

Behaviour Management Policy

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Purpose

The purpose of the policy is to enable staff and volunteers to effectively support children and young people to manage their behaviour, in a way that is child centred, reduces potential risk for children, young people, staff and volunteers, and which enables the organisation to deliver services safely and legally.

The proactive promotion of positive behaviour is central and integral to good practice, enabling children and young people to understand and respect the needs and rights of others.

Scope

This Behaviour Management Policy provides an overarching framework and a process for achieving positive behaviour management at Locality, Service, Business Line and individual service user level.

This policy outlines the role, responsibilities and expectations of Directors, Assistant Directors Children's Services/ Assistant Heads of Business/Head of Operations, Service Managers, and practitioners, carers and volunteers and includes the "must do's" for all those involved in the delivery of services to children and young people.

This policy covers the requirement for each Locality, Business Line or Service to establish a Behaviour Management Plan, based upon an assessment of the needs of service users and the likelihood that their behaviour will present a risk to service users, staff, carers or volunteers.

Managers should determine whether Individual (Service User) Behaviour Management Risk Assessments and Individual (Service User) Behaviour Management Plans are necessary and the plan should address any specific training requirements for staff, carers and volunteers.

This policy requires that the Service Behaviour Management Plan is used to specify what is expected of staff, carers and volunteers when managing behaviour and should clearly specify the permitted and non-permitted interventions and sanctions.

The policy places the use of Restrictive Physical Intervention as a last resort, to be used only when all other techniques have been considered, and only to prevent a child or young person harming themselves or others, or to prevent serious damage to property and when the risk resulting from not using it are higher than from its use.

Positive behaviour management is supported by:

- Respecting and valuing the individuality of children and young people
- Encouraging children and young people to respect themselves, each other, their surroundings and property
- Setting positive role models
- Rewarding positive behaviour through the use of praise and positive reinforcement
- Ensuring that expectations and rules are developmentally appropriate, clear and consistently applied

Positive behaviour management is good practice and should underpin all work with children and young people.

Roles and Responsibilities

Region/Nation/Commercial Directors/Heads of Business:

- To ensure that the Behaviour Management Policy is implemented
- To ensure that any issues arising from the use of restraint identified by the Assistant Directors Children's Services/Assistant Heads of Business/Heads of Operations Units are addressed.

Assistant Directors Children's Services/Assistant Heads of Business/Head of Operations:

- To ensure that Behaviour Management Plans are in place for all services and that these are relevant to the service being delivered and are of sufficient quality to safeguard children, young people, staff and the general public.
- To maintain an overview of the use of Restrictive Physical Intervention by services, ensuring that practice is reviewed where necessary and any learning is implemented.

Service Managers:

- To ensure that the Behaviour Management Policy is implemented within the service and that staff, carers and volunteers understanding their responsibilities and receive the training and support required to undertake their role.
- To ensure that a Service Behaviour Management Plan that meets the needs of the service users, and includes any requirements set by the regulatory bodies or commissioners, is in place and reviewed at least annually.
- To ensure that Individual Behaviour Management Plans are in place where required and that these are reviewed.
- To monitor and review the use of Restrictive Physical Intervention where this is employed and to learn from its use to improve the care of children and young people.

All staff, carers and volunteers:

- To operate within the requirements of the Behaviour Management Policy, the Service Behaviour Management Plan and any relevant Individual Behaviour Management Plans.
- To report to the line manager any serious issues, including injuries that result from the behaviour of people accessing the service and to feedback on the use of Restrictive Physical Interventions.

Definitions

Acceptable behaviour statement/service code of behaviour: A clear, statement, written in child-friendly language, about the type of behaviour that is acceptable and unacceptable in the setting, with clear information about the consequences of unacceptable behaviour, made available to the child or young person, those with parental responsibility and other stakeholders.

It should include that children and young people will be encouraged to take responsibility for their own behavior and to show care and consideration for others and that they will be treated with respect and fairness by Barnardo's workers and that bullying and discriminating behavior will be challenged.

Individual Care Plan / Care Plan / Placement Plan Looked After Child: A personal plan that the child or young person and all the people involved in their support and care draw up to make sure that the child or young person's current and future needs are met in care. The document must include how the needs and risks stemming from the Personal Plan or Assessment and Risk Assessment will be addressed for the individual child by Barnardo's.

It should be drawn up with the person with parental responsibility or carer and as appropriate the child or young person. It should include the child or young person's emotional and behavioural needs and how they will be met by the setting. It should set out any specific strategies which have been agreed to reduce the incidences of any

negative behaviour exhibited by the child. Agreed sanctions for poor behaviour need to be clear, reasonable and not excessive. The staff training required to understand very challenging behaviour by an individual child must be set out.

The child's Placement Plan must set out any specific behavioural issues that need to be addressed or approaches to be used.

Reflective time, this is an opportunity for a child to have a calming time. Staff should evidence how the child is given the choice as to where they want to go for instance if they want to sit in a lounge etc. Whilst the child can use their bedroom as a place to go, this should be their choice in order to ensure that the child's bedroom is not deemed as a negative. The child should be reintroduced to the group/communal area with dignity and closure to the preceding event. **For Ofsted regulated services**; Whether the child chooses to go or is asked by staff where they want to go and are escorted to a safe place; this would constitute as a measure of control and therefore a measure of control report would be need to be completed by the staff.

Restraint/restrictive physical intervention: Restraint or restrictive physical intervention is the use of reasonable force to prevent children or young people harming themselves or others or causing serious damage to property.

Policy

1. All services must produce a Service Behaviour Management Plan, using the **Service Behaviour Management Plan template** that reflects the type of service that is delivered and meets the needs of the service users, which must be reviewed at least annually.
2. The Service Behaviour Management Plan and the annual review of the plan must be signed off by the ADCS, AHoB or Head of Operations.
3. All staff and volunteers must read and understand the Service Behaviour Management Plan and sign to confirm that they have done this.
4. Where the behaviour of an individual child or young person constitutes a risk to their safety or the safety of others or a serious risk to property, a risk assessment and an Individual Behaviour Management Plan must be produced. It must be read and understood by all staff and volunteers providing a service to that individual.
5. Restrictive Physical intervention must only be used as a last resort when the behaviour of child or young person poses a risk to their safety or the safety of others or a serious risk to property. It must only be used when the risks of not using it outweigh the risks arising from its use.
6. The use of Restrictive Physical Intervention must be recorded and reviewed at least quarterly, or when there have been three incidents of RPI being used, by the CSM and the ADCS, AHoB or Heads of Operations.
7. The responsible ADCS, AHoB or Head of Operations must sample the risk assessments and the Individual Behaviour Management Plans, to ensure that they are of sufficient quality.

8. If the behaviour of a child or young person cannot be safely managed and they present a risk to themselves or others or a serious risk to property the police must be called.
9. If a child or young person's behaviour presents a risk to themselves or others or a serious risk to property, and it cannot be safely managed, they may be excluded from the service temporarily, or permanently with the agreement of the ADCS/AHoB/Head of Operations.
10. The training needs of staff, carers and volunteers must be assessed and approved behaviour management training, with refresher training, must be provided where this is identified as being needed.
11. Positive behaviour management training courses must be BILD accredited or due diligence checks must be undertaken, as set out in Procedure section 3.3.

Procedures

1. Behaviour Management Plans

1.1 Service Behaviour Management Plan

Action: ADCS / AHoB/Head of Operations

1. Consider the levels of risk arising from the behaviour of service users and the regulatory requirements and decide whether a single Service Behaviour Management Plan will meet the requirements of all of the services in the locality or business line or whether the requirements of the services are sufficiently different to require individual Behaviour Management Plans.
2. Arrange for the appropriate manager to produce the Service Behaviour Management Plan using the **Service Behaviour Management Plan template**.
3. If the locality/ service/business line has an existing Behaviour Management Plan ensure that it meets the requirements of the Behaviour Management Policy and the needs of the service or services. If not arrange for the appropriate manager to rewrite the Service Behaviour Management Plan using the **Service Behaviour Management Plan template**.

Action: CSM or other manager responsible for writing the Service Behaviour Management Plan

1. Complete the Service Behaviour Management Plan using the **Service Behaviour Management Plan template**.
2. Identify any regulatory requirements or requirements of commissioners which must be included in the Service Behaviour Management Plan.
3. State the values and approach adopted by the service in order to work in a child centred way which enables service users to manage their own behaviour and which promotes the use of positive behaviour management by staff, volunteers and carers.
4. Assess the needs of the service users accessing the service/s, use risk assessments or other appropriate tools to identify potential areas of risk arising from the behaviour of service users and identify any other issues that impact on positive behaviour management such as communication needs.
5. Identify the actions to be employed by the service to promote a culture of positive behaviour.

6. Consider whether an acceptable behaviour statement or service code of behaviour is required for the people using the service. If it is produce the statement in appropriate language and record this in the Service Behaviour Management Plan.
7. Assess whether Restrictive Physical Interventions is likely to be needed to be used. If there is a potential need to use RPI state the methods to be used, the circumstances in which they may or may not be used and specific identification of those who may use RPI. Staff and volunteers who may be required to use RPI must be trained, see Section 3.
8. Identify what behaviour management strategies staff and volunteers should use to prevent immediate harm to service users or other people or serious damage to property should this arise, and include them in the Behaviour Management Plan. This should take account of the age and abilities of the service user group, the environment in which the service is delivered and the activities undertaken. A list of strategies that may be used where appropriate are included in the Guidance section below.
9. Identify what training is needed by staff, volunteers or carers to achieve the level of competence required for the service.
10. Include a statement of the interventions which must not be used in any circumstances by the service, this must include the following;
 - Corporal punishment or threat of corporal punishment
 - Any punishment involving the consumption or deprivation of food and drink (*note - does not include instances where specific foods or drinks have to be withheld on medical advice*)
 - Restriction or refusal of visits/communications
 - Requirement to wear distinctive or inappropriate clothes
 - Use or withholding of medication, medical or dental treatment, counselling/therapy
 - Use of accommodation such as a locked room to physically restrict the liberty of any child
 - Intentional sleep deprivation
 - The imposition of any financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation
 - Any intimate physical examination of the child
 - The withholding of any aids or equipment needed by a disabled child
 - Any measure which involves any child in the imposition of any measure against any other child or the punishment of a group of children for the behaviour of an individual child.
11. For a child or young person living a residential setting no restriction, other than one imposed by the court or in accordance with regulation 15, may be placed on
 - a child's contact with parents, relatives or friends;
 - visits to the child by the child's parents, relatives or friends
 - a child's access to any telephone helpline providing counselling for children;
12. Regulation 15 allows communication with parents, relatives and friends to be restricted if the registered manager is satisfied this is necessary for the purpose of safeguarding or promoting the welfare of the child in question and this is agreed by the placing authority. If the measure is imposed in an emergency full details must be given to the placing authority within 24 hours of its imposition
13. Save the completed Service Behaviour Management Plan in Content Server in a folder for service plans and protocols and send the link to the responsible ADCS.

Action: ADCS/AHoB/Head of Operations

1. Review the Behaviour Management Plan and when satisfied that it is of the appropriate standard to safeguard the service users, staff, volunteers and carers sign it off.

Action: CSM

1. Ensure that all staff, volunteers and carers have read and understood the Service Behaviour Management Plan and have signed to confirm this.
2. Ensure that all staff, volunteers and carers either have a copy of the Service Behaviour Management Plan or have easy access to one, this may be electronic or a hardcopy depending upon the requirements of the service.
3. Review the Service Behaviour Management Plan at least annually and in response to any learning from serious incidents or the use of Physical Restrictive Intervention.
4. Make amendments to the Service Behaviour Management Plan send the link to the ADCS to sign off the changes and inform staff of the changes.

Action: ADCS/AHoB/Head of Operations

1. Ensure that the Behaviour Management Plan is reviewed at least annually and in response to any learning from serious incidents, inspections or the use of Physical Restrictive Intervention.
2. Ensure that the Behaviour Management Plan reflects any changes in requirements of regulatory bodies or commissioners.
3. Review any amendments to the Service Recording Protocol and sign off the updated plan when it is of the required standard.
4. Review the learning and development requirements of the locality/business line unit annually and ensure that there is a plan to meet these.

1.2 Individual Behaviour Management Plan

Action: All staff, carers and volunteers

1. Remain alert to situations in which an individual child or young person's behaviour presents a risk of harm to their safety or the safety of others or a serious risk to property.
2. Inform line manager or support worker of the risks that have been identified.

Action: Responsible Manager

1. Arrange for a risk assessment to be undertaken (Individual service user behaviour management risk assessment) and used to produce an Individual Behaviour Management Plan. In developing the Individual behaviour Management take account of any other plans that may be in existence, e.g. care plans.
2. Where the previous behaviour of the child or young person has necessitated the use of Restrictive Physical Intervention or the risk assessment indicates this is likely to be required in the future this must be addressed in the Individual Behaviour Plan.
3. The Individual Behaviour Plan should include
 - The strategy for addressing the child/young person's behavioural difficulties;
 - A description of behaviour sequences and settings which may require a physical intervention response;
 - Staffing required to meet the needs of the child or young person, including the arrangements for their deployment;

- A record of the views of the child/young person (where possible and appropriate), those with parental responsibility and any independent advocate;
 - Previous methods which have been tried without success;
 - A description of the specific physical intervention techniques which are sanctioned
 - A list of staff who are judged competent to use these methods with this person;
 - The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team;
4. Forward the risk assessment and Behaviour Management Plan to the CSM for approval.

Action: CSM

1. Review the risk assessment and Individual Behaviour Management Plan.
2. Address any areas of concern about the risk assessment and Individual Behaviour Management Plan with the person producing it.
3. When the risk assessment and Individual Plan are sufficiently robust to protect the child, young person or other people sign off the risk assessment and the Individual Behaviour Management Plan.
4. Set a review date for the Individual Behaviour Management Plan.

Action: All staff

1. Save the approved risk assessment and Individual Behaviour Plan on the service user record.

Action: ADCS/AHoB/Head of Operations

1. Sample risk assessment and Individual Behaviour Management Plans.
2. Ensure the risk assessments and Individual Behaviour Management Plans are of suitable quality.
3. Discuss in supervision trends and learning in relation to behaviour management.

Action: CSM

1. Ensure that everyone working with the child or young person has read the Individual Behaviour Management Plan and understand it.
2. Ensure that that working with the child or young person has a copy of the Individual Behaviour Management Plan, or has easy access to it.
3. Ensure that copies of the Individual Behaviour Management Plan are sent to anyone who is required to have a copy.
4. 4 Ensure that the Individual Behaviour Management Plans are reviewed at least annually and following any serious incident and make any amendments required.
5. Circulate amended Individual Behaviour Management Plans to anyone who is required to have a copy.

1.3 Services for children and families in a secure setting

Action: CSM/ADCS/AHoB/Head of Operations

1. Ensure that the commissioner's own Behavior Management Policy is referenced in the Service Behavior Management Policy.

2. Ensure that staff and volunteers follow Barnardo's Behavior Management Policy unless the Director Region/Nation/Business Line has given written agreement after discussion with Barnardo's Insurers that the contract holder's policy can be followed after appropriate training.

2. Management of Behaviour that Presents a Serious Risk to the Safety of Individuals

2.1 The use of positive behaviour management techniques in response to behaviour that presents a serious risk to the safety of individuals

Action: CSM/Line manager

1. Ensure that staff and volunteers know the appropriate positive behaviour management techniques that they may use if the behaviour of the service users they are providing services to presents a risk to their safety or the safety of others.
2. Provide a de-briefing session to the members of staff and volunteers involved in such incidents to review the actions taken, identify any learning from the incident and to provide support to the staff and volunteers involved.
3. Identify if any other service users were affected by the incident and where required identify suitable support for them.

Action: All staff/volunteers

1. Inform your line manager of any incidents where a service user's behaviour presents a risk to the safety of themselves or others or a serious risk to property.
2. Record all incidents in the service user record.

2.2 The use of Restrictive Physical Intervention

Action: CSM

1. Ensure that all staff and volunteers understand that Restrictive Physical Intervention may only be used when other positive behaviour management techniques including de-escalation techniques have not worked and without its use the safety of the child, young person, other service user, member of staff or member of the public would be compromised, unless the danger is so immediate that to the delay the use of Restrictive Physical Intervention would endanger the individual or others present. Its use must be in the best interests of the individual and be proportionate and reasonable taking into account the circumstances and the known history. Restrictive Physical Intervention must only be employed when the risks of not using would be greater than its use.
2. Ensure that staff, carers and volunteers who may need to use Restrictive Physical Intervention have received training in the approved techniques and they are competent to implement these.
3. During a Restrictive Physical Intervention there must not be:
 - Any restriction on breathing. If at any point the person says they cannot breathe adjust or release the hold. A person is physically able to exhale and speak words without being able to inhale and breathe.
 - Any contact while the person is not standing
 - Any contact with the primary intention to inflict pain. If at any point the person says they are in pain adjust the hold even when you don't believe that they are in pain. The messages you send is clear – I don't want to cause you pain.

- Any attempt to lift the person
 - Any weight or pressure placed on the person's neck or back
 - Any contact that could be considered sexual
4. Ensure that there are sufficient staff and volunteers deployed in situations when the use of Restrictive Physical Interventions may be necessary to implement the approved techniques.

Action: All staff, and volunteers

1. Read the Service Behaviour Management Plan and Individual Behaviour Management Plans for children and young people that you are with and familiarise yourself with the action to be taken if a child or young person's behaviour presents a danger to themselves or others.
2. Ensure that you understand the circumstances in which Restrictive Physical Intervention may be used and the requirements for its use.
3. Only use RPI when its use would result in a less harmful outcome than that which would result from not using it. Only use the techniques prescribed in the Service Behaviour Management Plan which you have been trained to perform. Care and respect must be shown at all times and the minimum force only should be used for the minimum duration.
4. Ensure that appropriate support is given to the child or young person after RPI has been used.
5. Record each use of RPI using Restrictive physical intervention recording form
6. Save a copy of Form 1 on the service user record.
7. Send a copy of Form 1 to the CSM within 1 working day and the Corporate Safety Team within 48 hours.
8. If an injury results from the use of a RPI the. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations must be followed.
9. Inform the parents or carers, or those with parental responsibility, that RPI has been used.
10. Discuss the use of RPI with line manager.

Action: line manager

1. Review report that RPI has been used.
2. Debrief staff and volunteers who have been involved in the use of RPI, reflecting on its use and arrange for any additional support required to be provided.
3. Ensure that the children and young people involved in the use of RPI have been debriefed and been enabled to reflect upon what has occurred, and that any follow up work required has been delivered.

2.3. Family Placement services

Action: Operations Manager/staff

1. Where a child in placement with a carer does not have a Behavioural Management Plan in place carers are to ensure a child / young person's safety is managed by the least physical intervention. The requirements that are set out in section and 2.2 do not apply to carers and Restrictive Physical Intervention should only be used in exceptional circumstances when a child is judged to be in immediate danger.

2.4 Review of the use of RPI

Action: CSM

1. Review the incidences when RPI has been used at least quarterly or more frequently if the service uses RPI on more than three occasions.
2. Identify if there are any patterns arising from use of RPI , including service users involved, frequency of use , practitioners involved, situations in which RPI has been used.
3. Consider the learning from the use of RPI and identify any actions that could affect the way it is used, for example staff training, review of risk assessments and behaviour management plans.

Action: Managers of schools and residential services

1. Complete a report each year on use and monitoring of use of RPI. This must be attached to the Annual H&S Service Audit. The region/nation health and safety lead must attach the report/s to the region/nation annual CS H&S audit report.

2.5 What to do if the behaviour cannot be managed safely

Action: All staff, volunteers and carers

1. If the behaviour of anyone accessing the service or impacting on service delivery is placing people at immediate risk and it cannot be managed safely by staff, volunteers or carers call the police for assistance.
2. Inform the appropriate line manager as soon as possible.
3. Record fully the circumstances that led up to the police being called as soon as possible after the event, and at least within 24 hours.

Action: CSM

1. Review the child or young person's risk assessment and Individual Behaviour Management Plan and actions that have been taken to positively manage their behaviour.
2. If the strategies that have been used to safely manage the behaviour within the service have not been successful temporary exclusion may be used. This should be for the shortest period required to address the behaviour management issues or to put in place additional requirements to enable them to return.

3. The parents, carers or person with legal responsibility for the child or young person must be informed in writing of the reason for the exclusion, the length of the exclusion and anything to be put in place to enable the individual to return. Where appropriate the commissioner should also be informed of the temporary exclusion.
4. If all strategies to manage behaviour safely have been unsuccessful and permanent exclusion is being considered, discuss with ADCS/AHoB/Head of Operations.

Action: ADCS/AHoB/Head of Operations

1. Consider the circumstances, interventions employed and level of risk to the service user, other service users, staff and volunteers if they remain within the service.
2. If the decision is to permanently exclude the child or young person from the service, record the reason and ensure all appropriate persons are informed of the decision in writing.

3. Training for staff, volunteers and carers

3.1 Identifying the need for training for staff and volunteers

Action: All CSMs

1. Review the service and individual risk assessments and the needs of services being served as set out in the Service Behaviour Management Plan to assess the type and level of training that is required for staff and volunteers. If it is assessed that positive behaviour management training is not required record the reasons for this decision.
2. Positive behaviour management training must be provided for all staff who employ planned interventions, i.e. planned and agreed approaches to challenging behaviour set out in a child or young person's support plan or care plan or in the Service Behaviour Management Plan.
3. Identify an appropriate training course that teaches positive behaviour management techniques, including de-escalation techniques. Training providers must either be BILD accredited or suitable due diligence checks must be undertaken before they are commissioned, see section 3.3.
4. The training course must include Restrictive Physical Intervention if it has been assessed that this may be required.
5. Record the training that has been identified in the Service Behaviour Management Plan.
6. Identify the staff and volunteers who require training and arrange for this to be delivered with the Local People Team.
7. Ensure that the Local People Team is informed of which staff and volunteers have attended the training so that it is entered onto their training record.
8. For regulated services that are required to maintain a local record of training, ensure that the names of staff and volunteers who have attended training is entered onto the record.
9. Identify staff and volunteers who need refresher training and arrange for this to be delivered with the Local People Team. Ensure that attendance at this training is recorded as above.
10. If it has been assessed there is no requirement for staff or volunteers to attend a specific behaviour management training course ensure that all staff and volunteers have read and understood the Service Behaviour Management Plan and know what

to do if a child or young person presents behaviour that is a risk to themselves or others.

11. **Unplanned interventions** require professional judgement to be exercised in difficult situations often requiring split-second decisions in response to unforeseen events or incidents where trained staff are not be on hand. Such decisions, known as dynamic risk assessments, will include a judgement about the capacity of the child or young person at that moment to make a safe choice. Any response must be reasonable, proportionate and use the minimum force necessary in order to prevent injury and maintain safety.
12. If it has been assessed that positive behaviour management training is not required, due to the service user group and the nature of the service, responding to unplanned interventions must be included in the behaviour management plan.
13. Any unplanned interventions must be recorded and reported to the ADCS or equivalent and must be reviewed by the CSM in supervision with the staff involved and learning shared in team meetings.
14. The Service Behaviour Management Plan must be amended if necessary based on the learning from the unplanned intervention and the need for training reviewed by the CSM and ADCS.

Action: ADCS or equivalent

1. Review the requirement for training in the Service Behaviour Management Plan and the plans for appropriate training.
2. Ensure that the positive behaviour management training identified meets the needs of the service user group and if alternatives to BILD accredited training is to be used that suitable due diligence has been undertaken.
3. Ensure that where there is no requirement for training identified that this meets the identified needs of the service user group.
4. Ensure that following any unplanned interventions that the need for positive behaviour management training is reviewed and appropriate training delivered if this is required.

Action: Line managers

1. Identify the needs of staff and volunteers to receive behaviour management and behaviour management training, as prescribed in the Service Behaviour Management Plan or Individual Behaviour Plans and inform the CSM.
2. Review behaviour management training with staff and volunteers in supervision to ensure that they understand how what they have learnt should be implemented in the service.

3.2 Training for Carers

Action: Operations Managers Family Placement Services

1. Where behaviour management training for carers is identified in a child or young person's Individual Behaviour Management Plan, arrange for the carer to access appropriate training.
2. All foster carers to receive Positive Behaviour Management training as part of their post approval training and development portfolio.
3. In line with the Care plan and Individual Behaviour Management Plan for each child in placement initial and annual training programmes must include behaviour management training relevant to each child. If it is identified that the children or young people in placement are likely to present challenging behaviour or behaviour that puts themselves or others at risk the carers must attend an appropriate training

course, see paragraph 3.3. This must include Restrictive Physical Intervention if it has been assessed that may be required and appropriate.

4. Identify the most appropriate course for the carers; advice may be sought from the F/P learning and development lead or Barnardo's Health and Safety Adviser.
5. As a regulated service all training attended must be recorded on the carers training log and maintain an electronic diary for the required updates.
6. All Supporting Social Workers ensure that carers have read and understood the Service Behaviour Management Protocol and know what to do if a child or young person presents behaviour that is a risk to themselves or others.

Action: Assistant Heads of Business

1. Identify the needs of staff, carers and volunteers to receive behaviour management and behaviour management training, as prescribed in the Service Behaviour Management Plan or Individual Behaviour Plans and inform the Operations Manager.
2. Review behaviour management training with staff, carers and volunteers in supervision to ensure that they understand how what they have learnt should be implemented in the service.

2.3 Identifying appropriate positive behaviour management training

Action: CSM

1. Identify the specific requirements for positive behavior management training taking into account the needs of the service user group, the nature of the service being delivered and the environment in which the service is being delivered.
2. BILD accredited training courses that meet the requirements of the service may be accessed.
3. If training that is not BILD accredited meets the requirements of the service due diligence checks must be undertaken including;
 - Checking that the training has been devised by experts with a successful track record of working in the relevant specialism.
 - Ensuring that any training and development commissioned is consistent with the core values and key principles in Associated Guidance, below.
 - Asking for evidence that any restraint techniques promoted by the training have been medically assessed to demonstrate their safety for use with children who are still developing, physically and emotionally.
 - Identifying if it is a training provider or behavior management technique used by the commissioner or partner organisation.
4. The due diligence checks undertaken must be recorded and the reason for selecting the training provider documented and the decision signed off by the ADCS or AHoB
5. Regularly review the effectiveness of any training commissioned.

NB Restraint Reduction Network Training Standards and NHS Contracts

These training standards were developed by the Restraint Reduction Network and BILD and will be mandatory for all training with a restrictive intervention Component that is delivered to NHS commissioned services for people with mental health conditions, learning disabilities and autistic people in England. Implementation will be via commissioning requirements and inspection frameworks from April 2020. This includes services

in the independent private and voluntary sectors.

Services that deliver the identified NHS commissioned services are advised to ask current training providers about their plans for implementation of the standards and to include in any due diligence in relation to new training providers.

Associated guidance and documents

1. Permitted Interventions

The following interventions may be considered for inclusion as part of a positive behaviour management plan where appropriate;

- Reparation (the act or process of making amends)
- Restitution (the act of giving back something that has been stolen)
- Reflective time (see definitions section of this policy)
- Early bed
- Instructions to remain in designated areas of the service
- Delaying treats
- Talking through what has happened
- Increased staff supervision
- Extra tasks

2. Core Values and Essential Principles that must also underpin any training provided to staff on positive behaviour management

The following key principles are offered to guide settings and services in developing their policies and practice on behavior and the use of restraint and must also underpin any training provided to staff on positive behavior management.

- There will be times when restraint is needed to safeguard the individual or others but, broadly speaking, restraint should be the last response to behavior that challenges. De-escalation techniques, appropriate to the child or young person, set within a positive and proactive approach to behavior, should always be used to try and avoid the need to use restraint.
- Use of restraint should be based on assessment of risk. There would be a real possibility of injury or harm to the child or young person, other children or young people, to staff, the public or others if no intervention or a less restrictive intervention were undertaken.
- An intervention should be in the best interests of the child or young person and balanced against respecting the safety and dignity of all concerned, including other children, young people or adults present.
- Restraint should not be used to punish or with the intention of inflicting pain, suffering or humiliation.
- The techniques used to restrain or restrict liberty of movement must be reasonable and proportionate to the circumstances, risk and seriousness of harm; and be applied with the minimum force necessary, for no longer than necessary, by appropriately trained staff.
- Use of restraint, reasons for it and consequences of its use, must be subject to audit and monitoring and be open and transparent.
- When reviewing plans for restraint with children and young people, those with parental responsibility or, where appropriate, advocates should be involved.

All settings and services to which this guidance applies should follow the set of key actions described below and summarised below. These are based on practices which

have been shown to work well in supporting children and young people with challenging behavior.

Summary of Key Actions for Settings and Services

- Have a clear policy for promoting positive relationships and behavior, including measures for understanding the causes of behavior, assessing, managing and reducing risk, and reducing the need for restraint.
- Have clear arrangements for governance and accountability for supporting children and young people whose behavior challenges and for use of restraint, including arrangements for working across services.
- Involve children, young people and their parents/carers as appropriate in decisions relating to behavior and use of restraint.
- Use evidence-based approaches to promoting positive behavior and supporting individual children and young people whose behavior challenges.
- Have sound measures in place for training and developing staff, including training in understanding children and young people whose behavior challenges.
- Have a system in place for improving assessment and management of risk.
- Have a system for recording and reporting incidents (distinguishing between planned and unplanned interventions).
- Have a system in place for reviewing how restraint is used in individual cases to inform changes in approach where necessary.

3. Suggested Content of Positive Behaviour Management Training

Training could usefully include knowledge, understanding and skills in relation to:

- The experience of children, young people and their families
- Techniques for understanding non-verbal communications of children
- The thoughts and feelings of staff on being exposed to challenging behavior
- The assessment and management of risks
- Building positive relationships and developing individual support plans
- Alternatives to restraint, including effective use of techniques to calm a situation or de-escalate potentially restrictive options
- Safe implementation of restraint, including how to minimise associated risks, particularly in relation to the growth and development of children and young people
- Use of planning tools and advanced decision-making to promote safety in the use of restraint.

References

[National Care Standards Scotland Early Education and Child Care](#)

[National Care Standards Scotland Care homes for children and young people](#)

[Children Act 1989 guidance and regulations volume 4: fostering services](#)

[Children Act 1989 guidance and regulations volume 5: Children's homes](#)

[Children's Homes: National Minimum Standards: The Department for Education](#)

[Fostering Services: National Minimum Standards: The Department for Education](#)

[The Children's Homes \(Amendment\) Regulations 2011](#)

[The Children's Homes Regulations 2001](#)

[The Children's Homes \(Wales\) Regulations 2002](#)

[National Minimum Standards for Regulated Child Care Wales](#)

[Statutory framework for the Early Years Foundation Stage](#)

[The Education \(Non-Maintained Special Schools\) \(England\) Regulations 2011](#)
[The Children's Homes Regulations \(Northern Ireland\) 2005](#)
[ROIA Mandatory Training Guidance](#)
[NISCC ROIA Code Matching Guide3 Children's Homes](#)
http://www.dhsspsni.gov.uk/early_years_standards_-_july_2012.pdf

Other

[BILD Code of Practice for the use and reduction of restrictive physical interventions](#)
[Behaviour Management Plans for Children](#)

Barnardo's

[B-hive - Behaviour Management Policy](#)

[Early Years Further Information - Behaviour Management & Basic Developmental Stages & Incidents between Children](#)

[B-hive - Management of health and safety at work and general risk assessment](#)

[B-hive - Individual child/young person risk assessment](#)

[B-hive - Individual child or young person risk assessment - word version](#)

[B-hive - Individual service user behaviour management risk assessment](#)

Compliance

The implementation of Behaviour Management Policy will be reviewed as part of the Health and Safety Audit.