

Behaviour Support Policy (including non-restrictive and restrictive physical intervention)

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Target Audience:	Placing authorities Ofsted Adults in the home

Policy Statement

Behaviour is determined by the inner experience of thoughts, feelings, beliefs, wishes and desires. Simply put, how a person thinks and feels determines how they behave.

Developmental trauma and adverse childhood experiences can negatively impact a child/young person's views about themselves, others, and the world, and can lead to pervasive feelings of mistrust, anxiety, and fear. Trauma impacts the child/young person's ability to emotionally regulate, reflect, problem-solve, and form emotionally connected relationships and positive attachments with others. Consequently, the child/young person may present behaviours that are challenging and complex in their need to be understood to provide an appropriate and effective response. with complex and challenging behaviour.

At Lighthouse Collaborative Care, we will help children/young people to develop, and to benefit from, relationships based on mutual respect and trust; an understanding of acceptable behaviour; and positive responses to other children and adults. The team in place to provide a high standard of care and support to children and young people living in our home will be positive role models and demonstrate amongst themselves as a team how to develop and maintain positive relationships with others. The team will have the necessary knowledge, skills, and abilities to engage with and interact with young people in a caring, understanding, and nurturing manner. This aims to support the development of positive, trusting relationships with the children/young people and adults, thus encouraging children and young people to share their feelings and emotions with staff, seek support when they are struggling and feeling dysregulated and gain an ability to manage such.

At Lighthouse Collaborative Care, we follow a trauma-informed, therapeutic approach to caring for and supporting children/young people. We promote an emotional connection between the child/young person and the adult to increase the child/ young person's sense of security and trust. This then allows the child/ young person to manage behavioural support with reduced feelings of shame, and less fear of judgement. To reflect our commitment to such an approach, we have commissioned +Pro Active Approaches to deliver our trauma-informed behaviour support training.

+Pro Active Approaches is an attachment-aware and trauma-informed behaviour support system designed for services, such as children's residential care, schools, adult social care and fostering, that support individuals with lived experiences of trauma, unmet attachment needs, Autism, and additional needs. They are proud to hold BILD ACT (Restraint Reduction Network) accreditation, reflecting their commitment to ethical, evidence-based, and safe practices that prioritise wellbeing. Rooted in understanding, empathy, and a proactive and therapeutic mindset, +Pro Active Approaches emphasises healthy cultures and relational

practices, including the PACE framework, to foster trust and positive relationships. Drawing on contemporary research, Positive Behaviour Support (PBS) principles, and extensive direct practice experience, the training equips staff with a range of strategies to confidently support individuals displaying behaviours of concern. By empowering staff with essential knowledge, +ProActive Approaches encourages a curious stance toward people's responses (often referred to as behaviour). This enables teams to effectively analyse potential causes—whether related to trauma, attachment, sensory or communication difficulties, frustration, anxiety, or environmental factors. Such a thorough analysis not only supports the creation of effective, person-centred support plans but also helps minimise the risk of empathy fatigue and blocked care. As a national training provider with substantial experience across social care, education, and healthcare settings, +Pro Active Approaches is committed to helping services develop nurturing, trauma-responsive environments that reduce the need for restrictive practices (#AimingForZero), aligning with Restraint Reduction Network standards and best practice.

Playfulness, Acceptance, Curiosity and Empathy (PACE)

The adults at The Old Parsonage will aim to maintain an attitude of Playfulness, Acceptance, Curiosity and Empathy (PACE) with children/ young people. This means that the adults will:

- **ACCEPT** what the child/young person is saying by reflecting to them what has been understood, and through matching their energy in the moment (NB. matching emotional energy is different from matching aggression). When emotionally aroused/distressed, children/ young people will find it much harder to process language, so adults will use simple language at these times.
- Be **CURIOUS** and wonder with the child about the meaning behind his/her behaviour (e.g., I wonder why you are doing/ saying that - it seems to me that you are upset/ worried, etc)
- Adults will help the child figure out what they might be feeling in the situation and **EMPATHISE** with how they may be experiencing it. Adults can make 'best guesses' at what might be going on, using the clues they observe in what the child says/ does/ how he/she appears.
- At the appropriate time, a light-hearted, relaxed, and **PLAYFUL** attitude can be used to develop a connection in the relationship.

Being curious, accepting the inner life of the child/young person, and understanding how this influences the more externally revealed behaviour means that we build the trust and security in the relationship that has previously been missing for them. With this connection, the child/young person will cope better with the boundaries and expectations that are put in place. Accepting and understanding why a child/young person is behaving in a particular way is different from tolerating it. Once adults have expressed empathy for the child/young person's thoughts, feelings and experiences and there is an emotional connection between them, they can then provide guidance, feedback, and boundary setting.

All adults working in the home, including bank staff, will complete the four-day training course delivered by two qualified +ProActive Instructors. The course is a comprehensive training programme for residential childcare employees, covering all aspects of trauma-informed care and behaviour management. Its key learning outcomes are:

- Understand children's behaviours within the context of trauma and development.
- Learn to implement PACE (Playfulness, Acceptance, Curiosity, and Empathy) in daily practice.
- Develop skills in de-escalation, low-arousal techniques, and physical interventions (if required).
- Engage children in behaviour management planning to encourage participation.

Behaviour Support Plans

Lighthouse Collaborative Care will ensure all children and young people who live at the home have an individual Behaviour Support Plan, which will aim to ensure the adults understand and meet each child's behavioural and emotional needs. The plan will identify how young people present at each stage of emotional regulation and dysregulation, and the care, support and trauma-informed therapeutic trauma informed response required to assist children and young people to resume/maintain stability and self-regulation. A traffic light system will be used to identify the different stages of emotional dysregulation and the most effective, therapeutic, PACE-led approaches to be implemented by caring and nurturing adults to affect positive outcomes.

The plans will also identify how children/young people are supported to understand expectations of appropriate and/or acceptable behaviour and will be encouraged to be involved in discussions regarding such. This will also aim to help them develop and practise skills to resolve conflicts positively and without harm to anyone. Plans will identify when best to have reflective conversations with children and young people following incidents and how best to conduct those to ensure they are effective and meaningful in improving practice and/or positive outcomes for children.

Positive Behaviour Support Plans will also identify other relevant professionals or services involved in supporting the child/young person to support them to manage their feelings and emotions, present socially aware and acceptable behaviour and overall assist them in recovering from their adverse childhood experiences.

Positive Behaviour Support Plans will be reviewed regularly and updated accordingly to accurately reflect current individual support needs. Children and young people will be encouraged to participate in the review and evaluation of their plans to assist them in recognising the achievements and positive progress they are making, whilst enabling them to identify further areas of need and support.

Bullying

Children and young people will be supported to understand that any form of bullying behaviour will be unacceptable in or outside of the home. Children and young people will be educated on the various forms of bullying, including online bullying.

Education and awareness raising, expectations of behaviour and presentation towards others, and the consequences of such presentation will be discussed when children and young people move onto the home, at an appropriate time, and are included in the Children and Young People's Guide to the home. This will also be regularly revisited in individual sessions, family meetings if required and if issues are identified regarding the relationship between children and young people in the home and whilst having debriefs or reflective conversations. Such behaviour will be addressed promptly, and appropriate consequences will occur. Children will also be encouraged and supported to make a complaint if they feel they are being subjected to any form of bullying behaviour. Children and young people will be supported to understand, build and maintain positive, appropriate, and safe relationships with others in a manner which is meaningful and effective for them. If bullying is being experienced in any other arena, such as school or a youth club, for example, the home will be proactive in communicating and working in partnership with such to address either a child or young person being the victim of or a perpetrator of bullying-type behaviour. Young people will be encouraged and supported to develop a broad understanding of equality, diversity, and difference and to show respect for and towards others.

Praise and Rewards Children/ Young People

For children and young people who have histories of trauma, praise can be difficult to believe and accept. Care must be taken in the way that praise is given for this to be experienced positively by the child/ young person. Evaluative praise makes a judgment on what we see instead of describing it (e.g., good, best, perfect, beautiful, great). This can trigger feelings of mistrust in a traumatised child. Descriptive praise is an alternative method in which you tell the child/ young person exactly what it is you like (e.g., I like the way that you have found a spot for everything in your room). This helps the child/ young person understand exactly what it is they have done well. It is typically received as a genuine approach than evaluative praise and can lead to a positive celebration of what has been achieved.

Similarly, care must be taken when providing rewards. Children/ young people should (where possible) be central to identifying the goals they wish to work on, and efforts should be recognised and rewarded. A record on ClearCare needs to be kept of positive praise and rewards given for monitoring purposes, but also to support the child/young person to reflect on and identify the progress they have made.

Punitive consequences/sanctions will not be imposed in the home. Punishing children and young people for their presentation and dysregulation demonstrates a lack of understanding of a therapeutic, trauma-informed approach. Such consequences are often ineffective and impact on the positive, trusting relationships between children and adults. Children and young people will be supported to understand natural and logical consequences and the reasons behind why such would be imposed by adults. This will encourage each child to take responsibility for their presentation, as appropriate and in line with their age and understanding.

The Following Consequences Should Never be used:

- Any form of corporal punishment
- Any punishment involving the consumption or deprivation of food or drink.
- Any restriction, other than one imposed by a court, on a child's contact with parents, relatives, or friends.
- Any restriction on communication with Social Services/ Advisers or Advocates/ support services/ therapy, or counselling services
- Withholding of medication, medical or dental treatment
- Intentional deprivation of sleep
- Imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation.
- Any intimate physical examination
- Any measure involving a child imposing any consequence against another child.
- Any measure involving punishing a group of children for the behaviour of an individual child.

All natural or logical consequences imposed will be recorded. Our home will have a record on ClearCare, which contains the following information:

1. To be completed by an adult implementing:
 - Young person's name
 - Incident reference number (if applicable)
 - Behaviour leading to the reparation/ sanction and steps taken to avoid a consequence.
 - Date consequence was imposed or occurred if natural (within 24 hours of reparation/ sanction)
 - Description & duration of consequence

- Date of review of effectiveness
2. To be completed by the Manager or other authorised person:
- Effectiveness of consequence
 - Date of discussion (within 48 hours of reparation/ sanction implemented).
 - The manager or other authorised person signs and prints their name to confirm the accuracy of the record.
 - Details of the Manager/ Deputy or another authorised person's discussion with a child (re appropriateness & efficacy).
 - Date of discussion (within 5 days of reparation/ sanction).
 - Child's signature and printed name.
 - The manager or other authorised person signs and prints their name to confirm the accuracy of the record.

All incidents involving presentation from children/young people that are concerning or challenging towards others will be recorded in the home and will be closely monitored and reviewed to identify any patterns and trends, triggers for such responses, and early intervention and support required. Again, all such incidents will be clearly and accurately recorded on ClearCare, providing details of events before, during and after the incident, who was involved, and actions taken to prevent escalation and support for children and young people to regulate their feelings and emotions. The child/young person and adults involved in any incidents will be supported to review and reflect on such, considering triggers, their thoughts, feelings and emotions, actions taken, effectiveness and appropriateness and any learning that can inform future practice and the achievement of positive outcomes for the child/young person.

Physical Intervention

The assessment and planning process for all children/ young people with their emotional and behavioural needs will be identified. must consider whether the child/ young person is likely to present in ways which may place them or others at risk of injury or may cause property damage. The impact of the child/ young person's arrival on the group of children/ young people living in the home should also be considered.

If any risks exist, strategies should be agreed upon to prevent or reduce the risk. These strategies may include physical intervention.

We know that the use of restraint and restrictive intervention can have long-term consequences on the health and well-being of children and young people and that it can have a negative impact on staff who carry out such interventions and their relationships with children/young people. Using positive behaviour support and other alternatives, which can de-escalate challenging behaviour and tackle the reasons for it at the source, should be the preferred approach.

Restrictive intervention should only be used, when necessary, in accordance with the law and clear ethical values and principles which respect the rights and dignity of children and young people, and in proportion to the risks involved. We will always ask ourselves, when behavioural challenging situations arise, "What is in the best interests of the child and/or those around them in view of the risks presented?"

Physical intervention can emulate, in some manner, the abuse that children and young people may have suffered in their past, and so adults will work with children and young people to become mindful of their triggers that may result in incidents of restraint. The subject of restrictive intervention will be discussed very

openly with the children/ young people, and they will be given clear messages about what is and is not acceptable and the situations that may result in such physical restrictions and intervention.

Where physical restrictive intervention is likely to be necessary, for example, if it has been used in the recent past or there is an indication from a risk assessment that it may be necessary, the circumstances that give rise to such risks and the strategies for managing it should be outlined in the child/ young person's Positive Behaviour Support Plan, Risk Assessment, and Care Plan.

In developing the Care Plan, consideration must be given to whether there are any medical conditions which mean techniques or methods of restrictive intervention should be avoided. If so, any health care professional currently involved with the child/ young person must be consulted regarding appropriate strategies, and this must be drawn to the attention of those working with or looking after the child/ young person, and it must be stated in the Care Plan and Positive Behaviour Support Plan. If in doubt, medical advice must be sought.

Criteria for Using Physical Intervention

Regulation 20 sets out the only purposes for which restraint can be used:

- Preventing injury to any person (including the child)
- Preventing serious damage to the property of any person (including the child)

There may be circumstances where a child/ young person can be prevented from leaving the home – for example, a child/ young person who is putting themselves at risk of injury by leaving the home to carry out gang-related activities, use drugs, or meet someone who is sexually exploiting them or intends to do so. Any such measure of restrictive intervention must be proportionate and in place for no longer than is necessary to manage the immediate risk.

Adults should have good grounds for believing that immediate action is necessary and should apply the following principles:

- Adults should take steps in advance to avoid the need for physical intervention, e.g., through therapeutic parenting and emotional connection/ regulation, and the child/ young person should be told verbally that restrictive intervention restraint will need to be used if they are unable to be safe.
- The restrictive technique used must not be more than is necessary and should be applied proportionately, i.e., the minimum amount of force necessary to avert injury or damage to property for the shortest possible time. Restrictive intervention that deliberately inflicts pain cannot be proportionate and should never be used on children/ young people.
- As soon as it is safe, restrictive intervention should be gradually relaxed to allow the child/ young person to regain self-control.
- Restrictive intervention should always be used therapeutically.
- Restrictive intervention should be seen as an act of care and control, not punishment.
- Physical restrictive intervention should not be used purely to enforce compliance with adult instructions or when there is no immediate risk to people or property.

Approaches to restraint should recognise that children/ young people are continuing to develop, both physically and emotionally. Any use of restrictive intervention should be suitable for the needs of the individual child/ young person. The context in which restrictive intervention is used should also recognise that, because

of past experiences, children/ young people will have a unique understanding of their circumstances, which will affect their response to restrictive intervention by adults responsible for their care.

Adults should use their professional judgement, supported by their knowledge of each child/ young person's Risk Assessment, an understanding of the needs of the child/ young person (as set out in their relevant plans) and an understanding of the risks the child/ young person faces.

Any use of restrictive intervention carries risks. These include causing physical injury, psychological trauma, or emotional disturbance. When considering whether the restrictive intervention is warranted, adults to consider:

- The age and understanding of the child/ young person.
- The size of the child/ young person
- The relevance of any disability, health problem or medication to the behaviour in question and the action that might be taken as a result.
- The relative risks of not intervening.
- The child/ young person's previously sought views on strategies that they considered might de-escalate or calm a situation, if appropriate
- The method of restrictive intervention would be appropriate in the specific circumstances.
- The impact of the restrictive intervention on the adult member's future relationship with the child/ young person, and how that will be restored.

Medical Assistance and Examination

Where physical intervention has been used, the child/ young person, adults and others involved must be able to call on medical assistance and children/ young people must always be allowed to see a Registered Nurse or Medical Practitioner, even if there are no apparent injuries.

If a Registered Nurse or Medical Practitioner is seen, they must be informed that any injuries may have been caused by an incident involving physical intervention.

Whether or not the child/ young person or others decide to see a Registered Nurse or Medical Practitioner must be recorded, together with the outcome.

Recording, Monitoring and Notifications

All incidents of non-restrictive and restrictive intervention to prevent or respond to incidents of behaviour that cause concern from children and young people will be recorded on ClearCare. The measure should also be referenced within the young person's Daily Log.

The Registered Manager will ensure that:

Within 24 hours of the use of a measure of control, discipline, or restraint on a child in the home, a record is made which includes—

- a. The name of the child.
- b. Details of the child's behaviour leading to the use of the restrictive or non-restrictive intervention
- c. The date, time, and location of the incident.

- d. A description of the intervention, including approved restrictive intervention methods if used and their duration.
- e. Details of any methods used, or steps taken to avoid the need to use the intervention.
- f. The name of the person who intervened and of any other person present.
- g. The effectiveness and any consequences of the use of the intervention; and
- h. A description of any injury to the child or any other person, and any medical treatment administered, as a result of the intervention.

Within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so.

- a. Has spoken to the adults involved about the incident and intervention used; and
 - b. Has signed the record to confirm it is accurate; and
1. Within 5 days (maximum) of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the incident and intervention used and supported them to review and reflection, consider their feelings, emotions and responses, any learning for the future and any alternative strategies or care and support needed to assist the child/young person to achieve positive outcomes and manage their feeling and emotions independently demonstrating an ability to self-regulate.

NOTE: If a child/ young person has an education, health, and care plan in which a specific type of restraint is used as part of the day-to-day child/ young person's routine, the home is exempted from the above recording requirements.

Any deprivation of liberty or significant restriction imposed on a child/ young person must be shared with the child/ young person's Social Worker within 24 hours.

If there is a serious incident or the police/emergency services are called, the Registered Manager considers whether a Notifiable Event has occurred. The Social Worker should decide whether to inform the child's parent(s) and, if so, who should do so.

The Registered Manager is responsible for ensuring all incidents of physical intervention are subject to robust scrutiny to ensure that their use is fair and proportionate, with minimal intervention for the least amount of time, and that the principles set out in this policy are respected and adhered to. The home manager will also be proactive in identifying, monitoring, and evaluating any trends in a child or young person's presentation and the responses from adults in supporting children and young people in a trauma-informed PACE-led manner that is in line with the home's therapeutic approach. The home manager will encourage, support, and promote adults reflection following all incidents involving physical intervention to learn from and inform future practice to improve outcomes and prevent further incidents requiring such intervention. The team will also be encouraged to collectively reflect on the presenting behaviours of children and young people living in the home, outcomes and progress being achieved, areas for further help and support, triggers to potential continued presenting behaviour that challenge or cause concern and how to prevent such, and how best to help children achieve and maintain positive relationships and secure attachments with others.

Police involvement

When all other avenues have been exhausted, and as an absolute last resort, with recognised significant levels of risk of harm to the child/young person or others, there may be no alternative but to call for police support/assistance. However, it is not our intention to criminalise a child/young person. For this reason, either



the Registered Manager, the Responsible Individual or the Company Directors must be consulted before contacting the police, and individual adults must discuss their reasons for requiring such action. The Registered Manager will agree with The Old Parsonage's local police force, procedures, and guidance on police involvement to reduce unnecessary police callouts to manage behaviour and criminalisation of behaviours.