

POLICY

Policy number	PS05
Policy name	Positive Behaviour Support
Issue date	1 st January 2017
Reviewed on	January 2019
Review date	1 st January 2020
Owner	Practice and Clinical Support Team Manager

1 Introduction

1.1 Autism Wessex (specifically for this policy Portfield School) is committed to promoting positive experiences for all students, staff and other stakeholders in safe and supportive environments.

1.2 Our *Positive Behaviour Support* philosophy is framed on the belief that positive behaviour will be secured through ensuring that people's needs and aspirations are met.

We have adopted the following quality of life framework to pursue this.

(Adapted from Shalock 2000)

- Emotional and psychological well being
- Physical well being
- Personal development and Independence
- Self determination
- Material well being
- Relationships and intimacy
- Place in the Community
- Rights

1.3 We also believe that the approach of staff and services in pursuing a person's quality of life outcomes is important in promoting positive behaviour. Autism Wessex core values underpin our approach;

- *relationships of integrity and respect*
- *individual development, empowerment and quality of life*

1.4 Behaviours that impact on a person's growth and development are therefore likely to reflect that one or more quality of life domains are not being adequately met and/or the approach is not consistent with our core values.

1.5 The approach of staff when intervening in the behaviour of a student in their care will be shaped by:

- Positive Behaviour Support philosophy
- Protection of the service user from mis-treatment and abuse
- Least intrusion
- Safety of student and staff
- Collective agreement
- The law

And judged and guided by questioning, is the intervention:-

- Absolutely necessary?
- Reasonable and Proportionate to the behaviour?
- In the best interests of the student?
- For the safety or well-being of others?

1.6 Portfield School does not ordinarily support the use of ‘sanctions’ in response to behaviour unless, under exceptional circumstances and specifically agreed and sanctioned at a multi-disciplinary meeting.

1.7 The following interventions are **not** acceptable. Their use will constitute gross misconduct under the Charity’s disciplinary procedures and may warrant a police investigation.

- Corporal punishment to include smacking of any sort
- Withdrawal of basic needs:
 - Food
 - Drink
 - Warmth
 - Appropriate clothing
- Access to contact with parents/carers/family members
- Withdrawal of programmed education or other activities
- Requiring person to wear stigmatising clothing/item – e.g. punishment badge
- Withholding of medication, medical or dental treatment
- Imposition of fines

1.8 Some positive behaviour intervention may require staff to physically touch or hold the student. In this respect it is important to distinguish between touches or holds that do not restrict a person’s movement and those that do.

Within Portfield School we describe non-restrictive touches or holds as **supportive prompts** and restrictive touches or holds as **Restrictive Physical Intervention (RPI)**.

In all services, and to comply with regulatory bodies, staff are required to record every time they use RPI.

1.9 Portfield School considers that the vast majority of 'crisis' situations can be resolved by skilled de-escalation as opposed to the use of RPI.

1.10 RPI should be used as a last resort when other non-restrictive interventions have failed or are judged to be likely to fail and where there is an imminent and significant threat to health and safety; risk of serious damage to property or risk of an offence being committed.

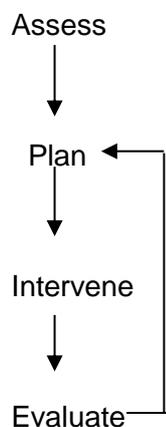
2 What is Positive Behaviour Support?

2.1 Positive Behaviour Support (PBS) is a set of research-based strategies used to promote positive behaviour by teaching new skills, offering opportunities and making changes in a person's environment to enhance their quality of life. Knowledge of a person; their aspirations, supporting meaningful engagement and forming positive mutual relationships is central to PBS.

2.2 Positive Behaviour Intervention is concerned with understanding and responding to a particular behaviour of concern:

- What do we understand to be the cause of function of the behaviour
- What environmental or other factors are sustaining the behaviour
- What changes or personal development opportunities do we need to make
- How will we know if those changes are being helpful
- How do we safely manage the behaviour when it arises
- It is therefore concerned with both preventative and reactive strategies.

2.3 As with any other form of intervention, the positive behaviour intervention process should be structured as follows:



2.3.1 **Assessment**

i) A range of recording and assessment tools will be used to assess:

- What is the behaviour of concern?
 - How is the behaviour impacting on the person's quality of life?
 - Are we clear as to how intervening with the behaviour will improve the person's quality of life?
 - How often does the behaviour occur? (benchmark for measuring success of any intervention)
 - What do we know about the causes of the behaviour?
 - Does it occur in *response* to something happening in the environment? (e.g. another service user's behaviour, a particular noise)
 - Is the service user trying to communicate something to us through the behaviour? What do we know about the *function* of the behaviour? (e.g. "I need/want something", "I am in pain/discomfort", "you are not adequately preparing me for change", "I don't want to do something")
 - What skill/s could we teach to replace the behaviour
- ii) Time and effort spent on a good quality assessment will reap rewards in the planning and implementation of the intervention.
- iii)
- iv) The outcome of the assessment will have formed hypothesis which will inform the positive behaviour support plan

2.3.2 Planning

- i) A plan will describe strategies and approaches to direct staff on how to support the service user. Taking into consideration improving their quality of life, these are based upon a set of hypothesis following the assessment.
- ii) A Plan may include details of:
- Proactive strategies, which are made up of:
 - Functional skills teaching
 - Ecological strategies (adapting environments, increasing supports)
 - Focussed Supports (Deliverance/timing of reinforcement, control or adaptation of a stimulus)
 - Reactive strategies – how to respond when the behaviour occurs – e.g.
 - Ignoring the behaviour
 - Active listening
 - Re-directing the service user to another activity
 - Providing feedback
 - Calming strategies
 - Stimulus Change
 - Crisis Resolution
 - Use of physical intervention and RPI (see section 3)

(iii) The Class Teacher will ensure that a clear plan is provided in writing which reflects the identification and assessment of:

- The purpose / need of the plan
- The anticipated outcome of the plan
- The plan details (proactive / reactive)
- How the plan will be monitored
- Date of review
- The Lead Professional of the plan

iii) A copy of the positive behaviour intervention plan and associated documentation will be sent for Parent/carer signature and Class Teacher signature, then will be placed in the service user's working plan, a copy of which will be available to staff in relevant settings.

2.3.3 **Implementation**

i) The Lead Professional and key staff will ensure that all staff in relevant environments are aware of the plan and supported in its implementation.

ii) Failure to apply positive behaviour intervention plans consistently will undermine their purpose and effectiveness and may seriously jeopardise a student's development and well-being.

iii) All staff have responsibility for the consistent implementation of such plans. Failure to do so may lead to the implementation of Autism Wessex's disciplinary procedures.

iv) All staff have responsibility for ensuring that associated records are accurately maintained.

2.3.4 **Evaluation and practise reflection**

i) At each review of the intervention, its effectiveness should be evaluated. In simple terms:

- Are the positive behaviours increasing in frequency?
- Are the negative behaviours decreasing in frequency?

ii) If the answer is "yes", then proceed with the plan with, perhaps, any minor amendments.

iii) If the answer is no:

- Is this because the plan has not been implemented consistently? If so, improve implementation
- Is this because the plan is incorrect? If so, amend the plan
- Is this because the initial assessment is wrong? If so, repeat the assessment.

- iv) It is also necessary to review the extent to which the re-active strategies are working and, in particular, if any RPIs are maintaining the safety of staff and the safety, dignity and well-being of the student. If not, this needs to be amended accordingly.

- 2.4 Any service can make a referral to the Practice and Clinical Support Team for support with any stage of the behaviour intervention process. The team can support with assessment tools, forming hypothesis about the function of behaviour and developing support and risk management plans.

- 2.5 Any intervention should always promote the quality of life for the student.

- 2.6 Any decision to intervene in respect of a student's behaviour must be taken at a multi-disciplinary best interests meeting to include (where possible), the person's parents/carers/advocates and a representative of their sponsoring agency – e.g. LEA or Social Services Dept.

- 2.7 Any plans detailing a planned use of RPI must be agreed at the multi-disciplinary meeting and lead to a clear plan. Any RPI risk management plan is to be authorised by the Senior Leadership Team and informed by an RPI Risk Assessment.

- 2.8 All positive behaviour intervention plans must reflect relevant statute (e.g. Children Act), national guidelines (e.g. Dept. of Health Guidance on RPIs for People with Learning Disability and Autistic Spectrum Disorder, in Health, Education and Social Care Settings) and acknowledged best practice (e.g. BILD/National Autistic Policy Framework).

Physical Interventions

3.1 Different forms of *physical Intervention* are described in the following table:

	Bodily Contact	Mechanical	Environmental change
Supportive prompts	Manual guidance to assist a person walking	Use of a protective helmet to prevent self-injury	Removal of the cause of distress, for example, adjusting temperature, light or background noise
RPI	Holding a person's hands to prevent them hitting someone	Use of arm cuffs or splints to prevent self-injury	Forcible seclusion or the use of locked doors

3.2 Autism Wessex promotes practice planning and reflection which is least intrusive at all times. Therefore, emphasis is placed on those strategies which manage behaviours of concern without the need for restrictive practice.

This section of the policy is concerned with the use of RPI.

2.4 The legal context

3.3.1 The Department of Health document 'Guidance on RPIs for People with Learning Disability and Autistic Spectrum Disorder, in Health, Education and Social Care Settings' stands as guidance under Section 7 of Local Authority and Social Services Act 1970. This document provides statutory guidance in respect of policy and practice relating to the use of RPIs (Restrictive Physical Interventions). Purchasing authorities and stakeholders will assess the quality of services against this guidance.

- 3.3.2 Article 5 of the Human Rights Act 1998 describes the right to liberty and personal freedom and is protected under criminal and civil law.
- 3.3.3 The Education Act 1996 identifies the circumstances under which a school Head Teacher and school staff may physically intervene with a student.
- 3.3.4 The Children Act 1989 identifies restrictions on a student's freedom of movement that are illegal unless particular service user care related legal processes are followed.
- 3.3.5 The Health & Safety at Work Act 1974 places a duty on employers to provide a safe working environment to employees. The Act also identifies the employer's *Duty of Care* to service-users and the public.
- 3.3.6 By following this policy, staff, managers and Autism Wessex will be acting in a manner that is consistent with this and other relevant legislation.

3.4 Guiding principles

3.4.1 Restrictive Physical Intervention may be employed to achieve a number of different outcomes:

- To break away or disengage from dangerous or harmful physical contact initiated by a student
- To separate the person from a 'trigger', for example removing one student who responds to another with physical aggression
- To prevent the person harming themselves or others
- To protect a student from a dangerous situation – e.g. the hazards of a busy road

3.4.2 The scale and nature of any RPI must be **proportionate, reasonable and absolutely necessary** to both the behaviour of the individual and the nature of the harm they may cause.

3.4.3 Consideration to the longer term psychological impact on the individual must be considered when justifying proportionate, reasonable and necessary, and response mechanisms to an individual's psychological needs will be included in post incident debrief.

3.4.4 It is helpful to distinguish between:

- *Planned intervention*, in which staff employ, where necessary, pre-arranged strategies and methods which are based on a risk assessment and recorded in individual's care plans
- *Emergency or unplanned* use of force which occurs in response to unforeseen events (see 5.6)

3.4.5 The use of force is likely to be legally defensible when it is required to prevent:

- Significant self-harming
- Injury to other students, staff or members of the public
- Significant damage to property
- An offence being committed

3.4.6 The use of RPI will involve some level of risk. All planned interventions will be based on a risk assessment and designed to minimise the risk of harm to students and staff.

3.4.7 All planned uses of RPI will be one component of a broader approach to the individual's positive behaviour intervention plan

4 Restrictive Physical Intervention (RPI) Prevention Strategies

4.1 Each Charity service will seek to minimise the need for the use of RPI through both *primary* and *secondary* preventative strategies.

4.2 Primary prevention strategies will include:

- Ensuring that the number of staff deployed and their level of competence reflect the needs of student's and the likelihood that RPI will be needed. All efforts will be made to ensure that staff would not be left in vulnerable positions.
- Creating opportunities for students to engage in meaningful activities which include opportunities for choice and a sense of achievement
- Developing broader positive behaviour intervention plans that identify:
 - Support plans which are responsive to individual needs and include current information on risk assessment
 - Helping students to avoid situations which are known to provoke violent or aggressive behaviour
 - By talking to parents, students and their advocates, identifying the ways in which they prefer to be managed when they pose a significant risk to themselves or others
- Developing staff expertise in working with students who present challenging behaviours

- 4.3 Secondary prevention involves recognising the early stages of a behavioural sequence that is likely to develop into violence or aggression and employing 'diffusing' techniques to avert further escalation.
- 4.4 Where there is clear documented evidence that particular sequences of behaviour rapidly escalate into serious violence, the use of a RPI at an early stage in the sequence may be approved if it is clear that:
- Primary prevention has not been effective
 - The risks associated with not using a RPI are greater than the risks of using a RPI
 - Other appropriate methods, which do not involve RPI have been tried without success.
- 4.5 All preventative strategies will be carefully selected and reviewed to ensure that they do not constrain opportunities or have an unnecessary adverse effect on the welfare or quality of life of students.
- 4.6 Devices which are required for therapeutic purposes, such as buggies, wheelchairs and standing frames may restrict movement but should never be used for preventing problem behaviour unless agreed by a multi-disciplinary team to include the student, their family (those with parental responsibility) and any other advocates. This will be recorded on the support plans.
- 4.7 Devices designed to prevent problem behaviours should be considered a form of RPI, even if the student does not resist the use of the device. The use of such devices should only be introduced after multi-disciplinary agreement to include the student, their family (those with parental responsibility) and other advocates. If used, they should be selected to impose the least restriction of movement to prevent harm while attempts should continue to be made to achieve the desired outcomes with less restrictive interventions. Staff will receive training in the use of these devices as and when they become necessary. The reason for using such devices and the circumstances under which they may be used will be recorded in the students' support plans.

5 Risk Management

5.1 When the use of a RPI is identified, steps must be taken to minimise the risk to both staff and students.

5.2 The main risks to students include:

- Unnecessary use when other non-restraining interventions could achieve a satisfactory outcome
- Injury
- Pain, distress, short term or long term psychological trauma
- Becoming routine rather than exceptional methods of management
- Abuse
- Undermining of dignity or otherwise humiliating or degrading those involved
- Creating distrust and undermining relationships

5.3 The main risks to staff include:

- Injury
- Experiencing distress or psychological trauma
- Legal challenge re justification for use or intervention
- Disciplinary action

5.4 The risks of not intervening include:

- Staff may be in breach of duty of care
- Service users, staff or others will be abused or injured
- Serious damage to property will occur
- Possibility of litigation in respect of these matters

5.5 Planned use of Restrictive Physical Intervention

5.5.1 In the event of a student manifesting a behaviour where it is considered that the use of RPI is indicated, a multi-disciplinary best interest meeting will be called to include the student (where appropriate) their parents (or other who has parental responsibility) and other advocates. This meeting should also include relevant Class Teacher and key staff.

5.5.2 A positive behaviour intervention assessment and plan should be agreed, and agreement reached on the appropriate use of RPI which is informed by an RPI Risk Assessment. This will form an RPI risk management plan.

- 5.5.3 Where the planned use of RPI is identified for a student, a risk management plan will include:
- A description of behaviour sequences and settings which may require RPI as a response
 - The results of any assessment to determine any contraindications for the use of RPI
 - A risk assessment which balances the risk of using RPI against the risk of not doing so
 - Consideration of the person's physical and psychological health
 - A record of the views of those with parental responsibility
 - A description of the specific RPI techniques which are sanctioned
 - A clear timescale for review and monitoring one year maximum.
- 5.5.4 The student's age, cultural background, gender, stature and medical history must be taken in to account to include sensory needs.
- 5.5.5 Where possible, the application of gradually increasing or decreasing levels of force in response to the person's behaviour is to be considered.
- 5.5.6 Following an incident a student should be offered a recovery period and a de-brief with an appropriate member of staff.
- 5.5.7 Following an appropriate risk assessment, the use of RPI will be included in the student's support plan and sent for Parent/Carer signature and Service Manager signature.

5.6 **Emergency use of Restrictive Physical Intervention**

- 5.6.1 Emergency use of RPI may be required when a student behaves in a way that has not been foreseen by risk assessment. The risk of injury to student and staff is greater in these circumstances and care should therefore be taken to avoid situations where this may occur.
- 5.6.2 Should such a situation arise, staff will be supported in the use of RPI if it is demonstrated absolutely necessary to prevent injury or serious damage to property.
- 5.6.3 Even under these circumstances however, the force must be **reasonable, proportionate, absolutely necessary** and in the **best interests** of the student.

5.6.4 Once there has been an emergency use of RPI, a post incident meeting will be called to risk assess and detail in an RPI risk management plan. The meeting is to include the student (where appropriate) their parents (or other who has parental responsibility) and other advocates. This meeting should also include Class Teacher and key staff.

5.7 This section of the policy is concerned with seclusion, time out and withdrawal
(Refer to PS57 Mental Capacity, Deprivation of Liberty, Use of Restrictive Physical Intervention and Use of Seclusion Policy)

5.7.1 Seclusion means: 'The supervised confinement of a person in a room, which may be locked. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others'. (BILD Guidance 2009) Seclusion will not be detailed as part of a service users support plan.

5.7.2 Autism Wessex recognises that seclusion may be used as part of an emergency response, within the circumstances as described in point 5.6.3 above. The use of seclusion will be supported and must be continually monitored and recorded. A best interest meeting must follow.

5.7.3 Time out involves restricting service user access to all positive reinforcements (rewards) as part of their positive behaviour intervention plan. The Department of Health 2002 describes time out as; "restricting the service user's access to all positive reinforcements as part of the behaviour programme".

At a 'low' level, this may involve a staff member turning their head away from the student or asking them to sit on a chair facing the wall. Where such strategies are balanced with positive programming and the robust use of positive reinforcement for positive behaviours are agreed at a multi-disciplinary best interest meeting, they will be supported. The use of 'time out' rooms, requires greater consideration as their use often becomes confused with seclusion. Any proposed use of time out rooms will be based on a thorough assessment of need and robust evidence in support of its perceived efficacy.

Under no circumstances should a student be held against his/her will in a room unless arising Mental Health or Child Care legal processes or in an emergency as described in 5.6.3 above.

BILD guidance 2009, makes a clear distinction between Time Out and Seclusion. Time out is an evidenced based behaviour change strategy and should be delivered as part of the behaviour programme.

5.7.4 Withdrawal involves removing a person from a situation that has caused anxiety or distress, to a location where they can be continuously observed and supported until they are ready to resume their usual activities. Examples would be the use of a school playground, courtyard or simply a quiet area in the building.

5.7.5 Any use of withdrawal/ time out, whether or not requiring RPI, should be recorded as part of a student's RPI risk management plan and broader positive behaviour support planning.

- 5.7.6 Portfield School holds a service level risk management assessment and plan for the emergency use of seclusion if needed.

6 Staff training and support

- 6.1 All staff working in environments where they may be required to implement RPI will be trained in techniques that have been accredited by the British Institute of Learning Disability (BILD). Autism Wessex adopts the Team Teach approach.
- 6.2 Staff should not engage in RPI until they have received this training, unless in an emergency or crisis. In such circumstances, the member of staff would be relieved from this duty as soon as possible by a trained member of staff.
- 6.3 Staff will receive regular 'refresher' training in line with Team Teach requirements.
- 6.4 As soon as possible following an incident where staff, have been required to implement RPI, they will be offered a 'recovery' period and an opportunity to 'de-brief' with colleagues and a manager where necessary.
- 6.5 If a member of staff has any concerns over the appropriateness of any RPI, then this should be reported immediately in accordance with child protection and service user protection policies.
- 6.6 Should a member of staff receive injury or experience psychological trauma, they will be offered first aid, hospital treatment and/or counselling as appropriate.

7 Post Incident

- 7.1 Recovery and debrief
- 7.1.1 Any individual will be monitored and supported through recovery post use of RPI. This will be individualised to the needs of the person and documented on the RPI management plan.
- 7.1.2 A body map will be completed post RPI incident to indicate any actual or potential marks or bruising
- 7.1.3 The Class Teacher will complete a debrief within 48 hours after the use of an RPI to detail the person's presentation with regard to:
- any drowsiness
 - vomiting or signs of dizziness
 - complaints or indication of pain
 - difficulty breathing / shortness of breath
 - difficulty mobilising any limb
 - not wanting to eat or drink
 - signs of bruising

7.2 Recording

7.2.1 All incidents and all uses of RPI must be recorded on Behaviour Watch. The records should include:

- The names of staff and service user involved
- The reason for using the RPI strategy (rather than another)
- The type of RPI technique used
- The date and duration of the intervention
- Whether the service user or anyone else was injured or distressed and, if so, what happened afterwards

7.2.2 These RPI records will be reviewed half termly by the Senior Leadership Team and any appropriate action taken.

7.2.3 These records will also be used for the following purposes:

- Supporting behaviour assessment processes
- Compliance with statutory requirements
- Monitoring of service user's welfare
- Monitoring staff performance and identifying training needs or outcomes
- Contributing to service audit and evaluation
- Updating medical records.
- Behaviours are recorded in individual's risk assessments and personal guidelines.

8 RPI Reduction Planning, Audit and Monitoring

8.1 Portfield School is committed to applying the approach of Positive Behaviour Support in order to reduce the use of restrictive physical interventions.

8.2 Each student has a RPI Reduction Plan which will be reviewed half termly. The RPI Reduction Plan is reflective of the BILD Code of Practice Fourth Edition.

8.3 The policy owner will support and monitor the implementation of the Positive Behaviour Support policy through service visits involving observations, staff and student interviews and monitoring of relating records.

9 Service Specific Guidance and Procedure

9.1 Guidance

- Department of Health - Positive and Proactive Care: reducing the need for restrictive interventions Physical Interventions: A Policy Framework – BILDS -BILD Code of Practice for minimising the use of restrictive physical interventions: planning, developing and delivering training
Portfield School
Department of Education and Skills 'Behaviour and Discipline in Schools'
OFSTED The Common Inspection Framework for Schools
Advice for Head Teachers and School Staff
*Code of Conduct attached to Site Specific Induction

9.2 Procedure

	Portfield School
RPI risk management assessment and plans	-Development of RED risk management plan for planned use of RPI -Risk assessment included in RED risk management plan
Recording	-Incidents and RPI recording on web based system – Behaviour Watch

I have read and understood this Policy.

ECS5 Positive Behaviour Intervention. Issued January 2017

Name:

Signed:

Date:
