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Positive Intervention Policy

Date: 1st January 2022

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Policy Owner: Michelle Dougan ADCS Safeguarding and Compliance

Distribution: For internal communication, may be used externally if required, for example for tender submissions.

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| **Version** | **Date** | **Author** | **Status** | **Comment** |
| 1 | 1/9/15 | Pat Greene | Final | Approved by CSMT |
| 2 | 1/3/16 | Pat Greene | Final | “Time out” changed to “Reflective time” |
| 3 | 10/05/17 | Pat Greene | Final | Reformat |
| 4 | 17/12/18 | Pat Greene | Final | Policy Reviewed |
| 5 | 23/4/19 | Pat Greene | Final | Amendments to section 3, Training for staff, volunteers and carers. |
| 6 | 2/11/20 | Pat Greene | Final | Reviewed, no amendments made. |
| 7 | 1/1/2022 | Michelle Dougan | Final | Reviewed and revised to be named Positive Intervention Policy from Behaviour Management Policy.  Positive Intervention statement added.  Reference to Commissioners and Regulatory bodies added.  Duty of Care added  Reference to ‘The Promise’ Scotland added.  European Convention on Human Rights statement and links added.  Vulnerable adults added alongside Children and Young People/Person.  Behaviour plans are revised as Positive Intervention Support plans.  All four nations approach  Definitions of Restraint/restrictive and physical intervention added.  Considerations and definitions of trauma and root causes of violence added.  Positive Intervention statement/service code of behaviour added  Trauma responsive organisation added |

#### **Purpose**

The purpose of the policy is to provide clear guidance for staff and volunteers to effectively support children, young people, and vulnerable adults, with strategies designed to help promote positive interventions. Supporting children, young people, and vulnerable adults, especially those individuals who may present with behaviours that cause concern, requires commitment to develop personalised services, care and support which places the person at the centre of our service delivery. The proactive promotion of positive intervention is central and integral to child-centred, trauma responsive practice, it reduces potential risk for children, young people, vulnerable adults, staff, and volunteers, it enables us to deliver services safely and legally, in line with our organisational values.

Positive intervention strategies are used by staff and volunteers to support behaviour changes, in children, young people, and vulnerable adults. It enables staff and volunteers to understand that all behaviour has meaning and is a form of communication.

Acknowledging that all behaviour is a form of communication and has a function is a key element. Those who care for children, young people and vulnerable adults have a duty of care to understand what their behaviour communicates and the impact it can have.

Positive Intervention strategies and techniques, aim to enhance the quality of life as both an intervention and outcome for people who display behaviour that challenges, and those who support them.

Commissioners and Regulatory bodies may refer to this policy as ‘Behaviour Management’ and whilst this policy incorporates all standards required by these bodies, Barnardo's refers to this using the term Positive Intervention.

#### Scope

This Positive Intervention Policy provides an overarching framework and a process for achieving positive interventions at Locality, Service, Business Line and individual service user level.

This policy outlines the organisational roles, 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, young people and vulnerable adults.

This policy covers the requirement for each Locality, Business Line or Service to establish a Service specific, [Positive Intervention Support Plan](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=348335556&objAction=viewheader), based upon an assessment of the needs of service users and the likelihood that their behaviour will present a risk to themselves, other service users, staff, carers or volunteers.

Following an assessment of the child, young person and vulnerable adult’s needs, managers should determine whether there are behavioural or health needs that require collaboration and partnership work, with the individual and significant others, to deliver high quality person-centred support and outcomes.

Individual Support Plans should be created (along with the young person) and written in an easy-to-understand language so that all staff can implement the plan and provide the person with the necessary person-centred, trauma-sensitive care and support. The plan’s focus is to understand the person’s strengths, abilities, as well as triggers that are likely to lead to behaviours of concern.

This policy requires that the [Positive Intervention Support Plan](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=348335556&objAction=viewheader) is used to specify what is expected of staff, carers and volunteers when managing behaviours, and should clearly specify the permitted and non-permitted interventions. Maintaining human rights is a fundamental aspect of restraint reduction.

The use of Restrictive Physical Interventions should only ever be used as a last resort when a person’s behaviour presents an imminent or immediate risk to self or others.

**Restrictive Interventions:** can be categorised as any physical, chemical, environmental, or mechanical intervention used to restrict a person’s liberty of movement.

Staff need to assess the harm to the child, young person or vulnerable adult by intervening or not, i.e., is the intervention an appropriate, reasonable, and proportionate response to the risk, is it likely to cause serious harm to the child, young person or vulnerable adult, either physically or emotionally i.e., punching a window or destroying a personal possession that has significant meaning. The policy and staff must follow, legal, regulatory, and organisational policies and guidelines, regarding the use of safe physical interventions.

**Duty of Care**

Under the law, employers are responsible for the Health & Safety management of their employees. It is Barnardo’s duty to protect the health, safety, welfare, and wellbeing of their staff and volunteers, and do whatever is reasonably practicable to achieve this. Barnardo’s have a legal duty to ensure that staff and volunteers are not exposed to unreasonable harm at work, both physical and psychological. Barnardo’s recognises that training is necessary to achieve improved outcomes for children, young people, and vulnerable adults, and this creates an organisational standard in positive behaviour support. Providing staff and volunteers with the right skills enables them to deliver safe services, it keeps them safe, and develops their confidence and competence.

Certified training programmes align with organisational values, and are guided by

Organisational policies and procedures

Relevant legal and regulatory frameworks

Professional standards and best practice

Completion of training ensures that Barnardo’s meets the basis statutory obligations to workers and managers to provide ‘adequate health and safety training on their being recruited’ (regulation 13 of The Health and Safety at Work Management Regulations 1999).

**The Promise Scotland**

The Promise makes it clear that “*Scotland must strive to become a Nation that does not restrain its children*”. The Promise also states that “*the responsibility to create and environment which actively reduces the likelihood of restraint is as important as responding appropriately to individual children in crisis. Settings of care must establish a leadership culture that upholds children’s rights and applied the values of care, attachment, attunement and co-regulation in day-to-day life*.” *To reduce restraint Scotland must ensure that the workforce is nurtured and supported.”* Barnardo’s has resolved to join Scotland on a journey of restraint reduction.

**European Convention on Human Rights**

The Human Rights Act 1998 sets out the fundamental rights and freedoms belong to everyone in Britain and under its protection. It incorporates the rights from the European Convention on Human Rights (ECHR) into domestic law. Some rights are absolute, but most are qualified, which means the state may ‘interfere’ with them in specified circumstances, provided that it has good reason and abides by strict safeguards.

The key human rights from the ECHR that need to be considered in relation to restraint are: [Article 3](https://www.equalityhumanrights.com/en/human-rights-act/article-3-freedom-torture-and-inhuman-or-degrading-treatment) (prohibition against torture, or inhuman or degrading treatment), [Article 5](https://www.equalityhumanrights.com/en/human-rights-act/article-5-right-liberty-and-security) (right to liberty), [Article 8](https://www.equalityhumanrights.com/en/human-rights-act/article-8-respect-your-private-and-family-life) (right to private and family life, including personal autonomy and respect for physical and mental integrity), and [Article 14](https://www.equalityhumanrights.com/en/human-rights-act/article-14-protection-discrimination) (non-discrimination in the enjoyment of ECHR rights).

Positive Intervention is supported by:

* Respecting and valuing the individuality of children, young people and vulnerable adults. Understanding the behaviours of those with disabilities and their triggers. E.G. Autism - if a child, young person and vulnerable adult has sensory issues you would expect behaviours to be challenging if they were taken to somewhere that would trigger a response?
* Understanding the behaviour around children, young people and vulnerable adults who have experienced trauma. their trauma histories and triggers.
* Encouraging children, young people and vulnerable adults to respect themselves, each other, their surroundings and property
* Setting positive role models
* Rewarding positive behaviour using praise and positive   
  reinforcement
* Ensuring that expectations and rules are developmentally appropriate, clear and consistently applied

Positive Intervention is good practice and should underpin all work with children, young people and vulnerable adults.

#### Roles and Responsibilities

**Region/Nation/Commercial Directors/Heads of Business:**

* To ensure that the Positive Intervention 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 thatPositive Intervention 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, vulnerable adults, staff, volunteer’s 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 Positive Interventions are implemented within the service and that staff, carers and volunteers understand their responsibilities and receive the relevant training necessary to effectively undertake their role.
* To ensure that a Positive Intervention Support 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 Support Plans are in place where required and that these are continually updates and reviewed where necessary.
* To monitor and review the use of Restrictive Physical Interventions where this is employed and to learn from its use to improve the care of children, young people and vulnerable adults.

**All staff, carers, and volunteers:**

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

#### Definitions

**Positive Intervention statement/service code of behaviour:** A clear, method statement, written in child-friendly language, regarding behaviour that is acceptable and unacceptable in the setting/service. This must give clear guidance and information to the child, young person, vulnerable adult, and those with parental responsibility or other stakeholders regarding the outcomes of such behaviours. Consideration should be made to those who are non-verbal, young people with learning disabilities/difficulties, people of different identities and backgrounds, needs and perceptions. It includes male and female, people who identify as non-binary, people from different racial, ethnic and cultural backgrounds, people identifying as LGBT+, people of different religions, faiths, philosophical beliefs, and those who don’t have a faith, people of all ages and people from different economic backgrounds.

It should include that children, young people and vulnerable adults will be encouraged to take responsibility for their own behaviour, (where possible) 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 discriminatory behavior will be challenged.

**Individual Care Plan / Care Plan / Placement Plan Looked After Child:**

A personal plan that the child, young person, or vulnerable adult and all the people involved in their support and care develop, to ensure their current and future needs are met.

The plan should be developed by (where possible) the young person, vulnerable adult, the person(s) with parental responsibility or carer, ensuring that it focuses on the person’s emotional and behavioural needs, history, their strengths, gifts, abilities, their friends, family, and people that matter in their lives, the things that are important and triggers that are likely to lead to behaviours of concern. The plan should clearly state any specific strategies which have been agreed to reduce the incidences of any negative behaviour exhibited by the child, young person, or vulnerable adult. Agreed outcomes for behaviours of concern need to be clear, reasonable, and not excessive. Staff training required to understand challenging behaviour by an individual child, young person and vulnerable adult must be clearly identified in the plan, and the Service Positive Intervention Support Plan.

The care planning process must be personalised, and include explicit consideration, and address the impact of trauma on children, young people, and vulnerable adults in order to support them, and to reduce Restrictive Interventions. In order to promote their safety and the development of trust, children, young people, and vulnerable adults must be fully involved throughout the Care planning/ Assessment process to establish person-centred, trauma informed personalised interventions.

It is recognised that within the boundaries of thorough de-escalation interventions there is a place for Restrictive Interventions to protect a person.

**Human Rights Act 1998:** **Article 2** Reinforces our Legal Duty of Care and requires *‘all reasonable steps to be taken to protect a person’s right to life’* including stopping an intervention if it’s likely to result in harm and/or intervening to protect a person from themselves or others where a failure to act could result in harm.

It is also recognised that even in keeping children, young people, vulnerable adults and staff safe in situations of escalating, risk behaviours, where RIs are carried out, even to best practice standards, RI can be traumatic and can jeopardise therapeutic relationships.

Considerations of lived experienced, previous trauma, previous history should be acknowledged and understood including:

• Consideration of Children and Young People and staff interactions

• Negative organisational climates and staff reactions

• Status and power inequalities

• Counter-aggression and avoidance

• The use of de-personalising language

Therefore, to reduce Restrictive Interventions we must recognise the impact of trauma which includes the following symptoms:

• Intrusion

• Avoidance

• Hyper-arousal

• Negative cognition

**Trauma responsive organisation**

Barnardo's is committed to becoming a trauma-informed and responsive organisation. This means we are on a continuous journey of becoming more trauma, adversity and culturally informed and responsive. By developing a trauma informed (and responsive) approach to the work we do, we are creating systems and practices that support staff and volunteers’ experience and ultimately ensure children, young people and their families receive the best possible service. Barnardo’s will ensure consistency and quality is maintained across our trauma work throughout the UK. Our Trauma Informed Practice training aims to create a foundation of understanding, shared language, and commonality across the organisation regarding the trauma informed approach. This awareness is of the importance of psychologically informed environments and their impact. This should be considered when looking at restraint reduction. Many behaviours that challenge come from trauma, early years experiences and Adverse Childhood Experience’s (ACE’s) and that to support young people to overcome these we must work in a holistic pro-active, trauma informed way.

**Reflective time:** This is an opportunity for a child, young person, vulnerable adult to get themselves back to a place of calm and feeling of safety. Staff members should evidence how the child, young person or vulnerable adult is given the choice to return to their emotional, controlled state, and where they chose to do this. (Residential Settings) whilst they can use their bedroom as a place to go, this should be their choice in order to ensure that their bedroom is not deemed as a negative. They should be reintroduced to the group/communal area with dignity and closure to the preceding event.

For Ofsted regulated services; Whether they choose to go or are 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 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, young people and vulnerable adults from harming themselves or others or causing serious damage to property.

**Restrictive physical intervention (RPI)** i.e., “*an action involving using a workers body, for example blocking the path of a child or any guiding them away from a harmful situation. “* ([**Davidson et al., 2005, p. VIII**](https://gbr01.safelinks.protection.outlook.com/?url=https://www.celcis.org/files/7914/3878/4811/holding-safely-2005.pdf&data=04|01||a1e9236722c44b5620de08d8de4d143b|db475863b0d947e2b73f89c00d851e74|0|1|637503769933391364|Unknown|TWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D|1000&sdata=aOv7BJQedfDAAFf6eNTa/47cQm1JKiKS5vXft5E/bNU%3D&reserved=0)).

* **Physical restraint** i.e. *“ ‘an intervention in which staff hold a child to restrict his or her movement and should only be used to prevent harm/ keep children safe’*.” ([**Davidson, et al., 2005, p. VIII**](https://gbr01.safelinks.protection.outlook.com/?url=https://www.celcis.org/files/7914/3878/4811/holding-safely-2005.pdf&data=04|01||a1e9236722c44b5620de08d8de4d143b|db475863b0d947e2b73f89c00d851e74|0|1|637503769933391364|Unknown|TWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D|1000&sdata=aOv7BJQedfDAAFf6eNTa/47cQm1JKiKS5vXft5E/bNU%3D&reserved=0)).
* **Restrictive practice**  is defined as “ *‘softer’ methods of limiting freedom such as verbal control, psychological pressure or social exclusion can have just as restraining an effect on a person’s behaviour as direct physical intervention*.” ([**MWC, 2013, p. 7**](https://gbr01.safelinks.protection.outlook.com/?url=https://hub.careinspectorate.com/media/1607/rights-risks-and-limits-to-freedom.pdf&data=04|01||a1e9236722c44b5620de08d8de4d143b|db475863b0d947e2b73f89c00d851e74|0|1|637503769933401313|Unknown|TWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D|1000&sdata=8oicQz/pGcRrHVw8ufudee69jNRo%2Bh0xjK%2BZFbSNPC0%3D&reserved=0)).

#### Policy

1. All services must produce a Positive Intervention Support Plan, using the [Positive Intervention Support Plan](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=348335556&objAction=viewheader) 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 Positive Intervention Support 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 Positive Intervention Support Plan and sign to confirm that they have done this.
4. Where the behaviour of individual children, young people, vulnerable adult constitutes a risk to their safety or the safety of others or a serious risk to property, a risk assessment and an Individual Positive Support 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 children, young people or vulnerable adults poses an imminent or immediate 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. Where there has been a restraint or where restrictive practices have been used these 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 Positive Support Plans, to ensure that they are of sufficient quality.
8. If the behaviour of a child, young person or vulnerable adult cannot be safely managed, and strategies within their care plan, have been exhausted, and they present a risk to themselves or others or a serious risk to property the police must be called.
9. If the child, young person or vulnerable adults’ 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. Positive Intervention Plans

### 1.1 Service Positive Intervention Safety and Support 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 Positive Intervention Support Plan will meet the requirements of all the services in the locality or business line or whether the requirements of the services are sufficiently different to require individual Positive Intervention Support Plans.
2. Arrange for the appropriate manager to produce the Service Positive Intervention Support Plan using the[Positive Intervention Support Plan](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=348335556&objAction=viewheader) template.
3. If the locality/ service/business line has an existing Positive Intervention Support Plan, ensure that it meets the requirements of the Positive Intervention Policy and the needs of the service or services. If not arrange for the appropriate manager to rewrite the Service Positive Intervention Support Plan using the **Service Positive Intervention Support Plan template**.

**Action: CSM or other manager responsible for writing the Service Positive Intervention Support Plan**

1. Complete the Service Positive Intervention Support Plan using the [Positive Intervention Support Plan](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=348335556&objAction=viewheader) template.
2. Identify any regulatory requirements or requirements of commissioners which must be included in the Service Positive Intervention Support 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 intervention 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 intervention 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 Positive Intervention Support Plan.
7. Assess whether Restrictive Physical Interventions are 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 Positive Intervention strategies staff and volunteers should use to prevent imminent or immediate harm to service users or other people or serious damage to property should this arise and include them in the Positive Intervention Support 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 must 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, young person and vulnerable adult
* Any measure which involves any child, young person or vulnerable adult in the imposition of any measure against any other child, young person, vulnerable adult or the punishment of a group of children, young person or vulnerable adult for the behaviour of an individual.

1. For a child, young person, vulnerable adult living in a residential setting no restriction, other than one imposed by the court (or Children’s Hearing in Scotland) in accordance with regulation 15, may be placed on

* a child, young person, vulnerable adults contact with parents, relatives or friends.
* visits to the child, young person, vulnerable adult by parents, relatives or friends
* a child, young person, vulnerable adults’ access to any telephone helpline providing counselling for children, young people, vulnerable adults.
* court Regulation 15 (Children’s hearing in Scotland) 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, young person or vulnerable adult in question and this is agreed by the placing authority. If the measure is imposed in an emergency, full detail must be given to the placing authority within 24 hours of its imposition

1. Save the completed Service Positive Intervention Support 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 Positive Intervention Support 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 Positive Intervention Support Plan and have signed to confirm this.
2. Ensure that all staff, volunteers and parents/carers either have a copy of the Service Positive Intervention Support 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 Positive Intervention Support 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 Positive Intervention Support 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 Positive Intervention Support 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 Positive Intervention Support 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 Positive Intervention Plan

**Action: All staff, carers and volunteers**

1. Remain vigilant to situations in which an individual child, young person or vulnerable adults’ behaviour presents a risk of harm to their safety or the safety of others or a serious risk to property.
2. Inform the 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 Positive Intervention Risk Assessment](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=31606729&objAction=viewheader)
2. [Individual Service User Positive Intervention Risk Assessment](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=31606729&objAction=viewheader) and used to produce an [Individual Positive Intervention Support Plan](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=348335556&objAction=viewheader). In developing the Individual Positive Intervention Support plan take account of any other plans that may be in existence, e.g., care plans, individual risk assessments.
3. Where the previous behaviour of the child, young person, vulnerable adult 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 Positive Intervention Support Plan.
4. The Individual Positive Intervention Support Plan should include

* The strategy for addressing the child, young person, vulnerable adults behavioural successfully and safely. Consideration that all behaviour is communication, and we need to understand of each behaviour in order to support change and development for that child, young person, vulnerable adult.
* A description of the behaviours that challenge, a record of the de-escalation techniques and preventative strategies to reduce the likely of a situation requiring any form of restraint.
* Any settings which may require a physical intervention response.
* Staffing required to meet the needs of the child, young person, vulnerable adult, including the arrangements for their deployment.
* A record of the views of the child, young person, vulnerable adult (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.

1. Forward the risk assessment and Positive Intervention Support Plan to the CSM for approval.

**Action: CSM**

* 1. Review the risk assessment and Individual Positive Intervention Support Plan quarterly.
  2. Address any areas of concern about the risk assessment and Individual Positive Intervention Support 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 Positive Intervention Support Plan.
  4. Set a review date for the Individual Positive Intervention Support Plan.

**Action: All staff**

* + - 1. Save the approved risk assessment and Individual Positive Intervention Support Plan on the service user record.

**Action: ADCS/AHoB/Head of Operations**

1. Sample risk assessment and Individual Positive Intervention Support Plans.
2. Ensure the risk assessments and Individual Positive Intervention Support Plans are of suitable quality.
3. Discuss in supervision trends and learning in relation to Positive Intervention.

**Action: CSM**

1. Ensure that everyone working with the child, young person, vulnerable adult has read the Individual Positive Intervention Support Plan.
2. Ensure that everyone working with the child, young person, vulnerable adult has a has access to their Individual Positive Intervention Support Plan.
3. Ensure that copies of the Individual Positive Intervention Support Plan are sent to anyone who is required to have a copy.
4. Ensure that the Individual Positive Intervention Support Plans are reviewed at least annually and following any serious incident and make amendments accordingly.
5. Circulate the amended Individual Positive Intervention Support Plans to everyone who is required to read this updated information to support the child, young person, vulnerable adult.

### Services for children and families in a secure setting

**Action: CSM/ADCS/AHoB/Head of Operations**

* 1. Ensure that the commissioner’s own Positive Intervention Policy is referenced in the Service Positive Intervention Policy.
  2. Ensure that staff and volunteers follow Barnardo’s Positive Intervention 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.

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

### The use of positive intervention 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 have received the appropriate training necessary to positively intervene if the behaviour of the service users 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.

### 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, vulnerable adult, 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 that its use. Staff must have exhausted all alternative options.
2. Ensure that staff, carers and volunteers who may need to use Restrictive Physical Intervention have received certified training in the approved techniques and they are competent to implement these.

**To evidence compliance with the RRN Training Standards, organisations delivering training to staff through a train-the-trainer model must be certified by Bild ACT, which is currently the only provider of certification against the standards in the UK.**

1. 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 with the primary intention to inflict pain.
* Any contact while the person is not standing
* 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

1. 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 Positive Intervention Support Plan and Individual Positive Intervention Support Plans for children, young people, and vulnerable adults. Familiarise yourself with the strategies and techniques required when their behaviour presents imminent or immediate 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 carry out RPI’s when the risk of not intervening outweighs the risk of intervening. Only use the techniques recommended in the Service Positive Intervention Support Plan which you **must** have been trained to perform. Care, welfare, safety and security must be shown at all times, minimum force should be used for the minimum duration.
  4. Ensure that appropriate support is given to the child, young person, vulnerable adult after RPI has been used. Ensure that the child, young person or vulnerable adult involved has reached a sense of calm, and safety, addressing any immediate needs of the person, other young people, staff, volunteers, bystanders, involved in the incident.
  5. Record each use of RPI using [Barnardos Incident Report Form](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=142619582&objAction=browse&sort=name&viewType=1)
  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](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=31540767&objAction=viewheader) 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 child, young person or vulnerable adult involved in the use of RPI has reached a sense of calm, and safety, addressing any immediate needs of the person. Debriefing sessions will support and establish future approaches.
   1. **Family Placement Services**

**Action: Operations Manager/staff**

1. Where a child, young person, vulnerable adult in placement with a carer does not have a Positive Intervention Support Plan in place carers are to ensure a child, young person, vulnerable adults’ 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, young person, vulnerable adult is judged to be in imminent, 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, young person, vulnerable adults risk assessment and Individual Positive Intervention Support 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 positive intervention 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, young person, vulnerable adult 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 Positive Support Intervention 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 Intervention 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, young person, vulnerable adult’s support plan or care plan or in the Service Positive Intervention Support Plan.
  3. Where there has been an unplanned intervention there should be a review of the need for restrictive practices training.
  4. Identify an appropriate training course training course that teaches Positive Intervention 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.
  5. The training course must include Restrictive Physical Intervention if it has been assessed that this may be required. **All training that includes restrictive physical interventions must comply with the Restraint Reduction Network Training Standards.**
  6. Record the training that has been identified in the Service Positive Intervention Support Plan.
  7. Identify the staff and volunteers who require training and arrange for this to be delivered with the Local People Team.
  8. 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.
  9. 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.
  10. 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.
  11. If it has been assessed there is no requirement for staff or volunteers to attend a specific Positive Intervention training course, ensure that all staff and volunteers have read and understood the Service Positive Intervention Support Plan and know what to do if a child or young person presents behaviour that is a risk to themselves or others.
  12. **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, young person, vulnerable adult 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.
  13. If it has been assessed that Positive Intervention 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.
  14. 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.
  15. The Service Positive Intervention 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 Positive Intervention Plan and the plans for appropriate training.
2. Ensure that the Positive Intervention 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 Intervention training is reviewed and appropriate training delivered if this is required.

**Action: Line managers**

1. Identify the needs of staff and volunteers to receive Positive Intervention training, as prescribed in the Service Positive Intervention Support Plan or Individual Positive Intervention Support Plans and inform the CSM.
2. Review Positive Intervention 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 Positive Intervention training for carers is identified in a child, young person or vulnerable adults Individual Positive Intervention Support Plan, arrange for the carer to access appropriate training.
2. All foster carers to receive Positive Intervention training as part of their post approval training and development portfolio.
3. In line with the Care plan and Individual Positive Intervention Support Plan for each child, young person, vulnerable adult in placement initial and annual training programmes must include behaviour management training relevant to each child, young person, vulnerable adult. If it is identified that the children, young people or vulnerable adults 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 Positive Intervention Support Plan and know what to do if a child, young person, vulnerable adult 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 Positive Intervention training, as prescribed in the Service Positive Intervention Support Plan or Individual Positive Intervention Support Plans and inform the Operations Manager.
2. Review Positive Intervention training with staff, carers and volunteers in supervision to ensure that they understand how what they have learnt should be implemented in the service.

**3.3 Identifying appropriate Positive Intervention training**

**Action: CSM**

1. Identify the specific requirements for Positive Intervention 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, young people and vulnerable adults 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.

1. 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
2. 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 Intervention 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

1. **Core Values and Essential Principles** **that must also underpin any training provided to staff on Positive Intervention**

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

* 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, young person, or vulnerable adult, 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, young person, vulnerable adult, other children, young people, vulnerable adults, 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, young person or vulnerable adult and balanced against respecting the safety and dignity of all concerned, including other children, young people vulnerable adults, or other 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, young people and vulnerable adults, 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, young people, and vulnerable adults 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, young people, and vulnerable adults whose behavior challenges and for use of restraint, including arrangements for working across services.
* Involve children, young people, vulnerable adults, and their parents/carers as appropriate in decisions relating to behaviour and use of restraint.
* Use evidence-based approaches to promoting positive behavior and supporting individual children, young people, and vulnerable adults whose behavior challenges.
* Have sound measures in place for training and developing staff, including training in understanding children, young people, and vulnerable adults 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.

1. **Suggested Content of Positive Intervention Training**

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

* The experience of children, young people, vulnerable adults, and their families.
* Techniques for understanding non-verbal communications of children, young people, and vulnerable adults.
* 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, young people and vulnerable adults.
* 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](https://www.gov.scot/policies/early-education-and-care/national-standard-for-early-learning-and-childcare/)

[National Care Standards Scotland Care homes for children and young people](https://www.webarchive.org.uk/wayback/archive/20150404100647/http:/www.nationalcarestandards.org/)

[National Care Standards Scotland Care homes for children and young people](https://www.gov.scot/publications/national-care-standards-care-homes-children-young-people/)

[Children Act 1989 guidance and regulations volume 4: fostering services](http://www.education.gov.uk/aboutdfe/statutory/g00224400/children-act-1989-guidance-and-regulations-volume-4)

[Children Act 1989 guidance and regulations volume 5: Children’s homes](http://www.education.gov.uk/aboutdfe/statutory/g00222870/children-act-1989-childrens-homes)

[Children's Homes: National Minimum Standards: The Department for Education](http://webarchive.nationalarchives.gov.uk/20130401151715/https:/www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00030-2011)

[Fostering Services: National Minimum Standards: The Department for Education](http://webarchive.nationalarchives.gov.uk/20130401151715/https:/www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00029-2011)

[The Children’s Homes (Amendment) Regulations 2011](http://www.legislation.gov.uk/uksi/2011/583/made)

[The Children’s Homes Regulations 2001](http://www.legislation.gov.uk/uksi/2001/3967/made)

[The Children’s Homes (Wales) Regulations 2002](http://www.legislation.gov.uk/wsi/2002/327/contents/made)

[National Minimum Standards for Regulated Child Care Wales](http://dera.ioe.ac.uk/14190/1/120309regchildcareen.pdf)

[Statutory framework for the Early Years Foundation Stage](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2)

[The Education (Non-Maintained Special Schools) (England) Regulations 2011](http://www.legislation.gov.uk/uksi/2011/1627/introduction/made)

[RQIA GUIDANCE FOR REGULATED SERVICE PROVIDERS](https://www.rqia.org.uk/guidance/guidance-for-service-providers/guidance-for-regulated-service-providers/)

[NISCC RQIA Code Matching Guide3 Children’s Homes](https://www.yumpu.com/en/document/view/25876247/codes-matching-guide-3-childrens-homes-northern-ireland-)

[‘Reducing the need for restraint and restrictive intervention: children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and education settings’](http://www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention), Department for Education and Department of Health and Social Care, 2019

[‘Use of reasonable force in schools’](http://www.gov.uk/government/publications/use-of-reasonable-force-in-schools), Department for Education, 2013

[The Children’s Homes (England) Regulations 2015](http://www.legislation.gov.uk/uksi/2015/541/regulation/20/made)

[‘Guide to the Children’s Homes Regulations, including the quality standards’](https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide), Department for Education, 2015

[Education and Inspections Act 2006](http://www.legislation.gov.uk/ukpga/2006/40/section/93), Section 91–93

[‘Behaviour and discipline in schools: advice for headteachers and school staff’](http://www.gov.uk/government/publications/behaviour-and-discipline-in-schools), Department for Education, 2016

[‘The special educational needs and disability code of practice: 0 to 25 years’](http://www.gov.uk/government/publications/send-code-of-practice-0-to-25), Department for Education and Department of Health, 2015

**Other**

[BILD Code of Practice for the use and reduction of restrictive physical interventions](http://www.bild.org.uk/our-services/books/positive-behaviour-support/bild-code-of-practice/)

[Behaviour Management Plans for Children](http://www.kidsbehaviour.co.uk/BehaviourManagementPlansForChildren.html)

**Barnardo’s**

[Positive Intervention Forms and Templates](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=348334267&objAction=browse)

[Individual Service User Positive Intervention Risk Assessment](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=31606729&objAction=viewheader)

[Management of health and safety at work and general risk assessment](https://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=38824354&objAction=browse)

[Individual child or young person risk assessment - word version](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=37366207&objAction=browse&viewType=1)

[Barnardos Incident Report Form](https://livelink.barnardos.org.uk/livelink91/livelink.exe?func=ll&objId=142619582&objAction=browse&sort=name&viewType=1)

#### Compliance

The implementation of Positive Intervention Policy will be reviewed as part of the annual Health and Safety Audit.