

## 3: POSITIVE BEHAVIOUR SUPPORT POLICY

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*Ratified by Board: April 2023*

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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.*

1. Aims/Purpose
2. Positive Behaviour Support
3. PBS/ Positive engagement plans
4. Physical Interventions/Restraint
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### **1. Aims and Purpose**

#### ***Aims:***

The aim of this policy is to clearly identify how the Sheiling Ringwood:

- Uses positive and proactive approaches to support individuals' behaviour to minimise barriers to learning and engage fully in all opportunities provided.
- Provides students with clear expectations of behaviour through skills teaching, role modelling, encouraging and teaching self-regulation skills and a consistent approach.
- Focuses on each individual through listening, respecting and empowering them.
- Responds to students needs at times of difficulty by responding to their needs and keeping them safe from harm.
- Provides all staff with the background, skills and knowledge to have the appropriate beliefs, values and attitudes to develop positive relationships and enabling environments to promote learning.
- Takes a non-judgmental approach to behaviours of concern and recognise and address these supportively whilst teaching more appropriate, alternative ways of meeting these needs in the future.
- Works with external stakeholders to ensure transparency of information sharing, and to promote positive behaviour across all settings.
- Implements positive behaviour support in accordance with Risk Reduction Network (RRN) standards and British Institute of Learning Disabilities (BILD guidance).
- Adopts a range of positive approaches and techniques based on PROACT-SCIPr-UK® accredited by the (BILD) Act to empower, support and safeguard both students and staff.

### **2. Positive Behaviour Support**

Positive Behaviour Support (PBS) is a person-centred framework for providing long term support to people with a learning disability, and/or autism, including those with mental

health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person-centred values and behavioural science and uses evidence to inform decision-making.

PBS approaches are based on a set of overarching values. These values include the commitment to providing support that promotes inclusion, choice, participation and equality of opportunity. (Challenging Behaviour Foundation, 2017).

At The Sheiling Ringwood, we adopt a PBS culture through training all staff in PROACT-SCIPr-UK®. This stands for Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention. This is a 'whole approach' to working with young people with learning disabilities and complex needs. It follows the positive behaviour support model and focuses on proactive methods to avoid triggers which may lead to behavioural challenges.

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

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

The emphasis is always to reduce the reactive and increase the proactive interventions. All staff have a responsibility to ensure this is achieved, by ensuring there is a clear ethos and culture with regards to positive behaviour support within the organisation and enabling this 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 a wide range of needs of each student, taking account of their age, gender and cultural background. Through proactive 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.

### **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 de-escalate 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 this stage, behaviour of concern may already be occurring at a low level. The aim is always to avoid a student going into crisis.

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
- 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, including emergency action for safety

### **Reactive strategies**

We recognise that, even with proactive and active approaches, 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. When all proactive and active strategies have been followed and deemed ineffective, reactive strategies can be used as a last resort, but are not limited to physical interventions.

Staff need to use 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.

### **Training**

- All staff will receive induction training before being required to work independently with students who may present with behaviours of concern.
- Induction training will clearly describe proactive, active and reactive strategies in supporting behaviour.
- Good practice in the use of physical interventions, as well as outlining unacceptable practices that might expose students or staff to risk of injury or trauma.
- 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, and specific guidance based on the analysis and observation of staff practice.
- In line with PROACT-SCIPr-UK® and government requirements, all staff are only taught physical interventions following comprehensive training on understanding the needs of our students and proactive behaviour support strategies.
- It is not usual procedure for The Sheiling Ringwood to use higher level interventions than those agreed as above, however, in extreme circumstances may be appropriate to use an alternative, and higher level approved PROACT-SCIPr-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, following a risk assessment and have an agreed reduction plan in place.

- The Sheiling Ringwood uses accredited instructors in PROACT-SCIPr-UK® for staff training which is accredited by BILD and the RRN.
- 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.

At the Sheiling Ringwood, we have a large network of mobile phones so that staff can call for support and a senior member of staff is on call at all times.

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

### **3. Positive Behaviour Support/ Engagement plans**

To empower, support and safeguard both students and staff, and to ensure that staff use the appropriate and agreed strategies throughout the 24-hour curriculum, each student has a Positive Behaviour Support/ Engagement Plan, which is completed by the Positive Behaviour Support Team (PBS) following contributions from a multi-disciplinary team including students (where they are able), parents, therapists, key staff and external stakeholders. The PBS Team will regularly review and update the plans as required in light of monitoring and analysis of behaviour, any new strategies and/or behaviour changes.

The Positive Behaviour/Engagement plans have up to four sections dependent on the needs of the student.

- Green stage – How a student presents within a “just right state” and how staff can proactively engage the student.
- Amber stage – How a student presents when they are not/unable to engage and how staff can actively engage the student to return to green.
- Red stage – How a student presents when they are dysregulated and unable to engage. How staff can reactively support the student.
- Purple stage – How the student communicates they are ready to reengage and what the staff must do support the student to repair the situation (this could include a reflection/debrief).

The PBS plan forms the specific strategies to be used to support the student and is reviewed during annual EHCP (Education, Health and Care Plan) reviews or as and when required. It is therefore possible that the PBS plan will be changed and adapted to reflect needs as required. Significant changes within the PBS plan will be discussed with parents and social worker prior to use.

This plan offers a consistent approach and is instrumental in reducing the occurrence of behaviours of concern.

A student may also have a red plan if they require the use of planned physical intervention. This document has the physical interventions listed and a risk reduction section to ensure the focus is on reducing/eliminating the need for physical intervention for that student. These plans are reviewed 3-6 monthly or as and when changes arise. The plan is monitored by the PBS team with contributions from a multi-disciplinary team including students (where they are able), parents, therapists, key staff and external stakeholders.

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.

## **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/their 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.

Recorded in writing so that the method of physical intervention and the circumstances when it was employed can be monitored and, if necessary, investigated.

**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.**

## **4. Use of Physical Intervention/Restraint**

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 forms of reactive strategy, force or physical intervention in an aversive way or to punish.

Within the PROACT-SCIPr-UK® framework, the use of physical intervention should, wherever possible, be avoided. 'Physical interventions' will only be used as a last resort when other strategies (which do not use force) have been tried and found to be unsuccessful or, in an emergency, when the risks of not using an intervention are greater than the risks of using force.

Before using any physical interventions, training and evaluation will be provided for the relevant staff. This will be in line with PROACT-SCIPr-UK® which follows the RRN and Department of Health (DoH) guidance for the use and reduction of restrictive physical interventions.

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 a member of staff/public
- prevent serious damage to property
- or in what would reasonably be regarded as exceptional circumstances

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

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**.

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

**Staff must not use any form of seclusion, locks or physical action to keep a student in isolation.** The use of seclusion is 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.

#### **Unplanned or emergency action for safety interventions**

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

Where there is no alternative, physical interventions are used (as taught by qualified PROACT-SCIPr-UK® instructors) in a manner designed to ensure the situation is safe and to protect a student or others from danger. 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.

Whenever it is foreseeable that a student might require a restrictive physical intervention, an Individual Risk Assessment (IRA) will be carried out which identifies the benefits and risks associated with the application of different intervention techniques with the person concerned can be used if more than one student is involved.

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, (DoH, April 2014) 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.

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-SCIPr-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-SCIPr-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.**

If necessary, a Positive Behaviour Support plan may be amended to add an approved intervention. 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-SCIPr-UK® providers, for support as necessary.

Where specific restrictive physical intervention has been used, the student will be monitored for 24 hours to ensure that they are not adversely affected.

## **5. Post-Incident support**

### **Students:**

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 strategies. 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/Engagement plan (Student debrief tier system, held on SharePoint/Forms and Templates/Behaviour). We acknowledge there are times when this will not be in the best interests of an individual student but in such cases will seek advocates' views.

### **Staff:**

Staff can face many challenges, both physical and emotional, when working with students who display behaviours of concern, and this could lead to burnout if not managed appropriately and with the right support.

Following any behavioural incident, all staff are offered an initial debrief immediately or soon after an incident occurs, which focuses on the immediate physical and emotional wellbeing of the people involved. This can also include any further support needed for their wellbeing to ensure they are able to continue to support the students (Debrief protocol flow chart, held on SharePoint/Forms and Templates/Behaviour).

If a staff member requests one, and for more severe incidents such as when a staff member may have experienced injury and/or trauma, an 'enhanced' debrief process is offered. A skilled facilitator who can enable reflections and identify areas of improvement in a supportive way should lead the debrief. It aims to understand what happened and why; it is a mixture of teaching and support. It should happen when the staff member feels comfortable to have one and adequate time and a quiet environment is allocated for this. Enhanced debrief provides further opportunity to explore whether anything could have been done differently around support for the staff member before, during and immediately after the incident. Subsequent actions may be additional training, breaks from a certain student, or further confidential counselling sessions with external professionals if required.

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.

## **6. Record Keeping**

### **Recording:**

- 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 that include the use of a physical intervention will be recorded on the Databridge online incident report and analysed as part of the PBS system.
- All staff will be trained in the reporting procedures. 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 (when applicable) are followed accordingly.

The Databridge MIS and recording system outlines every behaviour incident and use of physical intervention. It will show:

- The names of the staff and student(s) 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, time and duration of the physical intervention
- Whether the student or anyone else experienced injury or distress and, if they did, any action taken
- Consequences and responses to the behaviour
- How effective was the intervention
- If the student or staff were debriefed

**Forms of reporting behaviour information:**

- Behavioural reports are published to parents and local authorities as and when required, for example EHCP reviews.
- Parents and external stakeholders are notified of any behavioural concerns.
- Regular safeguarding reports are produced, which cover lessons learnt, good practice and data including analysis of trends.
- Further data around behaviour to inform the Training Needs Analysis (TNA)

**How we monitor behaviour information:**

- The Principal, Senior Management Team and the Positive Behaviour Support Team are responsible for monitoring all behavioural incidents and the use of physical interventions, to ensure that appropriate strategies were used and to plan preventative future action as necessary.
- Half-termly behaviour data reports are submitted to the Internal Safeguarding Meeting and Safeguarding Committee Meeting for monitoring.
- The Behaviour Support Team utilise the Databridge reporting and recording system and review statistical analysis to look for trends to support the reduction of behaviours of concern.

**Ways we analyse behaviour information:**

- Incident data is used to look at physical interventions; the frequency/severity/duration of incidents and is then analysed and reviewed regularly to inform practice and support needs
- Inform and review PBS plans
- Through Multi-Disciplinary Team Meetings
- Through the safeguarding meetings
- Through regulatory bodies, Local Authorities, NHS

**Student towards Student Behaviour**

- Incidents involving two students are reported immediately to the manager who is on call.
- This is escalated 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.

## **7. Risk Assessment**

The Individual Risk Assessment (**IRA**):

The IRA is compiled of two parts which includes a screening tool and the finalised IRA document. All students will have this document when they start at the Sheiling, which identifies any past or current risk known by anyone supporting them. Part of this document includes behaviours of concern, including the use of restrictive physical intervention.

This will take account of:

- Risks to themselves, others and severe damage to property
- Danger awareness – e.g. around water, climbing, strangers, online safety
- Risks to the student and staff from using restrictive physical interventions

## **8. Procedures**

In the event of a concern over escalation of behaviour of concern parents and authorities should be informed and review meetings such as TAP (Team Around the Person) should be organised. Following such a meeting, any change to strategies will be outlined in an updated PBS 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 a student to work together to alleviate the risks being presented.

## **9. 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.

*This policy will be reviewed at least annually.*

## **The Sheiling Ringwood Referenced Documents**

**Safeguarding Policy**

**Exclusion 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-hour monitoring form.

07 Gateways Tool

08 Student debrief tier system.

09 Behavioural Referral Sheet.

10 ABCD/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)

13 d 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.

PROACT-SCIPr-UK®

Understanding Special Needs

Safeguarding

The Sheiling Ringwood Approach

Mental Capacity Act and Deprivation of Liberty

### **Behaviour Support Policy supporting external documents**

This policy statement is made with reference to recent and applicable government guidance.