



### **3: Positive Behaviour Support Policy**

Reviewed: KF/SMT – Jan-Feb 2026 (Annual)

Ratified by Board: May 2026

Full Review Date: Spring Term 2027

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 and Training
3. PBS/Positive Engagement Plans
4. Physical Interventions/Restraint
5. Post-Incident Support – Staff and Student
6. Record Keeping
7. Procedures
8. Risk Assessment
9. Implementation

## 1. Aims and Purpose

### Aims:

The aim of this policy is to clearly identify how The Sheiling Ringwood (TSR):

- 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 addressing 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 recognises and addresses these supportively whilst teaching more appropriate, alternative ways of meeting these needs in the future.
- Works with external stakeholders to ensure transparency through 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) Association of Certified Training (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 of concern. 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, understanding and compassion, co-production and collaboration, integrity and independence, advocacy and learning through experience. (Challenging Behaviour Foundation, 2025)

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 'holistic 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 actions

The emphasis is always on reducing the use of reactive interventions and increasing the use of proactive ones. 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 by enabling this through regular staff training in 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 for 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 concerns arise. If proactive interventions are effective, behaviours of concern should decrease in frequency, intensity and duration.

Proactive strategies and interventions used include:

- Teaching and developing skills
- Specific teaching approaches, e.g. Intensive Interaction, TEACCH® Attention Autism
- Trauma informed approaches eg Playfulness Acceptance Curiosity Empathy (PACE) Emotionally Available Adults
- Enabling choice
- Ensuring a capable environment
- Active support and community participation
- Stimulating and meaningful activities
- Empathy, respect and active listening
- Positive attention
- Praise for positive behaviours
- Good role modelling
- Using a student's preferred method of communication
- Using a total-communication approach
- Individualised timetables
- Humour
- Supporting students to regulate

## 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.

Active strategies and interventions used include:

- Allowing the student some time and space to regulate
- Offering reassurance
- Redirection/distraction
- Change of face
- Additional staff support
- Change of environment
- Reducing stimuli
- Reducing verbal input
- Using visuals
- Giving more processing time
- Offering choices
- Taking a break/movement break

## Reactive Strategies

We recognise that, even with proactive and active approaches, a crisis or risk behaviour may occur due to a variety of reasons, such as medical causes, changes in medication, limited ability to communicate, unavoidable changes to routine, and due to evolving personal circumstances as some examples. 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. The following are examples of non-restrictive reactive interventions:

- Time and space
- Managing the environment
- Planned 'ignoring' (of the behaviour, NOT the person, if safe to do so)
- Strategic capitulation (offering a desired item, under any circumstance to minimise risk)
- Reducing demands
- Reducing communication to a minimum
- Assertive Command and Touch Support

Staff need to use a range of strategies for 'de-escalation' or 'defusing' which can prevent 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 potential crisis.

## Training

- All staff will receive foundation training to support working with students independently. All Foundation training will clearly describe proactive, active and reactive strategies to support behaviour.
- It will examine 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 student-facing staff.
- 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/carers/authorities/the student and their advocates as being in their best interests.

- As a minimum, staff receive annual refresher training, plus 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, it 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/carers and authorities. Following a risk assessment, any agreed physical interventions and the rationale for potentially using them are outlined in a red physical intervention and Risk Reduction Plan, which is then referenced in the student's Positive Engagement Plan.
- The Sheiling Ringwood uses accredited instructors in PROACT-SCIPr-UK® for staff training, which is accredited by BILD and the RRN. Foundation training for new student-facing staff (or as identified), followed by annual PROACT-SCIPr-UK® and PBS refreshers

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 with the need to develop 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 Engagement Plans

To empower, support and safeguard both students and staff, and to ensure that staff use the appropriate and agreed strategies throughout the day and night time, each student has a Positive Engagement Plan (PEP) which incorporates contributions from a multi-disciplinary team, including students (where they are able), parents/carers, therapists, key staff and external stakeholders. The PBS and wider Therapy Team regularly reviews and updates the plans as required (annually as a minimum) in light of monitoring and analysis of behaviour, and any new strategies and/or changes in behaviour.

The Positive Engagement Plans have up to four sections, dependent on the needs of the student.

- I. Green stage – How a student presents within a 'just right state' and how staff can proactively engage the student.
- II. Amber stage – How a student presents when they are unable to engage and how staff can actively support the student to return to green.
- III. Red stage – How a student presents when they are dysregulated and unable to engage. How staff can reactively support the student.
- IV. Purple stage – How the student communicates that they are ready to re-engage and what staff must do to support the student to reestablish therapeutic rapport and be safe and ready; this could include a reflection/debrief.

The Positive Engagement Plan outlines 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 Positive Engagement Plan will be changed and adapted to reflect needs as required. Significant changes within the Positive Engagement Plan will be shared with parents/carers and social worker (if applicable) prior to use.

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

A student will have a red physical intervention and Risk Reduction Plan if they require the use of planned Physical Intervention. This document has the Physical Intervention(s) 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 every 3-6 months 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/carers, therapists, key staff and external stakeholders.

In line with The Sheiling's Positive Behaviour Support Policy and BILD guidance regarding use of physical interventions, these strategies must be reviewed and/or removed as necessary from the red physical intervention and Risk Reduction Plan if they have not been used for at least three months.

## Best Interests of the Student

Planned Physical Intervention strategies should be:

1. Agreed in advance by a interdisciplinary team working in consultation with the student and their parents/carers or advocates.
2. Described in writing and incorporated into other documentation (care plan, profiles etc) which sets out a broader strategy for addressing the student's behavioural needs.
3. Implemented under the supervision of an identified member of staff who has undertaken appropriate training.
4. Recorded in writing so that the method of physical intervention and the circumstances when it was used can be monitored discussed and reviewed.

The inclusion of Physical Intervention in the red physical intervention and Risk Reduction 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 in 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 restrictive practice.

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/the 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 be done with the minimum reasonable force required to prevent injury or avert serious damage to property, and the techniques used should be those with which staff involved are familiar 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 permitted 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.

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, which has not previously been required and therefore is not outlined on a red Physical Intervention and Risk Reduction Plan for the individual student.
- Emergency Action For Safety (EAFS) An intervention which, due to the specific circumstances, does not match a 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 red physical intervention and Risk Reduction Plan will be created and referenced in the student's Positive Engagement Plan. Any approved physical interventions will be outlined in the red physical intervention and Risk Reduction Plan, as well as a strategy for reducing and, ultimately, ceasing their use. 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 Ringwood 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 have not been 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 Engagement Plan where applicable (Student debrief tier system, held on SharePoint/Forms/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 an adverse impact for staff if not managed appropriately and with the right support.

Following any behavioural incident, all staff are offered an initial debrief immediately, or as soon as possible, 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 Share Point/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, in certain circumstances The Sheiling Ringwood will insist this takes place. 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, reflection and support. It should happen when the staff member feels comfortable to have one and adequate time and a quiet environment should be 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, change in student allocation or further confidential counselling sessions with external professionals if required.

The Sheiling Ringwood makes available to its staff a self-referral counselling service and an occupational health service, 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 record incidents of behaviour of concern and physical intervention in line with legislation, their training and The Sheiling Ringwood policy.
- All incidents (including the use of a physical intervention) will be recorded on the Databridge online Behaviour incident report form 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 staff should endeavour to do this the same working day, in all cases within 24 hours to enable timely support for all affected to be provided, and to ensure all safeguarding procedures (when applicable) are followed.

Databridge and recording system outlines every behaviour incident and use of physical intervention. It shows:

- 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 used
- 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/carers and local authorities as and when required; for example, for EHCP reviews.

- Parents/carers and external stakeholders are notified of any behavioural concerns.
- Parents/carers will receive written communication, reporting any incident that has required significant use of force, TSR will endeavour to do this on the same working day.
- 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 (SMT), 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 Positive Behaviour Support Team utilises the Databridge reporting and recording system to analyse data and 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 is analysed and reviewed regularly to inform practice and support needs
- Inform and review Positive Engagement Plans
- Team Around the Person (TAP)
- Through regular safeguarding meetings
- Through regulatory bodies, Local Authorities, and the NHS
- Behavioural support strategies, incidents, including student-towards-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.

#### Student towards Student Behaviour

- Incidents involving two students are reported immediately to the manager who is on call.
- If significant impact on students involved, the incident will be escalated to the internal Safeguarding Team comprising of a Designated Safeguarding Lead (DSL) and Deputy DSLs, who analyse each situation on an individual basis. Parents/carers and, where necessary, funding authorities and local authority safeguarding teams are also notified of these incidents.

## 7. Risk Assessment

The Individual Risk Assessment (IRA):

All students will have this document when they start at The Sheiling Ringwood, 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, parents/carers and authorities should be informed and review meetings scheduled. Following such a meeting, any change to strategies will be outlined in an updated Positive Engagement Plan and circulated for the attention of all relevant parties.

## 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 students' Care Plans, Individual Risk Assessments, Positive Engagement 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

### Related Appendices (located on SharePoint – forms and templates – policy documents)

1. Process for Supporting Students with Behaviour of Concern
2. Recording and Monitoring Behaviour Incidents, ABCD and Physical Interventions
3. Incident form 'How to' guide
4. Support Staff debrief protocol
5. Staff Behaviour Enhanced Debrief form
6. Physical Intervention 24-hour monitoring form
7. Behaviour Debriefing Gateways Tool
8. Behaviour Impact Risk Assessment

### Additional Associated Documents

Individual Risk Assessment (IRA)

Mental Capacity Assessment and Best Interest Form

3E Prevent Bullying Policy

### Relevant In-house Training

Positive Behaviour Support Strategies – refresher training

Positive approaches to supporting behaviours that challenge – foundation training.

PROACT-SCIPr-UK®

Understanding Special Needs

Safeguarding

The Sheiling Ringwood Approach

The Mental Capacity Act and Deprivation of Liberty

### Positive Behaviour Support Policy Supporting External Documents

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

End of document