

SES KITE

Supported Accommodation

Positive Management of Behaviour Policy and Practice

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1 **PREFACE**

This policy sets out SES Kite’s commitment to enabling and supporting positive risk taking in a way that empowers young people, promotes independence and protects wellbeing. Positive risk taking is a key principle of person-centred support, underpinned by national legislation, guidance and the ethos of supported accommodation for looked after children and care leavers aged 16 and 17 in England.

The aim of this policy is to:

- Encourage young people to make informed choices, including those involving a degree of risk.
- Balance safety with autonomy by assessing and managing risks collaboratively.
- Support culture that avoids unnecessary restrictions while fulfilling legal and safeguarding duties.

This policy reflects and aligns with the following statutory and national frameworks:

- The Supported Accommodation (England) Regulations 2023 – setting out the requirements for Ofsted-registered supported accommodation for looked after children and care leavers aged 16 and 17

- Guide to the Supported Accommodation Regulations including the Quality Standards – providing guidance on how registered persons should interpret and meet the regulations
- Ofsted Social Care Common Inspection Framework (SCCIF): supported accommodation for looked after children and care leavers aged 16 and 17
- Care Standards Act 2000 – providing the statutory framework under which supported accommodation is regulated
- Children Act 1989 and associated care planning legislation and guidance – promoting the welfare, care planning, support and protection of looked after children and care leavers
- Working Together to Safeguard Children – setting out multi-agency safeguarding responsibilities for children and young people
- Human Rights Act 1998 – particularly Article 8: rights to private and family life
- Equality Act 2010 – protecting young people and staff from discrimination and supporting fair, inclusive and respectful practice

This policy is also informed by guidance from:

- Ofsted and Department for Education guidance relating to supported accommodation, safeguarding, positive relationships, independence and preparation for adulthood
- Local safeguarding children partnership arrangements and multi-agency safeguarding procedures

Note - Positive Handling refers to the full range of Norfolk Steps strategies used to de-escalate, defuse and divert in order to prevent violence and reduce the risk of injury to staff and young people.

Other SES Kite policy and practice documentation should also be read alongside this document, e.g. Anti-Bullying Policy, SES Kite Safeguarding, Missing from Care Policy, 'SES Way' An Exploration of Our Therapeutic Model

2 INTRODUCTION

It is the philosophy of each SES establishment to have as its first priority the needs of the young person in its care. Young people referred have social, emotional and mental health difficulties of a nature that seriously impedes their progress in ordinary schools and may have damaged their placement in specialist educational provision or care settings. These young people also experience adjustment difficulties in their own families and communities.

Care and support are delivered through personalised learning expressed in a Portfolio of Achievements and Needs or PAN, (see Section 10). This is influenced by young people's specific needs, talents, interests and future aspirations. It is similarly held important that young people whose behaviour may have been chaotic, experience a calm, caring and consistent environment. However, it is also considered equally important that the establishment's approach is flexible and tolerant enough to be able to manage a range of behaviours whilst enabling individual young people to develop internal controls.

The overall aim of SES is to provide a therapeutically managed facility that offers a safe, nurturing, caring, positive and protective homely environment that promotes personal growth, development and learning.

3 RATIONALE

The purpose of this Positive Management of Behaviour Policy and Practice document is to describe the establishment's ethos, culture and values within a framework for relating positively to young people and improving their behaviour. This approach requires an environment with clear, predictable and consistent structures that also operates in such a way as to maintain the naturalness and flexibility of domestic living.

Our values as expressed in our Vision Statement are that:

- ✓ *we believe in a 'no limits' approach to helping young people and young adults*
- ✓ *we believe in young people's and young adults' abilities and potential*
- ✓ *we believe in unconditional positive regard*
- ✓ *we believe our young adults deserve fun and happiness in life*
- ✓ *we believe in a 'can do' philosophy*
- ✓ *we believe in success and learning from mistakes*
- ✓ *we believe intelligence is multifaceted*
- ✓ *we believe learning is a lifelong process*
- ✓ *we believe creativity and imagination are the keys to developing passions and talents, and preparing for life in a rapidly changing world*
- ✓ *we believe assessment of progress is based on improvements on 'previous best'*
- ✓ *we are future orientated*

This positive view of young people and our work underpins and drives our culture and ethos creating a firm foundation for the positive management of behaviour.

4 OUR ETHOS

Our guiding community beliefs are captured in our SES Way ethos statement that drives our daily culture:

Be Curious, Show Love, Build Connections

Be Curious (Learning without limits)

- **Ask Lots of Questions:** It's great to be curious! We all ask questions to learn more.
- **Explore New Things:** We help each other to try new activities and discover exciting things.
- **Find Your Own Answers:** It's fun to figure things out by ourselves, we always have people around to help us all explore.
- **Keep Wondering:** We all keep wondering about the world and never stop learning.

- **Enjoy the Journey:** Learning is like an adventure. We are always excited to see where our curiosity will take us.

Show Love (Unconditional positive regard)

- **Be Kind to Others:** We share kindness and go out of our way to make others feel happy.
- **Help When You Can:** We encourage each other to help each other and show we care.
- **Show Appreciation:** We all show gratitude; it promotes love and makes everyone feel valued.
- **Listen and Care:** We all listen to and help each other; random acts of kindness are great!
- **Spread Love Everywhere:** We all spread love by being caring and understanding to everyone around us.

Build Connections (Every interaction is an intervention)

- **Make Friends:** We all reach out and develop strong enabling relationships and friendships, building strong connections with others.
- **Work Together:** We all work together, because teamwork helps us all grow.
- **Share and Listen:** We share our thoughts and listen to others, creating understanding and trust.
- **Help Each Other:** We believe in helping each other, because that's how we build a caring and connected community.
- **Stay Connected:** We stay connected by checking in and supporting each other every day.

5 SCOPE

This statement of policy and practice relates to the operation of each SES Kite Supported Accommodation community.

6 PRINCIPLES

The policy and practice seeks to demonstrate:

- a whole establishment approach conducive to quality physical and emotional care, and therapeutic intervention which incorporates effective learning in an innovative and sensitive way,
- arrangements and practices that are known to young people, staff, parents/carers and placing authorities that effectively convey the culture of SES.
- a sense of home, community and shared values
- mutual respect
- the promotion of positive relationships
- a commitment to proactivity rather than crisis driven approaches
- the encouragement of self-worth, self-confidence and self-discipline
- an emphasis on preferred futures
- an emphasis on positive effort and achievement
- the encouragement and generalisation of good behaviour to the community
- an appropriateness to off-site experiences and environments as well as on-site

- where possible, an active partnership with parents/carers
- that restorative approaches are embedded as a response to inappropriate behaviour that impacts on others
- that any use of sanction is considered, fair and consistent
- sensitivity to the needs of the local community

7 ENTITLEMENT

SES recognises that young people, staff, parents/carers, placing authorities and the community all have rights and responsibilities that should be reflected in its policy and practice for managing behaviour.

7.1 YOUNG PERSON'S ENTITLEMENT

All young people are entitled to:

- be listened to again and again and again and again.....
- opportunities to develop self worth through gaining success and accepting responsibility
- opportunities to develop self-discipline
- an orderly, caring and supportive regime in which each individual's growth can be nurtured through personalised learning
- consistency of treatment from staff member to staff member and between staff groups
- know the rules, routines and expectations of the establishment
- participate as appropriate in the development and continued review of the establishment's policy and practice in respect of behaviour
- praise and reward for positive achievements and endeavour
- open access to support mechanisms within the establishment
- positive role models to emulate
- be treated as an individual
- expect their potential to be fully explored in a range of situations and activities
- have any complaints dealt with effectively and speedily, if necessary through an independent source
- contribute to decisions about the operation and management of each establishment through regular meetings with staff, within the home and learning centre.
- a de-briefing, repair and reflection process following serious incidents

7.2 STAFF ENTITLEMENT

All staff are entitled to:

- mutual respect
- an orderly and supportive environment in which effective caring and teaching, can occur
- active participation in the development and review of the behaviour policy and practice
- systems which allow staff to be involved in the personal and social growth of the young people

- access to positive handling training
- advice and support from senior colleagues
- regular time allocation for induction, personal and professional development and supervision
- a de-briefing, repair and reflection process following serious incidents

7.3 PARENTS/CARERS ENTITLEMENT

Parents/Carers are entitled to:

- be regularly and actively involved in the academic, social and personal education of their young people
- involvement in seeking constructive solutions to problems involving their child
- regular agreed contact with staff
- information about the SES behaviour policy and practice
- a quality of service that meets National Standards

7.4 PLACEMENT AUTHORITIES ENTITLEMENT

The Placing Authority are entitled to:

- partnership working between SES staff and placement agency representatives
- expect each establishment to respond to a range of needs as described in its admission specification
- be kept informed of specific and general developments
- information about the SES behaviour policy and practice
- a quality of service that meets National Standards

7.5 COMMUNITY ENTITLEMENT

The local and wider community is entitled to:

- consideration and respect
- neighbourliness
- the co-operation of the establishment in matters which effect the community
- make representation to the each establishment and/or its parent company (SES Ltd)

CREATING A POSITIVE CLIMATE

"I have come to the frightening conclusion that I am the decisive element..... It's my personal approach that creates the climate.....I possess tremendous power to make a child's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate, humour, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated and a child humanised or de-humanised"

(H. G. Ginott, 1972: Teacher and Child: A Book for Parents and Teachers)

8 A STRUCTURED ENVIRONMENT

Positive Management of Behaviour can only be achieved through creating the right culture, ethos and appropriate structures within which potential problems are minimised and dealt with at a low level before they escalate. The best behaviour management is unseen.

Young people's basic needs are met within an overall structure that reinforces:

- Individuality and development
- Rights and responsibilities in the form of entitlement
- A high standard of personal care, and attention to health, safety and security
- Encouragement to an educational re-awakening which identifies individual needs
- Partnerships with parents/carers and placing agencies
- Young person centred collaboration based upon high quality inter-disciplinary teamwork
- An emphasis on preferred futures and solutions rather than problems
- Listening to the "Voice of the Young Person"
- A proactive not a reactive environment
- Restorative approaches

8.1 PROMOTING A PERSON-CENTRED APPROACH

First and foremost SES Kite seeks to create a safe, warm and caring environment where young people can learn to trust adults. This is often described as a Person-Centred Approach. It means consistently putting the needs of young people first, and always putting them before the adult's own convenience. It involves recognising the worth of each young person no matter what their behaviour. To be person-centred, an adult must do what is in the young person's best interests and aim to see things from that young person's viewpoint. This can be particularly challenging in the face of violence and aggression. To safeguard and promote the welfare of young people, all adults must have a shared understanding about what young people need in order to thrive. Young people should be:

- Safe** Young people and young people should be protected from abuse, neglect and harm by others at home, in learning establishments and in the community.
- Valued** Young people and young people should live within a supportive family setting, with additional assistance if required, or, where this is not possible, within another caring setting, ensuring a positive and rewarding childhood experience.
- Healthy** Young people and young people should enjoy the highest attainable standards of physical and mental health, with access to suitable healthcare and support for safe and healthy lifestyle choices.
- Achieving** Young people and young people should have access to positive learning environments and opportunities to develop their skills, confidence and self-esteem to the fullest potential.

Active Young people and young people should be active with opportunities and encouragement to participate in play and recreation, including sport.

Respected and Responsible

Young people, young people and their carers should be involved in decisions that affect them, should have their voices heard and should be encouraged to play an active and responsible role in their communities.

Included Young people, young people and their families should have access to high quality services, when required, and should be assisted to overcome the social, educational, physical, environmental and economic barriers that create inequality.

8.2 PROMOTING APPROPRIATE USE OF AUTHORITY

In order to provide security for individuals and the group and to aid personal development young people need to develop an appreciation of the limits on their behaviour set by society and their community. They need to understand the implications of breaching these limits. A clear framework of authority (but not authoritarianism) facilitates the development of inner self-discipline and maturity. As maturity of response develops a greater diversity of trust, independence and autonomy should be possible. Informed choices are more probable. A carefully structured environment, which leads naturally to choice and independence, is fundamental in bringing this about.

Child-centred practice does not mean that adults should be reluctant to take charge when they should be in charge. Adults need to be clear about what the young people can decide, what is negotiable and what is non-negotiable, and when a controlled choice should be given. A strong, confident adult presence, using authority appropriately, will reduce the need for physical intervention. Acting in this way, adults can give the young people and their colleagues a sense of security. However, there must be a sense of fairness and a spirit of unconditional positive regard underlying all interactions and decision-making.

8.3 PROMOTING POSITIVE RELATIONSHIPS

The principle reward and encouragement for any young person is the positive attention and frequent expression of approval, support and care by the adults around them. This expression of the quality of relationships between young people and adults is a critical feature of the ethos and culture of SES. All progress with our young people relies on the relationships they form with the adults they encounter. A central feature of the structure of each establishment is the young person's network of relationships with adults.

8.3.1 Role Modelling Quality Relationships

Everywhere there are rules, structures and codes of conduct that seek to guide formally how people behave, interact and respond. Sometimes these expectations are explicit; sometimes they are part of a hidden culture.

There is an even greater need for young people with relationship and adjustment difficulties to have clear and unambiguous expectations explained to them and for them to be appropriately reminded of these. These expectations and aspirations should be conveyed in a way that is clear, unambiguous and readily understood by young people of all ages. This should be done within a positive, nurturing environment.

Our aspiration for Quality Relationships must be conveyed at all times by staff in their personal interactions and role modelling. They should pervade the work staff are engaged in at all times and not solely at times of crisis or conflict.

8.3.2 Positive Personal Contact Between Young People and Staff

There is clear and unequivocal expression of normal, positive, physical contact between adults and between adults and young people, and consistent with their age, understanding, wishes, feelings, history and support plan. This is not physical contact that in any way seeks to establish authority over a young person, gain compliance, restrict movement, but that which expresses appropriate warmth, reassurance and care, to provide comfort, ease distress and signal care as would be expected within a safe and professional supported accommodation relationship.

To deny this entirely would be tantamount to emotional deprivation and we believe that normal adult/young person physical contact can be a critical therapeutic factor in young people's support plans to a greater or lesser degree.

Our policy on positive personal contact has been affirmed by the latest research and knowledge of neurobiology, and as illustrated by the writings of Dr Margot Sunderland. Particularly important is the clear connection between the production of positive neurochemicals of oxytocin and opioids, and warm relational physical contact and affirmation. Many if not all the young people will have experienced the opposite of this, where their brain chemistry has been swamped by repeated high levels of cortisol, adrenaline and noradrenaline created by stressful situations.

Nevertheless, every adult needs to appreciate the difference between appropriate and inappropriate touch, and to be aware of touch which poses as therapeutic, but which is actually being used to satisfy the practitioner's need for contact rather than that of the young person. Naturally adults have to be fully cognisant of touch that is invasive or which could be confusing, re-traumatising, or experienced as stimulating in any way whatsoever. Should any such touch be used, it would be deemed as the most serious breach of professional boundaries warranting disciplinary action.

Bearing in mind the specific context, the following guiding principles should apply:

- Specific programmes involving therapeutic physical contact are not normally expected in supported accommodation and, where proposed as

part of a young person's support, will be considered through the PAN process

- Given that a high proportion of young people with emotional and behavioural problems may have experienced sexual and/or physical abuse, staff need to ensure that any physical contact is not misinterpreted.
- If at any time a young person demonstrates verbally or otherwise that they are not comfortable with physical contact staff should respond immediately by ceasing that contact.
- There should be no general expectations of privacy for the physical expression of affection or comfort, although this may be appropriate in exceptional circumstances (e.g. bereavement)
- Staff need to be aware that different cultural factors may apply
- Age and maturity, as well as the young person's wishes, feelings, history and support plan, are factors to be considered in deciding appropriate physical contact
- Where a member of staff feels that it would be inappropriate to respond to a young person seeking physical comfort, the reasons for denying this should be clearly explained to the young person. The young person should be comforted verbally as necessary.
- Young people should be counselled with regard to socially appropriate/inappropriate times/places/situations to seek physical comfort
- Appropriate physical contact should be a focus of discussions with young people, parents/carers where appropriate and placing authorities through Support Workers.
- If an embrace takes place, care should be taken to make it a 'sideways' cuddle wherever possible, sensitively and tactfully handled.
- The issue of Personal Contact in general should be raised in interviews and induction training for staff and discussed in staff development and supervision.
- Physical contact of any kind initiated by staff should be no more than is necessary to fulfil its purpose. For example, in comforting a young person in distress, such physical comfort should be the minimum necessary to assist the young person to regain composure and calm.
- Physical contact must not be used to punish, intimidate, gain compliance, move a young person against their will, prevent a young person from leaving the accommodation, or manage behaviour where there is no immediate risk of injury or serious damage to the property.

There may be some young people for whom any physical contact is particularly unwelcome. For example, some young people may be particularly sensitive to physical contact because of their cultural background, medical condition or because they have been abused. It is important that all staff have an awareness of these young people. Staff should bear in mind that even innocent and well-intentioned physical contact could be misconstrued. If staff believe their intentions have been misconstrued they should immediately seek to discuss this with a senior colleague.

Further details about positive physical contact are provided in the **SES Kite Supported Working Alone Policy and Practice document**.

8.3.3 Personal Care

There may be rare occasions when staff are involved in the personal or intimate care of young people because of the young person's individual needs, temporary circumstances, health needs or level of functioning. Young people living in supported accommodation will usually present with a level of independence that means they do not require personal or intimate care from staff, however, a young person may be independent in many areas of daily living while still requiring specific, limited and agreed support with particular aspects of personal care. For example, it may be necessary for staff to supervise the running of a bath with particular regard to temperature and safety. If a young person asks for help when bathing this should take the form of verbal instruction, prior to the young person going into the shower or bath wherever possible, and must protect the young person's privacy, dignity and independence.

Some young people may ask for help in washing their hair and this is acceptable providing that it is done over a sink and the young person is comfortable with this support. Any other bodily contact is not appropriate unless it is clearly identified within the young person's support plan, risk assessment or agreed health/personal care arrangements. Staff should never have any contact with a young person that may compromise them and allow misinterpretation of their intentions. If staff are in any doubt about the appropriateness of their actions they should seek advice from a senior colleague.

The following are examples of physical contact, which are unacceptable:

- Play fighting between staff and young persons,
- Over affectionate cuddles,
- Kissing of young people initiated by adults (where young people attempt to initiate contact of this nature the adult should help the young person move to acceptable social conventions with sensitivity and tact, thus managing behaviour without rejecting the young person)
- Any contact likely to be interpreted as sexual in nature,
- Any personal or intimate care that is not necessary, agreed, recorded or consistent with the young person's support plan, wishes, feelings, dignity and privacy

The kind of physical contacts likely to be acceptable include:

- Planned physical contact which is part of a bespoke therapeutic intervention where this is specifically agreed, risk assessed and appropriate to supported accommodation
- Holding a hand in situations which might present fear or anxiety, where this is welcomed by the young person
- Putting an arm around the shoulder of a young person in distress, where this is welcomed by the young person and professionally appropriate
- Patting a young person on the back to display approval, and
- Reinforcing a verbal request to calm down with a physical prompt such as a hand on a shoulder only where this is appropriate, proportionate,

welcomed by the young person and not used to gain compliance or restrict movement

The following areas of activity have been identified as situations in which staff and young persons could be vulnerable:

- Being alone with a young person,
- Examining a young person in case of injury or illness,
- Physical contact arising out of social interactions with young people,
- Touching with the intent of providing comfort, and
- Physical contact initiated by a young person.

In order to minimise the risks in this sensitive area, the following procedures should be adopted.

- All reasonable measures should be taken to avoid being alone with a young person where the situation involves personal care, intimate care, examination of injury/illness or potentially sensitive physical contact. However, there are many circumstances where this will not be possible. In such circumstances, ensure that a colleague knows your whereabouts and the proposed duration of your 1:1 work.
- Physical examinations of young people are a sensitive area. Some young people may understandably not want an 'audience' of more than one adult and would prefer such examinations, (e.g. a rash on the upper part of the thigh), to happen in private with an adult they know and trust. Adults should base their approach on their previous knowledge of the young person and safeguard themselves by alerting other adults to when such examinations are taking place. Intimate examinations should, under no circumstances, be carried out by members of staff, but should be done by medical practitioners. Where there is any concern about injury, illness, safeguarding, sexual harm or the need for intimate examination, medical advice and/ or safeguarding advice must be sought without delay.
- In the case of a distressed young person seeking physical contact this should be kept to the minimum necessary to fulfil the purpose of the young person regaining composure and calm.
- When inappropriate physical contact is initiated by a young person staff should seek to disengage from the situation as soon as is possible. In seeking to disengage, staff may need to signal their disapproval of the inappropriate contact. This should be done consistently, i.e. irrespective of which young person has initiated it and on *all* occasions of inappropriateness. It is possible to disengage from such physical contact without signalling rejection of the young person or their affectionate intentions.

There may be some young people for whom any physical contact is particularly unwelcome. For example, some young people may be particularly sensitive to physical contact because of their cultural background, medical condition or because they have been abused. It is important that all staff have an awareness of these young people. Staff should bear in mind that even innocent and well-intentioned physical contact could be misconstrued. If staff believe their intentions have been

misconstrued they should immediately seek to discuss this with a senior colleague and ensure the matter is recorded or escalated where appropriate.

8.3.4 Care and Control

The aim of staff at each establishment is to develop and maintain a culture and ethos such that the need for physical controls is eliminated completely.

Within SES Kite supported accommodation, the use of restrictive physical intervention should be extremely rare and only used in exceptional circumstances on very rare and unforeseen occasions, where it is necessary, proportionate, the least restrictive option available, and only to prevent immediate injury to the young person or another young person, or serious damage to the property.

Unfortunately staff need to be prepared for those circumstances in which it may be necessary to employ such techniques. To this end the Norfolk Steps is used for staff training purposes. This complies with statutory guidance and their instructors are accredited nationally by the Institute of Conflict Management. SES has its own Step On, Up and Advanced instructors.

Staff training promotes the least intrusive positive handling strategies and a continuum of gradual and graded techniques, with an emphasis and preference for the use of verbal, non-verbal de-escalation strategies being used and exhausted before any physical intervention is utilised. Physical intervention must not be used as a planned routine or behaviour management strategy within supported accommodation, or to gain compliance, move a young person against their will, or prevent a young person from leaving the accommodation.

Hopefully this enables staff to develop acceptable and authorised responses to disruptive, disturbing, angry and aggressive behaviours in a manner that maintains positive relationships and provides safety for all, while recognising that supported accommodation is a support setting and not a children's home or high-supervision environment.

Training increases the awareness of staff concerning the importance of recording and reporting, monitoring and evaluating, all incidents involving positive handling and any use of physical intervention in line with SES Kite procedures, the Supported Accommodation Regulations, and the Critical Incidents Policy.

9 ROUTINES

One explicit feature of an establishment's structure is its routines. Valid routines contribute greatly to the smooth operation and settlement of the home. Young people thrive emotionally on the security that results from the consistency of predictable routines.

All young people are provided with a young person's guide to assist them in having an understanding of the home and the support structures around them. They also

sign an Accommodation Agreement that specifically sets out expectations for supported accommodation living.

Teaching newcomers the routines of each establishment should be a matter of friendly communication and instruction. Staff should positively reinforce the understanding and following of routines.

10 INDIVIDUAL PROGRAMMES

One of the most obvious indicators to young people that adults care is the visible time put in to discussion with them concerning their progress and the purposeful addressing of issues to clarify with them how they can effect change. A young person is much more likely to engage in this process if they view it as a joint venture to help with their own progress. The starting point for this process is the Portfolio of Achievements and Needs (PAN).

10.1 PORTFOLIO OF ACHIEVEMENTS AND NEEDS (PAN)

At the centre of our work is a 'no limits' highly personalised recovery package developed from the young person's Portfolio of Achievements and Needs (PAN). Our young people need an holistic framework of care, support and guidance for them to start to re-engage in the learning process. SES provides such a framework of high quality care and therapeutic intervention embedded in a highly personalised learning experience. **We accept no barriers to innovation, creativity and response in order to reawaken a passion for learning in each student.**

10.2 THE PAN PROCESS

The PAN process commences as part of the admissions process, identifying long-term aspirations for our young people in partnership with the placing authority, and where appropriate, their family. **We actively seek to start with a person's strengths, gifts, passions and talents and expand from there.**

Our My Journey Model summarises the persons achievements and needs in six dimensions:

- **My Learning** – Education, Training and Employment
- **My People** – Family and Relationships
- **Who I am** – Identity
- **My Opportunities** – Experience and Leisure
- **My Health** – Health
- **My Future** - Transition

This is all underpinned by our ethos of learning without limits.

We regard the person as a resource (rather than a problem) in the process of seeking solutions in their lives

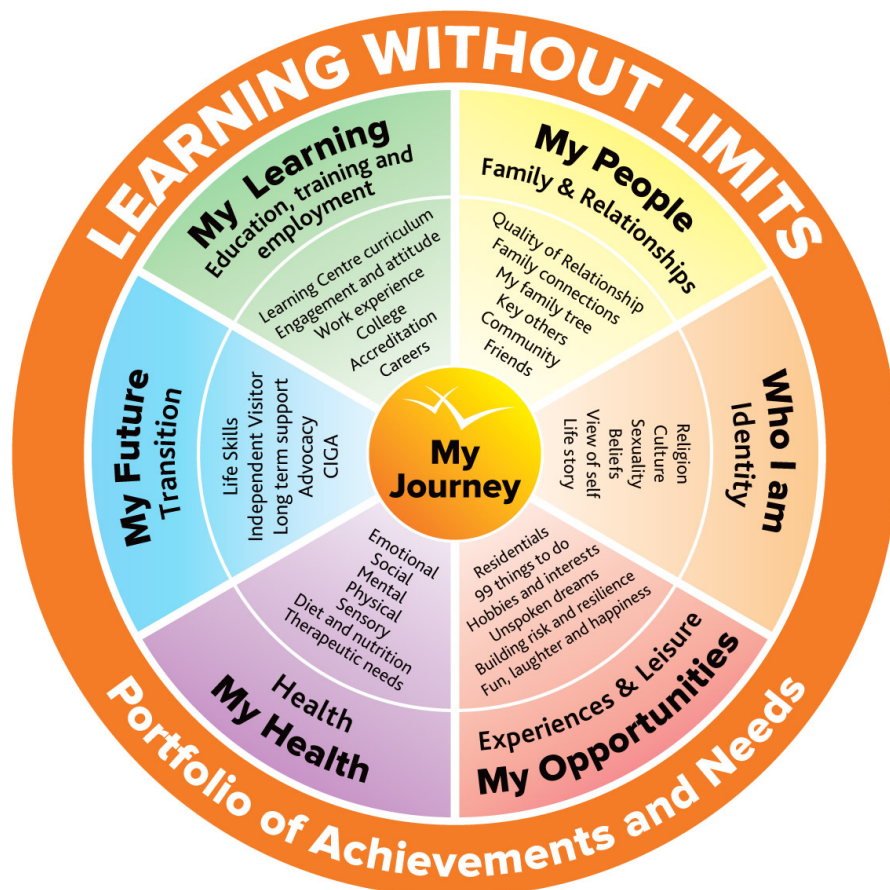
We encourage young people to make choices, state preferences and define outcomes for themselves, and we respect these choices and preferences.

The ultimate goal for our young people is **maximising achievement**, academically, vocationally and socially, and we accept no limits to what their learning package and / or journey might look like. This might mean attending a Further Education placement, a vocational placement, bespoke training packages or employment. In some cases, they may be supported, coached or taught by adults from Tower Hill, the broader SES team, or by specialist consultants or instructors bought in to enrich development and learning opportunities. In most circumstance it will be a combination of these.

10.3 PAN / MY JOURNEY LEARNNG MODEL

The PAN / My Journey learning model summarises the young person’s achievements and needs in six areas:

- Education training and employment (My Learning)
- Family and Relationships (MY People)
- Identity (Who I am)
- Experiences and Leisure (My Opportunities)
- Health (My Health)
- Transition (My Future)



10.4 THE PAN MEETING

The PAN meeting enables the professional team to review what is going well (achievements), what is not working well (needs) and consider future targets in each of the six areas of the My Journey Learning Model.

There is a clear focus on looking to the future and agreeing targets to support the young person's personal journey, using the long term outcomes initially generated through the admission process as a guide. Targets within action plans are framed in specific and measurable terms. Wherever possible they should be SMART (Specific, Measurable, Achievable, Relevant, Time Specific). They may be planned in conjunction with the young person, whose views and involvement is formally captured through the My Journey Monthly Meetings.

10.5 PAN ACTION PLAN

Once targets have been agreed, then any number and variance of action plan meetings or discussions may be convened to ensure that tangible actions are agreed and put into place to enable targets to be met. Sometimes the action plan meeting might involve all interested parties. On other occasions it may involve just two people around a specific issue. Anyone can be requested to attend an Action Plan meeting if their input is required.

Essentially Action Planning is where the detailed support work is explored following the commissioning of the PAN / My Journey targets. The targets, support required, resources and lead adult for each action is recorded on the young person PAN Action Plan.

10.6 DAILY CARE PLAN.

The daily care plan is a bullet point summary of each young person's ongoing care that help support familial living and the quality of day to day life. This includes the following:

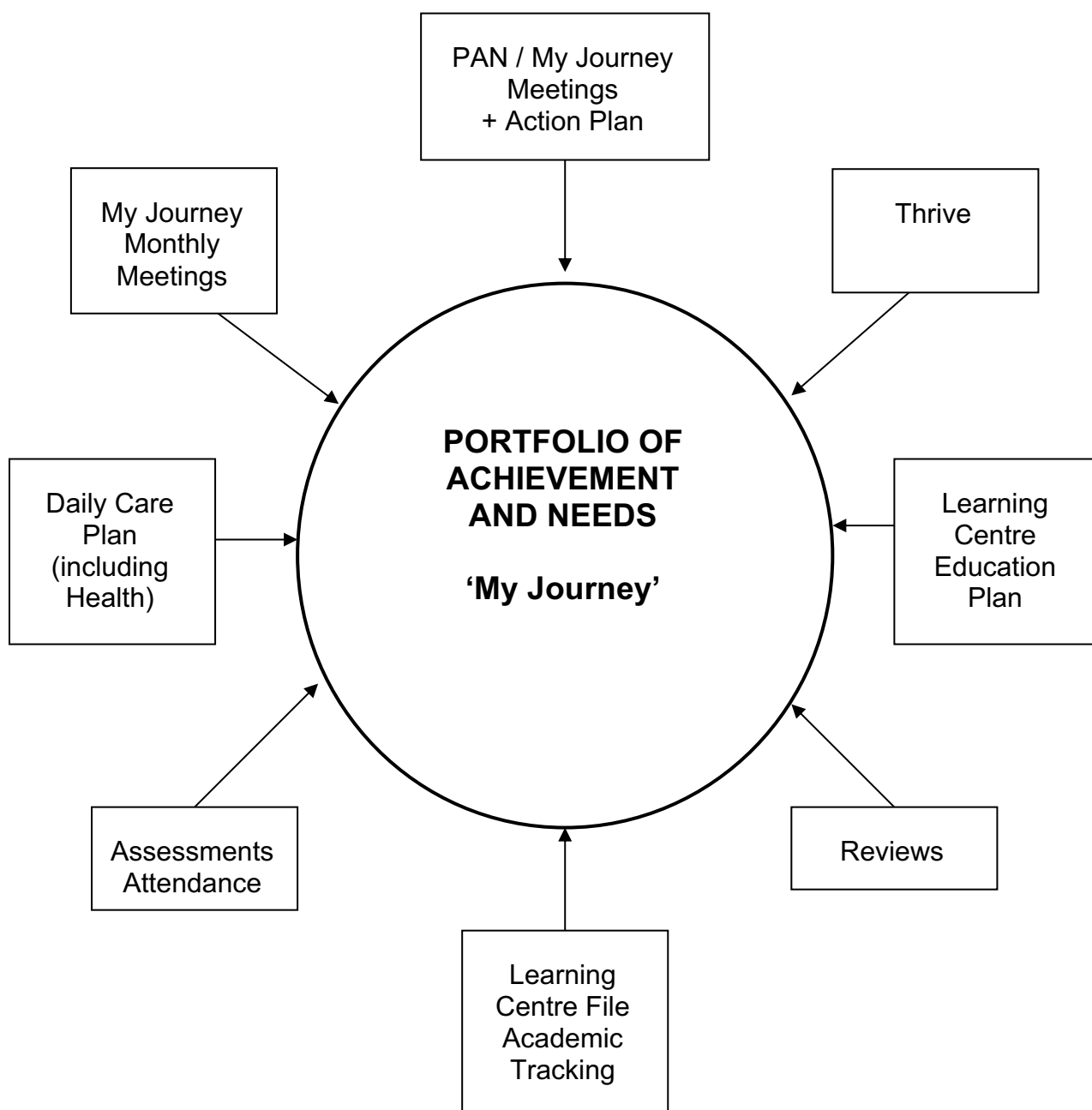
- Morning Routine
- Bedtime Routine
- Health/Medical Needs and Logistics
- Family Liaison
- Activities
- Information Technology

It will be changed and updated according to need and is reviewed on a monthly basis by the 5th of each month as a minimum.

10.7 ADDITIONAL SUPPORT TO THE PAN PROCESS

An extensive range of additional documents and structures support the above key planning process, and these are summarised in the diagram below.

THE PAN PROCESS: PORTFOLIO OF ACHIEVEMENT AND NEEDS INTEGRATING LEARNING AND CARE



10.8 RISK ASSESSMENTS

Risk Assessments support staff understanding of young people’s complex needs and potential management issues. Each young person has a completed “General Risk Assessment Overview (Fig 1) and a subsequent “Risk Assessment Management Plan” (Fig 2) where this is triggered by a numerical score of 10 and above using the SES Risk Quantification Table.

Although 10 is the trigger for requiring a Risk Assessment Management Plan staff may choose to write a full plan for higher range medium risk scores (e.g. 9) if they feel it is appropriate.

10.9 THE GENERAL RISK ASSESSMENT OVERVIEW

This defines the level of risk presented for a range of aspects (Fig 1); these are consistent for all young people and staff should not make any amendments to the template. Both the General Risk Assessment Overview and Risk Assessment Management Plan should always be read in conjunction with the Activities Risk Assessment Overview for each young person, their young person Specific Medical Risk Assessment (if required) and any additional young person Specific Risk Assessments.

Risk assessments are completed prior to admission in good time for a full staff briefing, led by Personal Tutor at least a week before admission. They are based on documentary information in the admission paperwork and any other information gleaned from discussions during the referral and admission process. They are published in the Individual Young People folder on the staff area of the Network and a printed copy can be found in the young person's individual casework folder in the house office. All Risk Assessments are reviewed by the 5th of each month, or as a response to significant events. Staff are expected to read and be familiar with young people's risk assessments and updated ones where changes have been

10.10 YOUNG PERSON MEDICAL RISK ASSESSMENT

Individual medical needs for young people are identified as part of their Development and Learning Overview (Physical Health and Medical), with subsequent associated risks identified in the General Risk Assessment.

Where the Medical Issues require additional support and structure, a Medical Risk Assessment is required irrespective of the total level of risk.

The Medical Risk Assessment ensures key medical diagnoses are considered for the young person, with guidance for adults on the potential impact on everyday care as well as their social, emotional and mental health needs. Examples of potential conditions are diabetes, epilepsy, physical impairments or asthma (although this is not an exhaustive list). Additional professional medical advice may be sought from the GP or a Child and Adolescent Child Psychiatrist.

All staff should be aware of a young person's medical needs and any medical emergency procedures. Staff must alert other supporting professionals to a young person's serious medical conditions from the outset of a visit or activity, usually as part of initial communication or on arrival at the venue.

10.11 THE RISK ASSESSMENT MANAGEMENT PLAN

This allows staff to effectively identify high level risk areas, and consider the risks and triggers that may lead to these. Areas are scored prior to controls being implemented, to assess the level of risk. In some instances specific strategies may also be considered for medium areas of risk. Through carefully planned strategies and measures, risk levels should be significantly reduced, although it may be unrealistic to eliminate risk entirely. Part of young people's learning and development is to understand their own personal responsibility and ability to make safer choices and thus manage their levels of risk in the longer term.

Risk management is regarded as an integral part of behaviour management planning. Where young people require a positive handling plan, this is included throughout the young person's Risk Assessment Management Plan. This details any intervention strategies, which have been found to be effective for that individual, along with any particular responses that are not recommended. If there are specific patterns that can be linked to the escalation of behaviour this needs to be included within plans providing guidance on effective techniques, both verbal and non-verbal.

Within a management plan, staff must consider how risk is controlled through **Proactive Risk Reducing Measures, Active Management Measures and a 'Reactive Response to Adverse Outcomes'**.

There is no fixed boundary between a Proactive Risk-Reducing Measure, an Active Management Measure, and a Reactive Response to Adverse Outcomes. What is essential and predictable for one young person may be occasional or unnecessary for another. The categorisation of any intervention depends on the individual's needs, presenting behaviours, and stage of development. However, restrictive physical intervention must not be categorised as a Proactive Risk-Reducing Measure or Active Management Measure within supported accommodation.

Physical restraint must always be considered a last resort, and references to approved techniques (Norfolk Steps) will usually appear in the Reactive Response column of the management plan. However, for some new admissions—particularly those with significant attachment or regulation difficulties—proactive and active management measures may initially need to provide high levels of emotional containment, structure and safety, restrictive physical intervention must not represent an Active Management Measure and must remain an emergency reactive response only.

As the young person forms relationships, more secure attachments and develops better ways of regulating themselves, then having to intervene physically should be seen as a response to some dynamic change in circumstance or unforeseen event. Over time as we help them learn alternative ways of behaving, physical intervention shouldn't be seen as an expectation or as an active management measure.

Conversely, new young people joining us may not have experienced positive physical touch and have developed negative ways of seeking feelings of security, leading to unsafe or heightened behaviour, or attempts to seek physical reassurance in unsafe ways. Any physical reassurance offered by adults must be appropriate, welcomed by the young person, professionally bounded and must not involve force or restriction of movement.

It is therefore not unusual for a Proactive Risk-Reducing Measure within a behaviour plan to include intervening early and offering a young person a comforting, appropriate cuddle where this is welcome by the young person and consistent with their support plan. As the young person develops greater confidence and emotional maturity, they may begin to seek positive physical reassurance naturally. At this stage, adults recognise that such contact becomes more spontaneous and relational rather than planned, and the same action may move from the Proactive Risk-Reducing column to the Active Management column provided that it remains accepted by the young person and does not involve force, control or restriction of movement.

Adult interventions and actions should therefore be reviewed regularly, recognising that effective practice evolves. Measures may, and should, move from left to right across the management plan columns as the young person progresses. This does not apply to restrictive physical intervention, which must remain a reactive response to adverse circumstances only.

At any one point in time Proactive Management Measures should be overtly evident, not just within individual behaviour management plans but also within lesson and activity planning, behavioural programmes, K24's, and the daily planning meetings. It follows therefore that if a particular approach is labelled as a proactive measure it should at the very least be evident as a regular feature of daily team planning discussion.

Nevertheless there are some general principles staff can follow about what 'more typically' would, be a Proactive, Active or Reactive measure. The following examples are illustrative and not exhaustive.

10.11.1 Proactive Risk Reducing Measures

Evident in Lesson and/or activity planning, PAN Planning structures, K24's and team planning meetings.

- Routines identified within planning structures such as daily care, critical elements of which may be made overt within the risk assessment management plan.
- High quality planned activities for the individual and groups within which the individual will take part.
- Structured plans communicated in advance through visual timetables and other means.
- Planned deployment of adults re activity engagement and supervision of less structured time.
- Attachment issues such as adverse reactions to competition for adult time between young people, thought through and planned for in advance of starting 'shifts' and activities.
- Specific behaviour programmes.
- Reference to Therapeutic interventions and other identified aspects of a young person's programme that they might be engaged in at any one time.
- Planned strategies designed to fill developmental gaps identified through Thrive assessments.
- Consultations with Dr Kate Sillifant (Independent Child and Adolescent Psychiatrist).
- Structured learning about neuroscience and how we regulate our own bodies.

10.11.2 Active Management Strategies

- Examples of active management strategies may typically, but not exclusively, be best represented in sections 14 and 15 of this policy and practice document. What aspects work best for particular individuals

should be reflected within the Risk Assessment Management Plan. For example, one particular young person may respond well to humour, whilst another responds best to forms of distraction. Active management strategies may include increased adult availability, change of adult, distraction, diversion, reduced demands, supported space, calming activities, verbal and non-verbal de-escalation, and the young person's own preferred coping strategies. Restrictive physical intervention must not form part of an active management plan, even where a young person's behaviour is predictably challenging or high risk. Where the need for restrictive physical intervention is foreseeable, repeated or considered necessary to maintain safety, this must trigger an urgent review of the young person's risk assessment, support plan and placement suitability. Inclusion of the young person's own wishes and ideas of practical steps that may help when they start to become heightened should be referenced in this section.

10.11.3 Reactive Responses to Adverse Circumstances

This section for established young people may be a description of emergency 'Restrictive Physical Intervention Approaches' where there is an immediate risk of injury to any person or serious damage to property and no less restrictive. Irrespective, for all young people all adverse circumstances should be responded to through 'Restorative Approaches'. Section 16.1 of this document outlines our policy and practice in respect of restorative approaches.

Each young person's individual management plan will elaborate on how best to approach and navigate that young person through the restorative process in the most effective way that is personalised to them. It may be that in some cases the support of outside agencies such as the police and mental health services are identified within this part of the management plan.

Fig 1
SES Kite

GENERAL RISK ASSESSMENT OVERVIEW

This form has been completed in line with the Health and Safety Policy

Young Person:	Date Completed:	Completed by:	Review Date:
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Score	Action
1-4 Low	Deal with as per general Behaviour Management Policy
5-9 Med	Record on file. Monitor closely. Consider specific strategies
10-15 High	Full Risk Management Plan Required
16-25 Extreme	Extreme Risk: Defer to Directors

BEHAVIOURS				
Aspects	Specific Details/Potential Risks	I Impact	L Likelihood	Level of Risk (IxL)
Regulation and Control				
Physical Aggression				
Inappropriate Sexual				
Verbal Aggression				
Bullying				
Damage (all kinds)				
Absenting Missing from Care Absconding				
Substance Misuse Drugs Alcohol				
Smoking				
Self Harm				

Lack of Self Care				
Awareness of Danger				
Vulnerability				
Criminality Offences				
Medical Issues				
Phobias				
Keys				
Stealing				
e-safety				
Travel and Transport				
Fire Setting/Arson				

Fig 2
SES Kite

RISK ASSESSMENT MANAGEMENT PLAN

Name:	Date Completed:	Review Date:
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Identified High Level Risk Areas	Risks and Triggers	Score <u>Without</u> Controls	Proactive Risk Reducing Measures	Active Management Measures	Risk Score <u>With</u> Controls	Reactive Response to Adverse Outcomes
Regulation and Control						
Physical Aggression						
Inappropriate Sexual						
Verbal Aggression						
Absenting						

Missing from Care Absconding Keys						
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11 **SOCIAL LEARNING**

Social learning is that which supports the social development of young people. As such we refer to 24 hour learning in recognition that we endeavour to make use of all aspects of the waking day.

At SES our challenge is that typically our young people's social and relationship skills are likely to be less well developed than normal. Therefore there is a need for positive and planned social learning experiences. Skilled staff will ensure that this is done in such a way as to preserve the feeling of domesticity.

Many of the young people referred to SES have difficulties because they have not learned, or have wrongly learned, those essential skills necessary for good social interactions. Our young people's social difficulties are also compounded by other emotional or cognitive problems. Normally young people learn social behaviour by imitating that which appears effective for others around them. If inappropriate behaviour is repeated and in some way reinforced then the child is encouraged to maintain the behaviour. For many, if not all, of our young people this process has indeed gone badly wrong. Therefore a casual or un-focussed approach to social learning is unsatisfactory.

Those young people who do not acquire appropriate skills are, on leaving our protective community, at risk of social isolation, social neglect, social derision and a loss of self-esteem. A socially skilled child is likely to be a personally well-adjusted one, but a socially de-skilled child is rarely likely to show sound personal adjustment.

The approach to improving individual young people's social relationship skill recognises that social development cannot be divorced from other learning experiences whether they be academic, cultural, aesthetic, creative, moral, physical, spiritual, recreational, etc. Moreover social and leisure clubs, learning activities, group work, home life and indeed all situations and environments within and without each establishment are appropriate to enabling young people to improve their social skills.

The goals of social learning are concerned with:

- the attainment of socially responsible behaviour
- relationships with adults and peers
- gaining and maintaining group and family membership
- transition to adulthood

11.1 ATTAINING SOCIALLY RESPONSIBLE BEHAVIOUR

Socially skilled young people will have learned to:

- identify personal characteristics needed for acceptance
- behave appropriately in public
- respect the rights and property of others and the community
- acknowledge and follow instructions and rules
- understand the impact of their behaviour on others

- accept the consequences of that behaviour
- understand social rules that fall within and outside the law and custom
- understand differing cultural values
- understand the effect of racial, religious, gender and sexual discrimination
- respect the needs of others whatever their age or disability

11.2 RELATING TO PEERS

Socially skilled young people will have learned to:

- initiate interactions by listening and speaking properly
- give and receive positive non-verbal feedback
- join and interrupt conversations appropriately
- share
- compromise
- handle name calling and teasing
- say 'no' to help them stay out of trouble
- send an appropriate ignoring message
- establish enduring relationships
- appreciate, tolerate and accept differences and different points of view between individuals

11.3 RELATING TO ADULTS

Socially skilled young people will have learned to:

- value the experience of adults
- listen to adult's advice
- act upon adult's guidance
- trust adults
- accept the differing boundaries that apply to adults compared to young people
- adjust to a range of situations, with a variety of adults with different interests
- accept appropriate positive feedback and critical advice
- greet and deal with visitors to the home and learning centre politely
- have confidence enough to be assertive with adults when this is appropriate

11.4 GAINING AND MAINTAINING GROUP MEMBERSHIP

Socially skilled young people will have learned to:

- accept the need for conformity to group norms
- participate in group discussion and debate
- defend themselves and their rights when appropriate and appropriately
- be aware that membership of some groups is exclusive and consequently accept the appropriateness of rejection from them
- accept a fair share of group tasks
- understand the need for a loss of a degree of personal autonomy to gain access to groups
- value their role in group activities
- discriminate between social and anti-social group behaviours

11.5 ATTAINING TRANSITION TO ADULTHOOD

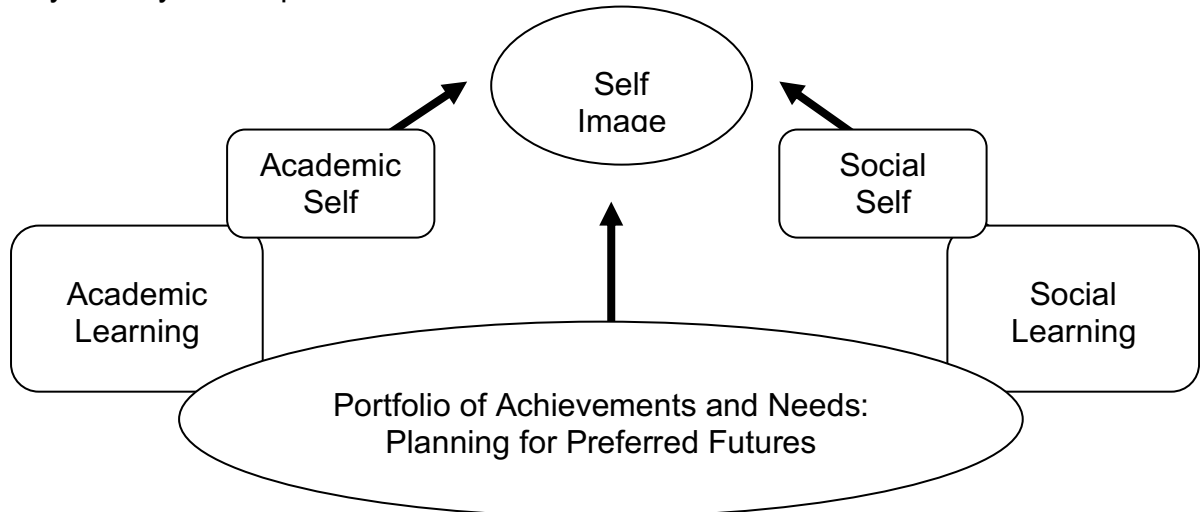
For all our young people ambitious but realistic transition planning is essential to ensure that as socially skilled young people they will have learned to:

- sustain their positive developments and build upon them into adulthood.
- see themselves as role models for the younger young people and demonstrate by working through their transition a sense of security regarding SES's commitment to them when they physically leave.

12 ACADEMIC LEARNING

We believe that academic learning not only enhances the educational development of the young person but also plays a key role in the young person's social skill development. Re-awakening or reinforcing interest and success in learning will, we believe, generalise to success in other areas of the young person's life. Nearly all of our young people have already experienced academic failure and with this the accompanying loss of self-esteem and confidence. The research evidence available points very clearly to the interconnection between behaviour problems and learning disorder.

Through experiencing academic success, however small, the overall self-esteem of the young person can be built upon. Academic and social learning are therefore very heavily interdependent.



We aim for the young people to derive satisfaction and pleasure from completing their education and making progress in line with their potential. This involves ensuring that they value learning for its own sake. If this is achieved then young people will be less likely to disrupt the learning situation because it is of value to them.

Academically skilled young people will demonstrate:

- a willingness to come to the learning task
- evidence of motivation
- sustained on task behaviour

- independence as a learner
- the ability to make informed choices and set their own goals
- the ability to find and organise their own equipment
- a willingness to evaluate, self analyse and assess
- clear pride in work production and quality
- the ability to give and receive praise and reinforcement
- the development of an inquiring mind
- the ability to listen and question
- confidence in requesting assistance where necessary
- that they can contribute ideas
- creativity and innovation
- measured progress through a range of assessment procedures
- respect for self, other learners and mentors.

However, staff will reinforce the important notion that:

- a) learning is for life
- b) learning happens all the time (24 hours)
- c) every adult can contribute to learning irrespective of their role or job title
- d) you can learn from peers
- e) others can learn from you

12.1 PLANNING AND DELIVERY

Mentors employing good practice continually reward successes and appropriate behaviour. This feedback confirms the positive cycle to the young person and encourages increased success/motivation. Ultimately young people will become more aware of appropriate learning behaviour and its outcomes.

This accepted, it is expected that the planning for, and delivery of learning reflect a recognition of the principle that all young people possess 'intrinsic' motives for learning. Reward is inherent to the successful completion of that activity or even in the activity itself. Here in essence is the power of learning in terms of behaviour management and personal growth of the child.

Such ideals are more likely to be met if the child's learning experiences are as follows:

- Activities reflects careful planning
- Work tasks and activities are at a challenging but achievable level
- Young people experience more success than failure
- 'Mistakes' are capitalised upon as powerful learning experiences
- Young people are rewarded for their efforts and small achievements
- Young people work in a warm, welcoming and comfortable environment
- Young people and their contributions are valued
- Equipment and materials are at hand
- Expectations are appropriately high.

A young person's experience of learning is not just limited to its content. Their experience, views and opinions will take account of other factors such as their relationship with mentors, and the method and richness of the learning programme.

“Learning itself is therapeutic and contributes to positive relationships and adaptive behaviour”

(Brennan, 1985)

13 **POSITIVE VERBAL REINFORCEMENT: DESCRIPTIVE PRAISE**

Personal positive verbal reinforcement, especially in terms of adult recognition, is the single most potent reward for displaying required behaviour. All young people need to have their successful learning (academic or social) recognised and it is our task to create frequent and repeated opportunities for this recognition to take place.

The most powerful reward is adult attention to detail in responding to and engaging with young people. However our praise and attention needs to be describing rather than judging. Our descriptive praise must not evaluate them as people.

“Young people require feedback on their competence rather than another check-off on adults’ list of approved conduct”

(Henry W Maier, ‘The Core of Care: Essential Ingredient for the Development of Young people Away from Home’)

Descriptive praise is better because:

- it allows young people to credit themselves
- it does not ignore errors
- it helps both adult and young person register the positive features of what has happened
- it makes both giver and receiver feel more positive
- it is honest

Some illustrations of this type of positive verbal reinforcement are:

- The extra time you put into making this cake has really paid off – it tastes really soft and fluffy.
- You’ve thought about safety and used gloves when pruning the garden bushes that protected you hands and I didn’t need to remind you at all.
- I like the way you co-operated with Jimmy when you were working together. It means you achieved a lot more and the result was better than if you hadn’t.

Descriptive praise has the following characteristics:

- it avoids one-word global judgements, such as ‘brilliant’.
- it describes appreciatively what can be seen or experienced
- it frequently includes or implies the word ‘because’
- it avoids the word ‘but’ – this cancels all that was said before it
- it avoids unnecessary negative focus on weaknesses

In correcting errors the following advice is useful:

- a. give a long enough positive description first to reassure, then....
- b. describe errors in terms of future corrective action – not just as mistakes made –
“By the way next time I’d try..... or You might like to think about.....”

14 **PERSONAL AND GROUP COUNSELLING**

At SES we take the view that all staff are ‘counsellors’ at any time of the night or day in many situations both formal and informal. Indeed any conversation with a child or young person may well be a ‘counselling’ conversation. Personal and group counselling therefore falls into three main areas.

- a) The broad conversations referred to above.
- b) Specifically designed conversations
- c) Targeted conversations.

Personal and group counselling aims at self-understanding, which in turn may lead to self control. As such it stresses young people’s responsibility for their own behaviour and their ability to exercise self control. Personal and group counselling should be viewed as a proactive attempt to prevent problems as well as an effective response to situations.

14.1 PRINCIPLES

Personal and group counselling in its broadest sense owes no specific allegiance to any theoretical perspective on human behaviour, or supports any exclusive or particular school of thought. Adults bring to such discussion a range of personal skills and varying experience in working with young people. Activities employed in personal counselling achieve validity if they make sense to those using them; they work, are humanistic in nature, and stress the worthiness of individuals.

Personal and group counselling is focused towards learning. It is important that any knowledge, skill or idea can subsequently be applied to a variety of personal problems/difficulties.

The focus of personal and group counselling is a self-defined issue disclosed by the individual or group. It is acknowledged that some young people will need to be encouraged into openness. When young people discuss issues they tend to do so in terms of real situations such as education or family life. They will not necessarily talk in abstract terms. Personal counselling’s enabling approach begins from the moment a child decides by disclosure to do something about an issue. (Disclosure in this regard is not to be confused with a disclosure of a child protection issue – see SES Kite Safeguarding Protection Policy and Practice document).

14.2 AIMS

- to allow young people access to individual staff time
- to enable young people to be as open in discussion as they wish
- to help young people address issues with adult support and guidance

- to improve young people's ability to cope with issues that might occur in the future
- to develop new and increasingly better ways of solving and coping with issues

14.3 SPECIFIC APPROACHES

Where the counselling process becomes more specific staff are expected to utilise skills related to the Solution Focused Brief Therapy approach. The essence of these is:

- To work with the person rather than the problem
- To look at resources rather than deficits
- To explore possible and preferred futures
- To explore what is already contributing to those possible futures
- To treat clients as the experts in all aspects of their lives

These counselling principles relate easily to the 'No Limits' philosophy of SES.

14.4 TARGETED APPROACHES

A more targeted approach may be taken in relation to individual needs and this will usually involve an additional contribution from particular external professionals and/or consultants e.g. psychologist, psychiatrist, specific therapy, etc.

14.5 OUTCOMES FROM COUNSELLING

Learning takes place during all stages of personal and group counselling. Indeed the processes of discussion may result in actions outside the discussion taking place. Learning involves:

- Finding new information
- Thinking in new ways
- Changes in attitude or emotion
- Skill(s) development
- A sense of self-empowerment

This can be achieved in many ways such as; direct learning, role-play, modelling, positive reinforcements, problem solving, social skill training, shaping, and modelling

14.6 EVALUATION OF PERSONAL AND GROUP COUNSELLING

Evaluation should not be seen as a final stage of the counselling process but as an ongoing feature. The main purposes of evaluation are:

- To enable young people to check their progress towards finding pathways to their preferred futures
- To enable young people to evaluate the effectiveness of newly learned strategies, skills and knowledge
- To provide feedback to staff on the content and efficiency of programmes

14.7 CORE SKILLS

There are a number of core skills that are crucial to personal and group counselling that all staff members must seek to acquire. These core skills relate to staff being able to convey empathy, respect and acceptance. There is a range of complimentary skills that will assist staff in encouraging young people into dialogue. These latter skills concern staff posture, the ability to listen, encouragement of young people into dialogue and conveyance of understanding.

14.7.1 Posture

Body posture plays a significant part in interpersonal communication. It can either support or deny that which is communicated by words.

To enable young people to know that they are being actively attended to:

- adopt an open non-defensive position and stay relaxed
- use judicious eye contact
- arrange seating so that facial and eye contact can be maintained but bodies are at an angle to each other
- lean slightly towards the child

14.7.2 Listening

The skill of listening is a critical one. Listening involves more than just hearing what others say. It includes responding in such a way that understanding is evident. Listening is active and includes:

- paying attention to the young person
- interpreting the young people's posture, gesture, facial and voice cues
- understanding what young people are thinking and feeling
- use responsive nods and short verbal assurances

14.7.3 Encouragement of Young people to Dialogue

It is critical that staff do not dominate conversations. Indeed it is important that the young person is engaged in dialogue. It helps to encourage dialogue if:

- sentences are kept short
- the young person is expected to reply
- the young person is given a chance to reply
- frequent non-verbal feedback is given
- periods of silence are not broken too prematurely
- open questions are used

14.7.4 Conveyance of Understanding

Conveying understanding is the means by which a climate of support is engendered and trust between young person and adult gained. It is the most

crucial of skills, and central to the process of all interpersonal communication. It helps to communicate understanding if:

- plain and easily understood language is used
- voice tone and manner of responses is congruent to the young person
- time is taken to reflect
- clarification is sought when issues are unclear, affirmation is sought to confirm understanding - (How and What not Why)
- check out by paraphrasing or replaying what has been said, e.g. "So what I understand you to be saying is.....?"

14.8 BEHAVIOUR TO AVOID

The following behaviours overleaf do not contribute towards a climate of mutual trust and respect within personal and group counselling. They should be avoided. (See over)

- Pretending to understand
- Using clichés
- Parroting
- Giving an inappropriate minimal response
- Ignoring what is said
- Being long-winded
- Being judgmental
- Misinterpreting advice given as understanding
- Making patronising or condescending responses
- Becoming defensive
- Interpreting (playing the psychologist/therapist)
- Interrupting and overriding
- Giving false promises

GRADUAL AND GRADED INTERVENTION

“It is not possible nor is it appropriate to ignore behaviour that involves breaking things, destroying furniture, or hurting others. Young people need to understand and learn where the limit is for their behaviour”

(Douglas, 1989)

15 DE-ESCALATION TECHNIQUES

Despite attempts to create and sustain a positive environment that encourages appropriate behaviours our young people may at times cope poorly with frustrations, conflict and anxiety, resulting in poor judgement, a failure to anticipate the effect or consequences of their behaviour, and on occasions a temporary loss of control.

Most experienced staff know in what situations and under what circumstances a young person is likely to lose self control. Staff induction and training seeks to minimise variations in individual thresholds and tolerances to such behaviour, and reduce personal differences or idiosyncrasies. Management of young people should not be dependent upon personal or spontaneous whims.

To achieve consistency it is important that all staff seek a team approach to managing the following:

dangerous behaviour scapegoating gender abuse
racial comments religious intolerance bullying loss of self-control
damage to property causing tension spreading gossip
physical aggression debilitating anxiety negativism towards self
inappropriate language chronic disobedience intimidating behaviour

The type of staff interaction with young people is crucial to limiting the frequency, duration and intensity of disruptive behaviours and to promoting behavioural growth in young people. It is self-evident that if some staff responses promote positive and appropriate behaviours in young people then others inadvertently increase the likelihood of acting out behaviour.

Responses likely to promote positive behaviour and de-escalate inappropriate behaviour can be grouped as follows:

- attitude and approach
- non-verbal behaviour
- verbal behaviour
- group expectations

For each area of technique the following pages outline de-escalating behaviours and inflammatory behaviours. The lists are neither exclusive nor prescriptive. They are however, an indicator of the dynamic influence staff behaviour has upon young people's behaviour.

15.1 ATTITUDE AND APPROACH

Staff members' attitude and approach in all situations affects the quality of relationships with young people. In situations of rising tension staff attitude and approach is crucial. It can either improve or reduce the chance of success.

DO

- ✓ Appear calm and collected if at all possible
- ✓ Be clear and firm about boundaries of acceptability
- ✓ Show a non-biased nature
- ✓ Be prepared to listen
- ✓ Know when the situation is in stalemate and don't create a win/lose situation if it can be avoided
- ✓ Be flexible in thought and response
- ✓ Spontaneously provide a range of roles from assertiveness to reflective support
- ✓ Value people as individuals
- ✓ Be a sensitive, objective observer who can make valid diagnoses
- ✓ Trust others and perceive them as being capable of solving their own problems
- ✓ Seek to understand situations from the point of view of others and base your own behaviour on this perception
- ✓ Try to understand the behaviour of others in terms of how they think, feel, behave and understand now; don't let past influences hinder you
- ✓ Perceive other as being friendly and enhancing rather than as hostile and threatening
- ✓ Perceive others as being in control of their own development rather than shaped by external events
- ✓ Understand the mechanics of adult influence so that you are able to diagnose the present situation and determine the range of possible reactions to it.
- ✓ Develop a confident and positive regard for yourself – this should give you reassurance and be transmitted to others in terms of your outward confidence about being able to deal with things.

DON'T

- X Be fooled into thinking you should always be able to deal with any situation, and don't automatically assume/expect colleagues to do so without your support
- X Be insensitive
- X Be unfair or hostile
- X Use high key intervention where low key will suffice
- X Emphasise situation out of all proportion
- X Allow yourself to be wound up
- X Carry on even when you know you are wrong
- X Restart the argument or incident once calm has been achieved
- X Use unnecessary peer group pressure

15.2 NON-VERBAL INTERVENTION AND DE-ESCALATION SKILLS

The primary reason for using and understanding non-verbal signals is to de-escalate at a very early stage. There will usually be a response to this if signals are sent clearly. Being in control of your own non-verbal behaviour and clearly recognising others is a critical pre-requisite to de-escalation.

DO

- ✓ Seek clear eye contact or other sign of recognition when you are making an important point
- ✓ Be aware of the signals which you give out by your body position and posture
- ✓ Be aware of the physical distance between yourself and others, particularly the personal space 'danger zone'
- ✓ Nod your head to indicate attentiveness
- ✓ Smile to show agreement
- ✓ Use raised eyebrows to question
- ✓ Use hand, shoulder and whole body gestures to support discussion
- ✓ Use judicious physical contact as reassurance
- ✓ Seek signals that your message has been correctly received
- ✓ Use proximity as early intervention
- ✓ Use your observation of others non-verbal actions or reactions in order to judge your own level of intervention

DON'T

- X Invade personal space
- X Stand over young people in a threatening manner
- X Use staring threatening eye contact
- X Be oblivious to signals within the environment
- X Appear to lack confidence
- X Appear tense
- X Appear intimidated
- X Retaliate with physical gestures
- X Use inappropriate physical contact with particular young people

15.3 VERBAL INTERVENTION AND DE-ESCALATION SKILLS

Verbal communication operates at many levels within the learning, caring and therapeutic processes of the establishment. It is the single most important skill staff have in helping young people towards personal growth, and when employed correctly it is the most powerful de-escalation skill staff possess.

Verbal intervention skills range from the simplest level (e.g. use of someone's name) to the most complex (conflict resolution and problem-solving). These skills become most critical when dealing with early stages of a rising crisis.

The following format of four stages is a very useful way of conceptualising what you are trying to do and hence help you guide the interaction through to a positive solution.

15.3.1 Calm the Situation

It is important to calm a situation where the temperature is rising, as nothing will be listened to if the other individual(s) is too agitated.

- ✓ Choose appropriate timing of initial verbal intervention
- ✓ Acknowledge the existence of a problem
- ✓ Use reflective listening
- ✓ Show genuine concern and understanding
- ✓ Show empathy and allow the individual to express their feelings
- ✓ Give reassurance and offer support.
- ✓ Careful use of humour may be employed
- ✓ Silence is useful – it is choosing not to speak – and can also be thinking time
- ✓ You may ask directly for a particular response

In effect what you are trying to do is bring some calm, order and clarity to the situation. Make sure the young person is 'with you' before going on to the next stages as too early an attempt to move on will only escalate things.

15.3.2 Analyse the Problem

This phase is about helping the young person recognise and understand what is happening.

- ✓ Use non-threatening dialogue appropriate to the child and situation as well as corresponding body language
- ✓ Be aware of voice quality, tone, volume, cadence, timing and making good use of pauses and appropriate replies
- ✓ Paraphrase what is being said and check back with the child that it is accurate
- ✓ If necessary offer some structure to explain things
- ✓ Put relevant information together
- ✓ Put things in some order
- ✓ Repeat and stress important points
- ✓ Take the most important messages first
- ✓ Be consistent and avoid confusing or conflicting messages
- ✓ Present facts/issues which may not be known to the young person
- ✓ Use personalisation and former relationship factors

15.3.3 Problem Solve

This phase is about helping the young person to look for possible solutions.

- ✓ Make your language clear and understandable so that messages are not misinterpreted
- ✓ Use the word "we" when in discussion and explain that you can work things out together

- ✓ Point out that they are in control of the situation – element of choice in escalation or de-escalation is theirs – this is a choice point
- ✓ Try to get them to go through their options
- ✓ Look for win-win scenarios
- ✓ If the child appears stuck, possibly offer, “Would you like to know what I think your options are?” or “If I were you.....but its up to you, it’s your decision”
- ✓ Put the onus on the young person to resolve the situation, repeating choices, alternatives and potential consequences

15.3.4 Resolve the Situation

This is the point at which some restoration of “normality” occurs.

- ✓ You may need to use input from others, fresh faces and new ideas to the situation
- ✓ Keep the focus of control with the young person
- ✓ Check with the young person that they understand what they have decided to do
- ✓ If necessary set appropriate, clear boundaries but be prepared to be flexible according to the situation at the time
- ✓ Retrack to help the young person see a choice point where an alternative route could have been followed
- ✓ Give positive feedback for having resolved the situation so that this might be more of a preferred option next time

DON'T

- X Put the young person in position of no escape
- X Use destructive criticism
- X Use reminders of previous situations the young person might prefer to forget
- X Use personal details of a young person in front of a group
- X Make unrealistic threats or use provocative tone of voice
- X Lose your temper
- X Make insensitive remarks
- X Use “you will” statements
- X Get involved in “Yes you did – No I didn’t” arguments with the child
- X Argue with adults present
- X Use inappropriate language

15.4 GROUP EXPECTATIONS

Much of the work with young people takes place on an individual level. However understanding how to set group expectations is an integral aspect of effective work with young people as a group can be two young people or more. If there is no order to group functioning neither individual nor group objectives can be met. Research has shown that experienced staff make use of a number of factors which effect how well a group will react. The following points hold true across a range of activities and situations.

DO Be Punctual and Prepare Well

- ✓ Be there on time. Starting and finishing on time are very important. This sends signals to young people about the importance and value that the adult places on the activity and makes colleagues' tasks easier
- ✓ Settle the group to its task with as little delay as possible.
- ✓ Whatever activity you are going to engage in good preparation and planning are essential. The more prepared you are, the better you feel, the higher your level of confidence, the better things are likely to go.
- ✓ Possess a firm grasp of whatever activity/skill you want the group to experience.
- ✓ In team situations communication with colleagues as part of preparation, including alternative activities/strategies just in case is essential

Display Confidence

- ✓ Maintain relaxed and non-threatening eye contact with the group and individuals; be sure to avoid nervous mannerisms and gestures

Give Careful Instructions and Guidance

- ✓ Use appropriate, simple and clear language
- ✓ Give clear statements of expected tasks which must be relevant to the ability levels of the young people
- ✓ Make instructions brief and to the point
- ✓ Ask for questions
- ✓ Check if everything is clear
- ✓ Always make it clear that if they have any problems or difficulties all they have to do is ask you

Be Consistent and Fair

- ✓ Young people need to know that the standards you lay down are not going to be subject to arbitrary and unexpected change and that you are not going to treat individuals differently from each other for no apparent reason.
- ✓ Give clearly explained expectations of behaviour

Firmness in the face of Problems

- ✓ Try and be clear and decisive
- ✓ Address and resolve situations don't let them drag on or escalate unattended
- ✓ Use appropriate body language and non-verbal communication
- ✓ Keep your word
- ✓ Always point out the consequences of a particular piece of behaviour
- ✓ Know how to be assertive without appearing angry or annoyed

Awareness of What is Happening

- ✓ Be alert to what is going on around you and ensure your attention is distributed across the group

- ✓ Keep as physically mobile as possible within the area you are using
- ✓ Try not to leave yourself vulnerable by becoming too engrossed with one particular individual or sub-group
- ✓ Relate to all the young people in the group by verbal exchange, eye contact, etc.
- ✓ Be aware of the importance of role modelling; the part played by the adult is instrumental in setting a good example
- ✓ Keep giving positive feedback for effort and endeavour

Realistic Standards

- ✓ Your expectations must be at an appropriate level and consistent with your colleagues
- ✓ Demonstrate your belief in the young people' abilities
- ✓ Verbalise your confidence in their success
- ✓ Remind them of past successes

Enjoyment and Enthusiasm

- ✓ Don't be afraid to show it; it shows the work and the young people have worth and importance
- ✓ It is more likely to stimulate interest and reduce boredom and apathy
- ✓ Allow yourself and them to have fun – young people learn better if they do

DON'T

- X Make wild threats that you find hard to enforce or get support for
- X Be unclear and hurried in speech and actions
- X Overreact to behaviours
- X Issue long or complicated instructions
- X Show favouritism
- X Be inconsistent
- X Collude
- X Provoke by ridicule or sarcasm
- X Have inappropriate expectations
- X Belittle effort of endeavour
- X Confuse firmness and hostility

15.5 REPRIMANDS

Most young person misbehaviour is either pre-empted or dealt with so quickly that a casual or unenlightened observer might easily fail to notice any action taken by staff. However, in any establishment seeking to create and maintain a secure, stable and caring environment for young people, and particularly one where young people's self controls are often only emerging, clear limits need to be set.

Even in the most considered environments sometimes the behaviour of young people is unacceptable. On such occasions it is vital that staff feel comfortable and confident in coping with challenging and difficult behaviour. Often a reprimand suffices, but sometimes staff will need to exert controls. Whatever the situation, it is

fundamental that the intervention is accomplished in a manner that retains respect for the individual young person. It is the behaviour which is not acceptable not the young person.

A reprimand embodies a warning aimed at stopping misbehaviour, preventing its recurrence and avoiding the need for further staff intervention. Reprimands are only effective in establishing a sound working and/or caring climate if they are used sparingly. Frequent use of verbal reprimand is likely to be regarded by young people as nagging. Repeated use of reprimands for recurring behaviour without moving to sanctioning is ineffective. The effectiveness of reprimand used will depend on the context, but the following qualities increase the likelihood that a reprimand will be effective:

- Correct targeting – the young person reprimanded should be the one who instigated or engaged in the misbehaviour
- Criticism of the misbehaviour not the young person – the reprimand should emphasise disapproval of the act, not the young person. “Don’t call names because it is unpleasant and hurtful.” not, “You are stupid if you call people names.”
- Assertiveness – a reprimand should be clear, firm and assertive avoiding any suggestion of pleading for co-operation
- Mutual respect – the member of staff must treat the young person with respect in order for a reprimand to be effective
- Consistency – reprimands should be applied consistently
- Additional cues – accompany the reprimand with appropriate non-verbal cues, such as eye contact, to increase the emphasis of the exchange
- Avoidance of idle threats – if a reprimand embodies an implied threat it must be carried out. If it cannot be carried out it should not be made
- A quiet word – quiet and private reprimands can often be more effective than loud, public interventions
- Do not collude with a young person in order to overcome a situation in the short term, e.g. “I know that was a bit unfair but do it for me.....you and I don’t have a problem do we?”

16 WHY ARE CONTROLS NECESSARY?

The importance of feeling safe is a fundamental principle. If young people do not feel safe and secure then the task of meeting their emotional, developmental and social needs can hardly be begun. All societies, groups and services require controls to regulate and order their activities for the benefit of the majority. All young people need to have limits set for what is acceptable behaviour and what is not. Without these they do not feel safe.

The principle reasons controls are therefore:

- To provide security for the group and to aid personal development
- To protect the health and safety of others
- To maintain a positive homely environment
- To maintain an emotionally positive and supportive atmosphere

All responses to unacceptable behaviour must be appropriate to the age, understanding and individual needs of the young person and must be necessary, proportionate, respectful and consistent with supported accommodation.

16.1 RESTORATIVE APPROACHES

At SES we are committed to building a community ethos and spirit, one where there is an understanding that behaviours, both positive and negative, have a consequential impact upon the community. All behaviour that causes concern or harm therefore should be viewed as a learning opportunity, particularly in respect of building understanding and empathy. A restorative approach is essential in building this understanding and empathy for others and achieving sustained, positive change in behaviour.

Although acts of reparation (see below) may form part of the repair and rebuild process they should conform to restorative principles which are:

- A process where young people face and listen to the impact on, and feelings of, others who have been affected directly by their behaviour and indirectly in the wake of their behaviour.
- That due reference is given to its impact on the community.
- As part of the process alternative choices and actions are reflected upon or reflected back, and explored.
- That acts of reparation relate as far as possible to atonement to the individuals affected or are for the benefit of the community.

There is an ongoing commitment and investment to embedding and further developing restorative approaches within SES practice which has involved training for the whole community of adults and young people. A key focus of all staff training is understanding restorative approaches are a philosophy that should guide all of our dealings with young people and adults. The importance of informal ways of working with young people is emphasised, such as affective statements and questions, in order to build young people's understanding of emotional language; this is fundamental to developing empathy.

Restorative practices embedded in staff induction relate to a number of key elements and restorative "scripts" used with young people. These are based on five core restorative principles or themes (Unique perspectives; Linking thoughts, feelings and behaviour; Harm, effect, affect, repair; Needs; Accountability):

- Restorative Questions to respond to challenging behaviour:
 1. What's happened?
 2. What were you thinking?
 3. And so how were you feeling?
 4. Who has been affected by what has happened?
 5. What do you need for the harm to be repaired so you can move forward?
 6. So what needs to happen now?

The questions are neutral and non-judgmental, focusing on the young person's behaviour and its effect upon others. As open questions they require an answer, taking everyone from the past to the future (repairing harm). They require people to

reflect on who has been affected and are likely to help the whole community develop some empathy for those affected.

Restorative approaches may take many forms and those dealing with situations, as well as those involved, are encouraged to think creatively about how matters might effectively be addressed encompassing a restorative approach. This can, and sometimes will, involve a full restorative conferencing meeting where all affected meet with the young person or young people responsible for the harm, using one of the restorative scripts above.

16.2 REPARATION AND RESTITUTION

For many minor infringements of conduct it is important that staff should carefully consider what type of reparation is appropriate. It is critical that the young person feels accountable to the member of staff with whom he has transgressed. Staff have a range of options they can consider, some examples of which may be:

<u>Completion of task/work</u>	responsible young people may not need direct supervision to do this but may be monitored from a distance. Equally the adult may set a time scale and leave responsibility for completion with the young person.
<u>A reparation community task</u>	e.g. household jobs washing and cleaning etc where this is directly linked to repairing harm, is reasonable, time-limited, safe, respectful and not degrading or punitive
<u>A time repayment</u>	restorative discussion or agreed time-limited activity with an adult, where this is appropriate and does not amount to a restriction of liberty or punishment.

The more accountable the young person is to the person concerned the more powerful the reparation.

Any reparation should be recorded as part of the normal process of recording on individual young people. As such it forms a whole picture of the young person and can be evaluated and form a basis for discussion and reflection on the value/effectiveness of the range of reparations being used for individual young people.

Reparation and restitution must not be used to shame, humiliate, punish, intimidate or gain compliance. They should supported the young person to understand impact, repair harm where possible and restore relationships within the supported accommodation community.

16.3 RECORDING OF RESTORATIVE APPROACHES and REPARATION

Significant misbehaviours which warrant a formal response are recorded using a Restorative Approaches Form on Clearcare. These forms are not intended for low-level behaviours where things are dealt with instantly as part of day to day living.

The Restorative Approaches Form is designed to reflect the full nature of response and outcome in respect of each event. Although the response to a misbehaviour may involve some form of reparation or sanction or both, it is absolutely compulsory for staff overseeing the response to particular behaviours to complete the restorative approaches section of the form. In some instances, this may be the only response box completed. All consequences, whether reparation or sanction, must be time specific; therefore the adult completing a Restorative Approaches form must trigger a Restorative Approaches Final Outcome form.

17 CRITICAL MISBEHAVIOUR

Despite the extensive range of support available to the young people there may be times when their behaviours so severely inhibit the establishment's positive ethos, and totally disrupt the caring and therapeutic process that decisions and warnings in line with their accommodation agreement may be actioned.

These behaviours are:

- controlled violence to another child, young person or adult
- deliberate damage to the building, its equipment or others possessions
- unprovoked or premeditated bullying
- absenting themselves from the premises without consent
- repeated limit/rule breaking

SES defines violence as:

“Behaviour that produces damaging or hurtful effects physically or emotionally on other people”

Every attempt will be made to deal with critical misbehaviour within the range of strategies and approaches available to the staff. Whilst not wishing to criminalise young people unnecessarily, there may be exceptional circumstances where police involvement is unavoidable. This can only be instigated after consultation with the Registered Service Manager and/or delegate.

17.1 BRIEF OVERVIEW OF SES RESPONSES TO BEHAVIOUR OF A CRIMINAL NATURE.

- Proactive application of best practice throughout: engagement through high quality, personalised learning programmes, care planning, PAN structures, positive engagement with family, bespoke individual work through staff team and where appropriate therapists, unconditional positive regard underpins practice.
- Application of best practice as reflected in this Positive Management of Behaviour Document and established structures. This should include an

embedded restorative approach. An embedded restorative approach does not mean that there are not consequences for actions, but applied well the consequences are arrived at through a process of accountability, discussion, listening and reflection, that helps build empathy and understanding and thus decrease the chances of future occurrences. This should happen at 'ground' level delivered and owned by the staff involved at the time, drawing upon and utilising broader support if necessary.

- Involvement of Senior Managers to add weight or signal the seriousness of the situation could be considered. This is more likely to be as a result of repeated occurrences although inevitably some individual acts may draw in/require the involvement of senior staff.
- Crisis meeting involving representatives from placing authority, usually social worker and possibly where appropriate, parents. This is to signal significant concerns regarding an unfolding situation despite internal input from all establishment resources including senior management team. Although even at this stage creative solutions may be sought warnings may be issued that the next steps may well be police involvement.
- Local Police supporting at an informal level, which may be an informal verbal warning and making the young person aware of the consequences of continued misbehaviour. The current situation is that we can liaise directly with a named police liaison This should only be done through the RSM or senior staff delegate.
- Formal reporting to the police of a crime. First offences will usually be dealt with through a Police led Restorative Conference approach. This could also lead to formal reporting, arrest and judicial follow up.

18 POSITIVE HANDLING STRATEGIES INCLUDING THOSE PRECEDING, LEADING UP TO AND INVOLVING RESTRICTIVE PHYSICAL INTERVENTION (RPI)

On occasions physical controls over young people may have to be exercised. The concept of this type of control involves ensuring that young people with a high level of personal stress, a dangerous lack of self control, and a furious desire to challenge and threaten, are diverted from harming themselves, others and seriously damaging property or are protected from the likelihood of them doing so.

Such control is the positive use of Persuasion and Dissuasion, Physical Presence, Restriction of Access, Physical Diversion, Increased Staffing, One to One Supervision and Restrictive Physical Intervention so that powerful and or violent behaviour is controlled and prevented from spreading to others. Harm should not just be considered as physical harm. Where behaviour is clearly creating significant emotional harm to themselves or other young people, then adults have a duty of care to intervene which may involve positive handling strategies and ultimately restrictive physical intervention.

It is each member of staff's responsibility to make an assessment of the particular circumstances. Staff will need to decide if physical intervention is appropriate, and if it is, at what level. It is not considered appropriate at SES Kite to adopt a blanket approach to the use of physical intervention exercised by staff simply because the

young people have severe emotional and behavioural difficulties. Staff will need to take the following factors into consideration:

- the behaviour of the young person
- the known intention of the young person
- their known wishes, feelings and emotional state
- the young person's personal history
- the influence of other young people, family and friends
- any future events that may be causing the young person anxiety
- knowledge of the young person
- how long the young person has resided at SES Kite Supported Accommodation
- the time of day
- the antecedents to the situation
- the reality of success in improving the situation of which there may be a number of factors; relative size and stature of young person and adult, immediacy of help available.

In considering these factors particular attention needs to be given to the age, understanding, maturity and individual needs of the young person. As a young person gradually matures they become more able to make considered decisions. However, competency is not only determined by age and maturity. The possible consequences of behaviour should be a significant factor in decision making.

A decision which involves an assessment of the risk of potential harm must not be left to a young person to make alone and will either be a matter for negotiation, or solely the responsibility of the member of staff. The more danger that can be foreseen in a particular situation, the less likely it will be that the young person is competent to make a decision.

18.1 DIALOGUE OR PERSUASION AND DISSUASION

In any situation where a young person's behaviour provokes intervention, dialogue is an essential response. It is only when this needs to be reinforced that other actions should be considered.

Persuasion or Dissuasion is where staff focus the discussions with young people with the aim of persuading them towards or dissuading them from an intended course of action. It is in effect focussed guidance.

18.2 PHYSICAL PRESENCE

Staff member's physical presence is often all that is necessary to communicate authority and to re-establish safety and security. Presence by implication of authority, may restrict a young person's movement for a brief period but is limited to:

- standing close by the young person but outside the personal space danger zone
- standing momentarily or temporarily in the way of a young person

Physical Presence should become neither oppressive nor of excessive duration. Physical Presence is likely to be most effective if complemented by a range of non-verbal communication signals and Persuasion or Dissuasion. Physical Presence may also be accompanied by 'Help Script'. Physical Presence must be:

- likely to be effective by virtue of the overall authority carried by the staff member and not simply his/her physical presence
- considered appropriate in the context of a particular situation or incident
- used only in the context of engaging the young person in discussion about the significance, relevance and consequences of their behaviour
- ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate

18.3 RESTRICTION OF ACCESS INCLUDING SECLUSION

In the ordinary course of maintaining a supportive and stable supported accommodation, adults may make reasonable requests of a young person to remain where they are or to go to a different place. On many of these occasions options and choices will be outlined, as would the reasons for the request.

If the young person complies with the reasonable request or offers an acceptable alternative, then restriction of liberty is not an issue.

There may be occasions however when a young person has lost self control, and is intent on serious self damage, inflicting injury upon others, or damage to property, or is considered potentially likely to do so, and it would be appropriate to prevent access to dangerous environments or private/restricted areas by locking doors to those areas e.g. the office. A young person does not have right of access to another young person's room or office area where information and sensitive or medical materials may be stored.

Restricting access to specific unsafe, private or restricted areas under such circumstances is considered appropriate staff action. At night time all external doors must be secured as a safety measure to prevent access by unauthorised outsiders. This expectation will be clearly explained to all young people. However, security arrangements must not prevent a young person from leaving the accommodation, must not amount to locking a young person in, and must remain consistent with fire safety, safeguarding and supported accommodation expectations.

Occasionally in respect of the types of behaviour described previously, it may be necessary to pre-empt a distressed young person from leaving a room by using Physical Presence. This type of temporary delay is appropriate and permissible provided that:

- the duration of the intervention is only brief and the young person is engaged in conversation aimed at de-escalating the crisis
- the action is a response to a particular situation and not regular practice
- the action is only used where there is an immediate risk of injury to the young person or another person, or serious damage to property
- the action is not used to gain compliance, punish, intimidate, or prevent a young person from leaving the accommodation

- the action is ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate or justified.

For the purpose of this policy, seclusion means keeping a young person confined to a place away from others and preventing them from leaving, whether by physical obstruction, blocking, locked doors, or by making them believe they are not free to leave. SES Kite supported Accommodation does not use seclusion as a planned, routine or disciplinary intervention.

Seclusion is therefore a non-disciplinary intervention involving keeping a young person confined to a place away from others and prevented from leaving, and any situation that amounts to seclusion must be treated as an exceptional restrictive intervention rather than ordinary practice. It must only occur in very rare and unforeseen emergency circumstances where it is necessary, proportionate, the least restrictive option available, and used for the shortest possible time to prevent immediate injury to any person or serious damage to property. Seclusion should not be implemented by staff through threat of punishment.

In supported accommodation, any situation that amounts to a young person being confined away from others and prevented from leaving must be treated as an exceptional restrictive intervention rather than ordinary practice. It must only occur in very rare and unforeseen emergency circumstances where it is necessary, proportionate, the least restrictive option available, and used for the shortest possible time to prevent immediate injury to any person or serious damage to property.

The place to which the young person is confined should be safe and not feel threatening or intimidating to the young person. The young person should be supervised at all times during the period of seclusion. As soon as the immediate risk of harm has reduced, the young person should be allowed to leave.

On the very rare occasion where an incident amounts to seclusion, restriction of movement or any other restrictive intervention within SES Kite Supported Accommodation, where no physical intervention has occurred, it must be recorded using a Serious Incident Form (no physical intervention) and immediately reported to the Registered Manager or senior staff delegate. The incident must be reviewed, the young person must be offered support and the opportunity to share their views, and the placing authority and other relevant person must be informed as appropriate. Ofsted notification must be considered in line with the Supported Accommodation regulations.

Any incident involving seclusion, restriction of movement or repeated attempts to restrict movement must trigger a review of the young person's risk assessment, support plan and placement suitability. If a young person requires this level of intervention or supervision, the Registered Manager must consider whether supported accommodation remains appropriate and escalate this to the placing authority.

18.4 PHYSICAL DIVERSION

Physical Diversion differs from Holding and Restrictive Physical Intervention in the degree of force used. Within supported accommodation, Physical Diversion should involve no force or restriction of movement and should only be used where the young person is accepting the support and moving with the adult's guidance. Physical Diversion may be, for example, holding a hand, placing a hand on the forearm, or putting an arm round a shoulder. Physical Diversion is a means of deflecting a young person from unsafe, destructive and/or seriously disruptive behaviour. It serves to reinforce staff attempts to reason and is persuasive rather than coercive. It is important that:

- it should guide, comfort and reassure
- if possible the intervening member of staff should already have an established relationship with the young person
- Physical Diversion should not arouse sexual expectations or feelings
- it should be appropriate, proportionate professionally bounded and consistent with the young person's age, understanding, wishes, feelings, history, risk assessment and support plan
- it should not be used to punish, intimidate, gain compliance, move a young person against their will, or prevent a young person from leaving the accommodation
- it should be ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate, necessary, proportionate and justified
- if the young person resists, pulls away, or staff need to use force or sustained physical effort to direct or restrict movement, this must not be treated as physical diversion. It must be treated as a physical intervention and recorded, reported and reviewed in line with SES Kite procedures.

18.5 INCREASED STAFFING LEVELS

When there is a problem in a particular location because of the behaviour of a particular young person or number of young people a temporary increase in staffing is a means of managing the problem. A temporary increase of staffing is particularly useful because it does not label individual young people.

18.6 ONE TO ONE SUPERVISION

One to One Supervision is where a member of staff is allocated to a particular young person with the purpose of providing them continuous supervision and support.

One to One Supervision must only take place within the context of the usual supported accommodation and where increased staffing has proved unsuccessful.

One to One Supervision must be used positively and constructively. It should be aimed at actively engaging the young person, promoting their safety, welfare and emotional stability, and returning the young person to a less extraordinary means of management.

One to One Supervision should not exceed in duration a morning or afternoon session, or an evening social session.

The Registered Manager is responsible for the determining the need for One to One Supervision, and deploying staff for its purpose.

18.7 TEMPORARY RESTRICTION OF FREEDOM OF MOVEMENT

We are a supported accommodation service for young people who may have experienced significant complexity, trauma and disruption, and who may previously have required higher levels of care and supervision.

These young people may have experienced profound and extreme issues of attachment and may, particularly in the weeks and months following admission, need to test boundaries in order to test stability, continuity and felt security.

Testing these boundaries and finding them can be an essential component of beginning to trust and build meaningful attachments and relationships. We have a duty of care to keep young people safe from themselves, sometimes from each other and sometimes from the dangers beyond the supported accommodation, while recognising that supported accommodation promotes independence, autonomy and preparation for adulthood.

As a supported accommodation provider, SES Kite does not act in the same way as a children's home or high-supervision setting. However, we also have a duty to act in the best interests of the young person. Therefore there may be very rare and unforeseen occasions when it is necessary to restrict the freedom of movement of a young person as an urgent and temporary measure. This must be clearly linked to immediate risk and, where foreseeable, reflected in individual risk assessments.

Even intense periods where staff have had to frequently intervene to temporarily restrict a young person's freedom of movement to keep themselves and/or others safe must not be regarded as ordinary supported accommodation practice. Any repeated need to restrict a young person's freedom of movement must trigger an urgent review of the young person's risk assessment, support plan and placement suitability, and must be escalated to the placing authority.

All SES Kite policies, practice and procedures reflect a high quality holistic environment, where love, care, quality of engagement, personalised support, nurture, the young person's voice, a beautiful environment, systemic approaches, restorative approaches, underpin the building of a community within which everybody is accountable to each other, and help form the milieu of Planned Environment Therapy. The young person's need to feel safe and contained is an essential ingredient of building such a community.

A young person does not have the right to create fear and anxiety in others, emotionally damage others, or threaten and intimidate others. In such circumstances where this risk is clearly evident despite every attempt to divert and de-escalate behaviour with support and alternative choices, change of personnel, etc a temporary restriction of freedom of movement may be considered as a last resort and occurs as part of the dynamic risk assessment made at the time about what is in the best interests of the young person and those around them.

Evidence to support such a decision would be, for example, a pattern or patterns of previous behaviour which clearly show that there is a high level of risk to others

and/or the physical environment, alongside the immediate presentation and circumstances at the time. Any temporary restriction of freedom of movement must be necessary, proportionate, the least restrictive option available, used for the shortest possible time, and only to prevent immediate injury to the young person or another person, or serious damage to property. It must not be used to gain compliance, punish, intimidate, manage ordinary behaviour or prevent a young person from leaving the accommodation unless there is an immediate risk of injury or serious damage.

Any restriction of freedom of movement must be recorded, reported to the Registered Manager, reviewed and shared with the placing authority and other relevant persons as appropriate. The young person must be offered support and the opportunity to share their views. Ofsted notification must be considered in line with the Supported Accommodation Regulations. Where the incident amounts to restraint or is considered serious in relation to the young person's protection, safeguarding or welfare, Ofsted must be notified without delay.

18.8 RESTRICTIVE PHYSICAL INTERVENTION (RPI)

RPI is the exceptional positive use of force to divert a young person from harming themselves, others or seriously damaging property, or to protect a young person from the likelihood of them doing so where there is an immediate risk and no less restrictive response is likely to be effective.

In the rare event of an extreme emergency where preventative and/or de-escalation methods are not effective in managing the situation and staff are concerned for the safety of any person including themselves, staff should follow the SES Kite's emergency protocols set out below. If the urgency of a situation results in a member of staff restraining a young person for the purposes of preventing harm or injury to any person (including the young person who is being restrained), or to prevent serious damage to property, this should be the minimum restraint for as short a period as necessary to prevent the harm, injury or damage. If restraint is used on a young person, staff must ensure the young person obtains medical assistance if they have been hurt.

Training, teamwork, policy and practice documentation and discussion of practice all help a member of staff to make the decision about whether and when to use restrictive physical intervention. However the onus can still be upon the individual member of staff to decide when this position has been reached in an immediate emergency situation.

RPI should not be used when:

- you can restore safety in another practicable way;
- you are not in control of yourself;
- you consider it clearly unsafe to do so;
- you consider there are not enough adults to restrain the young person safely;
- even with enough adults you are not confident you can manage to restrain the young person safely;
- the purpose is to gain compliance, enforce a routine, punish, intimidate, or prevent a young person from leaving the accommodation where there is no immediate risk of injury or serious damage to property.

In any event, it is SES policy that RPI is used only:

- as a last resort and only in very rare and unforeseen emergency circumstances.
- where any other course of action would be likely to fail
- when staff have good grounds for believing that immediate action is necessary
- when all other courses of action with regard to supported, de-escalation and safety have been tried or the situation has developed so rapidly and to a degree that RPI has to be employed as the only justifiable response

and specifically falls into the following justifiable criteria:

- where a young person is injuring themselves, others or seriously damaging property
- where a young person is in potential danger of injuring themselves, others or damaging property
- where a young person is committing a criminal offence that creates an immediate risk of injury to any person or serious damage to property

RPI must not be used to:

- punish
- simply gain young person compliance with staff instructions
- cause or threaten hurt
- oppress, threaten, intimidate and bully
- manage ordinary behaviour, enforce house expectations, or prevent a young person from exercising normal independence within supported accommodation

Staff using RPI must always adhere to the following principles:

- be aware of the age and size of the young person and use restraint in relation to these factors
- if possible, always warn the young person quietly but clearly and firmly that you are likely to take physical action BEFORE taking action
- NEVER act out of temper. If you have lost your control, the professional approach is to call another member of staff
- Whenever possible more than one member of staff should be involved. This engenders teamwork, is safer and is therefore likely to minimise the risk. It also prevents particular staff becoming associated with physical methods of control
- in every case no more force should be used, nor more time taken up, than is necessary to effectively resolve the situation
- the young person should be repeatedly offered the opportunity of exercising their own self control and the restraint should cease AS SOON AS POSSIBLE
- whilst it may be necessary for staff to be given support in restraining young people, staff should be aware that creating an audience often escalates the situation

- in the 'follow up' phase of the incident a young person should be given the opportunity to talk through the incident and fill in the Young Person's Response Form (See Appendix A)
- all RPI incidents must be recorded using a Serious Incident Form involving Physical Intervention on Clearcare.
- involved staff should be afforded supportive discussion as soon as possible after any such incident
- the RSM should be informed immediately if RPI has been necessary.

18.9 CONSIDERATIONS WHEN USING RESTRICTIVE PHYSICAL INTERVENTION

- Give a clear verbal warning. Try to maintain the offer of an alternative by them regaining composure, calming down and regaining self-control– in fact this offer must stand all the way through the incident where it is safe and practicable to do so
- Once physical intervention is necessary then it is important that it happens quickly, smoothly, confidently and successfully. Make sure someone takes the lead.
- The young person should be offered dialogue which reinforces their safety, that they will not be hurt and they will be helped to make the right choices
- The specific physical techniques and choices available to staff are covered and explained thoroughly within the Norfolk Steps Positive Handling Strategies training available to all staff and regularly refreshed.
- The situation should now be made safe – concentrate on this first and dialogue second.
- The emphasis should be on the choices the young person has and that the focus of control will be returned to them as soon as possible.
- It is not unusual to be faced with a continuous stream of abuse, obscenities, etc. Ignore these and let them run their course. Each time you try and talk be calm, deliberate and conciliatory in tone. Choose vocabulary carefully. Be very aware of your tone of voice. Keep both neutral. Offer positive feedback as soon as possible. Remember your Norfolk Steps Help Script and keep the emphasis on making safe.
- Once things begin to calm it can be coupled with significant changes in restraint, but this must be carefully judged and timed. What is counterproductive is for the change in restraint to result in another explosion of temper/aggression/violence from the young person. This is a matter of experience with other restraint situations and your knowledge of the young person.
- The overall aim is to enable the young person to regain composure. Ultimately it is important at the follow up stage to discuss what provoked the whole episode

and problem-solve more acceptable alternatives, however, staff should be mindful of the need to allow time for a complete calming of the situation, followed by the recovery phase, before dialogue becomes possible.

- In the end the staff member should work with the young person to enable them to restore things with others and return things to normal where possible.
- The extent of force used should be no more than is necessary to control the situation.
- Any young person who has been restrained should be offered emotional support with an appropriately trained staff member as is practicable, ideally within 24 hours of the restraint incident.
- The event should be discussed with other involved staff so that provision of feedback is achieved and the potential for improved approach, teamwork and skills gained.
- The Serious Incident Form involving Physical Intervention form **MUST** be completed in liaison with the RSM and involved colleagues.
- At the appropriate time the young person should be given the opportunity to discuss and record their own reflections and wishes and this will be done on the **Young Person's Response Form**.
- The **Young Person Response Form** should be completed before the next phase of a young person's time.
- Staff having any concerns whatsoever about the use of Restrictive Physical Intervention, or indeed any other form of external control* should discuss the situation with the Registered Manager, Head of Education or The Operational Director.
(* Refer also to SES Complaints Procedure).

18.9.1 Changing Staff (Help Protocol)

It is appropriate for you to change the staff involved in restraining a young person when:

- it is unlikely that the young person will calm down without changing staff
- you are no longer in enough control of your own feelings
- you are injured in a way which makes continuing the restraint impractical
- you are so tired you cannot continue
- you believe that the young person is deliberately making you continue restraining them, for some form of gratification.

Before deciding to change the adults involved in a restraint, staff should think carefully about the ways in which the change will be understood by the young person. Staff should avoid acting in ways that undermine the authority of the worker who took the lead at first. For example some male workers may feel it necessary to take over from a female colleague, because they are

uncomfortable with the situation as a result of her gender. Although well intentioned, these interventions can be unhelpful.

18.10 ELEVATED RISKS AND RPI

The whole emphasis of training is that of risk reduction. However it is recognised that there can be risks for both adults and young people in situations where extreme or dangerous behaviour is being exhibited and alternatives to physical restraint are continuously under consideration. Specific elevated risks, in particular positional asphyxia, are considered as part of the Norfolk Steps training package. There is an emphasis on the constant monitoring of the young person's breathing and wellbeing. There are clear protocols for the observation of young people during and after RPI situations.

Under **no circumstances** should an adult:

- deliberately inflict pain or use pain compliance (this is different from the discomfort associated with personal safety responses in release from bites for example)
- put weight on the young person's back or neck
- use 'choke', 'neck' or 'strangle' holds
- restrict airways such that the young person has no control over their breathing

- Norfolk Steps techniques seek to avoid injury to the CYP; however, it is possible that accidental and non-intentional bruising or scratching can occur as an unfortunate out come when trying to maintain safety. Such outcomes are not necessarily an indicator of misappropriation of the technique. Full evaluation and review of such outcomes will be undertaken by personnel from the senior leadership team.

18.11 ENDING AN RPI

The way in which a physical restraint is ended, and the action adults take immediately after it, will have a large influence on its overall effect. The process through which adults give back control to the young person and let go is important in terms of the effect it has on the young person and their relationships with the staff involved. Releasing too soon and having to immediately manage violent or otherwise high-risk behaviour all over again is obviously something to avoid. Equally holding a young person for longer than is needed is not only poor practice, but will damage relationships. In between the extremes of much too soon and far too long lies a difficult area that involves skilled and knowledgeable practice.

18.11.1 Preparing To Release

- Only one person should lead the process of releasing the young person. This is often the person who has been the lead in the restraint, but there can be exceptions to this if you believe that the young person cannot calm down when spoken to by the lead staff.

- If the young person does not appear ready to start or continue the letting-go process, don't start or continue.
- While this may seem obvious, at the time it can be difficult to assess. So, tell the young person clearly, and as often as needed, how they can let you know they are ready. Do not confuse the young person by starting to let them go, or continuing to release them, if they have not let you know that they are ready.
- Use a firm, neutral and reassuring tone throughout the process. Avoid statements that further provoke or stimulate the young person, including accusations and demands. At the same time, be firm: mean what you are saying. It may help the young person to be able to calm down when all other staff stay silent.
- Once you see that the young person has calmed down enough, let them know what you want them to do to show you that they are ready to begin the process of releasing.

Tensions are likely to still be high, and having to answer questions while still being held can often feel like a further humiliation. To avoid this, let the young person know what you are looking for in terms of an indication that they are ready. Focus on what you are looking for so you know that the young person is ready to start the process of releasing (for example, asking them to take two deep breaths). You may want to tell the young person that what you are already seeing shows you that the young person is ready to start the process of letting go. Once a young person is calm, slow deep breaths can be a good place to start. This offers a simple indication that the young person is ready and also helps to calm the body. As the last step of the process, let the young person know what will happen after you release them, before you make the final release (for example, that the young person can take a few moments to get themselves together, and then will be brought something to drink, or they can take some time in their room)

- Releasing should be more of a process than an abrupt event. Take your time and assess throughout whether the young person is showing that they remain ready to regain control and be safe. A gradual release (either of limbs or firmness of hold - depending on the hold used) will give you time to make this assessment.
- Keep your statements short and simple. Long and complicated messages can be difficult to follow.
- You should offer brief words of reassurance throughout the process. You need a firm, neutral and reassuring tone. The process of releasing is also a good time to slow... things... down.
- Once the young person has shown that they are ready to start the process of releasing, let them know what your next step will be and what you will look for from them to show they are ready to continue with the

process. Deliver your messages in a child-centred way:

“I’ll know you’re ready for us to start letting go when you take two deep breaths. That will show me you are ready take control of yourself in a safe way.”

NOT

“Right, now you have to do exactly what I say before I’m ever going to let you go. Give me two deep breaths, or you are staying right here.”

- The process of releasing is not a time for negotiation.

This may seem to contradict some of the guidance given previously. However, once you have decided that the young person’s behaviour is serious enough to call for physical restraint, you must then take full control. It would send an inappropriate message if the young person were in any position to negotiate. You need to be in control as an adult, in a way that lets the young person feel cared for, and not abused.

Don’t think that this means that the young person doesn’t deserve to be negotiated with in general. It is not about what the young person deserves in general. It is about securing her or his welfare. Because of the seriousness of the events that led to this point, it is your responsibility to keep control until you assess that the young person is ready to begin to be given that control back, with you supporting and helping all the way through.

18.11.2 Power and Control

Usually, the behaviour and events leading up to an RPI feel out of control to the young person, the staff or both, as can the physical intervention itself. The process of releasing can be affected by the young person’s or the staff’s reaction to losing control and the desire to get it back. It is therefore essential that the releasing process does not become a power play in which you show who’s boss.

Sometimes a young person may appear to be in control of themselves but they are still not able to show you they are ready to act safely. In these circumstances they may still be looking to assert power in a dangerous way.

A desire to feel in control of what is happening is natural, especially while being held, and in itself this is not the problem. Be clear about the appropriate boundaries of control (who really should be in control of what), and manage that desire to control. This helps to prevent it from becoming counterproductive.

The adult’s influence at this time can be huge as the final stages of being held can make some young people drop their defenses. Being careful about the messages you are delivering, and managing your own urges for a power-

play will greatly influence how the young person makes sense of their restraint.

It is sometimes the case that the only thing the young person feels they have left is control over the point at which you let them go. This can be difficult when the young person decides to make a power play of this issue. You should invite an attitude of partnership with the young person. When restrained, most young people will feel stripped of all control. This may be necessary in circumstances in which there is no other way to keep a situation safe. It is important to let the young person know, as soon as it is safe, your willingness to share control of the situation and help them through the restraint.

This is not the same as negotiating and may be passed on as much through your overall attitude as the words you choose.

18.12 RECORDING RPI SERIOUS INCIDENTS

The criterion for an RPI Serious Incident to be recorded is if the incident involved restrictive physical intervention.

Records should set out the name of the young person, the details of the behaviour that led to the restraint, the time, date and location of the use of restraint, the reason why the restraint took place, what steps were taken to prevent the use of restraint and how the restraint was carried out, who carried out the restraint and a description of any injury to anyone as a result of the incident.

The incident must be recorded by the member of staff on the Serious Incident Form involving Physical Intervention that is located on Clearcare. Once this has been completed the RSM or delegate will complete the Post Physical Intervention Communication and Comments form on Clearcare.

A copy of the form is sent to placing authorities, by the Registered Service Manager or delegate.

The members of staff involved must complete their report within 24hrs, and unless there are exceptional circumstances, before they go off duty from that particular shift. Serious Incident Forms involving physical interventions should be filled in using the descriptions in this document, which defines types of physical intervention, and descriptions should refer to Team Teach descriptors used in training.

Additional procedures following RPI incidents exist around the monitoring checks following any front or side ground recovery holds, and around the Young Person's Response Form, completed at the appropriate follow up stage of the incident. The RSM will take the lead in ensuring these procedures are followed and support and guide any staff involved.

Any use of restrictive physical intervention in SES Kite Supported Accommodation must be notified to Ofsted using the online notification system.

18.13 REVIEW AND MONITORING THE USE OF PHYSICAL INTERVENTION

A robust review of the any incident involving physical intervention must take place with the young person and relevant key workers such as a social worker, personal advisor or advocate, where possible within 24 hours of the incident. The review should provide the opportunity for amending practice and policies to ensure they are lawful and meet the needs of young people.

As part of the review process, young people should be given the opportunity to feedback on how the situation was handled using the SES Kite Young Person Response Form. Within five days of the incident the RSM should have spoken to the young person about the incident, to agree the accuracy of the report and identify any support needs and any steps the RSM has taken to reduce the likelihood of restraint ever needing to be used in future.

The Registered Service Manager should monitor the use of Physical Intervention if it occurs by examining:

- the frequency of its use
- the justification for its use
- their nature
- their users
- the views of young people concerning them

The Registered Service Manager must ensure that:

- the need to use controls is minimised
- Controls are used only in the appropriate circumstances
- only the appropriate degree of controls are used in particular situations
- parents and placement authorities are informed and involved where the use of controls with their young person repeatedly involves Physical Intervention

The Registered Service Manager must also:

- report on the use of Controls to the Operational Director
- take appropriate action over issues of concern of either a general or specific nature
- report on any ground recovery techniques using the Norfolk Steps Ground Recovery reporting format on an 8 week cycle
- make available on request whatever records are required by the Placement Authorities' Officers
- ensure that the referral and admission process fully informs parents and Placement Authorities of prospective young people about the use of Controls.
- Inform Ofsted of any physical intervention.

The Operational Director should:

- monitor the work of the Registered Service Manager and sample monitor RPI serious incidents.
- report on the use of Controls to the Directors.

All Staff should:

- approach any senior member of staff if they have concerns about the frequency of use of Controls with any young person.

19 STAFF TRAINING FOR POSITIVE HANDLING STRATEGIES

Training must take place against a background of common values and principles and plays a part in developing and maintaining an agreed way of working.

In training new staff it is useful to have a period of time between an initial induction training that includes dealing with challenging behaviour, and training in the actual techniques of physical intervention. There is a risk that sometimes staff only remember the physical part of the training, and this will have a negative effect on their work. New staff need time to develop relationships with the young people before they might have to employ physical intervention. This must be balanced with the natural pressures to bring staff quickly up to full team operation.

Training commences during the full induction period for all new staff. The whole team are regularly updated with positive handling strategies training and the company have adopted Norfolk Steps as its recognised training package in this respect.

All staff receive Step On and Up training as well as specific Advanced Modules in relation to risk assessment. An internal 'drip feed' programme of refresher training and quality control is maintained from that point on. A detailed SES recording system exists for all staff trained in addition to the standard Norfolk Steps recording structure.

More specific details in respect of training in gradual and graded responses including RPI is contained within the course and training materials held by each member of the team on completion of their Step On and Up courses. These materials are available for inspection and representatives from any placement authority are welcome to observe staff training sessions.

The Managing Director holds overall responsibility for the co-ordination, monitoring and evaluation of the Positive Handling Strategies training programme.

Norfolk Steps is not the sole training vehicle for staff. It is underpinned by a range of staff training in therapeutic working (the SES Way), behaviour management, interacting with and understanding young people.

19.1 CHOICE OF NORFOLK STEPS

At SES, we are committed to providing a safe, supportive and therapeutic environment for all our children, young people, young adults and staff. In line with our vision — No Limits — and our ethos of Be Curious, Show Love, Build Connections, we continually review our practice to ensure it reflects current best practice and the individual needs of our setting. As part of this commitment to our SES Way, we have made the decision to embrace the Norfolk Steps framework for behaviour support and physical intervention.

Norfolk Steps aligns closely with our therapeutic, trauma-informed model. Its emphasis on solution-focused, relational practice supports our goal of understanding and addressing the underlying causes of behaviour, rather than simply responding to incidents. Norfolk Steps takes a holistic approach to supporting individual needs and wellbeing with the aim of all children and young

people flourishing and achieving their unique potential; this mirrors our SES vision and statement of purpose – *“to provide a holistic therapeutic facility that offers a safe, nurturing, caring, positive and protective homely environment that promotes personal growth, development and learning”*.

The ability to adapt and integrate the SES Way alongside core Norfolk Steps materials ensures we are building a positive culture based on SES principles. This supports our commitment to keeping everyone safe while protecting the dignity and emotional wellbeing of our young people.

Norfolk Steps places significant emphasis on proactive planning, risk reduction, and the use of individualised strategies such as Anxiety Mapping and Roots and Fruits analysis. This aligns with our goal to reduce the need for physical interventions through thoughtful preventative work. This focus on functions of behaviour and proactive positive planning underpins our exceptional personalised risk assessments for children.

Norfolk Steps are accredited by the Institute of Conflict Management. Their principles and training are aligned with the Restraint Reduction Network. It is widely used across the region and increasingly recognised as best practice for schools and specialist settings. Norfolk Steps helps strengthen partnerships with local services, settings, schools, and professionals who share this approach.

The Norfolk Steps programme will further develop staff skills and confidence in de-escalation, relational practice, and restorative approaches.

19.2 USE OF ADVANCED TECHNIQUES

SES uses a range of advanced physical intervention techniques from the Norfolk Steps framework when necessary, proportionate and in the best interests of the child. The children and young people we support have complex needs and can, at times of significant dysregulation, display behaviours that present a serious risk of harm to themselves or others. In such circumstances, Step On and Step Up interventions may not always be sufficient to maintain safety for both children and adults. In addition, individual factors such as a child’s physical presentation, flexibility, mobility, health needs and response to intervention can affect the suitability and effectiveness of particular techniques. It is therefore important that staff have access to a range of assessed and approved interventions that can be applied proportionately, safely and in the best interests of those involved.

Equally, the relative size, strength and physical characteristics of adults and children may mean that certain techniques are either impractical or inappropriate in specific situations.

For these reasons, it is important that staff have access to a broader range of assessed and approved interventions, enabling them to respond proportionately, safely and effectively to the unique circumstances of each incident while maintaining the welfare and dignity of all involved.

Techniques such as the Ground Shield and Front Ground Recovery (prone) are subject to robust training, monitoring and regular review to ensure they remain safe, lawful, and therapeutic. The availability of these interventions enables SES to

continue supporting our most vulnerable children within a stable, familiar environment. Without access to such assessed and regulated advanced techniques, it is possible that some children could no longer be safely maintained within SES, leading to placement disruption, increased instability, and the loss of important therapeutic relationships and progress.

APPENDIX A

SES Kite

Young Person's Response Form For A Serious Incident Involving Positive Handling Strategies

INCIDENT TASK ID:

Name of Young Person: _____

Date of Incident: _____ Time: _____

What happened from your point of view?

Is there anything you could have done to avoid the situation going as far as it did?

Is there anything anybody else could have done to avoid the situation going as far as it did?

Is there anything you have already done or could still do to help put things right?

- I am comfortable with the way adults supported me in this situation and consider the matter to be over.

please tick

Young Person: _____ (Sign) _____ (Print Name) _____ Date

Staff Member: _____ (Sign) _____ (Print Name) _____ Date

OR

- I would like to meet with somebody regarding this

Meeting Comments:

- I am now comfortable with this situation and consider the matter to be over.

please tick

Young Person: _____ (Sign) _____ (Print Name) _____ Date

Staff Member: _____ (Sign) _____ (Print Name) _____ Date

OR

- I require a further meeting with the Registered Service Manager

Meeting Comments:

- I am comfortable with this situation and consider the matter to be over.

Young Person: _____ (Sign) _____ (Print Name) _____ Date

Staff Member: _____ (Sign) _____ (Print Name) _____ Date

OR

- Matter to be referred to Operational Director _____ Date: _____

Final Comments:

attach further sheet if necessary

Signed Registered Manager: _____ Date _____