also be read alongside this document, e.g. Anti-Bullying Policy and Practice, Safeguarding and Child Protection, 'SES Way' An Exploration of Our Therapeutic Model

2   INTRODUCTION

It is the philosophy of each SES establishment to have as its first priority the needs of the children in its care. Children referred have social, emotional and mental health difficulties of a nature that seriously impedes their progress in ordinary schools and may have damaged their placement in specialist educational provision or care settings. These children also experience adjustment difficulties in their own families and communities.

Both education and care are delivered through personalised learning expressed in a Portfolio of Achievements and Needs or PAN, (see Section 9). This is influenced by students' specific needs, talents, interests and future aspirations. It is similarly held important that children whose behaviour may have been chaotic, experience a calm, caring and consistent environment. However, it is also considered equally important that the establishment's approach is flexible and tolerant enough to be able to manage a range of behaviours whilst enabling individual students to develop internal controls.

The overall aim of SES is to provide a therapeutically managed establishment that offers a safe, nurturing, caring, positive and protective homely environment that promotes personal growth, development and learning.

3   RATIONALE

The purpose of this Positive Management of Behaviour Policy and Practice document is to describe the establishment's ethos, culture and values within a framework for relating positively to children and improving their behaviour. This approach requires an environment with clear, predictable and consistent structures that also operates in such a way as to maintain the naturalness and flexibility of domestic living.

Our values as expressed in our Vision Statement are that:

- ✓ we believe in a 'no limits' approach to helping children
- ✓ we believe in children's abilities and potential
- ✓ we believe in unconditional positive regard
- ✓ we believe our children deserve fun and happiness in childhood
- ✓ we believe in a 'can do' philosophy
- ✓ we believe in success and learning from mistakes
- ✓ we believe intelligence is multifaceted
- ✓ we believe learning is a lifelong process
- ✓ we believe creativity and imagination are the keys to developing passions and talents, and preparing for life in a rapidly changing world
- ✓ we believe assessment of progress is based on improvements on 'previous best'
- ✓ we are future orientated

This positive view of children and our work underpins and drives our culture and ethos creating a firm foundation for the positive management of behaviour.

4   SCOPE

This statement of policy and practice relates to the operation of each SES community.

5   PRINCIPLES

The policy and practice seeks to demonstrate:

- a whole establishment approach conducive to quality physical and emotional care, and therapeutic intervention which incorporates effective teaching and learning in an innovative and sensitive way,
- arrangements and practices that are known to children, staff, parents/carers and placing authorities that effectively convey the culture of SES.
- a sense of home, community and shared values
- mutual respect
- the promotion of positive relationships
- a commitment to proactivity rather than crisis driven approaches
- the encouragement of self-worth, self-confidence and self-discipline
- an emphasis on preferred futures
- an emphasis on positive effort and achievement
- the encouragement and generalisation of good behaviour to the community
- an appropriateness to off-site experiences and environments as well as on-site
- where possible, an active partnership with parents/carers
- that restorative approaches are embedded as a response to inappropriate behaviour that impacts on others
- that any use of reparation or sanction is considered, fair and consistent
- sensitivity to the needs of the local community

6   ENTITLEMENT

SES recognises that children, staff, parents/carers, placing authorities and the community all have rights and responsibilities that should be reflected in its policy and practice for managing children's behaviour.

6.1   CHILD'S ENTITLEMENT

All children are entitled to:

- be listened to again and again and again and again…………………
- opportunities to develop self worth through gaining success and accepting responsibility
- opportunities to develop self-discipline
- an orderly, caring and supportive regime in which each individual's growth can be nurtured through personalised learning
- consistency of treatment from staff member to staff member and between staff groups
- know the rules, routines and expectations of the establishment

- participate as appropriate in the development and continued review of the establishment's policy and practice in respect of behaviour
- praise and reward for positive achievements and endeavour
- open access to support mechanisms within the establishment
- positive role models to emulate
- be treated as an individual
- expect their potential to be fully explored in a range of situations and activities
- have any complaints dealt with effectively and speedily, if necessary through an independent source
- contribute to decisions about the operation and management of each establishment through regular meetings with staff, within the home and learning centre.
- a de-briefing, repair and reflection process following serious incidents

6.2 STAFF ENTITLEMENT

All staff are entitled to:

- mutual respect
- an orderly and supportive environment in which effective caring and teaching, can occur
- active participation in the development and review of the behaviour policy and practice
- systems which allow staff to be involved in the personal and social growth of the children
- access to positive handling training
- advice and support from senior colleagues
- regular time allocation for induction, personal and professional development and supervision
- a de-briefing, repair and reflection process following serious incidents

6.3 PARENTS/CARERS ENTITLEMENT

Parents/Carers are entitled to:

- be regularly and actively involved in the academic, social and personal education of their children
- involvement in seeking constructive solutions to problems involving their child
- regular agreed contact with staff
- information about the SES behaviour policy and practice
- a quality of service that meets National Standards

6.4 PLACEMENT AUTHORITIES ENTITLEMENT

The Placing Authority are entitled to:

- partnership working between SES staff and placement agency representatives
- expect each establishment to respond to a range of needs as described in its admission specification
- be kept informed of specific and general developments
- information about the SES behaviour policy and practice

- a quality of service that meets National Standards

6.5   COMMUNITY ENTITLEMENT

The local and wider community is entitled to:

- consideration and respect
- neighbourliness
- the co-operation of the establishment in matters which effect the community
- make representation to the each establishment and/or its parent company (SES)

CREATING A POSITIVE CLIMATE

*"I have come to the frightening conclusion that I am the decisive element…..
It's my personal approach that creates the climate…..I possess tremendous
power to make a child's life miserable or joyous. I can be a tool of torture or
an instrument of inspiration. I can humiliate, humour, hurt or heal. In all
situations, it is my response that decides whether a crisis will be escalated
or de-escalated and a child humanised or de-humanised"*

(H. G. Ginott, 1972: Teacher and Child: A Book for Parents and Teachers)

7   A STRUCTURED ENVIRONMENT

Positive Management of Behaviour can only be achieved through creating the right culture, ethos and appropriate structures within which potential problems are minimised and dealt with at a low level before they escalate. The best behaviour management is unseen.

Children and young people's basic needs are met within an overall structure that reinforces:

- Individuality and development
- Rights and responsibilities in the form of entitlement
- A high standard of personal care, and attention to health, safety and security
- Encouragement to an educational re-awakening which identifies individual needs
- Partnerships with parents/carers and placing agencies
- Child centred collaboration based upon high quality inter-disciplinary teamwork
- An emphasis on preferred futures and solutions rather than problems
- Listening to the "Voice of the Child"
- A proactive not a reactive environment
- Restorative approaches

7.1   PROMOTING A CHILD-CENTRED APPROACH

First and foremost SES seeks to create a safe, warm and caring environment where children can learn to trust adults. This is often described as a Child-Centred Approach. It means consistently putting the needs of children first, and always putting them before the adult's own convenience. It involves recognising the worth of each child no matter what their behaviour. To be child-centred, an adult must do what is in the child's best interests and aim to see things from that child's viewpoint. This can be particularly challenging in the face of violence and aggression. To safeguard and promote the welfare of children, all adults must have a shared understanding about what children need in order to thrive. Children should be:

Safe   Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community.

Valued   Children and young people should live within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.

Healthy   Children and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.

Achieving   Children and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self-esteem to the fullest potential.

Active   Children and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.

Respected and Responsible
Children, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.

Included   Children, young people and their families should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

7.2   PROMOTING APPROPRIATE USE OF AUTHORITY

In order to provide security for individuals and the group and to aid personal development young people need to develop an appreciation of the limits on their behaviour set by society and their community. They need to understand the implications of breaching these limits. A clear framework of authority (but not authoritarianism) facilitates the development of inner self-discipline and maturity. As maturity of response develops a greater diversity of trust, independence and autonomy should be possible. Informed choices are more probable. A carefully structured environment, which leads naturally to choice and independence, is fundamental in bringing this about.

Child-centred practice does not mean that adults should be reluctant to take charge when they should be in charge. Adults need to be clear about what the children can decide, what is negotiable and what is non-negotiable, and when a controlled choice should be given. Not intervening with young people in situations where they may need to be guided, advised and physically safeguarded or otherwise stopped can have the unfortunate consequence of confirming for them that their intimidation and violence are acceptable ways to achieve what they want. A strong, confident adult presence, using authority appropriately, will reduce the need for physical intervention. Acting in this way, adults can give the young people and their colleagues a sense of security. However, there must be a sense of fairness and a spirit of unconditional positive regard underlying all interactions and decision-making.

7.3   PROMOTING POSITIVE RELATIONSHIPS

The principal reward and encouragement for any child is the positive attention and frequent expression of approval, support and care by the adults around them. This expression of the quality of relationships between children and adults is a critical feature of the ethos and culture of SES. All progress with our children relies on the relationships they form with the adults they encounter. A central feature of the structure of each establishment is the child's network of relationships with adults in general and in particular the team of Personal Tutor, Learning Mentor and Case Coordinator as represented overleaf.

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                    _____
                   /           \
   Personal Tutor /             \  Case Coordinator
                 |    CHILD       |
                 |     and        |
                 |  Significant   |
                 |    Others      |
   Link Tutor     \             /   Learning Mentor
                   _____/
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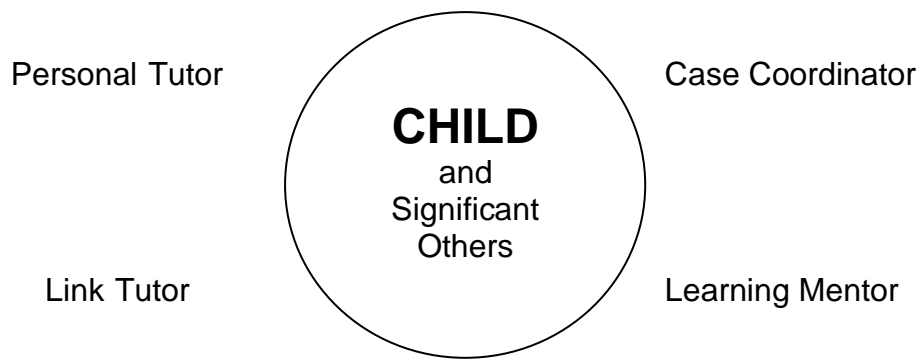
7.3.1 Role Modelling Quality Relationships

Everywhere there are rules, structures and codes of conduct that seek to guide formally how people behave, interact and respond. Homes and school settings are not exceptions in this regard. Sometimes these expectations are explicit; sometimes they are part of a hidden culture.

There is an even greater need for children with relationship and adjustment difficulties to have clear and unambiguous expectations explained to them and for them to be appropriately reminded of these. These expectations and aspirations should be conveyed in a way that is clear, unambiguous and readily understood by children of all ages. This should be done within a positive, nurturing environment.

Our aspiration for Quality Relationships must be conveyed at all times by staff in their personal interactions and role modelling. They should pervade the work staff are engaged in at all times and not solely at times of crisis or conflict.

7.3.2 Positive Personal Contact Between Children and Staff

At each establishment there is clear and unequivocal expression of normal, positive, physical contact between adults and between adults and children. This is not physical contact that in any way seeks to establish authority over a child, but that which expresses 'parental' affection, to provide comfort, ease distress and signal care as would be expected between good parents and their children.

To deny this would be tantamount to emotional deprivation and we believe that normal adult/child physical contact is a critical therapeutic factor in children's care plans to a greater or lesser degree.

Our policy on positive personal contact has been affirmed by the research and knowledge of neurobiology, and as illustrated by the writings of Dr Margot Sunderland. Particularly important is the clear connection between the production of positive neurochemicals of oxytocin and opioids, and warm parental physical contact and affirmation. Many if not all the children will have experienced the opposite of this, where their brain chemistry has been swamped by repeated high levels of cortisol, adrenaline and noradrenaline created by stressful situations.

Nevertheless, every adult needs to appreciate the difference between appropriate and inappropriate touch, and to be aware of touch which poses as therapeutic, but which is actually being used to satisfy the practitioner's need for contact rather than that of the child's. Naturally adults have to be fully cognisant of touch that is invasive or which could be confusing, re-traumatising, or experienced as stimulating in any way whatsoever. Should any such touch be used, it would be deemed as the most serious breach of professional boundaries warranting disciplinary action.

Bearing in mind the specific context, the following guiding principles should apply:

- Specific programmes involving therapeutic physical contact will be considered through the PAN process
- Given that a high proportion of children with emotional and behavioural problems may have experienced sexual and/or physical abuse, staff need to <u>ensure</u> that any physical contact is not misinterpreted.
- If at any time a child demonstrates verbally or otherwise that he is not comfortable with physical contact staff should respond immediately by ceasing that contact.
- There should be no general expectations of privacy for the physical expression of affection or comfort, although this may be appropriate in exceptional circumstances (e.g. bereavement)
- Staff need to be aware that different cultural factors may apply
- Age and maturity are factors to be considered in deciding appropriate physical contact
- Where a member of staff feels that it would be inappropriate to respond to a child seeking physical comfort, the reasons for denying this should be clearly explained to the child. The child should be comforted verbally as necessary.
- Children should be counselled with regard to socially appropriate/inappropriate times/places/situations to seek physical comfort
- Appropriate physical contact should be a focus of discussions with parents/carers and placing authorities through Personal Tutor (and Case Coordinator where necessary).
- The issue of Personal Contact in general should be raised in interviews and induction training for staff and discussed in staff development and supervision.

7.3.3 <u>Personal Care</u>

There may be occasions when staff are involved in the intimate care of young people either because of the young person's age or level of functioning. For example, it may be necessary for staff to supervise the running of a bath with particular regard to temperature and safety. If a young person asks for help when bathing this should take the form of verbal instruction, prior to the young person going into the shower or bath.

Some young people may ask for help in washing their hair and this is acceptable providing that it is done over a sink. <u>Any other bodily contact is not appropriate</u>. Staff should never have any contact with a young person that may compromise them and allow misinterpretation of their intentions. If

staff are in any doubt about the appropriateness of their actions they should seek advice from a senior colleague.

The following are examples of physical contact, which are unacceptable:

- Play fighting between staff and young persons,
- Over affectionate cuddles,
- Kissing of children initiated by adults (where children attempt to initiate contact of this nature the adult should help the child move to acceptable social conventions with sensitivity and tact, thus managing behaviour without rejecting the child)
- Any contact likely to be interpreted as sexual in nature,

The kind of physical contacts likely to be acceptable include:

- Planned physical contact which is part of a bespoke therapeutic intervention
- Holding a hand in situations which might present fear or anxiety,
- Putting an arm around the shoulder of a young person in distress,
- Patting a young person on the back to display approval, and
- Reinforcing a verbal request to calm down with a physical prompt such as a hand on a shoulder.

The following areas of activity have been identified as situations in which staff and young persons could be vulnerable:

- Being alone with a young person,
- Examining a young person in case of injury or illness,
- Physical contact arising out of social interactions with young people,
- Touching with the intent of providing comfort, and
- Physical contact initiated by a young person.

In order to minimise the risks in this sensitive area, the following procedures should be adopted.

- All reasonable measures should be taken to avoid being alone with a young person. However, there are many circumstances where this will not be possible. In such circumstances, ensure that a colleague knows your whereabouts and the proposed duration of your 1:1 work.
- Physical examinations of young people are a sensitive area. Some young people may understandably not want an 'audience' of more than one adult and would prefer such examinations, (e.g. a rash on the upper part of the thigh), to happen in private with an adult they know and trust. Adults should base their approach on their previous knowledge of the child and safeguard themselves by alerting other adults to when such examinations are taking place. Intimate examinations should, under no circumstances, be carried out by members of staff, but should be done by medical practitioners.
- In the case of a distressed young person seeking physical contact this should be kept to the minimum necessary to fulfil the purpose of the young person regaining composure and calm.

- When inappropriate physical contact is initiated by a young person staff should seek to disengage from the situation as soon as is possible. In seeking to disengage, staff may need to signal their disapproval of the inappropriate contact. This should be done consistently, i.e. irrespective of which young person has initiated it and on *all* occasions of inappropriateness. It is possible to disengage from such physical contact without signalling rejection of the young person or their affectionate intentions.

There may be some young people <u>for whom any physical contact is particularly unwelcome</u>. For example, some young people may be particularly sensitive to physical contact because of their cultural background, medical condition or because they have been abused. It is important that all staff have an awareness of these young people. Staff should bear in mind that even innocent and well-intentioned physical contact could be misconstrued. If staff believe their intentions have been misconstrued they should immediately seek to discuss this with a senior colleague.

7.3.4 <u>Care and Control</u>

<u>The aim of staff at each establishment is to develop and maintain a culture and ethos such that the need for physical controls is eliminated completely</u>. Unfortunately staff need to be prepared for those circumstances in which it may be necessary to employ such techniques. To this end the Team Teach Approach is used for staff training purposes. This complies with statutory guidance and has been accredited nationally by the Institute of Conflict Management. SES has its own intermediate and advanced instructors.

Staff training promotes the least intrusive positive handling strategies and a continuum of gradual and graded techniques, with an emphasis and preference for the use of verbal, non-verbal de-escalation strategies being used and exhausted before any physical intervention is utilised.

Hopefully this enables staff to develop acceptable and authorised responses to disruptive, disturbing, angry and aggressive behaviours in a manner that maintains positive relationships and provides safety for all.

The aim is to reduce the occurrence of serious incidents involving physical controls and to emphasise the importance of exhausting behaviour management strategies in the first instance.

Training increases the awareness of staff concerning the importance of recording and reporting, monitoring and evaluating, all incidents involving positive handling.

Detailed advice concerning physical intervention and restrictive physical intervention appears later in this document and is a substantial component of staff induction and training.

(See also The SES Way: An Exploration of our Therapeutic Model)

8   ROUTINES

One explicit feature of an establishment's structure is its routines. Valid routines contribute greatly to the smooth operation and settlement of the home and learning centre in general, and specific activities in particular. Children thrive emotionally on the security that results from the consistency of predictable routines.

All new children will be given an introductory booklet (A First Look) prior to their admission and a "Welcome Guide" to assist them in preparing for their first day and initial time.

Teaching newcomers the routines of each establishment should be a matter of friendly communication and instruction. Staff should positively reinforce the understanding and following of routines.

Two of the most vital routines for success at school age and later life are those of regular attendance and punctuality. This applies both to larger settings and to the more intimate environments provided by SES at the Avocet House and Turnstone House sites. Despite the built in flexibilities of personalised learning and individual programmes, attendance and punctuality are important factors in establishing continuity of education and investment in the home which are vital to a positive working environment.

9   INDIVIDUAL PROGRAMMES

One of the most obvious indicators to children that adults care is the visible time put in to discussion with them concerning their progress and the purposeful addressing of issues to clarify with them how they can effect change. A child is much more likely to engage in this process if they view it as a joint venture to help with their own progress. The starting point for this process is the Portfolio of Achievements and Needs (PAN).

9.1   PORTFOLIO OF ACHIEVEMENTS AND NEEDS (PAN)

At the centre of our work is a 'no limits' highly personalised recovery package developed from the child's Portfolio of Achievements and Needs (PAN).   Our students need an holistic framework of care, support and guidance for them to start to re-engage in the learning process. SES provides such a framework of high quality care and therapeutic intervention embedded in a highly personalised learning experience. **We accept no barriers to innovation, creativity and response in order to reawaken a passion for learning in each student.**

9.2   THE PAN PROCESS

Portfolio of Achievement and Need (PAN) refers to the process of overall planning that support an individuals learning and development with SES. Care planning is embedded within this process.

Bespoke, school day 'curriculum learning' is catered for in detail within the Learning Centre planning structures. However at SES we also believe that all parts of the waking day and all experiences are potential learning opportunities.

The PAN process and planning structures are what we use to draw together social, health and academic learning development. It commences as part of the admissions process, identifying long-term aspirations for young people in partnership with the placing authority, and where appropriate, their family. Key referral and admission documents such as the Lead Consultant Report and Principal's Statement of Intent letter inform the subsequent PAN planning structures.

Learning targets are not deficit based by concentrating solely on perceived 'needs'. We actively seek to start with a child's strengths, passions and talents and expand from there.

9.3 PAN / MY JOURNEY LEARNNG MODEL

The PAN / My Journey learning model summarises the child's achievements and needs in six areas:

- Education training and employment (My Learning)
- Family and Relationships (MY People)
- Identity (Who I am)
- Experiences and Leisure (My Opportunities)
- Health (My Health)
- Transition (My Future)

9.4   THE PAN MEETING

The PAN meeting enables the professional team to review what is going well (achievements), what is not working well (needs) and consider future targets in each of the six areas of the My Journey Learning Model.

There is a clear focus on looking to the future and agreeing targets to support the child's personal journey, using the long term outcomes initially generated through the admission process as a guide. Targets within action plans are framed in specific and measurable terms. Wherever possible they should be SMART (Specific, Measurable, Achievable, Relevant, Time Specific). They may be planned in conjunction with the young person, whose views and involvement is formally captured through the My Journey Monthly Meetings.

9.5   PAN ACTION PLAN

Once targets have been agreed, then any number and variance of action plan meetings or discussions may be convened to ensure that tangible actions are agreed and put into place to enable targets to be met. Sometimes the action plan meeting might involve all interested parties. On other occasions it may involve just two people around a specific issue. Anyone can be requested to attend an Action Plan meeting if their input is required.

Essentially Action Planning is where the detailed support work is explored following the commissioning of the PAN / My Journey targets. The targets, support required, resources and lead adult for each action is recorded on the child PAN Action Plan.

9.6   DAILY CARE PLAN.

The daily care plan is a bullet point summary of each young person's ongoing care that help support familial living and the quality of day to day life. This includes the following:

- Morning Routine
- Bedtime Routine
- Health/Medical Needs and Logistics
- Family Liaison
- Activities
- Information Technology

It will be changed and updated according to need and is reviewed on a monthly basis by the 5th of each month as a minimum.

9.7   ADDITIONAL SUPPORT TO THE PAN PROCESS

An extensive range of additional documents and structures support the above key planning process, and these are summarised in the diagram below.

**THE PAN PROCESS: PORTFOLIO OF ACHIEVEMENT AND NEEDS
INTEGRATING LEARNING AND CARE**

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        ┌──────────────────┐
        │  PAN / My Journey │
        │     Meetings      │
        │   + Action Plan   │
        └──────────────────┘
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┌──────────────┐                              ┌──────────────┐
│  My Journey  │                              │    Thrive    │
│   Monthly    │                              │              │
│   Meetings   │                              │              │
└──────────────┘                              └──────────────┘
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┌──────────────┐      ╭─────────────────────╮      ┌──────────────┐
│  Daily Care  │      │    PORTFOLIO OF     │      │   Learning   │
│     Plan     │ ───▶ │    ACHIEVEMENT      │ ◀─── │    Centre    │
│  (including  │      │     AND NEEDS       │      │  Education   │
│   Health)    │      │                     │      │     Plan     │
└──────────────┘      │    'My Journey'     │      └──────────────┘
                      ╰─────────────────────╯
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┌──────────────┐                              ┌──────────────┐
│ Assessments  │                              │   Reviews    │
│  Attendance  │                              │              │
└──────────────┘                              └──────────────┘
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                ┌──────────────┐
                │   Learning   │
                │ Centre File  │
                │   Academic   │
                │   Tracking   │
                └──────────────┘
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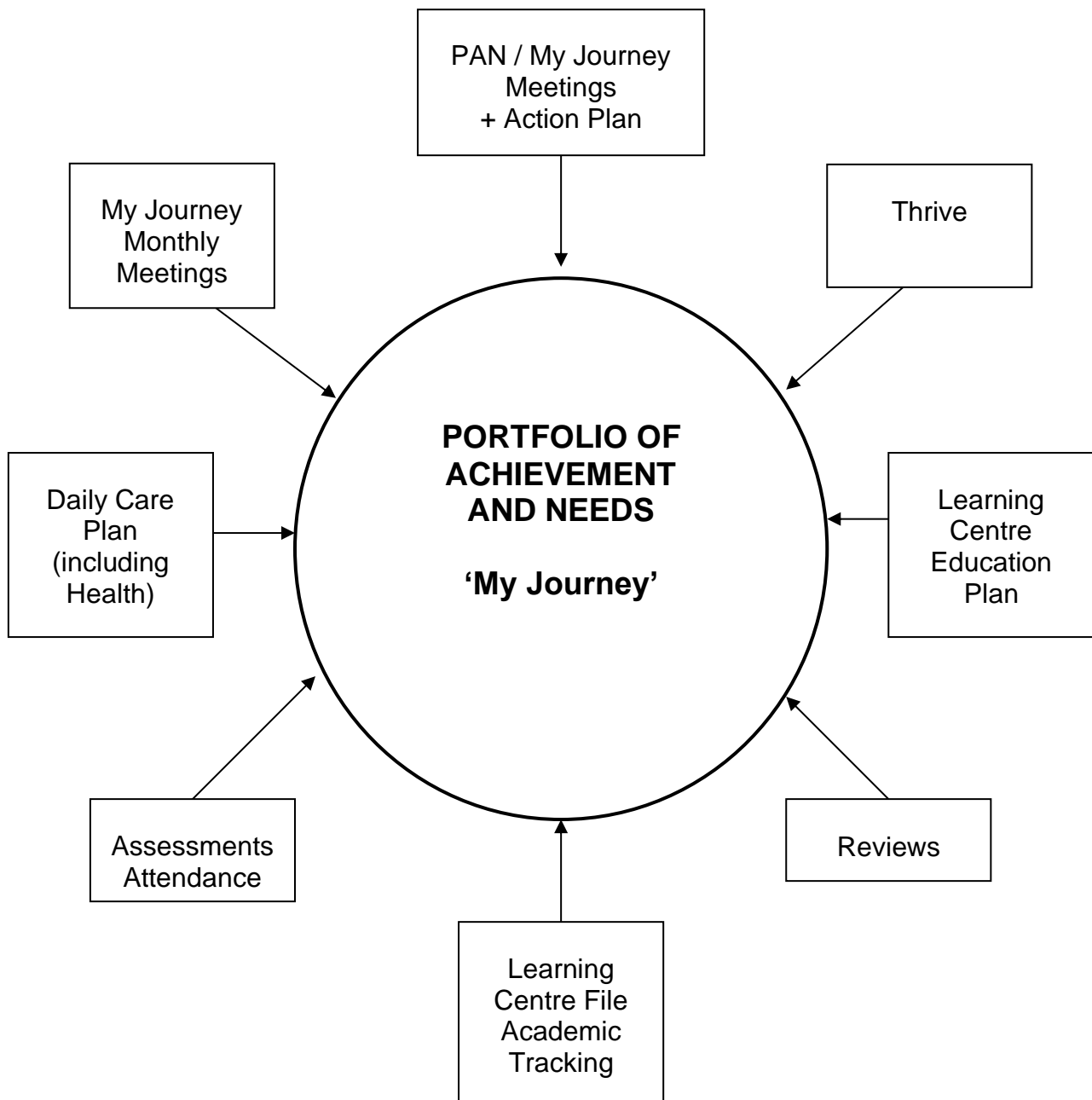
9.8   RISK ASSESSMENTS

Risk Assessments support staff understanding of young people's complex needs
and potential management issues. Each young person has a completed "General
Risk Assessment Overview (Fig 1) and a subsequent "Risk Assessment

Management Plan" (Fig 2) where this is triggered by a numerical score of 10 and above using the SES Risk Quantification Table.

Although 10 is the trigger for <u>requiring</u> a Risk Assessment Management Plan staff may choose to write a full plan for higher range medium risk scores (e.g. 9) if they feel it is appropriate.

9.9   THE GENERAL RISK ASSESSMENT OVERVIEW

This defines the level of risk presented for a range of aspects (Fig 1); these are consistent for all young people and staff should not make any amendments to the template. Both the General Risk Assessment Overview and Risk Assessment Management Plan should always be read in conjunction with the Activities Risk Assessment Overview for each young person, their Child Specific Medical Risk Assessment (if required) and any additional Child Specific Risk Assessments.

Risk assessments are completed prior to admission in good time for a full staff briefing, led by Personal Tutor at least a week before admission. They are based on documentary information in the admission paperwork and any other information gleaned from discussions during the referral and admission process. They are published in the Individual Children folder on the staff area of the Network and a printed copy can be found in the young person's individual casework folder in the house office. All Risk Assessments are reviewed by the 5th of each month, or as a response to significant events. Staff are expected to read and be familiar with young people's risk assessments and updated ones where changes have been notified through team meetings.

9.10   CHILD SPECIFIC MEDICAL RISK ASSESSMENT

Individual medical needs for young people are identified as part of their Development and Learning Overview (Physical Health and Medical), with subsequent associated risks identified in the General Risk Assessment Overview. Where the Medical Issues aspect has a score of 3 or more for impact, a Child Specific Medical Risk Assessment is required irrespective of the total level of risk.

This risk assessment ensures key medical diagnoses are considered for the young person, with guidance for adults on the potential impact on everyday care as well as their social, emotional and mental health needs. Examples of potential conditions are diabetes, epilepsy, physical impairments or asthma (although this is not an exhaustive list). It is to be read in conjunction with all other individual risk assessments and provides clear information on how their medical condition is to be supported to ensure they can participate fully in daily routines, care, learning and activities. Further information on how this links with activities risk assessments can be found in the Educational, Social and Leisure Visits and Activities Policy and Risk Assessment policy.

9.11   THE RISK ASSESSMENT MANAGEMENT PLAN

This allows staff to effectively identify high level risk areas, and consider the risks and triggers that may lead to these. Areas are scored prior to controls being implemented, to assess the level of risk. In some instances specific strategies may also be considered for medium areas of risk. Through carefully planned strategies

and measures, risk levels should be significantly reduced, although it may be unrealistic to eliminate risk entirely. Part of young people's learning and development is to understand their own personal responsibility and ability to make safer choices and thus manage their levels of risk in the longer term.

Risk management is regarded as an integral part of behaviour management planning. Where young people require a positive handling plan, this is included throughout the young person's Risk Assessment Management Plan. This details any intervention strategies, which have been found to be effective for that individual, along with any particular responses that are not recommended. If there are specific patterns that can be linked to the escalation of behaviour this needs to be included within plans providing guidance on effective techniques, both verbal and non-verbal.

Within a management plan, staff must consider how risk is controlled through **Proactive Risk Reducing Measures, Active Management Measures and a 'Reactive Response to Adverse Outcomes'**.

There is no strict demarcation between what is a proactive 'Risk Reducing Measure' and an 'Active Management Measure' and 'Reactive Response to Adverse Outcomes'. What is predictable and absolutely necessary to plan for with one young person may be more indiscriminate and intermittent for another. In short, which column a particular intervention and response occurs in will be relative to the needs, presenting behaviours and stage of development of the young person.

For example, the need to physically restrain a young person should always be regarded as a 'last resort' approach. Therefore in most instances it would be logical to see reference to Team Teach techniques to use within the final 'Reactive Response to Adverse Outcomes' column on the management plan.

For a new admission with severe attachment and regulation issues, who is clearly going to be actively seeking 'containment' to feel safe, it might be more appropriate and constructive to state within the plan that, despite all our best efforts with forward planning and engagement, restrictive physical intervention is going to be a positive and appropriate active management measure.

As the young person forms relationships, more secure attachments and develops better ways of regulating themselves, then having to intervene physically should be seen as a response to some dynamic change in circumstance or unforeseen event. Over time as we help them learn alternative ways of behaving, physical intervention shouldn't be seen as an expectation or as an active management measure.

Conversely, new young people joining us may not have experienced positive physical touch and have developed negative ways of seeking feelings of security, leading to physical intervention, which when conducted in a high quality way by the adults, can in itself be rewarding.

Therefore it should not be unusual to see a, 'Proactive Risk Reducing Measure' within behaviour plans of 'intervening quickly' and offering a young person a cuddle. Equally, as the young person progresses and matures we would hope that they are confident enough to seek positive physical contact and reassurance appropriately. Adults recognise that this is more naturalised and not necessarily planned thus

moving the very same action of 'giving a cuddle' from the 'Proactive Risk Reducing' column to the 'Active Management' column.

Certain adult interventions and actions might and indeed should, as children progress, travel from left to right across the columns identified on the risk assessment management plan format as they are reviewed over time.

At any one point in time Proactive Management Measures should be overtly evident, not just within individual behaviour management plans but also within lesson and activity planning, behavioural programmes, H24's, L24's, P 24's, and the daily planning meetings. It follows therefore that if a particular approach is labelled as a proactive measure it should at the very least be evident as a regular feature of daily team planning discussion.

Nevertheless there are some general principles staff can follow about what 'more typically' would, be a Proactive, Active or Reactive measure. The following examples are illustrative and not exhaustive.

9.11.1 Proactive Risk Reducing Measures

Evident in Lesson and/or activity planning, PAN Planning structures, L24s, H24's, P24s and team planning meetings.

- Routines identified within planning structures such as daily care, critical elements of which may be made overt within the risk assessment management plan.
- High quality planned activities for the individual and groups within which the individual will take part.
- Structured plans communicated in advance through visual timetables and other means.
- Planned deployment of adults re activity engagement and supervision of less structured time.
- Attachment issues such as adverse reactions to competition for adult time between young people, thought through and planned for in advance of starting 'shifts' and activities.
- Specific behaviour programmes.
- Reference to Therapeutic interventions and other identified aspects of a young person's programme that they might be engaged in at any one time.
- Planned strategies designed to fill developmental gaps identified through Thrive assessments.
- Consultations with Dr Kate Sillifant (Independent Child and Adolescent Psychiatrist).
- Structured learning about neuroscience and how we regulate our own bodies.

9.11.2 Active Management Strategies

- Examples of active management strategies may typically, but not exclusively, be best represented in sections 14 and 15 of this policy and practice document. What aspects work best for particular individuals should be reflected within the Risk Assessment Management Plan. For

example, one particular young person may respond well to humour, whilst another responds best to forms of distraction. Also as explained above, some 'last resort' interventions may form part of an active management plan for young people where the intervention is predictably necessary and frequent whilst they form attachments and become secure in their new environment. Inclusion of the young person's own wishes and ideas of practical steps that may help when they start to become heightened should be referenced in this section.

9.11.3 Reactive Responses to Adverse Circumstances

This section for established young people may be a description of 'Restrictive Physical Intervention Approaches'. Irrespective, for all young people all adverse circumstances should be responded to through 'Restorative Approaches'. Section 16.1 of this document outlines our policy and practice in respect of restorative approaches.

Each young person's individual management plan will elaborate on how best to approach and navigate that young person through the restorative process in the most effective way that is personalised to them. It may be that in some cases the support of outside agencies such as the police and mental health services are identified within this part of the management plan.

Fig 1
Specialist Education Services

GENERAL RISK ASSESSMENT OVERVIEW

This form has been completed in line with the Health and Safety Policy

Young Person: Fred Bloggs	**Date Completed:** 05.01.24	**Completed by:** A. N. Other	**Review Date:** 05.02.24

Score	**Action**
1-4 Low	Deal with as per general Behaviour Management Policy
5-9 Med	Record on file. Monitor closely. Consider specific strategies
10-15 High	Full Risk Management Plan Required
16-25 Extreme	Extreme Risk: Defer to Directors

BEHAVIOURS				
Aspects	**Specific Details/Potential Risks**	**I Impact**	**L Likelihood**	**Level of Risk (IxL)**
Regulation and Control	Fred can become quite anxious in certain situations; triggers are changes of plan or routine or the build up to a family contact. This can manifest into becoming highly dysregulated presentation which involves physical violence. A pre-curser to violence can often be verbal aggression. See Risk Assessment Management Plan.	3	4	12
Physical Aggression	Fred can be physically aggressive, specifically toward staff and his peers. Known to kick, bite and scratch. Fred has, on occasions, been aggressive towards adults with kitchen knives**.** Fred has only been in two RPI over the last 6 month period and has grown to have more control over his anger. See Risk Assessment Management Plan.	3	3	9
Inappropriate Sexual	Alleged incident with male child at previous school and is known to display sexualised behaviour towards female staff. (November 23) child protection referral following a disclosure made by Fred regarding another boy at Avocet House. Fred will allow other boys in his bedroom unsupervised if he thinks an opportunity arises, so adults must be aware of where all boys are, when upstairs. See Risk Assessment Management Plan.	3	4	12

Verbal Aggression	Can be noisy and confrontational shouting over others, this can escalate to him becoming violent. See Risk Assessment Management Plan.	3	3	9
Bullying	Can be the victim of teasing and will react with verbal aggression possibly leading to a more serious incident. See Risk Assessment Management Plan.	3	3	9
Provocative Victim	Can manipulate situations and demand material possessions in return for positive actions.	2	4	8
Damage (all kinds)	Fred used to cause damage when he was angry, this doesn't occur anymore, Fred can cause damage through his lack of care and attention. Fred can cause damage around the house due to his lack of care, he does not do this deliberately.	2	2	4
Absenting Missing from Care Absconding	Fred has been known to take himself off site without permission or supervision, he can do this if he is angry. Fred will often stay near the house and will usually come back soon after. Fred will usually respond to adults input if the person supporting him is not the person his aggression was aimed at. See Risk Assessment Management Plan.	3	3	9
Substance Misuse Drugs Alcohol	There are no identified issues with substance misuse, drugs or alcohol.	1	1	1
Smoking	Fred does not smoke tobacco.	1	1	1
Self Harm	Fred seems to only refer to wishing he were dead at times of emotional turmoil. He has threatened staff that he might self harm with a glass but this was managed appropriately and no reoccurrence has occurred since.	3	2	6
Lack of Self Care	Fred has a good personal hygiene routine and since he has turned 15 has taken more interest of his personal image.	2	1	3
Awareness of Danger	Fred is trusted to go out by himself to the garage.	2	2	4
Vulnerability	Fred can construct a seemingly real fantasy world around himself.	2	3	6
Criminality Offences	Is known to steal/use other people's things within the home - but has never been charged or cautioned. This is happening less regularly with no incidences in the past six months.	3	2	6

Medical Issues	Fred has been prescribed glasses to correct minor long sightedness. Fred is in the process of receiving dental treatment to straighten his teeth. Fred has had some reoccurring problems with his ears that have needed medical treatment.	1	3	3
Classroom Behaviour	Difficulties staying on task, concentrating for long periods of time and maintaining motivation. Fred enjoys the learning centre and is progressing well. Frustration with tasks or negative peer interactions can lead to physical and verbal aggression. See Risk Assessment Management Plan.	3	3	9
OAA / Visits	Fred is easily disappointed whilst out shopping if he does not get something he wants this is a trigger to possibly violent behaviour. See Risk Assessment Management Plan.	3	3	9
Phobias	Does not like Marmite and eggs.	1	1	1
Keys	Fred is known to block doors and lock people in rooms if he can. He has also taken keys if they are left lying about and will hide them in his room. See Risk Assessment Management Plan.	3	4	12
Stealing	Fred is capable of taking possessions from other children and staff that he wants. See Risk Assessment Management Plan	3	3	9
e-safety	Fred has no known issues with technology and has taken part in tutorials on e safety within the Learning Centre.	2	1	2
Travel and Transport	Fred travels without any difficulties when transported on a one to one basis. He does occasionally lose his temper with peers on journeys if he has had previous negative interactions with them prior to travelling.	3	2	6
Fire Setting/Arson	Fred has no known history of fire setting.	4	1	4

Fig 2

Specialist Education Services

RISK ASSESSMENT MANAGEMENT PLAN

Name: Fred Bloggs		**Date Completed:** 05.06.24		**Review Date:** 05.07.24		

Identified High Level Risk Areas	Risks and Triggers	Score Without Controls	Proactive Risk Reducing Measures	Active Management Measures	Risk Score With Controls	Reactive Response to Adverse Outcomes
Regulation and Control	Fred can become quite anxious in certain situations; triggers are changes of plan or routine or the build up to a family contact. This can manifest into becoming highly dysregulated presentation which involves physical violence. A pre-curser to violence can often be verbal aggression.	12	High quality planning and a good menu of activities to keep Fred stimulated and engaged. When thinking through planning, take into account relationships and nature of activity, as well as the interface with peers. How many anxiety variables are there? Are we choosing an activity he feels confident and safe with if also involving peers? Fred to have direct and indirect access to SES consultants through his key team, who have regular consultations with Dr Kate Sillifant (Ind. Child and Adolescent Psychiatrist)	Diverting attention to alternative positive activity. Positive reinforcement of appropriate behaviour. If you have to deliver news to Fred that he may react to or disagree with he will need clear direct explanations of reasoning behind these decisions. Humour can be used to de-escalate situations but only by those staff with good relationship and knowledge of Fred.	6	Physical intervention using Team Teach techniques, including advanced techniques, may be required to keep Fred and/or other young people, adults and their environment safe. Adults should dynamically risk assess the situation at the time and if deemed necessary to physically intervene then the full suite of Team Teach techniques, including advanced holds, are available

| | | | Fred to be fully immersed in the holistic therapeutic planned environment at SES.

Fred has a weekly and daily visual timetable – checking the next day alongside an adult is part of his settle routine.

In the last two months Fred has undergone a structured programme of being taught about the body, the brain and the links to fight flight reactions. Fred has called this overarching programme his "It's cool to chill plan"

Linked to this is an:
-ongoing weekly structured activity using VR technology that link with developing his own ability to slow breathing, calm and regulate
- a smart watch that provides instant feedback on his heart rate when in any situation
-use of cards linked to zones of regulation. He has selected two places he feels he is best placed to employ and take ownership of his own regulation. His bedroom is one space where he has a weighted blanket. The other | Talk in a quiet, calm voice then he will have to listen more carefully. If appropriate, give Fred space to calm down and give clear instruction of what you expect of him.

If there are signs that none of the above have helped or he hasn't responded use the key phrase linked to his "It's cool to chill plan" –

"*Fred I can see you're starting to struggle – is it time to chill?*"

This is a code to help support him make the right choice and go to his room or the swing. Act in an "as if" way – don't plead, if he doesn't respond first time, repeat: *"you have positive choices your room or the swing"*.

If he makes a positive choice that should be acknowledged in a positive way. It might be a thank you or a well done, followed by a longer acknowledgement | | for use. Which particular hold, if any, will depend on a host of variables – the context, immediacy or predictability of danger, and an adult's own confidence, size, strength and stature relative to Fred (these variables are illustrative and not exhaustive, no two situations are exactly the same).

Full implementation of restorative approaches as part of repair process. |

			location is the swing in grounds within sight of the house. All contact arrangements to be carefully planned and scaffolded, using a visual comic strip story that reflects the nature of contact (venues vary). Fred knows a trusted adult takes him through this 48 hrs before.	when he is calm – ie expressions of pride and reflection on what could have happened had he not made such a choice. If this doesn't work adults should dynamically assess whether to de-escalate by returning to other options, e.g. humour or distraction. The above is not necessarily a set linear script. Informing of consequences should also be considered Ultimately physical presence and intervention may need to be considered.		
Physical Aggression	Prone to lash out kick bite scratch when not feeling in control of events. Critical Feedback. Poor peer interactions. Feelings of being unfairly treated. Disappointment whilst out shopping.	9	As above in Regulation and Control Following two recent incidents of low level threats with butter knives, it has been agreed that a local former gang member is going to come in an give a talk on the folly and implications of knife crime – planned for July 2024	As above in Regulation and Control Specific verbal intervention: *"Fred I can see you are upset and angry with x …do you really want to give them the power over you by assaulting them"*	6	As above in Regulation and Control

	Discussion by others around families particularly Mums. Fred has, on occasion, been aggressive towards himself and adults with kitchen knives. This is becoming more regular.		Physical violence has been overtly referred to as a negative consequence to be avoided and has been embedded in his structured work building up to his "il's cool to chill plan". One aspect is any individuals right to take action if they are assaulted.	If he is so dysregulated and your assessment is that he won't process the above give a shortened version. *"If you hit out you give power away".*		
Inappropriate Sexual	Fred has disclosed in the past that another boy has entered his bedroom on more than one occasion and allegedly 'forcing himself' upon Fred in a sexually inappropriate way, resulting in a child protection investigation. Fred will allow other boys in his bedroom if he thinks an opportunity arises where it may go unnoticed.	12	As above in Regulation and Control Staff to make colleagues aware when working with Fred. Development of critical feedback as part of positive staff relationship. Child Protection investigation led to immediate implementation of a night nurse alarm system. Fred was moved to upstairs bedroom on another floor, which has an en suite bathroom. Increasing overt supervision of Fred and other boys upstairs. Criteria when any 2	As above in Regulation and Control Increased staffing levels. Staff interactions to be of a high quality relaxed and domestic feel even though risk assessment demands a more overt physical presence. Full and rigorous application of house policies in respect of children in each other's bedroom. Fred not to be left in any closed room alone with other children.	6	As above in Regulation and Control Any further concerns of any kind to be reported to a DPCP who has responsibility for safeguarding and Child Protection.

			boys are upstairs in their bedrooms or otherwise a member of staff will supervise but keep the feel as domestic as possible. Supervision to take place by being 'busy' on landing or chatting to boys e.g. or relaxed positioning on staircase landing area. Fred to have direct and indirect access to SES consultants through his key team, who have regular consultations with Dr Kate Sillifant (Ind. Child and Adolescent Psychiatrist) regarding this specific issue.			
Verbal Aggression	Pre cursor to physical aggression. Refer to risk assessment re: Physical Aggression.	9	As above in Regulation and Control Staff to support Fred in all initial interactions with staff and peers. Adults to engage in pro-social modelling of appropriate language, conversations, comments and remarks. Refer to risk assessment re: Physical Aggression.	As above in Regulation and Control Divert Fred away from peers to avoid escalation to physical aggression; this could be through verbal distraction or physical guides. Be specific and clear in verbal feedback, carefully considering language used to avoid perception of criticism. Refer to risk assessment re: Physical Aggression.	6	Verbal aggression may escalate to physical. If possible use caring c's to divert Fred to alternative location to offer support. Refer to risk assessment re: Regulation and Control.

Absenting Missing from Care Absconding	If Fred's wish is to be alone he may put himself at risk. Heightened anxiety, likely to be linked to risks and triggers above for physical and verbal aggression, or related to bullying incidents.	9	As above in Regulation and Control Creating balance between supervised and independent time. All independent activities to have a purpose to them. Adults should be proactive in their management of Fred's spare time keeping him engaged and invested in the placement by providing a wide range of activities. Further education around 'Ill intention strangers" Planned meetings with police liaison officer to understand the impact a missing episode has on the local community and resources.	As above in Regulation and Control Maintaining staff support and contact suggesting suitable areas within the grounds. Engage Fred in positive interaction to distract him from leaving site.	6	As above in Regulation and Control Use of Team Teach de-escalation skills. In certain circumstances physical intervention may be necessary to temporarily restrict his freedom of movement if staff believe that due to heightened emotional state Fred would be at a considerable safeguarding risk. Police involvement if Fred is missing for more than thirty minutes; this would need to be agreed with the first port of call.
Keys	Desiring control over staff or peers. Heightened state of emotional arousal.	12	As above in Regulation and Control Positive staff positioning, given associated risks.	As above in Regulation and Control Support peers affected by Fred's behaviour by reassurance and clear	6	As above in Regulation and Control

	Being locked or trapped in room being barred entry or exit to rooms. Fred has a tendency to take keys that don't belong to him if they are left lying around.		Promote positive use of keys to his personal space. Staff to be vigilant with keys when Fred is around. Educate all young people on importance of looking after keys as a point of discussion in house community meetings and monthly meetings.	boundaries being applied and understood by all. Room searches implemented if keys are known to be missing. Refer to risk assessment re: Regulation and Control.		

10   SOCIAL LEARNING

Social learning is that which supports the social development of children. As such we refer to 24 hour learning in recognition that we endeavour to make use of all aspects of the waking day. However each establishment is 'home' to each of the children living there. Like all good homes many of the most powerful learning opportunities are incidental and are unplanned.

At SES our challenge is that typically our children's social and relationship skills are likely to be less well developed than normal. Therefore there is a need for positive and planned social learning experiences. Skilled staff will ensure that this is done in such a way as to preserve the feeling of domesticity.

Many of the children referred to SES have difficulties because they have not learned, or have wrongly learned, those essential skills necessary for good social interactions. Our children's social difficulties are also compounded by other emotional or cognitive problems. Normally children learn social behaviour by imitating that which appears effective for others around them. If inappropriate behaviour is repeated and in some way reinforced then the child is encouraged to maintain the behaviour. For many, if not all, of our children this process has indeed gone badly wrong. Therefore a casual or un-focussed approach to social learning is unsatisfactory.

Those children who do not acquire appropriate skills are, on leaving our protective community, at risk of social isolation, social neglect, social derision and a loss of self-esteem. A socially skilled child is likely to be a personally well-adjusted one, but a socially de-skilled child is rarely likely to show sound personal adjustment.

The approach to improving individual children's social relationship skill recognises that social development cannot be divorced from other learning experiences whether they be academic, cultural, aesthetic, creative, moral, physical, spiritual, recreational, etc. Moreover, "classroom" learning, social and leisure clubs, learning activities, group work, home life and indeed all situations and environments within and without each establishment are appropriate to enabling children to improve their social skills.

In planning their activities with groups and individuals staff should include in their aims aspects of social learning. They should be continually aware of the dynamic role that they play in shaping, modelling, counter-conditioning, and reinforcing behaviour, which supports children on their pathway to preferred futures.

The goals of social learning are concerned with:

- the attainment of socially responsible behaviour
- relationships with adults and peers
- gaining and maintaining group and family membership
- transition to adulthood

Personal, Emotional and Social Development is at the heart of the curriculum intent for all young people, ensuring that they are equipped with the knowledge and skills required to become successful adults. The SES PESD Policy and Practice Document should be read and understood by all staff.

10.1   ATTAINING SOCIALLY RESPONSIBLE BEHAVIOUR

Socially skilled children will have learned to:

- identify personal characteristics needed for acceptance
- behave appropriately in public
- respect the rights and property of others and the community
- acknowledge and follow instructions and rules
- understand the impact of their behaviour on others
- accept the consequences of that behaviour
- understand social rules that fall within and outside the law and custom
- understand differing cultural values
- understand the effect of racial, religious, gender and sexual discrimination
- respect the needs of others whatever their age or disability

10.2   RELATING TO PEERS

Socially skilled children will have learned to:

- initiate interactions by listening and speaking properly
- give and receive positive non-verbal feedback
- join and interrupt conversations appropriately
- share
- compromise
- handle name calling and teasing
- say 'no' to help them stay out of trouble
- send an appropriate ignoring message
- establish enduring relationships
- appreciate, tolerate and accept differences and different points of view between individuals

10.3   RELATING TO ADULTS

Socially skilled children will have learned to:

- value the experience of adults
- listen to adult's advice
- act upon adult's guidance
- trust adults
- accept the differing boundaries that apply to adults compared to children
- adjust to a range of situations, with a variety of adults with different interests
- accept appropriate positive feedback and critical advice
- greet and deal with visitors to the home and learning centre politely
- have confidence enough to be assertive with adults when this is appropriate

10.4   GAINING AND MAINTAINING GROUP MEMBERSHIP

Socially skilled children will have learned to:

- accept the need for conformity to group norms

- participate in group discussion and debate
- defend themselves and their rights when appropriate and appropriately
- be aware that membership of some groups is exclusive and consequently accept the appropriateness of rejection from them
- accept a fair share of group tasks
- understand the need for a loss of a degree of personal autonomy to gain access to groups
- value their role in group activities
- discriminate between social and anti-social group behaviours

## 10.5 ATTAINING TRANSITION TO ADULTHOOD

All our children are on 'long term' placements therefore ambitious but realistic transition planning is essential to ensure that as socially skilled young people they will have learned to:

- sustain their positive developments and build upon them into adulthood.
- see themselves as role models for the younger children and demonstrate by working through their transition a sense of security regarding SES's commitment to them when they physically leave.

11 **ACADEMIC LEARNING**

We believe that academic learning not only enhances the educational development of the child but also plays a key role in the child's social skill development. Re-awakening or reinforcing interest and success in learning will, we believe, generalise to success in other areas of the child's life. Nearly all of our children have already experienced academic failure and with this the accompanying loss of self-esteem and confidence. The research evidence available points very clearly to the interconnection between behaviour problems and learning disorder.

Through experiencing academic success, however small, the overall self-esteem of the child can be built upon. As a child gains positive experiences through the learning centre programme then the child's view of learning itself will become increasingly more positive. Academic and social learning are therefore very heavily interdependent.
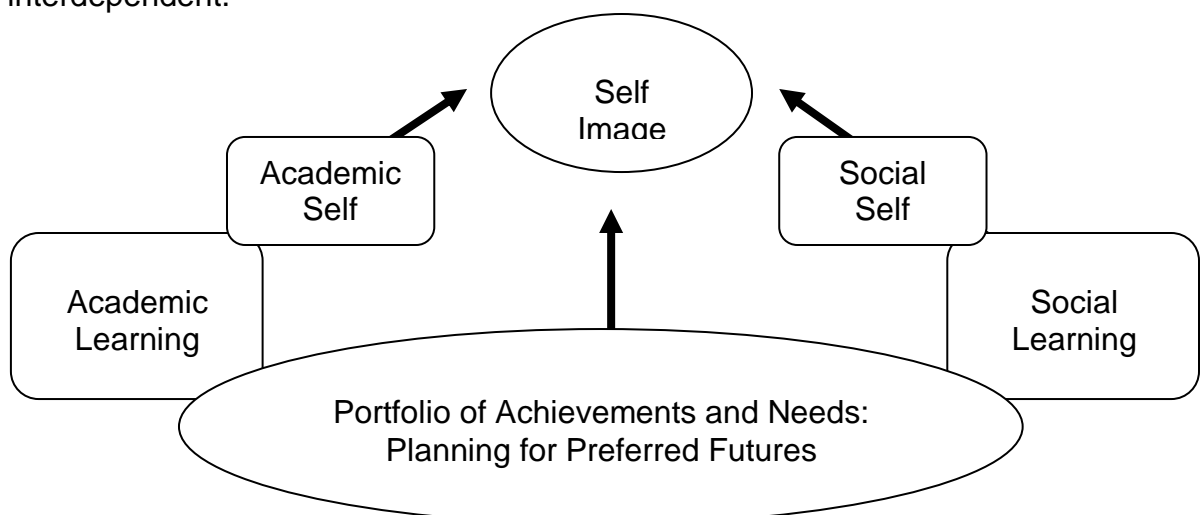
We aim for the children to derive satisfaction and pleasure from completing their work and making progress in line with their potential. This involves ensuring that they value learning for its own sake. If this is achieved then children will be less likely to disrupt the learning situation because it is of value to them. Academically skilled children will demonstrate:

- a willingness to come to the learning task
- evidence of motivation
- sustained on task behaviour
- independence as a learner
- the ability to make informed choices and set their own goals
- the ability to find and organise their own equipment
- a willingness to evaluate, self analyse and assess
- clear pride in work production and quality
- the ability to give and receive praise and reinforcement
- the development of an inquiring mind
- the ability to listen and question
- confidence in requesting assistance where necessary
- that they can contribute ideas
- creativity and innovation
- measured progress through a range of assessment procedures
- appreciation of, and respect for, classroom equipment
- respect for self, other learners, teachers and teaching assistants

However, staff will reinforce the important notion that:

a) learning is for life
b) learning happens all the time (24 hours)
c) every adult can contribute to learning irrespective of their role or job title
d) you can learn from peers
e) others can learn from you

11.1 PLANNING AND DELIVERY

Learning Mentors employing good practice continually reward successes and appropriate behaviour. This feedback confirms the positive cycle to the child and encourages increased success/motivation. Ultimately children will become more aware of appropriate learning behaviour and its outcomes.

This accepted, it is expected that the planning for, and delivery of learning reflect a recognition of the principle that all children possess 'intrinsic' motives for learning. Reward is inherent to the successful completion of that activity or even in the activity itself. Here in essence is the power of learning in terms of behaviour management and personal growth of the child.

Such ideals are more likely to be met if the child's learning experiences are as follows:

- Activities reflects careful planning
- Work tasks and activities are at a challenging but achievable level
- Children experience more success than failure
- 'Mistakes' are capitalised upon as powerful learning experiences
- Children are rewarded for their efforts and small achievements

- Children work in a warm, welcoming and comfortable environment
- Children and their contributions are valued
- Equipment and materials are at hand
- Expectations are appropriately high.

A child's experience of learning is not just limited to its content. Their experience, views and opinions will take account of other factors such as their relationship with learning mentors, and the method and richness of the learning programme.

> *"Learning itself is therapeutic and contributes to positive relationships and adaptive behaviour"*
>
> (Brennan, 1985)

12   POSITIVE VERBAL REINFORCEMENT: DESCRIPTIVE PRAISE

Personal positive verbal reinforcement, especially in terms of adult recognition, is the single most potent reward for displaying required behaviour. All children need to have their successful learning (academic or social) recognised and it is our task to create frequent and repeated opportunities for this recognition to take place.

The most powerful reward is adult attention to detail in responding to and engaging with children. However our praise and attention needs to be describing rather than judging. Our descriptive praise must not evaluate them as people.

> *"Children require feedback on their competence rather than another check-off on adults' list of approved conduct"*
>
> (Henry W Maier, 'The Core of Care: Essential Ingredient for the Development of Children Away from Home'

Descriptive praise is better because:

- it allows children to credit themselves
- it does not ignore errors
- it helps both adult and child register the positive features of what has happened
- it makes both giver and receiver feel more positive
- it is honest

Some illustrations of this type of positive verbal reinforcement are:

o The extra time you put into making this cake has really paid off – it tastes really soft and fluffy.
o You've thought about safety and used plastic goggles and gloves when carving that stone and I didn't need to remind you at all.
o You concentrated so hard on getting that drawing just as you wanted it that you didn't stop for one second until it was finished.
o I like the way you co-operated with Jimmy when you were working together. It means you achieved a lot more and the result was better than if you hadn't.

Descriptive praise has the following characteristics:

- it avoids one-word global judgements, such as 'brilliant'.
- it describes appreciatively what can be seen or experienced

- it frequently includes or implies the word 'because'
- it avoids the word 'but' – this cancels all that was said before it
- it avoids unnecessary negative focus on weaknesses

In correcting errors the following advice is useful:

a. give a long enough positive description first to reassure, then....
b. describe errors in terms of future corrective action – not just as mistakes made – *"By the way next time I'd try......* or *You might like to think about….."*

12.1 CELEBRATIONS, COMMENDATIONS, OSCARS and DIRECTORS' AWARD

Celebrations, Commendations and Oscars are a physical embodiment of motivational and positive reinforcement and emphasise social and academic success and endeavour.

12.1.1 Celebrations

Celebrations are a way of marking key points or behaviours for children and are dated as a specific memento. It is intended that celebrations should mark individual significant occurrences as they happen or perhaps a repeated behaviour evident over a small number of occasions. They are presented at a group meeting but are intended as a keepsake of the event and therefore are not publicly displayed. A copy of a Celebration would be sent to the child's family and placing authority. Celebrations can be entered by any single member of staff. Children should not be told about celebrations prior to their presentation.

The following are illustrative examples.

- Ongoing standard of personal organisation
- Endeavour and achievements in club/activity
- Swimming certificates
- ICT Competence Award
- Birthdays (when appropriate)
- Academic Celebrations: *This type of celebration covers any achievement, effort or endeavour in the Learning Centre*
- Quality Relationship Celebrations: *This type of celebration covers any achievements effort or endeavour in terms of relationships with others*
- Commitment to a planned learning activity outside the direct Learning Centre timetable
- Learning Activities with outside providers

12.1.2 Commendations

Commendations are presented in a group meeting at the end of each term and are decided upon at a staff meeting where general consent is sought for the award. They reflect continued effort, endeavour and achievement over a sustained period across a term.

These certificates are more prestigious in appearance with only two copies being made, one of which goes home and one of which is prominently displayed. It is intended to give substance and recognition both personally and publicly to children's hard work in a number of key areas:

- Academic progress, improvement, attitude and achievement
- Progress in interpersonal and relationship skills - Quality Relationships
- Contribution to community living
- Socially responsible behaviour
- Extending learning activities into the evenings or at weekends

Their value is sustained by:

- careful consideration of their issue
- displaying copies of the Commendations in a prominent public location
- sending a copy of a Commendation to the child's parent/carer
- retaining a copy so that the achievement can be included within the summative Record of Achievement / Progress file.
- the allocation of Commendations is a decision discussed and verified by the staff teams and cannot be given by any one person

12.1.3 Oscars

Oscars are presented for specific and outstanding continuous contributions to community life, service to the community or achievement and endeavour of particular note. The awarding of Oscars will be discussed at Management Group meetings.

12.1.4 Directors Award

As with Oscars this award is for continuous contributions to community life, service to the outside community or achievement and endeavour of particular note. It is not necessarily an annual award and is only given when deemed to have been achieved. Directors will however discuss potential criteria and possibilities at least on an annual basis with the staff team.

13   PERSONAL AND GROUP COUNSELLING

At SES we take the view that all staff are 'counsellors' at any time of the night or day in many situations both formal and informal. Indeed any conversation with a child or young person may well be a 'counselling' conversation. Personal and group counselling therefore falls into three main areas.

a) The broad conversations referred to above.
b) Specifically designed conversations
c) Targeted conversations.

Personal and group counselling aims at self-understanding, which in turn may lead to self control. As such it stresses children's responsibility for their own behaviour and their ability to exercise self control. Personal and group counselling should be viewed as a proactive attempt to prevent problems as well as an effective response to situations.

13.1 PRINCIPLES

Personal and group counselling in its broadest sense owes no specific allegiance to any theoretical perspective on human behaviour, or supports any exclusive or particular school of thought. Adults bring to such discussion a range of personal skills and varying experience in working with children. Activities employed in personal counselling achieve validity if they make sense to those using them; they work, are humanistic in nature, and stress the worthiness of individuals.

Personal and group counselling is focused towards learning. It is important that any knowledge, skill or idea can subsequently be applied to a variety of personal problems/difficulties.

The focus of personal and group counselling is a self-defined issue disclosed by the individual or group. It is acknowledged that some children will need to be encouraged into openness. When children discuss issues they tend to do so in terms of real situations such as school or family life. They will not necessarily talk in abstract terms. Personal counselling's enabling approach begins from the moment a child decides by disclosure to do something about an issue. (_Disclosure in this regard is not to be confused with a disclosure of a child protection issue_ – see Safeguarding and Child Protection Policy and Practice document).

13.2 AIMS

- to allow children access to individual staff time
- to enable children to be as open in discussion as they wish
- to help children address issues with adult support and guidance
- to improve children's ability to cope with issues that might occur in the future
- to develop new and increasingly better ways of solving and coping with issues

13.3 SPECIFIC APPROACHES

Where the counselling process becomes more specific staff are expected to utilise skills related to the Solution Focused Brief Therapy approach. The essence of these is:

- To work with the person rather than the problem
- To look at resources rather than deficits
- To explore possible and preferred futures
- To explore what is already contributing to those possible futures
- To treat clients as the experts in all aspects of their lives

These counselling principles relate easily to the 'No Limits' philosophy of SES.

13.4   TARGETED APPROACHES

A more targeted approach may be taken in relation to individual needs and this will usually involve an additional contribution from particular external professionals and/or consultants e.g. psychologist, psychiatrist, specific therapy, etc.

13.5   OUTCOMES FROM COUNSELLING

Learning takes place during all stages of personal and group counselling. Indeed the processes of discussion may result in actions outside the discussion taking place. Learning involves:

- Finding new information
- Thinking in new ways
- Changes in attitude or emotion
- Skill(s) development
- A sense of self-empowerment

This can be achieved in many ways such as; direct learning, role-play, modelling, positive reinforcements, problem solving, social skill training, shaping, and modelling

13.6   EVALUATION OF PERSONAL AND GROUP COUNSELLING

Evaluation should not be seen as a final stage of the counselling process but as an ongoing feature. The main purposes of evaluation are:

- To enable children to check their progress towards finding pathways to their preferred futures
- To enable children to evaluate the effectiveness of newly learned strategies, skills and knowledge
- To provide feedback to staff on the content and efficiency of programmes

13.7   CORE SKILLS

There are a number of core skills that are crucial to personal and group counselling that all staff members must seek to acquire. These core skills relate to staff being able to convey empathy, respect and acceptance. There is a range of complimentary skills that will assist staff in encouraging children into dialogue. These latter skills concern staff posture, the ability to listen, encouragement of children into dialogue and conveyance of understanding.

13.7.1 Posture

Body posture plays a significant part in interpersonal communication. It can either support or deny that which is communicated by words.

To enable children to know that they are being actively attended to:

- adopt an open non-defensive position and stay relaxed
- use judicious eye contact

- arrange seating so that facial and eye contact can be maintained but bodies are at an angle to each other
- lean slightly towards the child

13.7.2 Listening

The skill of listening is a critical one. Listening involves more than just hearing what others say. It includes responding in such a way that understanding is evident. Listening is active and includes:

- paying attention to the child
- interpreting the children's posture, gesture, facial and voice cues
- understanding what children are thinking and feeling
- use responsive nods and short verbal assurances

13.7.3 Encouragement of Children to Dialogue

It is critical that staff do not dominate conversations. Indeed it is important that the child is engaged in dialogue. It helps to encourage dialogue if:

- sentences are kept short
- the child is expected to reply
- the child is given a chance to reply
- frequent non-verbal feedback is given
- periods of silence are not broken too prematurely
- open questions are used

13.7.4 Conveyance of Understanding

Conveying understanding is the means by which a climate of support is engendered and trust between child and adult gained. It is the most crucial of skills, and central to the process of all interpersonal communication. It helps to communicate understanding if:

- plain and easily understood language is used
- voice tone and manner of responses is congruent to the child's
- time is taken to reflect
- clarification is sought when issues are unclear, affirmation is sought to confirm understanding - (How and What not Why)
- check out by paraphrasing or replaying what has been said, e.g. "So what I understand you to be saying is……?"

13.8 BEHAVIOUR TO AVOID

The following behaviours overleaf do not contribute towards a climate of mutual trust and respect within personal and group counselling. They should be avoided. (See over)

- Pretending to understand
- Using clichés
- Parroting
- Giving an inappropriate minimal response
- Ignoring what is said
- Being long-winded
- Being judgmental
- Misinterpreting advice given as understanding
- Making patronising or condescending responses
- Becoming defensive
- Interpreting (playing the psychologist/therapist)
- Interrupting and overriding
- Giving false promises

GRADUAL AND GRADED INTERVENTION

"It is not possible nor is it appropriate to ignore behaviour that involves breaking things, destroying furniture, or hurting others. Children need to understand and learn where the limit is for their behaviour"

(Douglas, 1989)

14   DE-ESCALATION TECHNIQUES

Despite attempts to create and sustain a positive environment that encourages appropriate behaviours our children may at times cope poorly with frustrations, conflict and anxiety, resulting in poor judgement, a failure to anticipate the effect or consequences of their behaviour, and on occasions a temporary loss of control.

Most experienced staff know in what situations and under what circumstances a child is likely to lose self control. Staff induction and training seeks to minimise variations in individual thresholds and tolerances to such behaviour, and reduce personal differences or idiosyncrasies. Management of children should not be dependent upon personal or spontaneous whims.

To achieve consistency it is important that all staff seek a team approach to managing the following:

dangerous behaviour   scapegoating   gender abuse

racial comments   religious intolerance   bullying   loss of self-control

damage to property   causing tension   spreading gossip

physical aggression   debilitating anxiety   negativism towards self

inappropriate language   chronic disobedience   intimidating behaviour

The type of staff interaction with children is crucial to limiting the frequency, duration and intensity of disruptive behaviours and to promoting behavioural growth in children. It is self-evident that if some staff responses promote positive and appropriate behaviours in children then others inadvertently increase the likelihood of acting out behaviour.

Responses likely to promote positive behaviour and de-escalate inappropriate behaviour can be grouped as follows:

- attitude and approach
- non-verbal behaviour
- verbal behaviour
- group expectations

For each area of technique the following pages outline de-escalating behaviours and inflammatory behaviours. The lists are neither exclusive nor prescriptive. They are however, an indicator of the dynamic influence staff behaviour has upon child behaviour.

14.1 ATTITUDE AND APPROACH

Staff members' attitude and approach in all situations affects the quality of relationships with children. In situations of rising tension staff attitude and approach is crucial. It can either improve or reduce the chance of success.

DO

✓ Appear calm and collected if at all possible
✓ Be clear and firm about boundaries of acceptability
✓ Show a non-biased nature
✓ Be prepared to listen
✓ Know when the situation is in stalemate and don't create a win/lose situation if it can be avoided
✓ Be flexible in thought and response
✓ Spontaneously provide a range of roles from assertiveness to reflective support
✓ Value people as individuals
✓ Be a sensitive, objective observer who can make valid diagnoses
✓ Trust others and perceive them as being capable of solving their own problems
✓ Seek to understand situations from the point of view of others and base your own behaviour on this perception
✓ Try to understand the behaviour of others in terms of how they think, feel, behave and understand now; don't let past influences hinder you
✓ Perceive other as being friendly and enhancing rather than as hostile and threatening
✓ Perceive others as being in control of their own development rather than shaped by external events
✓ Understand the mechanics of adult influence so that you are able to diagnose the present situation and determine the range of possible reactions to it.
✓ Develop a confident and positive regard for yourself – this should give you reassurance and be transmitted to others in terms of your outward confidence about being able to deal with things.

DON'T

X   Be fooled into thinking you should always be able to deal with any situation, and don't automatically assume/expect colleagues to do so without your support
X   Be insensitive
X   Be unfair or hostile
X   Use high key intervention where low key will suffice
X   Emphasise situation out of all proportion
X   Allow yourself to be wound up
X   Carry on even when you know you are wrong
X   Restart the argument or incident once calm has been achieved
X   Use unnecessary peer group pressure

14.2 NON-VERBAL INTERVENTION AND DE-ESCALATION SKILLS

The primary reason for using and understanding non-verbal signals is to de-escalate at a very early stage. There will usually be a response to this if signals are sent clearly. Being in control of your own non-verbal behaviour and clearly recognising others is a critical pre-requisite to de-escalation.

DO

✓ Seek clear eye contact or other sign of recognition when you are making an important point
✓ Be aware of the signals which you give out by your body position and posture
✓ Be aware of the physical distance between yourself and others, particularly the personal space 'danger zone'
✓ Nod your head to indicate attentiveness
✓ Smile to show agreement
✓ Use raised eyebrows to question
✓ Use hand, shoulder and whole body gestures to support discussion
✓ Use judicial physical contact as reassurance
✓ Seek signals that your message has been correctly received
✓ Use proximity as early intervention
✓ Use your observation of others non-verbal actions or reactions in order to judge your own level of intervention

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DON'T

X   Invade personal space
X   Stand over children in a threatening manner
X   Use staring threatening eye contact
X   Be oblivious to signals within the environment
X   Appear to lack confidence
X   Appear tense
X   Appear intimidated
X   Retaliate with physical gestures
X   Use inappropriate physical contact with particular children

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14.3 VERBAL INTERVENTION AND DE-ESCALATION SKILLS

Verbal communication operates at many levels within the learning, caring and therapeutic processes of the establishment. It is the single most important skill staff have in helping children towards personal growth, and when employed correctly it is the most powerful de-escalation skill staff possess.

Verbal intervention skills range from the simplest level (e.g. use of someone's name) to the most complex (conflict resolution and problem-solving). These skills become most critical when dealing with early stages of a rising crisis.

The following format of four stages is a very useful way of conceptualising what you are trying to do and hence help you guide the interaction through to a positive solution.

14.3.1 Calm the Situation

It is important to calm a situation where the temperature is rising, as nothing will be listened to if the other individual(s) is too agitated.

✓ Choose appropriate timing of initial verbal intervention
✓ Acknowledge the existence of a problem
✓ Use reflective listening
✓ Show genuine concern and understanding
✓ Show empathy and allow the individual to express their feelings
✓ Give reassurance and offer support.
✓ Careful use of humour may be employed
✓ Silence is useful – it is choosing not to speak – and can also be thinking time
✓ You may ask directly for a particular response

In effect what you are trying to do is bring some calm, order and clarity to the situation. Make sure the child is 'with you' before going on to the next stages as too early an attempt to move on will only escalate things.

14.3.2 Analyse the Problem

This phase is about helping the child recognise and understand what is happening.

✓ Use non-threatening dialogue appropriate to the child and situation as well as corresponding body language
✓ Be aware of voice quality, tone, volume, cadence, timing and making good use of pauses and appropriate replies
✓ Paraphrase what is being said and check back with the child that it is accurate
✓ If necessary offer some structure to explain things
✓ Put relevant information together
✓ Put things in some order
✓ Repeat and stress important points
✓ Take the most important messages first
✓ Be consistent and avoid confusing or conflicting messages
✓ Present facts/issues which may not be known to the child
✓ Use personalisation and former relationship factors

14.3.3 Problem Solve

This phase is about helping the child to look for possible solutions.

✓ Make your language clear and understandable so that messages are not misinterpreted
✓ Use the word "we" when in discussion and explain that you can work things out together

✓ Point out that they are in control of the situation – element of choice in escalation or de-escalation is theirs – this is a choice point
✓ Try to get them to go through their options
✓ Look for win-win scenarios
✓ If the child appears stuck, possibly offer, "Would you like to know what I think your options are?" or "If I were you………..but its up to you, it's your decision"
✓ Put the onus on the child to resolve the situation, repeating choices, alternatives and potential consequences

14.3.4 <u>Resolve the Situation</u>

This is the point at which some restoration of "normality" occurs.

✓ You may need to use input from others, fresh faces and new ideas to the situation
✓ Keep the focus of control with the child
✓ Check with the child that they understand what they have decided to do
✓ If necessary set appropriate, clear boundaries but be prepared to be flexible according to the situation at the time
✓ Retrack to help the young person see a choice point where an alternative route could have been followed
✓ Give positive feedback for having resolved the situation so that this might be more of a preferred option next time

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DON'T

X   Put the child in position of no escape
X   Use destructive criticism
X   Use reminders of previous situations the child might prefer to forget
X   Use personal details of a child in front of a group
X   Make unrealistic threats or use provocative tone of voice
X   Lose your temper
X   Make insensitive remarks
X   Use "you will" statements
X   Get involved in "Yes you did – No I didn't" arguments with the child
X   Argue with adults present
X   Use inappropriate language

14.4 GROUP EXPECTATIONS

Much of the work with children takes place on an individual level. However understanding how to set group expectations is an integral aspect of effective work with children as a group can be two children or more. If there is no order to group functioning neither individual nor group objectives can be met. Research has shown that experienced staff make use of a number of factors which effect how well a group will react. The following points hold true across a range of activities and situations.

DO   Be Punctual and Prepare Well

- ✓ Be there on time. Starting and finishing on time are very important. This sends signals to children about the importance and value that the adult places on the activity and makes colleagues' tasks easier
- ✓ Settle the group to its task with as little delay as possible.
- ✓ Whatever activity you are going to engage in good preparation and planning are essential. The more prepared you are, the better you feel, the higher your level of confidence, the better things are likely to go.
- ✓ Possess a firm grasp of whatever activity/skill you want the group to experience.
- ✓ In team situations communication with colleagues as part of preparation, including alternative activities/strategies just in case is essential

Display Confidence

- ✓ Maintain relaxed and non-threatening eye contact with the group and individuals; be sure to avoid nervous mannerisms and gestures

Give Careful Instructions and Guidance

- ✓ Use appropriate, simple and clear language
- ✓ Give clear statements of expected tasks which must be relevant to the ability levels of the children
- ✓ Make instructions brief and to the point
- ✓ Ask for questions
- ✓ Check if everything is clear
- ✓ Always make it clear that if they have any problems or difficulties all the have to do is ask you

Be Consistent and Fair

- ✓ Children need to know that the standards you lay down are not going to be subject to arbitrary and unexpected change and that you are not going to treat individuals differently from each other for no apparent reason.
- ✓ Give clearly explained expectations of behaviour

Firmness in the face of Problems

- ✓ Try and be clear and decisive
- ✓ Address and resolve situations, don't let them drag on or escalate unattended
- ✓ Use appropriate body language and non-verbal communication
- ✓ Keep your word
- ✓ Always point out the consequences of a particular piece of behaviour
- ✓ Know how to be assertive without appearing angry or annoyed

Awareness of What is Happening

- ✓ Be alert to what is going on around you and ensure your attention is distributed across the group
- ✓ Keep as physically mobile as possible within the area you are using

- ✓ Try not to leave yourself vulnerable by becoming too engrossed with one particular individual or sub-group
- ✓ Relate to all the children in the group by verbal exchange, eye contact, etc.
- ✓ Be aware of the importance of role modelling; the part played by the adult is instrumental in setting a good example
- ✓ Keep giving positive feedback for effort and endeavour

<u>Realistic Standards</u>

- ✓ Your expectations must be at an appropriate level and consistent with your colleagues
- ✓ Demonstrate your belief in the children' abilities
- ✓ Verbalise your confidence in their success
- ✓ Remind them of past successes

<u>Enjoyment and Enthusiasm</u>

- ✓ Don't be afraid to show it; it shows the work and the children have worth and importance
- ✓ It is more likely to stimulate interest and reduce boredom and apathy
- ✓ Allow yourself and them to have fun – children learn better if they do
- ✓ Be a co-adventurer alongside children

DON'T

X   Make wild threats that you find hard to enforce or get support for
X   Be unclear and hurried in speech and actions
X   Overreact to behaviours
X   Issue long or complicated instructions
X   Show favouritism
X   Be inconsistent
X   Collude
X   Provoke by ridicule or sarcasm
X   Have inappropriate expectations
X   Belittle effort of endeavour
X   Confuse firmness and hostility

14.5   REPRIMANDS

Most child misbehaviour is either pre-empted or dealt with so quickly that a casual or unenlightened observer might easily fail to notice any action taken by staff. However, in any establishment seeking to create and maintain a secure, stable and caring environment for children, and particularly one where children's self controls are often only emerging, clear limits need to be set.

Even in the most considered environments sometimes the behaviour of children is unacceptable. On such occasions it is vital that staff feel comfortable and confident in coping with challenging and difficult behaviour. Often a reprimand suffices, but sometimes staff will need to exert sanctions and occasionally controls. Whatever

the situation, it is fundamental that the intervention is accomplished in a manner that retains respect for the individual child. <u>It is the behaviour which is not acceptable not the child</u>.

A reprimand embodies a warning aimed at stopping misbehaviour, preventing its recurrence and avoiding the need for further staff intervention. Reprimands are only effective in establishing a sound working and/or caring climate if they are used sparingly. Frequent use of verbal reprimand is likely to be regarded by children as nagging. Repeated use of reprimands for recurring behaviour without moving to sanctioning is ineffective. The effectiveness of reprimand used will depend on the context, but the following qualities increase the likelihood that a reprimand will be effective:

- Correct targeting – the child reprimanded should be the one who instigated or engaged in the misbehaviour
- Criticism of the misbehaviour not the child – the reprimand should emphasise disapproval of the act, not the child. "Don't call names because it is unpleasant and hurtful." not, "You are stupid if you call people names."
- Assertiveness – a reprimand should be clear, firm and assertive avoiding any suggestion of pleading for co-operation
- Mutual respect – the member of staff must treat the child with respect in order for a reprimand to be effective
- Consistency – reprimands should be applied consistently
- Additional cues – accompany the reprimand with appropriate non-verbal cues, such as eye contact, to increase the emphasis of the exchange
- Avoidance of idle threats – if a reprimand embodies an implied threat it must be carried out. If it cannot be carried out it should not be made
- A quiet word – quiet and private reprimands can often be more effective than loud, public interventions
- Do not collude with a child in order to overcome a situation in the short term, e.g. "I know that was a bit unfair but do it for me…….you and I don't have a problem do we?"

15 <u>WHY ARE SANCTIONS AND CONTROLS NECESSARY</u>?

The importance of feeling safe is a fundamental principle. If young people and children do not feel safe and secure then the task of meeting their emotional, developmental and social needs can hardly be begun. All societies, groups and institutions require controls to regulate and order their activities for the benefit of the majority. Sanctions are found in every group, including families. All young people and children need to have limits set for what is acceptable behaviour and what is not. Without these they do not feel safe.

The principle reasons for Sanctions and Controls are therefore:
- To provide security for the group and to aid personal development
- To protect the health and safety of others
- To maintain a positive homely environment
- To maintain an emotionally positive and supportive atmosphere

<u>All responses to unacceptable behaviour must be appropriate to the age, understanding and individual needs of the child.</u>

15.1   RESTORATIVE APPROACHES

At SES we are committed to building a community ethos and spirit, one where there is an understanding that behaviours, both positive and negative, have a consequential impact upon the community. All misbehaviour therefore should be viewed as a learning opportunity, particularly in respect of building understanding and empathy. A restorative approach is essential in building this understanding and empathy for others and achieving sustained, positive change in behaviour.

Although acts of reparation (see below), and in some instances sanctions, may form part of the repair and rebuild process they should conform to restorative principles which are:

- A process where children face and listen to the impact on, and feelings of, others who have been affected directly by their behaviour and indirectly in the wake of their behaviour.
- That due reference is given to its impact on the community.
- As part of the process alternative choices and actions are reflected upon or reflected back, and explored.
- That acts of reparation relate as far as possible to atonement to the individuals affected or are for the benefit of the community.

There is an ongoing commitment and investment to embedding and further developing restorative approaches within SES practice which has involved training for the whole community of adults and young people. A key focus of all staff training is understanding restorative approaches are a philosophy that should guide all of our dealings with young people and adults. The importance of informal ways of working with young people is emphasised, such as affective statements and questions, in order to build young people's understanding of emotional language; this is fundamental to developing empathy.

Restorative practices embedded in staff induction relate to a number of key elements and restorative "scripts" used with children. These are based on five core restorative principles or themes (Unique perspectives; Linking thoughts, feelings and behaviour; Harm, effect, affect, repair; Needs; Accountability):

- Restorative Questions to respond to challenging behaviour:

    1. What's happened?
    2. What were you thinking?
    3. And so how were you feeling?
    4. Who has been affected by what has happened?
    5. What do you need for the harm to be repaired so you can move forward?
    6. So what needs to happen now?

The questions are neutral and non-judgemental, focusing on the child's behaviour and its effect upon others. As open questions they require an answer, taking everyone from the past to the future (repairing harm). They require people to reflect on who has been affected and are likely to help the whole community develop some empathy for those affected.

Restorative approaches may take many forms and those dealing with situations, as well as those involved, are encouraged to think creatively about how matters might effectively be addressed encompassing a restorative approach. This can, and sometimes will, involve a full restorative conferencing meeting where all affected meet with the perpetrator(s), using one of the restorative scripts above.

15.2 REPARATION AND RESTITUTION

For many minor infringements of conduct it is important that staff should carefully consider what type of reparation is appropriate. It is critical that the child feels accountable to the member of staff with whom he has transgressed. Staff have a range of options they can consider, some examples of which may be:

<u>Completion of task/work</u>	responsible children may not need direct supervision to do this but may be monitored from a distance. Equally the adult may set a time scale and leave responsibility for completion with the young person.
<u>A reparation community task</u>	e.g. household jobs washing paint pallets (Art) clearing leaves from the drive tidying up in the learning centre, etc.
<u>A time repayment</u>	10 minutes in adult presence or alternative location

Although staff need to consult and involve a more senior colleague when making decisions, the more accountable the child is to the person concerned the more powerful the reparation.

Any reparation should be recorded as part of the normal process of recording on individual children. As such it forms a whole picture of the child and can be evaluated and form a basis for discussion and reflection on the value/effectiveness of the range of reparations being used for individual children.

15.3 SANCTIONS

When a reprimand or reparation becomes ineffective or the misbehaviour is of a more serious nature the use of sanctions may be both necessary and desirable. The appropriate use of sanctions can have an inhibiting effect on disrupting behaviour, provide children with clear parameters regarding that which is acceptable behaviour, enable children to acquire their own value boundaries and form a basis for relationships based upon the reciprocity of responsibility rather than power. The inappropriate use of sanctions will, however, either have no effect or may actually encourage the child into misbehaviour. The use of sanctions needs to be a considered act and should not disturb the positive ethos of each establishment.

A sanction is defined by the need for it to be imposed by an adult. We regard the use of sanctions as something that is only used when all dialogue and negotiation has failed to be successful in resolving issues, or when dialogue and negotiation

are inappropriate. Any sanction imposed must be related to the behaviour displayed.

Essentially a consequence or reparation may be the same physical act or undertaking as a particular sanction, but the difference relates to the offer from, or willingness of, the young person to perform that act. Hence a young person who breaks something in anger and who later reflects and offers to pay for the damage cannot be described as having been sanctioned.

A sanction should never be imposed in isolation. Any decisions regarding sanctions must be part of a holistic restorative approach.

15.4   GUIDELINES FOR SANCTIONS

Staff should adhere to the following guidelines:

- All sanctions should be planned and their possible consequences thought through. They should always be discussed with a colleague.
- Any sanctions should never be delivered in anger but rather in a calm manner.
- Sanctions should always be used in a consistent and predictable manner.
- The sanction should if appropriate 'fit the misdemeanour' – it should be designed to allow the child to make reparation for the harm they may have done. A child damaging a display, for example, should help repair it.
- Where sanctions are used it should come as soon as possible after the behaviour it is intended to discourage.

15.5   EXAMPLES OF PERMITTED SANCTIONS

Examples of permitted sanctions are:

- completion of task
- withdrawal from a particular activity
- requirement to stay in room for a short period of time
- extra service within the home community
- temporary withdrawal of autonomy or trust e.g. not being allowed to play out unsupervised or join off site activities
- retention or withdrawal of pocket money (up to two thirds of the available amount)
- withdrawal of access to or use of a particular/specific item of equipment
- detention (school day)

15.6   SANCTIONS THAT ARE NOT PERMITTED

Children must never be:

- Physically punished or threatened with physical punishment
- Deprived of food or drink
- Deprived of normal physical, postal or telephone contact with parents/caregivers, siblings or any other adult with whom they have a significant relationship
- Denied the normal patterns of returning home if applicable

- Denied access to any telephone helpline providing counselling for children
- Deprived of meetings with other professionals
- Intentionally deprived of sleep
- Required to wear distinctive clothing
- Denied medication or access to medical or dental treatment
- Secured within any part of the accommodation with the intention to restrict liberty
- Isolated from positive engagement or communication, i.e. 'sent to Coventry'
- Fined, other than a requirement for the payment of a reasonable sum (which may be in instalments) by way of reparation
- subjected to intimate physical examination
- punished as a group for the behaviour of an individual

15.7 RECORDING OF RESTORATIVE APPROACHES, REPARATION & SANCTIONS

Significant misbehaviours which warrant a formal response are recorded using a Restorative Approaches Form on Clearcare. These forms are not intended for low-level behaviours where things are dealt with instantly as part of day to day living.

The Restorative Approaches Form is designed to reflect the full nature of response and outcome in respect of each event. Although the response to a misbehaviour may involve some form of reparation or sanction or both, it is absolutely compulsory for staff overseeing the response to particular behaviours to complete the restorative approaches section of the form. In some instances, this may be the only response box completed. All consequences, whether reparation or sanction, must be time specific, with a final outcome added to the Restorative Approaches Process Form.

15.8 SANCTIONS SPECIFIC TO THE SCHOOL DAY (LEARNING CENTRE)

Detention

Even though detention is an available option for use, it is highly unlikely that it would be appropriate in the vast majority of circumstances, as the philosophy and ethos created is one of motivating children through an excitement in learning, and wanting to be in the Learning Centre.

Nevertheless it is retained as a sanction for the rare occasion it may be deemed useful.

Detention is only available for students at the discretion of the Head of Education in discussion with Learning Centre staff, and approval for detention is with the Head of Education who will deploy staff to supervise. The Head of Education is responsible for monitoring the use and frequency of detentions. Any decision to use detentions would involve a formal request to the Head of Care (or Deputy Care Manager) in the same way that a mainstream school would involve parents in decisions about detention.

16   CRITICAL MISBEHAVIOUR

Despite the extensive range of support available to the children there may be times when their behaviours so severely inhibit the establishment's positive ethos, and totally disrupt the educational, caring and therapeutic process that consistent and clear sanction is required as a signal of community disapproval.
These behaviours are:

- controlled violence to another child or adult
- deliberate damage to the building, its equipment or others possessions
- unprovoked or premeditated bullying
- absenting themselves from the premises without consent
- repeated limit/rule breaking

SES defines violence as:

"Behaviour that produces damaging or hurtful effects physically or emotionally on other people"

These behaviours may warrant a suspension of all normal privileges. Senior staff should automatically be involved.

Staff should resist the temptation to threaten children with a significant higher order sanctions, but seek to discuss the behaviour witnessed with another member of staff, ideally the Deputy Care Manager/Team Leader, Head of Care, Head of Education, and/or Registered Manager, thus allowing for a measured decision to be made by more than one member of staff. Staff witnessing or on the receiving end of critical misbehaviour will, be involved in determining the appropriate sanction response.

Every attempt will be made to deal with critical misbehaviour within the range of strategies and approaches available to the Principal and staff. Whilst not wishing to criminalise children unnecessarily, there may be exceptional circumstances where police involvement is unavoidable. This can only be instigated after consultation with the Registered Manager and/or Principal.

Reference should also be made to the local Police Reporting Procedures which are available as a separate appendix to this document.

16.1   BRIEF OVERVIEW OF SES RESPONSES TO BEHAVIOUR OF A CRIMINAL NATURE.

Step 1

Proactive application of best practice throughout: engagement through high quality, personalised learning programmes, care planning, PAN structures, positive engagement with family, bespoke individual work through staff team and where appropriate therapists, unconditional positive regard underpins practice.

Step 2

Application of best practice at every level as reflected in this Positive Management of Behaviour Document and established structures. This should include an embedded restorative approach. An embedded restorative approach does not mean that there are not consequences for actions, but applied well the consequences are arrived at through a process of accountability, discussion, listening and reflection, that helps build empathy and understanding and thus decrease the chances of future occurrences. This should happen at 'ground' level delivered and owned by the staff involved at the time, drawing upon and utilising broader support if necessary, e.g. Personal Tutor and/or Case Co-ordinator.

Step 3

Involvement of Senior Managers to add weight or signal the seriousness of the situation. This is more likely to be as a result of repeated occurrences although inevitably some individual acts may draw in/require the involvement of senior staff.

Step 4

Crisis meeting involving representatives from placing authority, usually social worker and possibly where appropriate, parents. This is to signal significant concerns regarding an unfolding situation despite internal input from all establishment resources including senior management team. Although even at this stage creative solutions may be sought warnings may be issued that the next steps may well be police involvement.

Step 5

Local Police supporting at an informal level, which may be an informal verbal warning and making the young person aware of the consequences of continued misbehaviour. The current situation is that we can liaise directly with a named police liaison officer. Decisions about whether situations go down a formal reporting route (within which there may be scope for restorative conferencing in the first instance) can be made as a product of these discussions. This should only be done through the Principal and/or Registered Manager.

Step 6

Formal reporting to the police of a crime. This CANNOT take place unless the informal discussion at step 5 has happened. First offences will usually be dealt with through a Police led Restorative Conference approach.

Step 7

Formal reporting, arrest and judicial follow up.

17   POSITIVE HANDLING STRATEGIES INCLUDING THOSE PRECEDING, LEADING UP TO AND INVOLVING RESTRICTIVE PHYSICAL INTERVENTION (RPI)

On occasions physical controls over children may have to be exercised. The concept of this type of control involves ensuring that children with a high level of

personal stress, a dangerous lack of self control, and a furious desire to challenge and threaten, are diverted from harming themselves, others and seriously damaging property or are protected from the likelihood or them doing so.

Such control is the positive use of Persuasion and Dissuasion, Physical Presence, Restriction of Access, Physical Diversion, Increased Staffing, One to One Supervision and Restrictive Physical Intervention and the necessary Prevention from Absenting Themselves Without Authority so that powerful and or violent behaviour is controlled and prevented from spreading to others. Harm should not just be considered as physical harm. Where behaviour is clearly creating significant emotional harm to themselves or other children, then adults have a duty of care to intervene which may involve positive handling strategies and ultimately restrictive physical intervention.

It is each member of staff's responsibility to make an assessment of the particular circumstances. Staff will need to decide if physical intervention is appropriate, and if it is, at what level. It is not considered appropriate at SES to adopt a blanket approach to the use of physical intervention exercised by staff simply because the children have severe emotional and behavioural difficulties. Staff will need to take the following factors in to consideration:

- the behaviour of the child
- the known intention of the child
- their known wishes, feelings and emotional state
- the child's personal history
- the influence of other children, family and friends
- any future events that may be causing the child anxiety
- knowledge of the child
- how long the child has been attending Avocet House or Turnstone House
- the time of day
- the antecedents to the situation
- the reality of success in improving the situation of which there may be a number of factors; relative size and stature of child and adult, immediacy of help available.

In considering these factors particular attention needs to be given to the age, understanding, maturity and individual needs of the child. As a child gradually matures he becomes more able to make considered decisions. However, competency is not only determined by age and maturity. The possible consequences of behaviour should be a significant factor in decision making.

A decision which involves an assessment of the risk of potential harm must not be left to a child to make alone and will either be a matter for negotiation, or solely the responsibility of the member of staff. The more danger that can be foreseen in a particular situation, the less likely it will be that the child is competent to make a decision.

17.1   DIALOGUE OR PERSUASION AND DISSUASION

In any situation where a young person's behaviour provokes intervention, dialogue is an essential response. It is only when this needs to be reinforced that other actions should be considered.

Persuasion or Dissuasion is where staff focus the discussions with children with the aim of persuading them towards or dissuading them from an intended course of action. It is in effect focussed guidance.

17.2 PHYSICAL PRESENCE

Staff member's physical presence is often all that is necessary to communicate authority and to re-establish safety and security. Presence by implication of authority, may restrict children's movement for a brief period but is limited to:

- standing close by the child but outside the personal space danger zone
- standing momentarily or temporarily in the way of a child

Physical Presence should become neither oppressive nor of excessive duration. Physical Presence is likely to be most effective if complemented by a range of non-verbal communication signals and Persuasion or Dissuasion. Physical Presence may also be accompanied by 'Help Script'. Physical Presence must be:
- likely to be effective by virtue of the overall authority carried by the staff member and not simply his/her physical presence
- considered appropriate in the context of a particular situation or incident
- used only in the context of engaging the child in discussion about the significance, relevance and consequences of their behaviour
- ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate

17.3 RESTRICTION OF ACCESS

In the ordinary course of maintaining a supportive and stable learning and group living experience adults may make reasonable requests of children to remain where they are or to go to a different place. On many of these occasions options and choices will be outlined, as would the reasons for the request.

If the child complies with the reasonable request or offers an acceptable alternative, then restriction of liberty is not an issue.

There may be occasions however when a youngster has lost self control, and is intent on serious self damage, inflicting injury upon others, or damage to property, or is considered potentially likely to do so, and it would be appropriate to prevent access to dangerous environments by locking doors to them. At each establishment there are specialist rooms and facilities that fall into this category, e.g. the kitchen, SES Office.

Similarly a child does not have right of access to another child's room or office area where information and sensitive or medical materials may be stored.

Restricting access under such circumstances is considered appropriate staff action. At night time all external doors will be secured as a safety measure to prevent access by unauthorised outsiders.

Occasionally in respect of the types of behaviour described previously, it may be necessary to pre-empt a distressed child from leaving a room by using Physical

Presence. This type of temporary delay is appropriate and permissible provided that:

- the duration of the intervention is only brief and the child is engaged in conversation aimed at de-escalating the crisis
- the action is a response to a particular situation and not regular practice
- ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate or justified.

17.4 PHYSICAL DIVERSION

Physical Diversion differs from Holding and Restrictive Physical Intervention in the degree of force used. Physical Diversion may be, for example, holding a hand, placing a hand on the forearm, or putting an arm round a shoulder. Physical Diversion is a means of deflecting a child from destructive and/or disruptive behaviour. It serves to reinforce staff attempts to reason and is persuasive rather than coercive. It is important that:

- it should guide, comfort and reassure
- if possible the intervening member of staff should already have an established relationship with the child
- Physical Diversion should not arouse sexual expectations or feelings
- it should be ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate

17.5 INCREASED STAFFING LEVELS

When there is a problem in a particular location because of the behaviour of a particular child or number of children a temporary increase in staffing is a means of managing the problem. A temporary increase of staffing is particularly useful because it does not label individual children.

The deployment of staff to provide increased Staffing Levels is requested by the Head of Education during the school day and by the Duty Senior at other times.

17.6 ONE TO ONE SUPERVISION

One to One Supervision is where a member of staff is allocated to a particular child with the purpose of providing him continuous supervision and support.

One to One Supervision must only take place within the context of the usual school/home environment and where increased staffing has proved unsuccessful.

One to One Supervision must be used positively and constructively. It should be aimed at actively engaging the child, promoting their safety, welfare and emotional stability, and returning the child to a less extraordinary means of management.

One to One Supervision should not exceed in duration a morning or afternoon session, or an evening social session.

The Head of Education during the school day and the Duty DCM during the social day are responsible for the determining the need for One to One Supervision, and deploying staff for its purpose.

17.7 SECLUSION, TIMEOUT AND WITHDRAWAL

In the 2002 DfES "Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders", the following definitions appear:

Seclusion: where a child is forced to spend time alone against their will *(within this is implied restriction of liberty by locking behind doors, alone)*
At SES we do not use this strategy

Time Out: which involves restricting the service user's access to all positive reinforcements as part of a behaviour programme *(within this is implied a total absence of positive response and relationship)*
At SES we do not use this strategy

Withdrawal: which involves removing the person from a situation that causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities.
This strategy may be part of a chosen course of action in responding to children.

17.8 TEMPORARY RESTRICTION OF FREEDOM OF MOVEMENT

We are a specialist facility for some of the most complex children and young people in the country.

These children have pronounced, profound and extreme issues of attachment and will inevitably and compulsively, particularly in the weeks and months following admission, need to test boundaries in order to test stability, continuity and felt security. *(See "ICHA Research Review: Stability Continuity and Felt Security September 2011").*

Testing these boundaries and finding them is an essential component of beginning to trust and build meaningful attachments and relationships. We have a duty of care to keep children safe from themselves, sometimes from each other and sometimes from the dangers beyond the site of the home.

Being in loco parentis we also have a duty to act in the best interests of the child. Therefore there will inevitably be occasions when it is necessary to restrict the freedom of movement of a child/young person as an urgent and temporary measure. This will be overtly clear in individual risk assessments.

Even intense periods where staff have had to frequently intervene to temporarily restrict a child's freedom of movement to keep themselves and/or others safe is a component of high quality practice so long as it does not become the regular default practice or a poor substitute for good practice.

All SES policies, practice and procedures reflect a high quality holistic environment, where love, care, quality of engagement, personalised education, nurture, the child's voice, a beautiful environment, systemic approaches, restorative approaches, underpin the building of a community within which everybody is accountable to each other, and help form the milieu of Planned Environment Therapy. The child's need to feel safe and contained is an essential ingredient of building such a community.

A child does not have the right to create fear and anxiety in others, emotionally damage others, or threaten and intimidate others. In such circumstances where this risk is clearly evident despite every attempt to divert and de-escalate behaviour with support and alternative choices, change of personnel, etc a temporary restriction of freedom of movement may be considered as a last resort and occurs as part of the dynamic risk assessment made at the time about what is in the best interests of the child and those around them.

Evidence to support such a decision would be, for example, a pattern or patterns of previous behaviour which clearly show that there is a high level of risk to others and/or the physical environment.

> The above policy section relates to the "Guidance for the inspections of children's homes from April 2014" issued for Ofsted Inspectors; specifically Annex E. Restriction of Liberty, p53 para 1,
>
> *"Restriction of liberty in other circumstances can only be used as an urgent and temporary measure, justified by a risk assessment concluding that there would be an even greater risk of harm to the child without its use."*
>
> and para 5,
>
> *"Any decision to restrict a child's liberty as an urgent and temporary measure must give due consideration to their rights, the degree of risk present and the implications for other children living in the home."*

17.9   RESTRICTIVE PHYSICAL INTERVENTION (RPI)

RPI is the positive use of force to divert a child from harming himself, others or seriously damaging property, or to protect a child from the likelihood of him doing so.

Training, teamwork, policy and practice documentation and discussion of practice all help a member of staff to make the decision about whether and when to use restrictive physical intervention. However the onus can still be upon the individual member of staff to decide when this position has been reached.

RPI should not be used when:

- you can restore safety in another practicable way;
- you are not in control of yourself;

- you consider it clearly unsafe to do so;
- you consider there are not enough adults to restrain the child safely;
- even with enough adults you are not confident you can manage to restrain the child
- safely;

In any event, it is SES policy that RPI is used only:

- as a last resort wherever possible
- where any other course of action would be likely to fail
- when staff have good grounds for believing that immediate action is necessary
- when all other courses of action with regard to control have been tried or the situation has developed so rapidly and to a degree that RPI has to be employed as the only justifiable response

and specifically falls into the following justifiable criteria:

- where a child is injuring themselves, others or damaging property
- where a child is in potential danger of injuring themselves, others or damaging property
- where a child is committing a criminal offence

RPI must not be used to:

- punish
- simply gain child compliance with staff instructions
- cause or threaten hurt
- oppress, threaten, intimidate and bully

Staff using RPI must always adhere to the following principles:

- be aware of the age and size of the child and use restraint in relation to these factors

- if possible, always warn the child quietly but clearly and firmly that you are likely to take physical action BEFORE taking action

- NEVER act out of temper. If you have lost your control, the professional approach is to call another member of staff

- Whenever possible more than one member of staff should be involved. This engenders teamwork, is safer and is therefore likely to minimise the risk. It also prevents particular staff becoming associated with physical methods of control

- in every case no more force should be used, nor more time taken up, than is necessary to effectively resolve the situation

- the child should be repeatedly offered the opportunity of exercising their own self control and the restraint should cease AS SOON AS POSSIBLE

- whilst it may be necessary for staff to be given support in restraining children, staff should be aware that creating an audience often escalates the situation

- in the 'follow up' phase of the incident a child should be given the opportunity to talk through the incident and fill in the Young Person's Response Form (See Appendix A)

- all RPI incidents must be recorded using a Serious Incident Form involving Physical Intervention on Clearcare.

- involved staff should be afforded supportive discussion as soon as possible after any such incident

- the DCM should be informed immediately unless they have been involved

17.10 CONSIDERATIONS WHEN USING RESTRICTIVE PHYSICAL INTERVENTION

- Give a clear verbal warning. Try to maintain the offer of an alternative by them regaining composure, calming down and regaining self-control– in fact this offer must stand all the way through the incident.

- Once physical intervention is necessary then it is important that it happens quickly, smoothly, confidently and successfully. Make sure someone takes the lead.

- The child should be offered a contract through Dialogue which reinforces their safety, that they will not be hurt and they will be helped to make the right choices

- The specific physical techniques and choices available to staff are covered and explained thoroughly within the Team Teach documentation and Team Teach Positive Handling Strategies training available to all staff and regularly refreshed.

- The situation should now be made safe – concentrate on this first and dialogue second.

- The emphasis should be on the choices the child has and that the focus of control will be returned to them as soon as possible.

- It is not unusual to be faced with a continuous stream of abuse, obscenities, etc. Ignore these and let them run their course. Each time you try and talk be calm, deliberate and conciliatory in tone. Choose vocabulary carefully. Be very aware of your tone of voice. Keep both neutral. Offer positive feedback as soon as possible. Remember your Team Teach Help Script and keep the emphasis on making safe.

- Once things begin to calm it can be coupled with significant changes in restraint, but this must be carefully judged and timed. What is counterproductive is for the change in restraint to result in another explosion of temper/aggression/violence from the child. This is a matter of experience with other restraint situations and your knowledge of the child.

- The overall aim is to enable the child to regain composure. Ultimately it is important at the follow up stage to discuss what provoked the whole episode and problem-solve more acceptable alternatives, however, staff should be mindful of the need to allow time for a complete calming of the situation, followed by the recovery phase, before dialogue becomes possible.

- In the end the staff member should work with the child to enable them to restore things with others and return things to normal where possible.

- The extent of force used should be no more than is necessary to control the situation.

- The event should be discussed with other involved staff so that provision of feedback is achieved and the potential for improved approach, teamwork and skills gained.

- The Serious Incident Form involving Physical Intervention form <u>MUST</u> be completed in liaison with the DCM and involved colleagues.

- At the appropriate time the child should be given the opportunity to discuss and record their own reflections and wishes and this will be done on the **Young Person's Response Form.**

- The **Young Person Response Form** should be completed before the next phase of a young person's time. For example if an incident happened during a lesson before breaktime, unless there is a good common sense reason to do otherwise, the form should be completed before the after break session. For an incident in the evening, ideally the form should be completed before bedtime and if it is too late at night then it should be completed in the morning before engaging in the day's proceedings.

- Staff having any concerns whatsoever about the use of Restrictive Physical Intervention, or indeed any other form of external control* should discuss the situation with the Registered Manager, Head of Education or The Principal. *(* Refer also to SES Complaints Procedure).*

17.10.1 <u>Changing Staff (Help Protocol)</u>

It is appropriate for you to change the staff involved in restraining a young person when:

- it is unlikely that the young person will calm down without changing staff
- you are no longer in enough control of your own feelings
- you are injured in a way which makes continuing the restraint impractical
- you are so tired you cannot continue
- you believe that the young person is deliberately making you continue restraining them, for some form of gratification.

Before deciding to change the adults involved in a restraint, staff should think carefully about the ways in which the change will be understood by the young person. Staff should avoid acting in ways that undermine the authority of the worker who took the lead at first. For example some male workers

may feel it necessary to take over from a female colleague, because they are uncomfortable with the situation as a result of her gender. Although well intentioned, these interventions can be unhelpful.

17.11 ELEVATED RISKS AND RPI

The whole emphasis of training is that of risk reduction. However it is recognised that there can be risks for both adults and young people in situations where extreme or dangerous behaviour is being exhibited and alternatives to physical restraint are continuously under consideration. Specific elevated risks, in particular positional asphyxia, are considered as part of the Team Teach training package. There is an emphasis on the constant monitoring of the young person's breathing and wellbeing. There are clear protocols for the observation of young people during and after RPI situations.

Under **no circumstances** should an adult:

- deliberately inflict pain or use pain compliance (this is different from the discomfort associated with personal safety responses in release from bites for example)
- put weight on the young person's back or neck
- use 'choke', 'neck' or 'strangle' holds
- restrict airways such that the young person has no control over their breathing

> **NB** Team Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the service user remains safe.

17.12 ENDING AN RPI

The way in which a physical restraint is ended, and the action adults take immediately after it, will have a large influence on its overall effect. The process through which adults give back control to the young person and let go is important in terms of the effect it has on the young person and their relationships with the staff involved. Releasing too soon and having to immediately manage violent or otherwise high-risk behaviour all over again is obviously something to avoid. Equally holding a child for longer than is needed is not only poor practice, but will damage relationships. In between the extremes of much too soon and far too long lies a difficult area that involves skilled and knowledgeable practice.

17.12.1 Preparing To Release

- Only one person should lead the process of releasing the young person. This is often the person who has been the lead in the restraint, but there can be exceptions to this if you believe that the young person cannot calm down when spoken to by the lead staff.

- If the young person does not appear ready to start or continue the letting-go process, don't start or continue.

- While this may seem obvious, at the time it can be difficult to assess. So, tell the young person clearly, and as often as needed, how they can let you know they are ready. Do not confuse the young person by starting to let them go, or continuing to release them, if they have not let you know that they are ready.

- Use a firm, neutral and reassuring tone throughout the process. Avoid statements that further provoke or stimulate the young person, including accusations and demands. At the same time, be firm: mean what you are saying. It may help the young person to be able to calm down when all other staff stay silent.

- Once you see that the young person has calmed down enough, let them know what you want them to do to show you that they are ready to begin the process of releasing.

  Tensions are likely to still be high, and having to answer questions while still being held can often feel like a further humiliation. To avoid this, let the young person know what you are looking for in terms of an indication that he or she is ready. Focus on what you are looking for so you know that the young person is ready to start the process of releasing (for example, asking him or her to take two deep breaths). You may want to tell the young person that what you are already seeing shows you that the young person is ready to start the process of letting go. Once a young person is calm, slow deep breaths can be a good place to start. This offers a simple indication that the young person is ready and also helps to calm the body. As the last step of the process, let the young person know what will happen after you release them, before you make the final release (for example, that the young person can take a few moments to get themselves together, and then will be brought something to drink, or they can take some time in their room)

- Releasing should be more of a process than an abrupt event. Take your time and assess throughout whether the young person is showing that they remain ready to regain control and be safe. A gradual release (either of limbs or firmness of hold - depending on the hold used) will give you time to make this assessment.

- Keep your statements short and simple. Long and complicated messages can be difficult to follow.

- You should offer brief words of reassurance throughout the process. You need a firm, neutral and reassuring tone. The process of releasing is also a good time to slow… things… down.

- Once the young person has shown that they are ready to start the process of releasing, let them know what your next step will be and what you will look for from them to show they are ready to continue with the process. Deliver your messages in a child-centred way:

> *"I'll know you're ready for us to start letting go when you take two deep breaths. That will show me you are ready take control of yourself in a safe way."*
>
> NOT
>
> *"Right, now you have to do exactly what I say before I'm ever going to let you go. Give me two deep breaths, or you are staying right here."*

- The process of releasing is <u>not a time for negotiation</u>. You are the person who must assess when it is appropriate to release. Teaching young people to negotiate appropriately, so they can get what they want, is an important part of good practice. However, so is teaching them to deal with those situations that are non-negotiable. The process of releasing is one of these situations.

  This may seem to contradict some of the guidance given previously. However, once you have decided that the young person's behaviour is serious enough to call for physical restraint, you must then take full control. It would send an inappropriate message if the young person were in any position to negotiate. You need to be in control as an adult, in a way that lets the child feel cared for, and not abused.

  Don't think that this means that the young person doesn't deserve to be negotiated with in general. It is not about what the child deserves in general. It is about securing her or his welfare. Because of the seriousness of the events that led to this point, it is your responsibility to keep control until you assess that the young person is ready to begin to be given that control back, with you supporting and helping all the way through.

17.12.2 <u>Power and Control</u>

Usually, the behaviour and events leading up to an RPI feel out of control to the young person, the staff or both, as can the physical intervention itself. The process of releasing can be affected by the young person's or the staff's reaction to losing control and the desire to get it back. It is therefore essential that the releasing process does not become a power play in which you show who's boss.

Sometimes a young person may appear to be in control of themselves but they are still not able to show you they are ready to act safely. In these circumstances they may still be looking to assert power in a dangerous way.

A desire to feel in control of what is happening is natural, especially while being held, and in itself this is not the problem. Be clear about the appropriate boundaries of control (who really should be in control of what), and manage that desire to control. This helps to prevent it from becoming counterproductive.

The adult's influence at this time can be huge as the final stages of being held can make some young people drop their defenses. Being careful about

the messages you are delivering, and managing your own urges for a power-play will greatly influence how the young person makes sense of their restraint.

It is sometimes the case that the only thing the child feels he or she has left is control over the point at which you let them go. This can be difficult when the child decides to make a power play of this issue. You should invite an attitude of partnership with the child. When restrained, most young people will feel stripped of all control. This may be necessary in circumstances in which there is no other way to keep a situation safe. It is important to let the child know, as soon as it is safe, your willingness to share control of the situation and help them through the restraint.

This is not the same as negotiating and may be passed on as much through your overall attitude as the words you choose.

17.13 PREVENTING YOUNG PEOPLE FROM ABSENTING THEMSELVES WITHOUT CONSENT

For detailed information regarding dealing with children missing from care please read "SES Children Missing from Care and Education Policy and Practice".

The care plan of any child where the risk of running away has been identified should include details of the arrangements that will need to be in place to keep the child safe and minimise the risk of the child going missing from their placement

This document only deals with a summarised version of elements of practice (expanded in the above document) that relate to the decision concerning physical intervention.

When a young person is intent on leaving the building and site without permission staff may have to consider whether or not Restrictive Physical Intervention should be exercised. Even if they consider that RPI criteria are met staff should initially seek to prevent absconding by persuasion and dissuasion.

If staff need to follow a child for reasons of safety then the member of staff should attempt dialogue particularly pointing out the consequences of the action to the child. If the child does not respond and continues to run off the member of staff should return to the building if they cannot safely keep the child in sight . The decision to use any other response rests with the senior member of staff involved with the incident.

Restrictive Physical Intervention should only be used as a means of preventing Improper Absence if all other means have failed, or the potential dangers of Improper Absence are so severe as to make impracticable the use of alternative strategies. Physical control should only be used as a means of preventing a young person leaving if:

- the young person is so acutely and seriously troubled that it is clear he or she is in immediate danger of inflicting self-harm, harming others, or damaging property;

- the young person is young and lesser interventions have either not been understood or successful and the young person would on absconding be potentially in physical or moral danger;
- the young person is older but socially immature and vulnerable and consequently potentially at physical and moral risk;
- its use is intended to return a young person to a less dangerous situation;
- it is described as a course of permitted action in the young person's Placement Plan or Care Plan and Behaviour Risk Assessment.

THE USE OF PHYSICAL CONTROLS IS NOT A SUBSTITUTE FOR USING ALTERNATIVE STRATEGIES TO THWART IMPROPER ABSENCE.

17.14 RECORDING RPI SERIOUS INCIDENTS

The criterion for an RPI Serious Incident to be recorded is if the incident involved restrictive physical intervention.

If so the incident must be recorded by the member of staff on the Serious Incident Form involving Physical Intervention that is located on Clearcare. Once this has been completed the DCM or Head of Education will complete the Post Physical Intervention Communication and Comments form on Clearcare.

A copy of the form is sent to placing authorities, currently by the Registered Manager.

The members of staff involved must complete their report within 24hrs, and unless there are exceptional circumstances, before they go off duty from that particular shift. Serious Incident Forms involving physical interventions should be filled in using the descriptions in this document, which defines types of physical intervention, and descriptions should refer to Team Teach descriptors used in training.

Additional procedures following RPI incidents exist around the monitoring checks following any front or side ground recovery holds, and around the Young Person's Response Form, completed at the appropriate follow up stage of the incident. The DCM will take the lead in ensuring these procedures are followed and support and guide any staff involved.

SES procedures require more detailed information and an even more rigorous reporting, recording, monitoring and evaluation process than that described in National Minimum Standards.

17.15 MONITORING THE USE OF PHYSICAL INTERVENTION

The <u>Registered Manager</u> should monitor the use of Physical Intervention on a weekly basis by examining:
- the frequency of its use
- the justification for its use
- their nature
- their users
- the views of children concerning them

The <u>Head of Education</u> has the same responsibilities.

The <u>Registered Manager</u> must ensure that:
- the need to use controls is minimised
- Controls are used only in the appropriate circumstances
- only the appropriate degree of Controls are used in particular situations
- parents and placement authorities are informed and involved where the use of Controls with their child repeatedly involves Physical Intervention

The <u>Head of Education</u> has the same responsibilities.

The <u>Registered Manager</u> must also:
- report on the use of Controls to the Principal
- take appropriate action over issues of concern of either a general of specific nature
- report on any ground recovery techniques using the Team Teach Ground Recovery reporting format on an 8 week cycle
- make available on request whatever records are required by the Placement Authorities' Officers
- ensure that the referral and admission process fully informs parents and Placement Authorities of prospective children about the use of Controls.

The <u>Principal</u> should:
- monitor the work of the Registered Manager and sample monitor RPI serious incidents.
- he or she is also responsible for dispatch of the Team Teach Ground Recovery reporting document to Team Teach, and presenting the document to the Positive Handling Strategies Committee
- report on the use of Controls to the Directors.

The <u>Head of Care and Deputy Care Managers</u> should:
- bring to the attention of the Registered Manager at an early stage any concerns about the frequency or nature of Controls used with particular children and hopefully before a crisis point is reached. The Registered Manager is responsible for liaison with the Principal.

<u>Personal Tutors or Learning Mentors should:</u>
- alert their Case Coordinator to any concerns they may have with regard to any individual children in their care where frequent use of Controls is evident.

<u>All Staff</u> should:
- approach any senior member of staff if they have concerns about the frequency of use of Controls with any child.

18   <u>STAFF TRAINING FOR POSITIVE HANDLING STRATEGIES</u>

Training must take place against a background of common values and principles and plays a part in developing and maintaining an agreed way of working.

In training new staff it is useful to have a period of time between an initial induction training that includes dealing with challenging behaviour, and training in the actual techniques of physical intervention. There is a risk that sometimes staff only

remember the physical part of the training, and this will have a negative effect on their work. New staff need time to develop relationships with the children before they might have to employ physical intervention. This must be balanced with the natural pressures to bring staff quickly up to full team operation.

Training commences during the full induction period for all new staff. The whole team are regularly updated with positive handling strategies training and the company has adopted the 'Team Teach Approach' as its recognised training package in this respect. Team Teach is a fully accredited and approved Training Provider.

All staff receive the 12 hour (Level 2- intermediate) basic Team Teach course and specific Advanced Modules in relation to risk assessment. An internal 'drip feed' programme of refresher training and quality control is maintained from that point on. A detailed SES recording system exists for all staff trained in addition to the standard Team Teach recording structure.

At SES we aim to maintain in-house advanced and intermediate level instructors who in turn form the Positive Handling Strategies Committee. We also try to reflect a balance in respect of gender. The Positive Handling Strategies Committee meets every 8 weeks to discuss ongoing issues relating to incident statistics, training and development.

More specific details in respect of training in gradual and graded responses including RPI is contained within the course and training materials held by each member of the team on completion of their 12 hr basic course. These materials are available for inspection and representatives from any placement authority are welcome to observe staff training sessions.

The Principal of each establishment holds overall responsibility for the co-ordination, monitoring and evaluation of the Positive Handling Strategies training programme.

The Team Teach Approach is not the sole training vehicle for staff. It is underpinned by a range of staff training in behaviour management, interacting with and understanding young people.

SPECIALIST EDUCATION SERVICES

Young Person's Response Form For A Serious Incident Involving Positive Handling Strategies

| INCIDENT |
| TASK ID: |

Name of Young Person: _____

Date of Incident: _____ **Time:** _____

What happened from your point of view?

Is there anything you could have done to avoid the situation going as far as it did?

Is there anything anybody else could have done to avoid the situation going as far as it did?

Is there anything you have already done or could still do to help put things right?

- I am comfortable with the way adults supported me in this situation and consider the matter to be over.   [ ]   *please tick*

Young Person: _____ (Sign) _____ (Print Name)_____ Date

Staff Member: _____ (Sign) _____ (Print Name)_____ Date

OR

- I would like to meet with somebody regarding this incident and I would like that person to be _____

Was the young person given the opportunity to be examined by a registered nurse or medical practitioner?

YES [ ]

Comment:

Meeting Comments:

- I am now comfortable with this situation and consider the matter to be over.

[ ] *please tick*

Young Person: _____ **(Sign)** _____ **(Print Name)**_____ **Date**

Staff Member: _____ **(Sign)** _____ **(Print Name)** _____ **Date**

OR
- I require a further meeting with: (Please circle)

Registered Manager   Head of Care   Head of Education

Meeting Comments:

- I am comfortable with this situation and consider the matter to be over.

Young Person: _____ **(Sign)** _____ **(Print Name)**_____ **Date**

Staff Member: _____ **(Sign)** _____ **(Print Name)** _____ **Date**

OR
- Matter to be referred to Principal   Date: _____

Final Comments:

attach further sheet if necessary

Signed Principal: _____ **Date** _____