

Behaviour Management Policy

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Positive Behaviour Management Policy and Procedure

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1. Scope

1.1 This policy and procedure applies to all staff and volunteers working across Storyy Homes services and activities.

1.2 This policy considers the rights of our children and young people and their treatment, care and/or rehabilitation.

1.3 This policy is intricately connected to and should be read in conjunction with our:

- Safeguarding policy and procedure
- Child Protection policy and procedure
- Anti-Social Behaviour (ASB) policy and procedure
- Incident Management policy and procedure
- Support Planning and Risk Management policy and procedure.

2. Purpose

2.1 Storyy Homes support a wide range of children and young people with different support needs, which may result in behaviours which challenge.

2.2 The aim of this policy and procedure is to provide an overview as well as practical strategies to help identify, assess, prevent, and manage behaviour that challenges.

2.3 We are committed to constantly improving the support and care we provide to our young people and maintaining a safe working environment for staff.

2.4 Each setting will implement local safeguarding any specific procedures where necessary, this policy will support these and should be applied and put into practice at setting level.

3. Legal Framework

3.1 Storyy Homes has a duty of care to our young people to prevent and manage behaviour that challenges. This is outlined under the following legal framework: [Common Law](#)

3.2 Health and social care professionals have a duty of care to their children and young people. They are required to employ a reasonable standard of care and take reasonable steps to avoid acts or omissions that are likely to cause foreseeable harm to the individual. - [Equality Act 2010](#)

3.3 Employers (Storyy) are responsible for the management of health and safety. We have a duty to protect the health, safety and welfare of our employees and other people who might be affected by our activities in accordance with [Health and Safety at Work Act 1974](#)

3.4 We must do whatever is reasonably practicable to achieve this. This includes ensuring that workers and others are protected from anything that may cause harm, effectively controlling any risks to injury or health that could arise in the workplace. We are required to assess risks in the workplace.

3.5 Employees have a responsibility to report any known risks to their line manager so that a risk assessment and appropriate action can be conducted to minimise that risk.

3.6 Employees have a responsibility to ensure they record and report any incidents or accidents before they go off duty. They should also participate in any debrief and further fact finding to ensure there is opportunity to learn from any incident or accident.

Occupancy Agreements

3.9 All children and young people have legal rights and responsibilities relating to their occupancy of Storyy Homes accommodation.

3.10 In cases where a child / young person commits a serious act of violence, they are in breach of their occupancy agreement. Possession proceedings can be started, and in most cases should be considered.

4. What are Behaviours that Challenge?

4.1 There are several types of behaviours that challenge:

- Non-verbal: May include wandering, pacing, cornering, intimidating facial expressions
- Verbal: May include shouting, swearing, racist, sexist, or offensive speech
- Physical: May include scratching, biting, slapping, inappropriate touching, self-harm, spitting, punching, or hitting furniture.

4.2 Behaviours that challenge are often a manifestation of a person's distress. They are an attempt by the person to communicate their needs. This may result from an individual feeling threatened, fearful or anxious, suffering delusions or hallucinations.

4.3 This could be in response to a difficult situation, non-compliance with medication, use of illicit substances or a misinterpretation of the action of other people. Where someone cannot communicate verbally it may simply be the way an individual expresses that they are hungry, thirsty or in pain.

5. Positive Behaviour Support and Meeting Individual Needs

5.1 In order to assist staff to be able to manage and prevent violent, aggressive, and threatening behaviour, training is available and mandatory for all staff to attend.

5.2 Training on positive behaviour support centres around creating and delivering an effective behaviour support plan for our young people. The training teaches staff how to create and implement a functional behaviour assessment, which will involve delivering functional assessment interviews.

5.3 PBS is a strategy centred around staff feeling safe and thinking and behaving in a safe way. It supports staff to develop knowledge and understanding about the connections between the team, young people, and internal and external influences.

5.4 PBS offers a common language and flexible framework for all teams who are collaborating with vulnerable children and young people, including people with mental health and complex needs, homelessness and offending histories, victims of domestic violence, vulnerable young people, and people with learning disabilities.

5.5 Once a referral has been made the RM and team will create an Individual Positive behaviour management support plan to meet the child/young person's assessed needs.

This plan is regularly reviewed and updated in consultation with the child or young person and the key partners in their care and education, in accordance with local procedures. (This should be no less than three times each year and following significant incidents).

5.6 Individual Positive behaviour management support plans are collaborative and are intended to enable and encourage each child or young person to take responsibility for their own behaviour, and to develop socially aware behaviours in accordance with their age and understanding.

5.7 Each child or young person should have access to their own plan in a child friendly format which is understandable and meaningful to them.

5.8 Positive behaviour management and support plans include the following key information:

- (a) diagnoses
- (b) triggers
- (c) vulnerabilities
- (d) risk behaviours
- (e) a profile skills development
- (f) praise points
- (g) diversions & distractions
- (h) communication needs
- (j) strategies for success
- (k) specific likely negative and risk behaviours and specific strategies for supporting and managing
- (l) de-escalation approaches
- (m) active, proactive, and reactive approaches
- (n) Physical intervention techniques.

6. Monitoring

6.1 The requirements of this policy will be monitored and reviewed by Registered Manager (RMs) and the Operations Manager to ensure it is fit for purpose.

6.2 In rare cases Storyy Homes may be required to use physical restraint practices as part of specific service requirements, this must always be approved by the Operations Manager and Director or Care. These measures must only be used as a last resort by trained staff and where other non-restrictive actions interventions have been tried and exhausted (this is outlined in section 9.15)

6.3 The training and responsibilities of staff will be monitored through regular supervisions.

6.4 All incidents resulting from behaviour that challenges should be logged on Mentor (our Incident Management System) as soon as possible but always before the staff involved leave their shift with details following the Antecedent Behaviour Consequence (ABC) form.

6.5 RMs should review all incidents and decide the appropriate action within 24 hours. They should regularly review incidents across the whole service to identify whether there are any trends emerging and what relevant interventions could be applied.

6.6 The RM will review all serious incidents and decide whether to recommend internal investigations.

6.7 Following any incidents a debrief meeting should be held with staff using the ABC forms, Children young people and staff all have the right to attend the debrief meeting.

7. Recognising and Managing Triggers and Precursors

Triggers/setting events

7.1 Triggers/setting events are environmental, situational, or could be an event or physical factor. When combined with the individual's unmet need, triggers/setting events can result in behaviours that challenge.

7.2 A risk trigger can be a date or time that is significant to that individual. This could include an anniversary of a traumatic event or experience. Some examples of triggers include:

- Large groups of people
- Seclusion, isolation, exclusion, or loneliness
- Death (or anniversary of death) of a relative, friend, partner, or acquaintance
- Anniversary of offences committed or victimisation
- Auditory or visual hallucinations
- Substance or alcohol misuse
- Stress or pressure.
- Precursors

7.3 Precursors or warning signs are the behaviours which often precede an incident of behaviour that challenges and are different to trigger factors/setting events. They may be either subtle or sometimes more obvious.

7.4 It is rare for behaviours which challenge to be unaccompanied by a precursor. It is important that staff are aware of, recognise and identify precursors.

7.5 Common recognisable precursors should be identified during risk assessments.

These include:

- Tense and angry facial expressions
- Increased or prolonged restlessness, pacing and/or body tension
- Increased breathing, muscle twitching and/or dilated pupils
- Increased volume of speech and/or swearing
- Refusal to communicate, withdrawal and/or irritability
- Prolonged eye contact or no eye contact
- Confusion of thought processes
- Poor concentration
- Verbal threats or gestures
- Passive aggression
- Replicating behaviour similar or the same as something which preceded earlier disturbed or challenging episodes of behaviour.
- Managing Triggers/setting events and Precursors through Positive Behaviour Support (PBS)

7.6 Through the effective application of PBS we can assess risk through our knowledge and understanding of triggers and precursors/signs and then translate this information into appropriate responses and support.

7.7 Through identifying signs and triggers early, staff can share this information with their team and manager and construct an action plan to prevent any future potential risk.

8. Personal Safety

8.1 The safety of staff and young people is the main priority for Storyy Homes. We recommend the following precautions are taken to reduce the likelihood of behaviours that challenge negatively impacting staff members.

8.2 Limit the instances that you may be 1-1 with a young person, during times this can't be implemented ensure the de-escalation strategies are in place from PRICE and 8.4 is referred to.

8.3 In services where staff have personal alarm systems, they must be checked on a shift-by shift basis, and staff should always wear them. 8.4 Rooms where 1:1 conversations take place should be set up so that the staff member is always nearest to the exit.

8.5 If a child / young person approaches a member of staff to discuss a difficulty, then an "active risk assessment" should be made of the person's frame of mind. If the person is agitated or threatening, staff need to clarify that a colleague will need to be present in the best interests of everyone.

9. Managing the Risk of Behaviour that Challenges

9.1 We aim to reduce the risk of behaviour that challenges by working closely with young people in a person-centred way. We do this through a range of methods.

Support and Risk Management Planning

9.2 Effective support and risk management planning is a vital part of managing behaviour that challenges. It is essential that risk management planning informs the support plan specifically whether interventions or control measures are required.

9.3 The risk assessment documentation should sit alongside the support plan and be cross-referenced and updated accordingly. It is imperative that as part of the risk management planning staff identify a child / young person's lone worker risk rating, and this is recorded on the plan.

9.4 All staff must read the risk management plan when working with new children and young people and before any lone working takes place.

9.5 Any child or young person that has an EHCP the RM will work with the relevant agencies on identifying how we can meet this young persons need. If a specialist behaviour support resource is needed beyond the provisions of the setting the RM and site leaders have a duty to source the required resource.

9.6 Where behaviours that are not outlined within the EHCP are evident or develop the RM will liaise with the Team around the Child and responsible funding authority and work with them to address any resources needed.

De-escalation or Diffusing a Challenging Situation

9.7 All staff are to be trained and skilled in de-escalation techniques. This is based around PRICE and advanced communications skills, empathy, nonconfrontation, minimising threat and negotiation, compromise, agreeing to any reasonable requests, distraction, 'time out' and changes of staffing which are all key.

9.8 In order to de-escalate increasingly challenging behaviour, there are some simple steps that can be taken:

- Listen to the individual you are dealing with
- If more than one child / young person is involved, then separate them into different areas of the environment and speak with them individually
- If your presence is increasing their agitation, then leave but follow this up with necessary action. E.g., involve a different member of staff, phone your manager or on-call if you are concerned about the individual.
- Acknowledgement and acceptance of the individuals' feelings and emotions
- Apologise for your contribution to their hostility/anxiety/fear
- Be aware of your own communication technique, uphold professional standards to reduce the person's heightened emotions
- Help the person to focus on the future, move on from what has just occurred.

9.9 Minimise the use of phrases such as 'calm down' or 'I know how you feel' or 'don't talk to me like that,' do not demand an apology, as this is likely to draw their attention to other staff involved, and the person could inadvertently become a direct threat to other staff.

Change of Face

9.10 Staff should trust their instincts, be calm and use their good judgement. If staff feel a situation is volatile or poses a threat, then they work with other staff members to have a change of face to ensure the situation has the best chance of de-escalation.

9.11 It is important this is reported to the manager, an incident form is completed via Mentor so that follow up work can happen as outlined in 6.4.

Containment

9.12 Some behaviours that challenge may be difficult to stop (e.g., persistent shouting). It is important for staff to be able to understand these behaviours, tolerate them where they are not offensive and accommodate within the confines of the environment.

9.13 Keep the child / young person and others safe and where possible mitigate any effects such as asking other children and young people to move away from where the aggressive or challenging individual is, to reduce stimulation and keep the environment tolerable for others and avoiding 'setting others off.'

9.14 Staff member should ensure that they do not become trapped by the person and should always be near to an exit or try to move to an area where the conversation can be overheard by colleagues.

Physical Intervention

9.15 The use of physical restraint practises should be in accordance with the Physical intervention policy measures must only use as a last resort by trained staff and where other non-restrictive actions interventions have been tried and exhausted. Physical intervention where used must be reasonable, proportionate, and use no more force. Use of PRICE intervention is in place with all staff trained within PRICE. A separate detailed physical intervention policy outlines the PRICE practice.

The Criminal Law Act 1967

9.16 The Criminal Law act of 1987 states that everyone has the right to defend themselves against attack, providing that they only use reasonable measures to do so. This policy defines the prevention and de-escalation of potential violence as the acceptable means to defend oneself against attack.

The Care Act 2014/Safeguarding

9.22 It may be necessary to intervene to prevent one child / young person from attacking another.

Human Rights

9.23 People have the right to be "Protected from Inhuman or Degrading Treatment. Staff may therefore need to intervene to protect one child / young person from the aggressive actions of another child / young person.

Duty of Care

9.24 This states that staff cannot allow people to whom they have a responsibility to become harmed because of their actions or inactions. It may therefore be necessary to intervene to prevent harm, as reasonably safe to do so.

9.25 In all circumstances, Physical restraint should only ever take place within the context of an overall support plan, which details underlying causes and trigger factors for the child / young person, person-centred de-escalation techniques, and Physical restraint methods which should be used if behaviour must be managed.

9.26 It is vital that the child / young person is supported after the incident, which might have signalled some deep distress and/or frustration. If the person has indicated their reasons, then every effort should be made to problem-solve. The person will experience "post-incident depression" when they may be embarrassed or remorseful, so it is vital that they do not feel any sense of isolation.

9.27 After any use of physical restraint, documentation should be completed immediately and as soon as it is safe for staff to do so. This must clearly outline why staff felt that physical restraint was

necessary, along with a full and factual account of the incident. The incident must always be reported to the RM and recorded via Mentor. If the incident has highlighted a change in the person's mental health, then clinical staff should also be informed.

9.28 Regular analysis of any physical restraints or interventions and records will take place by the RM or nominated SLT member. This should consider equality, any potential child protection issues and trends, including timings and staff members.

10. When to call the Police

Settings should continuously look to minimise and avoid police involvement around children or young people's behaviour by using all agreed individual behaviour strategies and plans.

10.1 Staff should contact the police in situations where:

- A crime has been committed
- A significant injury has been sustained
- All avenues to safely de-escalate and manage a situation have been exhausted and have failed
- Where staff, children and young people and the public remain in imminent and grave danger.

10.2 If a violent incident occurs because of the actions of a visitor, contractor or member of the public, staff should call the police and consider pressing charges in all instances of the above, where this is warranted. Even if the police are not involved, a decision may be taken to ban individuals from Storyy Homes property, and injunctions may be obtained to this end.

11. Follow up Action

11.1 The following steps must be taken once all parties are safe and the risks to staff and others present have been neutralised.

11.2 The person who witnessed the challenging behaviour should:

- Record the incident on Mentor including what action has been taken.
- Update the individual's risk management plan and include any new areas of support into the support plan.

11.3 The RM should:

- Conduct debriefs with the individual(s) concerned with the incident, the team and relevant agencies that may be involved in the care of the child / young person(s).
- Share information with the whole team and agree a safety strategy to avoid further incidents
- Conduct reflective practice on 1:1 with the individual(s) affected (this is paramount) and with the whole team. Although not everyone in the team is directly affected by an incident of aggression, it can still impact on their confidence and raise anxiety. Reflective practice helps to alleviate stress and identify lessons learnt.
- Speak to witnesses who may have seen what happened and offer reassurance to other children and young people if they have been affected by the incident.
- Decide if sanctions are appropriate i.e., ABCs/restrictions or written warnings. A manager must agree these sanctions.
- If an incident of violence or aggression falls within your Local Authority's procedure for notifiable incidents, this will need to be actioned within the timescales for reporting.
- Report to the regulatory body such as Ofsted or CQC if the incident has involved someone in receipt of regulated activity and/or been a safeguarding concern and/or caused serious injuries to people who use the service, and/or prevent or threaten to prevent the provider from carrying on regulated activities or care safely and properly, and/or been an incident reported to or investigated by the police.

12. Rewards, sanctions, and exclusions

12.1 As set out in section 5 Storyy use a positive behaviour strategies approach. This along with our setting and child specific rewards should be the precursor to any sanctions.

12.2 Relevant sanctions and rewards should be agreed at setting level and applicable to the children within that setting. This is set out in each settings young person guide and will be based upon each child's age, understanding and individual needs.

12.3 All staff will encourage a reflective environment, encouraging children to make positive choices and understand the consequences of actions and behaviour to themselves and others.

12.4 Whilst sanctions may be actioned at setting level, it is never acceptable to use:

- (i) Corporal punishment
- (ii) Restriction of food or drink, sleep, medication, clothing, or any equipment that is needed / highlighted in any physical or SEMH needs/plan.
- (iii) Restriction of contact or communication
- (iv) Use of outfits or clothing that are distinctive or inappropriate.
- (v) Financial penalty
- (vi) Group punishments for the actions of an individual
- (vii) Another child in the involvement of punishment of another.

12.5 The use of exclusion as a punishment from a Storyy children's home is not appropriate. A young person's placement can't ever be terminated as part of an exclusion.