515BHS

Positive Behaviour Support

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Related Policies and Guidance Documents	515 SENAD Positive Behaviour Support Policy 516 SENAD The use of Physical Interventions Policy 520 SENAD The use of Sanctions Policy 506C.1BHS Safeguarding Policy 413 Disclosures and Confidential Reporting (Whistleblowing) Policy 217.7 Employee Risk Assessment 204 Accident Reporting, Recording and Investigation Policy
Related Regulations	Education Act 1996: Section 550a The Children's Homes (England) Regulations 2015 Searching, screening and confiscation advice for school January 2018
Annexes and Supplementary Info	
Responsible Person	
Responsible Person Signature	

Positive Behaviour Support

1. Aims and Principles

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 quality of life for individuals whatever or despite the level of anxiety and the resulting behaviour that comes therefrom, so as to ensure that no individual is stigmatised, marginalised or discriminated against because they challenge the service.

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 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
- 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 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

3. Roles and Responsibilities

The Role of SENAD

The chief of operations officer of SENAD is responsible for monitoring this behaviour policy's effectiveness and holding the Head teacher and Registered Manager to account for its implementation.

The Head Teacher and Registered Manager

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

House Management Teams

House management teams (House Managers and Team Leaders) are responsible for reviewing incidents of behaviours that challenge during care time. They should have an awareness of incidents that occur during the education day also.

All staff

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 Behaviour Watch.
Staff must have read and understood the 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

Incident Recording and Monitoring

All incidents, including those which result in physical intervention, must be recorded on Behaviour Watch as soon as possible following the incident.
Online training/resources are available on the shared intranet to support staff to complete Behaviour Watch slips.
Face to face Behaviour Watch training/mentoring is also available.
Staff can request additional support when required regarding Behaviour Watch.
There are legal requirements for recording incidents where a young person, staff or members of the public are injured. These are outlined in SENAD policy 204.

All records must be reviewed by an authorised person.

Purpose

The purpose of this policy is to ensure that;

- Bladon staff focus on the young person's quality of life. Enabling them to live happy, productive and meaningful lives.
- All documents relating to the young person are person centred and where possible, young people are encouraged to be part of developing such documents.
- Young people feel part of the Bladon community.
- The Bladon Way is promoted at all times; look after everything, try your best, make good choices and be kind to everyone.

- Positive reinforcement is used at all times, however, when sanctions may be required they are used for the least amount of time and are the least restrictive as possible.
- Bladon staff are trained and supported to carry out their roles. Staff are expected to adhere to training principles at all times.
- SENAD, and therefore Bladon, work within the current legislative standards and adopts current best practice and evidenced based approaches at all times.

Understanding Behaviours that Challenge

The young people at Bladon can display a variety of behaviours that challenge. Behaviours that challenge can include verbal, non-verbal and/or physical behaviour towards themselves, others (including animals) and/or the environment.

The NHS defines a behaviour that challenges as one that *puts them or those around them at risk, or leads to a poorer quality of life. It can also impact their ability to join in everyday activities.* [1]

The young people at Bladon have some degree of cognitive impairment which limits their ability to understand the consequences of their behaviour to their own or others well-being. Behaviours that challenge are usually triggered by a stress factor(s) which are outlined in each young person's Amber Lalemand Scale. Staff have a duty to understand the young person's stress and provide strategies in an attempt to either remove or reduce the impact the stress has on them.

Young people's less positive reactions to stress (identified on a young person's Red Lalemand Scale) can have the following adverse impact upon their life;

- Restricts the development of independence
- Increases their vulnerability to being exploited and/or abused
- Increases negative self-concepts and low self-esteem
- Increases the risk of social isolation

Further examples outlined in SENAD policy section 5/515.0

[1] NHS definition of 'challenging behaviour' – accessed 17th August 2021 How to deal with challenging behaviour in adults - NHS (www.nhs.uk)

Procedures

Bladon House School will provide positive behaviour support which is focussed on;

- Reducing stress factors (setting conditions)
- Supporting young people to manage triggers
- De-escalating behaviours that challenge
- Educating and then empowering the young person to make good choices
- Keeping everyone safe
- Implementing appropriate and achievable reward systems
- Implementing appropriate, reasonable and justifiable sanctions

- Reviewing incidents of behaviours that challenge and adapting our practices to reduce the risk of future incidents occurring

Positive Behaviour Support Plans (PBSP) will be updated regularly to reflect the young person's current presentation and required support.
PBSP's will be individualised to the young person and developed by a multidisciplinary team.

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:
• impact and risk of physical harm to self & others
• 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, physiotherapists, a clinical psychologist & a psychiatrist
Bladon also has access to external music and art therapists.
Bladon also has access to external agencies such as CBS and CAMHS

RRN Accredited NAPPI

Bladon House School uses the NAPPI framework.
NAPPI is an RRN accredited **N**on **A**busive **P**sychological and **P**hysical **I**ntervention model which is based on the principles of positive behaviour support.
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 Lalemand Behaviour Scales.

The scales are incorporated into the young person's PBSP. Where possible the young people and families are included in the development of this document. At Bladon House School some young people have created their own versions.
http://www.nappiuk.com/

Restraint Reduction

The EHRC (2019) definition of restraint 'is an act carried out with the purpose of restricting an individual's movement, liberty and/or freedom to act independently.' 'Restraint does not require the use of physical force, or resistance by the person being restrained, and may include indirect acts of interference'. [1]
Each young person at Bladon House has a restraint reduction plan. This plan forms part of their PBSP which are reviewed regularly.

Planning the Prevention of Behaviours that Challenge

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 service user, not assuming
• Adapting the physical environment
• Adapting the individual programme
• Addressing communication needs and styles
• Addressing internal setting conditions (mental & physical health)
• Meeting sensory needs
• Increasing access to preferred reinforces
• Managing social contact and increasing opportunities
• Modifying demands
• Embedding skills in service user and staff supporting them

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
• Redirection to positive reinforces
• Redirection to motivating activities (detailed on a young person's green scale)
• 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:
• Allow time and space (if safe to do so)
• Self-protection

[1] Equality and Human Rights Commission's definition of 'restraint' – accessed 31st October 2022 - Human rights framework for restraint (equalityhumanrights.com), P4

• The lowest level of physical intervention possible for the shortest time. This may include the use of a withdrawal protocol or an environmental refocus protocol.

Where possible young people are encouraged to be part of the development of their PBSP.

Consequences, Rewards, Sanctions & Physical Interventions – including Withdrawal and Environmental Refocus

It is paramount that staff understand the distinction between consequences and sanctions. To aid this, Bladon use the following definitions;

Consequence
A consequence is the result/outcome of a behaviour.
A consequence is different to a punishment. Punitive responses are not effective at altering behaviour and do not promote learning. Bladon House School do not advocate for punitive responses.
A consequence is an agreed strategy to;

- promote a safe and positive environment
- promote safe behaviour
- promote good choices

To reinforce positive behaviour young people at Bladon House School receive rewards. The way in which a young person is rewarded is individualised. Examples of rewards are detailed below.

Rewards
Positive behaviour at Bladon will be rewarded with;

- Verbal praise
- Stickers / certificates
- Achievement assemblies
- Individual reward programs (identified in PBSPs)
- Whole class reward programs
- Whole house reward programs
- Privileges, special responsibilities and additional opportunities

To discourage unsafe behaviours, consequences/control measures are outlined in a young person's individual risk assessment. For example; a young person who has demonstrated unsafe behaviours in the kitchen, the consequence may be that he/she is not allowed access to this area for a period of time. This consequence ensures that the young person remains safe.
Risk assessments and relevant documents are reviewed regularly.

Sanction
A sanction is a last resort tool used to either encourage positive behaviour or act as a deterrent for less positive behaviour. A sanction may be implemented when a young person displays a less positive and/or unacceptable behaviour.
Typically, less positive/unacceptable behaviours include actions which:
1. High level aggressive behaviours which if unchecked, could result in dangerous 'out of control' behaviour
2. Endanger self and/or others
3. Could lead to arrest and/or criminal convictions
4. Damage property to an extent that cannot be condoned

5. Displaying bullying behaviours

6. Exposes the individual to harm on the internet or mobile device
We will avoid the use of sanctions as much as possible and when used, keep them to the minimum in terms of frequency, scale and duration. Any sanction used must be:
- Compatible with what is recognised as good practice in the care of the individual
- Related to the individual's care plan, age and circumstances
- Reasonable
- Realistic and sensitive
- Enforceable
- Consistent

The young person must have been able to demonstrate previously positive behaviour and the ability to understand the expectations of the sanction.
Sanctions must be recorded on Behaviour Watch.
Where possible young people should be involved in the implementation. Young people should also be given the opportunity to debrief following the sanction, if possible.
Sanctions that may be considered are as follows (this list is not exhaustive, nor does it imply that staff should be using sanctions):

- Reparation (the act or process of making amends)
- Restitution (the act of giving back something that has been stolen)
- Removal of objects or equipment from the individual's room (e.g. removal of TV/Mobile devices at certain times to encourage healthy sleep patterns)
- Increased supervision
- Extra tasks within the school/home
- Fixed term exclusion from education day [See SENAD Policy 704.0 – School exclusions]
- Confiscation of any prohibited items found in young people's possession. These items may not be directly returned to young people. A discussion with the young person, SLT and the guardians of the young person will take place. Searching and screening young people is conducted in line with DfE's latest guidance, see associated policy searching, screening and confiscation advice for schools January 2018
- An activity or tangible item may be withdrawn for a reasonable period of time

Acceptable sanctions should be relevant, used sparingly and follow the less positive behaviour as quickly as possible.
- Outing may only be cancelled based on a risk assessment which demonstrates it is unsafe for the person to be taken out.

All sanctions are agreed by the young person's TAC team and reviewed by the senior leadership team.
Where possible young people will engage in a post sanction review.

Sanctions we will NOT use
Sanctions which are unacceptable and in some cases, may be a criminal offence include:
1) Those that intentionally or unintentionally humiliate an individual, cause them to be ridiculed, or which have been experienced previously under different circumstances, for example in their previous home(s)
2) Corporal punishment
3) Deprivation of food or drink
4) Restriction of visits to or by any person, or any restriction or delay in agreed levels of communication by telephone or post with:

a) a parent/guardian
b) any person who is not a parent but who has parental responsibility
c) relatives or friends (there may be exceptions with peers, for example when interactions are having a detrimental effect there may be a suspension of interaction between young people)
d) any social worker assigned to the individual by a responsible authority
e) a guardian or advocate for the person
f) any solicitor acting for the person
5) use of, or withholding of medication, medical or dental treatment
6) use of accommodation to physically restrict the liberty of any person – except in situations when the child/young person is in danger or there is a withdrawal or environmental refocus protocol in place.
7) the use of a wheelchair, high chair, buggy, playpen, cot or safety gate as a punishment. Some children/young people with disabilities are strapped in to equipment for their own safety and this is not the same as a punishment
8) intentional deprivation of sleep
9) imposition of fines or permanent withholding of pocket money or savings
10) intimate physical examination of the person
11) no use of sending a person to bed early as a punishment

Recording the use of a sanction
Sanctions that have been used must be recorded.
The record should indicate the nature of the sanction, why it was used, and the person's reaction.

All sanctions should be monitored as to their usefulness and effectiveness.
Where significant sanctions are used which have not been previously agreed, or sanctions are being used frequently for an individual or in a particular setting or context **a senior manager should undertake a review of the practice.**

If it is thought that an inappropriate sanction has been used the manager should talk this through with the staff and look at alternative, positive strategies which might be used. Where the use of inappropriate sanctions places a person at harm or risk of harm it will be referred to the Designated Person for Safeguarding as it may be deemed to be a child/adult protection issue. (see SENAD and Bladon Site Specific Safeguarding Policies)

Physical Intervention

SENAD and Bladon House School are committed to a service philosophy where positive behaviour support is seen as the most effective method to enable individuals who exhibit challenging behaviour to have the best quality of life possible. SENAD and Bladon House School's core values are our person-centred approach to care, and creation of a safe environment for all.

Within this philosophy there is an understanding that some behaviour creates a high risk of injury to the individual or to those around them. These behaviours should be clearly risk assessed based on evidence produced through individual records and effective risk control measures put in place. The risk assessments should be reviewed at least annually.
Where these control measures include restrictive physical interventions, these should only ever be used as a last resort, for the minimum amount of time possible, with the intent to maintain safety, and where there is no effective alternative approach available. The overall aim is that any intervention will be appropriate to the level of risk, and that over time the level of intervention and frequency will be reduced. They must never be used aversively or as a punishment.

Bladon House School recognise that physical intervention may have a negative effect on those involved both physically and emotionally. Also the physical environment may be damaged, we will strive to reduce the impact of this to a minimum by constant review of the physical environment, recognising that this is important for the maintenance of quality of life for all concerned. To maintain the safety of everyone, on induction staff will be trained in self-protection skills appropriate to their role and the young people they support. There is an expectation that front line staff will receive appropriate self-protection training within 4 weeks of employment, where the risk of injury is high from service users.
The Group recognise that staff often 'Go the extra mile' to keep service users safe. From time to time individual staff members have developed new and innovative approaches to reduce physical intervention. Where Managers identify staff members who do this, the Group encourage managers to make Directors and Senior Managers aware of this through supporthub@senadgroup.com Recognition as an example may be in the form of letters of commendation.

School Heads/ Principals/Registered Managers will report the use of Physical interventions to Directors on a monthly basis. The use of Physical intervention will be discussed at Directors meetings

The use of physical intervention is clearly documented in each young person's PBSP and individual risk assessment. The use of physical intervention will be individualised to each young person.

Bladon House School staff have a duty of care to report any concerns they have around the level of physical intervention detailed in a young person's plan, the level of physical intervention used or another member of staff's conduct when using or discussing a physical intervention. Staff should refer to SENAD Disclosures and Confidential Reporting (Whistleblowing) Policy section 413.

Definitions
Physical Intervention (PI) refers to any physical contact between a member of staff and a young person, at Bladon House School this type of intervention is identified as level 1 self-protection skills;

- X-shield
- Wrist-grab release
- Guiding
- Hair-pull avoidance release
- Bite avoidance release
- Front choke escape
- Arm-bar choke escape (bespoke skill)
- Ankle-grab release (bespoke skill)

Restrictive Physical Intervention (RPI) is identified as level 2 & 3 physical interventions and withdrawal and environmental refocus. It refers to;

- The positive application of force with the intention of controlling the young person
- May be referred to as a 'restraint'
- The intention is to control the individual and restrict their mobility to reduce the risk of harm to themselves and/or others

Level 2 RPI

- Wrist secure
- 1 arm body wrap
- Capture wrap
- 2 person moving restraint
- Securing the arm to reduce the risk of ingesting harmful substances
- Front choke avoidance (bespoke skill)

Level 3 RPI

- Seated restraint
- POD-Seated
- POD-Recline
- POD-Recovery
- XL Cushion

Bladon House School are committed to reducing the use of floor restraints. Bladon House School and NAPPI UK have worked alongside PODS UK to implement the use of PODS and XL cushions. PODS UK manufacture safety PODS that are designed to end the reliance of highly restrictive strategies to manage behaviours that challenge. The safety PODS & XL cushions are situated within the homes and classroom environments. The use of PODS and XL cushions for each individual is detailed within their PBSP. NAPPI UK have developed risk assessments for each of the POD interventions.

High Risk Restrictive Physical Interventions (HRRPI) - These interventions are not acceptable practice and are **not** used within SENAD.

- Restrictive Physical Intervention that through either the intervention itself and its impact on the body, or through contra-indications such as physical conditions affecting the individual increase the risk of serious damage or injury to the individual.
- These include physical interventions that are known to be unsafe such as interventions where the individual is held face down (prone), or interventions that apply pain or pressure to joints or hold the body in unnatural positions.

Restrictive Practice should not be used e.g.:

- The use of barriers, for example, locked doors, to limit freedom of movement e.g. placing door catches or bolts beyond the reach of young person/adult in care. Unless there is a withdrawal or environmental refocus protocol detailed within the young person's PBSP and individual risk assessment.
- Containing a young person within a room by blocking the exit, or holding the door.
- Aversive practices such as taking a young person's possessions away from them in response to their behaviours, however, it may be appropriate to remove items that might be used to self-harm
- Approaches designed to gain compliance rather than to support the individual
- Cancelling an outing for an individual as a response to their behaviour – although the outing may be delayed following completion of an activity risk assessment if behaviours that challenge are being displayed

Containment should not be used except in extreme circumstances and where there is no safer alternative. Planned containment should only be used following multi-agency consultation, as defined under DOLS, as a short-term strategy and with the written agreement of the young person/adult's placing authority and parents or carers. The SENAD executive team must be informed of all such agreements. Where the strategy ceases to be short term the SENAD executive team may instigate a serious case review. But following Deprivation of Liberties (DOLS) Assessment by a multidisciplinary team an agreement may be given to:

1. Hold Doors
2. Containing by blocking exits
3. Withdrawal/Environmental Refocus Protocols
4. Increased use of BPRN

On a time limited basis.

Withdrawal

To reduce the level of anxiety, staff may be required to change their proximity to a young person. This may include 'withdrawing' from the young person's direct environment, consequently leaving them lone in a controlled and safe area. Although the young person is physically alone, staff maintain a high level of monitoring and interaction throughout ensuring the young person remains safe. This strategy is used in short intervals where RPI would not be deemed safe nor appropriate – for example a young person is undressed and displaying dangerous levels of behaviour. It can also be used where there is evidence that 'withdrawal' is a positive de-escalation strategy reducing the need for high level RPI and/or injury to a young person and others.

When staff are using withdrawal as a planned reactive response, it is outlined within a young person's individual behaviour support plan and only used in exceptional circumstances. At no point is a young person to be locked within a single room and/or a staff member holds a door shut.

Environmental risk assessments are reviewed regularly in areas where withdrawal protocols are used.

When a withdrawal protocol has been used the incident will be reviewed by authorised people and a post incident review will be conducted.

The plan must be approved by senior staff within the setting (Head Teacher, Registered Manager, Deputy Heads, and Designated Safeguarding Lead). This withdrawal plan is reviewed termly or as/when required dependent on a young person's current presentation or environmental changes.

Staff will be taught about withdrawal protocols within their NAPPI training.

Environmental Refocus Protocol

To reduce the level of anxiety, staff may be required to change their proximity to a young person. This may include adapting the environment to refocus their attention. Supporting staff will leave a direct environment allowing a young person to have dedicated time and space away from others. The young person can freely leave the environment and access outdoor spaces and/or other environments. Staff will maintain a safe working distance and

monitor at all times. Environmental refocus may include limiting a young person's access to areas with the main focus being to maintain the safety of themselves and/or others. This strategy is used in short intervals where RPI would not be deemed safe nor appropriate – for example a young person is undressed and displaying dangerous levels of behaviour. It can also be used where there is evidence that 'environmental refocus' is a positive de-escalation strategy reducing the need for high level RPI and/or injury to a young person and others. The plan must be approved by senior staff within the setting (Head Teacher, Registered Manager, Deputy Heads, and Designated Safeguarding Lead). This environmental refocus plan is reviewed termly or as/when required dependent on a young person's current presentation or environmental changes.

Responsibilities

- The Head Teacher and Registered Manager have overall responsibility for ensuring physical intervention practice is safe and ethical and that staff act in ways which are within the law and are consistent with principles of good and safe practice.
- Managers at all levels should also ensure that the needs of young people and adults are properly met and take responsibility for safety in the workplace. They are responsible for the correct implementation of interventions.
- Managers at all levels should give careful consideration to any specific resources needed to manage the physical intervention, for example numbers of staff on shift, safe space for the young person/adult, gender issues, and settings.
- Managers at all levels are responsible for monitoring incidents, undertaking post incident reviews, ensuring incidents are logged and reports completed.
- Effective training is an important part of a wider strategy to ensure that physical interventions are only used in appropriate circumstances. Heads of establishment must ensure that all staff receive appropriate training (including refresher training) and supervision on a regular basis. All training should be accredited by BILD/RRN. Staff should not use any physical intervention which has not been approved by the establishment in which they are working.
- Senior managers should regularly audit and analyse physical intervention records. They will use the data to identify areas of concern and inform service improvement strategies
- Managers at all levels are responsible for ensuring that information sharing, confidentiality and data protection policies are followed
- After receiving appropriate training individual staff members have a responsibly to maintain their ability to recall and to practice trained skills accurately and in line with individual service user programs.
- In cases where staff members identify a need to refresh any physical skills before refresher training is due, this is to be raised with their line manager.
- Line managers may at times raise training needs with any individual staff member.
- Physical Intervention Trainers must give staff members the opportunity to access a mentoring session or have a plan to do so within 6 weeks of need being raised.

Planning

All physical interventions must be planned within the context of proactive approaches, anticipating and managing all known triggers. The interdisciplinary team must agree and ensure that:

- Alternatives have been tried and proved ineffective.
- Improvement in, or maintenance of quality of life, is anticipated.
- The intervention is in the paramount interest of the young person
- The use is required for specific situations
- Regular reviews of PBSP and associated PI
- Parents and referring authorities are informed at the earliest opportunity about the physical intervention plan
- If possible the arrangements are discussed with the young person using appropriate communications aids/tools where required

Planned Interventions

Planned appropriate interventions to be used must be detailed in the young person's PBSP, Lalemand scales and individual risk assessment.

Emergency or unplanned intervention – this is referred to as an **O**utside **T**he **B**ox intervention (OTB)

Distinguishing between emergency or unplanned interventions and planned interventions is important. Whilst it is always preferable to have undertaken a full assessment and have appropriate strategies in place there may be occasions where emergency interventions are appropriate. These would have to be carried out "on the spur of the moment" without previous preparation in cases where the need for such an intervention could not have been anticipated and is not known to have happened before with that individual.

- The intervention used must be of the least intrusive method and be discontinued as soon as is safely possible. All other methods of supporting a person must have been tried e.g. redirection, calming. Any incident of an emergency intervention being used must be recorded at the time of the incident using the appropriate reporting form with an independent check for injuries.

- If an OTB intervention is used the following will take place;
    1. Post incident review
    2. TAC meeting
    3. Review PBSP, Lalemand scales, individual risk assessment and care plan

Use of medication

Medication should not be used routinely to manage acute episodes of challenging behaviour. Regular medication may be appropriate as advised and prescribed by a specialist or consultant, this will be part of the care plan and will be regularly reviewed by the specialist.

Safe practice

The following principles of good and safe practice must be followed:

- Only minimum reasonable force will be employed.
- Wellbeing and young person's distress will be monitored throughout intervention
- Staff to follow training guidelines when using a physical intervention.
- Staff who may need to use physical intervention in the course of their work will dress in a way that enables them to do so appropriately.

- Parents'/carers/young person's preferences about the gender of staff working with the young person will be considered.
- Age, culture and ethnicity will also be taken into account during the care planning process.
- Physical intervention will not be used to gain compliance. In some settings a skilled practitioner may use prompts and physical guidance to assist a person in completing a task or learning skill. However, in such circumstances, if physical interventions were to be sustained, against resistance, over a period of more than a few seconds the fundamental character of the activity would have changed from support to one of gaining compliance

Health Risk Assessment

Individual risk assessment based on a health review to identify areas of risk should take place before any physical interventions are implemented into a young person's PBSP and individual risk assessment. Support and advice should be sought from a multi-disciplinary team if the young person has any of the following;

- Difficulties with movements, for example cerebral palsy
- Respiratory difficulties, for example asthma
- Epilepsy
- Circulation difficulties
- Obesity
- Hypotonia
- Heart conditions
- Spinal conditions
- Any condition which makes in inadvisable to use physical intervention
- Anything else that raises staff concerns

Staff must always be aware of and monitor any physical changes during and after a physical intervention:

Monitoring ABCDEs
Airway
look for obstructions such as vomit, the person's tongue
Listen for type of breathing
Looking into their mouth Are they talking?

Breathing
Watch for chest movements
Are the breaths easy ?
What is the rate ?
Is the breathing quiet or noisy ?
Is the individual talking?

Circulation
Colour of Skin
Cyanotic tint (blue tint to lips, nose)
Constant shouting/talking
Colour of extremities

Deformity of limb
Limb Deformity (and Leg Length Discrepancy) are conditions that affect the appearance or function of an arm or a leg. This can be congenital (present from birth) or acquired as the result of an injury, infection or a tumour. www.nappiuk.com

Existing medical conditions
Any condition or injury for which the participant has already received medical advice or treatment for that could be impacted during behaviours that challenge and/or the use of a physical intervention. www.nappiuk.com

Vital Signs

There are 4 primary vital signs

- Body Temperature
- Blood pressure
- Pulse
- Breathing Rate

The normal ranges for a person's Vital signs will vary with age, weight, gender, and overall health. It is important that the service user returns to a normal condition post incident. Staff should monitor and react appropriately if the individual shows any signs of:

- Difficulty with breathing
- Physical distress
- Vomiting
- Seizures
- Reduced blood circulation (change of colour)
- Hyperventilation

The intervention must be terminated immediately and medical intervention sought.

Post Incident

Young Person

- Following a physical intervention, which may have caused physical injury, young people should be assessed for apparent signs of injury and psychological distress by a member of staff. They may be referred for medical advice if required or requested by the young person.
- The assessment should be carried out within a maximum of eight hours and recorded on an incident/accident form.
- If there are indicators that medical advice may be required (for example; the young person is in pain or if the young person fell or banged his/her head during the incident or shows any signs of head injury, or bruising), in the first instance an onsite first aider would assess the young person. Following this assessment, a decision would be made as to whether further medical advice is needed.

- If an injury occurs the PBSP, Lalemand Scales and individual risk assessment must be reviewed and updated accordingly
- All young people, where possible, must be given the opportunity to reflect on the incident and any appropriate action taken following the consultation. At Bladon House School, the young people are encouraged to debrief in an individualised way that best supports them.
- Where a young person is not able to communicate their feelings regarding an incident a monitoring and observation form will be completed on their behalf by staff.
- The way in which a young person engages in a post incident review is detailed in their PBSP.

Staff

Following incidents staff should feel supported by Bladon House School and SENAD. Every incident should be a learning process for the individual and also as an organisation. All staff should receive a reflective post incident review by someone who has been authorised to lead post incident reviews.

Procedure
Post Incident Review Incidents that involve any of the following will require a staff post incident review within 48 hours led by an approved PIR Lead;

- Restrictive Physical Intervention
- Location is in the community
- Police involvement
- Withdrawal protocol used

If any the below has occurred, then a PIR Lead outside of the direct team must facilitate the Post Incident Review; (this can be; a member of the SLT, Strategic Behaviour Lead, an education phase leader, teacher or identified TA from another class group and/or a member of a different house management team.)

Level 3 restraint (Seated Restraint and/or POD Restraint)
Outside the Box restraint

A RIDDOR has occurred as a result of incident

SLMT can also request, at their discretion, a post incident review to occur regardless of the above criteria being met.

A staff post incident review must be conducted by a member of staff that has been authorised by the Head Teacher and Registered Manager. * [2]

If a member of staff is unable to attend and would like to leave feedback, they can do so by writing a comment in the commentary box on behaviour watch or contacting the PIR lead.

A member of SMLT will attend debriefs when necessary – this will be at their discretion. All post incident reviews must be recorded on Behaviour Watch.

[2] *list of approved PIR leads is kept with the strategic behaviour lead and updated accordingly

The manager on duty has a responsibility to ensure that:

Parents/carers are informed about any injuries the young person has sustained and the steps taken in response to these.

Appropriate steps are taken to de-brief and support staff involved.

Appropriate steps are taken to de-brief and support the young person involved.

Complaints

All young people, parents and carers should have ready access to an effective complaints system. It needs to be recognised that young person may need support from a parent/carer or advocate, to make a complaint. Managers at all levels are responsible for dealing promptly and effectively with complaints in line with the SENAD complaints policy & procedure.

The Registered Manager has a legal duty to record/review and analyse the Physical Intervention Log and the supporting documentation. Where pattern and trends emerge either for the young person/adult or staff member the registered Manager must investigate with a view to resolving the issues.

Training

Staff Pregnancy & Health Restrictions

The use of Physical Intervention is high risk whilst pregnant, this includes PI training. Statistic indicate that the loss of pregnancy is likely to occur in the first 13 weeks Therefore pregnant staff should only be trained in the Psychological models.

Pregnant staff should avoid situations where PI may occur, this will be identified on the New Mothers Risk Assessment with phrases such as the staff member should leave the room or area in a situation where PI is imminent.

On return to work following maternity leave staff should complete the relevant PI levels/ modules and psychological modules.

As part of the requirements for frontline staff there is an expectation that occasionally physical Intervention may be needed as a last resort. Where there is a clear long-term physical condition which may exclude the individual from the use of Physical Intervention they will be risk assessed using form 217.7 by the Strategic Behavioural lead or a nominated onsite NAPPI trainer to assess their physical competency.

Staff who have a Risk Assessment for any health conditions or have concerns about being able to complete the physical skills modules should discuss with the trainers prior to commencement of PI training.

Physical Intervention trainers should not train any physical interventions or self-protection skills after identifying their pregnancy.

Physical Intervention Training during the COVID 19 Pandemic. It is recognised that due to the challenges of the young people at Bladon House School, staff would be placed at risk if they did not receive a risked assessed level of PI training. This should be done using a strict protocol agreed by the Group Health, Safety and Risk Manager. The protocol should be completed for each delivered session, and will change as the current situation and government guidance evolves. Please see 516SOP. As guidance changes the Safe Operating Practice will also change. Trainers should use the latest version accessed through SharePoint. An enhanced health questionnaire should also be completed. Disposable Face Masks should be worn during close contact aspect of PI training. This reduces the risk of any infection being passed on from the wearer.

Strict hand washing techniques should be followed prior to any physical contact and post contact training.

Staff conduct during training

Trainers have a duty under the BILD/RRN Code of Practice to report any concerns about a participant direct to their line manager. SENAD take their responsibilities for the Care of service users & Equality & Diversity seriously therefore any comments made by Staff or trainers relating to: -

- Inappropriate comments, values or beliefs
- Observed inappropriate sexual behaviour (comments or contact)
- Information shared about mistreatment or service users
- Information shared about inappropriate approaches including physical intervention
- Negative and discriminatory language
- Poor performance skills, knowledge and unsafe use of physical skills will not be tolerated and will be dealt with appropriately through HR procedures and SENAD Complaints and Concerns procedures.

Training of Visitors, and parents/ guardians

From time to time none SENAD personnel may request Physical Intervention training. This must be agreed with the Group Health, Safety and Risk Manager (GHSRM) prior to delivery. The GHSRM will seek approval from the Group insurers. The training must be delivered by a qualified trainer and should be restricted to de-escalation & self-protection skills. The individual being trained must complete the health checks recommended by the training organisation