

# Policy and Procedure on Behaviour Support Policy

Northampton School

Policy Author / Reviewer	QI /James Boyce
Approval Date	June 2023
Next Review Date	June 2025
Version No	6
Policy Level	Group
Staff Groups Affected	All Staff

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## 1. Monitoring and Review

- 1.1. The Proprietor will undertake a formal review of this policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than one year from the date of approval shown above, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.
- 1.2. The local content of this document and supporting procedures will be subject to continuous monitoring, refinement and audit by the Head of Service.

Signed:



Andrew Sutherland

**Representative, Proprietor- Cambian Group**

July 2021

## 2. Terminology

- 2.1. Our aim is to use consistent terminology throughout this policy and all supporting documentation as follows:

<b>'Establishment' or 'Location'</b>	This is a generic term which means the Children's Home/school/college. Northampton School is a Secondary SEMH School.
<b>Individual</b>	This means any child or young person under the age of 18 or young adult between the ages of 18 and 25. At Northampton School we have students attending between the ages of 11 to 16 years.
<b>Service Head</b>	This is the senior person with overall responsibility for the school. At Northampton School this is the Headteacher who is Leanne Dodds.* <i>dual registered locations need to include Service Head and Registered Manager if they are not the same person.</i>
<b>Key Worker</b>	Members of staff that have special responsibility for Individuals residing at or attending the Establishment.
<b>Parent, Carer, Guardian</b>	means parent or person with Parental Responsibility
<b>Regulatory Authority</b>	Regulatory Authority is the generic term used in this policy to describe the independent regulatory body responsible for inspecting and regulating services. At Northampton School this is Ofsted.
<b>Social Worker</b>	This means the worker allocated to the child/family. If there is no allocated worker, the Duty Social Worker or Team Manager is responsible.
<b>Placing Authority</b>	Placing Authority means the local authority/agency responsible for placing the child or commissioning the service

<b>Staff</b>	Means full or part-time employees of Cambian, agency workers, bank workers, contract workers and volunteers.
<b>CambianKPI</b>	This is the online in-house information system which holds data for each site on quality measures.

### 3. Legislation and best practice guidance

- 3.1. The Education (Independent School standards) Regulations 2014
- 3.2. Children Act 1989
- 3.3. Human Rights Act 1998
- 3.4. United Nations Convention on the Rights of the Child (Ratified 1991)
- 3.5. Education and Inspections Act 2006
- 3.6. Health and Safety at Work Act 1974
- 3.7. National Minimum Standards (RSS) 2015
- 3.8. Violent Crime Reduction Act 2006
- 3.9. Children's Homes (England) Regulations 2015
- 3.10. Health and Social Care Act 2008, Regulations 2014
- 3.11. Equality Act 2010
- 3.12. Regulation and Inspection of Social Care (Wales) Act 2016
- 3.13. Care Standards Act 2000
- 3.14. DE&S/DoH Guidance for Restrictive Physical Interventions. How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder 2002
- 3.15. DoH Guidance on Permissible Forms of Control in Children's Residential Care 1993
- 3.16. DfE Use of Reasonable Force. Advice for Head Teachers, staff and governing bodies July 2013
- 3.17. DfE Behaviour and discipline in Schools 2014
- 3.18. BILD Code of Practice for the use and reduction of restrictive physical interventions (third edition) 2010
- 3.19. Ofsted Below the radar: low-level disruption in the country's classrooms September 2014
- 3.20. Behaviour and discipline in schools, Advice for Head Teachers and school staff February 2014
- 3.21. Preventing and Tackling Bullying – Advice for Head Teachers, staff and Governing Bodies' July 2017
- 3.22. Reducing the Need for Restraint and Restrictive Intervention - Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings Published: 27 June 2019
- 3.23. [Safety Intervention™ Training | Crisis Prevention Institute \(CPI\)](#)
- 3.24. [https://www.cqc.org.uk/sites/default/files/20180705\\_900824\\_briefguide-positive\\_behaviour\\_support\\_for\\_people\\_with\\_behaviours\\_that\\_challenge\\_v4.pdf](https://www.cqc.org.uk/sites/default/files/20180705_900824_briefguide-positive_behaviour_support_for_people_with_behaviours_that_challenge_v4.pdf)

### 4. Purpose

- 4.1. The implementation of this policy is the responsibility of all staff. The monitoring and review of behaviours is the responsibility of the Head of Service/Registered Manager/Senior Behaviour Lead in collaboration with the site's senior management team.

- 4.2. This policy applies to all staff working in our locations as well as those engaged in off - site activities.
- 4.3. The overall aim of the Behaviour Support policy is to reduce restrictive practices and improve the quality of a child's/young person's life and that of the people around them and to ensure that all children and young people within our services who may have some difficulties with social understanding, social communication, flexibility of thinking and/or sensory issues and also other behaviours of concern which for example might be linked to trauma, are safeguarded at all times and that they have the rights and means to live and learn in a safe and inclusive environment regardless of the difficulty they experience.
- 4.4. All staff are expected to promote the social, physical and emotional well-being of all of the children and young people within our services. We aim for every Individual to feel valued and respected, and to be treated fairly.
- 4.5. Effective behaviour support helps children and young people lead a meaningful life and learn new skills without unnecessary restrictions.
- 4.6. With the right approach to behaviour support delivered in a person-centred way, we believe we can reduce the likelihood and impact of behaviour of concern.
- 4.7. To maintain the safety of the individuals, the staff working with them, others and the environment.
- 4.8. To promote the use of effective non-aversive intervention strategies.
- 4.9. To support and encourage best practice and reduce the need for physical intervention to be used.
- 4.10. To ensure all locations comply with all the relevant current legislation and other national standards which govern this area of our work.

## 5. Policy

- 5.1. Experiencing neurodiversity such as autism can sometimes mean enduring a series of traumatic events, starting from a young age. For some, those events may add up to severe and persistent post-traumatic stress disorder (PTSD). Given various difficulties, and the communication challenges children often experience, their PTSD can be particularly difficult to recognize and resolve.
- 5.2. How a child/young person communicates through behaviour might be difficult for those around them to understand. This is especially true for neuro-diverse children and young people, or where a child with autism may have also experienced trauma. This understanding is critical in the development of the strategies deployed to support the child/young person. Some of the children and young people may display behaviour of concern as a response to a complex pattern of needs, frustrations as a result of their learning difficulty or because of associated conditions. Those problems might be compounded by their additional difficulties including mental health, social deprivation or complex medical conditions.
- 5.3. A child or young person may present some specific, and at times, additional behaviors which may be a result of trauma. Trauma occurs when a child experiences an intense event that threatens or causes harm to his or her emotional and physical well-being. Some events are more likely to be traumatic than others and children can have very different responses to the same event. When a child/young person experiences trauma, it can affect their daily lives and their ability to get along with others.
- 5.4. Abuse, sexual assault, violence, natural disasters and wartime combat are all common causes of PTSD in the general population. Among neuro-diverse children/young people, everyday events can be experienced as traumatic e.g. fire alarms, the loss of a family pet, having to live without the family e.g. in a residential home / residential school, daily expectations including having to follow an education program/timetable, changes to expected routines or even a stranger's offhand comment can also be destabilizing. Neuro-diverse children and young people with autism can also be traumatized by others' behavior towards them, even when there is no threat perceived by others.
- 5.5. All staff working with our children and young people must always be willing to look past challenges presented by a child/young person's diagnoses if they are to provide a truly holistic approach to support. However, staff having the understanding of a particular diagnosis, may help them consider critical areas when identifying the

appropriate strategies to support that child/young person. This is most effectively achieved, where possible, when done alongside and involving, the child/young person as an agents of change in their own life.

- 5.6.** Owing to their complex needs, children and young people sometimes behave in ways that others can experience as challenging or don't fully understand. On some occasions, these expressions may be perceived as dangerous and have the potential to result in harm to the person displaying the behaviour, their peers, those working alongside them or the public. On other occasions the behaviour may constitute partial or even complete withdrawal, ongoing sadness and lack of engagement in education or other activities within the home or outside the provision.
- 5.7.** This policy provides guidance for staff to be able to effectively support a child/young person when they are displaying behaviour of a concern, including:
- Anxiety, fear or panic attacks
  - Too much or too little sleep
  - Loss of appetite or overeating
  - Unexplained irritability or anger
  - Difficulty focusing on projects and school/college work
  - difficulty maintaining conversation
  - Difficulty generating ideas or solving problems
  - showing obsessive or pervasive worry
  - Denial (potentially as the result of toxic shame) and confusion
  - Sadness
  - Poor concentration
  - Survival instinct – lie, steal, seek shelter, food
  - Physical or verbal aggression
  - Self-injury
  - Property destruction
  - Disinhibited and impulsive behaviour
  - Hyper sexuality
  - Difficulty developing healthy relationships Impulsivity
- 5.8.** This list is not exhaustive and there might be other behaviour(s) which is equally critical but not listed above. When forming an assessment for developing strategies for positive behaviour support, consideration needs to be given to the baseline assessment of behaviour and also to the shared knowledge and understanding of each child/young person, including changes to regular, known behaviour.
- 5.9.** Our approach to behaviour support within Cambian is based upon the overriding principle that all behaviour is a form of communication. The communication can be as the result of an unmet need or frustration as a result of not being understood by others. Pre-empting needs and improving methods of communication may be helpful in reducing or at times even stopping behavior of concern. However, there are also other factors

in the overall development of a child/young person which are equally critical, and which may directly contribute to the reduction of behavior of concern.

**5.10.** Therefore, as an organisation we aim to:

- Value each other and develop mutual respect,
- Provide environments that are mindful of sensory needs, i.e. tidy, uncluttered and clean environments,
- Develop and maintain an environment where children and young people feel safe and secure and which supports everyday learning,
- Maintain an environment where children and young people feel there is unconditional positive regard and acceptance of them for who they are and also one, where they feel being actively listened to,
- Create an environment with plenty of optimism and appropriate level of tolerance, but also high expectations,
- Provide relentless focus and commitment to positive relationship building and attunement regardless of the time involved and number of attempts already made,
- Create an environment where all children and young people understand the need for effective communication, including being able to say 'no' when they need to, helping development and maintenance of positive relationships between children/young people and adults,
- Maintain an environment where children and young people can learn about themselves and their rights and responsibilities,
- Creating an environment where children and young people develop a sense of personal autonomy. Where staff facilitate decision making processes so each child and young person can learn about risks involved and benefits of their decisions.,
- Create a moral foundation for children and young people where skills of self-control and self-discipline are developed and they are able to take responsibility for their actions and learn how to look after themselves in the future,
- Equip children and young people with skills for life so they can make informed decision and understand the natural consequences,
- Ensure Leadership Teams will focus on continuous improvement having children's/young people's needs at heart of all they do,
- Ensure there are opportunities for parents and carers to play an active part in their child's/young person life.

**5.11.** In order to help improve the quality of each child/young person life and the quality of life for those around them Cambian recognises the **5 signs of Positive Behaviour Support (PBS)** identified by BILD®:

### Personalisation

**5.12.** Behaviour support will be individualised i.e. based on a comprehensive multi-disciplinary assessment of the abilities and needs of the individual in our care. The support provided for children's / young people's behaviour will always require personalised approaches. These will help to:

- Reduce anxiety
- Enhance motivation, confidence and self esteem
- Improve concentration and reduce distractions
- Facilitate independence

**5.13.** As far as it is practically possible, children and young people should be involved in determining their support, education and care needs alongside other people in their lives. They should be able to participate in the



decision-making processes. This should include taking part in the reviews and planning of their behaviour support plans.

### Understanding of behaviour

- 5.14.** Multi-Disciplinary Team assessments should be used to develop our understanding of the function of any presenting challenging behaviour. Individual Risk Assessments (IRA) and Behaviour Support Plans (BSP) are developed in conjunction with relevant key people around the child/young person including: care and support staff, education staff, managers, clinicians. From there, a detailed and robust strategic document is developed, which will support staff to have a deep understanding of the needs of the individual. Strategies are discussed with the staff who have a good knowledge of each child/young person.
- 5.15.** A clear approach to managing and supporting children and young people with behaviour of concern is embedded in all our services. This may include an assessment and intervention framework (such as functional analysis) that sees behaviour as having meaning, which is multi-faceted and supports the positive change through the understanding of behaviour.

### Active implementation

- 5.16.** All children and young people in all Cambian locations have Individual Risk Assessment and Behaviour Support Plan.
- 5.17.** It is the responsibility of the Head of Service/Registered Manager to ensure that:
- All children and young people have a current Individual Risk Assessment and up to date Behaviour Support Plan, designed to reduce risks associated with the behaviours of concern.
  - The Behaviour Support Plan is reviewed every 3 months as a minimum and also following incidents, where known behaviour support strategies didn't fully work or where new behaviour occurred which requires specific approaches to be used,
  - Where appropriate, the child/young person has read and understands their Behaviour Support Plan and is encouraged to participate and contribute to the planning process,
  - The Behaviour support Plan is shared with parents/guardians, relevant authorities.
- 5.18.** A Behaviour Support Plan includes information about:
- Pre-emptive action taken to reduce known triggers (i.e. plan for change, support following family contact, support in particular subjects or in relation to significant dates/anniversaries etc.)
  - How the environment needs to be managed to support the child/young person (i.e. demonstrates an understanding of impact of the environment on the sensory needs of the child/young person and seeks to minimise these),
  - The skills and strategies the person needs to be taught to enable them to communicate in a more positive, socially acceptable way,
  - Strategies for supporting socially unacceptable behaviour when it occurs including proactive, active and reactive phases,
  - Any positive motivators/incentives/rewards to be used and any actions which should be avoided during a particular phase,
  - Areas to be considered and relevant strategies to be used in order to prevent potential relapse into crisis behaviours.
- 5.19.** Each Behaviour Support Plan also outlines individualised reactive strategies that effectively support the individual when they are unable to regulate their behaviour. It is expected that most of the reactive strategies

would address the function of the presenting behaviour and would only include restrictive physical intervention as a last resort.

- 5.20. Behaviour Support Plans will be reviewed and revised, by structured and objective monitoring of incident and restraint reports, recognising the child/young person's progress in replacing unwanted behaviours with more positive alternatives, and improving quality of life.
- 5.21. A culture of collaborative practice must exist to ensure that we adopt a true multi-disciplinary approach.
- 5.22. Regular training relating to methods of behaviour support and the writing and monitoring of individual Behaviour Support Plans is provided for staff, both as whole service training and relating to individual young people. The promotion of appropriate behaviour support strategies and also about individuals are discussed regularly in the appropriate team meetings and at senior leadership meetings.
- 5.23. Active and meaningful debriefs/reflections with staff involved in an incident and the child/young person must also form part of each home's/school's/college's culture in order to ensure that we can clearly identify learning points from any difficult situation and use these to inform future practice. Those, whether Individual or group debriefs must be linked with and revisited during individual staff supervisions and reflections recorded in supervision minutes (single subject or part of regular scheduled sessions).

#### Evidence based

- 5.24. Behaviour Support Plans once implemented, require on-going monitoring and recording in order to ascertain the effectiveness of the programme. They are active and dynamic documents which need regular updating in order to ensure that strategies employed are current and effective.
- 5.25. Schools/Colleges/Homes employ various methods to record on-going data relating to incidents/physical intervention etc. This data is analysed on a regular basis by the appropriate teams within each setting to evaluate the effectiveness of specific strategies.
- 5.26. Data relating to incidents/physical intervention is submitted and analysed across the organisation by means of weekly submissions to CambianKPI.

#### Multicomponent interventions

- 5.27. Emotional regulation and behaviour support will be implemented at different levels and in different ways depending on the child/young person needs. Behaviour Support will be positive, i.e. focused on teaching and encouraging the person to develop and use more adaptive ways of responding to a range of stimuli or difficult situations.
- 5.28. Behaviour Support will primarily focus on proactive and active strategies, with reactive strategies only be used to bring about effective control and to maintain a safe environment during situations by utilising approved and agreed techniques. The notion of addressing situations at an early stage to prevent the escalation and avoid unnecessary injury, harm or damage, is fundamental.
- 5.29. The focus will be placed on development of proactive strategies to prevent or reduce the impact of triggers and events that evoke or perpetuate the behaviours of concern. Interventions would be designed to support personal development and the learning and maintaining of new skills.
- 5.30. Coping strategies will be prioritised and there would be evidence that the environment had been altered to ensure it was the best possible fit for the child/young person.
- 5.31. There will also be some reactive strategies to help people keep safe when needed. Support would be based on assessed need and may use a range of evidence-based therapies provided by therapy teams where required. Cambian provide the opportunity for people to engage in meaningful and purposeful activity that motivates them. In a home setting, this may include learning new skills or being encouraged to try a broader range of activities. In an educational setting, this is focussed on providing a stimulating curriculum that

captures the individual's imagination and takes account of the ways in which the individual learns best and is appropriately differentiated in order to enable engagement in learning.

## 6. Procedure

### Risk Assessment and Management process – Education

- 6.1. Please read this section in conjunction with the 45.01 **Risk Assessment and Management process map for Education**, which provides an overview of the risk assessment and management process from the point of referral assessment to the point of transition onto the next phase of children's/young people's life within or outside Cambian.
- 6.2. As a part of this process, each site will have the following set of documents for each child/young person, which will identify key information in relation to the effective support of behaviour and management of known risks from pre-admission and throughout their placement.
  - Referral Assessment Placement (RAP)
  - Impact Assessment (IA)
  - Individual Risk Assessment (IRA) - IRA must be reviewed (as a minimum) every three months or as appropriate based on observed behaviour that either improves or deteriorates. If at any time a behaviour or risk of behaviour puts the individual into the 'High Priority Group' (HPG) then the reviews will be more frequent and according to need as required. Any behaviour resulting in a high level intervention will automatically be followed by a review of the Individual Risk Assessment document.
  - Behaviour Support Plan (BSP)
  - Placement Plan (Care Plan) – Children/Adults
  - Risk Reduction Plan (RRP)
  - Placement Support Plan (PSP) - this is one aspect of a continuum of support to those at risk of their placement breaking down. It is used where the behaviour of young people is such that on-going concerns with regards to the safety of others and/or staff are raised or the ability of the service to meet the young person's needs is in question.
  - Weekly Risk assessment (WRA) - is based on Individual needs, presentation and type of service provided. Modification of the risk criteria might be required depending on the profile of the service.
  - Weekly Risk Assessment spreadsheet template
- 6.3. Managers must ensure that every individual has all the appropriate and relevant documents completed at the appropriate stages in a young person's placement, informed by the relevant information including EHCP, LA Placement Plans and Health Plans. Those documents must be:
  - Developed (where appropriate involving Individual and their family) and implemented during the assessment period,
  - Subject to the agreed systems for monitoring of behaviour concerns,
  - Subject to data processing and analysis to review trends Individual Risk Assessment.

### Individual Risk Assessment (IRA)

- 6.4. In the context of supporting behaviour, an Individual Risk Assessment will be used to identify what level of risk the individual may present on site and in the community. A Behaviour Support Plan will identify the relevant type(s) of proactive, active and reactive interventions or support that will be needed in different situations in order to ensure that an individual's behaviour will not threaten safety (theirs or others).
- 6.5. It is crucial that any potential need to employ restrictive physical intervention is acknowledged in the Behaviour Support Plan, so that an appropriate intervention can be properly planned. If an Individual's behaviour indicates that there is a strong likelihood that it will become necessary to use some form of

restrictive physical intervention, then the Behaviour Support Plan and an Individual Risk Assessment needs to reflect this.

- 6.6. The Individual Risk Assessment will also be used as a process to identify what actions will need to be taken to allow/enable an individual access to activities. In some circumstances it may be necessary to delay or avoid a particular activity because the current level of risk posed to the individual or others. However, staff will need to be mindful of the potential for discrimination against an individual if their access to an activity is being restricted unnecessarily.
- 6.7. In drawing up plans for the use of restrictive physical intervention, close liaison will be maintained between the multi-disciplinary teams involved with the individual in our care. Formal methods of sharing successful approaches and interventions should be adopted in order to ensure consistency and to maximise effectiveness.

### Behaviour Support Plan (BSP)

- 6.8. Behaviour Support Plans should identify the particular setting conditions both within and outside the immediate environment that increase the likelihood of behaviour of concern occurring. These might include factors that increase the individual's general level of anxiety or stress and so affect their tolerance and ability to cope with the demands being made on them. The BSP should include details of observable signs in the individual's behaviour or demeanour that suggest increased levels of stress, agitation or anxiety as well as key triggers that are known to provoke behaviour of concern under certain setting conditions.
- 6.9. Each Behaviour Support Plan should include clear criteria for when a particular intervention will be considered to be appropriate for that individual. Steps should be taken to ensure that all staff who may have to use these techniques are clear about what exactly is permissible, and under what circumstances. Clear distinctions should be made between the options that have been identified as appropriate, and their use under different circumstances.
- 6.10. Behaviour Support Plans will include details of the wider range of proactive strategies to be employed in an attempt to avoid the need for restrictive physical intervention. This will include longer-term planning to address the root causes (function) behind the behaviour, as well as de-escalation and diversion techniques to be employed when behaviour begins to deteriorate beyond normal expectations.
- 6.11. Responses to behaviour of concern should take into account the individuality of the person in our care. In identifying appropriate interventions for that individual, a comprehensive assessment of their needs should be carried out, using a multi-disciplinary approach. Where the child/young person experienced trauma, approaches to behaviour support strategies must be trauma informed, so the appropriate and effective staff responses can be given.
- 6.12. When planning the use of restrictive physical intervention, it is important to ensure that the particular intervention is not contra-indicated because of personal characteristics or health/medical factors (i.e. asthma, increasing risks of positional asphyxiation, Sickle cell anaemia) in cases of potential physical harm as a result of physical intervention, it may be necessary to seek medical advice before the use of certain support techniques.
- 6.13. There will be times when staff will need to intervene physically to keep children and young people safe or to keep themselves and/or others safe. However, just because restraint is permissible, it does not mean that it is the best and/or only way to manage a concern or situation. Staff should always consider the balance of risk associated with carrying out any intervention, i.e. action taken will be to prevent a greater harm from occurring, this is assessing the balance between the risks of carrying out the intervention against the risk of not carrying out that intervention.
- 6.14. As well as physical harm, it is important to understand an additional risk associated with potential psychological harm as the result of the use of restrictive physical intervention. This needs to be tended to with

the same attention as any physical harm. This means ensuring effective debriefs for those involved and re-tuning of relationships.

- 6.15. Physical interventions should only be used in conjunction with other strategies designed to help the individual learn alternative non-challenging behaviours. As well as identifying responses to behaviour of concern, any individual plans should include details of environment changes, teaching opportunities and the provision of particular resources or activities that will enable the individual to learn to meet their own needs through more appropriate behaviour.

#### The role of staff

- 6.16. Staff have a responsibility to ensure that incidents involving behaviour of concern are accurately reported immediately, discussed, recorded and actions taken to reduce the risk of an incident occurring again and to make reparation to any harm done. The written/electronic record should be completed within an hour, but no later than 24 hours after the incident. It would be expected that any incident is recorded before a member of staff leaves site at the end of their working day.
- 6.17. The team/person named as responsible for coordination of the school/home behaviour support has a responsibility for ensuring that each Incident sheet or electronic record is analysed and that the young person and staff involved have been offered a debrief. They must also ensure that every staff member debrief was further discussed by their line manager in the next available staff supervision session including reflection/feedback on how the incident was managed.
- 6.18. Any changes proposed to current Behaviour Support Plan(s) and Individual Risk Assessment(s) must be shared with all staff to ensure revised strategies are applied consistently and without a delay.
- 6.19. The Head of Service/Registered Manager has a responsibility to ensure all actions identified by the team/person named as responsible for coordination of the school/home behaviour support have been carried out in a timely manner.

#### The Role of children and young people

- 6.20. Where possible all children/young people are encouraged and expected to take responsibility for their own behaviour and will be made fully aware of this Behaviour Support policy and their Behaviour Support Plan.
- 6.21. Where possible all children/young people are supported to understand what happened and how they can modify their responses in difficult situations.

#### Individual's Debrief /Reflections

- 6.22. Following an incident involving behaviour of concern, the child/young person should be given the opportunity to talk through and reflect on the circumstances in which the child/young person found themselves. The purpose of this debrief is to explore with the child/young person the responsibility for what has happened and to identify alternative strategies for the child/young person to avoid similar situations occurring in future. Where a child/young person is unable to use words to reflect on the incident, other forms of debrief should be explored. This could involve the use of social stories (see 45.11 a-f for debrief guidance).
- 6.23. It is necessary to exercise judgement in the timing of this meeting – balancing the need to allow sufficient time for the child/young person to calm down fully without allowing too much time to pass so that the meeting loses its immediacy and impact. It is also important to think about who should conduct this meeting. Ideally it should not be the person directly involved in the incident. It would be preferable if the meeting could be conducted by a person who has a good relationship with the child/young person and who is seen as credible, fair and authoritative. **NB: If the child chooses to have a debrief/reflective session with someone who was involved in the incident, an additional wellbeing check should be carried out before and after the session by somebody who was not involved in the incident.**
- 6.24. The purpose of the meeting is to promote change and to help the child/young person to develop improved self-regulation or more effective strategies to manage stimuli. It is essential that staff understand the

potential impact of toxic shame on a child/young person's ability to reflect on an incident and It is important that it is conducted in a calm and supportive way which the child/young person experiences as helpful and positive.

- 6.25. If it is necessary to impose any sanctions on the child/young person or there are any other negative outcomes (from the child/young person's perspective) they should be informed of these things after and separate from the debriefing meeting. Any sanctions or consequences should be in line with policy and be recorded in a timely manner.
- 6.26. In some cases a member of the therapy team might need to be involved and support depending on capacity. They may be able to help with the selection of questions, or with specific arrangements around the communication with the child/young person.
- 6.27. Sites may use different specifically designed debrief documents which will be carefully selected for each child/young person. Examples of Facilitated Decision Making (FDM) and Evaluation Support Procedure level 1-4 are in **45.11 a-f – Individual Debrief resources**.

### Structure, boundaries and school/home rules

- 6.28. All locations will ensure that all Individuals are cared for and/or educated in an environment which provides positive and appropriate structure, boundaries and rules. These help to provide the framework for developing a moral foundation where skills of self-control and self-discipline are developed and children and young people are able to take responsibility for their actions.
- 6.29. All locations will provide clear information on any rules that apply in that setting and where appropriate individuals will sign agreements or contracts that they understand them and what any consequences would be for breaking those rules. Where individuals are age of 16 or above and do not have capacity to agree to such rules **13.00 Mental Capacity and Consent** policy will apply and any decisions will be made with the individual's best interest.

### Ongoing support, praise and encouragement

- 6.30. Helping the child/young person learn about, and where appropriate replace maladaptive strategies for coping with or communicating needs, wants and feelings with a more socially appropriate pattern is a key objective of effective behaviour support, but it may not work for everyone immediately. Rewards motivate and help children and young people to see that good behaviour is important and also valued. At Cambian we seek to reward all children and young people for their efforts, commitment, good behaviour, achievements and hard work in a variety of ways.
- 6.31. Praise and encouragement develops children and young people's confidence and self-esteem and can be used as a motivator to encourage positive behaviour. For those who require further encouragement, the promise of rewarding experiences as a consequence of appropriate behaviour provides an added motivator. Therefore where appropriate, token and reward systems can be extremely effective motivators in the development of positive behaviour.
- 6.32. Where the child/young person has experienced trauma, education about trauma reactions will be provided and a hope for full recovery given. This may be led by the member of the senior management team or therapy team member – depending on the type of provision offered.
- 6.33. Conveying information about common reactions to trauma can often be helpful, not only to the child/young person, but also to the people around them, including staff, parents, teachers, non-teaching staff and community member involved in child's/young person's life. Knowing what to expect and what reactions are

most common can relieve adults' worries that the child/young person will not recover or will be damaged forever.

### Consequences

- 6.34.** It is essential that those supporting young people in the aftermath of an incident understand the function of the undesirable behaviour for the young person when considering how to proceed. If staff understand the function, this will help to guide the opportunities for learning (consequence). Many of the neuro-diverse children/young people in our services experience a high degree of anxiety and this presents in different ways, many of them are socially unacceptable. This is likely a result of them not having the capacity, or communication skills to be able to express these feelings in other ways. They rely on the attunement of staff supporting them to make sense of these feelings and support their emotional regulation. Where this support fails, and behaviour is the only form of communication accessible, the underlying, unexpressed emotions are at risk of being compounded by fear and shame, both emotional states which do not provide an emotional safe space where learning can occur. **REMEMBER Shame doesn't motivate prosocial behaviours; it fuels social withdrawal and low self-esteem.**
- 6.35.** Children and young people rarely respond positively to being addressed by an adult raising their voice and will either become extremely distressed or over-stimulated, exacerbating any inappropriate behaviour (shame response). Other children and young people observing such behaviour may also become distressed or over-stimulated, causing incidents to escalate. Therefore, where supportive correction is felt to be necessary and effective, it should be delivered calmly and quietly, avoiding unnecessary distress/stimulation.
- 6.36.** As well as rewarding positive behaviour, there is a need for consequences to support and facilitate learning more prosocial behaviour. The use of consequences should be characterised by certain features, such as:
- It must be clear why the consequence is being applied,
  - It must be made clear what changes in behaviour are required to prevent similar situation,
  - There should be a clear distinction between minor and major incidents,
  - The focus should be on the behaviour, not the child/young person.

### Working together

- 6.37.** All services will ensure that there is an ongoing dialog (where appropriate and advisable) with families, carers and other professionals involved.
- 6.38.** All services must liaise closely with those responsible for the child's/young person's care to effectively support children and young people across a range of contexts. The services will share observations and feedback but also seek support in the development of practice which is of benefit to the child/young person life.
- 6.39.** Other agencies and professionals will be engaged when considered necessary and in the best interests of the child/young person by both their parents/carers/LA and the service.

### Physical Intervention

- 6.40.** This section should be read in conjunction with **46. Physical Intervention (PI)** policy and procedure.
- 6.41.** The purpose of physical intervention is to take immediate control of a dangerous situation, in order to end or significantly reduce the risk of harm to the person and others around them. Physical Restraint is a restrictive

intervention involving direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

**6.42.** Cambian services use either of the following BILD accredited Physical Intervention methods:

- CPI Safety Intervention Programme (Safety Intervention)
- PILLARS,
- Management of Violence and Aggression (MVA).
- Team Teach

**6.43.** This policy, procedure, supporting documentation and training are provided for staff to give clear instruction and guidance.

### Supporting staff

**6.44.** We understand that working with children and young people with complex needs in developing effective behavioural support requires commitment, specific skill and dedication. In order for the support for behaviour to be as effective as it could be, it is necessary for the staff involved to be provided with a learning and reflections opportunities and with the appropriate level of skill and confidence. Cambian is committed to supporting staff by:

- Providing Safety Intervention, PILLARS, MVA, Team Teach model training and also where required additional learning opportunities in the use of appropriate strategies and interventions,
- Completion and continuous monitoring of Cambian KPI's including an overview of incidents, de-escalation and level of restraints used,
- Providing support from a member of the Senior Leadership Team to members of staff including managers whenever requested,
- Providing additional guidance, for example clinical support in development or review of Behaviour Support Plans for children and young people in order to address challenging behaviour,
- Regular monitoring of incidents,
- Staff debrief sessions following stressful or serious incidents,
- Providing regular supervision with line manager which encourages deep reflection,
- Providing access to Employee Assistance Programme which is free of charge.

### Staff debrief

**6.45.** We have a duty of care for our staff. Debrief after a serious incident and/or incidents where restrictive intervention was used is a necessary and important step. Debrief can be carried out by any member of staff including Managers, Team Leaders, members of the therapy team. The name of the staff member receiving and also providing debrief is added to the incident sheet, the debrief document is completed on [45.2 – Reflective Debrief](#) and attached to the relevant incident form.

**6.46.** Where restrictive intervention took place, debrief with the member of staff should be carried out within 24 hours. There might be times where a group debrief will need to be offered – this will take place where a group of staff were involved in a difficult incident/situation and it is believed the whole group will benefit from the session. These sessions might be guided by Managers, facilitators or other identified practitioners. Group



debriefs will be provided to review team members' experience at the time and it is important to remember that the feedback from each session should be use to inform further learning.

### Heads of Care Forum

**6.47.** Cambian Education has a dedicated Heads of Care forum which meets quarterly. The Forum comprises, but is not restricted to the following members:

- Regional Education (Care) Leads (Chair)
- Regional Education Leads – open membership
- Heads of Care/Registered Managers
- Headteachers/Principals – open membership
- Responsible/Nominated Individuals and Directors – open membership
- COO – open membership
- Other Cambian key members depending on the subject discussed e.g. Learning & Development and HR team – by invitation
- Guests (Regulators, Advocates, Parents/Siblings, others) – by invitation

**6.48.** The Heads of Care forum members have collectively established the terms of reference:

- Networking opportunity - to promote and share good practice,
- to support and encourage the development of the quality and best practice across care provisions,
- to ensure there is collaborative approach to raising standards,
- for Heads of Care to meet to problem solve, share information and offer peer support,
- on request to review, comment and make proposals for change in relation to policy and procedures,
- to provide a platform for understanding and introducing new initiatives: i.e. applying new legislation and to work specifically on an area of future development identified for our sector. all times with current legislation and statutory guidance, and ensure that daily practice and procedures accord with this policy,

6.49. Throughout the annual cycle the group will place its focus on the following areas:

- Ensuring that Cambian Education meets the requirements of the relevant Behaviour Support framework within its standards and training (facilitated by relevant programme lead),
- Ensuring that operational feedback on the effectiveness of behaviour support policies and procedures is sought and promoting the welfare of children and young people are consistent at
- Monitoring and analysing a holistic view of behaviour support issues to ensure that incidents are managed effectively, themes are identified and tracked and appropriate actions are taken within suitable timescales,
- Facilitating a ‘lessons learned’ process to ensure that from an organisational perspective, learning points from serious incidents, can be identified and action taken which will support the review of this policy,
- Ensuring processes are in place and operating, to routinely review and evaluate behaviour support including practice and performance of all staff working with children and young people,
- Promoting and fostering a culture of continuous improvement across all disciplines,
- Providing an information exchange / setting for discussion to consider the best means to address any issues in relation to safeguarding & child protection, including working together with other agencies.

#### Need for consent

6.50. Please read this section in conjunction with Mental Capacity and Consent and Deprivation of Liberty policy.

6.51. Children’s and Young People’s care must only be provided with the consent of the relevant person, which may include the person themselves.

#### Consent and Mental Health Act

6.52. Where young people are detained under Section 2 and 3 of the Mental Health Act consent may not be required – staff should follow guidance within the MHA Code of Practice.

6.53. Implementation of positive behaviour support through supervision, staff meetings and collaborative discussion with members of the clinical team.

6.54. Each location will have an up-to-date training matrix which provides evidence of all staff training including the name of the course, date and time taken and when this training needs to be refreshed.

## 7. Standard Forms, Relevant Documents, Letters & References

#### This Policy’s supporting documents

45	Behaviour Support Policy - Education
45.1	Risk Assessment and Management process map for Education
45.2	Referral Assessment Placement Form
45.3	Impact Assessment
45.4a	Behaviour Support Plan – for Individual signature
45.4b	Behaviour Support Plan – for parent or LA signature
45.5a	Individual Risk Assessment
45.5b	Individual Risk Assessment – example and guidance
45.6	Risk descriptors
45.7a	WRA Guideline (ASD profile)

45.7b	Weekly Risk Assessment (ASD profile)
45.8a	WRA Guideline (AS profile)
45.8b	Weekly Risk Assessment (AS profile)
45.9	Weekly Risk Assessment spreadsheet template
45.10	Incident Form
45.11a-g	Debrief Forms for staff (levels 1-4) 7 documents
45.12	Placement Support Plan
45.13	Staff Reflective debrief
45.14	Weekly Body Map
45.15	Static body chart record
45.16	Risk Reduction Plan
45.17a	Placement Plan – adults
45.17b	Placement plan - children

- 7.1. Risk Assessment and Management process map for Education
- 7.2. Referral Assessment Placement Form
- 7.3. Impact Assessment
- 7.4. Behaviour Support Plan – for Individual signature
- 7.5. Behaviour Support Plan – for parent or LA signature
- 7.6. Individual Risk Assessment
- 7.7. Individual Risk Assessment – example and guidance
- 7.8. Risk descriptors
- 7.9. Weekly Risk Assessment (ASD profile)
- 7.10. WRA Guideline (ASD profile)
- 7.11. Weekly Risk Assessment (AS profile)
- 7.12. WRA Guideline (AS profile)
- 7.13. Weekly Risk Assessment spreadsheet template
- 7.14. Incident Form
- 7.15. Debrief Forms for staff (levels 1-4) 7 documents
- 7.16. Placement Support Plan
- 7.17. Staff Reflective debrief
- 7.18. Weekly Body Map
- 7.19. Static Body Chart Record
- 7.20. Risk Reduction Plan
- 7.21. Placement Plan – adults
- 7.22. Placement plan - children

#### **Other Cambian Policy**

- 7.23. Child Protection and Safeguarding
- 7.24. Child Sexual Exploitation
- 7.25. Physical Intervention
- 7.26. Mental Capacity and Consent
- 7.27. Anti-bullying
- 7.28. Third Party Aggression
- 7.29. Exclusions

**7.30.** Self-Harm and Suicide Policy

**7.31.** Referrals and Admissions Policy

**7.32.** Deprivation of Liberty Safeguards Policy