

Positive Behaviour Support Policy

Our vision is a world where people with autism and complex needs can succeed and flourish. We are committed to safeguarding and promoting the welfare of children and young people

Date updated:	September 2018
Lead person(s):	Head of Quality Assurance and Safeguarding
Review date:	Bi annual or when there is a change in statutory guidance or legislation September 2019

Contents

1. Introduction	3
2. Values	3
3. Legislative framework	3
4. Voice of the child.....	4
5. Our approach to effective Behaviour Support.....	4
5.1 Sunfield definition of challenging behaviour.....	5
5.2 Celebrating positive behaviour	5
5.3 Bullying.....	6
5.4 Risk assessments.....	6
5.5 Planned Interventions	7
5.6 Sanctions	6
5.7 Use of Reasonable Force.....	7
5.8 Use of Medication and/or safety devices	8
5.9 Crisis, Aggression, Limitation and Management Programme (CALM)	8
6. Support, Guidance and Restraint:.....	9
7. Recording and Reporting	10
7.1 Behaviour Watch	10
7.2 Accident Form:.....	10
7.3 Measures of Control:.....	11
8. Quality Assurance Framework.....	11

1. Introduction

At Sunfield we are committed to providing a nurturing environment which transforms the lives of all our children and young people. We use Positive Behaviour Support (PBS) as an overarching approach to create a safe, positive learning and care environment for children and young people with disabilities, complex learning needs and Autistic Spectrum Conditions.

At Sunfield we aim to support our children and young people in a structured, caring and consistent manner by:

- Providing personalised support in line with their individual needs and background which includes effective and safe behaviour Support
- Enabling them to reach their potential by supporting their development - physically, emotionally, socially and cognitively - which includes supporting them to develop effective self-management skills and to make informed choices
- Enabling them to express their views and to contribute to their education and care plans, including placement plans

2. Values

At Sunfield we:

- Value children and young people as individuals and recognise that everybody should be treated fairly and with courtesy and respect
- Promote the safety and welfare of children and young people, their families and carers, and staff
- Recognise the importance of tailored but effective behaviour Support strategies which are pivotal to children and young people's welfare and well-being
- Promote and celebrate achievements including positive behaviour through encouraging and supporting children and young people to make decisions and choices in matters that affect their lives
- Provide personalised support in line with identified needs, in order to develop identity, self-confidence and self-worth and celebrate success and achievement, including good behaviour
- Believe that behaviour is an expression of communication and feelings; this policy and associated procedures aims to support children and young people to substitute challenging and inappropriate behaviour for more appropriate behaviour.

3. Legislative framework

The behaviour Support policy is underpinned by current legislation including:

- Children Act 1989 and 2004
- Education Act 2002 and 2011 as applicable

- Mental Capacity Act 2005
- Education and Inspections Act 2006
- Safeguarding vulnerable groups act 2006
- Children and Families Act 2014
- United Nations Convention on the Rights of the Child
- The Non-Maintained Special Schools (England) Regulations 2015
- The Children's Homes (England) Regulations 2015

And statutory guidance and regulations

- Keeping Children Safe in Education (DfE 2018)
- Working Together to Safeguard Children (2018)
- Guide to the Children's Homes Regulations including the quality Standards (April 2015)
- Guide to the Children's Homes Regulations including the Quality Standards (April 2015)
- Child Sexual Exploitation - definition and guide for Practitioners (DfE 2017)
- Behaviour and discipline in schools: Advice for head teachers and school staff (January 2016) DfE
- Use of reasonable force: Advice for head teachers, staff and governing bodies (July 2013) DfE
- Specialist guidance issued by the Royal College of Psychiatrists, British Psychological Society, Department of Health the National Institute for Health and Clinical Excellence as it relates to behaviour

4. Voice of the child

We promote children and young people's participation in planning and decision making (for those aged 16 and over this will be in line with the Mental Capacity Act and best interest decision-making process) by

- Enabling the child or young person to express their views (including through representation and advocacy) and give these due weight and consideration
- Respecting all verbal and non-verbal communication and responding appropriately
- Complying with the Children's Homes (England) Regulations (2015) and the Children Act 1989 to ensure that children and young people's views, wishes and feelings are taken in to account in matters relating to the education, care and placement planning
- Each child or young person's Positive Behaviour Support Plan identifying strategies as to how staff, children and young people repair, reflect and learn from any incident.

5. Our approach to effective Behaviour Support

At Sunfield, we adopt a holistic approach to support the needs of our children and young people underpinned by the principles of Positive Behaviour Support (PBS) in order to:

- Meet the needs of the child or young person
- Support children and young people to find effective ways to communicate their needs
- Identify and meet individual's sensory needs and diet
- Ensure the environment is suited to individual's needs and preferences and that they have structure and meaningful activities in their daily lives
- Use proactive strategies to manage challenging behaviour

Children and young people attending Sunfield will have an Education, Health and Care Plan (EHCP), the Special Education Needs Code of Practice 0-25 years (Jan 15) or a Statement of Special Educational Needs. Both set out how the educational provision will be delivered to children with special educational needs and disabilities (SEND) across education, care and health service providers.

Effective behaviour Support has a crucial role in supporting and safeguarding children and young people, promoting their dignity, rights and welfare at all times. This involves adopting a holistic approach to understanding complex and challenging behaviour.

5.1 Sunfield definition of challenging behaviour

The range of disabilities, complex needs and Autistic Spectrum Conditions and experienced by children and young people attending Sunfield may result in some children and young people presenting challenging behaviour. Therefore it is important to establish what we actually mean by "challenging behaviour."

The definition used by Sunfield is as follows:

"culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to ordinary community facilities." (Emerson, 1995)

Children and young people with learning difficulties, complex needs and Autistic Spectrum Conditions are more likely to display challenging behaviour that may include verbal or physical aggression, self-injurious behaviour, smearing or non-compliance with requests. Issues such as limited communication skills, problem solving ability, limited coping ability and sensory needs can lead to frustration which in turn can result in challenging and disruptive behaviour. Their behaviour is often a way of communicating a need or to get a need met.

5.2 Celebrating positive behaviour

At Sunfield we believe that celebrating and rewarding positive behaviour is more likely to promote good behaviour, which is supported by a wealth of academic research. Children and young people learn more effectively when they are receiving positive

reinforcement for good behaviour as opposed to consequences for negative behaviour.

We celebrate positive behaviour and achievements through a range of different mediums e.g. weekly celebrations, newsletters, family newsletters and real time interaction which captures children and young people's successes and achievements all of which are recorded and feed into formal review processes.

5.3 Bullying

Sunfield has a separate Anti-Bullying policy which is accessible via the Sunfields website and internal Intranet.

Bullying and cyberbullying: Bullying can be defined as using deliberately hurtful behaviour, usually over a period of time, where it is difficult for those bullied to defend themselves.

The three main types of bullying are: Physical bullying, verbal bullying (including cyber bullying) and emotional bullying

All incidents of bullying should be dealt with by the carer or class teacher in the first instance, followed by the procedure in the Anti Bullying Policy. All members of staff should be fully aware of and observe the provisions of the Anti Bullying policy

Challenging behaviour presented by some children and young people can be directed at other children and young people and can be interpreted as bullying or peer on peer abuse. Our children and young people do not always understand the concept of bullying and it is therefore very difficult to address the behaviour by applying "normal measures" used to counter bullying. Nevertheless, any form of behaviour that causes distress to others, regardless of intent or reason, is treated as a serious matter and therefore it is important to provide help and support to both those who are bullied and the bully themselves.

More information is available via the Sunfield Safeguarding & Child Protection Policy and The Anti-Bullying policy

5.4 Risk assessments

An individual risk assessment is completed for each child or young person, using information obtained from past history, initial assessments and on-going records. However, situations may arise which cannot be reasonably predicted or planned and may require staff to make a real time or dynamic risk assessment, which is based on a presenting risk at that moment in time and to identify what interventions are required to reduce the immediate risk of harm to self, others or property.

Sunfield's risk assessment process is not used solely as a means of limiting behaviour but includes positive risk taking and proactive strategies to employ in order to support positive behaviour and resilience.

5.5 Planned Interventions

- Individual Plans- Each young person has a Positive Behaviour Support Plan (PBS) containing a behaviour guidelines section, an individual risk assessment and proactive strategies in place. Staff must be aware of the content of these

documents to ensure they are conforming to any restrictions on holds to be used and agreed strategies.

- All interventions are identified on the young person's placement plan through adhering to the principles of:
 - least restrictive de-escalations strategies exhausted before any Physical intervention
 - Any Physical intervention is only ever used as a last resort.

5.6 Sanctions

Regulation 19(2) of the Children's Homes (England) Regulations (2015) details sanctions that are prohibited within behaviour Support. Advice issued by the DfE (January 2016) in relation to the School allows for a range of sanctions to be used to address poor behaviour.

At Sunfield any sanctions used to address poor behaviour are restorative in nature, to help children and young people recognise the impact of their behaviour on themselves, other children or young people, staff caring for them and the wider Sunfield community. In some cases it will be important for children to make reparation or amends, in some form, to anyone hurt by their behaviour e.g. to apologise. Staff, have completed the necessary training, and are skilled to support the child or young person to understand this and to support them to carry it out.

5.7 Use of Reasonable Force

The term 'reasonable force' covers a range of actions which can be used by staff which involves a degree of physical contact with children and young peoples to control or restrain. The use of reasonable force is used only:

- In exceptional circumstances where any other course of action would be likely to fail
- As a last resort where all other courses of action have failed
- With the minimum degree of intrusion required to resolve the situation

Our priority at Sunfield is to ensure in any crisis situation that all de-escalation and preventive measures have been exhausted and failed before any physical intervention or restraint is employed. Should any member of staff be observed using non-CALM approved techniques (including physical intervention) despite having been provided with appropriate CALM training, the matter may be investigated through our disciplinary processes.

Sunfield does not support the use of:

- Prone hold (child or young laying with the front of their body on a surface)
- Seclusion (the involuntary confinement of a child or young alone in an enclosed space from which the child or young person is physically prevented from leaving e.g. by a member of staff holding the door closed for a few seconds).

We do not use punitive methods to manage behaviour.

What we mean by this is the use of inappropriate force, corporal punishment, seclusion or restriction of contact with parents, relatives or friends; deprivation of food, medicine or sleep etc.

The decision to undertake a physical intervention is a matter of professional judgement but must be consistent with this policy and approved CALM techniques (see below) which includes de-escalation. Whether reasonable force has been used will always depend on the particular circumstances of the incident and whether it was proportionate to the consequences it intended to prevent. In other words, the degree of force used should be no more than is needed to achieve the desired result

5.8 Use of Medication and/or safety devices

Whilst we take a whole organisational approach to support challenging behaviour we also recognise that some of our children and young people at Sunfield are prescribed medication to support their behaviour and anxiety. There are certain situations where children and young people may be prescribed and benefit from the use of anti-psychotic medications;

- As a regular medication
- To reduce extreme agitation/ anxiety
- When in crisis

Any medication will be detailed in the children and young people's Health Plan and the management and administration of such medicine is detailed in Sunfield's Medicine Policy

5.9 Crisis, Aggression, Limitation and Management Programme (CALM)

Sunfield has adopted and implemented the CALM (Crisis, Aggression, Limitation and Management) programme. CALM promotes:

- A "whole organisation" approach to ensure effective behaviour Support and a consistent response to behaviour at all levels of the organisation
- CALM is based on the principle that physical intervention is only ever used as a last resort and that de-escalation of behaviour is the primary aim

At Sunfield we have a CALM management team consisting of accredited practitioners in Care, Education and Psychology and Therapies who have undergone extensive training at:

- Associate level – to deliver the CALM theory principles to new and existing staff
- Instructor level – to teach practical CALM techniques to existing and new staff
- Verifier level – to independently verify any new or annual re-accreditation courses

Additional information about CALM can be obtained from the CALM Training agency or from the CALM website www.calmtraining.co.uk

6. Support, Guidance and Restraint: how we define and use physical intervention skills

It is vital that we ensure that we provide guidance to staff on the circumstances in which physical and restrictive intervention may be used. This is given in various ways, but is formalised within the Positive Behaviour Support Plan (PBS), which lists, proactive, active, reactive and prevention approaches.

It is for front line skilled professionals to use their knowledge and judgement to safeguard and promote the welfare of children in their care, focussing on priorities and being clear about their individual responsibilities,

We have sought in this document to clarify for the team at Sunfield the position with regard to recording:

- a) Supportive physical intervention which is giving reassurance and
- b) Recording restraint, which seeks to restrict an individual.

- In addition, we must ensure that we comply with The Children's Homes (England) Regulations 2015 and Guide to the Children's Homes Regulations including the Quality Standards (April 2015) which requires that restraint must only be used for the purpose of:
 - Preventing injury to any person, including the child being restrained
 - Preventing serious damage to the property of any person including the child being restrained

Restraint must only be used for these purposes when there is no alternative available.

Definition of Restrictive Intervention as follows:

Restrictive Intervention is any method, which restricts the individual's liberty for example by environmental means, physical means, including mechanical means, holding and physical restraint

However, it is recognised that as part of a positive behaviour ethos we aim to use a 'Supportive' approach to all intervention first and then only use a restrictive intervention in emergency situations, where we may be left with no other option

Definition of Supportive Intervention as follows:

Supportive intervention is any method or skill which guides and supports an individual without restriction, it may be verbal and/or physical and is part of a behaviour plan to encourage learning and self-management. This may include a lower level CALM technique which can be applied with limited restrictions but gives the student a level of comfort and security to enable them to be re directed

e.g. In the example of student 'A', 'A' may be walking up the Clent hills and see a dog running towards him, 'A' maybe fearful of the dog and become upset and vocal walking towards staff, 'A' may be holding out his arms as he is seeking physical support and guidance. Staff will give verbal reassurance and may need to hold hands with 'A' or implement a lower level CALM technique (i.e. one staff hand grips 'A's lower arm and keeps the other hand on the small of 'A's back, palm held horizontally) to re-direct 'A' without alarming 'A' or making 'A' feel unduly constricted thus triggering an possible aggressive reaction. Continuing with the walk, being aware at all times that 'A' may

head butt or attempt to bite, in which case the support may need to become a hold and qualify as a restraint.

However, on many occasions 'A' is seeking reassurance and guidance and this level of supportive intervention offers him that.

All 'A's incidents are overseen by a manager and it will be clearly indicated on the incident report as to whether the physical intervention has led to a restraint. Staff will always consider the balance of risk associated with carrying out any intervention, i.e. the balance between the risks of carrying out the intervention against the risk of not carrying out that intervention.

For many of the individuals in our care, the complexity of their needs means that the fact the level of intervention has stayed constant and not increased is in itself positive. Nevertheless, it is important to ensure that the use of physical or restrictive intervention never becomes routine.

It is Sunfield's aim to be transparent in all recordings and to make it clear in our recording that when offering a distressed child or young person a level of physical support to reassure and calm but not restrict, that this in itself does not constitute a restraint. However, we recognise that there is a very thin line between supportive and restrictive intervention and as such we recognise the need to ensure that we remain accurate and factual in our recording. This requires vigilant overview from senior staff and regular training to all staff members.

7. Recording and reporting

Record keeping is an integral part of effective safeguarding practice and a primary communication tool to inform all staff what is happening for a child or young person and to promote the child or young person's safety and welfare. It is also a part of our accountability framework and a requirement under the Children's Home (England) Regulations (2015), Working Together to Safeguard Children (2018) and Keeping Children Safe in Education (September 2018) and GDPR 2018 guidance.

7.1 Behaviour Watch

All behaviour based incidents are recorded onto Behaviour Watch, our electronic system for the monitoring and analysis of incidents which informs our organisational learning in relation to:

- Specific incidents that have occurred, including antecedents/triggers, what actually happened and what actions were required and by whom
And
- Systemic understanding and weekly reporting of activity to the Senior Leadership Team and the Safeguarding Board

7.2 Accident Form:

To be completed to show all injuries which have occurred and treatment given for children, young people and staff and reported to Sunfield's Health and Safety Officer

7.3 Measures of Control:

Where incidents of a serious nature occur at Sunfield we are required under the Children's Home Regulations 35 (3) 2015 to:

- Complete all appropriate documentation within a 24 hour period
- Within 24 hours speak to staff about the measure of control used and the incident must be signed off by the relevant manager as an accurate record.
- Within 5 days of any measure of control being implemented the child or young person must be spoken to about the measure and this is recorded. At Sunfield we aim to do this within 24 hours
- In accordance with best practice and subject to the child or young person's consent undertake an independent body check within a 24 hour period following restraint
- Inform parents and placing authorities within 24 hours

Any restraint undertaken with a young person over 16 years of age, will result in the need to conduct a Mental Capacity Assessment and Best Interest meeting.

All the above must be fully recorded and signed off by the appropriate manager.

8. Quality Assurance Framework

The Sunfield quality assurance framework has been developed as part of our ongoing commitment

- To continuous improvement and raising standards of practice within the organisation and
- To comply with registration and contractual requirements

We will do this via:

- A trained and competent workforce. Staff receive safeguarding and CALM training as part of their induction process and annual refresher training, underpinned by our Safeguarding CPD programme
- Staff also receive regular training in relation to positive behaviour strategies, attachment, emotional resilience, reflective practice sessions and child centred and child development training, all of which provides essential knowledge and skills to support children and young people and reduce behaviour escalating from challenging to restraint
- Weekly individual young people focused studies meetings take place with key representatives from Care, Education, Families, Psychology and Therapies. The purpose is for staff to have the opportunity to share emotional, educational, care and health needs of each individual young person - as well as achievements and learning.
To provide the wider organisation with a snap shot of current needs.

- A weekly and monthly Behaviour Watch report is discussed at the Safeguarding Board meeting and presented to the Board of Trustees. The aim of these report is to identify any systemic factors contributing to and resulting in incidents so that we can understand spikes of activity, when strategies are having a positive impact and the analysis is both qualitative and quantitative
- All incidents are Countersigned by the Home Manger/ Deputy (for care) and the Head of Education (for education) within twenty four hours to identify 'appropriate' or inappropriate' use of any physical Intervention / Restraint. Learning Outcomes identified and relevant supervision, disciplinary action taken if deemed inappropriate.
- Quarterly restraint audit of all CALM techniques used. The Data used identifies what specific behaviour is being presented by children and young people and then matches these to approved CALM techniques
- Regular high quality reflective supervision which is subject to audit and reported back to the Senior Leadership Team and Board of Trustees
- Staff complete a self-declaration form to confirm that they have read this policy and associated procedures
- Annual behaviour audit and report of activity to the Board of Trustees

Positive Behaviour Support Policy and Procedure
Self Declaration

Policy Version and date:

Name: (Please Print)	
Role: (Please Print)	
Normal Work Base:	

I have read, understand and agree to adhere to the updated policy on Behaviour Support and associated guidance

Signed:

Date: