

Trauma Responsive Behaviour Support Policy

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Publication Date:	August 2025
Review Date:	August 2026
Target Audience:	All Adults/Employees

Policy Statement

The inner experience of thoughts, feelings, beliefs, wishes and desires determines behaviour. Put, a person's thoughts and feelings determine their behaviour.

Developmental trauma and adverse childhood experiences can negatively impact a child/young person's views about themselves, others, and the world. They 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 of concern (previously known as 'challenging behaviour') and a complex need to be understood to provide an appropriate and effective response.

At Lighthouse Collaborative Care, we will help children/young people develop and benefit from relationships based on mutual respect and trust, an understanding of acceptable behaviour, and positive responses to other children and adults. The home will provide a nurturing, caring and therapeutic environment with consistency, predictability, stability and security. The team will provide a high standard of care and support to children and young people living in our home, serving as positive role models. The team will possess the necessary knowledge, skills, and abilities to establish connections and foster relationships with children/young people in a caring, understanding, and nurturing manner. This foundation, this secure base, thus encourages children and young people to share their feelings and emotions with staff, seek support when they are struggling and dysregulated, and gain the ability to manage such emotions.

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 this 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 support individuals displaying concerning behaviours confidently. 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 analyse potential causes effectively—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 strive to maintain an attitude of Playfulness, Acceptance, Curiosity, and Empathy (PACE) towards 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 that adults will use simple language at these times.
- Be **CURIOUS** and wonder with the child about the meaning behind their 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 they appear.
- 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 a four-day training course delivered by qualified ProActive instructors. The course is a comprehensive training programme for residential childcare employees, covering all aspects of trauma-informed care and responses to behaviours of concern. 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.

Individual Support Plans

Lighthouse Collaborative Care will ensure that all children and young people who live with us have an individual Support Plan, which aims to ensure that the adults understand and meet each child's needs. The plan will 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 templates in use have been provided by +Pro Active Approaches, designed in line with the therapeutic, PACE-led, trauma-informed approach of the home. They follow the Stages of an Incident Model and explore the primary, secondary and tertiary strategies to help and support a child/young person. They also include post-crisis support, enabling staff to debrief and reflect in a safe and confidential space following any incidents.

Individual Support Plans will outline how children/young people are supported to understand the expectations of appropriate and/or acceptable behaviour and will encourage them to participate in discussions regarding these expectations. This will also aim to help them develop and practise skills to resolve conflicts positively and repair and restore connections with others. Plans will identify the best time to have reflective conversations with children/ young people following incidents and outline the most effective ways to conduct these conversations, ensuring they are both practical and meaningful in improving practice and achieving positive outcomes for children.

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

Individual Support Plans will be reviewed regularly and updated as necessary to reflect current individual support needs accurately. Children/ young people will be encouraged to participate in the development, review, and evaluation of their plans, to assist them in recognising the achievements and positive progress they are making, while 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 is unacceptable in or outside 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 into the home, at an appropriate time, and are included in the Children and Young People's Guide to the house. This will also be regularly revisited in individual sessions, family meetings if required, and during debriefs or reflective conversations if issues are identified regarding the relationship between children and young people in the home. 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. Suppose bullying is being experienced in any other arena, such as school or a youth club, for example. In that case, 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 rather than evaluative praise and can lead to a joyous celebration of the achievements.

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 of positive praise and rewards given on ClearCare needs to be kept for monitoring purposes, as well as to support the child/young person in reflecting on and identifying the progress they have made.

Responses to behaviour that causes concern will be a result of cause-and-effect thinking. Cause-and-effect thinking starts to develop through the arousal-relaxation cycle and those early serve-and-return interactions as a baby. Children begin to understand that "If I do X, Y will happen". Due to the lack of such interactions, our children and young people are likely to lack the ability to think in terms of cause and effect. We also know that our children and young people are often trapped in shame.

Punitive, unrelated 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 hurt the positive, trusting relationships between children and adults. Unrelated consequences are those imposed by an adult that are entirely unrelated to the behaviour the adult isn't happy with. Therapeutic parenting does not advocate for the use of unrelated consequences, as they do not make sense to our children and do not help them link cause and effect. It can therefore feel like punishment for no reason and is likely to damage the relationship, causing conflict between the adult and the child.

Children and young people will be supported in understanding the relevant natural and logical consequences and the reasons behind why adults impose such consequences. 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:

- Young person's name
- Incident reference number (if applicable)
- Concerning responses leading to the consequence and steps taken to avoid such.
- Date consequence occurred if natural (within 24 hours)
- Description & duration of consequence
- Date of review of effectiveness

To be completed by the Manager or other authorised person:

- Effectiveness of consequence
- Date of discussion (within 48 hours of reparation/ sanction implemented).
- Details of the discussion with a child
- Date of discussion (within 5 days).
- The manager or other authorised person signs and prints their name to confirm the accuracy of the record.

All incidents involving presentations from children/young people that are concerning or challenging towards others will be recorded in the home and closely monitored and reviewed to identify any patterns and trends, triggers for such responses, and the 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, including who was involved and the actions taken to prevent escalation and support children and young people in regulating their feelings and emotions. The child/young person and adults engaged in any incidents will be supported to review and reflect on these, considering triggers, their thoughts, feelings, and emotions, actions taken, effectiveness, and appropriateness, as well as any learning that can inform future practice and achieve positive outcomes for the child/young person. For further details, please refer to the Reporting and Recording Policy.

Physical Intervention

We recognise that the use of restraint and restrictive interventions can have long-term consequences for the health and well-being of children and young people, and that it can hurt staff who carry out such interventions, as well as their relationships with children/young people. Physical intervention can emulate, in some manner, the abuse that children and young people may have suffered in their past. Adults will work with children and young people to become mindful of their surroundings and identify events and triggers that may result in the escalation of behaviours that cause concern. The therapeutic trauma-informed PACE-led approach of the team, alongside the robust Individual Support Plan, aims to reduce the need for and minimise the use of restrictive physical intervention.

Restrictive intervention should only be used when necessary, in line with the law and clear ethical values and principles that respect the rights and dignity of children and young people, and in proportion to the risks involved. When developing the Individual Support Plan, consideration must be given to whether any medical conditions

necessitate the avoidance of specific techniques or methods of restrictive intervention. If so, any healthcare professional currently involved with the child/ young person must be consulted regarding appropriate strategies. 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 Individual Support Plan. If in doubt, medical advice must be sought and/or advice from the +Pro Active Approaches team.

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 severe damage to the property of any person (including the child)

Any restrictive physical intervention must be justifiable, reasonable, and proportionate.

Approaches to restraint should recognise that children/ young people are continuing to develop, both physically and emotionally. Any use of restrictive intervention should be tailored to the individual child/ young person's needs. The context in which restrictive intervention is used should also recognise that, due to past experiences, children/ young people will have a unique understanding of their circumstances, which will affect their response to restrictive intervention by the adults responsible for their care.

Adults should use their professional judgement, supported by their knowledge of each child/ young person's Risk Assessment and Individual Support Plan.

Any use of restrictive intervention carries risks. These include causing physical injury, psychological trauma, or emotional disturbance. When considering the use of restrictive physical intervention, adults will need to demonstrate the 6 Lawful Excuse Components, that is:

- That was the last resort.
- That it was in the Best Interests of the Child
- That reasonable Force was used.
- That greater harm would have been caused.
- That it was proportionate.
- That it was the honest held belief.

The home's approach to responding to behaviours of concern has a strong focus on reducing restrictive practices (#AimingForZero). Staff are aware that they should always use the least restrictive intervention and that physical intervention should be used as a last resort (while always doing everything possible to avoid the need for restrictive physical intervention (we call it Aiming for Zero), but they can weigh this up with their Duty of Care to keep children safe and preventing serious harm. A key message in the home is that physical intervention is always about safety. Particularly for children's understanding, we must acknowledge and teach children the difference between holding for comfort and holding for safety.

The +ProActive Approaches 4-Day course, which all staff from the home will attend, also covers restrictive practices, low arousal responses, low-level guiding & escorting techniques, and 1 & 2 person holds. All physical

intervention techniques are independently medically risk-assessed. Underpinning these are the two main principles of the +Pro Active Approaches, namely home restraint reduction and restraint minimisation.

Restraint reduction

- All restrictive practices, including (and particularly) physical restraint, hurt quality of life and increase distress and behaviours of concern. Physical restraint carries additional risks of harm to all involved.
- Where physical restraint is necessary, there should be strict adherence to the 'Principle of Least Restriction'.
- Trauma and Attachment theory are used as an evidence-based platform for understanding behaviour, improving quality of life, and reducing all restrictive practices.
- Improving quality of life is promoted as an intervention and an outcome. Evidence-based tools for achieving this, including P.A.C.E. and the House Model, are taught.
- Effective ISPs (Individual Support Plans) are crucial to reducing restrictive practices and are informed by data and evidence and linked to a trauma-sensitive understanding of 'functions' of behaviour.
- All restrictive practices should be kept under review.
- Incidents of restraint should be regularly reviewed by senior management.
- Effective leadership is necessary to drive organisational change and restraint reduction.

Restraint minimisation

- The importance of linking strategies to known functions of behaviour (behaviours may be maintained by restraint)
- Ongoing review of strategies being used to determine effectiveness – ISPs updated regularly to reflect this
- Promotion of the 6 Core Huckshorn Strategies to create a culture that is committed to restraint reduction.
- Principle of minimum force for minimum duration
- Strong message of #AimingForZero to maintain focus on Primary Prevention Strategies and underpinning knowledge and understanding of behaviour.

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. 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 the child/ young person, or others, decide to see a Registered Nurse or Medical Practitioner must be recorded, along with the outcome.

Recording, Monitoring and Notifications

All incidents of non-restrictive and restrictive intervention to prevent or respond to behaviour that causes 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 whom the registered person authorises 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

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 that includes a specific type of restraint as part of their day-to-day routine, the home is exempt from the above recording requirements for this particular restrictive physical intervention.

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 a serious incident occurs or the police/emergency services are called, the Registered Manager considers whether a Notifiable Event has occurred.

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 aligns with the home's therapeutic approach. The home manager will encourage, support, and promote adult reflection following all incidents involving physical intervention to learn from and inform future practice, thereby improving outcomes and preventing 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 on procedures and guidance regarding police involvement to reduce unnecessary police callouts and manage behaviour, thereby preventing the criminalisation of behaviours.