



Registered Charity No. 1066859

# Positive Behaviour Strategy

It is the policy of the Charity to continue to maintain as high a standard of behaviour for all persons as far as it is reasonably practicable. This encompasses many aspects of our work, so the Charity has employed a Positive Behaviour Strategy which includes all policies relevant to promoting positive behaviour of all people using our services.

**Promoting Positive Behaviour: The HACS approach**  
**Positive Handling Policy**  
**Anti-Bullying Policy**

## ***Promoting Positive Behaviour: The HACS Approach***

Promoting positive behaviour within the HACS Recreation Service requires the creation and maintenance of a positive environment, which allows staff and parents/carers to support children or young peoples in managing their feelings and their behaviour effectively, both at home and at HACS. HACS aim to provide a consistent approach which allows children and young people to experience and learn clear rules and boundaries and respond appropriately to them.

We will promote a "no blame" culture in which "what works" is what is promoted rather than making self and others wrong. The reason for this is that children or young people with autism do not learn or understand the rules and boundaries incidentally as non-autistic people do. If they are burdened with being made wrong by those of us who do understand, their anxiety levels will rise and their information processing will break down. We wish to provide clear rules and boundaries and the tools to keep them within an environment where children or young people can, over time, learn to develop thought process and actions about "what works" in the world.

The HACS staff team will work co-operatively with each other and in partnership with parents/carers to use consistent language and consistent responses to behaviour that challenges. This approach ensures an environment of security, trust and autonomy. Ongoing concerns need to be addressed in a sensitive and positive manner working in partnership with the parents/carers, staff and children or young people, enabling everybody to move forward. The HACS team will also work in partnership with the children or young people's primary setting (e.g. school, nursery) to share best practice and further promote consistency of approach.

### Positive Environment and Relationships

Staff are responsible for setting the tone and context for positive behaviour within the setting. There are many ways to do this, including:

- Create and maintain a stimulating environment that encourages children and young people to be engaged
- Display rules and expectations visually around the setting
- Greeting pupils in the morning/at the start of sessions
- Establishing clear routines
- Communicating expectations of behaviour in ways other than verbally
- Highlighting and promoting good behaviour
- Concluding the day positively and starting the next session afresh
- Having agreed strategies for dealing with low-level disruption
- Using positive reinforcement

## Language

- HACS staff will use consistent language describing behavioural expectation, including visual displays of rules and boundaries, for example "good choosing", "good walking", "good sitting". Language will be adapted to the individual's developmental level
- Never say "no" always say "(name) stop". Saying "no" is not an instruction and can cause the child to feel wrong. Many autistic children lack theory of mind and are unable to "second guess" the appropriate replacement behaviour. *Say "no" in relation to unacceptable actions, followed by the verb and replacement behaviour, for example, "no hitting, the rule is good touching".*
- For developmentally young children or those with minimal functional use of language - "(name), do good sitting or I will help you".
- For next stage, use language: "(name), you can choose. You can choose to do (a) and (b) will happen or to do (c) and (d) will happen. Once choice will be advantageous to the pupil with a positive outcome. The other choice will be unacceptable with an outcome that is less desirable to the child or young person.
- This means that there is a need to know what each child or young person's powerful positive and negative reinforcers are. This requires parents and professionals working closely together.
- Choices will be made to tangible to child or young persons through the use of symbols, objects, pictures, signing and choice boards where necessary. In addition staff will use both hands out, palms upwards and pointing to one palm, staff will say "You can choose to do (a) and (b) will happen, or do (c) and (d) will happen.
- If the child or young person refuses to choose, staff will say "Not choosing means you are choosing (c) and (d).
- Staff will use a neutral, assertive tone of voice at all times.

When a child has made a choice that was not in their self-interest, e.g. missing an activity, they require a de-briefing session with an adult, known as a "clearing-up conversation". Give the child or young person time to consider by asking if the choice had worked for them after the consequence of the choice has taken place. This form of reflection provides a non-judgemental and an objective space for children or young peoples to develop an understanding of cause and effect, of what works and what does not work.

When the individual has reflected on the behaviour, the choice and consequence and whether it worked or not, ask "what could you have done that would have worked?" The individual will need help in the problem solving process.

After the upset, staff will support the individual in identifying the cause. There are 3 causes of upset:

- You expect something to happen and it doesn't happen
- You want to do something and someone/something stops you
- You want to say something and you don't know how to say it

Always give praise when children or young people identify the cause of their upset; support the child or young person in identifying a strategy that will work next time and how to clear up the current upset. Clearing up promotes the sense of completion and allows the child or young person to continue their day with their self-esteem intact. Praise is vital to encourage the return of the feeling of well being.

### Rewards

Use of reward systems is another way to promote positive behaviour within the HACS setting. These include general rewards and individual reward systems.

<b>General Rewards</b>	<b>Individual Reward Systems</b>
Individual praise and encouragement	Visual tokens
Extra snacks	Tick charts
Awarding of stickers and privileges	Verbal Agreements: "Working towards"
Public commendations	Choosing time
Positive feedback to parents	

### Sanctions & Consequences

After low level incidents of negative behaviour, the focus is on being positive and encouraging an individual to change that behaviour to a more useful one. If however the individual does not respond there are a series of sanctions that can be used, depending on the individual's needs and the situation. An effective sanction is one that most often stops or discourages negative behaviour. Children and young people will be consistently reminded of the consequences of their actions and which sanction will be applied.

### General sanctions

- Ignore and praise closest good behaviour
- Give the child a non-verbal sign to stop.
- Make reference to the rules
- Give the child/young person a verbal private warning
- Give the child/young person a public warning
- Three strikes

### ***Three strikes***

The 'three strikes' system is a visual and non-confrontational reminder to individuals to think about their behaviour. Staff must remain aware of language processing difficulties associated with autism and the need to allow children/young people sufficient time to respond to requests to change behaviour. The common language of "3 strikes" is used across all settings. This may be developmentally adapted, for example to traffic light systems. At the third strike children/young people know that they will receive a sanction. This is usually agreed before events and as a strategy shared with the individual and their parents/carers. The sanction depends on the events and on the understanding of the individual and may include quiet time away from the group with a timer, removal of a privilege, loss of an activity or trip, amongst others agreed within the setting. These strikes will be usually visually displayed and referred to calmly by the staff who are working with the child/young person.

### **Recording**

Where serious behavioural incidents have occurred, they will be addressed immediately and appropriately. Incidents and areas of concern will be recorded and parents/carers will be informed via incident reports (see appendix 1), detailing information about the cause and management of the incident.

In some cases, it will be more appropriate to record behaviours using Frequency sheets. **Frequency recording** is a simple counting of how many times a behaviour occurs during a designated period of time. Those designated periods might be a minute, an hour, a day, or a week. It is most useful with behaviours that are discrete and short in duration, where a narrative of the antecedent, behaviour and consequence would not be appropriate.

# ***Positive Handling***

## Rationale

HACS are committed to reducing reliance on restraint and restriction through our "Promoting Positive Behaviour" approach. We have adopted the "Team-Teach" approach which encourages staff to appreciate the influence they can have on the feelings, thoughts and behaviours of those they care for. The term "Team-Teach" describes a broad spectrum of risk reduction strategies. Team-Teach is an holistic approach involving policy, guidance, management of the environment and deployment of staff. Restraint is only a small part of the framework.

A core principal of the Team-Teach approach is "Minimum Force for the Shortest Time". The physical contact techniques have been developed to rely on biomechanics to reduce that amount of physical force required to achieve the desired result. For example, often the introduction of a new face is the turning point in a crisis. For that reason, "help protocols" are built into the programme.

HACS will ensure there are members of staff at each setting who are trained in positive handling by Team-Teach. Staff will use restrictive physical intervention techniques as infrequently as possible and will work on the principle of "reasonable, proportionate and necessary" - i.e. the response should be proportional to the circumstances it was intended to prevent. Physical Intervention is always a last resort - that is, where the risks of not using force seem to be greater than the risks of using force. This is best illustrated by appropriate recording in "Incident Reports", using relevant examples to give context to the situation.

When physical intervention techniques are used, everything possible is done to prevent injury and maintain the person's sense of dignity and increase the ability of the individual to manage their thoughts, feelings and actions. The policy of restrictive physical intervention is part of the broader strategy to address the needs of children with autism who display behaviour that challenges, which is why the Positive Handling Policy forms part of the wider "Promoting Positive Behaviour Strategy".

## Legal considerations

### **The Children Act (1989 and 2004)**

Under the Children Act (1989 and 2004) a child is anyone up to the age of 18 years. All adults working with children have a duty of care towards them. The paramount consideration should be what is in the best interests of the child. Failure to take reasonable steps to protect children from being harmed could open individuals to charges of negligence. It is important to remember that to take no action, where the outcome of the situation is that the child injures himself or another, including staff, could be seen as negligence.

### **Human Rights Act (1998)**

The Human Rights Act defines reasonable force as "no more than absolutely necessary". It also states that people should not be deprived of their liberty".

### **Health and Safety At Work Act (1974)**

This places legal duties on employers and employees to work together to reduce foreseeable risk. Staff may be required to undertake a "dynamic risk assessment" which is done in real time. It involves stopping, thinking and evaluating the likely outcomes of the available options before deciding which you choose.

### Definitions

The guidance from 'A New Strategy for Learning Disability for the 21st Century' put forward by the DFES and DH (2002) defines restrictive physical interventions as involving; 'The use of force to restrict movement or mobility or the use of force to disengage from dangerous or harmful physical contact initiated by pupils or service users.'

The guidance put forward by the DFES & DH (2002) state that "the use of force is likely to be legally defensible when it is required to prevent: self-harming; injury to other children, service-users, staff or teachers; damage to property; an offence being committed; and in school settings, to prevent a pupil engaging in extreme behaviour prejudicial to the maintenance of good order and discipline at school or among any of its pupils'.

Different forms of physical intervention are summarized in the table below. It shows the difference between restrictive forms of intervention, which are designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact, and non-restrictive methods. Restrictive physical interventions involve the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices or changes to a person's environment.

### Prevention - minimising the need for Physical Intervention

Guidance on behaviour management is offered within the HACS Promoting Positive Behaviour policy. This should prevent the need for physical intervention in the vast majority of circumstances. For individuals with known risk of significant behaviour that challenges, HACS will liaise with schools/colleges to develop individual child/young person risk assessments that outline strategies to reduce risk.

All staff should adopt a positive approach to improving behaviour in order to reward effort and application, and to build self-esteem. HACS will work in partnership with those who know the child to help those concerned:

- find out why this child behaves as he or she does
- understand the factors that influence this child's behaviour
- identify early warning signs that indicate foreseeable behaviours are developing

Primary prevention is achieved by:

- Providing a language focused, consistent environment
- Ensuring that the number of staff deployed and their level of competence corresponds to the needs of the children and young people and the likelihood that physical interventions will need to be used
- Staff will not be left in vulnerable positions
- The adult to child ratio and the environment being laid out in such a way as to restrict opportunities for individualised activities which may provoke violence or aggression.
- The use of Client Profiles which provide person-centred information on preferred activities, known triggers
- Individual child/young person risk assessment where required
- Creating opportunities for children/young people to engage in meaningful activities which include opportunities for choice and a sense of achievement
- Ongoing staff training to develop expertise in working with children who present behaviour that challenges
- Talking to children and their families about the way in which they prefer to be managed when they pose significant risks to themselves and others. For example some children prefer withdrawal to a quiet area to an intervention that requires bodily contact.

Secondary prevention involves recognising the early stages of a behavioural sequence that is likely to develop into violent or aggressive behaviours and employing 'diffusion' techniques to avert any further escalations. Where there is clear documented evidence that particular sequences of behaviour rapidly escalate into serious violence, the use of restrictive physical intervention at an early stage in the sequence may, potentially, be justified if it is clear that:

- Primary prevention has not been effective
- The risks associated with not using a restrictive physical intervention are greater than the risks of using a restrictive physical intervention
- Other appropriate methods, which do not involve restrictive physical interventions, have been tried without success

### Use of Seclusion and Withdrawal

The use of seclusion (where a person is forced to spend time on their own against their will) is a form of physical intervention and should only be considered in exceptional circumstances. The right to liberty is protected by criminal and civil law and seclusion outside the Mental Health Act should always be proportionate to the risk presented by the child/young person. **It is an offence to lock a person in a room without a court order except in an emergency.** For example, where staff are being attacked and need to gain extra seconds or minutes to enable them to summon assistance from colleagues or the Police. This would be a temporary measure while seeking assistance.

HACS staff use withdrawal from the main setting as a strategy to reduce risk. Withdrawal involves assisting a person to move away from a situation they are struggling to cope with, to a safer or more comfortable place where they have a better chance of regaining their composure. As a general rule, the best way to monitor and support a person is to be in the

same room with them. However there are always exceptions to general rules. For example, if a child or young person asks to be left alone, or the proximity of another person is clearly distressing them, it might be better to give them some space. Some autistic individuals find the proximity of other human beings to be an additional and unnecessary cause of stress. However, even if carers are not physically in the room with the individual, they must remain close enough to monitor the situation and offer immediate support if required.

### Levels of Physical Intervention

In some circumstances, staff may use reasonable force to restrain a child/young person to prevent them:

- Causing disorder
- Hurting themselves or others
- Damaging property

Incidents of physical restraint must:

- Always be used as a last resort
- Be applied using the minimum amount of force and for the minimum amount of time possible
- The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled, and the nature of the harm they cause.
- Be used in a way that maintains the safety and dignity of all concerned
- Never be used as a form of punishment
- Be recorded and reported to parents (see appendix 1 for Incident Report)

**Staff should not act in a way that might reasonably be expected to cause injury. This includes**

- holding a child around the neck, collar or other way that might restrict breathing
- Slapping, punching, kicking or tripping a child
- Twisting or forcing limbs against joints
- Indecently touching/holding or pulling a child by the hair or ear
- Holding a child face down on the ground

Where staff decide to use physical intervention, they must use the minimum force necessary. In doing so, they should consider that there are at least three levels of physical control which they should use flexibly, depending on the circumstances:

### **Physical Proximity**

Control by the use of physical presence involving no actual contact, such as emphasising verbal instructions and standing in front of or obstructing a doorway to prevent exit. Do not underestimate your authority. At its simplest level, your presence in a room, a look or gesture, can send out powerful signals to young people to help them keep behaviours within acceptable limits. Such action can also provide opportunities to express concern and remonstrate with young people

## **Touching or Holding**

Touching or holding can help to encourage, discourage or persuade young people to comply. An example would be laying hands on shoulders to gain a young person's attention, or taking a young person by the hand or arm to lead them away from a situation.

## **Restrictive Physical Intervention**

Physical restraint is defined as "the positive application of force with the intention of overpowering the child". This occurs when it is deemed necessary to hold a young person, probably against their will, with the intention of restricting their movement. Such action should only be used as a last resort where other physical interventions have already failed, or that you reasonably believe would fail.

High level behaviour response may include:

- Guide assertively - hold or restrain if absolutely necessary
- Make the environment safer
- Move furniture and remove potential weapons
- Ensure face, voice and posture are supportive not aggressive
- Change of face

## Warning Signs

During a restraint, and in the period following, individuals must be monitored and supported closely. Danger signs include:

- Struggling to breathe
- Complaining of being unable to breathe
- Evidence or report of feeling sick or vomiting
- Swelling, redness or blood spots to face or neck
- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Changes in behaviour whether more or less animated
- Loss of or reduced consciousness
- Respiratory or cardiac arrest

If staff become aware of any of these warning signs, release the restraint to improve breathing and provide appropriate first aid in line with HACS First Aid procedures.

## Recovery

The recovery stage can easily be confused with the anxiety stage. Individuals may sit quietly in a hunched position. The difference is that they can revert back to extreme violence without the build-up associated with the normal escalation. During this stage, staff should support by:

- Support and monitor individual
- Be aware this may not be a good time to touch, as this could prove a reversion to crisis
- Give space and time
- Protect from sources of frustration
- Look for signs that the person is ready to communicate

### Post Incident Support

- Acknowledge the pupil for good calming down
- Support, reassure and monitor
- Respond to signs that the person wants to communicate
- Show concern and care but do not attempt to resolve residual disciplinary issues at this stage

### Restoration

Restoration can only begin when the individual is ready. It cannot be forced. As part of the HACCS Promoting Positive Behaviour policy, a "clearing up" conversation should always take place with individuals where the individual's expressive language ability permits. If possible, an adapted clearing up conversation should take place using augmentative communication for individuals who are unable to participate in a verbal discussion. Clearing up conversations should include:

- Asking the child/young person "how did this make you feel?"
- Asking the child/young person "What can you do next time you feel that way?"
- Identify the good choices and "not good" choices
- Identify what needs to be done to fix things

### Recording and Reporting

Serious incidents, or incidents which required physical intervention are recorded on a HACCS Incident Report form (see appendix 1). Frequency sheets may be used to monitor and analyse behaviours that repeatedly occur in small spaces of time, however these **must not be used as a replacement for Incident Reports where Physical Intervention has been used.**

The law requires that each parent is informed of significant incident where force has been used on their child. Where appropriate the parent/s may also be informed by telephone about an incident involving their child e.g. if restrictive physical intervention strategies have had to be used in an unplanned or emergency manner. They will be sent a copy of the 'Incident Report Sheet'.

### Support for Staff Post-Incident

Staff will be de-briefed by senior staff (Session Supervisor or Duty Safeguarding Officer) in relation to incidents when appropriate. Teams are encouraged to reflect on what works and what does not work. In the case of staff or child/young person injury or physical distress as the result of challenging behaviour or the use of restrictive physical intervention techniques

first aid procedures will be employed as appropriate by a trained First Aider. If required members of staff will be sent for medical treatment. An accident form will need to be written by the staff member and passed on to the Duty Safeguarding Officer on the day of the incident whenever possible.

### Complaints and Allegation

Whilst the use of physical intervention is sometimes unavoidable to protect young people or others from harm, such action may lead to complaints and/or allegations of misconduct. Such complaints/allegations must always be thoroughly reviewed in line with HACS Complaints Policy and, if necessary, investigated and may lead to child protection or disciplinary proceedings. However, staff will always be supported where they have behaved in the following way:

- By using any minimum action reasonably believed to be immediately necessary in response to a physical attack which endangers staff, children or others
- By acting in accordance with these guidelines

The following may, however, be regarded as a criminal or disciplinary matter:

- Any non-accidental injuries inflicted on a young person (including emotional, physical or sexual abuse)
- Deliberately or maliciously injuring or inflicting pain on a young person
- The use of racist or other discriminatory language
- Initiating or provoking unnecessary conflict or confrontation
- Bullying, intimidating or humiliating a young person
- The use of non-permissible sanctions

## ***Anti-Bullying***

Bullying will be treated as a Safeguarding issue in our setting. As an organisation we take bullying and its impact seriously. Anyone that uses our services, whether a child, young person, adult or parent/carer should be assured that known incidents of bullying will be responded to. Bullying will not be tolerated. HACS will seek ways to counter the effects of bullying that may occur within our services or in the local community. The ethos of our organisation fosters high expectations of outstanding behaviour and we will consistently challenge any behaviour that falls below this.

As clients with Autism lack "theory of mind" they do not necessarily understand the concept of pain in relation to others, experience difficulty with empathy and may struggle to put themselves in the position of others. As an organisation HACS are committed to promoting positive outcomes for individuals accessing our services and will therefore seek to raise awareness and understanding of bullying at all possible opportunities.

### **Definitions**

Bullying takes place where there is an imbalance of power of one person or persons over another. This can be achieved by:

- The size of the individual
- The strength of the individual
- The numbers or group size involved
- Anonymity - through the use of cyber bullying or using email, social networking sites, texts etc.

<b>Type of bullying</b>	<b>Definition</b>
Emotional	Being unfriendly, excluding, tormenting
Physical	Hitting, kicking, pushing, taking another's belongings, any use of violence
Racial	Racial taunts, graffiti, gestures
Sexual	Explicit sexual remarks, display of sexual material, sexual gestures, unwanted physical attention, comments about sexual reputation or performance, or inappropriate touching
Direct or indirect verbal	Name-calling, sarcasm, spreading rumours, teasing
Cyber-bullying	Bullying that takes place online, such as through social networking sites, messaging apps or gaming sites

## **Prevention Strategies**

Staff and volunteers will actively promote positive behaviour in all aspects of their work. This will include consistent use of ground rules with children and young people, which will be clearly displayed in all settings.

Staff will use opportunities such as circle time for children or structured activity sessions for older young people to discuss matters as a group, including bullying. Children and young people with autism require explicit teaching strategies and sessions will therefore need to learn what behaviours constitute bullying and how this affects other people.

## **Management Strategies**

Staff must remain vigilant about bullying behaviours and approach this in the same way as any other category of Child Abuse; that is, do not wait to be told before you raise concerns or deal directly with the matter. Children may not be aware that they are being bullied; because they may be too young or have a level of cognitive ability which means that they may be unable to realise what others may be doing to them. Key response strategies may include:

- Identification of times or places where bullying might occur - e.g. staff to document incidents on frequency sheets
- Identification of reasons or possible causes for bullying - e.g. staff to use "ABC" analogy of behaviour, identifying Antecedent (A); Behaviour (B); Consequence (C)
- Development of a Positive Behaviour Plan for clients' behaviour
- Staff meetings to discuss any concerns regarding individuals
- Group discussion with clients of what is acceptable and unacceptable behaviour, this can be through the use of circle time
- Role play exercises to demonstrate situations and behaviours and teach responses
- Individual discussions with anyone suspected of bullying
- Individual discussions with anyone suspected of being a victim of bullying
- Liaising with parents to identify possible causes for perpetrator's actions

## **Responsibilities of Parents/Carers**

We ask our parents to support their children and our organisation by:

- Being alert for signs of distress or unusual behaviour in their children, which might be evidence of bullying
- Encouraging their children to report any bullying to HACS staff and explain the implications of allowing the bullying to continue without staff intervention
- Advising their children not to retaliate violently to any forms of bullying.
- Keep a written record of any reported instances of bullying
- Informing HACS staff of any suspected bullying, even if their children are not involved;
- Co-operating with HACS, if their child is accused of bullying