Percy Hedley FOUNDATION

CONSISTENT AND POSITIVE APPROACH TO BEHAVIOUR

POLICY & PROCEDURE

For all Staff across the Foundation

Policy Control/Monitoring

Version:	2.0
Approved by: **(Name/Position in Organisation)** **Date:**	D'Arcy Myers CEO (interim)
Accountability: **(Name/Position in Organisation)**	Chief Executive, Percy Hedley Foundation
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Amendments/additions	
Replaces/supersedes:	All previous localised policies and procedures
Associated Policies: **(insert hyperlinks)**	Positive Behaviour Support Policy Safeguarding Policy (including Child Protection)Anti-bullying Policy Moving and Handling PolicyHealth and Safety Policy Curriculum – PHSCE DOLs Policy

Associated National Guidance	Accident, incident and near miss reporting policyRestraint Reduction Policy Mental Capacity Act 2005 https://www.legislation.gov.uk/ukpga/2005/9 SEND Code of Practice *DfE & DHSC (2015)* Keeping children safe in Education *DfE (2019)* Positive environments where children can flourish *Ofsted (2018)* Reducing the need for restraint and restrictive intervention *DfE & DHSC (2019)* Learning disabilities: challenging behaviour NICEQuality Standard Published: 8 October 2015 NICE Challenging behaviour and learning disabilitiespathway (2015) HSC 3065 – Implement the Positive Behavioural Support model (level 4, ref: T/601/9738) Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. Stopping over medication of people with a learningdisability, autism or both (STOMP) Positive and proactive care: reducing the need for restrictive interventions, Department of Health (2014) Care roles to deliver the Transforming Care programmebuilding the right support (Skills for Care 2016). https://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviour-challenges/Positive-Behavioural-Support-Competence-Framework.pdf Violence and aggression: short-term management inmental health, health and community settings NICE guideline [NG10]Published: 28 May 2015
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.

Risk assessments are undertaken for staff who require additional support or modified procedures due to:

- Ill health/ chronic medical conditions
- Pregnancy
- Factors associated with aging
- Return to work after an extended period of ill health

If concerns are raised that require further support a referral to Occupational Health services is made.

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

Roles & Responsibilities

Role	Responsibility
Chief Executive	Overall responsibility to ensure this policy conforms to current guidelines and best practice. Ensuring resources and infrastructure are available to allow its implementation. To achieve a safe working environment which includes the safe and effective management of behaviours of concern, correct documentation and a commitment to a culture of restraint reduction.
The Executive Team	The executive team is responsible for the approval and ratification process, monitoring and review of thispolicy.
Head of Service/Head of department	Ensure effective implementation of this policy within their department in conjunction with an accredited NAPPI trainer to assist with task-based responsibilities. Ensure a current list of all policies is available to all staff and a mechanism is in place for circulation and monitoring access. Monitor dates of policy reviews and notify accountableperson of need to review policy.
Health and Safety Manager	They are responsible in maintaining a robust dynamic risk assessment process and liaising with heads of service to provide suitable equipment and resourcesto enable safe and effective management of behaviourof concern They ensure that this policy is kept up to date in accordance with current health and safety legislation and guidance and ensure this policy is adhered to whilst completing H&S audits/ inspections. They provide support to heads of service and managers in the deployment of this policy. Review accident, incident and near misses resulting from behaviour of concern to identify any additional suitable controls.

Training Development Officer	Support Line mangers to develop training needs analysis and develop individual training plan for staff identified as requiring training. Arrange and evaluate training and development to enable staff to safely manage behaviours of concern, promote a culture of restraint reduction and implement a system of PositiveBehaviour Support across all settings.
Head of Quality	Provide framework for audit of positive behaviour policy and compliance. Provide audit report to Board. Monitor effectiveness of this policy with senior management team. Raise awareness of non-compliance with Head of Service. Ensure policy is signed off and uploaded to PHF Connect
NAPPI Coordinator	Accountable for own conduct and practice according to the personal code of professional practice and standards required by NAPPI UK. Ensure NAPPI trainer awareness of this policy. Ensure NAPPI Trainer compliance. Support and teach the principles of this policy with all staff, carers, volunteers, and parents. Coordinate support and mentoring within a peer network for NAPPI trainers.
NAPPI Trainer	Accountable for own conduct and practice according to personal code of professional practice and NAPP UK standards. Ensure staff compliance. Support and teach the principles of this policy with all staff, carers, volunteers, and parents. Deliver NAPPI training in linewith standards set by NAPPI UK.
Head of Technology	Ensure the policy is uploaded onto the website and isavailable for all staff to access
All staff	Compliance with this policy and practice within ownscope of practice and competence. Ensure all records are clear and unambiguous. Escalate concerns to line manager.
Parents/ Carers	Ensure staff have all relevant information regarding child/young person or adults' behaviours of concern and intervention strategies to enable positive behaviour support.

CONTENTS

1. Introduction

1.1 “Every person has the right to be treated with respect and dignity and deserves to have their needsrecognised and be given the right support”. (DforE 2019)

Residents, service users, pupils and young people within the Percy Hedley Foundation (PHF) havesignificant and complex needs and may at times present with behaviours of concern, previously referred to as challenging behaviour.

> *‘Behaviour can be described as challenging when it is of such intensity, frequency, or durationas 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 Spech and LanguageTherapists, (2007)

Percy Hedley Foundation strives to work in collaboration with all residents, service users, pupils andyoung people to maximise Quality of Life by facilitating a lifestyle that promotes activity, develops community participation and empowers their presence,

It is the duty of all PHF staff to maintain high levels of care at all times whilst ensuring the actions of others do not pose a risk to themselves or those around them. Further, all residents, service users, pupils and young people are entitled to live, learn and work in a safe, secure, coercion free and relaxedenvironment without fear of the actions of others.

The Foundation provides an environment that is physically safe, adapted to meet individual needs andconducive to the amelioration of behaviours of concern. The environment the individual uses is designed to be consistent and predictable, promote active participation, reflect the person’s routines and enable choice, preferred activities and communication style. When an individual finds an environment challenging this is documented and plans produced to support the individual in these circumstances.

1.2 Within the Percy Hedley Foundation we believe that:

- Children and young people, service users and residents want to behave well.

- Behaviours of concern always happen for a reason and may be the person's only way to communicate an unmet need – we must ensure thatall children and young people, service users and residents are supportedto communicate their needs safely and appropriately.

- With the right support at the right time, children and young people, serviceusers and residents can learn alternative behaviours to reduce the likelihood of behaviour of concern

- Mistakes are part of the learning process and we recognise that all of ourchildren and young people, service users and residents are at different stages of the developmental process.

- All of our pupils have special educational needs which may impact on howthey learn to behave.

- All staff can learn strategies to support children and young people, service users andresidents to improve their behaviour.

- Every child and young person, service user and resident deserves to be understood and supported as an individual

A consistent, positive and proactive system of supporting behaviour is essential. PercyHedley Foundation adopts the Positive Behaviour Support Framework and uses Non- Abusive, Psychological and Physical Intervention (NAPPI) techniques in which all staffworking with children, young people service users and residents who present with behaviours of concern are trained to an appropriate level. We believe that we can support the children young people, service users and residents through:

1. Creating high quality care and support environments
    - Ensuring that services are value led
    - Knowing the children and young people, service users andresidents
    - Matching support with each person's capabilities and with goal andoutcomes that are personally important to them
    - Establishing clear roles and effective teamwork
    - Supporting communication
    - Supporting choice
    - Supporting physical and mental health
    - Supporting relationships with family, friends and wider community

- Supporting safe, consistent and predictable environments
- Supporting high levels of participation in meaningful activities
- Knowing and understanding relevant legislations

2. Functional, contextual and skills-based assessment
    - Working in partnership with stakeholders
    - Assessing match between the person and their environment andmediator analysis
    - Knowing the health of the person
    - Understanding the principals of behaviour);
    - Understanding the function of behaviour
    - Supporting data driven decision making
    - Assessing the function of a person's behaviour
    - Assessing a person's skills and understanding their abilities
    - Assessing a person's preferences and understanding whatmotivates them

3. Developing and implementing Consistent Approach Plans (CAP)/ PositiveBehaviour Support (PBS) plans
    - Understanding the rationale of a CAP/ PBS plan and its use
    - Synthesising data to create an overview of a person's skills andneeds
    - Constructing a model that explains the functions of a person'sbehaviour of concern and how those are maintained
    - Devising and implementing multi-element evidence-based supportstrategies based on the overview and model antecedent strategies
        - Antecedent strategies
        - Developing functional equivalent alternative behaviour(to challenging behaviour)
        - Increase skills and communication
        - Systems change and contextual interventions
    - Devising and implementing a least restrictive crisis managementstrategy
        - Arousal curve
        - Reactive strategies
    - Developing the plan, outlining responsibilities and timeframes
    - Monitoring the delivery of the CAP/ PBS plan (procedural/treatment friendly/ integrity)
    - Evaluating the effectiveness of the CAP/ PBS plan
    - Maintaining the CAP/ PBS plan as a live document

1.3 All of our residents, service users, pupils and young adults have significant and complex needs. Evidence based practice has identified that individuals with a history that includes trauma and loss,

mental health vulnerabilities, neuro diverse needs such as autism and ADHD and learning disabilitiesare at risk of presenting with behaviours of concern.

A consistent and positive system of managing behaviour of concern is essential. PHF adopts the Non-Abusive, Psychological and Physical Intervention (NAPPI) approach, in which all staff are trained to an appropriate level. This is contingent upon a stringent Training Needs Analysis (TNA). This encompasses a review of each individual resident, service user, pupil or young person's Individual Risk Assessment which informs managers as to the necessary levels of training required to supporteach individual.

1.4 The Foundation does not support a policy of blanket training all staff In NAPPI techniques to promote a culture of restraint reduction. Behaviour is always managed in the context of consideringwhat is in the best interests of the individual and those around them in view of the risks presented.

1.5 Positive Behaviour Support (PBS) is implemented which is a multicomponent framework for developing an understanding of behaviour of concern with the overall goal of enhancing the person'squality of life, thus reducing the likelihood of an individual presenting with behaviour of concern in thefirst place. (See associated policy and workforce development plan).

1.6 The Foundation believes that we can support the adults, children, and young people in our servicesthrough:

- The quality of our relationships with them and each other.
- The quality of our provision; including a carefully modulated environment to provide a sense ofsafety and belonging and promote positive outcomes
- A well-informed understanding of their needs
- Providing opportunities to learn, make choices, and experience gratifying opportunities
- Observation, evidence gathering and analysis so that our interventions are well informed andplanned.
- Working in close partnership with parents and carers, families and other agencies
- Investing time for adults, children and young people to practise and make mistakes without fearof harsh sanctions.

2. Purpose

This policy supports the Foundation in its Duty of Care to:

- ensure we work together (internally and externally) to provide support to ensure all our adults,children and young people have a 'good quality of life'.
- prevent injury to residents, service users, pupils and young people or damage to their property.
- prevent injury or damage to staff or premises/property
- provide information and guidance for staff, parents/families, governors, Trustees and otherstakeholders on how we keep adults, children and young people safe.
- provide a framework for our collective beliefs around human behaviour as it relates to

adults,children and young people accessing PHF services

- provide an inclusive model for our understanding of behavioural needs.
- underpin our beliefs with evidence-based practice and current research.
- embrace and embed a culture of restraint reduction through the use of strategies designed topromote minimum impact and trauma informed care.

3. Scope

3.1 This policy applies to employees, bank/agency staff, and parents/carers involved in PositiveBehaviour Support within the Foundations' services.

3.2 The scope of this policy does not include crisis interventions delivered by external agencies, e.g. the police service.

3.3 Staff must only undertake aspects of Restrictive Practice Interventions in which training hasbeen received and competency requirements reached.

4. Definitions:

Behaviour	The way in which someone acts or conducts themselves, especially towards others.
Behaviour of concern	Conduct or actions which are demanding, provocative**,** testing and not recognised as the norm which may cause harm, injury, or distress. Behaviour can be described as concerning when it is of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion
Sanctions	Actions which involve a penalty or removal of a privilege, aimed at encouraging more acceptable behaviour.
Reparations	Actions which repair damage or ease distress caused by challenging behaviour.

Autonomou swithdrawal	When an individual actively chooses to move to a quietspace in order to self calm.
Imposed withdrawal	Supervised removal of an individual against their will to aplace of safety until they can compose themselves and safety is regained. They may leave at any time.
Seclusion	Supervised confinement and isolation of a person away fromothers, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely disturbed behaviour which poses risk of harm to others.
Physical Restraint RPI	"Any direct physical contact where the intention of the personintervening is to prevent, restrict or subdue movement of the body, or part of the body of another person, (DofH, 2014) Restrictive Practice Intervention
Clinical holding	Clinical holding is defined by the Mental Capacity Act as 'theuse of restrictive physical interventions that enable staff to effectively assess or deliver clinical care and treatment to individuals who are unable to comply'.
Mechanical Restraint	"The use of a device such as a belt or cuff to prevent, restrictor subdue movement of a person's body or part of their bodyfor the primary purpose of behaviour control e.g. seat belt like devices fitted to chairs" (CQC,2015b)
Psychological Restraint	Any action or practice undertaken, which is inconsistent with the wishes of the person e.g. depriving lifestyle choices bytelling them what time to get up/ go to bed.

Technological Restraint	The use of equipment to alert staff that the person is trying to leave or to monitor their movement e.g. pressure pads.
Chemical Restraint	"The use of medication to calm or lightly sedate an individualto reduce the risk of harm to self or others and to reduce agitation and aggression"(DofH,2015)
Crisis Intervention	The 'threat of lethal behaviour' defined as 'a person threatening to take their own life or others'. (NAPPI UK)
NAPPI	Non-Abusive Psychological and Physical Interventions NAPPI UK ltd is an independent training company approved to deliver Restraint Reduction Network certificated training which delivers a modular approach to training mapped to the Positive Behaviour Support Framework.

5. Roles and Responsibilities:

5.1 In addition to the duties required within individual job descriptions:

a. Staff will ensure that they have read and understood the consistent and positive approach tobehaviour policy and the associated protocols for intervention.
b. Staff must be responsible for seeking help, clarification, and support for themselves if needed.

All staff have a duty of care to all residents, service users, pupils and young people If an incidentis occurring they must offer support and intervention as needed and appropriate, regardless of whether they are currently part of that persons's core team.

c. Wherever possible staff will only intervene to enact a Restrictive Practice Intervention (RPI) whenthey have received an appropriate level of NAPPI Training. In an emergency situation (and only to prevent significant harm to the service user) staff may complete a dynamic Risk Assessment and intervene at the direction of a NAPPI trained member of staff. Any response must still be reasonable, proportionate and use minimum impact to support the decision to intervene. This must be immediately brought to the attention of a Senior Leader and immediate steps taken to redress training needs.

d. Incidents will be continually reviewed and monitored; if these appear to be increasing orexcessive the leadership team must challenge staff to provide explanations acting in accordance with a culture of restraint reduction.

6. Procedures:

Procedures are based on our beliefs about behaviour.

6.1 *All behaviour happens for a reason:*

- We believe that adults, children and young people are happy and behave well when good behaviour is recognised by staff and their peers and are able to behave well when their needsare well met within the Foundation's services, at home and in the community.

6.2 *Behaviour and Communication:*

a. How adults, children and young people behave gives us important information about how theyare feeling.

b. Supporting adults, children, and young people to communicate is an essential part of helping them to behave appropriately. They can be supported to develop alternate ways of expressingthemselves that may achieve the same purpose, in a more appropriate and safe manner.

c. Adults, children, and young people with profound and complex needs will need a personalisedapproach to behaviour management and consideration must be given to sensory needs, pain thresholds and levels of stimulation and engagement.

6.3 Children and young people, service users and residents can learnalternative behaviours

Our children young people, service users and residents can find learning difficult. Learning new behaviour is a task, just like learning to read or write.

As adults, we must consider the learning styles and needs of our clients and we must have realistic expectations about the speed of progress they will havewhen learning to adapt or develop new behaviours.

Our clients learn in small, incremental steps over long periods of time, and thislearning is not automatically generalised to different settings or situations.

Support can be given to teach people alternative actions which meet the samefunction, where necessary.

Mistakes are part of the learning process:

Mistakes are not judged but we support our people to get things right.

Children, young people, service users and residents are encouraged to 'give it a go', with reassuranceand support that things may not go right first time and that they can try again. They are supported to reflect on their mistakes, as appropriate, and are an active participant in the learning process.

6.4 *All staff can learn strategies to support adults, children, and young people*

a. Most adults have evolved ways of responding to behaviour based on the effects of a combination of personal and professional experiences, events,and experiential learning.

b. Within the Foundation, we encourage all staff to reflect on what may be theunderlying issues which drive or trigger behaviour and think about ways of responding to behaviour of concern in a positive, non-judgmental, and supportive way.

c. The Foundation has adopted a consistent approach to working with adults, children and young people who present with behaviour of concern. The Positive Behaviour Support Framework is adopted across all sites and Non-Abusive Psychological and Physical Intervention (NAPPI) techniques, coordinated by NAPPI Uk are used across all Foundation sites. (NAPPI Uk is approved to deliver training that meets the Restraint Reduction [RRN] Training Standards).

d. A stringent Training Needs Analysis identifies client need through use of

individual risk assessment. Managers then require staff to be trained at Level 1, 2 or 3 to meet those specific needs. There is no blanket training of staff to ensure a culture of restraint reduction. (Please see Appendices for informationon NAPPI levels 1,2 and 3).

e. The Foundation has adopted the Positive Behaviour Support (PBS) framework to understand the function of behaviour, identify reasons for behaviour, build skills, and enhance quality of life. With this approach in placethe Foundation seeks to reduce the likelihood of behaviours of concern. Positive Behavioural Support focuses on preventative strategies to ensure individual's needs are met and secures improvements in quality of life.

f. Positive Behaviour Support requires person centred planning, skilled assessment and use of behaviour support plans to create a structured plan ofaction with agreed strategies and interventions.

g. We recognise that managing behaviour of concern can be very difficult, particularly if an adult, child, or young person is targeting himself or others in avery aggressive way. We therefore support staff to develop their own emotional resilience through formal debriefing systems, professional and peersupport and where necessary provision of Occupational Health services. This is to ensure staff feel supported and any potential issues can be identified andresolved.

h. All staff must be committed to developing their practice, reflecting on their ownbehaviour and sharing their skills and experiences.

6.5 *Staff support adults, children and young people through*:

a. The quality of our relationships with each other. Fostering close team working,acceptance and trust amongst the staff team provides good role models of behaviour for our adults, children, and young people at all times.

b. It is essential to build strong, positive relationships with adults, pupils, andstudents. To succeed with this, we need to:

    1. Actively build trust and rapport – we earn the trust of adults, children,and young people.

    2. Have high expectations for all adults, children, and young people.

When we demonstrate our belief in them it supports them to succeed.

3. Always treat everyone with dignity and respect, e.g. by thanking them, communicating clearly and positively at all times at an appropriate leveland listening to them with respect. We do not talk about adults, children, or young people over their heads and confidentiality is alwaysmaintained.
4. Reflect on what lies behind the behaviour; there is always a reason anda trigger which needs to be identified.
5. Act consistently and see things through. If there are consequences tobehaviours, e.g. sanctions being implemented, they must happen.
6. Always keep our word. If a commitment cannot be honoured, we mustcommunicate clearly and honestly about why this has happened.
7. Apologise if we make a mistake. This is an excellent model for theadult, child or young person and will build trust and respect.
8. Identify the strengths in the adult, child, or young person. These shouldbe identified with them and built upon.
9. Quietly, firmly, and consistently set and hold appropriate boundaries forall.
10. Be non-judgmental about the life experiences and backgrounds of adults, children and young people but use the knowledge sensitively toinform planning and intervention.
11. Always manage our own emotional reactions to behaviour and act positively. If we are finding this difficult then support should be sought.
12. Recognise the impact of complex trauma, exposure to repeated eventsthat often involves direct harm to the individual and take active measures to provide support and coping strategies.
13. Actively seek support from wider professional groups as soon as

needed – e.g. PBS, CYPS teams, National Deaf Society, CAMHS.

6.6 *The quality of provision:*

If we can accurately identify need and subsequently meet these needs it is likely thatbehaviour of concern will decrease or stop. To do this we need to:

1. Complete an accurate and thorough assessment of needs.
2. Draw up a comprehensive plan to meet need which will be specific andpersonal to the individual.
3. Support adults, children, and young people to be resilient and havegood levels of self-esteem so that they believe they can succeed.
4. Provide frequent and positive reinforcement when things are going welland minimal feedback for low-level, undesirable behaviours.
5. Focus on what we want the adult, child, or young person to do, notwhat we do *not* want them to do.
6. Offer praise for specific achievements so that they are clear what theyhave done well and when.
7. Find positive motivators for all.
8. Deliver personalised learning programmes or support plans to matcheach adult, child, or young person's requirements.
9. Where possible, include the adult, child or young person in planning activities, target setting etc. using language and methods appropriateto them.
10. Be clear about progress and what needs to be done to achieve furtherprogress.

6.7 *The structure we put in place*

The things we do to support our adults, children, and young people to manage theirown behaviour successfully are key to a positive ethos and environment.

Rules supporting positive behaviour and should be:

1. Few in number,
2. Agreed with adults, children, and young people as far as possible.
3. Communicated in an appropriate way at a level the person canunderstand e.g. through visual cues, sign, symbol etc.
4. Positive – things we are going to do.
5. Regularly referred to by everyone.
6. Appropriate to the setting, activity, and level of the adults. children andyoung people involved.

Routines can also offer support. They should be:

1. Explicitly taught in all situations.
2. Consistent and predictable
3. Made visually clear

The **language** we use is part of helping people to take responsibility for their behaviour. It can help individuals to choose the right thing to do and, if appropriate,staff explain the consequences of their actions. Descriptive praise gives positive feedback, increases self-esteem and supports behaviour for learning.

1. When discussing behaviour, consequences are always linked tochoices.
2. Descriptive praise is used when people are seen to make a good choice. Staff should be vigilant and never miss an opportunity for this to happen. Examples include, *'I liked the way you lined up as soon as*

lasked', *'Thank you for tidying your room when I asked'*.

3. Positive and consistent communication will increase people's sense ofresponsibility and remove the struggle for power.

Rewards and Consequences/ Sanctions:

Rewards must be able to be delivered and focus on positive choices and thebehaviours we wish to encourage. They may include:

1. Descriptive and specific praise.
2. Symbolic rewards, e.g. stars, stickers.
3. Communication with others to inform them of the positive behaviour orachievement, e.g. phone calls home
4. Special responsibilities or privileges
5. In education settings: preferred activities which are beyond thescheduled classroom timetable, e.g. use of the sensory room, computer time, outdoor play outside of usual break times.

Sanctions: the term 'sanctions' refers to the consequences of a behaviour or action, or the decision the person has made. The process of considering the consequences of their decision is very useful; however, the detail and focus of the consequences orsanctions will vary dependent on the person's needs and the situation.

As part of a debrief discussion with a individual it may be appropriate to consider theconsequences of their decisions on others around them and on their day. This wouldalways take place as part of a problem-solving discussion, to focus on making changes and supporting the individual to make more positive decisions in the future.

In exceptional circumstances it may be that more concrete consequences are required, for example a bullying situation, where a pupil has not engaged with thesupport repeatedly offered to them. Sanctions in this context may include:

1. Losing a preferred activity or privilege.
2. Additional activity or tasks for a specified period of time

More formal sanctions are not appropriate when it is acknowledged that the person was in a highly distressed state. Sanctions must be deliveredin a timely manner, as a consequence of the person's choices, and must not be harsh or removed from the behaviour we wish to decrease.

The detail of the sanction must be communicated to the individual and staff team to ensure all involved understand, and the situation can be resolved quickly. As part of our reflective practise, staff should consider if anything could have been done differently to give different outcomes, and individuals should have the opportunity to be involved in this also, as appropriate.

Reparations:

We believe that adults, children and young people should be given the opportunity torepair relationships following a behavioural incident and that they want to do this.

Punishment is not a concept that we feel is positive as it focuses the person's mind on the punishment rather than what led to the situation. This can lead to them feelingangry about the punishment rather than thinking about the effect of their behaviour on themselves and others. As such this is avoided wherever possible (as above)

Where appropriate, we support children, young people, and adults to take responsibility for what they have done and repair it with the other people affected.

We cannot make assumptions about what people are feeling. Unresolved difficultiescan make them very anxious and lead to further behavioural or habitual behaviouralproblems.

6. 8 Adults, children, and young people who require further support::

Most residents, service users, children and adults will respond positively when staff work within the guidelines detailed above. However, some of our residents, service users, children and adults present with significant levels of behaviour of concern which are deeply embedded or present with factors such as mental health

difficultiesand require additional support.

This is achieved by:

a. Ensuring that the general principles of Positive Behaviour Support within thispolicy are always adhered to.

b. Considering the behaviour of the person holistically, gathering information in arange of settings and analysing the behaviours demonstrated.

c. Putting in place additional scaffolding and support which is tailored to the specific needs of each resident, service user, child, and adult informed by the assessment process above.

d. Drafting a comprehensive Positive Behaviour Plan or Consistent Approach Plan to ensure that all support and strategies are clearly documented, and staff know how to manage each situation as it arises. This includes collecting the person's views on what causes them to experience negative feelings (e.g.stress/ anxiety/ anger), what the person feels their successful strategies are, what support they would like from staff and possibly an explanation of the function of some of their behaviour (e.g. 'I do this when….'). It is acknowledged that not all people will be able to communicate their feelings onthis; however support will be provided to ensure they have the best opportunity to do so, at the level appropriate to their development and abilities.

e. Working closely with parents/ carers to gather information and support them to implement strategies. Parents/ carers should be involved in writing PositiveSupport Plans/Consistent Approach Plans, and have opportunities to discussstrategies with key staff

f. De-escalation techniques are clearly documented and updated as the first strategy to enact when an individual reacts to stress by exhibiting behavioursof concerned.

g. The Mental Capacity Act 2005 empowers individuals aged 16 or over to maketheir own decisions where possible. Where possible the individual should be involved in the creation of their plan and agree it with parents, carers, and significant staff. The plan should be agreed and monitored by the Senior Management Team

h. If mental capacity is not established, then a Best Interest decision must be applied by a responsible adult to authorise certain interventions to keep the individual safe. In the case of children under 16, staff should discuss the Positive Support Plan/ Consistent Approach Plan with those who are able tounderstand and respect their views and opinions related to intervention.

i. Completion of individual risk assessments identifying control measures toensure safety in all situations. When assessing risk staff consider:

- Size, age and understanding of the individual
- the specific hazards they face
- their particular vulnerabilities, learning disabilities, medical conditions, andimpairments
- the relative risks of not intervening
- the individual's sought views and experiences and those of their family onde-escalation techniques to calm a situation
- the method of restraint appropriate to the circumstances
- the impact of the restraint on the future relationship with the individual

j. Putting in place additional staff training where needed e.g. NAPPI Levels 2 and 3 or regarding strategies for working with pupils with specific diagnoses/ difficulties (e.g. Pathological Demand Avoidance or Attachment Disorder)

k. Prompt involvement of external agencies such as Children and Young People's Services (CYPS) teams, mental health practitioners, and psychology and psychiatry teams, where appropriate.

l. Involving medical services to ensure that there is no underlying illness or unresolved pain, where appropriate.

Some people may require very specific and detailed planning. This could include a shortened school or college day, off-site education, additional one-to-one support or a period of home-based learning. When such

significant adaptions are required these will be planned jointly with all agencies including parents and families, Local Authorities and external support teams.

6.9 Physical Intervention and Restraint:

Percy Hedley Foundation is committed to the practice of restraint reduction and all interventions are monitored and evaluated to ensure intervention is directly linked toevidence-based practice.

The Human Rights Act 1998 is made up of a series of Articles, which define a right offreedom and list permitted exceptions. Article 3 – the Right not to be subjected to torture, inhuman or degrading treatment or punishment is an absolute right where there is a duty to state and public authorities not to allow interventions that cause severe mental or physical harm or is grossly humiliating or undignified.

The Mental Capacity Act allows restrictions and restraint to be used in a person's support, but only if they are in the best interests of a person who lacks capacity to make the decision themselves. Restrictions and restraint must be proportionate tothe harm the care giver is seeking to prevent, and can include:

- *requiring a person to be supervised when out in the community*
- *physically stopping a person from doing something which could cause them harm.(Section 93 of the Education and Inspections Act 2006 allows the use ofreasonable force to prevent or stop injury to, [or damage to the property of any person, including the pupil themselves] by a pupil.)*
- *removing items from a person which could cause them harm*
- *holding a person so that they can be given care, support or treatment*
- *bedrails, wheelchair straps, restraints in a vehicle, and splints*

In the light of an individual presenting with significant behaviours of concern where the individual becomes destructive or dangerous to themselves or others and wherefailure to intervene would result in harm and constitute neglect, staff trained in Non- Abusive Psychological and Physical Intervention (NAPPI) strategies would interveneusing NAPPI techniques approved by the Restraint Reduction Network as interventions of minimum impact for the shortest time frame possible.

"Physical Restraint is any direct physical contact where the intention of the

personintervening is to prevent, restrict or subdue movement of the body, or part of the body of another person". (DofH, 2014)

The Foundation knows that there are other forms of restraint other than physicalrestraint. These are as follows:

- *Chemical* - "The use of medication to calm or lightly sedate an individual toreduce the risk of harm to self or others and to reduce agitation and aggression" (DofH,2015)

- *Psychological* - Any action or practice undertaken, which is inconsistent withthe wishes of the person e.g. depriving lifestyle choices by telling them what time toget up/ go to bed.

- *Technologica*l - The use of equipment to alert staff that the person is trying toleave or to monitor their movement e.g. pressure pads.

- *Mechanical* - "The use of a device such as a belt or cuff to prevent, restrict or subdue movement of a person's body or part of their body for the primary purpose ofbehaviour control e.g. seat belt like devices fitted to chairs" (CQC,2015b)

- *Seclusion* - Supervised confinement and isolation of a person away fromothers, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely disturbed behaviour whichposes risk of harm to others.

- *Clinical Holding* - Clinical holding is defined by the Mental Capacity Act as theuse of restrictive physical interventions that enable staff to effectively assess or deliver clinical care and treatment to individuals who are unable to comply.

All of the above factors must be considered when creating the individual's Positive Behaviour Support Plan or Consistent Approach Plan to ensure that individual liberties are not curtailed (unless to prevent significant harm to self or others),whenconsidering appropriate intervention strategies.

A decision to use any form of restraint with a child or young person, service user or resident is taken to ensure their safety and dignity and that of all concerned, including other people present.

A thorough Individual Risk Assessment is undertaken for each individual and only techniques approved for use would be undertaken during a period of distress: exceptfor crisis intervention. NAPPI UK defines crisis intervention as the 'threat of lethal behaviour' which they define as 'a person threatening to take their own life or others'.

In these exceptional circumstances the police may be called, and they will use techniques and act in accordance to their own professional training. Foundation staffwill alert the police to the risk of any health condition which could be exacerbated byrestraint and continue to monitor the young person's physical and psychological wellbeing whilst in attendance

The NAPPI approach uses very specific methods of physical intervention which minimise the amount of contact and therefore reduces the risk of harm to the child,young person adult. See appendices for further information.

The following rules apply:

1. Physical intervention and restraint should rarely be used and ***only*** after all other de-escalation strategies and interventions have been exhausted. It mustonly be used by staff who have had the recognised level of NAPPI training and where this is up to date. Yearly refresher training is mandatory, and sessions will be in place each half term to ensure that all relevant staff receiveupdates as part of a rolling programme.

   Staff will be required to exercise professional judgement in response to unforeseen events or when trained staff may not be available. In this situation dynamic risk assessment will be implemented. Unless the situation is urgent, trained staff should be sought. If the situation is urgent any response must stillbe reasonable, proportionate and use minimum impact to support the decisionto intervene.

2. It should only be used if the adult, child, or young person is putting himself orothers in danger and where failure to intervene would result in harm and constitute neglect.

3. Any physical intervention should be as a last resort and should beproportionate, of minimum impact, reasonable and necessary.

4. If used ***it must be logged as soon as possible*** *(see below)* and parents/ carers and families informed the same day.

5. An individual Positive Behaviour Plan or Consistent Approach Plan and individual risk assessment must be in place or, in the event of physical intervention needing to be used for the first time, written within the next twodays of the incident.

6. Positive Behaviour Plans or Consistent Approach Plans must be regularlyreviewed, updated and shared with all who need to know. They must be dated, and previous versions removed from circulation.

7. Staff must complete a debrief interview facilitated by a NAPPI trainer and/ orsenior leader and reflect on the incident once it is over to determine if anything could have been done to manage it differently and to plan for the future to improve quality of life for the child, young person or adult involved. Amendments to the Positive Behaviour Plan or Consistent Approach Plan should follow and the necessary staff teams informed of updates.

8. Incidents involving adults, children and young people who access more thanone of the Foundations services must be shared appropriately across all services.

6.10 Deprivation of Liberty (DoL)

The Human Rights Act 1998 is made up of a series of Articles, which define a right offreedom and list permitted exceptions. Article 5 the Right to liberty and security is a qualified right. This right can be restricted in some circumstances – within limits, e.g. in some cases an individual can be detained against their will to prevent harm to themselves or others.

Use of restraint of any kind constitutes a Deprivation of Liberty (DoL), this is takenvery seriously and as such adults, children or young people accessing the Foundation's services must **never** be:

Locked in a room alone without support or

supervision.Deprived of food or drink.

Denied access to a toilet.

Restrained using a harness or wheelchair belt where this has not been agreed byall involved, risk assessed and clearly documented.

Restrained in a bed by use of bed rails, cot sides or placed in a safe space bed where this has not been agreed by all involved, risk assessed and clearly documented

Given medication designed to sedate unless specifically prescribed by a doctorand administered following a documented treatment plan.

Physically held to administer medication, or 'tricked' into taking 'hidden' medication unless not taking such medication poses a serious imminent threat tolife. In this circumstance the procedure will be documented and reviewed by a nurse and escalated as appropriate for medical review.

6.11 Withdrawal and Seclusion:

1. Withdrawal and seclusion is **NEVER** used as a treatment or disciplinarypenalty.
2. The Foundation recognises that there are times when an individual may seekor be required to isolate away from others to maintain personal safety or reduce significant risk of harm to others
3. ***Autonomous withdrawal*:** If an individual actively chooses to move to a quietspace to self calm, staff will support and monitor their progress and take all steps to return to the usual environment as soon as possible.
4. ***Imposed withdrawal:*** If an individual becomes destructive to property or dangerous to themselves or others, staff have a duty of care to protect the individual from harm. It may be necessary to remove the individual against their will to a place of safety until they are able to compose themselves andsafety is regained. Interventions requiring minimum impact will be used andstaff will take all steps to return to the usual environment as quickly as possible.
5. ***Seclusion*:** If an individual is presenting with severely destructive or

dangerous behaviour it may be necessary *in exceptional circumstances* to impose supervised containment and isolation away from others in an area from which the person is prevented from leaving, for the minimum time necessary. Staff will remain in close proximity and will visually monitor progress throughout. Staff will work with the individual to facilitate their emotional regulation and take all steps to return to the usual environment asquickly as possible.

Following an incident where an individual presents with behaviour of concern, a familiar member of staff will sit with that person to try to help them understand what they were feeling and how staff could have helped them to avoid escalationto more serious behaviours of concern.

A member of staff will contact the family to discuss the incident and following a staff debriefing session the incident will be reported using the appropriate system,
e.g. CPOMS within the PHF schools, to capture an accurate record to inform future learning and improve quality of life for the individual in the future. . Staff willcontact parents/ carers of individuals if they notice a pattern of concern or if agreed protocols and intervention strategies change.

The school do not routinely use manual restraint for more than 10 minutes andseclusion may be necessary as an alternative to prolonged manual restraint (longer than 10 minutes).[1]

Staff will contact parents/ carers of individuals if they notice a pattern of concernor if agreed protocols and intervention strategies change.

Seclusion protocols:

In exceptional circumstances, an adult, child, or young person may be secluded in a safe space, from which they are prevented from leaving until they are able to be calm, to reduce the risk to themselves or others. There must always be two adults present, either inside the room if safe or outside the door with visibility if not. A seniormember of staff must be notified immediately.

Seclusion must be documented as part of the Positive Approach Plan/ ConsistentApproach Plan and agreed as a strategy by all involved. It must be regularly reviewed, and plans made as soon as possible to move on to other

strategies as appropriate

All Incidences of seclusion must be logged and parents/ cares notified the same day.

6.12 Touch:

1. **Corporal punishment is illegal and will never be used within the Foundation.**

2. Contingent touch may be used appropriately in the appropriate context e.g. a pat on the arm or shoulder for reassurance but staff must know how the individual is likely to react as some may misinterpret this.

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[1] Violence and aggression: short-term management in mental health, health and community settings NICE guideline [NG10]Published: 28 May 2015

3. Holding (e.g. two person moving restrictive practice intervention.) may only be used as part of the NAPPI approach with skills gained at levels2 and 3 by staff who are trained to this level and under the circumstances described in sections 6.9 and 6.10.

4. Adults, children, and young people with complex sensory needs may require more direct physical touch and contact e.g. squeezing or deeppressure. This will be documented in sensory profiles and shared withindividuals and their families/ carers as part of their therapeutic intervention strategies.

5. Clinical holding. *In extreme circumstances* where an individuals' health is at risk if they do not take their prescribed medication there may be a needto hold/restrain the individual while administering medication.

   Holding/restraining an individual MUST only be carried out on the instruction/request of a medical professional and with parent/carers agreement. Written (signed & dated) consent MUST be obtained and held within the individual's file (non-emergency situation ONLY) The individuals'dedicated social worker MUST be kept informed.

6.13 Fixed Term Exclusions (education settings only)

Exclusions are not the most effective way to support children and young people withSEND. We will always try to adapt and personalise our provision to ensure that all can access education.

In exceptional circumstances it may be necessary to exclude a pupil for a fixed time,but this would always be considered very carefully. These circumstances may include:

1. Incidents where the safety of the pupil or student or that of others is seriouslycompromised and the occurrence is frequent or increasing in frequency and intensity.
2. Incidents of knife crime or use of other weapons.
3. Incidents of a sexual nature or sexual violence.
4. Incidents of significant damage to property.

Decisions to exclude children or young people are made on an individual basis and will always be a reasonable, measured and considered response which will have an impact and be a learning opportunity for them.

Exclusions may be managed internally, and the child or young person may beremoved from class for a fixed period of time.

If Percy Hedley Foundation is not able to meet the needs of an individual child or young person, we will always work with families and local authorities to identify asuitable placement for a managed transition.

6.14 Reporting and Recording Incidents:

Incidents of behaviour of concern, their impact and strategies for minimising futurerisk are recorded as soon as possible after the incident has occurred.

Records must include antecedents to the incident, the behaviour displayed by the individual (in line with the Lalemand scale), the intervention used and the individual's response to the intervention. Any injury to individual, their peers, staff or property must also be included. Ifa physical intervention was required, staff and the individual must be debriefed. Parents/ carers must be informed of any physical intervention necessary on the day this occurs. The individual's Positive Behaviour

Support Plan/ Consistent Approach Plan will be amended if required.
A senior leader will then complete an audit of all incidents to identify trends where necessary.

Training in recording and reporting incidents is part of the NAPPI approach.

For Percy Hedley School and Northern Counties School:

It is often the case that pupils, when attending PHS or NCS for the first time may often have habitually high levels of anxiety and, as a consequence, frequent dysregulated behaviour. To help ameliorate this, the schools place an extremely strong emphasis on a highly structured environment and 'bespoke' curriculum to provide support, consistency and feelings of achievement and purpose from the very outset in pupils' lives within the Foundation.

Once pupils have responded positively to the highly structured environment and anxiety levels are reduced, the school's focus is on moving from a behaviour management approach to a more proactive roleof behaviour modification, where the pupil begins to take control and responsibility for their own actions. This involves adapting the highly structured environment, increased decision making and the setting of personal targets with close staff support.

All incidents are recorded on the Child Protection Online Monitoring System (CPOMS) and logged appropriately. Senior Managers have access to this system through a secure log-in procedure and incidents are reviewed weekly at the SMT meeting.

Following an incident there is a staff debrief to ensure that reflection about what hashappened, how it has been managed and what could have been done differently leads into improvements and developments to the Positive Behaviour Plan/ Consistent Approach Plan. Incidents involving, children and young people who access more than one of the Foundations services must involve members from all teams as appropriate. Information must be shared sensitively to ensure a continuityof care across settings. Members of the senior management team may be present depending on the severity of the incident.

- The debrief ensures that staff are supported physically and emotionally andhave the necessary training and updates to fulfil their role effectively.
- Incidents of behaviour of concern are discussed regularly with the relevantmember of the schools' governing body.
- Paperwork specific to each school's NAPPI recording system is also completed when an incident requiring implementation of NAPPI Level 2 or 3skills has occurred.

For Hedley's College:

- Incidents are recorded using the paper-based recording system.
- For incidents involving NAPPI level 2 or 3 interventions, specific NAPPIrecording systems are used.
- The most significant incidents, as judged by the senior management team,are then recorded on Databridge.
- Following an incident there is a staff debrief to ensure that reflection about what has happened, how it has been managed and what could have been done differently leads into improvements and developments to the Positive Behaviour Plan. Incidents involving adults, who access more than one of theFoundations services must involve member s from all teams as appropriate.Information must be shared sensitively to ensure a continuity of care across settings. Members of the senior management team may be present depending on the severity of the incident.
- The debrief ensures that staff are supported physically and emotionally andhave the necessary training and updates to fulfil their role effectively.

For adult services and residential services:

- Incidents are recorded using the paper-based recording system in accordancewith the Foundation Accident, Incident and Near miss reporting policy.
- For incidents involving NAPPI level 2 or 3 interventions, specific NAPPIrecording systems are used.
- Following an incident there is a staff debrief to ensure that reflection about what has happened, how it has been managed and what could have been

done differently leads into improvements and developments to the Positive Behaviour Plan. Incidents involving adults, who access more than one of theFoundations services must involve members from all teams be involved as appropriate. Information must be shared sensitively to ensure a continuity ofcare across settings. Members of the senior management team may be present depending on the severity of the incident

Where a behavioural incident results in injury to a member of staff or another adult, child or young person the accident incident and near miss reporting policy must alsobe followed.

7. **Positive Support Plan/ Consistent Approach Plan Procedure:**

A Positive Support Plan/Consistent Approach Plan (CAP) is a working document, which details the specific support strategies required by an individual to remain regulated and able to engage in meaningful learning or activity.

These plans are written by the staff team working with the individual with input from the individual, their parents/ carers, service senior leadership team, external professionals and PHF Wellbeing teams as appropriate.

Plans must:

- **Have a named person responsible for having been involved/ written/ updated the plan**. It is best practice for thewhole team to have been involved, but at least one named person must be given. This can be 'signed' electronically.
- **Have a date that the plan was last updated and a review date of maximum one year.** If the plan is new or the student is displaying new behaviour a shorter review time may be appropriate.
- **Be uploaded to the PBS/ Consistent Approach Plan folder on Google Drive OR relevant folder on a secure server for approval by a senior leader.**
- ***For children and those without mental capacity:* Be sent to parents/ carers after SLT (Senior Leadership Team)**

approval for parents/ carers to contribute as appropriate. Staff to have discussion with parents/ carers prior to sending the plan home, and suggest meeting in person if a new plan is being written.

- ***For children over 16 and adults with mental capacity:*** **Be discussed with the individual and their contribution added as appropriate.Indicate any physical interventions over the past 12 months, i**ncluding clearly stating the type ofphysical intervention.
- **Detail the individual's views in green, wherever possible.** A range of tools are available to supportcollection of child, young person, service user or resident voice.
- **Reflect the individual's current presentation and still be relevant.** If a behaviour has not occurred for more than two years, it is to be removed from the plan.The information will still be available via the paper copies (and CPOMS records eventually) should it be required.

A stepped approach to Positive Behavioural development.

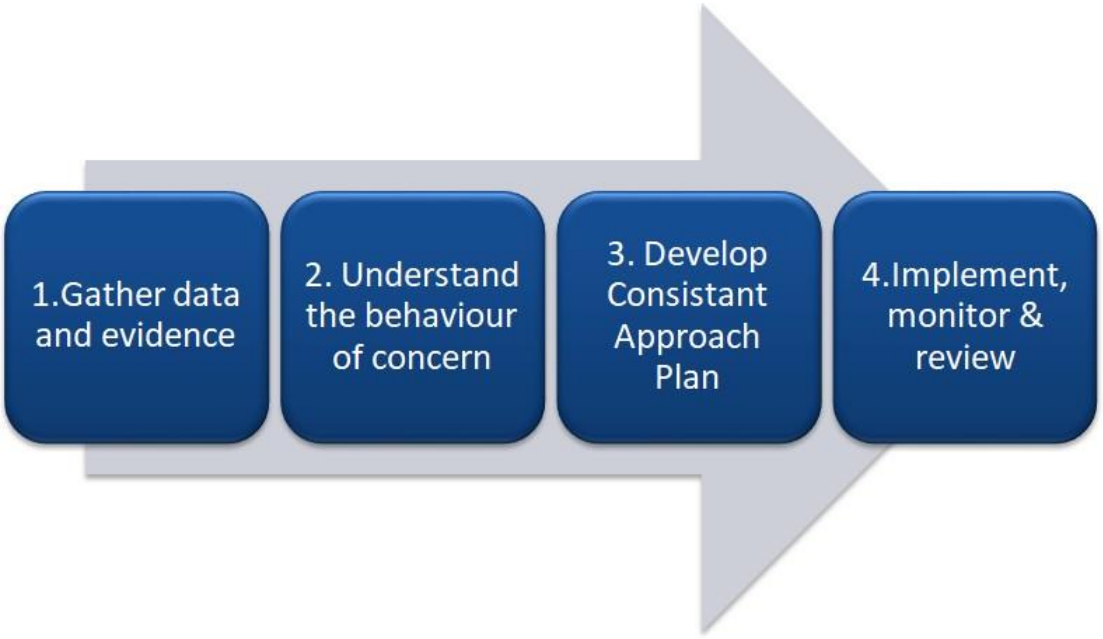
When a pupil is admitted to Percy Hedley School or Northern Counties School, theymay have experienced significant failure and have struggled to manage their behaviour in a school environment.

We believe that in order to learn effectively pupils need to feel safe in order to access learning opportunities. However, over time, pupils need to learn how to manage their behaviour for themselves; therefore, a stepped approach for all pupilshas been devised.

Step 1

The environment is ordered, predictable and secure. Low stim classrooms, order and routine aim to minimise stress and anxiety and maximize pupil engagement in learning opportunities. Consistent approach plans/ Positive Behaviour Support plans capture and effectively share each child's individual needs, and consider how to achieve the high expectation of Step 3.

Step 2 Regular review of each pupil's consistent approach plan / positive behaviour supportplan considers aspects of this approach that can be changed, routines that can be altered or environmental changes that can be made to prompt the pupil to take morepersonal responsibility for their behaviour. Staff work collaboratively to consider howto 'stretch' each pupil towards ownership of their feelings and actions. Targets will be set within EHC plans and progress tracked towards Step 3.
Step 3 Each pupil has ownership of his or her behaviours and actions in a range of contexts. They accept personal responsibility and feel a sense of efficacy to seek support to affect change as necessary.



CAP/ Positive Behaviour Support Plan Process

1. Gather data and evidence

- The recording of behaviour incidents (indirect and direct)

2. Understanding the behaviour of concern

- Define behaviour in an observable and measurable way
- Ask people who know the person well about the behaviour
- See the behaviour through observation of the person
- Hypothesise where, when and why the behaviour occurs – what is thefunction?

3. Develop Consistent Approach Plan/ Positive Behaviour Support Plan

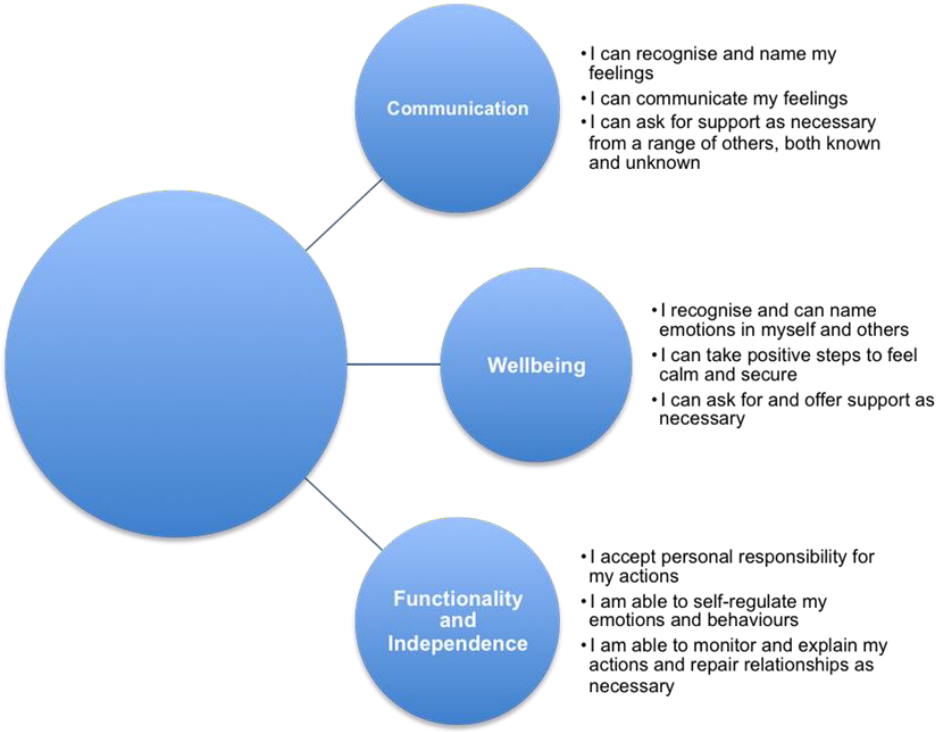
- Description of the behaviour and any triggers
- Findings from a functional assessment completed by a specialist, or datacollection and analysis in-house
- Proactive preventative strategies
- Developmental strategies
- Reactive strategies
- Restrain reduction plan if restrictive practices are present
- Evidence of participation
- CAP / PBS plan approved by SLT, individual where able andparents/carers

4. Implement, monitor and review

- Approved CAP/ PBS plan adopted by all staff as a consistent approach tosupporting behaviour
- Behaviour and strategies monitored to establish impact in reducingbehaviours of concern
- Plan reviewed at agreed timeframes or soon if required.

Integration of policy into practice: Key Drivers

Percy Hedley School focuses all its work through three Key Drivers: Communication,Wellbeing and Functionality and Independence. With regards to behaviour, PHS aims to optimise outcomes for all pupils in the following ways:



8. Training & Development

Training needs will be supported by the Foundations' Organisational Developmentteam.

Line managers have a responsibility to identify mandatory and statutory training needs in relation to individual job roles and action. This may be done through annualappraisal or supervision.

Training will be given during induction period for any new staff member working withservices users who present with behaviour of concern. Continued training in the skills required and level of competence will be provided as identified by the Foundation and service Training Needs Analysis to meet RRN standards.

Staff who are to intervene using a Restrictive Practice Intervention MUST havecompleted an externally approved NAPPI level 2 or 3 certificate and or an RRNaccredited L2/ RPI training course.

9. Competency Assessment

Competency assessment MUST be completed by a certified NAPPI trainer and will require staff to demonstrate knowledge and observed competency for all elements ofthe course at level 1, 2 or 3.These courses are externally validated by NAPPI UK to meet RRN standards.

ONLY upon satisfaction completion of the competency assessment will a staff member be deemed competent to intervene with self-protection or RestrictivePractice Intervention skills.

ALL staff, including those who are not directly concerned with behaviour of concernMUST complete awareness training on Positive Behaviour Support.

10. Monitoring & Review

Overall responsibility for the operation of the policy and procedure lies with the Chief Executive. The effectiveness of the policy and procedure will be formally reviewed and monitored as a minimum on a 12 monthly basis, to ensure that it continues to meet the requirements of the Foundation, the specific service areas and that it reflects best practice and statutory legislation as appropriate.

Appendices

Positive Behaviour Support Policy

Positive Behaviour Support – organisational and workforce strategy/

A1 Summary of content; NAPPI Training levels 1,2 and 3.

A1a PBS mapping with NAPPI systems

A2 Overview of NAPPI intervention strategies at levels 1,2 and

3A3 Blank Consistent Approach Plan

A4 Debrief protocols

A5 Seclusion

protocols