Restraint Reduction Policy for Supporting Children with Challenging Behaviour

This policy should be read in conjunction with Birmingham Children's Trust Restrictive Physical Intervention Policy

1. Challenging Behaviour and the Children we support

Birmingham Children's Trust Residential Services for Disabled Children provides long term care and short breaks for children with learning disabilities. We believe children respond best and reach their full potential when they are cared for by people who are genuinely interested in their welfare, take time to get to know them and understand their individual needs.

Disabled children have the same rights, privileges and opportunities as all children. The Trust are committed in achieving restraint reduction in line with the RRN Standards (2019) and its main priorities.

- protect people's fundamental human rights and promote person centred, best interest and therapeutic approaches to supporting people when they are distressed
- improve the quality of life of those being restrained and those supporting them
- reduce reliance on restrictive practices by promoting positive culture and practice that focuses on prevention, de-escalation and reflective practice
- increase understanding of the root causes of behaviour and recognition that many behaviours are the result of distress due to unmet needs
- where required, focus on the safest and most dignified use of restrictive interventions including physical restraint

A person's behavior can be defined as "challenging" if it puts them or those around them at risk or leads to a poorer quality of life. It can also impact their ability to join in everyday activities. Challenging behaviour is often seen in people with learning disabilities. Challenging behaviour can include, aggression, self-harm, destructiveness and disruptiveness.

The disabled children who use the service may experience behavioural, emotional, social and communication difficulties and will sometimes display challenging behaviours. The home will work with parents, carers, school, CAMHS, TESS, psychologists and other professionals to gain an understanding of the impact of the child's disability on their behaviour.

2. Our Values Base and how it helps children with behavioural challenges

The Trust's Residential Service provides a homely and friendly living environment for children. The environment is assessed to meet the sensory and communication needs of the children to ensure children are able to feel safe and relaxed. We believe that the children's experience of being in care or in short breaks should be positive and that they should always receive unconditional positive regard from carers. Carers develop meaningful relationships with the children and provide them with a sense of belonging.

The children are listened to and their voices heard. Carers are skilled and trained in alternative methods of communication and understand autism and disabilities. The children are encouraged to contribute to discussions about their lives and the running of the home by having regular children's meetings, keyworker sessions and taking part in their reviews.

Living in a children's home as a group can be difficult, however the children are encouraged to make relationships depending on their ability. Relationships with family and friends are important and we will actively encourage and promote these contacts.

We work with social care, health and education professionals and anyone who is significantly involved in the child's life. This ensures that their plans and individual needs are properly identified and met resulting in the best outcomes. We work in partnership with the child, parents and professionals to develop their plans.

Children are encouraged to be their best self. We support school attendance and education, good routines, healthy mind and body and children have stimulating and meaningful activities to participate in.

3. Our approach to Person Centred Planning for children with complex behavioural needs

Each child has an education, health and care plan. The education health and care plan puts the child at the very centre of the assessment and planning process. It is designed to make sure that the child and family views are not only heard but also understood. This is called 'person centred planning' because it increases choice and control. The process focuses on what is important for children and young people.

4. How we support people in capable environments that make behavioural challenges less likely

Each home has a statement of purpose that clearly sets out the high quality services. They must therefore be able to demonstrate that they:

- maximise opportunities for people to exert control over their own environments
- have a zero tolerance approach to abusive practice
- can demonstrate high levels of social contact between carers and service users
- are physically pleasing and spacious
- offer structured programmes of activity that maximise people's opportunities to participate fully in their own homes
- provide non-contingent access to things that people enjoy

5. How we use the PBS model in our service

Before a child is referred to the service an assessment is completed by the social worker and this includes a risk assessment. The child's risk assessment is a live document and will be update by carers regularly. Each child's risk assessment Is based on an understanding of why, when and how behaviours happen and what purposes they serve. The risk assessment then looks at the triggers to the behaviour and how they can be altered in order to reduce the likelihood of the behaviour occurring.

All of the care staff are trained to understand the impact of disability on the child and how this may affect their behaviour. The team critically analyses behaviours to look for why these are happening and what can be done to reduce them, e.g. implement a communication plan, provide alternative sensory stimulation.

The changes to children's behaviour and their ability to engage are well documented within the risk assessment and behaviour management plan. Strategies that reduce harmful behaviour are shared. This leads to children engaging well and enjoying their environment and making progress. The risk assessment would include de-escalation and distraction techniques and what works best for the child.

Reactive strategies may need to occasionally be used and this may not be documented in the risk assessment and behaviour management plan. We would never use punishment and the approach to restraint is clearly documented in Birmingham Children's Trust Restrictive Physical Intervention Policy.

6. How we ensure people in need have access to functional behavioural assessment

Each child has a risk assessment informed by the professionals and family members central to the child's care. Professionals may include, social workers, teachers, psychologist, GP and paediatric consultant. The risk assessment takes into account:

- clear description of the challenging behaviours, including response classes and behavioural chains that frequently occur together
- identification of the events, times, and situations that predict when the challenging behaviours will and will not occur across the full range of typical daily routines
- identification of the social outcomes that maintain the behaviours (i.e. the function they serve for the person)
- construction of one or more summary statements or hypotheses that describe specific behaviours, specific situations in which they occur and the reinforcers that are maintaining them
- collection of direct observational data that confirm the summary statements.

7. Our PBS plans

The risk assessment is then interpreted into a positive behaviour support plan. These plans include primary prevention which would include changes to the child's physical environment, good support of physical and mental health, using the risk assessment to modify or eliminate triggers to behaviour and encouraging coping skills and behaviours for children to self-regulate, using preferred activities and developing new interests.

Secondary prevention is used as care staff are skilled at identifying the early signs that a child may be becoming distressed. They may observe certain behaviours or triggers. This may lead them to implementing appropriate supportive actions to restore calm and prevent behaviours escalating. This may mean removing a stimulus prompting a child to use coping skills and diversion.

Reactive strategies are procedures that may be required should it not prove possible to prevent or avoid challenging behaviours that pose risks to the person or others. They may involve physical interventions such as breakaway, removal or restraint procedures. Their only objective is to ensure the safety of those concerned in the most ethical, least restrictive manner.

Every child that presents with challenging behaviour has an up-to-date positive behavioural support plan that contains the above elements. This plan should be amended as necessary each time that a functional assessment is updated or annually at minimum. It should also contain a commitment to reducing restrictive physical interventions over time.

Both the risk assessment and positive behavioural support plan are updated 6 monthly or if the child's behaviour changes. All risk assessments are reviewed after each and every incident to comply with the Children's Homes Regulations.

8. How we train our staff to support people with behavioural challenges and use PBS in practice

We recognise that training is a critical ingredient in the provision of effective care. All care staff employed in the service attend training in positive behaviour strategies. The training is provided by positive response which is a competency-based approach. Staff are supported to develop verbal competence (i.e. they are able to describe the actions they are required to complete to deliver a behavioural plan), role play (i.e. they are able to perform these actions in a role-play scenario) and in situ (i.e. they are able to perform the skills in the workplace with the child in question). Staff are trained in both in the generic principles of PBS and their specific applications to the people they support. The managers assess by observing practice and discussions in supervision and staff meeting and that staff working methods support the implementation of this training in practice.

9. How we make sure we do what we claim to do (Quality Assurance)

The managers work on shift and observe staff working with the children. They will reflectively discuss PBM plans and risk assessment with keyworkers in supervision each month. Children's plans are discussed in staff meetings and managers meetings. The service employs an independent visitor who observes staff interactions with children, checks the risk assessments and PBM plan each month as part of the visit.
The responsible individual (Head of Service) regularly visits the services and reviews risk assessments and behaviour management plans. Reflective discussions are held in the managers supervisions and managers meetings.

10. How we measure the effectiveness of our support plans

The Registered Manager completes a 6 monthly analysis quality of care report where they will include their analysis of incidents and behaviour management. This report is sent to HMCI.

This report includes:

- improving the quality of life of those served
- achieving reductions in the frequency, duration and intensity of challenging behaviours
- achieving reductions in the frequency and duration of use of any restrictive practices (restraint, seclusion and as required medication)

The report will include reflection and analysis of incidents and any restraints

11. How our model of staff training adheres to best practice in reactive management

The service works within the Children's Homes Regulations 2015.

The Registered Manager oversees that all incidents of control, discipline and restraint are subject to systems of regular scrutiny to ensure that their use is fair and the above principles are respected.

Any need for physical intervention will be discussed in the multi-disciplinary meeting for the child's pre-admission and post placement as well as reviews of care.

Reactive strategies must:

- not be used in isolation but always be used in conjunction with parallel positive behavioural procedures
- only be used as a last resort when all other strategies have proved unsuccessful
- only be used for the minimum amount of time necessary to deal with the immediate situation
- not be used as punishments or rewards
- follow a gradient of support, with the least intrusive procedure always being the first option
- be tailored to meet individual needs and prescribed on an individual basis only
- use the minimal amount of force necessary in any given situation
- be proportionate to the immediate situation
- focus on giving control back to the service user as quickly as possible
- avoid the use of pain compliance
- avoid hyper extension and/or hyper flexion of the joint
- not employ potentially dangerous positions that may compromise the health and well-being of the service user
- avoid vulnerable parts of the body (neck, chest, groin)
- not impede the process of breathing
- be capable of being performed by all key carers
- be sanctioned for the shortest possible period of time and regularly reviewed
- take into consideration all possible contra-indications and/or complications
- be routinely assessed following there use for any signs of injury or psychological distress to the service user

- be recorded immediately within the child's notes and measures of control paperwork following their use

12. How we monitor the use of restrictive interventions

The use of any form of restrictive intervention is routinely recorded by direct care staff in the measure of control documentation and on the child's records. This will then be routinely analysed and acted upon by managers. The staff are trained in effective recording methods and managers conduct periodic checks to ensure the reliability and validity of ongoing records. The manager acts and responds swiftly and effectively to any escalating patterns of use, identifying root causes and taking appropriate corrective actions.

13. How we provide post-incident support to our staff

Both receiving and applying restrictive interventions can be stressful. It is a requirement within the service that post incident support is given by the managers on shift to care staff. The support and discussions are recorded within the incident forms and any accident form.

Birmingham Children's Trust has a support system in place for employee well-being and all staff can access this service 24 hours a day.

Care staff have structured monthly reflective supervision and the team meet each day at handover, debriefs will take place at this time.

14. How we ensure that we are routinely reducing the use of restrictive practices

Steps to reduce the frequency of use of restrictive practices can be taken at both an individual child level and an organisational level.

At the child level key strategies include:

- implementing interventions to reduce reliance on restrictive procedures early on in the intervention process, this particularly applies to mechanical restraint procedures for self-injury
- changing antecedent triggers for behaviour and interrupting early stages of behavioural escalation can effectively reduce the reactive use of restraint
- releasing people from restraint after a set time period (for example, one minute) as opposed to applying restraint until the person calms
- embedding such interventions within broader organisational reduction initiatives

In order to reduce the use of restrictive practice, the service provides clear leadership through a Head of Service, Registered Manager and Leadership Team. The team will use data to inform practice, involving the staff in formulating reduction plans. We use risk management plans and behavioural support plans to reduce restraint. The children are involved in developing and monitoring plans. We have effective de-briefing tools in place where incidents are reflected upon and plans are amended.

15. The legal and good practice frameworks within which we operate

The service operates within the Children's Homes Regulation 2015, the Children's Act 1989, amended 2004, and Working Together 2018.