



Crosspath Care Ltd

Crosspath Care: Therapeutic Behaviour, Mental Health, and Developmental Policy

Responsible Person: Arran Taylor

Next Review Due: 21.04.27

Last Review: 21.04.26

1. Core Philosophy, Values, and Aims

This Behaviour Policy is shared with commissioners, parents/carers, and young people in an accessible format and is available upon request.

At Crosspath Care, we believe every young person deserves to feel **safe, valued, and empowered**. Our therapeutic approach is rooted in compassion, consistency, and connection. We aim to foster a nurturing environment where positive behaviour is promoted through relationships, understanding, and support, not punishment.

Our Core Values:

- Respect
- Dignity
- Compassion
- Honor

Aims of the Policy:

- To create a safe and inclusive environment.
- To promote self-regulation, resilience, and positive social interactions.
- To respond to behaviour through a **trauma-informed and restorative lens**.
- To support staff in modelling and reinforcing positive behaviour.
- To work collaboratively with families, carers, and external professionals.

1.1 Legal and Statutory Compliance

This Behaviour Policy is fully compliant with the following legislation and statutory guidance:

- Education Act 2002
- Children Act 1989 and 2004
- Equality Act 2010
- Working Together to Safeguard Children (2023)
- Keeping Children Safe in Education (KCSIE 2025)
- Counter-Terrorism and Security Act 2015 (Prevent Duty)
- PES Framework and Essex County Council Safeguarding Procedures

1.2 Behaviour Expectations for Young People

All young people are expected to:

- treat others with respect and dignity
- engage safely with staff and peers
- avoid Behaviour that may cause harm to themselves or others
- follow agreed boundaries and individual Behaviour support plans

Expectations will be communicated clearly and adapted to the developmental, emotional, and neurodiverse needs of each young person.

Reasonable adjustments will always be made to behaviour expectations and responses to reflect a young person's disability, additional needs, trauma history, or neurodiversity.

2. Therapeutic Framework: Mental Health, Motivation, and Safety

We recognise that behaviour is a form of communication¹⁷. Many of our young people have experienced adversity, trauma, or unmet needs. Our response is guided by an in-depth understanding of psychological development.

2.1 Psychological Principles and Needs

- **Maslow's Hierarchy of Needs:** We ensure the young person's most fundamental **Physiological** and **Safety** needs are met first to enable progress toward **Self-Actualisation** (achieving full potential) and **Purpose**. We view challenging behaviour as an attempt to communicate a barrier to meeting these essential needs.
- **Self-Determination Theory (SDT):** We promote internal motivation by fostering **Autonomy, Competence, and Relatedness**.
- **Trauma-Informed Practice:** We understand the impact of trauma on behaviour and development¹⁸.
- **Attachment Theory:** This underpins our relational model. We aim to create a secure base through consistent, non-judgmental adult responses.

2.2 Relational Practice and Emotion Coaching

All staff are trained in **Emotion Coaching** to help young people identify, understand, and manage their emotions.

- **Staff Training and Supervision:** Our **Mental Health Nurse** will conduct dedicated sessions for staff training, coaching them in techniques to effectively guide young people to manage their emotions and self-regulate.
- **Targeted Group Work:** Young people identified with a specific need for managing emotions will have the opportunity to attend a **small group** setting. This group will be held by the Lead staff member and/or our **Mental Health Nurse**.
- **Co-Regulation:** Staff utilize therapeutic communication and non-verbal techniques to help restore the young person's sense of **Safety** and control, supporting emotional co-regulation.

2.3 Strengths-Based Assessment and Boundary Co-Creation

We adopt a **strengths-based approach** to assessment, identifying the young person's existing **protective factors** and resilience, ensuring that planning is empowering and collaborative.

- **Holistic Assessment:** We conduct holistic assessments to identify strengths and protective factors.
- **Joint Behavioural Contract (Autonomy Support):** Following the initial assessment and planning phase, the staff member and the CYP will **draw up a joint behavioural contract**. This formal, signed agreement between the CYP and a company representative forms a commitment to Behavioural boundaries built around the CYP's needs. Staff are trained to guide this to ensure all safety and service requirements are covered. This system aligns with **Self-Determination Theory (SDT)**, fostering **Autonomy** by ensuring the CYP is a major part of setting their own boundaries, thereby increasing internal motivation and adherence.
- **Co-Production of Risk Management Plans (RMPs) / Risk Intervention Plans (RIPs):** The RMP is our primary planning tool.
 - **Focus on Function:** RMPs focus on interpreting the function or **purpose** of the challenging behaviour to identify the unmet need.
 - **Predict and Prevent:** We utilise **Anxiety Mapping** to identify specific internal and external triggers and early signs of distress, allowing us to implement proactive strategies before a crisis.
 - **Choice and Collaboration:** The young person is actively involved in the creation of the RMP, embodying the trauma-informed principles of **Choice** and **Collaboration**.

3. De-escalation and Positive Handling (Team Teach)

3.1 De-escalation and Positive Reinforcement

We respond to incidents with curiosity, not judgment. Our process includes:

- De-escalation using calm, non-confrontational techniques.
- Positive Reinforcement: Celebrating progress, effort, and achievements.
- Boundaries are enforced with empathy and clarity, using de-escalation strategies and reflective conversations.

3.2 Restrictive Physical Intervention (RPI)

Team Teach is the accredited system for positive handling at Crosspath Care. The paramount importance of this training is to ensure the **absolute safety of both the young person and the staff** during a crisis. RPI is used only as a **last resort** when:

- A child is at risk of harming themselves or others.
- There is a risk of serious damage to property.
- All other de-escalation strategies have been exhausted.

Incident Management and Restoration:

- **Mandatory Review:** Any incident where a restraint is used will automatically trigger an in-depth investigation led by a senior leader. This is followed by immediate therapeutic and restorative support for both the young person and the staff involved.
- **Restorative Work:** Restorative work will be undertaken with both the young person and staff to repair relationships and restore trust following the incident.
- **Training and Authority:** All staff authorized to use physical intervention must be trained and certified in **Team Teach**. They must follow the principles of dignity, safety, and least restriction.

3.3 Behaviour and Safeguarding

- Any Behaviour incident that gives rise to a safeguarding or child protection concern (including self-harm, peer-on-peer abuse, exploitation, or significant emotional distress) will be managed in line with Crosspath Care's Child Protection and Safeguarding Policy.
- Such concerns will be immediately shared with the Designated Safeguarding Lead and escalated to the commissioning school or local authority where appropriate.

Termination of Placement

Crosspath Care is committed to maintaining placements and supporting young people through challenges wherever possible.

Termination of a placement will only be considered as a **last resort**, where:

- There is a significant and ongoing risk to the young person, staff, or others
- All reasonable adjustments and interventions have been exhausted

Where termination is required:

- A transition plan will be implemented
- The Local Authority and relevant professionals will be informed
- The young person will be supported to move to a suitable alternative provision

3.4 Searching and Confiscation

Staff may search a young person or their belongings where there is reasonable belief that they may be carrying items that pose a risk to safety.

Prohibited items include:

- Weapons
- Drugs or alcohol
- Stolen items
- Items that could cause harm

All searches will:

- Be proportionate, respectful, and non-invasive
- Be conducted by two members of staff where possible
- Be recorded in line with safeguarding procedures

Confiscated items will:

- Be stored safely
- Returned or disposed of appropriately
- Reported to relevant authorities where required

4. Reflection, Accountability, and Continuous Learning

We integrate accountability and learning into our behaviour management to promote resilience.

4.1 Kolb's Experiential Learning Cycle: The CYP as Agent of Change

We formally use **Kolb's Experiential Learning Cycle** for post-incident therapeutic debriefs

and restorative conversations, ensuring the young person (CYP) is fully empowered to lead their own learning:

Stage	Focus for Staff and CYP	Goal for CYP (Linking to Purpose)
1. Concrete Experience (Do)	The CYP and staff objectively describe the event: <i>What happened?</i> The focus is on factual recall, not blame.	To acknowledge the reality of the
		experience without shame.
2. Reflective Observation (Review)	The CYP leads the exploration: <i>How did it feel? What did the behaviour communicate?</i> Staff use Attachment Theory to help the CYP gain insight into their reactions and patterns.	To take a non-judgmental view of their experience and feelings.
3. Abstract Conceptualisation (Analysis)	Staff help the CYP step back to make sense: <i>What pattern explains this? What new skill can we use next time?</i>	To gain new insight and conceptual clarity on their own behaviour.
4. Active Experimentation (Plan)	The CYP, supported by staff, designs a better plan: <i>What could be done differently (or the same) next time? What skill will you try to use?</i> This step directly informs the next Plan phase of the P-D-R-A cycle.	To actively claim ownership of their next step toward self-actualisation and sense of purpose .

4.2 The Plan-Do-Review-Action (P-D-R-A) Cycle

The P-D-R-A cycle guides the practical application of learning, ensuring RMPs remain dynamic and responsive. This cycle is used both after an incident and to reinforce positive achievements.

- **Plan:** Based on the new learning from Kolb's Cycle (Step 4), the CYP and staff jointly **Plan** what to do differently next time.
- **Do:** The new strategy is implemented (Active Experimentation).
- **Review:** The success of the new strategy is formally reviewed (Concrete

Experience).

- **Action:** The RMP is formally **Actioned** (updated or closed) following sustained change.

5. Bullying and Support Strategies

5.1 Bullying Statement and Response

Crosspath Care recognizes that harmful Behaviour between children may constitute child-on-child abuse and will respond in line with statutory safeguarding guidance and the Child Protection Policy. Crosspath Care is committed to providing a safe, inclusive, and respectful environment for all learners. Prejudice-based or discriminatory bullying – including bullying related to disability, race, religion, gender identity, sexual orientation, or other protected characteristics.

Definition: Bullying is defined as repeated Behaviour that is intended to hurt someone either emotionally or physically. It can take many forms, including:

- Physical bullying – hitting, kicking, or damaging property.
- Verbal bullying – name-calling, threats, or offensive remarks.
- Social bullying – exclusion, spreading rumors, or public humiliation.
- Cyberbullying – using digital platforms to harass, threaten, or intimidate.

Reporting and Response:

- All incidents of bullying must be reported to a member of staff immediately.
- Staff will record incidents using the designated safeguarding system and notify the DSL.
- A restorative approach will be used where appropriate, alongside sanctions in line with the behaviour policy.
- Parents/carers and commissioning officers will be informed of serious or repeated incidents.

Support for Learners:

- Victims of bullying will be offered emotional support, mentoring, and access to therapeutic services if needed.
- Perpetrators will be supported to understand the impact of their behaviour and engage in behaviour interventions.
- Bullying incidents are monitored termly and reviewed by the senior leadership team.

5.2 Comprehensive Support Strategies

- Individual Behaviour Support Plans tailored to each learner's needs.
- Safe Spaces for regulation and reflection.
- Key Adult Relationships to build trust and emotional safety.

- Daily Check-ins to monitor wellbeing and readiness to learn.

- Therapeutic Interventions including counselling, mentoring, and creative therapies.

6. Administration and Partnership

6.1 Staff Training and Development

All staff receive ongoing training in:

- Safeguarding and child development.
- Restorative practices.
- Mental health awareness.
- De-escalation and conflict resolution.
- Team Teach certification.

6.2 Monitoring and Evaluation

We regularly review behaviour data, feedback from learners and staff, and outcomes to ensure our approach remains effective and responsive.

6.3 Partnership with Families and External Agencies

We work closely with families, carers, and professionals to ensure a holistic approach to behaviour support. Communication is open, respectful, and solution focused²⁹.

6.4 Documentation and Compliance

- **RPI Documentation:** A Restrictive Physical Intervention Record must be completed as soon after the event as possible, and definitely **within 24 hours**.
- **Injury & LADO:** Any injury sustained during restraint must be **body-mapped** and **LADO informed** if required.
- **Documentation Retention:** All behaviour-related documentation is retained for **35 years**.
- **Parental Communication:** Parents/carers must be informed of significant incidents and **immediately** following any use of RPI.