Behaviour, Relationships and Communication Policy

Introduction & Purpose

KTM Care Ltd is a Care Service for All, specialising in Autism, supporting people under the heading of 'Domiciliary Care Agency' which is regulated by the Care Quality Commission (CQC).

In addition to this KTM Care Ltd, provide Non-School Alternative Provision for children of statutory school age to 17 years of age. The children we are supporting have been unable to access Education for various reasons and in partnership we work collaboratively to create a tailored plan that will assist in transitioning the children back into Education.

KTM Care can be contracted by the Local Authority (Education) and where our services are required, provide up to 16 hours per week of Non-School Alternative Provision, this also applies to Schools/Colleges.

At KTM Care Ltd we pride ourselves in creating a caring environment that is built on trust, we believe in the importance of relationships, connection and communication, so that children and young people feel valued, safe, secure within our provision and develop a sense of belonging.

This Behaviour, Relationships and Communication policy is therefore designed to support the way in which all members of our community can live and work together in a caring way. The aim of this policy and accompanying procedures is to set out guidelines that have a positive care approach towards our children from this includes our approach, how we communicate and engage, and in the circumstances in which the use of restrictive physical intervention techniques maybe needed to ensure the safety, dignity and respect of children, staff or other individuals.

At KTM, we value every child and work in partnership with families, schools, the community, and beyond to provide diverse experiences and holistic support. Our aim is to nurture children and young people to become confident, resilient, and ready to thrive.

Safety is always our highest priority, for children, young people, and our staff. We are committed to creating a supportive environment where everyone can learn and grow.

Aim

KTM Care Ltd's aim is provide a high-quality specialist service to meet the needs of complex children and adults to help them reach their full potential by addressing their individual needs in a person-centred way. As everyone is different, their support would be is tailored to them, using a positive behaviour-based program that encompasses specialisms such as Autism. The fundamental basic care needs we aim to deliver are as follows:

Social wellbeing: To feel valued and respected, emotionally happy and satisfied with their lives, supported to access the local community through social activities and travel, to value relationships and build new ones.

Material wellbeing: To feel safe in their home environment, supported with everyday life in managing finances, social and health care needs.

Physical wellbeing: To feel healthy and well, supported with health and fitness to achieve emotional and physical wellbeing through a variety of different ways including holistic therapies.

Cognitive wellbeing: To feel supported with learning and understanding positive new life experiences, be empowered and have choices to achieve fulfilment with life.

The key principle of this policy is that it should be the level of risk presented which determines how staff respond, not the setting in which the risk is presented.

The Approach

At KTM Care Ltd we support those with complex needs, this includes children who may be non-verbal, neurodivergent and or with a learning disability.

KTM Care Ltd staff actively engage, support, adapt and individualise packages of support for all children that attend our setting, this is to ensure they can progress:

- In a positive, safe and happy, learning environment
- By enabling their independence.
- Supporting and actively encouraging essential life, social and communication skills.
- Form consistent routines and systems that are essential to support their development.

It is KTM Care Ltd's responsibility to support children and families to ensure the approach above is met. Staff are active, positive and engaging role models to the children we support.

All behaviours presented by children with SEND can be their form of communication. Some behaviours can communicate distress, discomfort, wants or needs to anything that is tangible. Every interaction at KTM is an intervention, our strongest approach to support children is through the relationships they build and the understanding the adults have within our setting.

At all points we ensure to keep a strong connection with the child. Using visuals, predictability, routine, familiarity, positive engagement, autonomy, to ensure the children know we are consistent, responsible and safe.

At KTM Care Ltd ensuring routine and predictability is essential for our children this includes providing:

- Weekly visual timetable supporting preparation
- Familiarity and consistency
- Safe spaces within our HUB and caravan.
- Communication tailored to the individual child's level of need, this may include visual aids, using their name to gain attention, providing space, additional processing time, clear non-demanding language or using curious language to support engagement

‘Dysregulated, Harmful, and Crisis’ Behaviour’

The purpose of this section is to provide a clear framework for identifying to the levels of distress a child may experience. If the environment becomes overwhelming, they may communicate their distress through behaviours that may fall outside their usual baseline level.

Our approach at KTM Care Ltd focuses on the ‘Function’, the ‘Why’ behaviour has occurred, we seek to analyse all aspects of the behaviour to ensure we can support and implement interventions to aid more positive and effective methods of communication. Within the analysis of the behaviour KTM Care staff look to find the 'function', the sensory input/environment at the time as well as the effect it may have on the child and others. Documenting this analysis allows for open staff discussions to reflect and review what actions would best support the child in partnership with their families and agencies working alongside them.

Our alternative and social care provision is designed to reduce environmental stressors and provide the appropriate sensory and emotional scaffolding to enable the child to return to a state of regulation. Staff must have a deep understanding of the child’s baseline level behaviour to effectively identify the earliest signs of dysregulation.

KTM uses a tiered approach to identify behaviour;

Level One – Dysregulated

Dysregulated behaviours are actions that occur when a child struggles to manage their emotions, thoughts, or impulses, often due to stress, trauma, or overwhelming situations. It can manifest as an emotional outburst, aggression, withdrawal, or other behaviours that seem disproportionate to the context. Potential indicators of dysregulated behaviour can include, pacing, rocking, repetitive questioning, sensory seeking or avoidance.

Level Two - Harmful

Harmful behaviours are actions that cause physical or emotional harm to the person themselves and or others, this can often stem from emotional distress, trauma, or unmet need. These behaviours are seen as a way of communicating rather than simply being “bad,” and they usually occur when the child is struggling to regulate their emotions. Harmful behaviour indicators could include, hitting, throwing objects pinching or pushing. A child engaging harmful behaviour is indicating a stress, the dysregulated behaviour has turned into a physical action.

Level 3 – Crisis/Sustained Risk (Challenging Behaviours)

Crisis or Sustained Risk also known Challenging behaviours are a high intensity, prolonged episodes, whereby the child has entered a ‘crisis’ and level of risk is considered high. Challenging behaviour is most often exhibited by those with developmental disabilities, dementia and psychosis, although such behaviour can be displayed by any person. There are two types of challenging behaviour for which the following definitions apply:

- “Challenging behaviour” is defined as abnormal behaviour by individuals or groups, which causes others problems and which significantly interferes with the quality of life of all concerned. In the domiciliary care setting this will relate to challenging behaviour being

displayed by the child towards members of staff and / or family members, members of the public, or other professionals etc.

- "Severe challenging behaviour" is defined as challenging behaviour of such frequency, intensity or duration, that the physical safety of the person or others is likely to be placed in serious jeopardy / danger which is likely to seriously limit or delay access to and use of ordinary community facilities.

Types of Crisis/Sustained Risk Behaviours:

It is essential to recognise that dysregulated behaviour can escalate to harmful behaviour, which in turn can lead to crisis/sustained risk behaviour. This progression often reflects increasing levels of distress and risk:

- Dysregulated Behaviour: Early signs of emotional or sensory overload (e.g. pacing, rocking, repetitive questioning).
- Harmful Behaviour: Physical or emotional harm to self or others (e.g., hitting, throwing objects).
- Crisis/Sustained Risk Behaviour: High-intensity, prolonged episodes where the child enters a crisis state, posing significant risk to themselves or others.

While escalation is common, crisis behaviour can also occur without visible antecedents. This unpredictability highlights the importance of proactive strategies, strong baseline knowledge, and continuous observation.

Crisis behaviour can manifest itself in many forms and can depend upon many factors. The more common types of crisis behaviour that members of staff may encounter are as follows:

- Aggressive behaviour towards others e.g. spitting, screaming, hitting, kicking, biting etc.
- Self-harm e.g. hitting self, head-banging, biting self and skin picking etc.
- Destructive behaviour; e.g. ripping clothes, breaking windows or other objects, throwing objects, stealing etc.
- Inappropriate sexualised behaviour e.g. groping, public masturbation etc.
- Other stereotyped behaviours e.g. repetitive rocking, elective incontinence, running away, eating inedible objects etc.

Causes

Dysregulated, Harmful and Crisis Behaviour can be caused by several factors. It is expected that the original Pre-Assessment undertaken on the child at the initial stages of and prior provision commencing at KTM Care. The Pre-Assessment will highlight the concerns and potential risks which will provide a basis for addressing these issues through the services to be delivered. The following can contribute to dysregulated, harmful and crisis behaviour:

- Social factors e.g. social isolation, reaction to change, boredom or lack of engaging activities, seeking social interaction, feeling left out, wanting social interaction but not knowing how to achieve it. etc.
- Inadequate management of the service e.g. insensitivity of the staff and / or services to the child wishes and needs, mismatch with the allocated members of staff, both of which could trigger a latent reaction.

- Health and Clinical factors e.g. pain, medication, illness, constipation, ~~PMT~~ hormonal changes etc.
- Sensory and Environmental factors e.g. physical aspects such as noise and lighting or gaining access to preferred objects, activities or safe spaces.
- Psychological factors e.g. stress, anxiety, frustration, feeling lonely, excluded, undervalued, disempowered, or pressure to meet unrealistic expectations etc.
- Mental Health and Emotional Well-being e.g. anxiety, depression or other emotional difficulties, experiencing distressing thoughts and feelings, challenges that affect mood, behaviour and perception.
- Past environment or circumstances e.g. home environment, abuse, unmet need in other settings.
- Learning disability or specific diagnosis e.g. Autism, PDA, ADHD, challenges with processing information or adapting to new situations.
- Communication skills e.g. frustration from not be able to communicate their needs, limited access to communication devices or strategies.

Recovery

Recovery is a fundamental step following a crisis and the most important step for longer-term progress for children with complex needs. A crisis or sustained risk type behaviour can elevate levels in both adrenaline and cortisol. It is key to recognise even if a child looks or appears calm ten minutes after a crisis their nervous system can still be heightened for a prolonged period after.

A child may appear physically exhausted, potentially confused, embarrassed or still on edge, staff may also have higher levels of adrenaline, potentially stressed or overwhelmed. This is the time that ‘retriggering’ can occur by talking about what happened.

The following objective following a crisis or sustained risk type behaviour is simple - bring the child back to their baseline level.

Staff need to do the following to enable recovery:

- **Low Demand** – Allow the child to engage in a special interest or repetitive activity. It may be helpful to ‘swap out’ staff to avoid ‘retriggering’.

- **Presence –** Sit nearby the child but do not force engagement, your availability is reassuring without being intrusive.

- **Care –** Offer the child water to support regulation, small non-verbal gestures demonstrate safety and care.

- **Environment –** Ensure the child has a ‘safe space’, if the environment has been overturned through the crisis, quietly restore and remove any broken items without drawing attention.

- **Record and Debrief –** Staff must record the behaviour on Sekoia and inform senior leaders of the behaviour. Senior staff will arrange a debrief with those involved, reflect, learn and agree next steps.

Things to avoid.

- **Asking questions –** Do not ask the child why they have done this, or what should you have done? Questioning can feel confrontational and risks re-triggering.

- **Eye Contact –** Direct eye contact can feel like a demand or threat whilst in a heightened state.

- **Consequences** – Do not mention consequences for the incident, the child must be fully regulated and safe before any reflective or restorative work can occur.

Prevention of Dysregulated, Harmful or Crisis Behaviour –Techniques & Approaches for Staff

"Prevention" of any form of behaviour whether this is 'Dysregulated, Harmful or Crisis' should begin at the initial stages, i.e. ensuring a detailed referral is received with as much information relating to the child is shared. In addition other documents may include, Education Health and Care Plan, One Planning, Medical Referral or Health Care Plan. Following receipt of this information, a provision planning meeting must be set to discuss the child and formulate a plan. Planning meetings should be held with the commissioner, the family and wider professionals that know the child, this is further inform KTM Care and establish the child's, strengths, difficulties, areas of need, agree outcomes and placement objectives.

Following this a Pre-Assessment is undertaken by KTM Care Ltd to gain further information about the child from the people who know them the best.

Since crisis behaviour can manifest itself for various reasons, the actual management of such behaviour can often be a complex process. For management purposes, crisis behaviour can be viewed as occurring in a cycle:

- Trigger
- Escalation
- Crisis
- Recovery

It follows that great emphasis should be placed on training staff to recognise possible "flashpoint" (trigger) situations and minimise any potential confrontations. In this way, managing challenging behaviour situations will be pro-active rather than reactive *(refer to 'Staff Training' below).*

Pre-Assessment before service start-up:

A service user Pre-Assessment will be undertaken prior to the provision of a Service by The Registered / Deputy Manager/ Children's Operations Manager and Activity & Start up Co-ordinator. The information contained in the child's detailed assessment will form the basis of their Care & Support Plan on Sekoia; it is at this point that careful consideration will need to be given to any aspect of the safe managing of crisis/sustained risk behaviour. It is the responsibility of the Registered Manager to determine whether the service can meet the needs of the prospective service user. In this respect, the following will be considered:

- Whether the stated Aims and Objectives of KTM Care Ltd are applicable to this child.
- Whether the service can meet the child's developmental, care and support requirements.
- Whether there are adequate levels of staff support to meet the child's needs; for example, "doubling up" in high-risk situations where restrictive physical intervention techniques may be necessary to use as a Health & Safety preventative measure to reduce significant injuries, or possibly death, to either the children, staff, or other individuals.
- Whether staff have the skills and experience necessary to deliver the required service.
- Part of the Care & Support Plan involves a risk assessment being undertaken. Where it has been identified that a restrictive physical intervention may be required, the risk assessment will identify the benefits and risks associated with different intervention strategies and ways of supporting the service user which has a positive care approach.

Senior staff will work through Pre Assessment Template of care planning for the child and undertaking comprehensive risk assessments, using the "I can" section to fully explore and describe what the child can do for themselves, risk assess and adopt strategies to support them.

The Traffic light system identifies a snapshot of what we need to look out for and for anything more in-depth that needs to be worked on, a "Behaviour Reduction Plan" is put in place and updated regularly to show the progress.

A staff member's priority when managing any form of behaviour is to try and prevent the triggers identified or pre-empt and implement new strategies to prevent the situation worsening. There are 3 basic principles involved when trying to prevent behaviour. These are:

- Addressing and reviewing a child's general life situation and environment *(refer to No.1 below)*.
- Acting to pre-empt and de-escalate a situation at its earliest stage *(refer to No.2 below)*.
- Managing one's own behaviour appropriately *(refer to No.3 below).*

A child's situation and environment: 1

- Staff must be sensitive to the environment in which a child lives and look at how best to provide an environment that offers the greatest possible control for the child. Using the care plan is key to adopting the best approach. Setting activities that are tailored to the child's needs.

- Staff must be sensitive to the SEND needs of a child. They must support them to communicate their needs and feelings in all aspects of their daily life by using their preferred communication methods as outlined in their Care Plan.

- Staff must support the child to remain regulated when carrying out tasks. Too much stimulation can prove as counterproductive as too little.

- Staff must consider the impact on the child's welfare, balanced against any actions taken. For example, children who have experienced adverse life event, with diagnosed or

undiagnosed medical conditions or sensory impairments, children with past trauma or neglect, communication difficulties, or other needs, may find the use of restrictive interventions particularly distressing

Defusing a situation: 2

1. **Calm – Take a moment to assess the situation / identify any danger** – Is it OK to just let the child have a moment to regulate? Are they safe? Sometimes the best approach is to give time and space with a low arousal approach.

2. **Co-Regulation/Talk calmly -** Use a neutral, calm tone with the child, try understand what they are thinking or feeling, whether he / she is upset, hurt, annoyed or in pain. Staff to adjust their facial expressions Try and find out what triggered the behaviour. Use the preferred communication tools as stated in the care plan (sekoia).

3. **Comfort**– if they are upset, try and comfort the child verbally and if appropriate, by gentle physical contact. It is vital that touching is not interpreted as an invasion of space; some people do not like being touched and may react adversely.

4. **Ignore the behaviour**– treat the child as if the behaviour is not occurring, however, there is a risk that this may trigger an escalation of crisis behaviour if the child feels that he / she is being ignored.

5. **Interrupting, deflecting and changing–** try and get the child to focus upon another person or situation. Use special interests etc.

6. **Rewarding positive behaviour** – reward any positive behaviour that the child may be showing with praise or attention.

7. **Allow time** – take the child to a quiet place. Giving them time to recover themselves can be helpful. Remember the time it takes to restore calm and rational thought is not quick!

8. **Use the physical environment** – ensure that the type and layout of furniture and space enhances positive behaviours; e.g. not too cluttered or too sparse. If the child is being aggressive and it is safe to do so, place a bean bag to act as a natural barrier.

9. **Monitor other's behaviour** – challenging situations can often happen in the presence of other people. Where possible, staff must try and manage a situation accordingly by ensuring that other people do not inadvertently make a challenging situation worse.

Managing your own behaviour: 3

How staff appear and behave are key factors in preventing the onset and escalation of crisis behaviour. Staff should be aware of themselves and always be in control. When faced with a situation staff should try to:

- Acknowledge personal prejudices, emotions and feelings.
- Appear calm and confident.
- Be aware of not being arrogant, aggressive or challenging themselves.

- Consider the causes of previous episodes of crisis behaviour.
- Move slowly and purposely.
- Keep a proper space and distance between themselves and the child.
- Identify a safe exit.
- Speak clearly and calmly; remain relaxed and maintain normal breathing; maintain eye contact but do not stare or show anger.

Specific Recommendations:

The action that can be taken to manage the escalation, crisis and recovery stages of behaviour can vary widely, depending upon the type and intensity of the behaviour
The child's Education, Health and Care Plan/ One Plan or Care & Support Plan will often involve specialised professionals or outside agencies who may contribute.

The Registered Manager/Children's Operations Manager/Children's senior team should consider the following recommendations for reducing incidences of crisis behaviour to a manageable level for individual children as appropriate to circumstances. This would include staff workshops to discuss and develop support strategies relevant to the child. In addition, this could involve input from families, outside agencies or health professionals as appropriate and relevant:

- Increased emphasis on all areas of health promotion for children with autism and or learning disabilities.
- Recognising that health and medical conditions can be a contributory cause to crisis behaviour and reviewing with parents, commissioners and or health agencies screening for children with learning disabilities.
- Equal access to treatment for diagnosed medical and psychiatric conditions.
- Speech and language therapy interventions should include communication skills to help children identify pain and illness and where possible, communicate this to others.
- Specialist Training & development for Staff and regular supervision, monitoring and support.
- Active involvement from KTM Care Ltd.'s senior staff that ensures staff are valued, supported and adequately monitored to always provide best practice. For specific job positions this should start at the interview stage to ensure candidates are clear about the job requirements and expectations and promote the selection of staff who are truly committed to providing the highest standards of care and support.

Restrictive Physical Intervention (RPI)

Restrictive Physical Intervention (RPI) involves limiting a person's freedom of movement and is part of a wider strategy in which appropriate physical intervention may be necessary to use to safely control an individual's behaviour where absolutely necessary.

RPI encompasses restraint but also includes methods where holding may not be necessary to use e.g. guiding the person away from a harmful situation or, blocking their path from danger.

The use of physical intervention techniques is only one aspect of co-regulation and is usually the last resort when it is deemed absolutely necessary. It may resolve a short-term situation, but the long-term aim must be to help the child to self-regulate during times of stress.

If such actions are necessary, the actions that we take aim to use the minimum amount of force necessary for the minimum amount of time necessary. Where physical intervention is needed, this is recorded and reported immediately to the Senior Leadership team at KTM Care Ltd.

KTM Care Ltd works in ways that limit the need for physical intervention by having sufficient, competent and skilled staff working thoughtfully, actively and therapeutically with children. We believe that any physical force is only to be used to prevent a greater harm from occurring when other methods of control have failed or are unlikely to achieve the desired outcome with a safe level of certainty.

An example of this could be two children who are engaged in a confrontation but are not responding to verbal commands. In this instance, to not intervene would be an 'omission' to safeguard the children as we have a duty of care to protect them from harm or injury. Using physical intervention to escort both children away from the situation means that less harm would occur.

Firstly, any force used by staff will meet the criteria of 'reasonable force', that is the physical intervention used must be **necessary** in that there are no other less harmful or less restrictive methods available that will prevent the harm from occurring within the circumstances. Staff should assess whether a restrictive intervention is likely to successfully reduce the relevant risks, or whether its use would escalate the situation further or cause more harm than the behaviour itself

Secondly, the force used must be **proportionate** to the level of threat or harm that may occur if staff were to not intervene. To be deemed proportionate, any harm caused must be less or equal to the harm (or perceived harm) that was avoided.
Where possible, staff must only use restrictive physical intervention as a last resort when managing crisis behaviour presented by, children, where the behavioural challenges are such that reasonable physical force is necessary as a Health & Safety preventative measure to reduce significant injuries, or possibly death, to either the child, staff, or other individuals. Staff must ensure that any restrictive physical intervention techniques used are necessary and proportionate and take into consideration variables such as age, gender, size, medication and any other known history of the child.

Natalie Brooks-Smith, Deputy Manager for KTM Care, has undergone the BILD accredited "Positive Behaviour Management Train-the-Trainer" course with Timian Learning & Development. Natalie trains our Staff in-house on an intensive "2 day" Training course "Positive Behaviour Support" which is BILD Act accredited and RRN (Restraint Reduction Network) approved.

Timian Training works through The Criminal Law Act 1967, Common law relevant to the use of force, the Human Rights act 2000, Children Act 1989 and the Health and Safety at Work act 1974, including the Management of Health and Safety at Work Regulations 1999. The staff are taught "non-harmful" methods of control and are taught how to utilise in an emergency, basic easy to recall restrictive physical interventions to minimise the risk of harm to those involved.

Aside from the physical element, staff are taught to recognise triggers, understand behaviour as a form of communication and de-escalation and avoidance of incidents. The care and support plan (Sekoia) is instrumental in ensuring we know as much as we can about our service users and how to communicate effectively.

KTM Care Ltd's Duty of Care to Staff and Health & Safety Responsibilities

KTM Care Ltd acknowledges its responsibilities under the *Health & Safety at Work Act, 1974* and the *Management of Health & Safety at Work Regulations, 1999.* This legislation places a duty upon the Company as an employer to conduct appropriate and adequate assessments of risk to the health and safety of employees (members of staff) while they are at work. In this context, the child's environment and the activities undertaken becomes the "workplace environment". The following procedures are therefore in place to address these risks:

- Detailed assessments of a child's needs, are carried out prior to starting service delivery. This will identify adverse clinical conditions such as crisis/sustained risk behaviours and will form part of the child's Care & Support Plan which will be developed accordingly to address these issues as far as reasonably practicable.

- Comprehensive risk assessments will be carried out as part of the detailed Sekoia Care plan which will clearly outline the arrangements in place to implement any necessary measures required to reduce the risks.

This will include assessing the duties, responsibilities and activities that are to be undertaken, along with the environment. These factors will identify the potential risks to both child's, staff, and other individuals and will form part of their Care & Support Plan.

- Where the risk assessment has identified that a restrictive physical intervention may be necessary due to the risks involved to the child, staff, or other individuals, this will involve a **double-up** of staff for reasons of Health & Safety.

- All Non-School Alternative Education services are 2:1 Staff ratio's, as this provides the child with the consistency of two adults, who will work in partnership to meet the needs of the child. Any Non-School Alternative Education Children that require 1:1 will need to seek authorisation from the Children's Operations Manager and Registered Manager

Staff who work with children that may exhibit crisis behaviour, are particularly vulnerable, therefore, as part of our duty of care to staff and in line with the Company's health and safety responsibilities, KTM Care Ltd encourages staff to avoid using any ***'Single Person Interventions'*** unless absolutely necessary when providing care support to children.

Staff Training:

Staff will undergo specialist training to ensure awareness of the types, causes and effects of challenging behaviour, and to ensure that they are able to work pro-actively in a person-centred way to respond effectively to triggers, signs and symptoms of challenging behaviour. Staff training will be built into Induction Training programmes, and will be structured as a two stage

strategy to address the management of complex situations, including the use of restrictive physical intervention techniques as follows:

Stage 1:

Staff will receive appropriate training in how to develop the skills and knowledge necessary to support service users with learning disabilities.

Stage 2:

More intensive training will be provided to staff working with service users where the expected level of challenging behaviour is high, including providing annual refresher courses as part of the company's rolling training programme. It will be tailored to meet the specific needs of the child whose behaviour has been identified as challenging.

The Deputy Manager is a Trainer for "Timian Learning & Development" and is trained to deliver in house training to KTM staff. (Fully certified by BILD). This covers legislation, looking at behaviour as a form of communication and supporting the individual in a positive manner. This does include breakaway techniques, including the use of physical restraint but always looking at the least restrictive options. The philosophy is looking at our approach, de-escalation and maintaining a safe and open environment. Their underpinning motto is" In this place, with these people, I feel safe!"

The basis for the provision of this training will be the Pre-Assessment which will include the concerns and risks involved when devising the child's care & support plan that will be person-centred and tailored to meet their individual needs.

Duty of Care and Health & Safety Responsibilities of KTM Care Ltd Staff

Staff must acknowledge their own responsibilities under the Health & Safety at Work Act 1974, whereby they have a duty to take care of their own health and safety and that of others who may be affected by their actions at work e.g. colleagues, children and any other individuals. Staff also have a responsibility to co-operate with KTM Care Ltd and their colleagues to help everyone meet their legal requirements.

Staff are also to be reminded that they have a duty of care to themselves, their colleagues and others. KTM Care Ltd stress that the staff member's duty of care to themselves comes before anyone else's and should they not feel confident to intervene safely in any situation they are to summon help immediately.

If a child's behaviour has escalated or, a staff member feels unsafe in any way, they must contact the senior leadership team for assistance and guidance, in the cases of emergency staff can call 999 immediately and ask the Police for help and assistance. Staff members' must ensure that they give the Police as much information about the situation as possible. Inform them of all the relevant and important information contained in the child's Care & Support Plan about their challenging behaviour, along with details of the strategies and techniques in place to reduce the risks.

KTM Care Ltd also has an established number of policies and procedures that are designed to directly or indirectly minimise risks to staff. Staff must ensure that they adhere to this Policy and accompanying Procedures and act in accordance with the following *(as appropriate to the circumstances)*:

- On Call Policy and accompanying procedures (Staff)
- Safeguarding Policy and accompanying procedures
- Lone Working Policy (Staff)

Single Person Interventions:

KTM Care Ltd encourages staff to avoid using any ***'Single Person Interventions'*** unless absolutely necessary when providing care support to service users. Timian Training, delivered by Natalie Brooks-Smith (Deputy Manager & TTT) does cover this move but only in extreme circumstances where the child's safety is at risk. Not recommended for Adult use.

Other Responsibilities of KTM Care Ltd Staff & Senior Staff regarding the use of RPI Techniques

All Staff:

- Have a responsibility to ensure that they are familiar with all restrictive physical intervention strategies that state agreed types of 'moves' to be used; that they are part of the child's Care & Support Plan and have been agreed and signed by the Registered Manager. (The Physical Intervention Strategy).

- Must be trained in the use of restrictive physical intervention techniques before they can support any service user that requires this level of intervention.

- Have completed the "Oliver McGowan online training in Learning Disability & Autism - Level 1."

- Are required to attend Positive Behaviour refresher training as and when required to do so, as the frequency with which staff use restrictive physical intervention techniques will have an effect on their level of skill and confidence.

- Must report all incidents via "Sekoia" (Digital Care Plan) so Senior Staff can support staff on shift and follow up with the child and update care plan/risk assessment where necessary.

- Must complete a full handover with the child's parent/carer AND record this on 'Sekoia', using the appropriate ABC / Incident form.

- Must notify Head Office during office hours, or the On-Call Officer out-of-hours immediately if they give out an emergency card to any members of the public.

Senior Staff:

- Senior staff must ensure that agreed levels of restrictive physical intervention have been agreed by parents, the child (where possible) and / or other professionals involved in the initial care planning process.

- Before working with a child who has been deemed as a 2:1 staff ratio, and potentially requiring the use of Positive Behaviour techniques, a signed Physical Intervention Strategy must be on the child's file. (Sekoia // Files).

- The Line Manager or, On-Call Officer must follow up the incident and ensure that staff have completed all the necessary incident / report forms and fully debrief the Registered / Deputy Manager as soon as possible.

- The Activity & Start up Co-ordinator will ensure that all ABC's / Incidents are highlighted to the senior team each week and agree new strategies / different approaches and then update the careplan and feedback to all relevant staff.

- Must ensure that regular parent/carer child communication is being carried out to make sure we are transparent in our service delivery. If "at the door" is not possible we have family WhatsApp groups for this very purpose.

Reporting procedures for staff to following an incident involving the use of RPI Techniques

All cases of restrictive physical intervention must be recorded. This is to inform KTM Care Ltd of any improvements that can be made to a child's care support by amending care plans, or daily activity plans to help prevent a recurrence where physical intervention is necessary.

After any incident, as soon as reasonably practicable, staff must contact Head Office / On Call Officer to report the incident to receive immediate support or advice and to arrange a debrief.

The following reporting procedures must be followed and all necessary incident report forms must be completed:

An Atlas *'Accident, Incident & Near Miss Report Form'* must be completed if Staff, member of the public or 'other' has been harmed in some way from the incident. This is a form that must be completed separately from Sekoia. It goes through the following:

- Who was involved
- Details of the incident including any injuries sustained by the Staff member, parents, members of the public or other
- How the situation was dealt with AND;
- Antecedents of the incident (a prior situation, cause or event)

Sekoia – Digital Care Planning system

Each child is working towards outcomes and goals as agreed with their families/commissioners of the service, these are worked towards each session. Reflections and observations of sessions are recorded with comments.

The care plan is broken down into the following sections to aid “easier reading”:

1. Introduction to me
2. Goals & Strategies
3. Personal to me
4. Easy read – Traffic Light System
5. Accessing the community
6. Activities
7. Eating & Drinking
8. Health & Personal hygiene
9. Managing money
10. Medication
11. Travel
12. Staff risk assessment

“My Care plan” section is added to hold the Epilepsy / Diabetes Care Plan if applicable.

In the event of an incident taking place, the “Accident/Incident” form is completed where there has been crisis/sustained risk behaviour being displayed. A behaviour more than usual, or out of character for the child.

When a behaviour results in crisis behaviour but is routinely managed via the Behaviour Reduction Plan / Traffic Light System then an **ABC** is completed via Sekoia instead.

ABC stands for Antecedent Behaviour Consequence and is a way of recording what happened before, during and after an incident. If we record properly, we can start to see trends and patterns of behaviour so we can try and figure out why it occurs and what the child is trying to tell us.

Behaviours recorded on Sekoia will either be recorded as

- Level One – Dysregulation
- Level Two - Harmful
- Level 3 – Crisis/Sustained Risk (Challenging Behaviours)

Follow Up:

Incidents must be followed through and recorded in order to:

- Support and reassure all involved, including a full debrief for staff
- Update the service user’s Care & Support Plan
- Ensure that all records are completed and any relevant external agencies / other professionals involved with the service user are informed where appropriate

Unacceptable & Strictly Prohibited Practices

KTM Care Ltd prohibit the use of any restrictive physical intervention technique that would impact on a child's airway e.g. a headlock, whereby a child is held face down in a prone position OR, a staff member wraps their arms around a child.

As already outlined in above, unless absolutely necessary staff should avoid using restrictive *'Single Person Interventions'.* Where taken hold of by a child, staff have been trained a range of breakaway techniques which would allow them to disengage with the minimum amount of harm caused in the circumstances. Of course if the child was at risk of harm, for example attempting to cross a busy road, Staff would intervene and protect the child from harm.

Suspension and Exclusion

Whilst KTM Care Ltd recognises the *DFE Suspension and Permanent Exclusion Guidance (August 2024)* our approach to consequence would not automatically be to consider the suspension or exclusion of a child from our Non-School alternative provision.

As outlined in our 'Approach' all behaviours presented by children with SEND can be their form of communication. Some behaviours can communicate distress, discomfort, wants or needs to anything that is tangible. Every interaction at KTM is an intervention, our strongest approach to support children is through the relationships they build and the understanding the adults have within our setting.

Therefore, should KTM Care Ltd be faced with a situation where termination of a placement is being considered, this would only occur at the point where we have exhausted all relevant strategies, adaptations and tailored support. It would indicate that despite sustained efforts, through reflection, repairing and rebuilding our engagement is no longer having a positive, safe or productive impact on the child's wellbeing, development or overall experience of our provision.

We remain committed to avoiding placement breakdown wherever possible, and any decision of this nature would be made with careful reflection, documentation and a clear rationale.

KTM Care Ltd works in close partnership with families, commissioners, schools, and other involved professionals to ensure that concerns are addressed collaboratively and transparently. Any escalation towards a potential change in placement would involve ongoing communication, shared problem-solving, and a clear plan of support and review.

Our priority is always to ensure that the child's needs are met safely and in a way that promotes long-term stability and positive outcomes.

Screening and Searching

DfE Advice for Schools July 2022 - Searching, Screening and Confiscation (publishing.service.gov.uk)

From this guidance our staff understand that they may confiscate items that are of high value, deemed inappropriate and are against the KTM Care policies or are causing concern. Where a specific policy about the item does not exist, the staff should use their discretion about whether

the item is returned to the child or to their parent/guardian. Items returned to them should usually be returned no later than the end of that day. If the item needs collecting by a parent/guardian, senior staff should ensure that the parent/guardian is made aware that an item has been confiscated – either through text/phone call. Where the item is of high value or deemed inappropriate, contact should be made directly with the parent/guardian.

Staff do have the power to search without consent for "prohibited items" including:
• knives and weapons
• alcohol
• illegal drugs
• stolen items
• tobacco and cigarette papers
• fireworks
• pornographic images

Any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property; and any item banned by the school rules which has been identified in the rules as an item which may be searched for.

Damage to staff property as a direct result of children's actions

Staff can request for reimbursement for repairs or replacements to their property that was damaged as direct result of children's actions. Any claim must be done so in writing within 48 hours of the incident. The Registered Manager will consider each claim on a case by case basis. Claims will only be considered if:

- Guidance on supporting the service-user has been followed by the staff including Traffic Light Behaviour Management, Risk Assessments and Physical Intervention strategies
- All appropriate paperwork concerning the incident has been completed on Sekoia, including the ABC / Accident & Incident forms.
- The Claim has been put in writing to the Registered Manager within 48 hours of the incident. (This can be via email or text).
- Staff cooperates and assists with the full investigation following the incident.

KTM Care Ltd – Contact Information & Details

Head Office – Opening Hours: 9am – 4pm, Monday – Friday

Out-of-Hours: 4.00pm - 9.00am Monday – Friday, all Weekend and Bank Holidays

Telephone: 01376 571152 **On Call Mobile:** 07928 860086 **Email:** info@ktmcare.co.uk

Positive Behaviour Training Provider

Training Provider: Timian Learning & Development **Telephone:** 0800 987 4075

Email: hello@timian.co.uk **Website:** www.timian.co.uk

Appendix A:

Timian Curriculum 2024 - Course description

Policy Review Log:

Date review carried out	Changes made	Manager's name
6/02/2026	Title Change – Behaviour, Relationships and Communication Policy Introduction and Purpose Aim The Approach Dysregulated, Harmful and Crisis Behaviour Recovery Prevention of dysregulated, harmful or crisis behaviour – Techniques and Approaches for Staff Removal of Managing Challenging Behaviour Effectively that safely supports service users Restrictive Physical Intervention Removal – The Aim of RPI Techniques and when they can be used. KTM Care Ltd's Duty of Care to staff and Health & Safety Responsibilities Duty of Care and Health & Safety Responsibilities of KTM Care Ltd Staff Other Responsibilities of KTM Care Ltd Staff & Senior Staff regarding the use of RPI Techniques Reporting procedures for staff to following an incident involving the use of RPI Techniques Unacceptable * Strictly Prohibited Practises Suspension and Exclusion Screening and Searching Damage to staff property as a direct result of children's actions	K Austin/ R Thompson
08/01/2025	No updates at this time – changing over to Timian Training after Natalie's TTT (27/01/2025) and embedding through the company.	K. Austin
14/04/2025	Timian Learning & Development Training provider updated & changed the wording to reflect our new approach to positive behaviour as a form of communication.	K. Austin
11/09/2025	Added BILD & RRN network approved training to sections where needed.	N.Brooks-Smith