

# 515E

## Positive Behaviour Support Policy - English Sites

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<b>Related Policies and Guidance Documents</b>	SENAD Safeguarding Policy 506 SENAD Disclosures and Confidential Reporting (Whistleblowing) Policy 413 SENAD Employee Risk Assessment 217.1 SENAD Accident Reporting, Recording and Investigation 204
<b>Related Regulations</b>	Education Act 1996: Section 550a The use of reasonable force in schools <a href="http://www.gov.uk">Use of reasonable force in schools - GOV.UK (www.gov.uk)</a> Behaviour and Discipline in Schools <a href="http://publishing.service.gov.uk">DfE advice template (publishing.service.gov.uk)</a> <a href="#">The Children's Homes (England) Regulations 2015</a> Searching, screening and confiscation advice for school January 2018
<b>Annexes and Supplementary Info</b>	
<b>Responsible Person</b>	Mark Ryder/Suzanne Pennington
<b>Responsible Person Signature</b>	

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## 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 children and young people have a learning difficulties and can find the community they live within challenging and complex which at times this can create anxiety and distress.

SENAD will endeavour to maintain a good quality of life for individuals we support, whatever the level or intensity of an individual's anxiety and their resulting behaviours, so as to ensure that no individual is stigmatised, marginalised or discriminated against because they challenge the service. We aim to apply the principles of 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 and 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 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

### 2. Roles and Responsibilities

#### The role of SENAD

The Directors of Education and Care within SENAD are responsible for monitoring the effectiveness of this behaviour policy and holding the Head Teacher/Principal and Registered Manager/Head of Care to account for its implementation.

#### The Headteacher/Principal and Registered Manager/Head of Care

The above are both responsible for reviewing and approving this behaviour policy. They will both ensure that the school and home environments encourage positive behaviour.

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They will monitor how staff implement this policy to ensure rewards, sanctions and physical intervention are applied correctly, safely and appropriately.

## **Management Teams**

Management teams (house managers, team leaders and class teachers) are responsible for reviewing incidents of behaviours that challenge during care time. There should be a good handover between care and education to ensure information about children and young people is shared.

## **All staff**

- Staff are responsible for reading and understanding this policy. Any concerns or areas that are not understood should be explored and discussed with managers.
- Staff are responsible for implementing the positive behaviour policy consistently.
- Staff must model positive behaviour at all times.
- Staff must adapt to ensure support is individualised and meets the needs of the young person.
- Staff must record all incidents of behaviours that challenge onto the schools-based recording system.
- Staff must have read and understood the Positive Behaviour Support Plans (PBSPs) of the young people they support.
- Staff must raise any concerns they have with the behaviour policy and/or the way a member of staff implements the behaviour policy or PBSP to a senior leader on site.

## **Incident Recording and Monitoring**

All incidents, including those which result in physical intervention, must be recorded on the school's recording system as soon as possible following the incident and certainly before the end of a school day/care shift.

Training/mentoring will be provided and ongoing support will be available as required.

All records must be reviewed by an authorised person and must be reviewed at a Senior Leadership & Management Team level at least weekly.

## **3. Aim**

The aim of this policy is to ensure that:

- We focus on quality of life for our children and young people, enabling them to live full, productive and meaningful lives
- All documents relating to the person are person centred and where possible, young people are encouraged to be part of developing such documents.
- Individuals live in communities which positively promote socially acceptable standards of behaviour

- Positive reinforcement should be used at all times. However, when sanctions may be required, they must be used for the least amount of time and are the least restrictive as possible.
- Staff are suitably trained and supported to carry out their roles and provide ethical, effective and skilled support. Staff are expected to adhere to training principles at all times.
- SENAD works within current legislative standards and regulations and adopts current best practice and evidenced based approaches at all times.

## 4. Understanding behaviours that challenge

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 some degree of cognitive impairment which can impact their ability to understand their environment or the consequences of their own behaviour to their own or others well-being. Behaviours can be complex and unpredictable and will require individualised tailored interventions. Behaviours that challenge are usually triggered by stress factors which are outlined in each person's Amber Lalemand Scale. Staff are required to read and understand the person's Lalemand scale in order that they understand their stressors and provide strategies in an attempt to either remove or reduce the impact the stress has on them.

### **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)

<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

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- 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 other devices
  - 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

## **5. BILD/RRN Accredited NAPPI**

SENAD uses **NAPPI** [NAPPI uk - NAPPI Positive Behaviour Support Model](#) 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. Where possible people should be active participants in the production of their plan.

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 Behaviours that Challenge**

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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](#)

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

### Stage 1 - Primary prevention (Green – ensuring quality of life)

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 (Amber – Recognising changes which may result in behaviours that challenge and strategies to prevent such behaviours from occurring)** 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)
- Teaching discrete and general skills
- Teaching functionally equivalent skills

**Stage 3- Reactive Strategies (Red – Reducing the level of anxiety by the use of defined strategies)** at this stage action will be governed by dynamic safety risk assessment and should be considered in the following order:

- Change proximity – that allow time and space if it is safe to do so
- Self-protection
- The lowest level of physical intervention possible for the shortest time. This may include the use of a withdrawal protocol

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## 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 interventions a '**Restraint 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 Head of Care).

As part of our commitment to restraint reduction and in particular 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.

## 6. 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.

If a staff member's training is out of date, or the staff member is required to work with a child or young person who exhibits behaviours which lay outside of their training, that staff member is responsible for making a manager aware of this.

## 7. Monitoring and Review

This policy will be kept under review on at least an annual basis.

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

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## 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
- access to preferred hobbies and special interests

**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



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

## **Positive Behaviour Support Plan**

The Positive Behaviour Support plan should include:

- Details that are important to share about the person
- Description and functional assessment of behaviour
- Targets for skills building
- Intervention strategies for the green, amber and red stages of the plan
- 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
- Details of who was involved in the writing of the plan

## **The use of sanctions/consequences:**

For our children's homes we ensure that all sanctions/consequences are recorded and reviewed regularly in line with the Children's Homes Regulations (2015). The use of a sanction is carefully considered and only used if the young person has capacity to understand what they were doing and that there was intent to behave inappropriately. The details of what is an acceptable consequence for each young person is recorded within their Positive Behaviour Support Plan/Risk Assessment Management Plan (RAMP).

## **Prohibited sanctions include the following:**

- No measure of control or discipline which is excessive or unreasonable
- any form of corporal punishment
- Punishment involving the consumption or deprivation of food or drink
- Any restriction, other than one imposed by a court of a child's contact with parents, relatives or friends; visits to the child by the child's parents, relatives or friends; a child's communications with any persons or a child's access to any internet-based or telephone helpline providing counselling for children
- the use or withholding of medication, or medical or dental treatment
- the intentional deprivation of sleep
- imposing a financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation
- any intimate physical examination
- withholding any aids or equipment needed by a disabled child any measure involving a child imposing any measure against another child; or any measure involving punishing a group of children for the behaviour of an individual child.

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## 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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