



## **Behaviour Management**

**Linked to Regulations 29 & 30 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017**

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**Aim:**

This policy document that supports the organisation and its services to understand their role and responsibilities to keep service users safe and supported through what could be a difficult period in their lives. These definitions underpin the approaches under which Merthyr Tydfil expects its workforce to engage and interact with service users.

Merthyr Tydfil has a duty of care to ensure that appropriate Positive Behaviour Support (PBS) models are adopted throughout its services, in order to support the reduction of physical and non physical use of restrictive interventions in response to risk.

This policy therefore sets out the legal framework within which a Positive Behaviour Support (PBS) model is adopted and integrated in service provision, especially where there is potential need for safe holds and other restrictive interventions.

The model and interventions described should not compromise the provision of care and support required to keep children safe from harm when accessing services.

This policy recognises that as a result of factors such as illness, disability, anxiety, stress and emotional or developmental trauma children may present behaviours which are not appropriate, and could lead to harm emotionally or physically, for them, other members of the public or the staff they are working with.

This behaviour is often described as challenging and can result in risks of harm to the individual or others or damage to property. We define challenging behaviour as anything that has a negative impact on the child or another person's quality of life. Merthyr Tydfil supports the use of safe holds that are lawfully applied, provided they are compliant with legislation and policy, in addition to the organisation's policies related to risk management, equality, person centred care planning, positive behaviour management and training. Restrictive practice is always a last resort.

**Scope:**

Merthyr Tydfil County Borough Council are of the firm belief that all children require a safe, understanding and nurturing environment in which they can mature and begin to address their difficulties that may have arisen due to Adverse Childhood Experiences (ACE's).

A truly therapeutic environment is one where children feel both physically and psychologically safe. Children can only feel safe when they know what will happen to them in any given situation, the adults caring for them are consistent, predictable, and reliable, and their environment is free from harm.

This is why a clear, detailed approach to a unified parenting style is absolutely essential. An environment that is understanding of past trauma and the effects it has on the individual is also very important to all children.

Children require an environment where they will not be rejected or stigmatised because of their behaviours. Only in this type of environment will children be able to begin to address the issues and trauma that led to the placement.

Children who have challenging behaviour also very much need a nurturing environment. Their behaviour often present high levels of risk that need to be managed. They are also children who require boundaries and basic parenting the same as other children. Adults who offer unconditional positive regards, even in incidents of heightened behaviour is essential.

By providing an environment where the risks are appropriately managed and suitable boundaries are imposed, children can mature and develop in a chronological and developmental age-appropriate manner.

It is important that staff focus on and respond positively to acceptable behaviour, and where the behaviour of children is regarded as unacceptable by staff, it is responded to by constructive, acceptable and known disciplinary measures approved by the home's registered manager.

### **Value Based approaches**

Involving people in decisions about services that affect them directly and indirectly is central to Welsh Government legislation and national policy, and promotes a *Rights Based* approach to practice with children and adults. Planning services *with* people about the support and the outcomes they want to achieve in a person centred way promotes wellbeing and opportunities for individuals to realise their rights. This also meets criteria of a Trauma Informed Care (TIC) approach according to the SAMHSA TIC guidance 2014.

The use of restrictive interventions and safe holds should be managed within the context of the European Convention on Human Rights and in line with the principles described in the *Human Rights Framework on Positive Support and Safe Holds* produced by the Equality and Human Rights Commission.

Merthyr Tydfil Social Services will adopt approaches that promote the rights and principles set out in the **United Nations Convention on the Rights of the Child (UNCRC)**; and the **United Nations Convention on the Rights of Persons with Disabilities**.

Merthyr Tydfil will ensure a value based approach to its delivery of social care support and services to vulnerable individuals, families and young children. Its mission is to ensure that those receiving services are provided with planned care and support that promotes wellbeing as much as possible, and to ensure that those delivering services have the knowledge, skills and value base to discharge their duty of care effectively.

This policy will adopt a focus on Positive Behavioural Support (Macdonald et al, 2013), using positive value base and how this can be implemented to support the reduction of risk and management of behaviour and safe holds.

Principles described in the *Human Rights Framework for Positive support and safe holds* produced by the Equality and Human Rights Commission (EHRC, 2019). The EHRC Framework defines positive support and safe holds as:

**‘An act carried out with the purpose of restricting an individual’s movement, liberty and/or freedom to act independently.’ (EHRC, 2019)**

Merthyr Tydfil wishes to use language and terminology that reflects a value based approach to any intervention used by staff. This will encourage a value-based ethos and culture within teams that has the individuals’ wellbeing at the heart of any interactions and relationships, and in which language can play a crucial role to build positive relationships.

As a result, the terminology of *positive behaviour support and safe holds* as key terms will replace words such as “*restraint*”. Where the word “*restraint*” appears, it is due to wording within the documentation at the time (eg **Restraint** Reduction Network).

## **Restrictive interventions**

The terms **restrictive interventions** can apply to a number of different acts, for example, **physical holds and restrictions, chemical restrictions, mechanical restriction, social restrictions, psychological restrictions, and long-term segregation**

A restrictive intervention may not always require the use of force, it can also include acts of interference, for example moving a person’s walking frame out of reach.

**Safe Hold interventions** describe a range of physical options or actions to respond to behaviours that have the potential to cause significant harm to individuals or serious damage to property.

- Options or actions are applied proportionately to reduce and manage risk.
- The safe holds may limit and manage movement to minimise the risk of harm.

Restrictive interventions may include:

**a. Physical**= Use of physical holds or disengagement skills which limit and restrict movement to prevent injury

**b. Environmental**= The use of locked doors, fences, gates, time out spaces  
An individual may be asked to stay in a quiet room away from others as part of an agreed strategy to defuse aggression

**c. Social/psychological**= Verbal instruction or commands, social restriction  
A young person may be told that they will be allowed to attend a music event if they attend school

**d. Mechanical**= Use of straps, bed rails, wheel chair  
As part of an agreed plan, an individual may wear straps to prevent self-injurious behaviour

**e. Chemical**= Use of medication, cigarettes and alcohol  
An individual may have daily medication to help with their emotions as well as additional ‘as required’ medication when they feel they need added support

**Person Centred:** When we use the term, **person centred** this means a positive approach that places the adult and child, their wellbeing needs and wishes at centre of interactions with them. This means involving all stakeholders in making key decisions in the best interest of the service user.

### **Positive Behaviour Support**

PBS is an evidence based multi-component framework for supporting people who have behaviours that challenge, or who may be at risk of developing these. Its primary focus is to improve quality of life through an understanding of the reasons why an individual may use their behaviour to communicate and looking at environmental variables that may reduce challenges and promote pro social behaviour.

### **Setting**

Whilst Welsh Government's approach to Reducing Restrictive Practices is applicable across healthcare, education and social care settings, and will often have common themes applicable to all those settings, this policy document is applicable across Adults and Children social care settings within Merthyr Tydfil Social Services department.

### **Restorative Justice/ Approaches**

Restorative justice brings those harmed by crime or conflict and those responsible for the harm into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward. This is part of a wider field called restorative practice. Restorative practice can be used anywhere to prevent conflict, build relationships and repair harm by enabling people to communicate effectively and positively. Restorative practice is increasingly being used in schools, children's services, workplaces, hospitals, communities and the criminal justice system.

### **Managing Behaviours That Challenge**

Behaviours that challenge displayed by children can be managed effectively, and with the right encouragement and guidance, can be changed to behaviour that is more socially acceptable.

A consistent and caring approach is vital to alter negative behaviour and being inconsistent will hinder or halt any progress in the care plan and placement.

It is also very important to implement a Trauma Informed Care approach to parenting children with Adverse Childhood Experiences (ACE's). The adults working with children in the residential homes across Merthyr are trained in a Trauma Informed Care approach. In practice staff at the homes implement the principles of TIC outlined in the SAMSHA 2013 report and research undertaken by Rajaharaman and colleagues in 2022. The four commitments of TIC are;

1. Acknowledge trauma and its impact (avoid re-traumatisation)
2. Provide the child with choice and shared governance
3. Focus on skill building
4. Establish safety and trust with the child

It is evident that ad hoc strategies fail, and it is essential that the staff team and just as importantly, the young person, knows the behaviour management strategies in place which must be written for each individual young person on their particular targets and needs. It is also important that interventions are evidence based and monitored to prove effectiveness.

Therefore, it is essential that all behaviour management strategies are written and made available to all and are incorporated within the Personal Plan. Interventions should be monitored and regular feedback from the staff and young people will help assess effectiveness.

Behaviour Management Plans must summarise how displayed behaviours are to be managed in a consistent way reminding staff to be aware of 'high arousal' body language including personal space, touch, eye contact and our own overpowering body stature.

Behaviour Management Plans may also include Physical Intervention, Consequences, Rewards and Therapeutic individualised Interventions.

Behaviour Management Plans must be attainable and not place too high expectation. Small steps with rewards for managing their own behaviour provide a level of positive reinforcement and guide the young person in the right direction. Goals should be monitored regularly and broken down into small achievable steps.

Behaviour Management Plans should be reviewed regularly and if appropriate, children and young people should be involved in the monitoring and reviewing.

### **Post incident Care**

The restoration of positive relationships that support a therapeutic outcome *after* the use of safe holds is of paramount importance, and contributes to building ongoing relationships with individuals, and their care givers. Reconnection also supports helping the child move from a state of internal shame, to understanding natural feelings of guilt supporting positive behaviour change. Merthyr Tydfil's commitment to its young people ensures that there is an understanding of, and focus on, long-term positive relationships, so that before, during and after any incident, the young person is supported through their challenges in a non judgemental way. This is especially relevant post incident as it contributes to the reduction of criminalisation of young people post incident, and restores relationships.

Sometimes, the intervention offered does not have the desired result and potentially can be seen as a failed intervention. As well as ensuring the wellbeing of all those involved, and ensuring monitoring and recording can address any safeguarding / protection or complaint issues, the ability to reflect and learn throughout this process is key to ensuring safe holds are applied with due consideration, and are reviewed thoroughly.

Staff reflection through post incident assessment, as part of this process, is key. This will be completed by the manager following any incident that requires restrictive practices. Merthyr also have access to specialist behavioural teams trained in Trauma



Informed and Low Arousal approaches that can support with debrief and clinical supervision where needed to ensure the continued reduction in the need to use restrictive practice.

## **Verbal Guidance**

Verbal guidance is imperative in enabling children to make positive choices and again must be incorporated within the Behaviour Management Plan.

When behaviour is regarded as disruptive it is essential that these matters are discussed with the child and advice and guidance offered. If behaviours are deemed continual or serious then the Behaviour Management Plan must be reviewed with the child.

Verbal guidance must be clear and concise. It must raise the specific behaviours that are a concern, why the behaviours are a concern and impact on the home and other people. Also, guidance must be offered on what is expected and acceptable, help and advice on how to change responses and outbursts and having a 'fresh start'. This advice can then focus on supporting the child to learn new ways to get their needs met, new ways to communicate how they are feeling and focus on teaching them how to tolerate frustration and upset in a safe and socially acceptable manner that is age appropriate.

Children that live in homes that have clear and fair boundaries, where they feel safe and are encouraged and appropriately rewarded will thrive and do well. Such homes will also experience less instability and disruption.

A restrictive, unsupportive, discouraging and punishing culture will result in instability, hostility and disruption. Research suggests that the over-use of punishment procedures leads to higher levels of aggression and anti-social behaviour.

Staff should listen to and empathise with children, respect their thoughts and feelings and take their wishes into consideration. Staff should be well equipped at guiding conversations with children and young people, helping them to reframe their thoughts, feelings and behaviours and move towards a safe way of living.

Staff should look for things that are going well, or any step in the right direction, and appropriately reward it. Merthyr homes work on a 7 to 1 rule, whereby they reinforce positive behaviours 7 times as much as they correct any challenging or anti-social behaviour.

## **Consequences/Learnings**

Consequences are a very effective tool in changing negative behaviour or reinforcing what is expected or acceptable. However, staff should be very careful when imposing the consequence and must offer verbal guidance as a way of changing behaviour and not impose a consequence as a way of changing behaviour during the event, e.g., a consequence should only be imposed after the event or incident

has taken place, when all involved, staff and the child, have regulated and are able to reflect on what has happened.

As a way of reinforcing positive behaviour, it is always better to reward than to remove. For example, reward with a cinema trip for something positive rather take away a cinema trip for something negative.

When a consequence is deemed appropriate then it must be reasonable and the absolute minimum to achieve the desired outcome. It must also be time limited. It is important that the imposing of consequences is used sporadically, natural, and in proportion with the magnitude of the behaviour to maintain their effectiveness and ensure that the desired outcome is achievable E,G., If a child smashes a television, they may be asked to help repair or pay for the replacement.

It is important to remember that the imposing of negative consequences is one of many tools to change behaviour of children to that of something more socially acceptable. Staff must not impose consequences that are not approved, this includes:

- Deprivation of food or drink (i.e., restriction of main meals)
- Any form of corporal punishment
- Any form of sleep deprivation
- Restriction of normal contact, appointments or visits unless ordered by a court of law or bail conditions, including family, friends, advocates, social worker
- Intimate examination or search
- With holding of medical or dental treatment
- Removal of basic items of clothing or requiring the young person to wear inappropriate clothing
- The encouragement of other children, individually or in a group, to bully, Intimidate or assault a child.

All consequences imposed must be recorded appropriately. The manager must review all consequences imposed to ascertain their effectiveness.

## **Rewards**

Rewards should be used in a creative and diverse way, specific to the children's needs, capabilities and interests. Look for things that are going well, or any step in the right direction, and appropriately reward it. This may mean that children are rewarded with toys, games, activities, monetary rewards, or simply descriptive praise.

All 'tangible' rewards should be accompanied by use of 'non tangible' encouragement and support - by staff demonstrating to children that they have done well. Such 'non tangible' rewards include praising, smiling, appropriately touching and hugging children. Children usually benefit, early on, from rewards which may appear to outweigh that which is expected. This is normal; over time rewards can be more relevant as children's self-esteem and skills improve.

Children who have few social or life skills and whose self-esteem and confidence is low may require forms of encouragement and reward which are intensive, frequent or even excessive in order to help/remind them that they are doing well and appreciated. These rewards and reinforcement should also be focused on rewarding the young person's autonomy and core beliefs as well as for their outward behaviours. E.G., they should earn items for believing in the themselves and being a general good kid, as well as for excelling in certain areas.

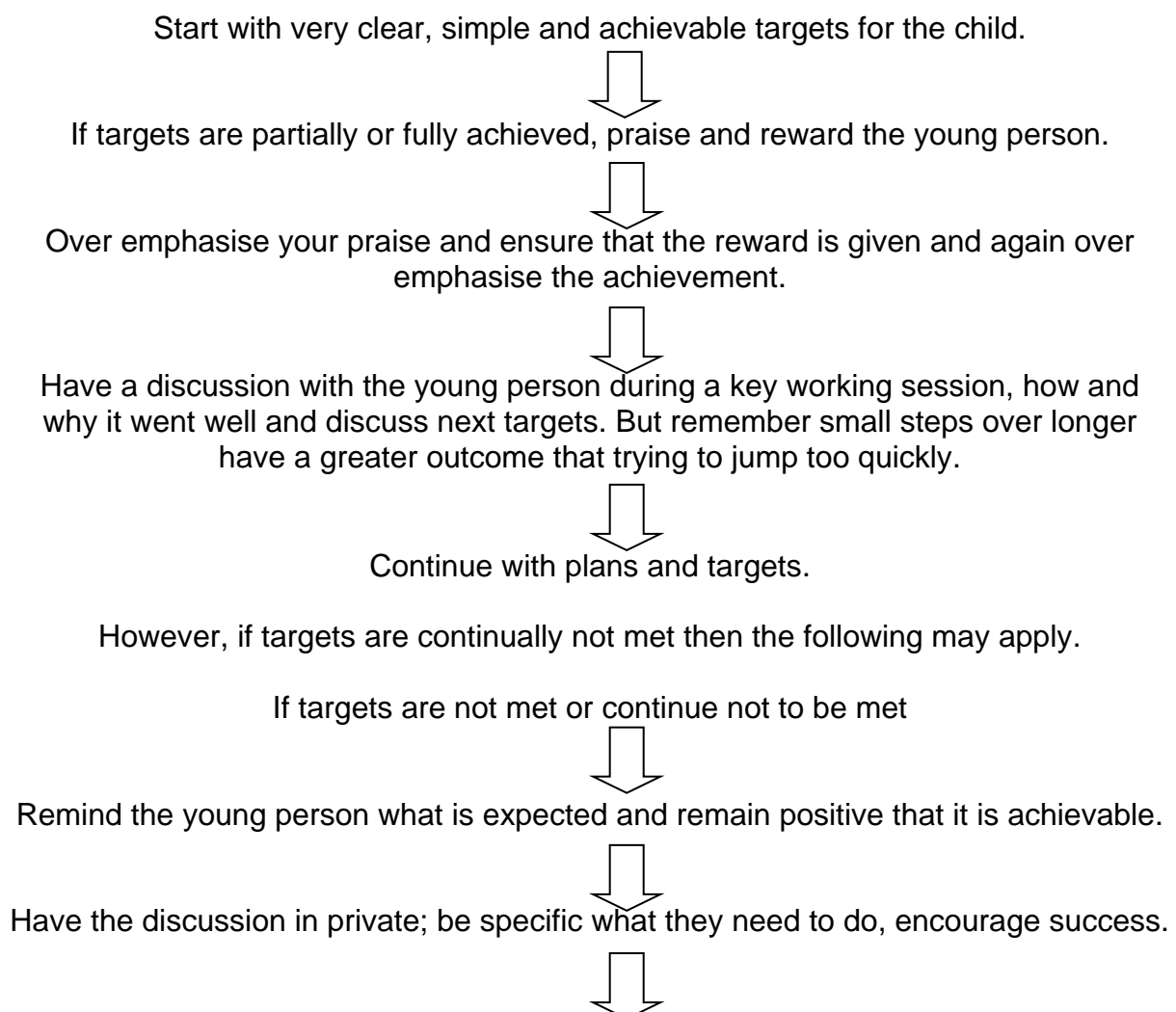
A child who has previously been unable to get up for school may be offered an expensive present or activity for getting up on time for a few days. However, it should also be born in mind that some children cannot tolerate praise as it undermines the low perception, they have of themselves. For these children smaller more specific praise is needed.

Over time, as children achieve what is expected, such rewards should be reduced, or children should be expected to achieve more for the same or a similar reward.

## Guidance

Staff guidance is written to provide the staff team practical help to encourage and reward rather than sanction and remove.

Flowchart:



If appropriate or continued difficulty in hitting required targets, then amend or change the targets to make it achievable.



Offer continued support and guidance.

## **Prohibited holds**

Merthyr Tydfil will not support inappropriate restrictive interventions which compromise individual safety, dignity and respect. A range of safe holds interventions are inappropriate for use in Merthyr Tydfil services and examples include Face Down positive support and safe holds, T-wraps or seclusion.

## **Legal Considerations**

The range of legislative guidance and framework references underpin this policy. However, some key principles are identified in this section.

- The need for restrictive interventions or safe holding of a child must be considered in conjunction with the Children Act 1989 and amendments in 2004.
- Restricting people who may lack capacity to consent will be governed by the Mental Capacity Act 2005. Staff using restrictive interventions and/or safe holds are required by law to have regard to *The Mental Capacity Act 2005 Code of Practice*.
- *Regulation and Inspection Act Wales 2016 Regulation 29*
- Staff providing social care for or on behalf of Merthyr Tydfil have a duty of care to avoid acts or omissions which may lead to harm
- Staff should follow policy and the agreed training to meet the quality standard set by Merthyr Tydfil in their application of restrictive and safe holds interventions
- Reasonable force may be used to prevent significant harm or serious damage to property should only be applied when managing behaviour that is challenging but Merthyr Tydfil expect all staff to principles outlined in this policy

## **Staff support**

Merthyr Tydfil has a duty of care towards practitioners/ workers and recognises that workplace stress can have an adverse impact on the quality of practice. Council systems to support staff are in place and staff should be informed of these on a regular basis.

## **Recording and data collection**

Merthyr Tydfil will ensure effective data collection systems are in place to ensure practice is monitored and support transparency. Data collected about restrictive interventions and safe holds may be used for identifying baselines, setting goals for reduction, monitoring equality issues, and flagging concerns and successes at organisational, service and individual levels.

Any data collected should have a clear purpose and data collection activities, including personal data of the individual and/or family, should be in line with GDPR requirements.

### **Safety**

Any injuries sustained as a result of the use of restrictive interventions and safe holds or other restrictive practices should be recorded and reported as a safeguarding issue inline with the safeguarding policy and procedures of the setting or organisation.

### **Summary**

The importance of *proactive* planning and the inclusion of service users and people who are important to them in making decisions about responses to predictable crises situations is crucial in order to agree strategies which prevent restrictive interventions.

- Work with individuals and families in a proactive and preventative way to proactively plan and risk assess services and interventions
- Work with individuals to understand what is important to them and take steps to support them to achieve what they want.
- Staff should take opportunities to understand behaviours of individuals within the context of what their needs are, such as personal thoughts and experiences or environmental factors, in conjunction with them and relevant others
- Staff will engage in assessing support needs and take into account both elements of environmental factors and personal need.
- Relationships and positive behavioural support approaches emphasise the use of de-escalation skills and techniques
- Staff to be trauma informed when working with all young people who have been exposed to known and unknown ACE's
- Robust systems for recording, reporting and collation of data of restrictive interventions
- Robust systems to support, train and monitor staff interventions

### **Post Incident Practice**

Merthyr Tydfil understands that the use of a restrictive and/or safe hold intervention can have a positive impact upon a person in the immediate situation they are faced with and has the potential to safeguard them from further harm and significant distress. However, in order to promote a culture of therapeutic support *post incident*, it is important to recognise key functions for managers and staff in support of the individual concerned and others involved in any incident.

The Restraint Reduction Network identify the following as best practice:

#### **Post incident review:**

1. *Post incident support.* This is the support that is offered to an individual/s who has been involved in an incident at the earliest opportunity and within 48 hours. It should include assessment and treatment of any medical needs and provision of immediate emotional support.

*2. Post incident reflection and learning review.* This is a non-blaming review where the factors that led to safe holds being used are examined, and actions are agreed to support the prevention of future incidents or the minimisation of impact and less restrictive response in the future.  
(Restraint Reduction Network, 2019)

Managers of Residential Services to ensure the process of Post Incident practice and review is identified, documented and shared with managers, staff and others involved in incidents.

### **Complaints**

Merthyr Tydfil is committed to ensuring that a range of options support the individual during the whole process.

If, as a part of any intervention, an injury occurs to a child or vulnerable adult, it may be necessary to instigate safeguarding/protection procedures.

Restrictive and positive support and safe holds interventions will not be used to inflict pain to gain compliance.

Individuals are encouraged to make a complaint if they are not happy about the restrictive intervention used.

### **Key points to remember**

- All individuals should be offered physical and emotional first aid to ensure that any trauma or immediate stress factors are addressed regardless of the severity of the incident
- a more substantial debrief with all those involved in/ and affected by the incident may need to be assessed as to the most appropriate time for this to occur, recognising the impact of an intervention on the individual/s and time for them to recover
- Report and record all incidents that result in restrictive interventions. A written report should be compiled to try and recall the facts as accurately as soon as possible
- When recording that a restrictive intervention or safe hold has been applied, staff must demonstrate what options were given to defuse and de-escalate any situation.
- Where necessary, work together with multi-disciplinary professionals to gain consensus about care planning issues in a post incident debrief (within 4 working days if possible)
- Family, carers and other professionals may need to be notified as a result of an incident

Managers should pay particular attention to the following elements:

- Contribute to Maintaining a culture of safety by reviewing incidents and making plans to proactively respond to future risk
- Using supervision to provide support to staff, and identify learning needs  
Ensuring support, coaching or additional training is provided if identified as necessary
- Ensure the monitoring of reported incidents and contribute to providing analysis of statistical data i.e identification of trends and patterns

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Version Number:		Status: (draft/final)	
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<p>The <b>Policy Development Group</b> would value your suggestions and comments for consideration for the next <b>Review</b>. We would really like your feedback on this document and would welcome your views on what should be added, taken away, or changed. We would also like to be advised of:</p> <ul style="list-style-type: none"> <li>• Related evidence based practice or training issues</li> <li>• Any areas of practice which would benefit service user care by being added to the document, or any other aspects of practice which should be included here</li> <li>• Any factual errors or inaccuracies in the document</li> <li>• Other related issues which would help inform the Policy.</li> </ul> <p>Please use the space below and overleaf for your comments.</p>			

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