POSITIVE BEHAVIOUR SUPPORT POLICY

Policy Control/Monitoring

Version:	V1
Approved by: **(Name/Position in Organisation)** **Date:**	**Director Health and Wellbeing**
Accountability: **(Name/Position in Organisation)**	PBS lead
Author of policy: **(Name/Position in organisation)**	PBS lead
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Associated Policies: **(insert hyperlinks)** **Associated National Guidance**	Adult Safeguarding Policy V6.0 Safeguarding and Child protection policy Mental Capacity Act and Deprivation of Liberty Policy

Document status	This document is controlled electronically and shall be deemed an uncontrolled documented if printed. The document can only be classed as 'Live' on the date of print.

Equality Impact Assessment

This document forms part of Percy Hedley's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

As part of its development this document and its impact on equality has been analysed and no detriment identified.

Version Control Tracker

Version Number	Date	Author/ Title	Status	Comment/Reason for Issue/Approving Body
V1.0	15/05/2023	DoHW	Draft	
V 1.0	10/11/2023	DoHW	Approved	

Roles & Responsibilities

Role	Responsibility
Chief Executive	The Chief Executive is responsible for satisfying themselves that the Director of Care is fulfilling their leadership responsibilities for Positive Behaviour Support within the Foundation. In addition: • To ensure that organisational systems are in place to support the role out and implementation of PBS
Director of Health and Wellbeing	The Director of Health and wellbeing is responsible for the delivery of the Positive Behaviour Support Framework, the on-going monitoring of its effectiveness and assuring that the Senior Leadership Team are delivering it in line with the policy.
Head of Service/Head teacher	Overall responsibility to ensure the deployment of this policy within Services. To support with the delivery of the Positive Behaviour Support Framework and on-going monitoring. Highlighting areas for improvements via the appropriate escalation methods. Taking ownership of their own data in relation to PBS.
Residential Manager(s)/ Deputy Principal/assistant principles	To ensure their local procedure for Positive Behaviour Support policy is followed. To ensure all staff employed within our services are aware of the

	Foundation policy and local procedures, to advise staff and to offer support. In addition: • Ensure colleagues understand all aspects of the Positive Behaviour Support Plan • Refer to other members of the multidisciplinary team, if other specific needs are identified. • Provide colleagues with support and training to understand, prevent and manage behavioural incidences • Ensure colleagues understand the presentation and possible meanings of challenging behaviour, the nature and rationale for possible interventions, functional assessments and functional analysis.
PBS practitioners and coaches	Ensuring delivery of the PBS framework and adherence to the policy which is aimed at improving the lives of people with learning disabilities who have additional mental health needs and/or challenging behaviour. Ensure that this policy is kept up to date in accordance with current regulations, legislation and guidance. In addition: • To provide bespoke PBS training for teams in PBS led services. • To provide Functional Assessments for the implementation of PBS support plans. • Where more specialised Functional Assessments are needed to liaise with MDT to complete. • To support Teams to write and implement PBS support plans. • To ensure teams are trained and fluent in the PBS plans before used. • To ensure the review of any Restrictive practice is done monthly.
Health and Safety Manager	The Health and Safety Manager is responsible for assessing compliance with health and safety regulations and guidance and will complete a health and safety audit on each site at least annually. The Health and Safety Manager is also responsible for

	ensuring all accidents and incidents and near misses are reported and investigated with corrective action recommended and notification to any external bodies completed.
Trustees	Trustees are responsible for ensuring that those benefiting from, or working with, the Foundation are not harmed in any way through contact with it. They have a legal duty to act prudently, and this means that they must take all reasonable steps within their powers to ensure that this does not happen. In addition: • To educate themselves, participate in mandatory training so that they can challenge the executive team on the organisational systems
Operational Teams (all staff)	Compliance with this policy. In addition: • To ensure all practice within individual departments have a positive impact on those we support. • That all policies are aligned to a PBS approach and can show positive impact on the quality of life for those we support. • Follow and carry out Positive Behaviour Support plan. • Adhere to positive pro-active strategies. • Use restrictive strategies only as a last resort, and as directed by the individual's Positive Behavioural Support Plan • Ensure that reactive strategies are only used as a last resort and as directed by the individual's Positive Behaviour Support plan • Adhere to the content of training, such as PBS Awareness training programme. • Advise line manager of training support needs. • Keep accurate and contemporaneous records.

CONTENTS

Positive Behaviour Support	Issue date: 10/11/2023	Version No: V.1
Status: *Approved*	Review date: 10/11/2025	Page **7** of **32**

1. Introduction

The Percy Hedley Foundation's responsibility with PBS

- The Percy Hedley Foundation provides support to people with intellectual disabilities, learning difficulties, physical disabilities, and additional communication needs. The support is provided through a variety of settings such as special education, care and support with accommodation, and lifelong learning opportunities.

- Most of our care and support is provided through two schools, one college, several residential and independent supported living homes, and Horizons lifelong learning service. Some of the people we support can present with behaviour of concern which could pose a risk to themselves or others.

- It is our responsibility, as a supportive Foundation, to find ways to care, support and communicate in the best way possible with the individuals who use our service. Positive behaviour support (PBS) provides a framework that seeks to understand the context and meaning of behaviour in order to inform the development of supportive environments and skills that can enhance a person's quality of life. The Percy Hedley Foundation has committed to the PBS framework as a best-practice way of delivering the service to our children and individuals that we support that will truly enhance the quality of their lives by a competent and confident support team. We are committed to increasing the Quality of Life for our children, people who access our service, their support teams and their family and friends.

History of PBS

- The PBS framework was initially based on Applied Behavioural Analysis (ABA), which is a scientific approach to behaviour. The ABA framework scientifically identified that if people were positively reinforced for a certain behaviour or if it had a valued meaning then this would promote a positive behaviour change thus improving QoL. Alternatively, using negative reinforcements to reduce/eradicate unwanted behaviour. However, the approach was heavily criticised for inappropriate interventions that were unethical and decreased QoL.

- The development of PBS was evolved from ABA and the work that Horner et al completed, which considered the criticisms and developed it into a framework for best practice. Further developed by Gore et al in 2013 (2022), they wanted to improve ABA which was mainly based on a science and therapeutic treatment/approach into a more accessible framework. They developed it by adding in certain values based on normalisation and human rights which later form the name of the Positive Behaviour Support definition by Gore et al 2013 & 2022.

- Positive Behaviour support, in practice, has been evolving rapidly over the past 25 years and this meant different things to different professionals and/or people but it broadly implied that challenges presented by an individual can be understood as being a form of communication. Therefore, if the challenges were understood then the individuals support could be tailored to better meet their need.

- Positive Behaviour Support has had some significant growth and investment since 2011 with the development of the PBS Academy and its definition of competency standards. The standards incorporate a specific focus on the values and practice needed within Positive Behaviour Support which will be reflected upon throughout this policy.

- Central Government published the Transforming Care national plan in 2012 and later again in October 2015 following two major cases uncovered in the Mansell report in 1993;2007 (Department of Health 1993;2007) and Winterbourne View scandal. The Transforming care appreciated the gaps within commissioned services and providing people with the right support close to their home.

- The transforming care policy highlights the following:

  - Provisions should be close to the person's family.

  - The sole purpose of services should be for assessing, understanding, and treating people.

  - Highlight, endorse and increase awareness with the Positive Behaviour Support Framework

What is Positive Behaviour Support?

PBS is a person-centred way of supporting people with intellectual disabilities who may be at risk of behaviour of concern. Positive behaviour support (PBS) provides a framework that seeks to understand the context and meaning of behaviour in order to inform the development of supportive environments and skills that can enhance an individual's quality of life.

It is based on a broad and holistic assessment and does not subscribe to or adopt a single therapeutic approach or treatment but seeks to develop a meaningful understanding of behaviours that challenge and improve the quality of a person and those around them.

Latest definition and PBS core components:

- The most common definition in the UK was created by Gore et al 2013 and further developed in 2022.

  - The main components are as follows:

Rights & Values *A focus on rights and good lives*	1. Person centred Foundation
	2. Constructional approaches and self determination
	3. Partnership working and support key people
	4. Elimination of aversive, restrictive and abusive practices
Theory and evidence base *Ways to understand behaviour, needs, and experience*	5. A biopsychosocial model of behaviours that challenge
	6. Behavioural approaches to learning, experience and interaction
	7. Multi-professional and cross-disciplinary approaches
Processes & strategy *A systematic approach to high quality support*	8. Evidence of informed decisions
	9. High quality care and support environments
	10. Bespoke assessments
	11. Multi-component, personalised support plans
	12. Implementation, monitoring, and evaluation

- **Within the Percy Hedley Foundation we pledge the following:**

  - At Percy Hedley Foundation we recognise Positive Behaviour Support as a collaborative and person-centred approach to supporting individuals at risk of behaviours of concern.

  - We will integrate both values and human rights, alongside ethical and compassionate use of the science of behaviour analysis, as well as other evidence-based approaches (such as augmentative and alternative communication, cognitive behavioural therapy, and active support).

  - Our internal PBS practitioners will aim to understand behaviours that challenge and will:

    - Work in partnership with individuals, their families, carers, educators, and multi-disciplinary partners to promote a good quality of life

    - Develop environments that are 'capable rather than challenging'

    - Reduce and remove restrictions that impede quality of life.

- o Continuously work to ensure that support is collaborative, personalised, culturally responsive, proactive, and evidence based.

- All of Percy Hedley Foundation staff will:

  - Understand that behaviour is a form of communication – we must ensure that all our individuals are supported to communicate their needs safely and appropriately.

  - We will provide the right support and intervention to individuals so that they can learn new skills to communicate more effectively.

  - Have a understand that most of our individuals that we support have learning disabilities and are at risk of presenting with behaviour of concern but we will ensure that our staff can learn strategies to support individuals to improve their quality of life.

  - We understand the focus on Positive Behaviour Support and it's overarching focus on improving quality of life.

  - We will respect the PBS value base and put these into practice:

  - Always acting in a person-centred way and using interventions which are socially valued.

  - A commitment to non-punishment-based approaches.

  - Ensure that family, friends and direct care staff should be involved in the interventions.

  - Interventions must be reflective of the values, resources and skills of those carrying them out.

  - Always carry out a system wide approach.

  - Help shape and change, when appropriate, the values of the organisation.

  - Support other staff to describe and deliver the values and core aims of the organisation, orally, in writing and in actions.

  - Provide positive feedback on staff performance related to their support of the person's community presence, relationships, choice, behavioural skills and image. Recruit team members with appropriate values and attitudes

- Review and discuss team members' attitudes regularly and support team members to demonstrate positive attitude to the person.

- Respond when positive attitudes are not present.

- Role model dignity, respect, warmth, empathy, compassion in interactions at all times, and monitor this in the team.

- Facilitate feedback from the person and their family and friends on how values are expressed in actions and use this to shape and change the organisation Actively manage staff and the environment to build a positive environment.

2. Definition

Most used phases within PBS & within the policy

- There will be some keys definitions and terminology that will be used throughout this policy.

- Behaviour of concern (also known as behaviour that can challenge)- At Percy Hedley Foundation we will follow the most known definition of challenging behaviour. This is *'Behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion.'* (Royal College of Psychiatrists, British Psychological Society, Royal College of Speech and Language Therapists, 2007)

- Quality of life- at the Percy Hedley Foundation we will refer to this as the measured outcomes for those who use our services. Each division will generally use the international collaborations agreement on the eight domains of quality of life, which involves a range of indicators. See table below:

Quality of life domains and some indicators which can be used for measurement. These will be more focused within the individual procedures.	
Domain	Indicator/example
Emotional well-being	Contentment, satisfaction, freedom from stress, self-esteem

Physical well-being	Health, being able to do activities of daily living and physical activity
Material well-being	Housing situation, work status, environment and financial status (income, benefits) and possessions.
Personal development	Education, personal competence, achieving, having success, being productive.
Self-determination	Personal control and autonomy, having goals and expectations, choice and preferences
Interpersonal relations	Positive interactions with others (friends, relatives, staff), support (emotional, physical or financial), doing things (recreation) with other people
Social inclusion	Being in and being part of the local community with through a direct role or access.
Rights	Respect, dignity, equality, right to family. Legal rights such as citizenship (voting, advocacy), equal accessibility.

- Seclusion- the Code of Practice for the Mental Health Act 2008 in England has defined seclusion as *the supervised containment of a person in a room which may be locked its all aim is to contain severely disturbed behaviour which is likely to cause harm to others* (Department of health., 2008)

- Physical restraint- *Any method of responding to challenging behaviour which involves some degree of direct physical force to limit or restrict movement of mobility* (Harris et al., 2000)

  - *Restraint can either be:*

    - Personal (I.e., applied by one or more persons restricting the movement or another

    - Mechanical (I.e., achieved by the use of some sort of device or apparatus such as splints or harnesses.

    - Environmental (I.e., achieved by certain restrictions in the environment such as locked doors)

    - Chemical (I.e., achieved by administering for the purpose of controlling or subduing disturbed/violent behaviour)

- Active Support- "*Active Support changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives*" (BILD 2016)

- Person Centred Care – "*In person-centred care, health and social care professionals work collaboratively with people who use services. Person centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual and, crucially, it ensures that people are always treated with dignity, compassion, and respect*" (Health Foundation 2014).

- Capable environments- these are environments where the people we support can thrive. Capable environments are supported by positive social interactions, supportive communication, participation in meaningful activities, personal health and wellbeing and promoting opportunities to do things that are important to them by a skilled workforce. The impact of getting the capable environment right improves quality of life and behaviours that challenge are less likely to occur.

3. Purpose

Rational- why PBS?

Please note- Each division will have their own procedure for these categories (Lifelong learning, Care & Support and education)

- To ensure we work together with internal and external professionals to provide support to ensure all our adults, children and young people have a 'good life'.

- To prevent injury or damage to residents, service users, pupils and young people.

- To prevent injury or damage to staff or premises/property

- To provide information and guidance for staff, parents/families, governors, Trustees and other stakeholders on how we keep adults, children and young people safe.

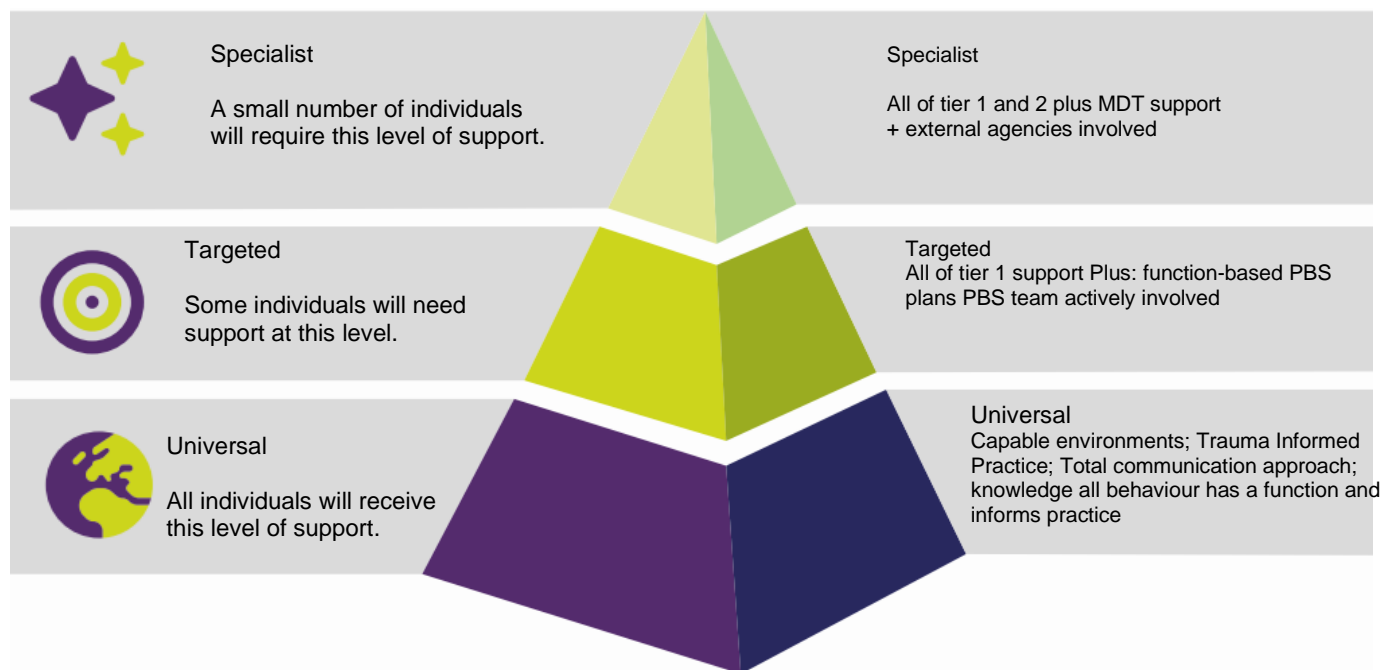- To provide a framework for our collective beliefs around human behaviour as it relates to adults, children and young people accessing Percy Hedley services
- To provide an inclusive model for our understanding of behavioural needs.
- To underpin our beliefs with evidence-based practice and current research.
- To embrace and embed a culture of restraint reduction through the use of strategies designed to promote minimum impact and trauma informed care.
- At Percy Hedley Foundation we will use a multi-tiered model of staff support to achieve psychologically health and resilient staff in order to meet the needs of those we support. Our organisation-wide support is set our below:
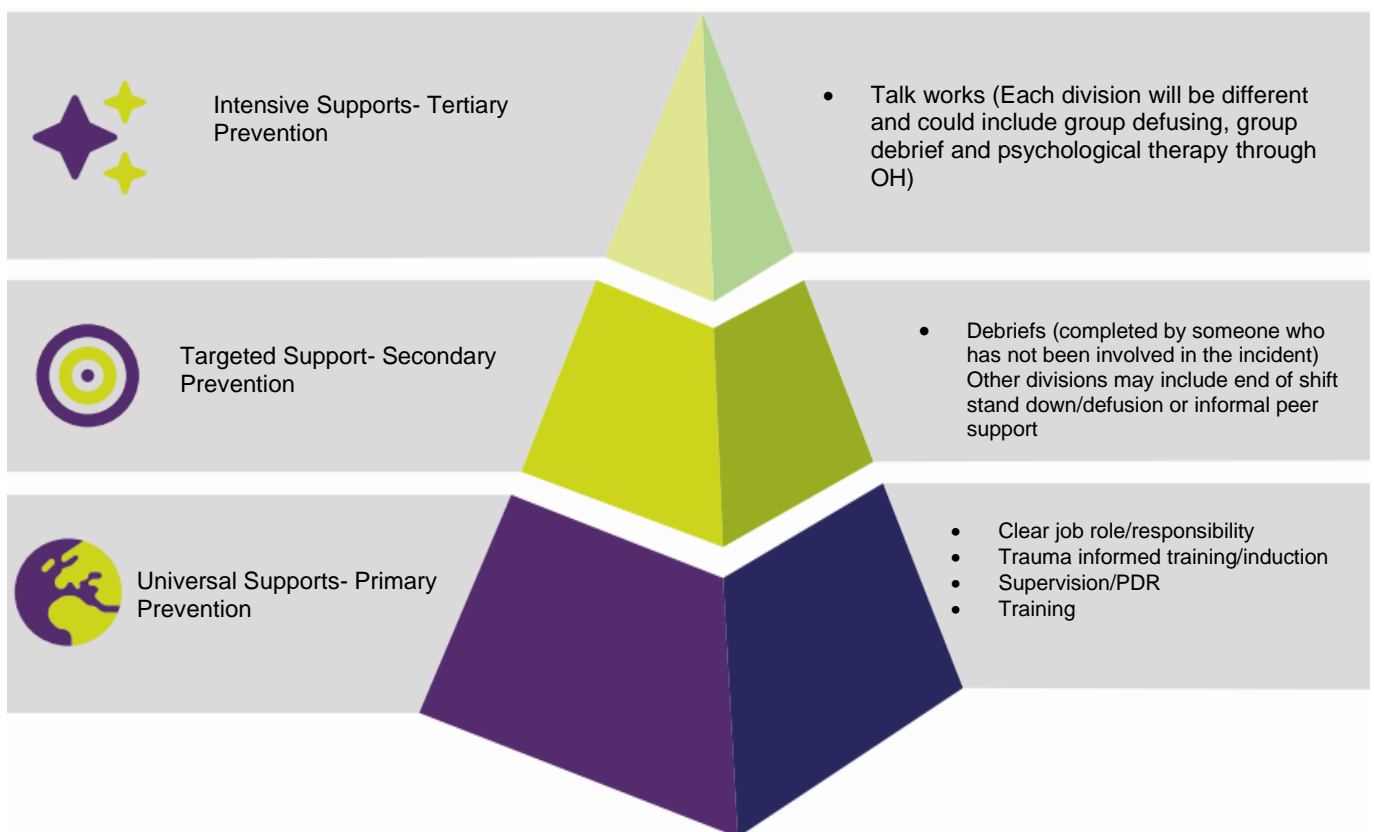
Intensive Supports- Tertiary Prevention
- Talk works (Each division will be different and could include group defusing, group debrief and psychological therapy through OH)

Targeted Support- Secondary Prevention
- Debriefs (completed by someone who has not been involved in the incident) Other divisions may include end of shift stand down/defusion or informal peer support

Universal Supports- Primary Prevention
- Clear job role/responsibility
- Trauma informed training/induction
- Supervision/PDR
- Training

- We will also use a multi-tiered structure which demonstrates the support each individual will receive in their current tier.

- The descriptors for this are in appendix one.

Specialist

A small number of individuals will require this level of support.

Specialist

All of tier 1 and 2 plus MDT support + external agencies involved

Targeted

Some individuals will need support at this level.

Targeted
All of tier 1 support Plus: function-based PBS plans PBS team actively involved

Universal

All individuals will receive this level of support.

Universal
Capable environments; Trauma Informed Practice; Total communication approach; knowledge all behaviour has a function and informs practice

Legal consideration

There's no specific law for behaviours of concern. However, there are sets of laws which exist which regulates other people's actions and inactions towards 'vulnerable adults' including those with behaviour of concern.

- Article 2- The right to life

  - If a person right to life has been violated, then the Authorities have a legal obligation to investigate. This include those who are in receipt of unsafe care.

- Article 3- the right not to be tortured or suffer inhuman or degrading treatment.

  - This relates to safeguarding- meaning that people with behaviour of concern are protected in law from physical or mental abuse or neglect, from living in unacceptable and unsafe conditions.

- Article 5- The right to liberty and security of person

    - That no-one should be deprived of their liberty unless it is in accordance with the law.

- Article 6- the right to a fair trial

    - It may be necessary for a person with a learning disability or behaviour of concer to give evidence in court so that they can tell them what they have witnessed.

- Article 8- The right t to respect for a private and family life

    - This means regardless of the behaviour of concern, people still have the right to make informed choices about whether or not to have friendships, loving and sexual relationships, marry and have children, provided that they have the capacity to consent and are not being abused.

- Article 14- the right to not be discriminated against in relation to all other human right

    - People with behaviour of concern should not be treated differently (direct discrimination) in relation to their rights.

- Care Act (2014)

    - Under the Care Act (2014) each Local Authority has a legal duty to assess a person with behaviour of concern if they appear to be struggling with daily activities. The assessment has to consider how to improve or maintain a person's 'well-being' including: their dignity, mental and emotional health, protection from abuse and neglect, control and choice over their day-to-day life, ability to participate in education, work, training or recreation, social and economic well-being, relationships, accommodation and contribution to society.

    - The local authority has a duty to meet all the person's eligible needs identified in the assessment.

    - The local authority must meet these needs in a person centred way.

- Mental Capacity Act (2005)

    - Under the Mental Capacity Act (2005) everyone is assumed to have capacity unless it is proved that they do not have capacity the MCA helps to assess this the assessor is usually the person who is working with the person in relation to making a particular decision.

- o If the person with behaviour of concern has capacity then they can make the decision themselves if they have been assessed as lacking in capacity for a particular decision then the decision can be made for them by a member of staff in their best interest although the individuals past and present wishes beliefs and values should be considered and the least restrictive option should be chosen.

- o For some decisions a best interest meeting, including all those who are involved in the persons care, such as social workers, nurse professionals should be convened to decide on whether or not the decision is made in the best interest family members of the person with behaviour of concern must by law be involved in the best interest decision (Mental Capacity Act 2005).

- o If someone has capacity to make a decision about their behaviour then under the Mental Capacity Act (2005) they are regarded as responsible for their actions including criminal acts.

- Deprivation of Liberty Safeguards (2009)

  - o This is in relation to restricting the freedom of a person in their best interests if they lack the capacity to understand their actions any limitations on their freedom must be proportionate to the risk of harm to themselves and necessary in order to carry out their care and support plan in the best interests.

  - o For a planned restriction to an individual's liberty to be lawful it must be authorised by the local authority and the deprivation of liberty application must be compliant with the deprivation of liberty safeguards

  - o Once the local authority has received the application assessors will look at the proposed deprivation of liberty to make sure the following conditions are met under the safeguarding

    - The person is 18 or over

    - The person is suffering from a mental disorder

    - The person lacks capacity to decide for themselves about the restrictions which are proposed so they can receive the necessary care and treatment.
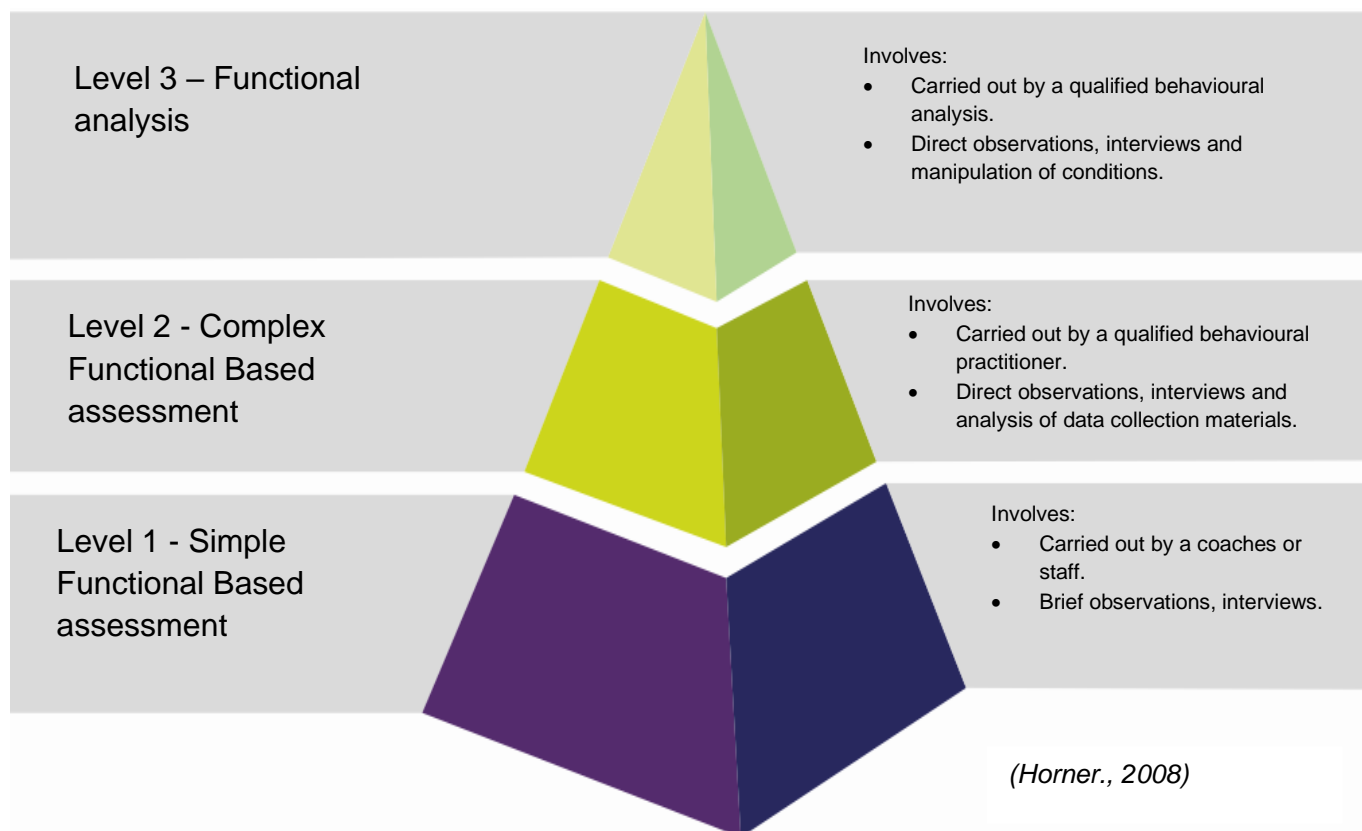
- The restrictions would deprive the person of their liberty.

- The proposed restrictions would be in the person's best interests.

- Whether the person should be instead be considered for the detention under the Mental Health Act

- There is no valid advance decision to refuse treatment or support that can be overridden by any dols process.

o If any of the above conditions are met the deprivation of liberty will not be authorised and the care home will need to change the persons care plan so that they can be supported in a less restrictive way

o If the conditions are met the deprivation of liberty will be authorised and a person with behaviour of concern may be deprived of their liberty for up to 12 months with conditions.

o The hospital or care home must explain the deprivation of liberty authorisation to the person with behaviour of concern as well as their right to challenge the order through the Court of Protection

- Children and family Act 2014

  o The act governs local authority obligations to children and young people in England with special educational needs or disabilities. In particular, contains the law governing Education, Health and Care Plans ("EHCPs").

- SEND legislation

  o This stipulates that "a child or young person who has a SEN such as a learning disability or a disability which calls for special educational provision to be made for them".

  o The school must make bespoke learning for a child of a compulsory school age or a young person has a learning disability where:

    - They have a significantly greater difficulty in learning than the majority of others the same age.

    - Have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post.

Functional based assessment

PBS requires assessment and support arrangements to be personalised and grounded directly in information that has been gathered about the person (including their broader needs and abilities) and their environment. There are 3 levels to functional based assessment which include:

Level 3 – Functional analysis

Involves:
- Carried out by a qualified behavioural analysis.
- Direct observations, interviews and manipulation of conditions.

Level 2 - Complex Functional Based assessment

Involves:
- Carried out by a qualified behavioural practitioner.
- Direct observations, interviews and analysis of data collection materials.

Level 1 - Simple Functional Based assessment

Involves:
- Carried out by a coaches or staff.
- Brief observations, interviews.

(Horner., 2008)

The PBS process begins with a systematic assessment of when, where, how and why an individual displays behaviour of concern, a process known as functional Behavioural assessment or functional analysis. The primary outcomes of this process are:

- A clear description of the behaviours of concern (including classes or sequences of behaviour that occur together).
- The identification of the events, times, and situations that predict when the behaviour will and will not occur across the person's full range of typical daily routines.
- Identification of the consequences that maintain the behaviour (that is, the purposes or functions that the behaviour appears to serve for the person)

- The development of one or more summary statements or hypotheses that describe specific behaviours, the situations in which it occurs, and the consequences that may maintain it.
- The collection of direct observational data that support the summary statements that have been developed.

It is vital that decisions are made based on good data and information from sound analysis. Making decisions in this way reduces the likelihood of decisions being made from other people's opinions or prejudices and supports a more ethical and effective decision-making process.

There may be times where the behaviour of concern can pose significant risks and may not be positively impacted by making the changes to the behaviour support plan within the service. Whenever an individual's behaviours are placing them or others at significant risk of harm it is very important to request further professional assessment and support. At Percy Hedley when the individual's behaviour continues to be challenging, even though we feel we have addressed the function, we will request further functional assessment from a qualified professional.

Behaviour support planning

It is important that a well thought out plan is developed built on sound analysis of the functional assessment. The plan should seek to put strategies in place to reduce the likelihood of behaviours that challenge happening by adapting our approach and the person's environment.

The support planning will also provide support to a person to replace some behaviours with others and support our colleagues to safely support a person with dignity and respect. The only way to achieve this person-centred approach is to ensure that the right people are involved at the right time. This will be different for everyone with a plan but co-production and the meaningful involvement of the person we support is crucial.

Whilst the assessment and analysis and support planning stages should be collaborative in terms of involving the person we support and those that know them best it is also necessary to ensure that the relevant professionals with the technical knowledge, training and competency of how this specialist support is develop.

There are several features of a good PBS plan:

- It is clear to all you use it.

- It intervenes early to avoid the escalation of behaviours.

- It gives clarity on how to respond to behaviours that challenge

- More focus should be given to proactive strategies rather than being reactive

The plan should have an agreed review date and reviewer as a minimum, but this may be extended if the plan is working, and no changes are needed. The plan should be agile so it may need to be reviewed before the agreed date; any review should look at how well the plan is working and make any changes or further professional referrals that are needed. This will all be recorded in the plan.

The plan should promote the Quality-of-Life outcomes as research has shown that achieving these outcomes has demonstrated a reduction in behaviours that can be challenging. This means that the plan should be outcome-focussed and describe what success will look like to provide measurable objectives to improve a person's quality of life.

At Percy Hedley Foundation we will ensure that there are organisation wide systems for monitoring the delivery of BSPs in place and these will be identified within each divisional procedure for PBS and are utilised within the organisations performance management and quality assurance systems.

Reducing Restrictive Practice

At Percy Hedley Foundation we know that the use of restrictive practices amongst services in the UK are regrettably common. The collective research alongside data collection is alarming, specifically in services that are within the third sector and private residential services. In 2009, Deavu and McGill found that almost 50% of services were using some form of physical interventions or interventions that were more restrictive than they needed to be. We understand at Percy Hedley Foundation that any restrictions in place should always be based on the principle of the least restrictive alternative. This means that they should be in line with the Restraint Reduction Training standards, and be:

- Proportionate to the risk;
- Used only as a last resort;
- Used when the individual is a risk to themselves and/or others;
- Used when the preventative strategies have been unsuccessful;
- Applied for no longer than is necessary to contain or address the risk.

It is important that any restrictions should not be more restrictive or intrusive than is necessary to prevent foreseeable harm. The risk assessment should record how restrictions were considered and make reference to why other less restrictive options we not appropriate.

Further information within the Restrictive Practice Reduction policy on Percy Hedley Connect.

Debriefing/post incident support

Following an incident or episode that may have involved behaviour of concern, a cool down period must happen of around 14 days with a minimum of 48 hours, or when the individual is ready before any post-incident debrief should take place. This should involve the right people and be focussed on:

- Looking at what led to, or triggered, the incident.

- What could be done differently to reduce the likelihood of it happening again.

If a debrief happens too soon after an incident this can cause further distress as the individual (this is both the person supported and colleague) will still be in crisis mode. Support and reassurance should be given in this time but not a formal debrief. If the individual needs to leave the service, this should be supported. The people we support also require debriefing this could be the person involved in the incident or other people supported living in the house.

The leadership of the service, and senior management, are responsible for the physical and emotional wellbeing of those who we support and our colleagues. The tone of a debriefing should be a one of learning, openness and care. Often incidents can be traumatic for the people we support and our colleagues who support them so a debriefing need to also focus on after care for all of those involved.

Debriefing should follow the COPING model. Which includes narrative on the following:

1. C- control, ensuring that individuals and staff are back in control

2. O- orient, ensuring that facts are recorded

3. P- patterns, ensuring that you have looked for patterns

4. I- investigate, ensuring that other reasons have been explored for the behaviour of concern

5. N- negotiate, an open discussion about alternative strategies or modifications that could be used for the behaviour of concern.

6. G- give responsibility back to the individuals and staff involved.

The debrief should also consider whether any safeguarding or statutory notifications need to be completed.

Workforce development

At Percy Hedley we are committed to developing and maintaining a competent workforce is key to successful outcomes in any service sector. It is particularly pertinent in the care of those with behaviours that challenge because of the relationship between challenging behaviour and the social environment.

We ask that our direct care staff:

- Participate in training programmes identified by management

- Participate in specific training in the implementation of interventions or support that have been identified within a Behaviour Support Plan

We ask that our management team:

- Implement systems and procedures to teach skills (e.g. session planning) on rota and person's timetable

- Support others to complete training/support programmes and ensure resources are available.

- Ensure staff receive proper training in a timely manner, especially if restrictive interventions are being used Use the behaviour skills training approach when teaching staff

- Develop rotas and shift plans which include time allocated for behaviour skills training
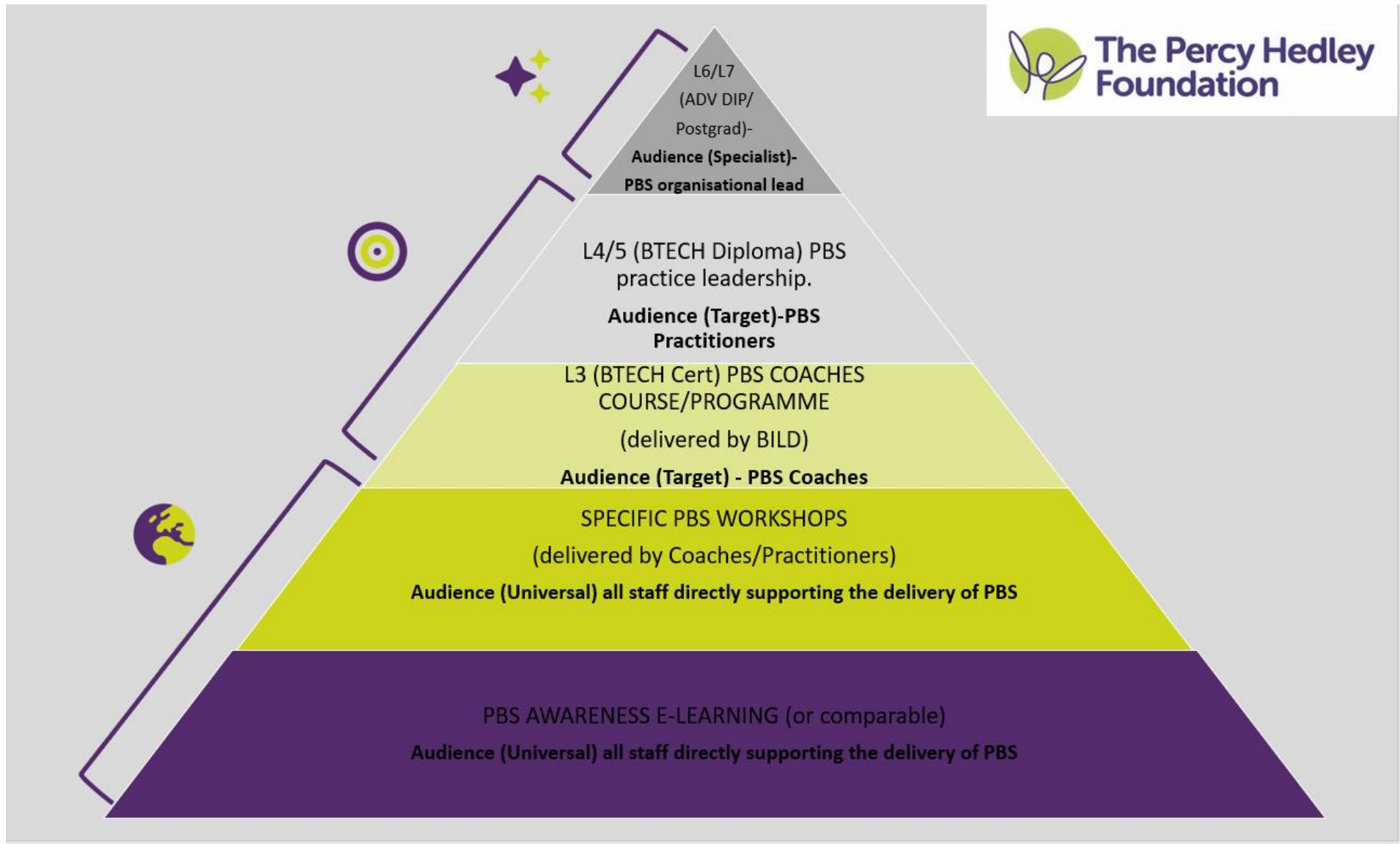
Recruitment and training

At the start of the recruitment process it is very important that staff know what their role entails they need to know that they are there to promote active engagement independence and inclusion and generally to enable the person to achieve a good quality of life based on the aforementioned principles.

Our training hierarchy for the foundation will be as follows:

The Percy Hedley Foundation

A pyramid diagram showing levels of PBS training:

- **L6/L7 (ADV DIP/Postgrad)- Audience (Specialist)- PBS organisational lead**
- **L4/5 (BTECH Diploma) PBS practice leadership. Audience (Target)-PBS Practitioners**
- **L3 (BTECH Cert) PBS COACHES COURSE/PROGRAMME (delivered by BILD) Audience (Target) - PBS Coaches**
- **SPECIFIC PBS WORKSHOPS (delivered by Coaches/Practitioners) Audience (Universal) all staff directly supporting the delivery of PBS**
- **PBS AWARENESS E-LEARNING (or comparable) Audience (Universal) all staff directly supporting the delivery of PBS**

Positive Behaviour Support	Issue date: 10/11/2023	Version No: V.1
Status: *Approved*	Review date: 10/11/2025	Page **25** of **32**

Training pathways:

	PBS Lite	PBS Awareness	PBS Team/Class Specific Workshops	Coaches	Practitioners	NAPPI L1	NAPPI L2	NAPPI L3
STAFF GROUP	All staff (including Governors & Trustees)	All staff who provide direct PBS support, implementing & contributing to PBS plans Governors & Trustees	All staff who provide direct PBS support, implementing & contributing to PBS plans	All coaches who supports the practice leadership team and supporting all direct support staff.	All practitioners who will be data collecting, analysing and formulating plans.	Staff working with service users with behaviours of concern	Staff working with service users with SIGNIFICANT behaviours of concern	Staff working with service users with VERY SIGNIFICANT behaviours of concern
DELIVERY OPTIONS	Part of 'Welcome to the Foundation' session	On-line PBS Awareness Course	Training delivered by PHF PBS Coaches & Practitioners	Training to be externally sourced. L3 (BTECH Cert) PBS Coaches course	Training to be externally sourced. L4/5 (BTECH Diploma) PBS Coaches course	1-Day NAPPI course	2-Day NAPPI Course	3-Day NAPPI Course
		Podcasts						

Competencies and understanding needed at each level **(as in the UK PBS Alliance Organisational & Workforce Development**

Everyone who is part of the delivery of PBS at any level, direct or otherwise (basic awareness) **Includes Trustees/Governors**	Those who provide direct support & implement behaviour support plans	PBS Coaches PBS Practitioners PBS Practice leads	Senior Organisational Managers
1. Values & components of PBS 2. Person centred planning & action 3. Understanding behaviour 4. Providing supportive & capable environments	1. Values & components of PBS 2. Person centred planning & action 3. Understanding behaviour 4. Providing supportive & capable environments 5. Supporting functional assessment 6. Implementing behaviour support plans 7. Teaching new skills	1. Values & components of PBS 2. Person centred planning & action 3. Understanding behaviour 4. Providing supportive & capable environments 5. Supporting functional assessment 6. Implementing behaviour support plans 7. Teaching new skills 8. Ethical use of reactive strategies 9. Reducing restrictive practices 10. Practice leadership skills	1. Values & components of PBS 2. Person centred planning & action 3. Understanding behaviour 4. Providing supportive & capable environments PLUS 5. Organisational implementation of PBS
PBS Awareness E-learning	PBS Awareness E-learning (BILD) PBS workshops and bitesize training (provided by internal PBS team)	Coaches – L3 (BTECH Cert) PBS Coaches course Practitioners – Level 4/5 BTEC Diploma Leads – Level 6/7 AdvDip/PGrad	PBS awareness.

4. Scope

- This policy applies to all The Percy Hedley Foundation Services such as education, social and residential support services, including day services and lifelong learning.

- This policy applies to all staff in these services.

- It is the agreed Policy and any deviation by staff from following this policy and supporting procedures and documents may be subject to disciplinary procedures.

- Links to supporting Policy, documents and references are in Section 7.

5. Monitoring and Compliance

Governance

Implemented positive behaviour support frameworks within Percy Hedley Foundation requires robust delivery but it is also crucial to maintain it over time. There are many ways in which Percy Hedley foundation will do this:

- Periodic Service Reviews with Senior Leadership Teams, these will help ensure that the positive behaviour support plans are implemented in practise and reliably achieve their intended outcomes

- Data-driven practice and quality assurance to review outcome effectiveness will be completed as part of a monthly report which will highlight:

  - Average behavioural incidents per day

  - Pupils' attitudes to their education (education only)

  - Nappi level 2 and 3 use daily average

  - PBS 3 tier framework ratings

  - Attendance

  - Incidents

  - Live PBS plans

- Training percentage (All levels)

- Restrictive practice incidents

- In date DoLs

- Debriefs/post incident support

- Staff absences due to incidents

- reviewing competency-based training programmes such as the three stage model of training as described as above.

- Continue to complete assessment of the goodness of fit between what intervention has been asked to and their capacity and competency to do so. Goodness of fit surveys will be monitored within each division and will be set out in the procedures.

6. <u>Associated Policies, References and appendices</u>

1. Appendix 1- Descriptors for tier model (Referral support tool)

Appendix 1- Referral
Support Framework .d

Appendix 2- Percy Hedley Quarterly PBS report

Master report- PBS
.pptx

Forms Data collection (in order of use)

Appendix 3- Scatterplot

Appendix 3- PHF
Scatterplot.docx

Appendix 4- QABF

Appendix 4-
Question about Behav

Appendix 5- ABC prompted record

Appendix 5-
Prompted ABC form.d

Appendix 6- Observation record

Appendix 6-
Observation Notes Re

Appendix 7- Motivational assessment tool

Appendix 7-
Motivation Assessmer

Appendix 8- FAST

Appendix 8-
Functional Analyisis Sc

Appendix 9- Distress assessment tool

Appendix 9- Distress
Assessment Tool 'DAT

Appendix 10- BBAT

Appendix 10-
BBAT.docx

Forms Formulation (order of use)

Appendix 11- Formulation (5 p's)

Appendix 11-
Formulation Template

Appendix 11A- Behaviour support plan

Positive Behaviour Support	Issue date: 10/11/2023	Version No: V.1
Status: *Approved*	Review date: 10/11/2025	Page **30** of **32**

Appendix 11A-
Person centred behav

Appendix 12- Functional Guide

Appendix 12-
Functional assessmen

Appendix 13- Checkagram

Appendix 13-
Checkagram.pdf

Appendix 14- Goodness of fit survey

Appendix 14-
Goodness of fit surve

Appendix 15- Referral advice

Appendix 15- PBS
Team- Referral Suppo

Appendix 16- Debrief

Appendix 17-

2. The competencies for PBS have been described in detail by the PBS Academy: The PBS Academy UK | UK Positive Behavioural Support (PBS) Competence Framework

http://pbsacademy.org.uk/pbs-competence-framework/

3. Legislation and helpful guides:

- Transfer of Undertakings (Protection of Employment)
- Health and Safety at Work Act 1974
- Mental Capacity Act 2005

4. Regulation

Care Quality Commission Fundamental Standards; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 England and Wales (for all regulated care services)

- Regulation 9:   Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 14: Meeting nutritional and hydration needs
- Regulation 15: Premises and equipment
- Regulation 16: Receiving and acting on complaints
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed
- Regulation 20: Duty of candour

Reference: www.cqc.org.uk/content/fundamental-standards