



Management of Behaviour Policy.

1. Introduction

Blue Mountain is committed to focusing on promoting the quality of life, choices and independence for the Children and young people in our care and support. The Children in our care may have also range of learning disabilities and associated difficulties – ADHD, Autism, Global development, play communication difficulties and can find the community they live in challenging at times, the children and young people may become anxious and distressed.

Staff will encourage each child and young person to feel a valued member of the community with the same equal opportunities and respect for their culture, ethnic origin and gender.

Blue Mountain will create an environment for the children in which promotes self-esteem, confidence, and a sense of wellbeing. Blue Mountain Homes

will support the children to express their views and feelings.

- Staff to know and use effective communication and children and young people to have the means to communicate.
- Encouraged to make independent choices by adults and advocacy allowing choice
- Children and young people to feel listened to
- Opportunities to develop and succeed
- Have the smallest achievements celebrated
- Supported to maintain family and friend contact.
- Accessing the community
- Home sickness
- Trauma
- Difficulty understanding being in care

2. Responsibilities

The Registered manager ensuring the staff are trained in safety intervention and PACE

All staff are responsible to work in line with the behaviour management policy creating safe secure environment for the children and young people to thrive in.

3. Understanding Challenging behaviours

Any verbal or physical or environmental behaviours the children and young people display which makes impacts on their quality of life.

The Children and young people Blue Mountain care for have cognitive functioning which can impact on their ability to understand their environment, emotions, and feelings.

Each child and young person who lives in Blue Mountain Homes have an Individual safety support plan, to support each child during crisis and challenging behaviours using a empathic non-judgemental approach with dignity and respect.

Range of Factors can lead to children and young people displaying challenging behaviours:

- Communication difficulties
- Thirst, hunger, pain toilet needs
- Favoured staff not being present
- Change of staffing
- Transitions and routines
- Visitors within the home
- Homesickness
- Trauma
- Changes in the environment that may cause sensory processing challenges for example noise, light, touch
- Family and friends leaving the home.

4. Safety Intervention Plans Regulation 19,20

Our Aims:

**Prevent escalating behaviours
Intervene and de-escalate risk behaviours
Reduce or eliminate use of restraint**

What is Safety Intervention?

Recognise & Respond to Higher Risk Crisis Behaviour with children and young person - centred approaches, require them to manage and respond to escalating behaviour without using restrictive or physical intervention techniques

The children and young people have individual safety plans in place agreed with the social worker, each stage of behaviours have a low medium or high-risk level, it is staff responsibility to ensure the children and young people plans have been read.

Children and young people's safety intervention plans example:

Stage 1 – Low examples of behaviours

- **Becoming more vocal different tones / pitches**
- **Repeating words**
- **Refusal to move on**

Staff responses: staff redirect to a high motivator activity, change of face,

Use of now and next visual aids, pace model to be used time and space

Stage 2 - Medium

- Disrupting peers
- Throwing items
- Banging doors

Staff responses: stay one step ahead and ensure the environment is safe, removed items which may cause harm to the child, redirect, change of face, redirect peers from the area.

Stage 3. High

- Kicking
- Hitting
- Biting
- Damage to the environment.

Staff responses: ensure they have called for support and level of physical intervention is in line with the safety plan.

Safety intervention is ONLY to be used when a child or young person or Public, Staff are at risk of Harm to ensure Staff are Keeping them Safe. Physical intervention only to be used as a last resort.

5. Training

Safety intervention which is BILD accredited and is delivered over three-day period by our qualified trainers Head of training and development Kim Spencer Duncan Leech and Courtney Holmes, which trains staff management of challenging behaviours with behavioural support strategies. The course teaches staff an approach of how to manage risks, through non-contact strategies and physical intervention used as last resort when non-contact strategies have failed.

Staff are required to complete a two-day refresher course every year

PACE is covered over 6 sessions and includes a therapeutic parenting approach to the behaviours we see our young people present and teaches the staff responses which are in line with the PACE's ethos of Playfulness, Acceptance, Curiosity and Empathy

6. Monitoring Incident report writing, and children's young people and staff debrief.

Under regulation 7 every child and young person has the right to express their feelings and wishes

Staff are responsible to provide a children's and young person debrief after every incident to ensure they feel safe and secure.

Incident
Responsibility staff: Documentation – Incident report, child debrief, accident / body map completed
Responsibility Senior on Duty: Staff Debrief completed & On call made aware, social worker.

Responsibility **Manger & Deputy**: Review of the incident & Recommend updated Documents if required.

Responsibility: Every body to safeguard the children from Risk of Harm

Incident Report

Must be completed with **24 hours** of the incident taking place the report must include:

- Name of the child
- Date and Time of the incident
- Details of the behaviours leading up to the incident for example possible triggers
- What happened during the incident
- Methods used to avoid the use of physical intervention
- Names of staff within the incident
- If any safety intervention was used why was this used and how long for?
- Discription of any injuries potential marks or bruises a child or young person may have

Any medical attention the child or young person had.

Child debrief to be provided to the child / young person this to be adjusted to the needs of the child and young person using pec cards, visual aids to enable the child / young person to express how they are feeling. If a nonverbal child / young person is unable to express their view and wishes, staff are to observe how the child / young person is presenting after the incident.

Staff debrief to be completed by the senior on duty ensuring staff are asked what worked well and what did not work well ensuring staff are reflecting on the incident.

With in **48 hours** of the incident the registered person or Deputy manager to review the document ensuring the document is accurate.

The children and young person safety plans and Individual risk assessments are updated and reviewed monthly and when required.