

Behaviour Regulation Policy

Positive behaviour support and physical intervention



Malvern Special Families is committed to providing safe and engaging social opportunities for children with additional needs and disabilities. Our ethos means that we adopt a person-centred approach to behaviour. It is essential that Appendix 1 (Malvern Special Families' approach to behaviour) is read and adopted by all staff. We believe this approach promotes the safety and wellbeing of everyone in the Malvern Special Families community. We recognise that in order for children to be ready to their full potential, they need to be in a safe and regulated state, facilitated by a positive environment that fosters connection, inclusion, kindness and respect for all.

This behaviour policy must be read in conjunction with our Safeguarding policy.

Objectives

- To provide all staff, trustees, parents and carers with an understanding of Malvern Special Families' positive approach to behaviour
- To equip staff with the tools they need to understand behaviour as communication,
- To reduce risk for all attending and working at MSF clubs,
- To confidently support behaviour in a positive and respectful manner.
- To outline the roles of responsibilities of staff, trustees, parents and carers
- To state our procedures and the law regarding positive physical intervention and reasonable use of force
- To determine how behaviour plans and positive handling plans are used

Aims

- To ensure our staff and trustees adopt a consistent positive ethos
- To train staff to a high standard in managing behaviour presented by the children and children accessing our clubs
- To ensure safe working practice for our staff through clear procedures
- To regularly review practice and ensure that provision the best it can be at all times

Roles and responsibilities

Play staff:

- Adopt the approach set out in Appendix 1
- Adhere to the procedures outlined in this policy
- Follow, maintain and review behaviour and positive handling plans
- Actively engage in training and development opportunities
- Query any concerns with their playleader

Playleader:

- Provide personalised activities, considering the needs of the individuals attending
- Match children with a keyworker whose skills and experience ensure that the most appropriate level of support is provided for the child
- Ensure resources are monitored and sufficient activities available so that children are meaningfully occupied without unnecessary conflict over sharing and waiting for turns etc.

Trustees:

- Fulfil the requirements of the law in relation to Children's Act 1989, 2004, Human Rights Act 1998, Mental Capacity Act 2005
- Contribute to the formulation or review of the Behaviour Policy
- Understand the complexities and challenges of behaviour at the clubs and those presented to the play staff team
- Manage escalated complaints from staff and parent/carers regarding the charity Behavioural and Positive Physical Intervention policy

Parent/carers

- Inform the charity of any personal circumstances which may be relevant to their child's behaviour.
- Accept and support the club's behaviour policies and sign the annual parent contract.
- Participate in the club's procedures, i.e. attending meetings where behaviour management concerns are discussed and consult on MSF Behaviour Plans
- Take an interest in their child's behaviour, using home-based rewards and sanctions in support, where appropriate
- Agree matters being referred to other agencies if recommended by Malvern Special Families
- Consent to MSF requesting access to behaviour plans at their child's school
- Be available to talk to their child's keyworker at the beginning and the end of play sessions to hand over information

Behaviour plans

On each child/child's registration form we ask if they have a behaviour support plan at school and request consent to share this. We recognise that the demands on the children at school vary from those at MSF clubs, so the Service Manager ensures the plans are updated and tailored to suit club expectations of behaviour. *Appendix 2

Parents are consulted on the behaviour plans. Behaviour Plans are kept in each individual child's file at the clubs and are shared with the staff at the club. The playleader ensures playworkers read and understand the behaviour plan of any child with whom they are working. These are discussed in warm up meetings before each club day and references are made to Tips and Tricks forms and the individual risk assessments.

Tips and Tricks Forms are completed by school staff who know the child in a classroom environment at their school and by MSF staff who know the child in the club environment. Tips and Tricks forms identify possible triggers to an individual child's behaviour and recommends tried and tested strategies to minimise escalation in behaviour that challenges.

When a child's behaviour is at risk of serious harm to themselves or others, and requires positive physical intervention, a behaviour plan will be drawn up and shared with all staff involved. The plan is kept in the child's red file.

Positive physical intervention (PPI) and use of reasonable force

Staff at Malvern Special Families are committed to providing the highest standards in protecting and safeguarding the welfare of children entrusted to its care. We recognise there is a need in line with the DFE "The use of reasonable force July 2013" to intervene when there is an obvious risk of safety to a child, staff and property. We emphasise that if used at all, PPI is seen in the context of a further positive action of care and concern. In line with DFE advice and guidance 2013 it is used as a 'last resort' option and in the most extreme cases, other strategies will always have been attempted first.

Reasonable force has no legal definition but:

- Staff must consider the circumstances of the incident, age, sex and development of the child.
- The degree of force must be proportional to the seriousness of the situation, behaviour or consequences it is intended to prevent, and always be the minimum force needed. In other words, the force you use in PPI must be proportionate to the harm you are trying to avoid occurring.
- Force could not be justified for a trivial behaviour or a situation that could be resolved without it.
- Everyone has the right to self-defence provided they do not use a disproportionate degree of force.
- Corporal punishment is illegal. It is always unlawful to use force as a punishment. This is because it would fall within the definition of corporal punishment.

Who can use PPI?

All trained staff are authorised to use PPI as appropriate. A list of authorised staff is available in the staff file on the qualifications and training list. All MSF staff are offered specialised training on positive physical interventions for

learning disability – Team Teach. Team Teach emphasises that 95% of behaviour management is the employment of de-escalation techniques. The 2-day training is offered for all staff in the training week in July each year and is delivered by the Positive Behaviour Team. Staff are offered formal refresher training year. Staff should only use methods of restrictive physical intervention for which they have had the training. Specific techniques will be closely matched to the individual characteristics of the child or child. It is not appropriate for staff to modify the techniques they have been taught.

When might PPI be used?

Primary and secondary prevention strategies will always be used first (see Appendix 1). However, we recognise that some children may not be able to control their reaction to events as well as others and at times may place themselves or others at risk through their uncontrolled behaviour.

Reasonable force might be appropriate when:

1. Action is necessary in self-defence or because of imminent risk of injury to themselves or another person.

Examples:

- *Child attacks a member of staff, another child, attempts self-injury, children are fighting.*
- *Child is running in venue in a way that is likely to cause injury to self or others.*

2. There is a serious and developing risk of damage to property, including the child's own property.

Examples:

- *Child is causing or about to cause serious damage or vandalism.*
- *Child is causing or at risk of causing injury or damage by accident, rough play, misuse of dangerous materials or objects.*

3. Where there is clearly documented evidence that particular sequences of behaviour rapidly escalates when dysregulated, the use of a restrictive physical intervention at an early stage in the sequence may, potentially be justified if it is clear that:

- Primary prevention has not been effective.
- The risks associated with not using a restrictive physical intervention are greater than the risks of using a restrictive physical intervention and;
- Other appropriate methods, which do not involve restrictive physical interventions, have been tried without success.

How might PPI be used?

Wherever possible early support from colleagues will be sought. Single-handed intervention increases the risk of injury to both parties and does not provide the person intervening with the support of a colleague acting as a critical friend.

Methods that staff may use in appropriate circumstances where a risk assessment judgement supports this:

- **"Shepherding"** a child away by a light touch/hand on the elbow or near the shoulder.
- **"Guiding"** – remembering this is the positive application of force to control a child and would be used in rare circumstances, e.g. if the child is in extreme danger and no other alternative is available, or where reasonable force is used to assist a child's movement.
- **"Holding"** – for security and to reduce anxiety where there is potential risk, even if the child is not yet out of control. The purpose is to defuse or prevent escalation and this should be detailed on their behaviour plan.

Staff **must not** conduct action that might reasonably be expected to injure by:

- Holding a child around the neck, or by the collar, or in any other way that might restrict the ability to breathe
- Slapping, punching or kicking a child
- Twisting or forcing limbs against a joint
- Tripping a child
- Holding or pulling the child by the hair

Safe Spaces

A room may be used as a safety measure where behaviour would otherwise put other people at risk. It is not to be used as a punishment, as a behaviour management tool, to save embarrassment (in the case of a child undressing) or for the convenience of staff. A safe space can be used at the child's request to help them self-regulate their behaviour. The context of use of isolation at MSF clubs is for safety rather than disciplinary reasons and can only be justified in extreme emergency situations. The use of a safe space/room for isolation is justified only when the consequences of not using it severely outweigh the risks of using it. **MSF staff will not close the door to a safe space in order to prevent a child from leaving. A child can choose to close the door to a safe space whilst they self-regulate. An MSF staff member will always keep them safely in sight.**

Risk assessments and Behaviour Plans

If we are aware that a child requires PPI, we will plan how to respond in line with Team Teach protocols and guidance. This can include involving the parents to ensure they are clear about what specific action we might need to take and obtaining medical advice if the child has any specific health needs. A risk assessment and a positive handling plan will be drawn up, in consultation with all concerned and included as part of the child's Information Plan. It will be reviewed quarterly. Staff involved will, through risk assessment, have identified their training needs in this area. In cases where it is known that a child will require PPI appropriate training will be provided (accessed through the Positive Behaviour Team).

Reporting and recording incidents

- All incidents – will be recorded on an Accident/Incident Report which will be signed by both parent/carer and Malvern Special Families staff. Parents/carers should be given the opportunity to ask any questions. Copies of the Incident Report will be passed to the Service Manager as soon as possible following the club.
- Incidents involving PPI – all incidents that result in PPI (where a child has to be held) will be recorded in detail using the 'Bound and Numbered Book' at the earliest opportunity (must be within 24 hours), as well as through the Accident/Incident report. A Positive Handling Plan then needs to be put in place or reviewed accordingly.
- Incidents resulting in injury – should an injury occur as a result of an incident at a club, immediate steps will be taken to secure appropriate medical attention. This will be reported and recorded in accordance with MSF and relevant Worcestershire policies.

The Bound and Numbered Book will be reviewed by the Service manager on 6-monthly basis to consider control measures and possible training or further training needs etc. A member of the Team Teach team will ask to view the book at our annual training in July each year.

Debriefing

After an incident, the child and members of staff will be checked for any sign of injury and first aid will be administered if required. The child will be given time to become calm while staff continue to supervise/observe him/her. When the child regains complete composure, a playleader or deputy and staff involved in the PPI will discuss the incident with the child and try to ascertain the reason for it. All members of staff involved will be allowed a period to debrief and recover from the incident. This may involve access to external support. The playleader will provide support to the member of staff involved in the first instance. At the Wind Down meeting after each incident of PPI the playleader will hold a discussion about what can be done differently next time to best support the child or child. The playleader will have a debrief with the Service Manager to formalise any recommended changes to the individual's behaviour plan

Informing parents/carers

The parent/carer information sheet (attached to booking forms) contains a section detailing our legal duty to maintain a safe environment and the possible use of positive handling (as a very last resort). For some children who present with aggressive behaviour when dysregulated, there may be the need to use specific techniques to routinely manage their behaviour that challenges. This will be recorded in their Positive Handling Plan. *Appendix 3 Such arrangements will be fully discussed with parents/carers, on an individual basis, in advance of their implementation. All intervention will be routinely recorded and monitored. All parent/carers will be informed after an incident where positive handling is used with a child. If appropriate the parent/carer will be phoned for advice.

Future planning

Following a serious incident, consideration will be given to the following.

- Are there any additional behaviour management strategies that could have been used?
- What was the activity and were there any trigger points that could have been worked around?
- Do our policies and procedures support that child's individual needs?
- Do we need to find out more information from school/home about how that behaviour is managed in other situations?
- What do the parents/carers say/suggest? We will work with parent/carers to identify the cause and find a solution together.
- Do we need to revise the current levels of support needed for that child to access our club? In exceptional circumstances children may be offered additional support e.g. on a ratio of 2 adult to 1 child basis. We have limited places providing 2:1 support at the clubs and this may affect the places available to the child going forward.

As a result of this, a decision will be reached involving the parent/carers regarding the child. If it is not possible to keep the child or others safe, we would endeavour to find an alternative club. However, in exceptional circumstances, if it is felt that an individual presents too much of a risk to themselves and others, and we cannot safely meet their needs, then we will be unable to offer a place.

Complaints

This policy is in accordance with the DFE "The Use of reasonable Force July 2013". As such, those acting in accordance with it, providing they act in good faith and within the authority guidelines, will be positively supported in their actions. In order to reduce the risk of complaints, we ensure staff follow this policy, we involve parents when an incident occurs, and we provide approved training through the Positive Behaviour Team. All complaints will be recorded and followed up by the Service Manager in the first instance. Where appropriate the Authority will be notified/kept informed.

Staff using PPI whilst working within policy guidelines will have the full support of the Malvern Special Families trustees and their line manager. A complaint or dispute about the use of force by a member of staff might lead to an investigation under disciplinary procedures or by the police under Child Protection procedures.

It is important that staff and volunteers feel supported by other staff, volunteers and trustees. The key to this is good planning, open and honest discussions (within the framework of our confidentiality policy) a sense of humour and access to support and training when necessary. It is perfectly appropriate for staff to take a short break when necessary and sometimes a change of face can support effective behaviour management. No member of staff should ever feel unsupported in their area. Following a serious incident, we recommend that staff have a debrief so that they are able to manage their stress.

Other types of physical contact

Some physical contact may be necessary e.g. during activities, or if a member of staff has to provide personal care or administer first aid /medication. Staff must be sensitive to matters relating to culture and gender issues and any known individual characteristics or special circumstances relating to children. MSF acknowledge there may be times when safe touch is appropriate and comforting to a child or child. E.g. pressure hugs for children with ASD and hand holding for road safety etc. As all the children that we support have disabilities they generally need staff to provide physical prompts to help. Physical contact must always be individually appropriate and done openly. There is always a minimum of two staff present at all times (see Safeguarding policy).

Reviewed and agreed by Trustees – July 2018

Updated September 2022, and again in 2024

Appendix 1 –

Malvern Special Families' approach to behaviour

We aim to:

- ❖ **Understand the purpose and reasons for an individual's behaviour** – We believe that all behaviour is a form of communication that can tell us important things about the quality of a person's life. Behaviour that challenges is how we talk about a range of behaviours which some people with additional needs and/or disabilities may display to get their needs met. We believe that the children and children we support have the right to have their behaviour recognised and responded to in a respectful, positive, person centred and professional way.
- ❖ **Adapt the environment and offer personalised support** - rather than trying to change the child or fit them into the environment, staff positively interact with children and children to meet their needs in the best way possible. We manage behaviour proactively by providing an environment that offers appropriate levels of stimulation and support, and by promoting communication of need in appropriate and safe ways.
- ❖ **Promote positive behaviours** - staff give verbal and non-verbal praise for positive behaviours, rewarding and supporting each child to promote their wellbeing.

We believe that:

- All children have the right to play in a safe and stimulating environment, whatever their individual needs. No child should feel unsafe whilst enjoying an opportunity to play
- Each child is to be treated with dignity
- A child's choices, views and wishes should be respected. Every child will be involved in the decisions which affect them, as far as reasonably possible
- Our staff should model and encourage respect, cooperation and tolerance of others

Our understanding of behaviour

We understand that behaviour is a form of communication and that physical behaviour, e.g. pinching, pushing, biting or kicking, could mean any of the following:

- I feel unloved
- Intended playfully - I don't know how to play
- I don't know how to tell you my feelings or needs
- I don't like what you are doing/ I don't like you
- I want someone to notice me
- I want what you've got
- I find it difficult to play with other children

Everything we do is also affected by the environment, that is, where and how we spend our time, who we spend it with and what support we get from others. Understanding this and improving this is a key aim of our provision at Malvern Special Families

We need to know about the sequence of behaviours which lead up to an episode or period of behaviour that challenges. Behaviour that challenges rarely occur 'out of the blue.' There are always links between the behaviour and what happens before (antecedents) and after it (consequences). Understanding how these are related helps us identify the function of the behaviour and has direct implications for how we respond to it. Antecedents can be broken down into two types:

1. **Setting Events:** longer term underlying factors e.g. health issues, changes in emotional states, particular activities or sensations, places, individuals, objects, changes to the routine earlier in the day.

2. **Triggers:** things that happen immediately before the behaviour, e.g. hearing a particular sound, seeing a specific person, feeling a sharp pain.

If triggers occur when the person has already experienced one or more of the setting events, it is more likely that behaviour that challenges will occur. Slow triggers – feeling unwell, hungry/ thirsty, lack of attention, boredom, feeling tired. Fast triggers – being told no, an event being cancelled, something frightening, not understanding, being told to wait, being told to do something they can't do.

Consequences are the things that happen after the behaviour. While these are always things that impact on the person, they are not always obvious as they include: things that are added or taken away e.g. conversation or contact, activities or sounds, the way other people react or respond, things that happen immediately and later changes in feelings or sensations.

Our behaviour approach scale

1) Positive Management Strategies

MSF staff will:

- Support children and children to access local facilities and resources ensuring they have a community presence
- Treat children and children with dignity and support them to develop a positive image
- Offer children the opportunity for repeated experiences with problem solving, supported by patient adults and clear boundaries
- Promote the development of social skills, e.g. by modelling behaviour, through activities, circle time and stories
- Build self-esteem and confidence in children by offering them a variety of fun opportunities and supporting them to 'have a go' and celebrating success with them
- Exercise relaxed vigilance, so that they give the children the opportunity to engage fully, but are always available to step in whenever necessary
- Use praise in a meaningful, specific and appropriate manner
- Acknowledge considerate behaviour such as kindness and willingness to share
- Avoid creating situations in which more adult attention is given in return for unwanted behaviour
- Use distraction and re-direction to de-escalate potential situations
- Help children to understand the effect that their hurtful behaviour has had on another person; we do not force children to say sorry, but encourage this where it is appropriate

- 2) **Proactive Strategies** – this is used if a person starts to get agitated, which shows that things aren't quite right for them. Calming, distracting or problem-solving approaches remove the need for the person to use behaviours that challenge.

MSF staff will try:

- Providing the disruptive child with a choice of locations to self-regulate their behaviour and calm down.
- Giving clear directions
- Allowing 'take-up' time thus allowing a 'face-saving' opportunity
- Requesting that staff move the other children away from the area
- A change of face
- Implementing Team Teach help protocols/script so that another member of staff takes over the strategic lead of the incident, if he/she feels it is appropriate to do so
- Referring to behaviour support plans as appropriate

- 3) **Reactive Strategies** – unfortunately despite our best efforts, there may be occasions when primary and secondary prevention do not succeed in avoiding behaviours that challenge. If secondary prevention fails, then reactive strategies are used to manage any behaviours that challenge in a safe and ethical way. Reactive strategies are a reaction to behaviour after it has occurred and will only be used when an individual's behaviour

has escalated out of control and poses a danger to themselves or those around them. They focus on keeping the person and those around the safe and unharmed.

MSF staff will:

- 1) **Increase personal space** - The amount of personal space a person needs increases when they become agitated. Creating more personal space is less threatening and promotes the safety of staff. Verbal communication should be short and simple.
- 2) **Self-protective and breakaway procedures** - self- protective positions can minimise the chance of being hurt or trapped. Breakaway procedures are ways to evade blows or to escape from grips, grabs and bites.
- 3) **Minimal Positive Physical Intervention (PPI)** - minimal PPI procedures use minimum force to restrict the movement of someone who is in danger of harming themselves or others around them (see main policy for further information)

Full Name of Child/ Child:	D.O.B:
Disability, Special Educational Needs:	
Behaviours we want to encourage/develop:	
Behaviours we want to reduce/stop:	
Possible triggers of behaviours we want to reduce, Things to prevent/avoid:	
Positive management strategies:	
Proactive Interventions:	
Reactive Interventions:	

Date written:

Date reviewed with
parent/carer:

By whom? Staff Name
(print):

Parent/carer signature:

Parent/carer name (print):

Appendix 3 - Positive Handling Plan

Name of Child:

Positives- What is the child good at and what do they like doing?	Triggers- What situations have led to problems in the past?	Successful approaches- What proactive interventions have been effective in preventing child's anxiety rising?
1.	1.	1.
2.	2.	2.
3.	3.	3.

Describe any modifications to the environment or pupil routines that can be implemented to prevent anxieties rising?

1.
2.

Expected Practice

Strategy	What does the practice look like?
Firm clear directions	
C.A.L.M. talking/stance	
Summoning Assistance	
Verbal/Symbolic guidance	
Limited Choices	
Reminders of consequences	
Distraction	
Diversion	
Humour	

Describe any additional strategies that have worked in the past or should be avoided

Strategy	Try	Avoid	What does the practice look like?
Negotiation			
Reassurance			
Planned ignoring			
Contingent touch			
Take up time			
Withdrawal offered			
Withdrawal directed			
Change of face			
Success reminders			
Others			

From your risk assessment, what is the likelihood of the child harming himself or herself, another child or adult in the event of an incident. Please identify risk in each case.

	Self-Harm	Harm to others	Harm from another	Harm to staff
Low				
Medium				
High				

Description of behaviour	Self Harm	Harm to others	Harm from another	Harm to Staff

Prior to intervention all staff must make a dynamic risk assessment in relation to the incident and their confidence and competence in using physical intervention techniques.

Does the child have any medical issues that require the reconsideration of any Team Teach Holds? YES/NO

If YES, has there been any discussion with relevant health professionals and please outline any concerns that they had? YES/NO

Preferred strategy and physical intervention approach for dealing with above incidents after exhaustion of de-escalation and diversion techniques

Type of incident	Approach									
Verbal abuse										
Slapping										
Pinching										
Biting										
Punching										
Spitting										
Hair grabbing										
Neck grabbing										
Clothing grabbing										
Arm grabbing										
Body holds										
“Missiles” being thrown										
Self Harm										

1= Ignoring, 2= Summoning assistance, 3=Guide, 4= Cradle hold, 5= Wrap, 6= Single elbow, 7= Double elbow, 8= figure 4, 9= Separate fights, 10= shield

Follow up- Debrief and repair following the incident (dependant on individual)

Where	Other staff member with whom child has a good relationship

Notification of PPI – multi agency involvement where there is a high risk of need for PPI

	Parent/ Guardian	Social Worker	Local Authority Officer	Child Protection Officer	MSF Management	Other
Name						
Signature						
Date						

Name	Signature	Date Implemented	Review Date
Parent/guardian			
Playleader			