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# Positive Behaviour Support Policy

## English Sites

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Responsible Person	Mark Ryder
Responsible Person Signature	

## Positive Behaviour Support Policy – English Sites

### 1. Introduction

SENAD is committed to focusing on promoting the quality of life, choice and independence for our children and young people who we support. Our young people may have a range of learning difficulties 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 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

## 2. Aim

The aim 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 regulations and adopts current best practice and evidenced based approaches at all times

## 3. Responsibilities

- The Head of Site has overall responsibility for the maintenance of positive and proactive behavioural approaches
- The Head of Site 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

## 4. Policy (Understanding Challenging Behaviour)

Our definition<sup>1</sup> 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

<sup>1</sup> 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

individualised tailored interventions using empathic and non-judgemental listening, distracting, redirecting to alternate pleasurable activities, 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 not being met
- Poor teaching or poor care practice
- External stimulation from TV or the internet
- Being bullied in real or perceived ways
- Un-signalled 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

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## BILD/RRN Accredited NAPPI

SENAD uses **NAPPI** in its English schools and homes.

**NAPPI** is a British Institute of Learning Disabilities (BILD)/Restraint Reduction Network (RRN) accredited **Non-Abusive Psychological and Physical Intervention** model which is based on de-escalation and clear strategies to allow the young person to be calm yet engage in learning/activities. The aim of NAPPI is to focus on the Assessment, Prevention and Management of confused, unpredictable, and aggressive young people. The core to this is the development of the Lalemand Behaviour Scale<sup>2</sup>. These strategies would be shared with the young person where possible and family members to ensure a consistent behavioural support package.

The support model uses 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 young person
- 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 young people 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

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<sup>2</sup> The Lalemand scale is a précis of antecedents, behaviours and de-escalation responses for a young person written in objective and non-emotive language [What you learn – Welle Training](#)

- 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 Personal Behaviour Support Plan (PBSP) as a guide for staff to recognise and respond appropriately to behaviours that challenge. These Lalemand scales 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 young person's 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 a young person's stressors, or triggers, that could cause anxiety which may then result in behaviours that challenge. The Amber section also looks at a young person's history e.g., trauma so that trauma informed care can be delivered.

**Red** – The red scale identifies behaviours that a young person 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 as follows;

**We do not make physical interventions for non-compliance for classroom management<sup>3</sup> 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

<sup>3</sup> Classroom management includes off-site activities in the education day

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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 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 most of the homes and classrooms. The use of the PODS for each individual is detailed within their PBSP. NAPPI UK have produced a risk assessment for the interventions involved whilst using the pods.

## **5. Training**

All staff who directly work with young people will complete the level of training required to care for individuals as part of their induction programme. The level of training will be dependent upon the needs of the young people at the time.

## **6. Monitoring and Review**

This policy will be kept under review on at least a yearly basis.

## Appendix 1:

### 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.

## **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 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

### **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 young people, 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](mailto:riddors@senadgroup.com) E mail system which informs directors, and relevant senior managers.

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| <ul style="list-style-type: none"><li>• All records must be reviewed daily (OR WITHIN 72 HRS IN EXCEPTIONAL CIRCUMSTANCES) by a senior manager, with a primary objective of identifying trends, patterns, or poor practice</li></ul> |
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