

3A: BEHAVIOUR SUPPORT POLICY

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EDI Check –SSET does not currently identify any EDI impact of this policy; should new information come to light, this will be considered at the next review.

3A: Behaviour Support Policy

This policy statement is made with reference to government guidance, and closely follows - where applicable:

- The Department for Education and Skills' 'Behaviour and Discipline in Schools' 'Advice for Headteachers and school staff' (DfE, January 2016)
- 'Unannounced behaviour inspections: guidance for inspectors' (OFSTED, January 2015)
- National Minimum Standards for Residential Special Schools 2015 standard 12
- Monitoring Inspections of Schools with no Formal Designation (OFSTED, January 2015)
- 'Mental Health and Behaviour in Schools – Departmental advice for school staff' (DfE March 2016)
- The Department of Health's 'Positive and Proactive Care: reducing the need for restrictive interventions' (April 2014)
- "Physical Interventions: A Policy Framework" from the British Institute of Learning Disabilities
- "BILD Code of Practice for the use of Physical Interventions" BILD ((Fourth Edition 2014)
- The Restraint Reduction Network Training Standards (First Edition 2019)
- "Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder"
- Mental Capacity Act, 2005
- Mental Capacity Act, 2005. Code of Practice – 23rd April, 2007
- The Children's Homes Regulations (England) 2015
- Health and Care Act 2008 (Regulated Activities) Regulations 2014
- Guidance for providers on meeting the regulations (Care Quality Commission, March 2015)
- Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. NICE Guidelines, May 2015
- People with a learning disability and behaviour that challenges – our advice about good safe support. (Easy read version of NICE guidelines, May 2015)

1. Introduction

The Sheiling Ringwood prides itself on its positive approaches for support of student's behaviour. The focus of this support is to encourage good behaviour from its students, enabling staff to prevent behaviours of concern.

Expectations for good behaviour includes the way in which students move around the Sheiling community, speak and interact with each other, staff and visitors, their attitudes to learning including engagement, lateness and attendance.

Appropriate staff role modelling, positive attention and reward through positive consequences including praise, motivators and, on occasion, formal reward systems for desired behaviours are key elements of our approach.

However, we acknowledge that difficult situations can arise and aim to empower staff to support students when they occur. We believe that behaviours that challenge have a function and serves to meet a genuine need or purpose for each particular student.

Behaviour that is of concern is 'culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to use of ordinary community facilities' (Emerson, 2001).

These behaviours are often due to communication difficulties or a high level of anxiety and individual disabilities. Categories of behaviour fall within four recognised areas of gaining genuine need (SEAT):

- Sensory – the person tries to access an inappropriate use of an item that looks, sounds, feels, smells or tastes good and provides pleasure to the person; or the person is spinning, rocking to obtain appropriate sensory input
- Escape – the person is avoiding tasks or activities or stressful situations in order to avoid unwanted stimuli
- Attention – the person is trying to communicate that they want staff to spend time with them
- Tangible – the person is displaying this behaviour to gain an object of desire

Staff are taught to recognise and address these supportively whilst teaching more appropriate, alternative ways of meeting these needs in the future.

Due to the fact that behaviour serves to meet a genuine need, albeit in a manner where a student behaves inappropriately, we do not apply sanctions as they are not deemed helpful and are ethically unsound.

However, our belief that students should be encouraged to learn good behaviour and positive self-management means that, where relevant, the student may be supported to learn that there are consequences, in particular natural consequences, to certain behaviours (i.e. if you are late for a show, you may not be allowed to enter). These consequences must seek to provide a learning opportunity taking account of a student's age, stage of development and the particular emotional, mental or physical disabilities they display.

In developing our behaviour support strategies for students, we encourage staff to accept that we have a responsibility to support students with behaviours of concern, without judgement due to any particular behaviour.

2. Behaviour Support Strategies

As part of a multi-disciplinary approach, PROACT–SCIP®.UK offers training, guidance and support to The Sheiling Ringwood in positive behaviour support strategies and interventions. In accordance with their guidelines:

- 70% of interventions are proactive
- 20% active
- 10% reactive

The emphasis is always to reduce the reactive and increase the proactive intervention. The Trustees, Senior Management and Behaviour Support Team have a responsibility to ensure this is done through ensuring there is a clear ethos and culture with regard to behaviour support within the organisation and enabling staff through regular staff training in positive behaviour support (PBS), coaching, clear guidance, debriefs and reflection, monitoring and consistency.

Proactive strategies

The Sheiling Ringwood aims to be proactive in addressing the whole range of needs of each student taking account of their age, gender and cultural background. Through pro-active strategies we aim to support the students to develop skills and address an individual's needs before any problems arise. If proactive interventions are effective, behaviours of concern should decrease in frequency, intensity and duration.

It is essential that all staff provide students with clear expectations and encouragement of the appropriate behaviour and, at the same time role model and clearly communicate the boundaries of unacceptable behaviours. Where appropriate, teaching through natural consequences may be suitable.

Good practice in supporting behaviour will involve working with the whole environment which surrounds the student. A rapidly changing, uncertain or stressful environment will increase the risk of behaviours of concern. A stable, consistent and relaxed environment, with predictable rhythms and routines, will offer reassurance and reduce the risk of behaviours being displayed. When dealing with behaviours of concern, it is important to assess environmental factors such as noise level or room temperature, as well as individual internal factors such as epilepsy or language and communication difficulties that may contribute to the situation.

The multi-disciplinary team at the Sheiling work closely together with parents and outside agencies, as appropriate, to develop a consistent approach to teaching students to be responsible for their own behaviour. This involves enhancing students' skills through teaching both general skills and focussed skills designed to meet the students' needs and, wherever possible, avoid the need to engage in behaviours of concern. Due to the nature and difficulties of our students' communication, sensory regulation and self-calming skills are key focus areas.

Some students at The Sheiling Ringwood might 'work towards' a motivator or reward as part of a specific educational programme. A motivator or reward might be a choice of favourite activities or items of interest (e.g. book, toy) and a reward might be something preferred given over and above the usual and specifically related to a desired behaviour.

Active strategies:

At the Sheiling, although we strive to be proactive within our working, sometimes staff are required to use active strategies to be able to deescalate situations where students show early warning signs (such as their anxiety increasing). Active interventions are designed to help students calm effectively so their needs can be addressed, as at his

stage behaviour may already be occurring at a low level. The aim is always to avoid a student going into crisis.

When behaviours of concern occur, staff may pay little direct attention to the unwanted behaviour, but at the same time attempt to stop it through giving clear positive expectations to the student. Active strategies may include responses such as nonverbal calming techniques such as planned ignoring, redirection, and an effective use of space or may involve verbal calming techniques such as distraction, reassurance, active listening or relaxation techniques when a student appears to become distressed, aroused or anxious.

This offers a student-centred assessment of the behaviour's function in order to support the student to communicate in a more appropriate way and develop independence, self-management strategies and alternative skills that can be utilised instead. Staff consistency, self-awareness and empathy for, and understanding of, the student is paramount to this approach.

As part of ensuring a conducive environment, prevention strategies may need to take place to avoid putting students in situations that may increase the likelihood of difficult behaviour occurring or escalating. These may include temporarily avoiding student's access to certain situations or environments, e.g. specific off site visits, whilst developing a plan to help the student learn necessary skills and coping strategies. Where there is an increased risk of students displaying behaviour such as hair pulling, staff must take all the appropriate measures to protect themselves and prevent the risk of injury to themselves. This includes staff having their hair tied up and/or wearing a cap.

It may involve ensuring students do not have within their possession any items that they have taken without permission, with or without intent or may use either wittingly or unwittingly to cause harm to themselves or others. To this end, it may be appropriate for staff to search for, confiscate, retain or dispose of a student's property as is reasonable to an individual circumstances. Where possible, this should be done with the student's permission, however, where this is not possible, due to student lacking capacity to consent, staff have the right to do so should the need arise and be recorded as a best interest decision.

All prevention strategies are carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities or have an adverse effect on the welfare or the quality of life of students (including those in close proximity to the incident). In some situations it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke behaviours of concern, compared with the impact on the person's overall quality of life if such activities are prescribed.

This will be recorded in the Positive Behaviour Support plan (Appendix 13a PBS Green plan, held on SharePoint/Forms and Templates/Behaviour). If the behaviour is such that presents as impacting on others, whether student or staff then an Individual Behaviour Impact Risk Assessment (Appendix 12 Impact Risk Assessment student on Student, held on SharePoint/Forms and Templates/Behaviour) may be completed by the Behaviour Co-ordinators. This document is only for their use in supporting understanding of a presentation. For those students over 16, the principles and requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards will always be applied whenever relevant, preventative strategies are considered.

Some strategies and interventions used include:

- Teaching and developing skills for the student

- Specific teaching approaches e.g. intensive interaction, TEACCH
- Enabling choice
- Ensuring a conducive environment
- Stimulating and meaningful activities
- Empathy, respect and active listening
- Positive attention
- Praise for positive behaviours and 'planned ignoring' of undesired ones
- Good role modelling
- Enhanced support to communicate
- Student-centred communication methods e.g. visual cues
- Reward systems to encourage good behaviour
- Redirection
- Humour
- A range of verbal and non-verbal techniques
- Allowing the student some time and space to calm
- Sensory diets and therapeutic calming strategies
- Change of face
- Increased supervision
- Physical Intervention as a last resort

Reactive strategies

We recognise that, even with a pro-active and active approach, a crisis or risk behaviour can occur due to medical causes, changes in medication, limited ability to communicate, unavoidable changes to routine and due to the developing life circumstances of an individual. In these circumstances, following the pro-active and active strategies, as a last resort, reactive strategies are used to bring about safe and rapid control to incidences of behaviours of concern. Reactive interventions address behaviours as they occur and may include, but are not limited to physical interventions.

Staff must not use any forms of reactive strategy, force or physical intervention in an aversive way or to punish.

If deemed necessary to support an individual's behaviour, any reactive strategies are placed on the Positive Behaviour Support RED plan and are discussed with all parties involved in supporting the student at the Sheiling School and College. The PBS plan forms the specific strategies to be used over the next 6 months and is reviewed during annual EHCP reviews. However, in line with the Sheiling Behaviour Policy and BILD guidance regarding use of physical interventions, these strategies must be reviewed and/or removed as necessary from the PBS plan if these have not been used for at least 3 months. It is therefore possible that the PBS plan will be changed and adapted to reflect needs as required over this period. Significant changes within the PBS plan will be discussed with parents and social worker prior to use.

All students have a right to be treated with respect and dignity including those circumstances where they display behaviours of concern.

Staff must not use any form of degrading treatment to punish a student. Bullying, whether intentional or not, is not tolerated (Policy 3E Preventing Bullying Policy, held on SharePoint/Policies and Handbook) and the use of sarcasm, demeaning or insensitive comments towards students is not acceptable under any circumstances. Sanctions or punishments are not deemed appropriate for our students, however, planned consequences or rewards used should be part of a Positive Behaviour Support plan which is widely publicised and regularly reviewed and outlined.

The use of seclusion is also not deemed appropriate for our students. Corporal punishment, or withholding basic needs and rights, such as food or comfort is not permitted and will be seen as an abuse of power.

Staff need to employ a range of strategies for 'de-escalation' or 'defusing' which can avert the need for a physical intervention, and planning needs to ensure that staff are always available to provide the additional support, reassurance and communication needed to avert the crisis.

At the Sheiling Ringwood, we have a large network of Sheiling issued phones so that staff can call for support and a senior member of staff is on call at all times. Staff are encouraged to seek advice from colleagues and call upon a member of the Behaviour Support Team or more experienced/senior members of staff.

Suitably enhanced staffing ratios of 1 or, on occasion 2:1, are carefully implemented to ensure staff support whilst balancing a need for developing student's independence. Staff are made aware of the need to assess the context and how to safeguard themselves when supporting students on their own.

Induction training for new staff, followed by annual refreshers for all staff, ensures that they know when and how to call upon and use this extra support and that they do not resort to restrictive physical interventions inappropriately.

As a last resort, it may be necessary to use audit-based physical interventions to support the student.

This could be, where 'There is No Alternative' (TINA Principle), physical interventions are used (as taught by qualified PROACT-SCIP ® UK instructors) in a manner designed to ensure the situation is safe and to protect a student or others from danger (see Section 4. Use of Physical Intervention).

3. Positive Behaviour Support plans and record keeping

To empower, support and safeguard both students and staff, and to ensure that staff employ the appropriate and agreed strategies within challenging situations, each student has a Positive Behaviour Support plan, which is completed by the Behaviour Support Coordinator following contributions from a multi-disciplinary team including students (where they are able), parents, therapists and key staff. (Appendix 13a, b and c, held on Sharepoint/Forms and Templates/Behaviour)

The Positive Behaviour Support plans are coded Green, Amber and Red, with the green highlighting all proactive supportive measures, amber indicating any additional or specialist interventions and red indicating if there are recognised physical interventions identified to support and individual. These all seek to give key information to staff and stakeholders and provide details of specific strategies to be used with students based on developing an understanding of the student and his/her needs. The Positive Behaviour Support plan details a general outline of the student, including likes and dislikes, the exact nature of the specific behaviours, any possible triggers, proactive, active and reactive strategies and the approved physical interventions, if appropriate, that may support the student.

This plan offers a consistent approach and is instrumental in reducing the occurrence of incidents, with a key aim of substituting any behaviour of concern with more appropriate ones.

The Positive Behaviour Support plan is kept in the student's personal behaviour file online and published for availability to all staff once approved. Agreement for the plan is

sought from students, parents/guardians and placing authorities/education/social services teams, where appropriate. This will be the responsibility of the Behaviour Support Coordinator who will also ensure that the plan is updated on a regular basis and/or after any specific behaviour changes. The Behaviour Support Coordinator will regularly review and update the plans as required in light of monitoring and analysis of behaviour, any new strategies and/or behaviour changes.

Issues surrounding the support of “behaviours of concern” and the development of appropriate strategies will be discussed by staff primarily within High Priority Group meetings as well as in staff meetings, behaviour support meetings or informally with the Behaviour Support Coordinator and in close liaison with parents. In addition, they will be part of regular formal Reviews with the parents and representatives from the funding authorities for each individual student and will be recorded in the minutes and monitored at each subsequent Review.

All staff are required to complete an online incident form for occasions when there is an incident of behaviour of concern, challenge or significant to the individual student (Appendix 03 New Incident form guidance, held on SharePoint/Forms and Templates/Behaviour).

In the event of a concern over escalation of challenging behaviour, parents and authorities should be informed and the Review meetings should be more frequent. Following such a meeting, any change to strategies will be outlined in an updated Positive Behaviour Support plan and circulated for attention to all relevant parties

If a behaviour of concern remains at a level of risk that is detrimental to the individual, staff or The Sheiling Ringwood, then a process of supportive assessment may be conducted and commenced. This is held under the Placement Support Plan and enables all parties involved in supporting an individual to work together to alleviate the risks being presented. This is a process that will result in the placement remaining successful and the individual stabilising against the risk presented or it may lead to a decision that the placement is no longer able to meet the presenting needs of the individual.

4. Use of Physical Intervention

The use of physical intervention should, wherever possible, **BE AVOIDED**. It should only be used to support a student’s behaviour if it is necessary to:

- prevent personal injury to the student, other students or an adult
- prevent serious damage to property
- or in what would reasonably be regarded as exceptional circumstances

When physical intervention is used, it should be undertaken in such a way that maintains the safety and dignity of all concerned.

If a student has challenging behaviour which may present a danger to themselves or others that requires a possible physical intervention, then comprehensive details regarding its need and use will be outlined in the student’s Positive Behaviour Support plan following discussions with a multi-disciplinary team and agreed with the student (where appropriate) and their parents and representatives from the funding authority. In circumstances where a person-specific intervention is required, an ‘Individual Behaviour Impact Risk Assessment’ (Appendix 12 Impact Risk Assessment student on student, held on SharePoint/Forms and Templates/Behaviour) will take place.

Before using any ‘physical interventions’, training and evaluation will be provided for the relevant staff. This will be in line with PROACT- SCIP ® UK which follows the

Restraint Reduction Network and Department of Health guidance for the use and reduction of restrictive physical interventions.

'Physical interventions' will only be used as a last resort when other strategies (which do not employ force) have been tried and found to be unsuccessful or, in an emergency, when the risks of not employing an intervention is greater than the risks of using force.

However, prevention involves recognising the early stages of a behavioural sequence that is likely to develop into physically harmful behaviour and employing de-escalation and active strategies/techniques to avert any further escalation.

Where there is clear documented evidence that particular sequences of behaviour rapidly escalate into serious harmful behaviour, the use of a 'physical intervention' at an early stage in the sequence may, potentially, be justified.

Therefore, in these circumstances, a 'physical intervention' may be used even though the student is not actually yet in danger. As above, it is still only justified when the risk of not intervening outweighs the risk of intervening.

The scale and nature of any physical intervention must be **PROPORTIONATE** to both the behaviour of the individual to be supported and the nature of the harm they may cause. These judgements have to be made at the time, taking due account of all circumstances, including any known history of other events involving the individual and their behaviour.

'Physical interventions' will employ the **MINIMUM REASONABLE FORCE** required to prevent injury or avert serious damage to property and the techniques deployed should be those with which staff involved are familiar with and are able to use safely.

The intervention must be of the **MINIMUM DURATION** and the degree of restriction will be "**GRADIENTED**" – both on initiation and reduction as the situation returns to normal.

Staff must use only those methods of 'physical intervention' in which they have been trained and in line with recommended policy and practice.

UNDER NO CIRCUMSTANCES SHOULD PHYSICAL FORCE OR INTERVENTION BE USED AS A FORM OF PUNISHMENT. The duty of care which applies to all adults and organisations working with children and young people requires that reasonable measures are taken to prevent children and young people being harmed.

Where a member of staff has a particular concern about the need to provide any type of care, support, reassurance or physical intervention, or is concerned that an action may be misinterpreted, this should be reported and discussed with a member of the Behaviour Support Team, a senior manager or designated person and a Cause for Concern form should be raised as necessary.

Types of Physical contact and Physical Intervention

At The Sheiling Ringwood, staff may be involved in the need to have regular physical contact with students. This may be in order to prompt or guide a student who, following a direction, modelling and processing time, is unable to understand expectations or meaning or alternatively when supporting significant occurrences of distress and

emotional upset. (eg. physical distress, sensory overload). In these circumstances, professional guidance should be followed and staff should be aware of what is, and what is not, acceptable behaviour when prompting, guiding, comforting a student or diffusing a situation.

Comforting and reassuring a student may involve physical contact or enabling them to have space and a quiet place to calm.

Staff should use their professional judgement to comfort or reassure a student in an age-appropriate way, without rejection (eg. a sideways hug) whilst maintaining clear, professional boundaries.

Wherever possible, staff should encourage a student to follow instruction and guidance through the student taking their hand or arm; however, on occasion, staff may need to prompt or encourage a student to take themselves out of a distressing or potentially distressing situation to a safe place; for example, to their bedroom, garden or a quiet and low distraction room and need to employ a physical intervention in order to do so. Such 'safe places' must be promoted as positive environments and not used punitively or with any negative connotations.

STAFF MUST NOT USE ANY FORM OF SECLUSION, LOCKS OR PHYSICAL ACTION TO KEEP A STUDENT IN ISOLATION.

Different forms of physical contact and intervention are summarised in the table below. It shows the difference between restrictive forms of intervention - which are designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact - and non-restrictive methods.

	Bodily Contact	Mechanical	Environmental Change
Non-restrictive	Manual guidance to assist a person walking or moving. This may be due to a physical need or to physically prompt a student when lacking in understanding. An example of this would be holding hands, a linked arm or be a one person touch support	Use of a protective helmet to prevent self-injury.	Removal of the cause of distress, for example, adjusting temperature, light or background noise.
Restrictive	Holding a person's hands to prevent them hitting someone. i.e. one person restricts the movement of another This is therefore qualitatively different from manual guidance or physical prompting	Use of arm cuffs or splints to prevent self-injury.	Physically blocking to prevent a student from entering/exiting a space/ location in order to harm themselves or others i.e. one person restricts the passage of another

	Examples of SCIP techniques would include a front-arm catch, two person touch support, two person arm support, hug, one or two person escort and supine		
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Use of Restrictive Physical Interventions

Physical interventions can be employed to achieve a number of different outcomes:

- to separate the person from a 'trigger', for example, removing one person who responds to another with physical aggression
- to protect a student from a dangerous situation – for example, the hazards of a busy road.

In the above circumstances, the intervention is deemed a restrictive intervention when it requires force such that it 'restricts the right of freedom of movement' rather than manual guidance as described in the table above.

Restrictive physical interventions involve the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices or changes to the person's environment.

Restrictive physical intervention inevitably affects personal freedom and choice and the use of force is associated with increased risks regarding the safety of students and staff.

In addition, a restrictive intervention is employed:

- to break away or disengage from dangerous or harmful physical contact initiated by a student although, wherever possible, it is preferable to address the function and need behind the behaviour to enable the student to independently release.

It is helpful to distinguish between:

- planned intervention, in which staff employ, where necessary, pre-arranged strategies and methods which are based upon a risk assessment and are recorded in Care Plans and Positive Behaviour Support plans;
- emergency or unplanned use of reasonable force which occurs in response to unforeseen events and are not itemised on the Positive Behaviour Support plans.

The use of reasonable force is likely to be legally defensible when it is required to prevent:

- self-harming;
- injury to other service-users or staff;
- damage to property;
- a serious offence being committed.

Best Interests of the Student

Planned physical intervention strategies should be:

1. agreed in advance by a multi-disciplinary team working in consultation with the student and his/her carers or advocates
2. described in writing and incorporated into other documentation which sets out a broader strategy for addressing the student's behavioural difficulties

3. implemented under the supervision of an identified member of staff who has undertaken appropriate training provided by an organisation accredited by Restraint Reduction Network
4. recorded in writing so that the method of physical intervention and the circumstances when it was employed can be monitored and, if necessary, investigated

If it is foreseeable that a student may require some form of restrictive physical intervention, there must be a written Positive Behaviour Support RED plan and Individual Risk Assessment.

Students' Positive Behaviour Support plans are discussed and agreed at Annual Review meetings with parents, care staff and authorities. They must include:

1. a description of behaviour sequences and settings which may require a physical intervention response
2. the results of an assessment to determine any contra-indications for use of physical interventions
3. a record of the views of family members or individual students as is appropriate
4. pro-active strategies and previous methods which have to be tried or have been tried without success
5. a description of the specific physical intervention techniques which are sanctioned and the dates on which they will be reviewed with a maximum of one year
6. the ways in which this approach will be reviewed, the frequency of review meetings and members of the review team

An up-to-date copy of the Positive Behaviour Support plan and risk assessment must be included in the person's individual Placement Plan.

All restrictive physical interventions must have a system of recording the behaviours and the use of physical interventions using Databridge online reporting and recording that is managed and led by the Behaviour Support Team.

Unplanned or emergency interventions

Unplanned or emergency interventions may be necessary when a student behaves in an unexpected way in what would reasonably be regarded as exceptional circumstances.

A judgement for intervention may result from a dynamic risk assessment taking due account of all the circumstances, including any known history of other events involving the individual and their behaviour correctly in an unplanned, emergency intervention. Therefore, where possible, there should be careful planning of responses to individuals known to be at risk of self-harm or of harming others. The inclusion of physical intervention in the Positive Behaviour Support RED plan is not an indication that physical intervention should be used – it is only a precaution following risk assessment. This allows training and planning to deal with a situation which is foreseeable; any actual use of physical intervention must still only be used if justified in the particular circumstances and when all alternatives have been tried and found to be unsuccessful.

In such circumstances, members of staff retain their duty of care to the student and any response must be **PROPORTIONATE** to the circumstances. Staff should use the **MINIMUM FORCE** necessary to prevent injury and maintain safety, consistent with appropriate training they have received.

An unplanned intervention includes:-

- Any PROACT – SCIP ®.UK approved intervention for which the staff have been trained, however has not previously been required and therefore is not outlined on the Positive Behaviour Support plan of the individual.
- An intervention which, due to the specific circumstances, does not exactly match the PROACT- SCIP ®.UK approved intervention. By this, it is meant that the staff member had to use **REASONABLE MEANS TO MAKE THE STUDENT/OTHERS SAFE IN EXTREME CIRCUMSTANCES.**

The incident must be reported immediately to a member of the Behaviour Support Team or the Emergency on-call manager and the exact nature of the intervention detailed. It will be reviewed so as to understand the situation and triggers and to plan to avoid a similar situation arising in future.

If necessary, a Positive Behaviour Support plan may be amended to add an approved intervention and planning and training will take place to provide the safest available physical intervention if a similar event is foreseeable. As part of this, the Sheiling will liaise with The Loddon Consultancy, the licensed PROACT–SCIP ®.UK providers, for support as necessary.

Mental Health issues and medication

In some situations, students' behaviour of concern may be as a result of, or compounded by, mental health issues. Some of our students may have suffered from a complex history lacking in emotional stability or security. They may have been abused, neglected, bullied or suffer from attachment difficulties, depression or other mental health conditions.

In these circumstances, the Sheiling will work closely with appropriate professionals including in-house therapists and consultant clinical psychologists and/or local CAMHS teams to develop supportive, therapeutic strategies.

The use of medication may be indicated to reduce anxiety, or as a method of supporting extreme behaviour. Medication must only be administered upon medical advice and must only be used as a method of supporting behaviour that challenges where it is included within an individual's Care Plan under the instructions of a qualified medical practitioner.

Supportive holding for medical interventions

Due to the lack of understanding of medical procedures, some of our students may require a level of physical support and reassurance when they have medical procedures, either part of a planned appointment (ie. blood test, blood pressure) or part of an emergency procedure (ie. x-ray, MRI).

Supportive holding is a method of helping students, with their permission, to manage a painful procedure safely, quickly and effectively. Supportive holding is distinguished from restrictive physical intervention by the degree of force required and the intention.

Where there is an identified need for a medical procedure, a decision needs to be made in the student's best interests to establish the best plan of action and a risk assessment must be completed. This decision must be made with the full agreement and involvement of their parent, social worker and other relevant stakeholders and recorded in writing.

Staff should give careful consideration whether the procedure is really necessary and whether urgency in an emergency situation prohibits the exploration of alternatives.

Staff should anticipate and prevent the need for supportive holding by giving the student information at a level appropriate to their understanding and preparing the student using social stories, role play and gradual exposure beforehand and giving encouragement and distraction at the time of the procedure.

Staff should complete a dynamic risk assessment at the time of the procedure, liaise with health professionals and assess the potential long-term impact that the procedure will have on the student versus the benefits and whether the procedure needs to continue or be postponed should the student become distressed or refuse to comply with the procedure.

Where it is identified that a restrictive physical intervention may be necessary to enable a medical procedure, this should be used according to agreed guidelines, as a last resort, in order to prevent injury (ie. to prevent needle injury) and/or enable further medical intervention or assessment of a sustained injury (ie. to enable administering of sedation or general anaesthetic).

Each situation should be considered on an individual basis and staff must consult with a senior manager or the Seiling nurse where the situation deviates from the initial agreed plan, where possible.

Both student and staff should be given an opportunity for a debrief after a medical procedure that required either a supportive hold or a physical intervention.

Staff must complete the relevant paperwork (appointment form, body map or physical intervention form) if a supportive holding or physical intervention has been used.

Staff must inform parents and social worker of the outcome of the appointment.

Risk Assessment

Whenever it is foreseeable that a student might require a restrictive physical intervention, an Individual Risk Assessment will be carried out which identifies the benefits and risks associated with the application of different intervention techniques with the person concerned (Appendix 12 Impact risk assessment student on student held on SharePoint/Forms and Templates/Behaviour) can be used if more than one student is involved

This will take account of:

- risks to the student from using restrictive physical interventions
- risks to staff from using restrictive physical interventions
- risks from not intervening
- minimising the intervention, its length and duration

Emergency use of restrictive physical interventions may be required when students behave in ways that have not been foreseen by a risk assessment. According to research and guidance, (Department of Health, April 2014) research evidence shows that restrictive physical interventions place students and staff at more risk of physical and/or emotional harm and, for this reason, great care will be taken to avoid situations where physical interventions might be needed.

As above, staff should be aware that, in an emergency, the use of force can be justified if it is reasonable to use it to prevent injury or serious damage to property. Even in an emergency, the force used must be reasonable and take account of the specific circumstances in terms of intensity and duration.

Before using physical intervention in an emergency, the person concerned should be confident that the possible adverse outcomes associated with the intervention (for example, injury or distress) will be less severe than the adverse consequences which might have occurred without the use of a physical intervention

Legality of Restrictive Physical Interventions

It is an offence to lock a person in a room or close and hold the door, without recourse to the law (even if they are not aware that they are locked in).

It is not envisaged that any circumstances at The Sheiling Ringwood would give rise to the need to lock a door to keep a student in isolation, or the use of a face down restraint, and it is therefore not permitted within our policy.

Use of physical intervention may give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned.

Under Health and Safety legislation, employers are responsible for the health, safety and welfare of employees and the health and safety of persons not in employment, including students and visitors. The Sheiling Ringwood will assess risks to both employees and students arising from work activities, including the use of physical interventions.

The Sheiling Ringwood will establish and monitor safe systems of work and ensure that employees are adequately trained.

The Sheiling Ringwood will ensure that all employees, including bank staff, have access to appropriate information to meet the needs of the students they are working with, having regard for confidentiality of the student's personal information.

The use of 'physical interventions' will be minimised by the adoption of fully documented behaviour risk assessment, support plans and preventative strategies whenever it is foreseeable that the use of force might be required. However, staff will be made aware that, in an emergency, 'physical interventions' are permissible if they are necessary to prevent injury or serious damage to property.

5. Implementation, Monitoring, Recording and Reporting

Monitoring, Recording and Reporting

The Principal, Senior Management Team and the Behaviour Support Team are responsible for monitoring all behavioural incidents and the use of physical interventions (Appendices 01-13d, held on SharePoint/Forms and Templates/Behaviour) to ensure that appropriate strategies were used and to plan to take preventative future action as necessary. Incidents involving two students are reported immediately to the internal Safeguarding Team comprising of Designated Safeguarding Lead (DSL) and Deputy DSLs, who analyse each situation on an individual basis. Parents, funding authorities and, where necessary, local authority Safeguarding teams are also notified of these incidents.

Behavioural strategies, incidents, including student to student incidents and the use of Physical Intervention are additionally reviewed as necessary and trends are analysed during internal Safeguarding Team meetings and with the appointed trustees as part of the Safeguarding Committee meetings.

It is the duty of all staff to accurately and legibly record incidents of challenging behaviour and physical intervention in line with legislation, their training and The Sheiling Ringwood policy. All incidents will be recorded on the Databridge online

incident report and every use of a physical intervention will be recorded and analysed on Databridge as part of the system.

All staff will be trained in the reporting procedures (Appendix 03 New incident report form guidance, held on SharePoint/Forms and Templates/Behaviour). Reports must be made as soon as possible and in all cases within 24 hours to enable timely support for all affected to be provided and ensure all safeguarding procedures are followed accordingly.

All students will be offered the opportunity to debrief and discuss, within their capabilities, the way in which staff have responded to their behaviour and to express their concerns and preferences about future management (Appendix 04 Debriefing Protocol flow chart, held on SharePoint/Forms and Templates/Behaviour). Students are assessed for their debrief level and are supported with appropriate resources to enable a debrief to be given and supported. The plan and level for each individual is outlined in each student's Positive Behaviour Support plan. (Appendix 08 Student debrief tier system, held on SharePoint/Forms and Templates/Behaviour).

The Databridge MIS and recording system outlines every use of Physical Intervention and will show:

- the names of the staff and student involved
- early warning signs
- details of attempts to de-escalate
- the reason for using a physical intervention (rather than another strategy)
- the type of physical intervention employed
- the date and the duration of the physical intervention
- Whether the student or anyone else experienced injury or distress and, if they did, what action was taken?
- consequences and responses to the behaviour
- how effective was the intervention
- if the service user/staff were debriefed

Where specific restrictive physical intervention has been used, the student will be monitored for 24 to 48 hours to ensure that they are not adversely affected. (Appendix 06 24–48 hour monitoring form, held on SharePoint/Forms and Templates/Behaviour).

The data of the incidents, interventions, frequency and severity will be reviewed regularly and checked as part of Regulation 44 visits. Appropriate action will be taken as necessary.

Where planned physical intervention strategies are in place, they will be one component of a broader approach to behaviour support. The circumstances of any actual use of restrictive physical intervention, even if included in a Positive Behaviour Support plan, will be reviewed and, where possible, plans will be adapted to reduce the risk of this becoming necessary again in future.

The Behaviour Support Team utilise the Databridge reporting and recording system and review statistical analysis to look for trends to support the reduction of challenging behaviours.

The Behaviour Support Coordinators are responsible for holding behaviour files with details of all behaviour-related information. This may include, but is not exclusive to, Positive Behaviour Support plans, risk assessments and records of steps taken in support of reducing the need for physical interventions. The Sheiling Ringwood is

committed to open reporting and these files along with all online recording and documents are available on a 'need to know' basis.

Parents and placing authorities are notified of any behavioural concerns and comprehensive behavioural reports are published to parents and local authorities as is relevant.

Post-Incident support

Following an incident or any use of a physical intervention, the need for medical advice must be considered. If there is a possibility of injury to the student or staff, medical advice will be taken and, if there is any reason to suspect that a student or a member of staff has experienced injury or severe distress following the use of a physical intervention, they should receive prompt medical attention.

Note that some interventions carry a risk of unseen harm with potentially serious consequences and ongoing monitoring and/or medical advice must be obtained even if there is no apparent injury. These interventions and the associated risks will be identified during training and are specifically identified within recording and reporting procedures.

Following an incident in which physical interventions are employed, both staff and student will be given separate opportunities to debrief and talk about what happened in a calm and safe environment, as far as they are able or wish to do so. A debrief will only take place when those involved have recovered their composure.

Post-incident debriefs should be designed to discover exactly what happened and the effects on the participants. They should not be used to apportion blame or to punish those involved (Appendix 04 Debrief protocol flow chart, held on SharePoint/Forms and Templates/Behaviour). Where a serious incident has occurred, an independent advocate should be involved.

Additionally, all staff may, on occasion, observe the services provided by other professionals and the care given by relatives and friends. If they learn of situations where restraint, including medication and seclusion, is being used inappropriately by others, it must be reported to the Designated Safeguarding Lead who will bring the matter to the attention of the appropriate authorities.

The Sheiling Ringwood makes available to its staff a counselling service and an Occupational Health service to support its staff including, should they wish it, with regard to supporting students with behaviours of concern and involvement in incidents or interventions. The counselling service and staff support are also available to staff should they be involved in any issues of conduct such as bullying and harassment or be subject to allegations (see Safeguarding Policy, Preventing Bullying Policy and Code of Conduct, held on SharePoint/Policies and Handbook).

To help protect the interests of and safeguard students who are exposed to physical interventions, wherever possible, family carers, authority representatives and independent advocates will be involved in planning, monitoring and reviewing how and when they are used.

Staff training

All staff will receive induction training before being required to work independently with students who present with behaviours of concern. Staff who are expected to employ 'Person-Specific' physical interventions will receive additional, more specialised training. The nature and extent of the training will depend upon the characteristics of the students who may require a physical intervention, the behaviours they present and the responsibilities of individual members of staff.

Induction training will clearly describe pro-active and preventative practice in supporting behaviour of concern and good practice in the use of 'physical interventions' as well as outlining unacceptable practices that might expose students or staff to foreseeable risk of injury or psychological distress. Training and assessment in 'Proactive Working Practices' and 'Keeping Safe' techniques and safe emergency responses will be provided for staff who may be called upon to support individuals.

Further training in additional techniques will be provided to those staff who may be called upon to support individuals with identified needs which have been agreed by parents/authorities/the student and their advocates as being in their best interests.

Staff receive at least annual refresher training and ongoing training and support as required, including coaching, behaviour support meetings, High Priority Group and specific guidance based on the analysis and observation of staff practice.

Staff should normally only use methods of physical intervention for which they have received training. Specific techniques will be closely matched to the characteristics of individual students and there will be a register of which physical interventions are used with which students and of which staff are permitted to use different techniques. Staff should not modify the techniques they have been taught.

The following physical interventions are routinely taught to our staff as part of their induction:

'Proactive Working Practices' and 'Keeping Safe' techniques/interventions including Assertive Command, Stance, Protective Stance, Hair Pull Stabilisation (without release), Touch Support, Front Arm Catch

In line with Proact-scip®.UK and government requirements, all staff are only taught physical interventions following comprehensive training on understanding the needs of our students and pro-active behaviour support strategies.

On a student-specific basis, the following 'Person-Specific' physical interventions are taught to staff who work with an individual with whom this intervention may be deemed appropriate - based on a risk assessment of the needs, advantages and disadvantages:

Two Person Touch Support, Two Person Arm Support, One and Two Person Escort; the Hug.

It is not usual policy for The Sheiling Ringwood to use higher level interventions than those above, however, in extreme circumstances – on very rare occasions – it may be appropriate to use an alternative, and higher level approved PROACT–SCIP ®.UK intervention, as a short-term measure with continuous review.

Should this need arise, it will be agreed with all stakeholders, as part of a multi-disciplinary team approach based on a functional analysis of the behaviour, with regular statistical analysis and monitoring, with open reporting to parents and authorities and, as with other interventions, be outlined within the Positive Behaviour Support plan, be following a risk assessment and have an agreed reduction plan in place.

Trainers will be selected with reference to the Restraint Reduction Network guidance and must have evidence of professional accreditation. The Department of Health and the Department for Education and Skills have worked with Restraint Reduction Network, in collaboration with other agencies, to establish an accreditation scheme for those offering training on physical interventions for learning disability and education

services. The Sheiling Ringwood uses an accredited instructor in PROACT–SCIP ®.UK for staff training.

Implementing Policy

All staff working with students have responsibility and accountability to follow this policy and the Staff Code of Conduct, partake in positive behaviour support training and make themselves aware of the Care Plans, Individual Risk Assessments, Positive Behaviour Support plans and other relevant documentation when supporting students with behaviour of concern and prior to engaging in any physical intervention.

As discussed in their training, it requires all those directly involved to take ownership of the approach and to assess their own values and any impact on positive behavioural support practices.

This policy will be reviewed at least annually.

The Sheiling Ringwood Referenced Documents

Safeguarding Policy

Preventing Bullying Policy

The School, College and Care Development Plans

Staff Code of Conduct Policy

Process for recording and monitoring incidents and intervention

Process for addressing behaviour support and behavioural concerns

Guidance for reporting of incidents to parents and authorities

Debriefing protocol

Related Appendices

01 Addressing behaviour support and concern

02 Process for supporting students

03 New Incident form guidance

04 Debrief protocol- flow chart

05 Staff Enhanced – Formal Debrief Form

06 24-48 hour monitoring form

07 Gateways Tool

08 Student debrief tier system

09 Behavioural Referral Sheet

10 ABC/Regular Occurrence Recording Protocol

11 Behavioural Functional Analysis Screening

12 Individual Behaviour Impact Risk Assessment Student on Student

13 a Positive Behaviour Support Plan (Green)

13 b Behaviour Intervention Plan (Amber)

13 c Physical Intervention and Risk Reduction Plan (Red)

13d- Positive Engagement Plan (Green)

Additional associated documents

Individual Risk Assessment (IRA) and Screening tool

Mental Capacity Assessment and Best Interest Form

Student behaviour and bullying guidance

Relevant in-house training

Positive Behaviour Support Strategies – refresher training

Positive approaches to supporting behaviours that challenge – Induction training

Understanding special needs

Safeguarding

The Sheiling Ringwood Approach

Mental Capacity Act and Deprivation of Liberty