BEHAVIOURAL MANAGEMENT POLICY

THE ARTHUR ELLIS MENTAL HEALTH FOUNDATION

Purpose

The Arthur Ellis Mental Health Foundation (AEMHF) believe that we flourish best when the personal, social and emotional needs are understood, supported and met and where there are clear, fair and developmentally appropriate expectations for behaviour.
To support this, we have clear expectations of behaviour both face to face and online, which are detailed at the first session attended (either face to face or online).

Scope

These expectations apply to both staff and clients.

Procedure

Introducing clear rules and guidelines requires staff guidance to help encourage and model appropriate behaviours and to offer intervention and support when clients struggle with conflict and emotional situations. In these types of situations key staff can help identify and address triggers for the behaviour and help clients reflect, regulate and manage their actions.

To enable this to happen, we have several documents which support us to ensure that sessions run smoothly, that everybody feels included and valued, sets expectations of behaviour from all parties and has a process to exclude a client or investigate a member of staff once concerns are raised

This will allow us to have a consistent approach across the organisation with clear procedures in place and a way of challenging any decisions that are made.
The following documents form part of this process and support this policy.

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Procedure Cont.

Mentoring agreement This is between AEMHF, the Mental Health Mentor and the client (and carer if required) and sets out the expectations in terms of behaviour from AEMHF, the Mental Health Mentor and the client. As we are an online service, by referring, clients are automatically agreeing to our policies.

Internet agreement This specifically covers online protocols, which all 3 parties are required to adhere to. They have been developed to protect all parties and keep them safe online.

Staff code of conduct This details the expectation for staff and volunteers. It covers the expectations in terms of conduct in and out of work, and what staff and volunteers can expect from AEMHF around support, supervision and reporting processes.

Staff handbook This is a comprehensive document, it covers behaviours, HR responsibilities, and operating procedures. It links in with the code of conduct and most other policies and procedures.

Managing Allegations (within the Child Protection policy) This details what happens in the event of a safeguarding allegation being made against staff, volunteers and other agencies. It covers the internal processes for low level concerns and the formal reporting to the LADO in the event of a serious harm allegation. It also details the requirements around referrals to professional bodies and the DBS service, when a concerned is raised about a registered professional. It covers staff, volunteers and also staff from other agencies.

Internet and Media Policy This details how AEMHF manage all internet access and devices that are in use, including the use of cameras, video and any other recording devices.

Equality, Diversity and Inclusion Policy This explains the legal responsibility to be inclusive and comply to legislation. AEMHF will make reasonable adjustments to make the service as accessible as possible and not exclude anyone from employment or services. Working Together requires us to run an inclusive organisation and to challenge racism, misogyny and homophobic behavious and language.

Complaints Policy This document sets out the steps that AEMHF take to ensure that all concerns and complaints are addressed. It sets out the process and the escalating steps that should be taken in the event of a complaint being made, including external escalation.

All parties are required to adhere to these policies.

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Acceptable Behaviours

In order to manage behaviour in an appropriate way we will:

- Ask for information on any additional needs on the referral.
- Attend relevant training to help understand and guide appropriate models of behaviour.
- Seek support from schools or other services to help understand and manage any behaviour issues.
- Endeavour to understand the underlying cause of behaviour issues including neurodivergence, SEND and past trauma.
- Implement AEMHF behaviour procedures fairly and without discrimination.
- Develop the necessary skills to support other staff with behaviour issues and to access expert advice, if necessary.
- Maintain contact and a reporting procedure to management support when needed
- Keep confidential records, to maintain a history of any issues and how they have been addressed and resolved.

Children with additional needs – SEN

We provide an environment in which all children with special educational needs (SEN) are supported to reach their full potential. Children with SEN needs may have more issues understanding and modelling acceptable behaviour. We have regard for the Special Educational Needs and Disability Code of Practice (2014). And have a clear approach for identifying, responding to, and meeting children's SEN.

We support and involve carers, actively listening to, and acting on their wishes and concerns.

We work in partnership with SENCO in schools and other external agencies to ensure the best outcomes for children with SEN and their families and make reasonable adjustments where necessary.

Our inclusive referral and acceptance practice ensures equality of access and opportunity, and we adapt to provide reasonable individualised support where needed. Where a child has an EHCP we will work with their school to explore the best way to engage and provide support.

We recognise behaviour management as a collaborative process, needed to create an environment where support can be provided to enable clients to regulate and engage fully in sessions.

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The Stepped Approach

We use a stepped approach to support children's behaviour and help them to self-regulate.

Children with additional needs – SEN

Step 1- before taking on a client

- We will ensure that we have information from the carer and the child's school relating to 'behaviour management' and any additional support that is needed
- We will ensure our policy and procedures are available and clearly explained before the service is provided to client and carer.
- We will be knowledgeable with and apply the setting's procedures on Promoting Positive Behaviour.
- Ensure that clients understand the importance of fully engaging with tasks set outside of sessions.
- Ensure that all staff are supported to address issues relating to behaviour including considering additional support that may be required.
- Incorporate guidance from EHCP into our plans for working with individual clients.
- Use our online booking system to link the right Mental Health Mentor to the right client, to facilitate a positive working relationship.

Step 2 – the first session

- Clear explanation of what service is to be provided and how it will be planned.
- Outline confidentiality agreement and revisit expectations of behaviour.
- Explain how to raise concerns they may have, including details of the DSL and how to contact them.
- Explain what notes are kept, how they are used and their rights to see records kept on them.

Step 3 – first incident of unwanted behaviour

- Remind the client about the client agreement and expectations of behaviour.
- Explain the consequences and steps if behaviour continues.
- Agree on how to move forward.
- Record the conversation on our secure online form and seek advice from DSL.
- A conversation with school and/or carer may be necessary.
- Continue to monitor the plan.

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Children with additional needs – SEN Cont.

Step 4 – escalation or continuation of unwanted behaviours

- We address unwanted behaviours using the agreed approach. If the unwanted behaviour does not reoccur or cause concern, then normal monitoring will resume.
- Remind the client about the client agreement and expectations of behaviour.
- Explain the consequences are and what the next steps are.
- Agree the way forward and how it will be monitored.
- Ensure issues, concerns and action taken are recorded on the secure system.
- Alert DSL to ongoing issues and agree plan of action.
- A conversation with school and/or carer may be necessary.
- Consider of there are any triggers or mitigating circumstances.
- Continue to monitor against plan.

Step 5 – Behaviour continues with no improvement

- Act as described on the plan if no improvement in behaviour is seen.
- Discuss with DSL and arrange a meeting with client or carers.
- Consider an escalation through Children Services or CAMHS.
- Support may be ended at this point if it is unsafe to continue support.

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Client becomes distraught, violent or impossible to work with.
This type of approach involves staff approaching the situation calmly, stopping any hurtful actions, acknowledging the feelings of those involved, gathering information, restating the issue to help children reflect, regain control of the situation, and resolve the situation themselves and be on standby in case the children involved need support. The safety of both the client and staff member is paramount.

Any child who is harming themselves or others must be addressed immediately. First aid and further specialist support must be sought immediately.

Carer may be advised to phone 101 for advice and guidance or take the client directly to Accident and Emergency for a mental health assessment.

In an incident where a clients harms staff, the session must be immediately halted. Violence is not acceptable in any form. If the violence continues then staff must phone the police and ask for immediate support.

All incidents will be recorded onto the secure system, and a discussion must take place with the DSL as soon as possible. This approach allows them to feedback observations, reflect on the incidents, and identify causes and triggers of unwanted behaviour in the wider context of other known influences on the client.

In all cases a referral will be made to MASH, to look at further intervention and support.

Staff will be offered support themselves through counselling and supervision.

They should not need to come into contact with the client again.

As a last resort, AEMHF has the right to temporarily suspend or permanently exclude a client in the event of persistent and irresolvable unacceptable behaviour. Clients will only be suspended or excluded as a last resort, when there is no alternative action that could be taken, or when it is felt that other children and/or staff are potentially at risk. Wherever possible, AEMHF will give carers time to make alternative arrangements for support during a period of suspension.

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Return after a suspension

When a suspension is over and before a child is allowed to return to AEMHF activities, there will be a discussion between DSL, the client and their carer (if appropriate), setting out the conditions of their return. This will be incorporated within a plan, which will be monitored closely. Any failure to meet the requirements of the plan, may lead to a permanent exclusion.

Permanent exclusion

The very last sanction is removing a AEMHF services completely, this must only be considered if all other options have been considered. If it has reached this stage, then external support must be sought, and a high level of support needs to be implemented.

Use of physical intervention (only in the event of an in-person session

The term physical intervention is used to describe any forceful physical contact by an adult to a child such as grabbing, pulling, dragging, or any form of restraint of a child such as holding down. Where a child is upset or angry, staff from the site the session is being delivered at will speak to them calmly, encouraging them to vent their frustration in other ways by diverting the child's attention.

Staff should not use physical intervention – or the threat of physical intervention, to manage a child's behaviour unless it is necessary to use "reasonable force in order to prevent children from injuring themselves or others or damage property".

If "reasonable force" has been used for any of the reasons shown above, carers are to be informed on the same day that it occurs. The intervention will be recorded as soon as possible within the incident book, or though our online safeguarding processes which states clearly when and how parents were informed.

In the event of physical restraint being used, the situation needs to be reviewed with DSL and they need to explore if there are any other ways that the behaviour could have been managed.

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Complaints about individual incidents

When a suspension is over and before a child is allowed to return to AEMHF activities, there will be a discussion between DSL, the client and their carer (f appropriate), setting out the conditions of their return. This will be incorporated within a plan, which will be monitored closely. Any failure to meet the requirements of the plan, may lead to a permanent exclusion.

Review

This policy will be reviewed every 2 years, unless there is a change in legislation or guidance or learning from a previous incident.

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ARTHUR ELLIS
CHARITY NUMBER 1207350

THE ARTHUR ELLIS
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