

The SENAD Group

Section 5 Positive Behaviour Support Policy

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Our Aims

SENAD is committed to focusing on promoting the quality of life, choice and independence for our children, young people and adults who we support. Our clients have a learning difficulty and can find the community they live within challenging and complex; at times this can create anxiety and distress.

SENAD will endeavour to maintain a good quality of life for individuals we support, focusing on successful outcomes whatever the level or intensity of an individual's anxiety and their resulting behaviours, so as to ensure that are not stigmatised, marginalised or discriminated against if they display behaviours that challenge, which may then challenge the service. We will ensure unconditional positive regard.

SENAD will not lose sight that each person is a full and valued member of the community with the same rights as everyone else and will maintain respect for their culture, ethnic origin, religion, sexual orientation and/or gender.

SENAD will create positive environments which promote self-esteem, confidence & a sense of wellbeing by ensuring all young people:

- have the means to communicate and are supported by staff who are effective communication partners
- are encouraged to make real and realistic choices and exert control over their own lives
- are listened to and advocated for
- have regular opportunities for success
- have even their smallest achievements recognised and celebrated
- are supported to maintain relationships with families and significant people in their lives and are actively encouraged to develop friendships and social relationships
- are exposed to appropriately pitched expectations and effective behaviour modelling
- are taught skills and compensation strategies which increase their ability to manage their own behaviour

Purpose

The purpose of this policy is to ensure that:

- We focus on quality of life, empowerment and enabling people to live full, productive and meaningful lives.
- The individual is at the centre of all planning which is person centred
- Individuals live in communities which positively promote socially acceptable standards of behaviour.
- We adopt approaches which are non-punitive, least-restrictive and socially enabling.
- Staff are suitably trained and supported to carry out their roles and provide ethical, effective and skilled support.
- SENAD works within current legislative standards and adopts current best practice and evidenced based approaches at all times

Understanding Challenging Behaviour

Our definition¹ of behaviours that challenge the delivery of good social care, education, therapy and support is as follows:

Any non-verbal, verbal or physical behaviour exhibited by a person which makes it difficult to deliver good social care or education safely.

The people we support have varying degree of cognitive functioning which can impact their ability to understand their environment as easily or quickly as others, if at all. The person may also not understand or be concerned about the consequences of their actions on their own or others' well-being. Behaviours can be complex, unpredictable and require individualised tailored interventions using empathic and non-judgemental listening, distracting, redirecting to alternate pleasurable activities,

¹ There are other definitions: Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion – Report from the Royal College of Psychiatrists, British Psychological Society and Royal College of speech Therapists, June 2007

removing sources of excessive environmental stimulation and being sensitive to non-verbal communication.

Behaviour that challenges can be driven by a range of factors:

- Differing communication abilities and requirements (e.g. verbal understanding, non-verbal communication, symbols, Makaton)
- Unmet care needs (e.g. pain, thirst, hunger, toilet needs)
- Care tasks, including personal care
- Administering medication, in particular pain medication
- Preferences for certain favoured staff who are not available
- Lack of engagement by staff
- Times when staff are otherwise engaged (e.g. handover, mealtimes)
- Areas where there are less experienced/familiar staff around
- Night time disturbances
- Over and under stimulation
- Heightened anxiety (e.g. transition, meals, public places, school, medical visits)
- 'Sun-downing' (e.g. light/temperature changes, morning/afternoon or evening preferences)
- Lack of meaningful and/or purposeful activity
- Relatives/visitors visiting/leaving or absence of contact
- Staff hostility, indifference or anxiety displayed towards the individual
- Inconsistent rule setting
- Unfair or unclear consequences as a result of a behaviour policy
- No debrief following an incident
- Provocation by other individuals, distress in others
- Cultural, religious or spiritual needs
- Poor teaching or poor care practice
- External stimulation from TV, CDs, internet
- Being bullied in real or perceived ways
- Unsignalled or unscheduled changes to routines

The behaviour can have the following adverse impacts upon the person's life:

1. Prevents the person from participating in everyday social and educational activities
2. Has a detrimental effect on the learning/social environment of other members of the community
3. Is considered inappropriate to their age and/or developmental level
4. Results in social isolation or exclusion
5. Restricts the development of independence and skills

6. Reinforces negative self-concepts and low self esteem
7. Creates a dangerous environment
8. Places extreme demands on resources
9. Makes them vulnerable to exploitation and abuse

Procedures

We will provide positive behaviour support which is focused on:

- Reducing stressors in a person's life
- Helping to manage the triggers of anxiety
- De-escalating behaviours
- Empowering the individual to make safe choices
- Keeping everyone safe
- Debriefing and adapting our practices to reduce future incidences

Behaviour support will be an integral part of the person's overall plan, integrated into their care and education planning.

Support will be tailored to the individual's needs and will be based on multidisciplinary assessments considering individual cognitive levels and communication needs and including effective functional assessment

Assessment

Effective baseline assessment is essential to effective behaviour support and will underpin all behaviour support programmes and strategies. Assessment will be undertaken by the multi-disciplinary team working with the young person, including wherever possible family members or significant people in their lives.

The Individual assessment typically includes:

- communication style and needs
- cognitive ability
- physical health/ mobility
- sensory needs
- mental health
- health and medical issues
- personal history, relationships & behaviour

The Environmental assessment typically includes:

- staffing levels, experience & training
- staff relationships and support systems
- material environment
- access to opportunities
- levels of consistency
- communication of essential information
- physical risks and safety issues

The Behaviour assessment typically includes:

- Frequency, impact and risk of physical harm to self & others
- Frequency, impact and risk of loss of elements which make up decent quality of life & equality of opportunity
- function of the behaviour

Specialist assessment will be undertaken by the appropriate clinicians, including speech & language therapists, occupational therapists, psychologists & psychiatrists.

BILD Accredited NAPPi and RESPECT

SENAD uses **NAPPi** in its English schools and homes. We use **RESPECT**² at Aran Hall School in Wales.

NAPPi is a BILD accredited **N**on **A**busive **P**sychological and **P**hysical **I**ntervention model which is based on de-escalation and clear strategies to allow the student/adult to calm yet engage in learning/activities. The aim of NAPPi is to focus on the Assessment, Prevention and Management of confused, unpredictable, and aggressive clients. The core to this is the development of the Laleman Behaviour Scale³. These strategies would be shared with the young person where possible and family members to ensure a consistent behavioural support package. <http://www.nappiuk.com/>

RESPECT is a BILD accredited behaviour support model which utilises supportive de-escalation techniques to empower staff and service users to resolve situations before they intensify. It incorporates biomechanically risk-assessed interventions, tailored by a panel of senior professionals,

² RESPECT is used in this school as it fits alongside a specific behavioural teaching approach for its students

³ The Lalemand scale is a précis of antecedents, behaviours and de-escalation responses for a service user written in objective and non-emotive language <http://nappi-training.com/why-choose-nappi/nappis-guiding-principles/>

designed to be least invasive, cause no pain or panic, promote breathing, and maintain dignity and respect. <http://respecttrainingsolutions.co.uk/>

Both support models use a traffic light system to give staff clear guidance on what support is needed when challenging behaviours are exhibited.

Planning the Prevention of Challenging Behaviours

Intervention should focus on prevention of challenging behaviour in three stages; emphasis should be placed on stage 1

Stage 1 - Primary prevention should include:

- Understanding the needs of the service user, not assuming
- Adapting the physical environment
- Adapting the individual programme
- Addressing communication needs and styles
- Addressing internal setting events (mental & physical health)
- Meeting sensory needs
- Identifying specific triggers of behaviour
- Increasing access to preferred reinforcers
- Managing social contact and increasing opportunities
- Modifying demands
- Embedding skills in service user and staff supporting them
- Teaching discrete and general skills
- Teaching functionally equivalent skills
- Teaching coping strategies and de-escalation techniques
- Improving staff confidence and competence

Stage 2 - Secondary Prevention should include:

- Stimulus change
- Stimulus removal
- Sensory intervention
- Prompt coping skills and alternative strategies
- Not ignoring
- Diversion to reinforcing activities
- Diversion to compelling activities
- Change of setting
- Change of face (person)

Stage 3- Reactive Strategies at this stage action will be governed by dynamic safety risk assessment and should be considered in the following order:

- Change proximity
- Self-protection
- The lowest level of physical intervention possible for the shortest time.

Alongside this within NAPPI, lalemand scales are used to ensure quality of life, to better understand the individual and as part of their PBSP as a guide for staff to recognise and respond appropriately to behaviours that challenge. These lalemands consist of three areas Green, Amber and Red.

Green – Consists of three areas to enhance the quality of an individual's life

- **Caring Community:** The people in a Service Users life who they care about and who care about, or care for, them.
- **Productivity:** A task or activity that contribute to a person's wellbeing or the wellbeing of others.
- **High Quality Relaxation:** A voluntary activity that is fun and recharges the batteries, making someone better able to deal with the stresses in their life.

Amber – Known as 'Stress Factors'. This area looks at an individual's stressors, or triggers, that could cause anxiety which may then result in behaviours that challenge. The Amber section also looks at a person's history e.g. trauma so that trauma informed care can be delivered.

Red – The red scale identifies behaviours that a Service User may display as a result of stress. This is a continuum of 5 levels of behaviour and gives staff the appropriate response options and techniques to de-escalate the situation. The response options are regularly reviewed and updated to ensure the best possible outcomes for the individual.

Physical Interventions

SENAD's policy on applying section 550a of the Education Act 1996 within its' school is the following:

We do not make physical interventions for non-compliance for classroom management⁴ unless there is a clear safety rationale for keeping the young person, their peers, staff or the public safe from harm.

Where planned reactive strategies include restrictive intervention a **'Physical Intervention Reduction Plan'** must be put in place with clear time referenced targets for replacing the intervention.

Reactive or crisis management strategies which involve the use of physical restraint, administration of medication or restriction of liberty may only be used as part of an individual behaviour support programme where there has been clear analysis, multi-agency consultation and agreement and must consider current guidance & legislation.

This plan must be approved by senior staff within the setting (Head Teacher, Principal, Registered Manager, Deputy Head, Head of Learning, Assistant Head Teacher or Designated Deputy Head of Care).

To promote the reduction of floor restraints, SENAD and NAPPI UK have worked alongside PODS UK. PODS UK manufacture safety pods that are designed to end the reliance of highly restrictive techniques to manage behaviours that challenge. The safety PODS are situated in the homes and classrooms. The use of the PODS for each individual is detailed in their PBSP. NAPPI UK have produced a risk assessment for the interventions involved whilst using the pods.

The Positive Behaviour Support Programme

The Positive Behaviour Support programme should include:

- Details that are important to share about the person
- Description and functional assessment of behaviour
- Targets for skills building
- Intervention strategies for Stages 1-3
- A record of the how the plan has been shared with the young person
- A restrictive intervention reduction plan
- A record of any multi-agency consultation
- Monitoring and review arrangements

⁴ Classroom management includes off-site activities in the education day

Incident Recording & Monitoring

- All behavioural incidents, including those which result in physical intervention must be recorded and logged within 24 hours or as soon as practically possible after the incident.
 - There are legal requirements for recording Incidents where service users, staff or members of the public are injured these are outlined in Policy 204 Accident Reporting, Recording and Investigation. Where a RIDDOR Report is required this must be reported through the riddors@senadgroup.com E mail system which informs Directors, and relevant Senior Managers.
- All records must be reviewed daily (OR WITHIN 72 HRS IN EXCEPTIONAL CIRCUMSTANCES) by a senior manager, with a primary objective of trends, patterns, or poor practice.

Responsibilities

- The Head of Establishment has overall responsibility for the maintenance of positive and proactive behavioural approaches
- The Head of Establishment has overall responsibility for ensuring staff are suitably trained, supported and supervised, in order to carry out their roles effectively and safely.
- Managers will ensure the establishments' approach to positive behaviour support is promoted through the formal curriculum (Schools only) and the young people's daily living experiences
- All staff have a responsibility to work within the parameters of this policy, creating positive environments in which young people feel safe and valued and can thrive

Associated Policies

This policy must be read in conjunction with:

- Policy for the use of Physical Interventions Section 5 Policy **516**
- Policy on The Use of Sanctions Section 5 Policy **520**

Regulatory Frameworks

EDUCATION DAY – POWER TO RESTRAIN PUPILS

Education Act 1996: Section 550a

S550A Power of members of staff to restrain pupils.

(1) A member of the staff of a school may use, in relation to any pupil at the school, such force as is reasonable in the circumstances for the purpose of preventing the pupil from doing (or continuing to do) any of the following, namely—

- (a) committing any offence,
- (b) causing personal injury to, or damage to the property of, any person (including the pupil himself), or
- (c) engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or among any of its pupils, whether that behaviour occurs during a teaching session or otherwise.

(2) Subsection (1) applies where a member of the staff of a school is—

- (a) on the premises of the school, or
- (b) elsewhere at a time when, as a member of its staff, he has lawful control or charge of the pupil concerned;

but it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548.

(3) Subsection (1) shall not be taken to prevent any person from relying on any defence available to him otherwise than by virtue of this section.

(4) In this section—

- “member of the staff”, in relation to a school, means any teacher who works at the school and any other person who, with the authority of the head teacher, has lawful control or charge of pupils at the school;
- “offence” includes anything that would be an offence but for the operation of any presumption that a person under a particular age is incapable of committing an offence.

ADULTS (ENGLAND)

Outcome 7: Safeguarding service users from abuse

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Reg 11.—(1) The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of—

(a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs; and

(b) responding appropriately to any allegation of abuse.

(2) Where any form of control or restraint is used in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being—

(a) unlawful; or

(b) otherwise excessive.

(3) For the purposes of paragraph (1), “abuse”, in relation to a service user, means—

(a) sexual abuse;

(b) physical or psychological ill-treatment;

(c) theft, misuse or misappropriation of money or property; or

(d) neglect and acts of omission which cause harm or place at risk of harm.

RESIDENTIAL CHILDREN (ENGLAND: CHILDREN'S HOMES)⁵

Behaviour management and discipline 19.—

(1) No measure of control or discipline which is excessive, unreasonable or contrary to paragraph (2) may be used in relation to any child.

(2) The following measures may not be used to discipline any child—

(a) any form of corporal punishment;

(b) any punishment involving the consumption or deprivation of food or drink;

(c) any restriction, other than one imposed by a court or in accordance with regulation 22 (contact and access to communications), on—

(i) a child's contact with parents, relatives or friends;

(ii) visits to the child by the child's parents, relatives or friends;

(iii) a child's communications with any persons listed in regulation 22(1) (contact and access to communications); or

(iv) a child's access to any internet-based or telephone helpline providing counselling for children;

(d) the use or withholding of medication, or medical or dental treatment;

(e) the intentional deprivation of sleep;

(f) imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation;

(g) any intimate physical examination;

(h) withholding any aids or equipment needed by a disabled child;

(i) any measure involving a child imposing any measure against another child; or

⁵ The Children's Homes (England) Regulations 2015 :
http://www.legislation.gov.uk/ukxi/2015/541/pdfs/ukxi_20150541_en.pdf

(j) any measure involving punishing a group of children for the behaviour of an individual child.

(3) Nothing in this regulation prohibits—

(a) the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of the child; or

(b) taking any action that is necessary to prevent injury to any person or serious damage to property.

Restraint and deprivation of liberty 20.—

(1) Restraint in relation to a child is only permitted for the purpose of preventing—

(a) injury to any person (including the child);

(b) serious damage to the property of any person (including the child); or

(c) a child who is accommodated in a secure children’s home from absconding from the home.

(2) Restraint in relation to a child must be necessary and proportionate.

(3) These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.

Behaviour management policies and records 35.—

(1) The registered person must prepare and implement a policy (“the behaviour management policy”) which sets out—

(a) how appropriate behaviour is to be promoted in the children’s home; and

(b) the measures of control, discipline and restraint which may be used in relation to children in the home.

(2) The registered person must keep the behaviour management policy under review and, where appropriate, revise it.

(3) The registered person must ensure that—

(a) within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—

- (i) the name of the child;
- (ii) details of the child’s behaviour leading to the use of the measure;
- (iii) the date, time and location of the use of the measure;
- (iv) a description of the measure and its duration;
- (v) details of any methods used or steps taken to avoid the need to use the measure;
- (vi) the name of the person who used the measure (“the user”), and of any other person present when the measure was used;
- (vii) the effectiveness and any consequences of the use of the measure; and
- (viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;

(b) within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so (“the authorised person”)—

- (i) has spoken to the user about the measure; and 25
- (ii) has signed the record to confirm it is accurate; and

(c) within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure.

(4) Paragraph (3) does not apply in relation to restraint that is planned or provided for as a matter of routine in the child’s EHC plan or statement of special educational needs.

RESIDENTIAL CHILDREN (WALES)

17 Behaviour management, discipline and restraint

17. (1) No measure of control, restraint or discipline which is excessive, unreasonable or contrary to paragraph (5) shall be used at any time on children accommodated in a children's home.

(2) The registered person shall prepare and implement a written policy (in this regulation referred to as "the behaviour management policy") which sets out—

(a) the measures of control, restraint and discipline which may be used in the children's home; and

(b) the means whereby appropriate behaviour is to be promoted in the home.

(3) The registered person shall—

(a) keep under review and where appropriate revise the behaviour management policy; and

(b) notify the Commission of any such revision within 28 days.

(4) The registered person shall ensure that within 24 hours of the use of any measure of control, restraint or discipline in a children's home, a written record is made in a volume kept for the purpose which shall include—

(a) the name of the child concerned;

(b) details of the child's behaviour leading to the use of the measure;

(c) a description of the measure used;

(d) the date, time and location of, the use of the measure, and in the case of any form of restraint, the duration of the restraint;

(e) the name of the person using the measure, and of any other person present;

(f) the effectiveness and any consequences of the use of the measure; and

(g) the signature of a person authorised by the registered provider to make the record.

(5) Subject to paragraphs (6) and (7) of this regulation, the following shall not be used as disciplinary measures on children accommodated in a children's home—

(a) any form of corporal punishment;

(b) any punishment relating to the consumption or deprivation of food or drink;

(c) any restriction, other than one imposed by a court or in accordance with regulation 15, on—

(i) a child's contact with his parents, relatives or friends;

(ii) visits to him by his parents, relatives or friends;

(iii) a child's communications with any of the persons listed in regulation 15(2); or

(iv) his access to any telephone helpline providing counselling for children;

(d) any requirement that a child wear distinctive or inappropriate clothes;

(e) the use or withholding of medication or medical or dental treatment;

(f) the intentional deprivation of sleep;

(g) the imposition of any financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation;

(h) any intimate physical examination of the child;

(i) the withholding of any aids or equipment needed by a disabled child;

(j) any measure which involves—

(i) any child in the imposition of any measure against any other child; or

(ii) the punishment of a group of children for the behaviour of an individual child.

(6) Nothing in this regulation shall prohibit—

(a) the taking of any action by, or in accordance with the instructions of, a registered medical practitioner or a registered dental practitioner which is necessary to protect the health of a child;

(b) the taking of any action immediately necessary to prevent injury to any person or serious damage to property; or

(c) the imposition of a requirement that a child wear distinctive clothing for sporting purposes, or for purposes connected with his education or with any organisation whose members customarily wear uniform in connection with its activities.