

Restrictive Behaviour

This policy outlines The Loddon School's approaches to working with children who present restrictive/challenging behaviour: *"Behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities". (Blunden & Allen 1987)*

The Loddon School meets the needs of children who use challenging and restrictive behaviours to get their needs met. Many have additional disabilities such as Autism, Epilepsy, ADHD and communication difficulties. Most children at Loddon have little comprehension of language and are unable to use speech/expressive language effectively. All have severe learning difficulties.

The Loddon School recognises that restrictive behaviours are, first and foremost, most restrictive for the child.

The Loddon School prefers the term Physical Intervention rather than restraint - this term will be used throughout this document. See section on Physical Intervention.

This policy should be read in conjunction with the Safeguarding Policy.

Policy Document

This version will be amended from time to time in line with statutory requirements, including those of the Children's Homes Regulations and its Quality Standards.

Staff at the Loddon School adhere to a range of guidelines. These include:

- Working consistently and in line with PROACT-SCIPr-UK®/PLLUSS training and the school's mandatory training programme
- Guidelines for individual children's support are written and available to all staff in school (Risk Assessment and Behaviour Support Guidelines- RABSG). All staff are expected to update themselves as guidelines change.
- Regular training updates.
- Meetings to monitor behaviour (including how any restrictive interventions can be reduced), learning and motivation.
- Record keeping/graphs/daily diary for each child.
- Five to six-monthly interdisciplinary reviews.
- Written targets to reduce restrictive behaviours/EHCP programmes with recording.
- Child Protection and Safeguarding Policy – see separate policy.

Positive Behaviour Support

The Loddon School and its ways of working are embodied in:

- ≠ Its aims & philosophy statements
- ≠ Its training procedures for all staff
- ≠ Risk assessment & Behaviour Support Guidelines aimed at reducing the need for each child to use restrictive behaviours, and therefore our use of restrictive interventions, which are a necessary component of our care, are available to parents, authorities and staff and are agreed and signed off by all parties at statutory reviews.
- ≠ The PROACT-SCIPr-UK® curriculum as developed by The Loddon School and is certified with The BILD Association of Certified Training against the Restraint Reduction Network Standards, a whole approach in which all staff are trained.

- ∓ The PLLUSS curriculum, the school's curriculum which focuses on personalised learning and teaching functional life skills

The Loddon School Policy emphasises personalisation; the least restrictive environment, supportive teaching, the proactive philosophy that prevention is better than intervention, a therapeutic approach which is non-confrontational and shared decision taking at frequent reviews.

The Loddon School is committed to non-aversive strategies for Behaviour Support.

The Loddon School emphasises:

- ∓ use of rewards/motivators
- ∓ use of social praise.
- ∓ use of "positive approaches" as a teaching methodology.
- ∓ use of supported learning so students are prompted through tasks to achieve success.
- ∓ an environment in which a child experiences success and is not exposed to unnecessary failure.
- ∓ use of reinforcement of appropriate behaviour
- ∓ co-operation/partnership with parents to ensure continuity of practice and training of parents in practices.
- ∓ The use of functional assessment of identified behaviours of concern underpinned by the work of La Vigna and Willis (Institute of Applied Behaviour Analysis)
- ∓ the development of an understanding of 'natural consequences' to actions.

Physical Interventions

Our use of the term physical interventions means physically holding a child who is likely to hurt him/herself, be a danger to others or be destructive of the environment (if this compromises safety). Approved physical interventions are risk assessed and agreed by a multidisciplinary team for each child. Staff are taught these identified physical interventions as well as any further interventions identified by an organisational audit of need.

PROACT-SCIPr-UK® physical Interventions used at Loddon comply with the Restraint Reduction Network Standards 2019. All staff are trained and updated regularly and have signed to agree that they will use no other physical interventions from alternative training providers. Physical Interventions are taught in the context of "proactive, active and reactive" strategies by certified PROACT-SCIPr-UK® Instructors in line with an organisational audit of need. Physical interventions in use do not cause pain or panic and are part of a positive strategy working towards independence and PERSONAL control - i.e., enabling a child to work towards coping strategies and management of their own behaviour. Parents and social workers sign the RABSG at each statutory review to say they understand and agree the use of identified Physical Interventions. All staff are trained in the PROACT-SCIPr-UK® approach and receive follow-up training at least annually.

The School recognises the right of the individual child to receive both care and education, conducive to developing independence and learning and subject to an appropriate Risk Assessment of the individual. Specifically, this Policy summarises the measures to be taken regarding the use of physical interventions, which will only be employed where there is a serious risk of harm to the individual or others, and as a last resort when less restrictive alternatives have been tried and failed:

- ∓ The use of physical intervention for children as a normal practice is not advocated at the School. However, it is recognised that under certain circumstances physical intervention may be a necessary component of care & to ensure the safety of the child, staff, other children and the general public.
- ∓ The Loddon School is the UK provider of PROACT-SCIPr-UK®, a training package certified with the BILD Association of Certified Training against the Restraint Reduction Network Standards 2019 (accreditation is supported by both the

DfE and the DoH and was gained by PROACT-SCIPr-UK® in November 2002). Regular recertification is required by BILD Association of Certified Training.

- € The School uses the PROACT-SCIPr-UK® approach to support children who engage in behaviours that challenge, that we call restrictive behaviours as they restrict their learning & leisure opportunities. It is a “whole approach” to working with an emphasis on using proactive strategies to reduce or avoid restrictive behaviours with physical interventions being used as a last resort.
- € The physical Intervention used should be a proportionate response to the restrictive behaviour shown, and the least restrictive intervention necessary. Depending on the individual, door holding may be regarded as less restrictive than physical support. A door will only be held if it has been identified that this promotes calming for the child and is not at any point seen as a form of punitive seclusion. Door holding may also be needed to ensure the safety of the child and/or others. If a door holding recording book is in place this must be completed as stated in the child’s Risk Assessment Behaviour Support Guidelines. The incident book alongside the ‘Restriction of Liberty for children/ young people Monitoring Form’ will be completed if a door hold has been used for any amount of time. Walking belts may be regarded similarly to avoid more restrictive holding while not limiting access to the community. Other therapeutic methods which may be considered restrictive practice include the planned use of Occupational Therapy equipment such as specified seating to assist positioning.
- Any identified restrictive practice is subject to a “restriction reduction plan” to ensure that current level of support is regularly monitored and reviewed. This ensures that strategies are always in place to offer progressive development to the child, through the teaching of alternative or replacement skills to reduce the level of restriction required.
- € Staff should not use a Physical Intervention unless specified for a particular child in their Risk Assessment and Behaviour Support Guidelines, unless in the event of an emergency. Staff should use their professional judgement to keep the child safe within the principles of using the least restrictive approach, for the least amount of time, that is proportionate to the level of risk posed. This may include holding a door as this may be less restrictive than using a physical intervention. If staff need to physically intervene, they will apply basic PROACT-SCIPr-UK principles, for example avoiding joints. All incidents should be written up with a senior member of staff immediately after the occurrence, as part of a planned debrief; this must be done within 24 hours. Incident books are available in all houses. If the incident involves two children a ‘Child on child incident’ form should be completed.
- € Non-physical (but potentially restrictive) interventions, such as holding doors to separate a child from others to prevent injury, will be clearly included in the Risk Assessment Behaviour Support Guidelines, this will give clear guidance that is individual to the specific child. This is reviewed by the weekly monitoring process and communicated to the relevant people/authorities at least monthly and discussed at statutory reviews. This will include ways to reduce the use of physical interventions for specific individuals. Data collected can be processed to give a clear indication of whether behaviours and interventions are increasing or decreasing.
- € A space pad may need to be used to protect a child, staff or others. Staff can use the pad to protect a child that may be self-injuring, for example banging their head on surfaces by placing the pad between the child and the surface they are banging their head against. It may also be used if a child is displaying aggressive behaviours towards others. The space pad is used as a protective barrier, staff can place the pad between the child and whomever the child is directing their aggression towards, this allows space between the child and those around them. If a space pad is used, the incident book will be completed following this, giving details, such as, for how long the space pad was used and why this level of support was required. Staff should use their professional judgement as to whether a space pad would be the least restrictive approach in the circumstances.
- € The Statement of Purpose and the Policy on Safeguarding should be read in conjunction with this document.

Control/Discipline, Sanctions & Restraint

No sanctions are permitted

Punishment is specifically excluded from The Loddon School's philosophy

Examples of sanctions prohibited - i.e., not allowed:

- removal of food.
- shouting (as opposed to assertive commands in high risk situations)..
- physical restraint not specifically in training package (unless deemed a proportionate response as an emergency measure).
- loss of privilege such as outings or sweets.
- use of negative approaches.
- preventing a child from leaving a room (unless deemed a proportionate response as an emergency measure to keep the child or others safe in the short term). Doors may be held closed for a similar reason. We would view this as a restrictive practice and it would be recorded, reported and reviewed as such although we recognize it may be a less restrictive option than a physical intervention. DOLS may apply and letters are sent to the relevant local authority commissioner when a young person reaches 16 to remind them of their responsibilities.

Loddon School does not use 'Time Out'. Children will be given space as an initial response to de-escalate a potential incident.

Locking / Security

Some areas are kept locked to ensure the safety of children. These include:

- outside doors are accessible only by magnetic fobs or keypads
- cleaning materials stores
- medication cupboards
- aromatherapy oil stores
- art materials store
- cellars/boiler house
- garage
- paint store
- staff lockers & room
- Sensory playgrounds gates
- side gates (to lane) must be padlocked at all times
- swimming pool pump room

Special care must be taken because some of the children:

- run off and have no sense of the dangers posed by traffic, water, height, poisons, strangers, electricity, etc.
- may eat or drink anything - e.g., bathroom products.
- can hurt others or invade personal space

Some children will need more than one member of staff to supervise during specific activities because they engage in behaviours which may be dangerous at times.

Loddon School Staffing

The Loddon school provides a high staff ratio for all children. This averages 1:1 during the day and 1:3 at night.

The Loddon School has a team of waking night staff, sleep in staff, and a senior on call each night.

Night staff regularly check on the safety and wellbeing of each child throughout the night as stated in their RABSG; records of these checks are kept. Frequency of these monitoring checks attempts to balance preserving the dignity and independence of the child and fulfilling the statutory duty of care to ensure their safety.

Some children need a member of staff with them or by their bedroom door all night, this will be identified within a child or young person's Risk Assessment Behaviour Support Guidelines on an individual basis.

Monitoring

A team made up from the Leadership, Safeguarding, Department of Behavioural Analysis and Support teams and PROACT-SCIPr-UK® Principal Instructors monitor all incident reports weekly and identify where further or different action may need to be taken to safeguard a particular individual. This will include where issues or concerns need to be notified to other agencies (e.g., local authorities, LSCB, Ofsted, Charities Commission). Where actions need to be taken above and beyond the current written RABSG, the Local Authority and parents will be notified and then the guidelines changed with agreement.

Likewise, practices will be reviewed monthly with restrictions reduced as soon as safe to do so. Every child's targets to reduce restrictive behaviours and EHCP will be aimed at reducing restrictive behaviours and therefore the need for restrictive practices.

Local authorities (social workers, placement officers) are kept informed of each child's wellbeing. This includes information about critical incidents and potentially restrictive practices. A summary of each child's incident reports is sent at least monthly by email to their social worker.