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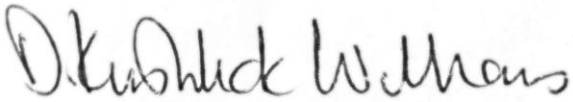
Signature: 

Markfield

Positive Behaviour Management Policy and Guidelines

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Positive Behaviour Management

Policy statement

Principles

- At Markfield we recognise that all behaviour is a form of communication, and that negative behaviours often express an unmet need.

- An understanding of the individual needs of the people using our services, coupled with a commitment to planning to meet those needs, can help to prevent unwanted behaviours. (previously unwanted behaviours were described as “negative”).

- Markfield aims to support people to take risks, challenge themselves and each other, make friends and make positive choices for themselves.

- We expect and encourage young people and adults to express themselves in a variety of ways, including those that may involve getting ‘messy’, making noise and taking some risks.

- Markfield believes that exclusion is not an effective behavioural control and increases the pressure on service users and families in need of respite, increasing the chances of family breakdown. Also Markfield acknowledges that service users whose behaviour would put them at risk of exclusion from other services are often those for whom the provision of our services is most valuable.

- We aim to encourage positive behaviour and minimise unwanted behaviour by carefully assessing individual needs, planning sessions well, promoting positive behaviour, and using a range of strategies to manage any unwanted behaviours. This policy gives guidance on each of these areas in detail.

Note: Markfield regards the following as examples of unacceptable measures of control and discipline: Any form of physical punishment, threatening/intimidating behaviour or language, humiliation or mocking of service users, withholding food, drink and medicines, force feeding, fines, swearing, shouting, removal of a service user’s mobility or communication aids and equipment, and using restraint as punishment.

This policy will be reviewed every 2 years by the Play & Youth Services Manager with involvement of the Executive Committee, staff and service users

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1. Assessing individual needs

Before any child attends a club or playscheme at Markfield their parents/carers are required to complete a Child Information Form (CIF). This form provides a profile of the child, giving information about both the child's care needs and their personality. When an adult applies to attend a session we will support them and their carers to complete an Adult User Plan.

When filling in a Child Information Form /Adult User Plan it is important that staff explain to parents/carers what this form is for and how we will use it. As a service user may have been excluded from other settings as a result of unwanted behaviour, they and their parents/carers may be reluctant to be open about behavioural issues. It is important that parents/carers are informed that we do not exclude people at Markfield, and that any information they share with us will be used to help us plan for *including* service users effectively, and not used as a reason to exclude them.

In order to get all the information we need for the Child Information /Adult User Plan staff may need to 'prompt' parents/carers who are unsure what information is being asked for. In Appendix 1 of this policy is a copy of our Child Information Form, and Appendix 2 is a copy of our Adult User Plan; these appendices contain some additional questions that staff may want to ask in order to get a fuller understanding of the service user. This list is not exhaustive and often parents/carers/adult service users will not need all of these prompts. Families using our services will be as varied and unique as the service users themselves; every carer will need a different level of support with this form. The professionalism and tact of the person helping them to fill out these forms is crucial to build their confidence in our ability to provide a quality service.

Before the child/adult attends Markfield the service manager should have read this form themselves and offered the relevant members of staff the opportunity to do so too. (Updated copies of AUPs/CIFs are in the session file.)

A Child Information /Adult User Plan should never be considered complete – it is a working document that should be reviewed and updated regularly to include our knowledge of the service user at Markfield. The information held in the Service users' information forms should be updated once a year to ensure it is still accurate.

2. Session planning to promote positive behaviour

Sessions should be planned and structured in a way that takes account of the individual needs of service users, and in a way that is clearly understandable to them and does not diminish their choice. There are several factors in planning for a session that can have a positive effect on service users' behaviour: staff preparation; setting up; and ensuring session materials are accessible and activities appropriate.

- **Staff preparation**

While most sessions do not need to appear to be planned to service users, it is important that staff co-ordinate their movements in order to ensure the session runs smoothly. Service users should be made aware of staffing changes as soon as possible – on longer sessions where members of staff are taking lunch breaks they need to prepare service users for their absence and explain how long they will be gone as sudden changes often trigger unwanted behaviours.

'Predictable tasks' that require two members of staff, such as incontinence pad checks, should be timetabled in order to ensure that other service users can remain engaged at these times.

- **Setting up**

While service users should be allowed free choice as much as possible during sessions it is important that the space they use looks interesting and visually offers them exciting positive options of what to do with their time. If there is something exciting immediately and obviously on offer then they are less likely to try and make the session interesting by engaging in unwanted behaviours.

- **Making session materials accessible**

It is important to think about all the people attending a session and to have planned for ways for them to be included in all activities on offer. If specialist equipment is needed this should be made available as part of session preparation so that the service user does not have to wait for equipment to be found/set up before they can join activities.

- **Providing appropriate activities**

Often unwanted behaviour is a result of under- or over-stimulation which is why it is important that people are offered a choice of appropriate activities on the sessions. A session should always be set up so there is a 'quiet area' so that people who are struggling with amount of activity going on in a session have the opportunity to withdraw before they become distressed.

An activity space should be set up in such a way that there are clearly visible choices of activities on offer.

- **Providing a predictable structure**

Most people find it easier to behave appropriately when they know what is expected of them. Having a clear structure to the session helps people to know what to do when and reduces anxiety. Many of our service users may find times of transition from one activity to another stressful and confusing, so it may be helpful to provide them with visual timetables so they know what to expect, supported by the use of countdown tools towards endings and changes such as the use of egg timers, finishing songs, traffic lights, circle times or '5 minute warnings' to signal that an activity is coming to an end.

3. Strategies to promote positive behaviour

At Markfield we use positive behaviour strategies which enable people to make positive choices. We believe that a good play or leisure environment is one where people's positive choices are acknowledged and valued.

- **Effective communication**

The people who use Markfield services have a wide variety of communication needs. It is important that people are communicated with in a way which is appropriate to them. It can be very frustrating not to be understood, and often people will display unwanted behaviour as a result of this. Therefore it is important that staff take the time and effort to ensure they understand what a person is trying to communicate to them and seek help through supervision if this is an ongoing problem.

Instructions and requests should be clear and concise; staff should be careful to use simple language and wherever possible to use body language, signs or symbols to reinforce these requests.

Many people with autism and learning difficulties have an auditory processing delay; this means it can take them some time to be able to understand the meaning of the most basic sentence. This is why it is important to wait before repeating instructions, and to ensure you speak as clearly and concisely as possible.

Staff should explain the reasons for their instructions at a level appropriate to the service user's understanding. Staff should remember that clear use of body language and gestures as well as using symbols and pictures may be the most accessible form of communication for some service users.

Service users should always be given fair warning of anything that is expected of them and given time to comply.

- **Modelling positive behaviour**

'Modelling' is simply setting an example. Service users will pick up from adults' behaviour what is acceptable in a setting.

As young people and adults we learn most from watching other people. With this in mind, all staff on the session must take care to model positive, polite and considerate behaviour to all service users and staff. An activity or game in which staff are fully engaged and showing enjoyment is far more appealing than one where workers appear reluctant to join in; we are 'modelling' to service users how to get on well together. It is important that we are consistent with the behaviour we model to people; this will help them to feel secure in the setting.

Service users will also model good behaviour to others in sessions. It is important that when this happens it is acknowledged by staff.

Children's Example
"Look how nicely Chris is sitting and waiting for his food."
Adult Example
"Hey look, John is washing up everyone's cups, thanks mate"

- **Rewarding positive behaviour with attention**

In an environment where positive behaviour is encouraged and rewarded with attention from staff, people are more likely to choose positive role models.

A problem with the traditional punitive methods of behaviour management is that people displaying unwanted behaviour are given extra attention by staff, leaving other service users who are not displaying this behaviour feeling starved of attention. These methods often lead to service users seeking attention by using unwanted behaviours.

Therefore staff should acknowledge and praise all service users in the session when they see positive behaviour. People respond well to feeling that their efforts are valued by others; it is often useful to show people that their behaviour is noticed by describing what a person is doing.

Example
"Look at how high you are jumping!"
"I can see Jenny waving a flag on the structure."

Another way to do this is by physically echoing their behaviour, eg. by jumping when the service user is jumping or dancing when they are dancing. Physical echoing can be particularly effective as a positive reinforcement for people with limited movement; echoing and exaggerating their movements acknowledges their value. Attention is different from praise; praise tells people what we like and what we want them to do. Attention without judgement allows people to see that what they are doing is valuable simply because they are doing it, and they like it, and that they do not have to tailor all their behaviour to please others.

Staff should be careful not to compare behaviour of different people in a negative way, but instead should focus on the positive behaviour that they want to encourage.

Example
Say: "look at how beautifully you're sitting Sue – that's great."
Rather than: "Why can't you sit up straight like Sue?"

- **Giving praise**

People enjoy being praised. It is important that whenever we see a person engaging in behaviour that we want to encourage, we should ensure that this behaviour is praised. It is important to be clear and specific what we are praising if we want the behaviour to be repeated.

Example
Say: "Thank you for picking up the rubbish, that was helpful"
Rather than: *"Thank you that was lovely"*

People with communication difficulties can be confused about what behaviour is being praised; it is important we make this clear to them.

Example
"Thank you for wiping the table, that was really helpful of you."
"Well done for helping Sheila find a hiding place. I think it's great that you helped her to join in – I'm so proud of you."

Staff should not withhold praise for positive behaviour as a result of previous unwanted behaviour.

- **Allow people to manage conflict independently**

It is natural in a social environment that people have disagreements and conflicts amongst themselves. As far as possible, and as long as there is no significant risk to anyone's physical or emotional well being, they should be encouraged to solve these themselves.

Intervening in every little disagreement or conflict immediately reduces people's opportunities to learn how to manage disagreements themselves. Often given the opportunity to decide between themselves, people reach a solution that is positive for them both. Through this they develop confidence, life skills and an understanding of negotiation.

Staff should only get involved in disagreements between service users if they feel that there is a significant risk to either, or that the balance of power is uneven and there is a risk of bullying. When staff get involved this should be to facilitate the people coming to a resolution themselves.

4. Identifying unwanted behaviours

- **What is an unwanted behaviour?**

Unwanted behaviours are any behaviours that put a service user or anyone they come into contact with at significant risk of physical or emotional harm.

Before staff decide if a behaviour is unwanted they need to decide why they want the behaviour to stop (ie. whether it is really a problem or not). A behaviour involving manageable risk, minor disagreements between service users, or merely causing inconvenience to staff should not be classed as unwanted behaviour.

Staff need to think carefully about when and how to intervene in relation to service users' behaviour. If we intervene to tell a service user off because they have dripped paint on the floor or are chewing with their mouth open, how will this affect the impact of us intervening in a more serious incident? How will a person identify the difference between behaviour that is just 'not ideal' and behaviours that it is essential that they stop?

Make the rules clear
Often we confuse people by offering them unclear rules. For example if we say "we have a rule that there is no hitting at Markfield", this may imply to a service user that pinching or kicking is not specifically against the rules.

It is much clearer to say "We respect people's bodies and feelings at Markfield and anything that hurts feelings or bodies is not OK."

Additional support to understand what behaviours are and are not appropriate using symbol books, games or social stories, should be made available to service users who need it.

5. Techniques to manage unwanted behaviour

There are many techniques that can be used to manage behaviour; the ones we use at Markfield are listed below in order of preference. The techniques listed first are the ones we would like staff to use in every session.

- **Giving clear instructions**

It is important to give clear concise instructions/directions to people on sessions. When used on their own, words like 'don't' , 'no' and 'stop' are not clear, and can lead people to feel confused about exactly what behaviour is unwanted. Always try to phrase instructions in a positive way.

Example
Say: "Please talk more quietly"
Rather than: *"Stop shouting"*

Instructions should always be polite and respectful. We should always thank people once they have done what is asked of them.

If the action you want a person to do has several different parts, ensure that this is made clear to them by breaking down the instructions into steps:

Example
Say: "We need to get ready to leave, so let's get our coats and bags from the cloakroom, put on our shoes and wait by the door."

In order to make this clearer, you should wait for at least 6 seconds and then repeat the first thing you want the person to do: "Please go and get your coat and bag from the cloakroom", and then wait until this is done

before saying “OK now can you put on your shoes”...

Don’t say: *“Get ready to leave now.”*

- **Planned ignoring/praise**

At Markfield we NEVER ignore a person. However it can be useful to ignore a particular *behaviour*. Often people use unwanted behaviour as a way of gaining attention, and will therefore see any response to this behaviour as a reward.

Before deciding to use the ignore/praise technique it is important to be sure that the person’s behaviour is not likely to harm themselves or others.

Often a person’s initial response to their behaviour being ignored is to escalate the levels of their behaviour before the behaviour stops. As long as you continue to feel the person is not at any significant risk to themselves and others you should continue not to acknowledge the behaviour.

Simply ignoring unwanted behaviour does not work on its own. In order for a person to learn from the experience of their behaviour being ignored, they must be praised as soon as this behaviour ceases; the praise must be related to finishing the unwanted behaviour and to any continued positive behaviour they exhibit. The ignore/praise technique is most effective in environments where people are regularly acknowledged and praised.

- **Distraction**

Often unwanted behaviour is a result of boredom. Starting an interesting/ lively/noisy game within sight of a person displaying unwanted behaviour can often allow them to make the choice to stop this behaviour and engage positively in the session. This can be used alongside the Ignore/praise technique.

- **Giving structured ‘choices’**

People showing low-level unwanted behaviours can be offered a structured choice rather than an instruction.

Example
Say: “you have two choices - we can either go and dig in the garden or we can go and do painting in the training room”.
Rather than: *“leave the room now”*

It may take a person some time to make a choice – but don’t vary the options you are presenting as this would be inconsistent. This technique should not be used with ignore/praise but if a person continues to struggle to make a positive choice it may be appropriate to move onto the strategy of first/then (see below).

- **The “First... Then.....” strategy**

If you have offered clear instructions and positive choices and a person is still displaying unwanted behaviour it may be useful to move onto this stage.

Using the 'First/Then' model we show people what we want and expect from them, but stress that *they* are in charge of what they do until they choose to comply. This strategy helps people to realise that choosing to comply is a positive choice for them to make.

The 'First/Then' model has three stages, and it is important that you give a person time and space in between these stages to calm down and choose to do what is asked of them without losing face.

Step 1) "First you must....., then you can....."

Example
"**First** you must help clear the plates **then** you can DJ in the hall"

Whatever we ask the person to do must be reasonable – eg. it is reasonable to ask a person to be calm for 3 minutes, or tidy a mess they have made (with your help); it is not reasonable to expect them to apologise to the group of people, or lose face in any way.

It is also important that the "then you can ....." activity is something the young person actively wants to do.

Step 2) "When you..... then I will....."

Example

"**When** you help clear the plates **then** I will get the decks out"

Using the word 'when' rather than 'if' expresses confidence that the person will make the right choice, and showing that you will do something as a consequence of that choice makes you invested in the positive outcome for the person.

Step 3) "First you **must** ..... before anything else"

At this point you need to give a person time to comply; it is also important to give them space to do so without feeling like you are pressuring them.

It is important to stay aware between these stages and to praise the person immediately upon them making any positive choice. If they have been asked to do something you can help with then ensure that once they have made the first move that you help them and engage with them positively whilst they are doing what is asked of them.

- **Use of physical restraint**

In general Markfield does not support physical restraint. However we understand that in extreme circumstances it may need to be used.
If staff need to use restraint, they should tell the service user in a calm voice using minimum words what they are going to do before they do it. They should not enter into any debate or argument with the service user.

Physical restraint of service users may be necessary in certain extreme situations where their behaviour poses such an immediate significant risk to their own or others' health and safety that urgent action must be taken. Restraint should *only* be used as a *last resort* if the other strategies described in the sections above have not worked. Restraint must never be used as a punishment, and must always be proportionate, and controlled. Staff must use the least restrictive possible interventions needed to keep people safe, for no longer than absolutely necessary.

For any service user who, based on previous experience and/or information from other agencies, we have identified as potentially needing to be restrained at times, a written risk assessment and possibly also an individual behaviour plan will be put in place. The Service Manager will discuss their risk assessment including the possibility that we might need to use physical restraint with their parent/carer, and must record that this discussion has taken place on the risk assessment form.

In any situation requiring the use of restraint it is important that one staff member leads the response (usually this will be the Session Leader) and that other staff follow their instructions. See appendix 5 of this policy for detailed guidance for staff on responding to a crisis situation. If a staff member disagrees with a decision made by a Session Leader in dealing with a crisis situation this should be fed back at a later point as part of the follow-up to the incident.

Staff who regularly lead sessions where Markfield is in sole charge of service users (ie. sessions where they are not accompanied by a parent/carer) on which there are service users for whom the possibility of the need for planned restraint has been identified in their risk assessment will undertake training in managing challenging behaviours and de-escalation techniques.

If it is necessary to physically restrain a service user this should where possible be carried out by two staff members, and staff are expected to use the minimum force necessary to achieve the outcome sought (ie. to prevent the service user harming themselves or others).

People must never be deliberately restrained in a way that impacts on their airway, breathing or circulation. The mouth and/or nose must never be covered and techniques should not incur pressure to the neck region, rib cage and/or abdomen. There must be no planned or intentional restraint of a person in a prone/face down position on any surface, not just the floor. (This is in line with government guidance – see reference below).

Example
"Sunita, we are going to hold you to keep you safe, and then we are going to take you in the lift downstairs to the soft play room so you can calm down."

Whenever it has been necessary to use physical restraint it is essential that the staff members involved complete incident forms, and the Manager or Session Leader must inform the Director or safeguarding manager as soon as possible. They must also

inform the person's parent/carer about what has happened and take the views of the service user and their parent/carer into account when deciding any follow up action.
Reference: *Department of Health guidance on 'Positive and Proactive Care – reducing the need for restrictive interventions'*
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

6. Managing persistent unwanted behaviours

Incident reporting
Any behaviour that you perceive to be unwanted should be discussed with your line manager, who will tell you if this needs to be recorded on an incident form.

Incident forms are reviewed by the relevant Service Manager and Safeguarding Officer, who will decide on what further action should be taken.

If a person is displaying unwanted behaviours on a regular basis, or any particular session has a high level of incidents, this should be identified by your line manager or the safeguarding officer, who will decide how we address the issue.

Individual monitoring
A Service Manager may decide that it would be worthwhile to formally monitor a particular service user's behaviour for a period before undertaking a review to see if they can identify any patterns, or cues for unwanted behaviours.

This monitoring may identify a pattern of behaviour and make it easier for staff to avoid situations where people display unwanted behaviour.

Risk assessment
If a service user is regularly displaying unwanted behaviour, or has displayed any behaviour that has put themselves or others at significant risk of emotional or physical harm, the relevant Service Manager/Session Leader will complete a written risk assessment. A risk assessment will need to be undertaken before they can continue to use services. Undertaking a new risk assessment should be a priority for Service Managers and they should ensure that a delay in completing a risk assessment does not result in a reduction in service for that user. However if a risk assessment could not be completed before the next session that the user is due to attend then alternative provision should be offered to the family outside of Markfield. One way in which this could be done is by providing a play worker to work in the home alongside parents for that session.

The purpose of the risk assessment will be to identify what the risk factors around a person are, and what steps should be taken to minimise these risks. The risk assessment proforma should be used (see appendix 3).

A copy of this risk assessment should be put in a person's electronic service user file and in the session file.

It is the Service Manager/Session Leader's responsibility to ensure that staff on sessions know when a person's risk assessment has been updated.

Individual contracts
If a person is displaying repeated unwanted or unsafe behaviours it may be appropriate to enter into a written contract with them around their behaviours.

If a member of staff enters into a contract with a service user it is important that the goals set in this contract are achievable; if a person displays multiple unwanted behaviours a member of staff may need to prioritise the behaviour they want to eliminate and identify just one or two of these behaviours initially in order to ensure that the person can succeed.

It is important to remember that there are two parties in a contract (see appendix 4); if a person is expected to change their behaviour they need to see that changes can be made for them too. A core member of staff must commit to something on this contract, and this must be something achievable, which should be negotiated by the service user and could be something like providing a certain snack on the next session, time on the computer or remembering to call the person by their preferred nickname. The member of staff is responsible for ensuring that the contract discussion is based around positive behaviours and that anything in the contract will not impact negatively on other service users.

The staff team must ALWAYS follow through on their contracts regardless of the person's behaviour. A review date for a contract should be set for 1 or 2 sessions after the contract has been set. If the person has kept to their side of the contract you may wish to extend the length of time before the contract is renewed. When you feel a person's behaviour has changed enough that they no longer need a contract you should ensure that they are praised and made to feel that ending the contract is a reward.

Referral to Family Support Team
If the strategies described above have been tried but have not been effective, the Service Manager may choose to refer the service user to Markfield's family support team who can seek to work with the family around the person's behaviour and liaise with other professionals, if this is what the person's family wants.

7. Ensuring the safety of service users and staff during serious incidents (please see also the appendix 5 guidance for staff for managing a crisis situation)

What is a serious behavioural incident?
A serious behavioural incident is any situation where a service user puts themselves, other service users or staff at immediate physical risk.

All staff and service users have a right to be safe at Markfield. When a serious behavioural incident occurs, the first priority of staff members must be to keep service users and themselves safe, and only once this has been considered should they worry

about protecting resources. All behavioural incidents are different, and staff have a responsibility to consider their own health and safety and that of the service users in their care in the light of the particular incident before undertaking any of the interventions suggested below.

Following a serious incident the session leader is responsible for convening a meeting with the staff involved to evaluate any lessons to be learned. For any incident with safeguarding implications they will also meet / consult with safeguarding officer or Director within 24 hours, and agree actions.

- **Separating service users**

In the case of a violent incident between two or more service users where other interventions haven't worked or you feel that waiting for these interventions to work would compromise their health and safety, your first priority should be to separate the persons in conflict. Often the simplest way of doing this is by placing yourself between the service users and encouraging them in a calm voice to move away from each other. Service users should be offered a quiet place to calm down and time away from each other before any attempts are made to come to a resolution of the matter.

- **Moving service users into safe spaces**

Should an incident occur that you consider puts other service users at risk, it is important to move other service users away from the 'danger area'. This should be done in a calm and positive manner by staff suggesting and directing service users to alternative activities that are happening elsewhere in the building. If service users do need to be moved to a separate area of the building for their safety, ideally this area will be out of sight of the person whose behaviour has posed a risk.

- **Creating contained, low stimulus areas**

If a service user is displaying behaviours that lead you to believe that they are 'out of control' and are unable to choose to calm down, it is staff's responsibility to try to create an environment with as little stimulation as possible in order to support the service user to regain control of their behaviours. Ideally this will happen by encouraging the service user to make their way to the soft play area. If this is not possible staff may need to create a low stimulus environment where the person is, which will often involve:

- removing other service users from the area
- turning off any music, television /computer screens or artificial lights
- removing any portable furniture/toys from within reach
- minimising the amount of stimulus you provide by using minimal low key body language and non verbal communication
- temporarily restricting the area that the person can move around in by closing and locking doors or placing staff members at exits
- sometimes it may be necessary for staff to leave the space where a service user is in order to preserve their own health and safety. If this happens it must be made clear to the service user that this is not a punishment and is to keep everyone safe. If staff members leave the room a service user is in they must always ensure that they leave an opportunity for the service user to

communicate with them should they choose to; it might be appropriate therefore to sit the other side of a window, or to leave a gap in the door to post notes or talk through.

- **Seeking help - internally**

Dealing with a serious behavioural incident can place pressure on a staff group, especially if a service user or staff member has been injured or is distressed. If staff on a session feel that they need additional support urgently they should make this known to a core staff member as soon as possible, and they will endeavour to identify someone in the building with the suitable experience to provide support and relief to the staff on the session.

Should a serious behavioural incident happen outside of core hours or when there are no additional staff in the building, the on call phone should be called as soon as this is safe, and the on call manager will advise whether they are in a position to return to the building to provide support or if staff would need to seek help externally.

- **Seeking help - externally**

On the very rare occasion that staff are unable to de-escalate a serious behavioural incident and a service user continues to display behaviours that put themselves or other service users or staff at risk of injury, a decision may be made to contact their parents/carers, or as a last resort seek help from the police. This decision should only be made by a senior manager in the building or in consultation with the on call manager.

Appendix 1

Guide for staff for managing a crisis situation

STEP 1 – INITIAL RESPONSE	
Staff member at the scene ('initial staff member')	Initially try strategies to de-escalate situation Risk assess the likelihood and impact of the behaviour (is it a first time behaviour or known? Consider the guidance in the individual risk assessment) Aim to manage the environment and separate service users **Get help – call "staff"**
STEP 2 – GETTING HELP	
Sessional staff	**Respond to "staff" call.** Risk assess what you are doing and try to go to the person calling "staff". Agree with other staff members who will stay with the group and who will leave to respond to the call. If the session leader has not heard the call – make sure they know who has called "staff" and cover their group if needed so they can respond. The session leader must be made available for the crisis situation. **When at the scene say "help available"** and wait for response. Do not intervene until the other staff member has told you what to do (they have a better picture of the situation and the risks) If you are not needed at the scene (and there are already two staff members there) go back to your group. Occasionally check on the crisis situation to see if it has changed and whether additional help is needed.
Non-sessional staff	**Respond to the call for staff.** If you are in an office with other staff agree who will respond to the call and who will stay. **Keep at a distance from the scene** and wait to be directed by the initial staff member or session leader. If you are not noticed, say "help available" Remember to take keys and lock doors. **Consider how the building is being used** – for example, it may not be safe/appropriate for visitors to be left in the first floor waiting area, or in the reception/entrance area. **The receptionist should remain in the reception office, with the door locked**.

STEP 3 – COORDINATING THE RESPONSE	
Initial staff member	**When help arrives say "yes stay" or "no go"** to be clear if you want the extra help. You must always have at least one other person with you, even if they observe. **Tell other staff & the service user what you are going to do** – see policy for more guidance. **Continue to risk assess.**
Sessional Staff	**Respond to what the initial staff member has asked for.** You may need to stand back and be available rather than act straight away. Continue to help risk assess. * Keep language minimal and clear. Stay calm and work together as a team.
Session Leader	**Get to the scene as quickly as possible.** Risk assess: the priority will always be to ensure staff and service user safety. **Lead the coordinated response** – you may ask a staff member to get more help, make a phone call (this may include emergency services), move equipment. You may ask the initial staff member to swap with another staff member, or take a break. **If necessary lead the use of restraint.** This must never be done as punishment and must always be proportionate, controlled and as a last resort to keep people safe. Any restraint should be part of the individual's behaviour support plan or risk assessment and be rehearsed with staff so they know what to do. **Direct all staff on the session** – this might involve telling other staff to take service users into a different space, arranging for the service user to move or go home.
Non-sessional staff	You may be asked to help with practical aspects of the response such as moving equipment and changing the space. **Do not step in to intervene in the situation directly.** **Re-consider how you use the space** – you may have to leave the building via the kitchen rather than the front door, you may have to stay in your office. You may be asked to **help oversee** an area of the building if we are understaffed.
STEP 4 – RECOVERY	
Session Leader	**The aim is to get to recovery as quickly as possible.** This may involve helping the individual express their emotions in a less dangerous way eg going outside to shout and supporting them to calm eg hugged or rocked **Once the individual is in the recovery stage plan the rest of the session** – can they be reintegrated into the session? Are they going home? Need to move to another space? **Make sure sessional staff have an opportunity to recover.** If anyone has been hurt they should be able to leave the session for a few minutes, this must be directed by the session leader.
Sessional staff	**Follow directions from session leader**
Non-sessional staff	**Follow directions from session leader.**

STEP 5 – FOLLOW UP	
Session Leader	Ensure parents/carers are aware of the incident Inform service manager or safeguarding officer of incident (this might be via On Call) **Share information** (as appropriate) with other professionals (there may be instances where a referral needs to be made straight away) Ask relevant staff to write up incidents (and possibly ABC chart) **Write up a review of the overall response to the crisis** – Were all steps followed? Is any follow up needed with individuals involved? Gather feedback from staff involved. **Review** risk assessment, session plan, behaviour plan, staffing in preparation for the next session If damage has been caused to the building or resources, inform the rest of the team If restraint is used have a follow up discussion with all involved – in person or via phone to review practice and plan for the future Review with the service manager and safeguarding officer and follow up agreed actions
Service Manager	**Read incidents and discuss with session leader** Advise session leader of necessary follow up actions **Ensure safeguarding officer guidance acted upon** **Record all actions taken**
On call/Safeguarding Officer	Discuss with service manager and offer immediate advice Read incidents and offer further guidance **Log incidents, follow up guidance and track actions taken** Make referrals and link with other agencies as appropriate
Sessional Staff	**Complete incidents on time** **Discuss incident with session leader**
Non-sessional staff	**Contribute to the follow up** – are any actions needed, review for future planning? Give feedback to the session leader or service manager.

*It is important that one person leads the response and this must be the Session Leader (or, if they are not available, a Senior Manager). If a staff member disagrees with a decision made in a crisis situation, this should be fed back to the Session Leader/Service Manager *at a later point* as part of the follow up.

Appendix 2

Guidance in filling in

Child Information Forms

We are aware of the sensitive and confidential nature of this information. This form will only be seen by Markfield staff who will be working with your child. You **must** fill out the sections marked with an asterisk (*) before your child attends Markfield.

Date completed:

*** Name of child:**	***When you ask for the name of the child also ask if there is something the child likes to be known as.***	
Date of birth:	Age:	Boy/Girl:
Address: Postcode:		

*** Name of parent/carer 1:**	**Name of parent/carer 2:**
Home phone: Mobile:	Home phone: Mobile:
Relationship to child:	Relationship to child:
Parent/carer email address:	
Child's ethnic origin:	
First language:	Other languages:

*** Child's disability/special needs**
Please tell us what your child's disabilities/special needs are, or if they are a sibling of a disabled child:

Education					
Name of your child's **school:**					
School type:	Early Years ☐	Mainstream ☐	Special school ☐		
or:	Home educated ☐	No current school placement ☐			
SEN level:	School Action ☐	School Action Plus ☐	Statement* ☐		

**Please send us a copy of part 2 of your child's statement if they have one*

*** Emergency contact details**
We must have the name, address and phone number of someone who can talk about or care for your child in an emergency, i**f you are not available**.
Emergency contact person's name:
Address:

Phone number:	Mobile number:

Professionals involved with your child: So that we can support your child in the best way, please tell us about any professionals involved and what their involvement is (eg. social worker, nurse, therapist) .		
Service	**Name**	**Telephone number**
☐ Social worker		
☐ Educational psychologist		
☐ CAMHS		
☐ Others		

Parent/carer's support needs:

So that we can support you in the best way, please tell us about your own needs, for example if you have a learning or physical disability, a long-term illness or a mental health difficulty such as depression or anxiety:

Do you need an interpreter to take part in meetings? Yes ☐ No ☐

What is your first language? _____

Your child's needs:

*** Communication**

How does your child communicate? Verbal (speaking) Yes ☐ No ☐
Other (eg. British Sign Language, Makaton):
Some parents will have a lot to say to this question, while others will just say, 'he doesn't' or 'she talks'. Ask parents more specific questions; if they want some thing what do they do? Point? Take you there? Cry?
More often than not parents' communication with children will be with informal systems even if a child uses PECS or Makaton at school, but they may be worried that if they explain this they'll sound silly. Be sure to reassure parents that you are talking to them as the expert on their child and that in this situation they are the professional and you want to learn from them.

Does your child use any equipment to help them to communicate?
If so, please give details:
This is more likely to be a formal system so if parents say no, ask 'what about in school?'

Please tell us how your child shows that they are:

Happy:

Distressed:

Hungry:

In pain:

Needs the toilet:

Fill this in for every child EVEN IF THEY ARE FULLY VERBAL. Most children communicate primarily through behaviour, and physical 'tells'. Just because a child can talk to you doesn't mean they will so it is useful to know that one child is noisy when they are unhappy while another may find a quiet place to be by themselves.

*** Behaviour**

Are there any particular types of behaviour which we should be aware of?
At this point make it clear that 'Markfield includes all children, and we won't reject your child as a result of anything you say here – we just want to ensure we can care for them as well as possible'.
Parents of children who use our services are likely to be used to their children being rejected from mainstream services; it's important that they feel this isn't going to happen at Markfield.
Ask specific questions: at this time parents may tell you about behaviour towards other children, but does their child self harm?
The more information we get here the better.

Do you think your child would try to leave the Markfield building without permission? Yes ☐ No ☐

Are there particular things which upset your child? (e.g. heights, loud noises)
If a parent says no: rephrase, eg. anything that frightens them, or makes them angry or worried?

What can we do to help your child to calm down if they are upset or angry?

If parents struggle to answer give them clear choices – would they prefer a hug or to be left alone. To be distracted or to be found a quiet place?

Do they have a favourite book or song that calms them down?

Or best of all just ask ' what do you do?'

*** Diet**

Does your child have any food allergies, or foods they must **not** have?

Is your child on a special diet? Yes ☐ No ☐
If 'yes' please give details:
Ask if the child is aware the food they eat is different – how do they feel about that?

Is your child able to feed themselves? Yes ☐ No ☐
If 'No' how can we best help your child with feeding?

Is your child tube fed? Yes ☐ No ☐ ***(If 'yes' please complete the Medication Information Form and provide a copy of any information you have from your child's Doctor/Nurse/Occupational Therapist.)***
*** Personal care**
Does your child use pads or nappies? Yes ☐ No ☐
Is your child able to tell us when they need the toilet? Yes ☐ No ☐
Does your child need to be reminded to go to the toilet? Yes ☐ No ☐ ***How often? Do they need you to say toilet or sign it?***
Are there any particular times when your child usually goes to the toilet?
Does your child need help when they use the toilet? Yes ☐ No ☐
Is there any other information you would like us to know about your child's toileting or personal care needs? ***If a young person uses any communication system at all they should be involved in discussing how we should meet their personal care needs.*** ***If your child uses pads or nappies, please send us some spares.***
*** Moving and handling**
Does your child need help with moving? Yes ☐ No ☐ (If yes, please tell us the best way to help them, and how much they weigh). ***Parents of children with PMLD will often say no to this question , or 'only when they need the toilet', but ask for more information. How much controlled movement does the child have, is there a particular position they are most comfortable in, how often do they get out of their chair, where in their bodies do they have feeling, do they like being touched?***
Can your child support their own weight? Yes ☐ No ☐
Is your child likely to fall easily? Yes ☐ No ☐
Will your child be using a wheelchair, walking/standing frame, hoist or any other manual handling equipment while at Markfield? Yes ☐ No ☐ If 'yes' please tell us what equipment they will use:
Your child's interests
Does your child have any particular hobbies, interests, or activities they enjoy doing, or are there trips out that your child would especially enjoy? ***Ask what do they do at home? What's their favourite toy? What do they get most excited about doing?*** ***Don't just ask about formal play: if a child really likes opening and closing doors, or touching people's hair that is equally valid.***
Are there any trips or activities that your child must **NOT** do because of cultural/physical reasons, or because they might find them distressing?
Please let us know any other information about your child that you feel is relevant. The more we know about your child the better we will be able to plan to meet their needs. You may attach additional sheets as necessary.

* Parent/carer consent

I _____ (name of parent/carer)
give permission for my child _____ to take part in Markfield activities, both at the centre and on supervised trips out.
If there are any activities that you **do not** give permission for your child to take part in, please tell us here:

Consent to share information: Please tick the box if you consent to Markfield contacting the professionals named in this form about your child. ☐
Consent to use your child's photograph: Please tick box if consent to photographs of your child to be used for Markfield purposes only (eg. for newsletter, website), both now and in the future. ☐
Consent to use your child's name: Please tick box if you give permission for your child's first name to be used in Markfield publicity. ☐

***Signature of (Parent/ Carer):** _____Date_____

Data Protection: Please note that by signing this form you give us permission to hold the information on manual and computer files. We keep this information for Markfield purposes only. We will only use the information to enable staff to assess needs, provide care and support, and to monitor and review the services provided so we can ensure we meet statutory and funders' requirements.

* Medical information and medical consent

GP's name	Phone number
GP's address	
Is your child on any **medication**? Yes ☐ No ☐ If 'yes', you must complete the medication information sheet with this form	
Does your child have **epilepsy**? Yes ☐ No ☐ If 'yes', you must complete the epilepsy information sheet with this form	
Has your child had a **tetanus injection** in the last 5 years? Yes ☐ No ☐	
Is your child **allergic** to penicillin? Yes ☐ No ☐ Please list here any other drugs they are allergic to:	
I give permission for my child _____to receive medical attention and/or hospital treatment in an emergency. I give permission for Markfield staff to administer medication according to the details given on the medication information sheet with this form. *** Signature of parent/carer:** _____ Date_____ **Name of parent/carer (BLOCK CAPITALS):** _____	

This form must be signed and returned to Markfield before your child attends any sessions. **WE CANNOT ACCEPT YOUR CHILD WITHOUT IT.**
Return this form to: Markfield, Markfield Road, London N15 4RB Tel: 020 8800 4134

EPILEPSY INFORMATION FORM To be filled in for children who have epilepsy			
Name of child			
Nature of seizures: (Please give detailed information)	Are there any signs that we should watch out for?	Are there any known triggers that will bring on a seizure? (Please list)	What action should be taken if your child has a seizure at Markfield?

Parent/carer's signature: _____ **Date: ____/_____/_____**

Appendix 3

INDIVIDUAL SERVICE USER RISK ASSESSMENT

Risk Assessment for (name of service user):	
Which session(s) they attend:	
Risk assessment written by (staff member):	
Date written or updated :	

Background		
Explain why this risk assessment is being done (eg particular incidents, or new information from parents/carers):		
What are the risks?		
What could happen?	What is the **likelihood** of it happening? (High, Medium, or Low)	What is the **impact** if it happens?(High, medium, or low)
Benefits to maintaining the activity		
Reasons why the service user should continue to use the service:		
Actions to manage the risk		
Eg. particular strategies to use to manage behaviour, and/or other advice/instructions to staff		

Appendix 4

Contract for Change

Service user's name	Markfield staff member's name
I agree to do the following	I agree to do the following
Service user signature	Markfield staff member signature
Date contract signed	
Date to renegotiate contract	