Learning Objectives for +Proactive Approaches Modules

Value Base

1. Define how Proactive Approaches promotes child centred planning and everyday practice
2. Introduce that factors affect conscious and unconscious decision making and responses
3. Identify that Proactive Approaches is focussed on the reduction of restrictive practices.
4. Define that Proactive Approaches has a strong prevention, de-escalation and reflective practice basis.
5. Make the link between enhancing quality of life and reduction of incidents/RPI.
6. Explain that human rights, child rights and best interest of the child is at forefront of decision making and creating a positive culture
7. Explain how the role of positive relationships are around meeting the child's emotional and physical needs and preventing the development of challenging behaviours
8. Explore what constitutes healthy, helpful therapeutic relationships
9. Discuss the impact of perceptions & relationships
10. Recognise how the language used to describe behaviours and people can negatively influence culture
11. State what factors might affect carers responses to young people
12. Explain how negative attitudes could contribute to a culture of control

Child Development

1. Link child development in the context of behaviour
2. Describe normative child development and developmental milestones
3. Identify factors that impact on normative child development
4. Discuss that a child's adverse experience is one of the root causes of behaviour
5. Relate child development and individual experiences with case files

Attachment

1. Define attachment theory and the 4 attachment patterns
2. Identify the importance of secure base and secure attachment
3. Summarise how attachment patterns link to challenging behaviour
4. Define the Internal Working Model and recognise each child is unique
5. Explain how a child's IWM develops their coping strategies
6. Describe how adult attachment tendencies could impact outcomes

Understanding Trauma

1. Increase understanding of the root cause of behaviour
2. Define the difference between hidden and expressed needs
3. Explore that behaviours happen as a result of unmet needs
4. Discuss the impact of trauma on an individual's mental and physical development

Shame

1. Shame is a self-conscious emotion that encourages us to be prosocial (maintain connection to others – survival)
2. Shame is a 'freeze' response – so unconscious and part of our survival response.
3. Shame is regulated in early years by parents/carers through attuned experiences and relationship repairs
4. As children mature, their experience of shame reduces and guilt increases which leads to the development of remorse
5. If shame is not regulated, it becomes bigger and more toxic
6. The Shield of Shame develops as a way of defending against dysregulated shame

Therapeutic Attitudes Learning Objectives

1. Explain how the role of positive relationships are around meeting the child's emotional and physical needs and preventing the development of challenging behaviours
2. Explore what constitutes healthy, helpful therapeutic relationships
3. Discuss the impact of staff perceptions & relationships
4. Recognise how the language used to describe behaviours, people and RPIs can negatively influence the setting culture
5. State what factors might affect staff responses to young people
6. Explain how negative attitudes contribute to culture of control
7. Discuss how 'team culture' or relationships between staff can impact on staff decision making

House Model of Parenting

1. Understand how the House Model works on a 'bottom-up' approach – foundations of Secure Base and PACE must be seen as base-line essentials for a therapeutic environment
2. Explore how family atmosphere can impact recovery
3. Explore the positive impact on environment and factors have on young people and carers
4. Identify the principles of PACE
5. Recognise the importance of each 'brick' in the House Model of Parenting
6. Recognise how the House Model promotes positive culture and practice
7. Review the importance of carers looking after themselves to be able to look after others

HMS Family

1. Links to all the key concepts of House Model in terms of lowering stress and anxiety in children
2. Explore the analogy 'Rocks of Insecurity' and how it links to lived experiences, trauma, neglect, placement breakdown – these can be from early life to recent events
3. Identify how a child moves closer to the 'Rocks' when children are feeling vulnerable and can even 'bottom out' on the rocks when in crisis
4. Recognise the 'Sea of Security' as the foundation work required to keep children feeling safe (Secure Base, PACE, attuned relationships and relationship repair)

5. Link to possible signs of empathy fatigue in the adults supporting the child and the importance of looking after themselves

Secondary Prevention Strategies

1. Define flight, fight and freeze responses and link these to changes in the brain
2. Explore the impact of carers decision making and choices in relation to using strategies – using our therapeutic lens to try to identify what is going on
3. Identify that secondary strategies prevent behaviours of concern from escalating
4. Define secondary strategies and when they should be used
5. Demonstrate general de-escalation skills
6. Describe the importance of individualised de-escalation techniques and secondary prevention and link this to support plans.
7. Be able to relate secondary strategies directly to the young people you support

Setting Events and Triggers

1. Identify triggers and events likelihood that young people that increase the will become distressed
2. Explore the external and internal factors that influence behaviour
3. Identify different forms of setting events and how they can impact behaviour
4. Describe how a range of setting events can affect staff's conscious and unconscious decisions and responses

Law and Legislation

1. Be able to define restrictive and non-restrictive interventions
2. Explain how child rights and best interest are at the forefront of decision making
3. Identify that it is a Risk Assessment process when making decisions on whether an intervention is necessary
4. State that physical intervention is about safety; not punishment or forcing compliance
5. Understand the importance of understanding the duty of care
6. Describe the six lawful excuse components that identify a lawful intervention
7. Define serious harm, reasonable force and least restrictive intervention
8. Understand the two types of last resort
9. Recognise the importance of organisational protocols and rational for police involvement

Health Risks Related to Restrictive Practice

1. Define positional asphyxiation and the risk factors
2. Explore how young people have a developmental disadvantage which makes them more vulnerable to risks during an RPI
3. Explain how pre-existing medical conditions can raise health risks and RPI
4. Identify the risks associated with children who are developing physically and psychologically
5. Distinguish the warning signs during restrictive practice – dynamic risk assessment

6. Recognise that safety is the overall priority during RPI
7. Clarify observation periods after an RPI
8. Explain how to respond to an emergency situation
9. Link that physical interventions can be traumatic

Post Crisis Support

1. Define shame and describe the shield of shame
2. Identify the difference between shame and guilt
3. Identify the importance and application of post crisis support for the young person and carers
4. State the three parts of attunement
5. Link how to use the re-attunement process to support young people and repair relationships
6. Clarify the importance of overall reflection and effective debriefs

ISP (Individual Support Plans)

1. Explain what information is included in a support plan and the importance of this being individualised in all sections (Link to Stages of an Incident)
2. Describe the significance of young people contributing to and reflecting on their support plans, with their wishes and feelings being clearly recorded
3. Link support plans and House Model of Parenting as preventative strategies
4. Identify how to record personalised triggers and how they are managed
5. Recognise support plans as central to reduction of restrictive practice and creating supporting environments for individuals
6. Describe the importance of record keeping successful secondary strategies to inform future practice

Physical Techniques Learning Objectives

1. Understand the importance of a phased approach towards physical intervention (linking to least restrictive)
2. Recognise the importance of Value Base – (Don't use Restrictive if Guiding would work, don't guide if touch would work and don't touch if presence alone would work)
3. Recognise the importance of maintaining positive engagement with the child (tone, demonstration of ongoing acceptance and duty of care)
4. Be able to make a dynamic risk assessment of which technique to use
5. Be able to compare the differences between restrictive and non-restrictive interventions (linking back to Law module)
6. Remembering that restrictive interventions should only be used as a Last Resort (linking back to Law module)
7. State the definition of tertiary strategies
8. Understanding the difference between an emergency or planned intervention
9. Always recognise and refer any restrictive practices back to the person's Individual Support Plan
   Understand that physical contact often is more of a non-verbal communication than a physical attack (in relation to disengagement techniques/breakaway)

10. Describe how all physical interventions have potential to cause physical injury to the person(s) carrying out the technique or the person they are responding to
11. Recognise the importance of effective communication with colleagues with Phase 2 holds
12. Recognise that all staff have responsibility for their own and others safety when applying the restrictive practice