



**Bradstow School**  
Registered as a children's home

**POLICY**

**Positive Behaviour Support**

*(Including guidance on the use of Restrictive Practices  
including Physical Interventions)*

# *CONTENTS*

1	Rationale	Page 3.
2	Planning for Individual Behaviour Support and Individual Risk Assessment and Management	Page 7.
3	Physical Interventions	Page 10.
	Appendices/References	

## Section 1 – Rationale.

Bradstow School is designated as a children's home hereafter referred to as Bradstow School Children's Home and as such is subject to the Children's Homes (England) Regulations 2015 which state that

*The registered person must prepare and implement a policy (“the behaviour management policy”) which sets out—*

*(a) how appropriate behaviour is to be promoted in the children’s home; and*

*(b) the measures of control, discipline and restraint which may be used in relation to children in the home.*

**The Children's Homes (England) Regulations 2015, Part 5, Regulation 35, 1 (a), (b)**

These regulations are further supported by nine quality standards. The Protection of Children Standard (Standard 7) states that these measures should be set in the context of building positive relationships with children and between children.

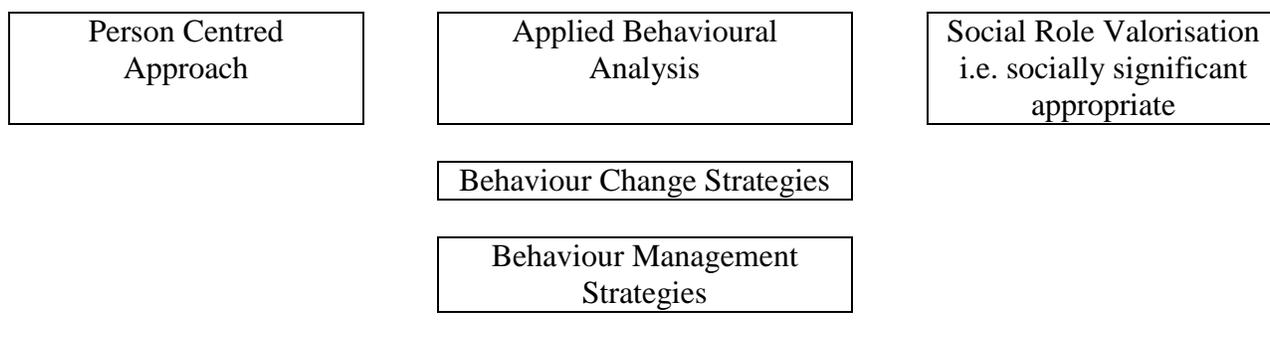
**The Children's Homes (England) Regulations 2015, Regulation 11, Quality Standard 7, Paragraph 9.11, 9.13**

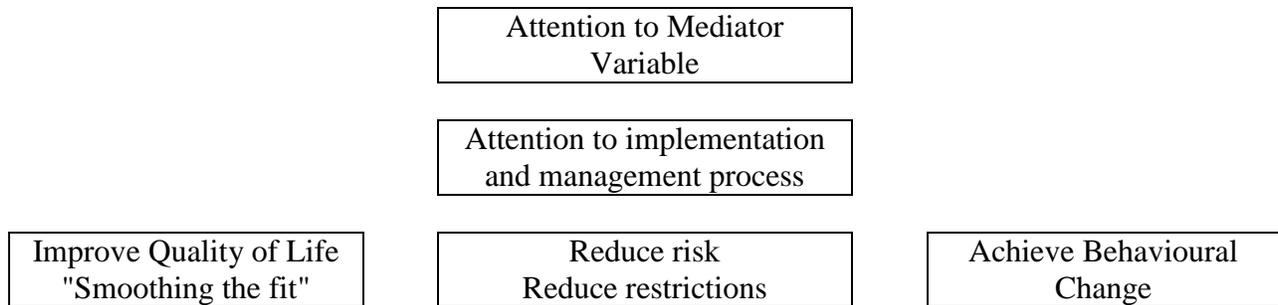
Bradstow School Children's Home has a clear philosophy and ethos using "Gentle Teaching" as a basis for creating positive relationships between the staff and pupils based on mutual regard within a safe, loved and loving environment.

This policy has been written to encompass this ethos and the principles of Positive Behaviour Support, and to use those principles to inform and guide practice when supporting children and young people whose behaviour may challenge.

The principles of Positive Behaviour Support underpin the service systems and approaches at Bradstow School Children's Home. The diagram below illustrates how this is achieved:

### Positive Behavioural Support as a Service System





### Key themes of Positive Behaviour Support:

- authentic positive relationships and participation (Gentle Teaching),
- person centred approaches,
- accurate functional analysis,
- increased choice and control for our students,
- increase in self management skills to address unmet needs,
- a constructional multi-element approach i.e. individual support plans and
- **avoidance of punitive or aversive consequences**

Effective positive behaviour supports rely on a clear definition of how the behaviour that we describe as challenging presents (topography).

The most commonly adopted definition of 'challenging behaviour', the term now commonly used within both education services and health and social services, is:

*'Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.'*

Emerson, E (1995), cited in Emerson, E (2001, 2nd edition): *Challenging Behaviour: Analysis and intervention in people with learning disabilities*. Cambridge University Press

Although a more recent definition emphasises and strengthens the impact that an individual's challenging behaviour may have on their quality of life and also focuses on the restrictive and aversive nature of our responses.

*"Behaviour can be described as challenging when it is of such an intensity frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion"*

*Challenging Behaviour: A unified approach*(Royal College of Psychiatrists, British Psychological Society and the Royal College of Speech and Language Therapists College Report CR144 June 2007)

There are also wider issues relating to children and young people and the definition can be extended to encompass:

*'...behaviour which is likely to impair a child's personal growth, development and family life and which represents a challenge to families and to the children themselves, however caused.'*

**Bradstow School Children's Home**

It is important to consider that any definition or identification of “challenging” behaviour will need to acknowledge that judgements about what is “challenging” will depend on a wide variety of experiences, differing tolerance levels and social and cultural factors. Also challenging behaviour often emerges in early childhood, but may not be acknowledged as a 'problem' until the child is older when the management of the behaviour is more difficult and less socially tolerated. Challenging behaviour is relatively common amongst children with severe learning disabilities and autism. Challenging behaviour serves a clear purpose and function for these children and young people, a way of exerting control over their environment and to influence carers i.e. a form of communication or stimulation. The consequences of all challenging behaviour are legitimate i.e. we all have a right to access or avoid those things that we find reinforcing or distressing e.g. interaction, sensory stimulation, tangibles and control. It is the behaviour that results in risk of harm, restrictions and damage to quality of life which is maladaptive or 'challenging'. It is our aim at Bradstow School Children's Home to use models for understanding these behaviours and more importantly the needs that drive them to develop effective, individualised interventions teaching adaptive functionally equivalent behaviours which are more efficient in accessing these legitimate needs, and to 'smooth the fit' between the individual and their environment (ecological manipulations).

Research has increased our understanding of the nature and causes of challenging behaviour, and we are now in a position where real differences can be made in increasing the adaptive behaviour repertoires, and in turn, the quality of life and relationships, for our young people.

### **Key Points:**

- The term 'behaviour that challenges' should be reserved for behaviour which is dangerous or significantly interferes with the young people' or carers' quality of life.
- Behaviour that challenges is more likely where the individual and or the environment have communication deficits.
- It often serves one or more functions (i.e. to gain or avoid: tangibles, interaction, sensory stimulation and control) helping the young person to exert choice and influence over some aspects of their environment more successfully.
- Behaviour that challenges is often accompanied by carer/staff distress and reactions which may actively maintain and reinforce the behaviour over time.

- Models for understanding behaviour can be used to assess (i.e. functional analysis) and to plan effective and positive intervention programmes to reduce the frequency and duration of the problem behaviour by teaching effective alternatives.
- Interventions are more effective if they are based on the assessment of the functions of the behaviour, and instigate effective changes to the support given and within the immediate environment of the young person.
- There should be a commitment to early intervention, prevention and positive approaches to understanding behaviour, and an investment in appropriate training and resources to support the often intensive work required.
- A focus on early intervention / diffusion, prevention and developing adaptive alternative behaviours to access reinforcers, rather than on the reactive strategies in response to maladaptive (problem) behaviour when it occurs. To recognise that behaviour that challenges does not occur within a vacuum i.e. it occurs within the environment, not within the young person, and that the behaviour is reasonable from the individual's perspective.

Notwithstanding the ethical dilemmas of using punishment as a consequence, if that punishment involves the use of force then it is unlawful. This is because it would fall within the definition of corporal punishment, which was banned in state schools in 1986 by the British parliament following a ruling in the European Court of Human Rights in 1982. and abolished by section 548 of the Education Act 1996

**European Court of Human Rights, 25th February 1982**

**The Education Act 1996, Section 548**

The Children's Homes (England) Regulations 2015, referring to Behaviour Management and Discipline, lists punishment and discipline procedures that are not acceptable under paragraph 2 as follows:

- (a) any form of corporal punishment
- (b) any punishment involving the consumption or deprivation of food
- (c) any restriction other than one imposed by a court or in accordance with Regulation 22 - (contact and access to communications,) on--
  - (i) a child's contact with parents, relatives or friends
  - (ii) visits to the child by the child's parents, relatives or friends
  - (iii) a child's communication with any person listed in Regulation 22(1) (contact and access to communications); or
  - (iv) a child's access to any internet based or telephone helpline providing counselling for children
- (d) the use of or withholding of medication or medical or dental treatment
- (e) the intentional deprivation of sleep

- (f) imposing a financial penalty
- (g) any intimate physical examination
- (h) withholding any aids or equipment needed by a disabled child
- (i) any measure involving a child imposing any measure against another child
- (j) any measure involving punishing a group of children for the behaviour of an individual

The Children's Homes (England) regulations 2015, Part 2, Chapter 2, Regulation 19

*The quality and purpose care standard applies to residential special schools registered as children's homes and short break settings. Some of the requirements of the standard must be applied in such a way that the homes are able to protect and meet the needs of all children accommodated in them (particularly in relation to children's complex special educational needs and disabilities).*

The Children's Homes (England) Regulations 2015, Quality Standard 6, Paragraph 3.40

Bradstow School Children's Home; takes the view that: the practice of using punishment such as sanctions for a young person who is essentially attempting to communicate a message, "asking questions" or wanting access to legitimate reinforcers e.g. to escape a situation or have interaction from care staff, is ethically non-viable. young people with Autism often have comprehension and communication deficits which reduce their ability to use applied consequences such as sanctions to moderate and manage their behaviour Bradstow School Children's Home use Non-aversive approaches to teach/develop more adaptive or appropriate means of communication to achieve the same reinforcers. All young people should have a full functional analysis completed. This in turn will lead to an individual Positive Behaviour Support Plan outlining the interventions including positive programming, developing alternative communication systems, manipulating the environment to support the young person and other non-aversive procedures in place.

## **Section 2 – Individual Positive Behaviour Support Planning and Individual Risk Assessment/Management**

By creating supportive environments and implementing individual multi-component behaviour support plans, we aim to avoid the need for the young person to exhibit the 'problem' behaviour in the first place. In the longer term our aim is to equip the young person with skills to meet their own needs and cope with the demands of daily life which includes:

- the skills to communicate to others what their needs are and get these needs met,
- to have a network of social support or relationships providing social-emotional support, encouragement, practical help, intimacy, affirmation of worth and appropriate models of socially competent behaviour',

- a lifestyle promoting optimum social functioning i.e. housing, work and leisure activities and relationships appropriate to the needs of the individual young person, and
- self awareness and an awareness of consequences of actions and the needs of others.

We recognise that needs vary from young person to young person. The support plans we implement are individual to each young person to ensure their particular needs are met. Critically these plans include the personal and environmental setting conditions which make the young person more or less likely to engage in the behaviours that challenge.

(Appendix 1 – Individual Interaction Plan, IIP).

Changes in behaviour can take time. Long established behaviours usually only change through the persistent and consistent implementation of multi-component intervention plans which incorporate the development of skills, the provision of a supportive environment (Gentle Teaching) and an awareness of the personal and environmental setting conditions for the young person’s behaviour, and preventative actions to be taken if the behaviour escalates (diffusion).

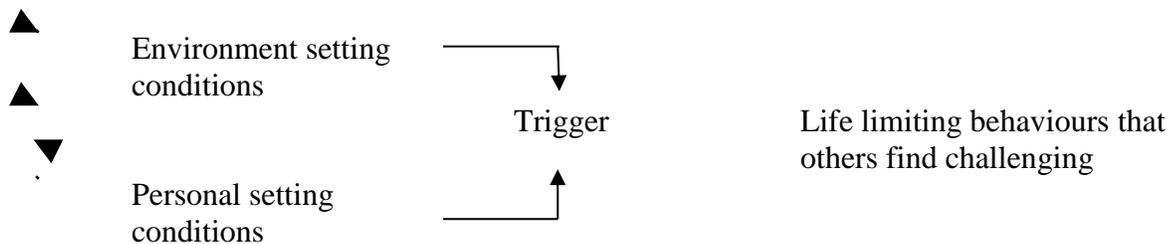
Our approach enables care staff to:

- Support the young person effectively and safely when their behaviours occur (Situational Management).
- Support the young person to make progress and change over time.

It is crucial that we are aware of each young person’s personal setting conditions before we are able to effectively plan the relevant and most appropriate environmental conditions. For example, we would need to be aware that a young person becomes agitated or anxious during transitions or when there is a change in routine. Then support can be implemented to decrease the young person’s anxiety at these times i.e. ‘smoothing the fit’ between the young person and their environment to reduce the need for the individual to use behaviour that challenges. Behavioural incidents can be reduced or avoided altogether by the effective implementation of support plans individually designed to avoid or modify the specific events or conditions which ‘trigger’ such behaviour for the young person.

It is clear that when a young person’s interactional needs and the support available to them are badly ‘matched’ then difficulties arise because they **do not feel safe and loved**. At best the young person may be withdrawn, depressed or even frustrated, and, at worst, could become excitable, agitated, distressed, aggressive and destructive. Behaviours that challenge can be reduced and often prevented by the careful management of the unconditional relationships, the environment and the consideration and understanding of each young person’s personal setting conditions (their story). The more positive, loving interactions and opportunities that we are able to provide to meet the needs of the children and young people, the less likely it will then be that the challenging behaviour will occur.

The diagram below shows how the interaction between environmental and personal setting conditions when triggered results in life limiting behaviours that others find challenging



### **Primary Prevention (Changing the context and reducing the likelihood for the need to use physical interventions)**

This involves our building a supportive environment (context) for each young person i.e. changing or manipulating the environment to reduce the need of the child to exhibit the challenging behaviour. Such environmental or ecological changes or manipulations may include:

- avoiding known triggers for challenging behaviour,
- making the environment safe,
- teach functionally equivalent behaviours (skills) to the young person which allow them to meet their needs appropriately. Find the right level, system of communication or interactive approach,
- changes to the environment to avoid setting conditions occurring,
- being aware of the young person's personal setting conditions which influence their behaviour i.e. sensitivity to crowds, noise, verbal demands, pain or thirst etc.,
- predictability to reduce anxiety, and
- changes to care staff behaviour (Gentle Teaching) i.e. their communication skills, interactional style, expectations, understanding of challenging behaviour etc.

### **Early Intervention**

All the children and young people are required to have planned 'Early Interventions' (see Individual Interaction Plan - IIP (Appendix 1) or actions to be taken when a combination of setting conditions have been 'triggered' and a sequence of behaviours which could 'escalate' into a crisis for the young person i.e. an incident of violence or aggressive outburst have begun. This stage of intervention is designed at avoiding this escalation i.e. interrupting or diffusing the 'behavioural chain' therefore preventing a crisis for the young person. Again, the effective planning of the young person's IIP demands a thorough understanding or assessment of their personal and

environmental setting conditions. The IIP is specific to the individual young person and may include a consideration of the following options:

- change caregiver interactions,
- offer alternatives or options to the young person i.e. distract or redirect attention, offer an alternative choice, change to a less demanding activity,
- consider issues of physical proximity i.e. does the young person need ‘space’ to calm or would they be reassured by closer physical contact,
- reduce demands,
- reduce language or give more information,
- change environment i.e. move to another room or go outside,
- change the people with the young person,
- reduce the number of people in the environment, and
- if appropriate ask the young person what they want, problem solve, encourage and reassure.

All caregivers are required to be familiar with the early intervention strategies for each young person in their care. These are clearly described within the individual young person’s “I Am” (which is a summary of the IIP). Staff should also understand the personal and environmental setting conditions for each young person. **It is often the changes in the behaviour of those supporting the individual child that leads to change in the behaviour of the young person;**

The children and young people at Bradstow School Children's Home often have the most extreme difficulties in understanding the environment around them and in anticipating what is going to happen next. Our approach is to understand each young person’s situation from the perspective of their experience and skills. The young people we are supporting are also dependent on us for their most basic requirements, but have difficulty in ‘telling’ us what they want. To reduce the young person’s reliance on exhibiting behaviours that challenge to meet their needs, we are required to teach replacement behaviours to serve the same function and to change the environment to support the young person i.e. to reduce or eliminate the setting conditions for the behaviour to occur.

## Section 3 – Physical Interventions

Physical interventions; refers to all interventions where there is physical contact between the adult and the young person. This may be therapeutic and necessary such as providing physical support, guidance or reassurance.

Restrictive physical interventions (Restraint) is defined as:

*“using force or restricting liberty of movement”*

The Children’s Homes (England) Regulation 2015 Part 2 (1).

Where the restraint (force) has to be used to ensure safety it must be the minimum amount possible (proportional) and applied for the least amount of time.

Restraint and deprivation of liberty:

Restraint in relation to a child is only permitted for the purpose of preventing:

- (a) injury to any person (including the child);
- (b) serious damage to the property of any person (including the child);

Restraint in relation to a child must be necessary and proportionate. These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.

**The Children's Homes (England) regulations 2015, Part 2, Chapter 2, Regulation 20 (1), (2), (3).**

## Key Principles

Physical interventions are only used as a planned response after other less intrusive and restrictive methods have been fully implemented i.e. early intervention or diffusion techniques which have been identified for that young person. At Bradstow School Children's Home physical interventions are part of a 'graduated' approach which actively seeks to avoid any conflict and confrontation, and are a last resort when other diffusion strategies have failed to prevent a crisis occurring for the young person.

Physical interventions are only to be used:

- in the best interests of the young person,
- for the shortest period of time,
- using the minimal reasonable force,
- without causing pain,
- with respect to the young person's personal dignity,
- with respect to age, gender and cultural background,
- with consistency of approach from care staff,
- where care staff support each other in managing crisis situations,
- when they are based on gradient support, and
- only when all other strategies have failed, i.e. when other less intrusive methods have failed.

Physical interventions should not:

- cause injury,
- punish,

- cause pain,
- create distrust and undermine personal relationships,
- become routine,
- force compliance,
- be used in anger,
- humiliate a young person,
- deprive,
- frighten,
- cause cultural offence,
- arouse sexual expectation,
- take the young person's body out of natural alignment,
- hold joints, and
- restrict breathing or impact upon the pupil's airways.

Care Staff are required to organise and plan responses to each young person's behaviour that challenges which will contain or limit the danger for all. Physical interventions form a part of each young person's 'multi-component' support plan, which is based on an assessment of the factors, or setting conditions, which influence the occurrence of the behaviour. The Individual Interaction Plan (IIP) is designed to reduce the incidence of behaviours in the long term and also to keep the individual and others safe during crisis. Each IIP also includes measures to ensure that the minimum amount of restrictions are being applied to the young person. These are detailed within the Restrictive Practice Reduction Plan (Appendix 2). All restrictive or 'Responsive Strategies' are based on a risk assessment and analysis enabling care staff to take action to reduce the likelihood of harm to all those involved in the incident i.e. an analysis of:

- The behaviour
- When it occurs
- Resources required to manage the situation safely

Individual Interaction Plans which identify specific Responsive Strategies and include Individual Risk Assessments enable caregivers to respond effectively to dangerous behaviours whilst trying to ensure the safety of the young person and themselves. Alongside these planning tools, staff regularly revise techniques for responding as behaviours escalate to reduce anxiety and the risk of injury (see Care Staff Training). All agreed strategies and physical interventions are reviewed termly, or more frequently in individual situations i.e. if behaviour was exhibited for the first time, had become more intense or occurred more frequently.

We have a general 'duty of care' by which we are required to do the best we can to support the rights of the young people in our care to be safe. In our work with young people who may behave in dangerous ways on a frequent basis, we are required to do the best we can in the circumstances to reduce the likelihood of harm both to the young person, to other young people and care staff who are at risk. We aim to create an ethos of caring and respect for the child's rights where physical interventions are a last resort, and not the first line of intervention.

The United Nations Convention on the Rights of the Child (ratified 1991) is based on four core principles as follows:

- The right to non discrimination
- Devotion to the best interests of the child
- The right to life, survival and development
- Respect for the views of the child

Every right spelled out in the United Nations Convention on the Rights of the Child is inherent to the human dignity and harmonious development of every child.

Training takes account of the rights of the child and sets out to ensure that each individuals dignity is preserved and protected.

Bradstow School trains the staff in Prospect PBS Training which has formally adopted the British Institute of Learning Disabilities (BILD) Code of Practice for Trainers in the use and reduction of Restrictive Physical Interventions 2014, is accredited through the BILD Physical Intervention accreditation Scheme.

Examples of situations when a judgement regarding the use of physical interventions may be called for include:

- A young person attacks a member of care staff or another pupil
- Young people are fighting, causing risk of injury to themselves or others
- A young person is committing or on the verge of committing deliberate damage to property
- A young person is causing or at risk of causing injury or damage by accident, by rough play, or by misuse of dangerous materials or object
- A young person absconds from a class or tries to leave Bradstow School Children's Home other than at an authorised time. Refusal of a young person to remain in a particular place is not enough on its own to justify use of force. It would only be justifiable where allowing the young person to leave would:
  - Entail serious risks to the young person's safety (taking into account age and understanding), to the safety of other young people or care staff, or of damage to property; or
  - Lead to behaviour that prejudices good order and discipline, such as disrupting other areas of the school.

In these examples proportionate use of force is likely to be construed as reasonable (and therefore lawful) if it was clear that the behaviour was sufficiently dangerous or disruptive to warrant physical intervention of the degree applied and could not realistically be dealt with by any other means”

*"All members of school staff have a legal power to use reasonable force"*

Use of reasonable force Advice for head teachers, staff and governing bodies July 2013 (revised 2015)

Physical interventions may include:

- Holding a young person's arm
- Leading a young person by the arm
- Deflecting a young person away or blocking their path
- Blocking punches with forearms
- Escorting a young person to another environment
- Staff member 'breaking away' from dangerous or harmful physical contact with a young person
- Holding, i.e. 'wrapping' or 'hugging' a young person in a dangerous situation

Physical interventions should not include:

- Slapping, punching or kicking a young person
- Twisting or forcing limbs against a joint
- Sitting on or over a young person
- Tripping up a young person
- Holding a young person's face down on the ground
- Holding or pulling a young person by their clothes, hair or ear
- Carrying a young person by their arms, legs or both

Staff are trained to take account of the young person's individual needs when using any type of physical intervention, such as size, gender, emotional, medical and physical history.

*Approaches to restraint should recognise that young people are continuing to develop both physically and emotionally*

**The Children's Home (England) Regulations 2015, Standard 7, paragraph 9.54**

Example of good practice:

Bill has Autism and a learning disability. Occasionally Bill will become anxious if he is confused about what is expected of him. Bradstow School Children's Home provides Bill with a structured approach, clear routine, functional communication using a pictorial timetable, picture strips and social stories. These approaches work well in supporting Bill to access his timetable. However occasionally an unplanned change to the schedule might occur. At these times Bill's support staff will try to prepare and support him through this unexpected change. During these times Bill may

become very distressed demonstrating this by attempting to bite the care staff and other students. The care staff supporting Bill wear protective clothing to minimise the damage caused by his biting. When Bill begins to focus on care staff and other young people, the lead member of care staff will try to distract Bill and reduce the demands placed on him. The support member of staff will redirect the other young people away to safety. This allows Bill to re-focus and calm. If Bill is very distressed this may not be enough and the lead and support staff will sit with Bill between them holding him calmly until the situation is safe. The hold they use preserves his dignity, does not interfere with breathing, does not apply pressure to joints or vulnerable areas, and lasts for no longer than a few minutes. Once Bill has calmed enough for it to be safe to reduce the level of support the lead staff will signal the support staff to gradually move away. The lead care staff member will then gradually reduce the level of physical support. The staff will then support Bill back onto his schedule (into his “flow”). Once the incident is over it will be reported and fully recorded. Information from these records is used for future planning and review of the current programme. All parties are also checked for injuries and trauma.

## **Unplanned or Emergency Interventions**

Unplanned or Emergency Interventions may be necessary on the rare occasion when a young person behaves in an unexpected way or exhibits a “new” behaviour i.e. unforeseeable behaviour. In these situations members of care staff retain their ‘duty of care’ to the young person and their response should be proportionate to the circumstances. Again, only the minimum force necessary should be applied to prevent injury and maintain safety, and it should be consistent with the physical intervention training and guidance the care staff have received. However, once a pupil has exhibited a particular behaviour it is no longer unforeseeable. Following such an incident there should be an Internal Review to examine the continuing effectiveness of the Individual Interaction Plan and any amendments to the approved Restrictive Interventions made if required. In those cases where a pupil has been highlighted as presenting a particular “behavioural challenge” which cannot adequately be supported by the guidance and training currently in place, then Bradstow School Children's Home has a duty to provide further guidance and training for care staff. For example, in circumstances where a particular young person could not be safely managed within the positive handling training framework currently provided to all staff, additional training should be provided for those care staff likely to come into contact with that young person who is presenting an elevated risk. It is important that any additional guidance or training reflects Bradstow School Children's Home holistic ethos and does not detract from the training in diversion and de-escalation provided within the Prospect PBS Training framework. Situations that cannot be foreseen require care staff to use their professional judgement and to assess as if it is an emergency using dynamic risk assessment to guide their approach.

## **Training**

All direct staff at Bradstow School's children's home, are trained in Prospect PBS Training Physical Interventions. All staff attend a three day Practitioner course within the first three months of employment at the school. This incorporates units relating to Understanding Challenging Behaviour, Strategies for Providing Supportive Environments (prevention), and Strategies for Early Intervention and developing adaptive behaviours. Caregivers are taught how to use the approved Prospect PBS physical interventions and how to implement the principles of:

- Least restrictive intervention
- Graduated support
- Legal responsibilities and protection for the young people within Bradstow School Children's Home

All care staff receive two weeks of induction training before working with the young people and this programme includes an introduction to challenging behaviour, Positive Behaviour Support philosophy, physical interventions and incident recording. Following their initial training, all direct staff are required to attend weekly revision sessions coordinated by the school's Prospect PBS Trainers and "Advanced Practitioners". Prospect PBS Trainers are updated and reassessed every twelve months to continue to teach physical interventions within the school. Prospect PBS Training is accredited to the British Institute of Learning Disabilities (BILD). Prospect PBS training within Bradstow School is complimented by other in-service training for example, functional communication training, autism, sensory issues, manual handling, risk assessments, building supportive environments, task analysis etc. This is all taught within the school philosophy of all children feeling "Safe, Loving, Loved" based within Gentle Teaching.

## **Recording**

Behavioural Incidents are recorded electronically on school incident reports linked directly to the school's database (Appendix 3). Reports are automatically completed on any use of restrictive physical intervention. All reports are electronically signed which allows for accurate follow up and investigation if necessary. Care staff are required to complete reports before the end of their shift.

All incident reports are reviewed and signed off by the Responsible Individual/Registered Manager and members of the Senior Management Team. These are then verified by the Practice Development Manager with the authorisation of the Responsible Individual. The SMT includes the manager responsible for Safeguarding (DSL).

The report includes:

- The date, activity and location
- The names of the care staff and young people involved

- A description of the incident/behaviour exhibited, i.e. the reason for using a physical intervention
- The primary and secondary interventions that have been used prior to the use of physical interventions
- The type of physical intervention employed and duration
- Whether it is approved, i.e. planned on unplanned
- Whether the child or young person or member of care staff was injured
- A body map
- Additional information relating to the behaviour and the setting events for the individual young person

See Guidelines on Incident Sheets (Appendix 4).

All completed Incident Reports are entered onto the school's Behaviour Management Database. The database serves a number of different purposes:

- Compliance with statutory requirements
- Monitoring an individual's behaviour
- Monitoring rates of challenging behaviour within the children's home
- Monitoring staff performance
- Identifying needs, difficulties and common traits both within the residential home and for individual young person.
- Contributing to the service (school) audit and evaluation, i.e. monitoring the school's performance

In the event of an injury being sustained by children or by staff members the following procedures are in place:

- A record entered into the home's internal Accident Book
- A record entered into the home's internal First Aid Book
- Completion of the Internal Report of an Accident, Assault, Occupational Disease or Near Miss form which is submitted to Wandsworth Council's Health and Safety Unit and is entered onto the school's database
- Injuries or significant incidents of challenging behaviour for children or young people are immediately communicated to Ofsted in accordance with "Guidance for children's homes providers: notifying Ofsted of a serious event Notifications under Regulation 40 (safeguarding notifications) of the Children's Homes (England) Regulations 2015, April 2018".
- If a young person is injured the parents are informed immediately (see Body Map – Appendix 6)
- In particular circumstances relating to individual young person's minor injuries would be reported to the young person's local LEA or Social Services Department. For example, if Social Services have made a specific request to be informed of incidents or if there are particular concerns relating to the young person.

## **Proactive Use of Physical Interventions**

Generally physical interventions are used reactively, however, interventions might be required to be used proactively to keep children safe and to engage them as part of their daily care, activities and routines. This is highlighted in the following regulation: The Children's Home (England) Regulations 2015, Standard 7, The Protection of Children Standard, paragraph 9.44

As a children's home that supports children and young people where, as a result of their impairment or disability, restraint is a necessary component of their care we include this information for these individuals in their Positive Behaviour Support Plans and EHCPs. (See also Statement of Purpose).

The home must ensure that the normal interventions or prompting for the day to day routines of individual children are properly recorded. In other circumstances it is sometimes considered in the best interests of the young person to employ a combination of physical prompts, guidance and short periods of physical interventions as part of their therapeutic or educational programme that could not be implemented otherwise i.e. to learn a new skill or to complete an exercise. For example, with a young person learning to manage their behaviours in public places, or a young person learning to tolerate sitting with other young people without becoming distressed, i.e. the member of care staff 'shadows' the young person and adjusts the level of proximity and physical support according to the young person's behaviour. If this approach is required as part of a young person's broader educational strategy it is established in writing within the young person's Individual Interaction Plan. However, if physical interventions are sustained against resistance the nature of the activity changes from "teaching" to "Restrictive Physical Intervention" and therefore the physical intervention would not be the most appropriate response.

*N.B. The term restrictive physical intervention refers to the action by which one or more people restrict the movements of another against resistance. It is qualitatively different from other forms of physical contact or interaction i.e. physical prompting, physical guidance or the support required in therapy or teaching.*

**Bradstow School Children's Home.**

## **Withdrawal from Social Interaction Stimulation and Demands: (Monitoring Of Timeout from Reinforcement)**

**Definition of statement:**

If a young person is prevented from leaving an area / either through being physically supported into a room and prevented from leaving or others are removed from the room and the young person is prevented from re-joining the group.

The children and the young people who live at Bradstow School Children's Home have autism and/or complex disabilities usually affecting their ability to communicate and interact with others.

These difficulties can lead to crisis where the child is in a kind of “sensory overload” and not able to calm and regain their self control whilst others are present. In these circumstances and in line with the individual young person’s IIP, it may be therapeutic for the child to spend a short period of time alone, thereby reducing the interactional and sensory input, allowing the child to refocus.

If this is assessed as being a beneficial support process for the individual child concerned, then it will be taught to the child as part of their coping strategies. This will enable the child to take themselves away from situations that they find distressing and over stimulating.

During the teaching of this strategy, it may be necessary to provide the child with verbal prompting, physical prompting and sometimes physical support to enable them to understand what to do.

Because of the restrictive nature of this intervention every instance must fit within the individual child’s Individual Interaction Plan (IIP), be thoroughly risk assessed, have a Restrictive Practice Reduction Plan (RPRP) in place, be reported, recorded and detail reductions in the levels of prompting and duration of time alone monitored.

Any use of time alone in an emergency will always lead to a full investigation.

## **Mechanical/Therapeutic Aids**

Devices which are provided for therapeutic purposes, i.e. buggies, wheelchairs, supporting harnesses etc. should never be used in school for the purpose of preventing problem behaviours. Devices which are designed to prevent problem behaviours e.g. arm splints or protective clothing should be considered to be a form of restrictive physical intervention, even if the child does not resist their use. Such devices should only be employed after a multi-disciplinary assessment and risk assessment and should impose the least restriction required to prevent harm. Attempts should continue to achieve the desired outcome with a less restrictive intervention. Guidelines for their use should be clearly recorded in the young person’s Individual Interaction Plan.

## **Maintaining Health and Safety:**

The protection of children standard, standard 7, paragraph 9.5 within the Children's Homes (England) Regulations 2015 clearly states that: the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm.

*The locking of external doors, window restrictors, and doors to hazardous materials (including staff personal belongings), may be acceptable as a security precaution if applied within the normal routine of the home.*

**The Children's Home (England) Regulations 2015, Standard 7, paragraph 9.62**

In order to ensure the safety of the young people living in Bradstow School Children's Home all the external doors are locked via an electronic key fob system. Any young person who it is considered through the risk assessment framework would not be at risk of serious harm leaving the building alone will be provided with their own key fob. At times, in order to ensure a young person's safety, it may be necessary to limit access to parts of Bradstow School unless the young person is supervised by a member staff. These decisions will always be based within a risk assessment and safeguarding framework and are always taken in the best interests of the child or young person.

*In addition Regulation 23.2.a. states that medicines should be secured in a safe place within the home. To ensure confidentiality and maintain compliance with the data protection act, all personal information relating to young people and staff will be secured.*

**The Children's Home (England) Regulations 2015, Part 2, Chapter 2, Regulation 23, (2), (a)**

## **Risk Assessments**

Behaviour Risk Assessments (Appendix 5) are completed for all young people and these describe all behaviours towards self, others and the environment, also strategies currently implemented. Behaviour Risk Assessments are completed where the severity of adverse outcomes is more significant or if the behaviour presents a particular risk in a specific situation. Some young people may have a sensory aversion to being held. They may have a physical condition that potentiates the risks associated with being held. Physical intervention may also be a reinforcing factor to the challenging behaviour. This can be extremely difficult when supporting an individual who self-injures in order to be held. The risk assessment process sets out to balance the risks of intervening against the risk of not intervening to ensure that the individual's safety is always balanced against their individual rights.

## **Complaints**

See Complaints Policies and Procedures (including young people, care staff and parents).

## **Post Incident Management**

Following significant incidents of challenging behaviour the young person and individual staff members involved are separately “debriefed” by the senior manager on duty. A record is kept of these meetings (Appendix 6) and actions identified as appropriate. Care staff and young people when possible, talk about the incident calmly i.e. what happened and how it has affected them. All care staff attend regular supervision meetings with their line manager and care staff are encouraged to discuss any concerns they have, child protection issues, health and safety and also any anxieties they have relating to challenging behaviour and physical interventions. Young people are encouraged to communicate their feelings in whichever way works for them.

Care staff are encouraged to approach Prospect PBS Advanced Practitioners or In-Service trainers for advice or to help solve problems. Care staff are also encouraged to discuss concerns at the weekly Prospect PBS revision sessions. The care staff teams supporting individual young people meet regularly to discuss strategies and review the approved physical interventions (Internal Reviews). These meetings occur routinely on a three monthly basis, or more regularly if required. Any member of care staff is able to call an Internal Review which are co-ordinated by the Behaviour Team. Information drawn from Incident Reports and action points from Debriefing Meetings would be used to inform decisions made at Internal Reviews.

Post incident management for pupils is an area of developing work. Presently this is carried out on an individual basis, providing pupils with support in a way that suits their particular needs. The aim is always to rebuild the relationship of trust with care staff, and to enable the young person to feel safe and valued, and to move on.

## **Legislation and Guidance:**

In the school setting Bradstow School Children's Home adheres to current legislation and guidance. This policy has been written and updated as necessary in line with current legislation and guidance as follows: The Education Act 1996, The Education and Inspections act 2006, The Children's Homes (England) Regulations 2015. Guide to the Children's Homes Regulations including the quality standards April 2015, Use of reasonable force Advice for headteachers, staff and governing bodies July 2013, The use of force to Control or Restrain Pupils 2010, Positive and Proactive Care Reducing the need for restrictive interventions 2014, The BILD Code of Practice for minimising the use of restrictive physical interventions: planning developing and delivering training, fourth edition, 2014, Working Together to Safeguard Children A guide to inter-agency working to safeguard and promote the welfare of children July 2018. Keeping children safe in education Statutory guidance for schools and colleges Part 1: Information for all school and college staff September 2018. All direct references are included within the text of the policy. Guidance for children's homes providers: notifying Ofsted of a serious event Notifications under Regulation 40 (safeguarding notifications) of the Children's Homes (England) Regulations 2015, April 2018.

## References:

Emerson, E (1995), cited in Emerson, E (2001, 2nd edition): *Challenging Behaviour: Analysis and intervention in people with learning disabilities*. Cambridge University Press

*Challenging Behaviour: A unified approach* (Royal College of Psychiatrists, British Psychological Society and the Royal College of Speech and Language Therapists College Report CR144 June 2007)

European Court of Human Rights in *Cambell and Cosan v.uk* Delivered on 25th February 1982

The Education Act 1996, Section 548. [Legislation.gov.uk](http://legislation.gov.uk).

The Children's Homes (England) Regulation 2015. Part 2, Chapter2, Regulation 19. [Legislation.gov.uk](http://legislation.gov.uk).

The Children's Homes (England) Regulations 2015, Quality Standard 6, Paragraph 3.40. [Legislation.Gov](http://legislation.gov.uk)

The Children's Homes (England) Regulation 2015 Part 2 (1). [Legislation. Gov](http://legislation.gov.uk)

The Children's Homes (England) regulations 2015, Part 2, Chapter 2, Regulation 20 (1), (2), (3).

The Children's Homes (England) Regulations 2015, (The Protection of Children Standard, 9.5 Use of reasonable force Advice for head teachers, staff and governing bodies July 2013 (revised 2015)

The Children's Home (England) Regulations 2015, Standard 7, The Protection of Children Standard, paragraph 9.44

The Children's Home (England) Regulations 2015, Part 2, Chapter2, Regulation 23, (2), (a)

**Appendices:**

Appendix 1 - Individual Interaction Plan

Appendix 2 - Restrictive Practice Reduction Plan

Appendix 3 - Behaviour Database

Appendix 4 - Guidance for completing Incident Sheets

Appendix 5 - Behaviour Risk Assessment

Appendix 6 - Policy Statement for the use of Restrictive Practices at Bradstow School Children's Home