



The Shires Children's Homes

Behaviour Management Policy

Introduction

This policy relates to the guidance in the Children's Homes (England) Regulations 2015, the quality standards, regulation 4.

It is underpinned by:-

- Regulation 12 – The Protection of Children Standard
- Regulation 19 - Behaviour Management and Discipline
- Regulation 20 – Restraint and Deprivation of Liberty
- Regulation 34 – Policies for the Protection of Children
- Regulation 35 – Behaviour Management Policies and Records
- Regulation 36 – Children's Case Records
- Regulation 37 – Other Records

The children who live in The Shires Children's Home all have autism and can have associated difficulties in managing their behaviour. Staff working with the children must set high expectations of behaviour whilst accepting that there are times when the young people may not be able to comply with these expectations. The culture of The Shires is characterised by clear boundaries, fairness in handling behaviour that is unacceptable, and respect for the young people who live there.

Guiding principles in the management of behaviour

- ❖ positive behaviour is reinforced
- ❖ good behaviour is rewarded in a way that is appropriate to the needs, capabilities and interests of the young person
- ❖ the young people are respected and where possible involved in devising their individual behaviour management plans
- ❖ negative or inappropriate behaviour is dealt with fairly and proportionately by staff
- ❖ sanctions are only used for those children or young people who are able to understand the notion of cause and effect
- ❖ children cannot be expected to be 'well behaved' all of the time

Behaviour modification

BF Skinner (1904 – 1990) an American psychologist is regarded as the father of operant conditioning (also known as instrumental conditioning). His work was based on Edward Thorndike's law of effect. Skinner introduced the term reinforcement into the law of effect. According to Skinner, behaviour which is reinforced tends to be repeated (i.e. strengthened); whereas behaviour which is not reinforced tends to die out or be extinguished (i.e. weakened).

As part of his work related to operant conditioning, Skinner identified three types of responses or operant that can follow behaviour. They are:-

- ❖ **neutral operants** which are responses from the environment that neither increase nor decrease the probability of a behaviour being repeated
- ❖ **reinforcers** which are responses from the environment that increase the probability of a behaviour being repeated – reinforcers can be positive or negative
- ❖ **punishers** which are responses from the environment that decrease the likelihood of a behaviour being repeated – punishment weakens behaviour

Although there are many other types of behaviour modification theories, The Shires bases its behaviour management on Skinner's work.

This means that positive behaviour is reinforced through praise and reward, and negative behaviour is discouraged through reprimand, sanctions and showing the young person an alternative and more appropriate way of behaving.

Promoting positive behaviour through rewards

At The Shires positive behaviour is encouraged and is promoted through praise and a reward system. Staff play a key role in modelling appropriate behaviour through their interactions with one another and their relationships with the young people. Staff are expected to model a high standard of behaviour that is characterised by respect for one another, co-operation, a willingness to help and positive communication. Staff should ensure that they:-

- ❖ listen to the views of the children and their colleagues
- ❖ praise even the smallest successes so that the children are encouraged to behave well
- ❖ use rewards in a meaningful way that takes account of the child's age, interests, capabilities
- ❖ gradually reduce the child's dependence on rewards as a motivator for good behaviour
- ❖ apply rewards consistently, fairly and proportionately
- ❖ involve children in the selection and application of reward systems
- ❖ model good behaviour in their interactions with others

Discouraging inappropriate behaviour using reminders and reprimands

Despite all the best intentions of the young people and staff there are times when children in The Shires display challenging and inappropriate behaviour. This may take the form of swearing, shouting, damaging property, attempting to hurt themselves and others, kicking scratching, biting and punching.

At the early stages of the display of inappropriate behaviour, or when the level of inappropriate behaviour is low level – for example occasional swearing, staff should use a verbal **reminder** that clearly conveys that the behaviour is not acceptable. Reminders should be given in a firm but fair way and should enable the child to know:-

- ❖ the behaviours that are unacceptable
- ❖ the impact of the behaviour on others
- ❖ how to stop the behaviour or to put it right

Where behaviour is persistently or seriously unacceptable it may be necessary to **reprimand** the child. A reprimand should only be used when a reminder has not been effective, and should not be the first choice of strategy for managing inappropriate behaviour. Reprimands should only be used with children and young people under the following circumstances:-

- ❖ where children are capable of behaving acceptably and understand what is expected
- ❖ where children have persistently or seriously failed to do as they are required
- ❖ where nothing else can be done to change the behaviour such as encouraging or rewarding positive behaviour

Reprimands should always be used sparingly, never in public and as soon as possible after the misbehaviour has occurred. Whilst reprimands should not be delivered in a threatening way, the young person needs to feel that the staff member is confident. Staff should use clear language when issuing a reprimand and should ensure that the child knows what is wrong about his/her behaviour and how it impacts on others. Children should be given the opportunity to explain their behaviour and whilst an apology should not be expected, discussion with the child should focus on how things can be put right and how he/she might respond to a similar situation in the future.

An effective reprimand should be 'over and done with' in a few minutes.

The use of sanctions

Sanctions are inappropriate for many children whose misbehaviour arises from their autism and/or children who do not have the capacity to link cause and effect. Likewise, children who have been subject to frequent ineffective sanctions in the past may not respond positively to the imposition of sanctions. The child's individual care plan states whether sanctions are to be used to support the management of his/her behaviour.

In The Shires, sanctions are seen as a last resort in the management of inappropriate behaviour and the promotion of positive behaviour. It is always more effective to notice and reward good behaviour than to sanction inappropriate behaviour. Children often respond well to praise, encouragement and intrinsic and extrinsic rewards whereas sanctions can have the effect of reducing a child's level of self-esteem.

Where sanctions are used, they should, where possible, involve the child in terms of setting their parameters. If a child can see that a sanction is fair and proportionate then he/she is likely to accept it more readily, and it is likely to be more effective.

Appropriate sanctions might include:-

- ❖ reparation - putting right the harm or damage a young person may have done
- ❖ restitution - compensation, e.g. paying for damages
- ❖ curtailment of extra leisure activities
- ❖ additional house chores
- ❖ increased supervision

All sanctions should be planned in advance and explained to the child so that he/she is helped to make an informed/conscious choice about his/her behaviour and its consequences. Sanctions should be recorded in the home's sanctions log.

Regulation 19 of The Children's Home (England) Regulations 2015 states:-

(1) No measure of control or discipline which is excessive, unreasonable or contrary to paragraph (2) may be used in relation to any child.

(2) The following measures may not be used to discipline any child—

(a) any form of corporal punishment;

(b) any punishment involving the consumption or deprivation of food or drink;

(c) any restriction, other than one imposed by a court or in accordance with regulation 22 (contact and access to communications), on—

(i) a child's contact with parents, relatives or friends;

(ii) visits to the child by the child's parents, relatives or friends;

(iii) a child's communications with any persons listed in regulation 22(1) (contact and access to communications); or

- (iv) *a child's access to any internet-based or telephone helpline providing counselling for children;*
 - (d) *the use or withholding of medication, or medical or dental treatment;*
 - (e) *the intentional deprivation of sleep;*
 - (f) *imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation;*
 - (g) *any intimate physical examination;*
 - (h) *withholding any aids or equipment needed by a disabled child;*
 - (i) *any measure involving a child imposing any measure against another child; or*
 - (j) *any measure involving punishing a group of children for the behaviour of an individual child.*
- (3) *Nothing in this regulation prohibits—*
- (a) *the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of the child; or*
 - (b) *taking any action that is necessary to prevent injury to any person or serious damage to property.*

Restraint and deprivation of liberty

Regulation 20 of The Children's Home (England) Regulations 2015 states:-

- (1) *Restraint in relation to a child is only permitted for the purpose of preventing—*
 - (a) *injury to any person (including the child);*
 - (b) *serious damage to the property of any person (including the child); or*
 - (c) *a child who is accommodated in a secure children's home from absconding from the home.*
- (2) *Restraint in relation to a child must be necessary and proportionate.*
- (3) *These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.*

Staff in The Shires are trained in the use of MAPA, a BILD accredited method of Managing Actual or Potential Aggression. This method of behaviour management was chosen by the Shires because it focuses on de-escalating situations and redirecting children rather than using physical interventions. Restraint at any level is used only when there is no other alternative.

The MAPA principles centre around the management of behaviour at different levels – low, medium and high. Low interventions are largely defined as 'touch' usually on the upper arm and usually for reassurance for the child. Medium interventions include light pressure on a child's arms to guide them somewhere safe or safer. High level interventions include restricting a child's movements when to avoid doing so might lead to them causing themselves or others

harm. Technically any of these interventions are deemed to be restricting a child's liberty and as such are to be recorded in the restraint log, specifying the level of MAPA holding used.

On the rare occasions when staff need to use high level restraints the following points should be considered:-

- ❖ staff should have good grounds for believing that immediate action is necessary to prevent a child from significantly injuring himself/herself or others, or causing serious damage to property
- ❖ staff should take steps in advance to avoid the need for physical restraint e.g. through dialogue and diversion, and the child should be warned verbally that physical restraint will be used unless the behaviour stops
- ❖ only the minimum force necessary to prevent injury or damage should be applied
- ❖ as soon as it is safe, restraint should be gradually relaxed using a gradient response to allow the child to regain self-control
- ❖ restraint should always be used in a therapeutic manner
- ❖ restraint should be seen as an act of care and control, not punishment
- ❖ the child should be debriefed after the restraint and his/her views about the restraint recorded
- ❖ all staff involved in the restraint should be debriefed after the restraint
- ❖ restraint should be recorded immediately in the electronic restraint log
- ❖ physical restraint should not be used purely to enforce compliance with staff instructions or when there is no immediate risk to people or property

For the purpose of this policy, significant injury is deemed to be actual or potential grievous bodily harm, physical or sexual abuse, risking lives of or injury to self and others by wilful or reckless behaviour.

Examples of significant injury might include:-

- ❖ abduction
- ❖ actual, grievous bodily harm or more serious violent offences
- ❖ attempted suicide or death
- ❖ contact with a known Schedule 1 offender
- ❖ poisoning
- ❖ injury that requires medical attention
- ❖ serious drug or alcohol misuse
- ❖ sexual exploitation including sexual abuse, child pornography or prostitution
- ❖ theft or being carried in a stolen vehicle
- ❖ serious damage to property

Under no circumstances should restrictive physical intervention be used as a sanction.

Individual behaviour management plans

The children's individual behaviour management plans are included as part of their care plan. Care plans are drawn up by the Registered Manager before the young person starts his/her placement. They are based on information provided before admission by parents/carers and/or previous placement staff. Behaviour management plans are implemented consistently by all staff working with the child and are reviewed at monthly primary carer meetings. They state the actions to be taken to optimise positive behaviour and to reduce inappropriate behaviour.

Where necessary and appropriate the input of the clinical psychologist, speech and language therapist and occupational therapist is sought. Many young people who live at The Shires have access to CAMHS and some are prescribed medication to support them in managing their behaviour.

Staff keep daily records of the young person's behaviour to help identify triggers and trends, and to ensure that any medication is not having an adverse impact on the young person.