

<b>Policy</b>	<b>Positive Behaviour Support Policy (SS48)</b>
<b>Document owner</b>	Head of Safeguarding and Student Services
<b>Date first implemented</b>	Sept 2017
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<b>Associated documents</b>	<ul style="list-style-type: none"> <li>• <i>ZZ Positive Behaviour Support Procedures</i></li> <li>• <i>Safeguarding &amp; Prevent Policy</i></li> <li>• <i>Health &amp; Safety Policy</i></li> <li>• <i>Mental Capacity Act Policy</i></li> <li>• <i>Anti-bullying Policy</i></li> </ul>
<b>Reference documents</b>	Brief guide: Positive behaviour support for people with behaviours that challenge (CQC) Improving the quality of Positive Behavioural Support (PBS): PBS Academy
<b>Initial reviewing body</b>	Safeguarding Committee
<b>Final approval body</b>	Standards & Effectiveness Committee
<b>Published on website</b>	No

<b>Purpose</b>	<p>The aims of the policy are:</p> <ul style="list-style-type: none"> <li>• To promote positive and proactive care, thereby reducing the likelihood of behaviours of concern occurring and therefore the use of restrictive interventions (frequency and duration) and preventing inappropriate use of restrictive practice</li> <li>• To ensure that students with behaviours of concern have been appropriately assessed and have the necessary support plans in place</li> <li>• To ensure the safety and wellbeing of people using services, ensuring that service users at risk of restrictive interventions have sound proactive and preventative strategies in place</li> <li>• Ensure that students have the opportunity to learn new skills, particularly those that increase communication and improve quality of life</li> <li>• Reduce the need for restrictive practice</li> <li>• To ensure that Derwen policy is aligned with current national guidance and legislation</li> </ul>
<b>Scope</b>	<p><i>For the purpose of this document the term student includes trainees and clients</i></p> <p>The policy should be read in conjunction with other college policies and guidance relating to interactions between staff and students. In particular, the policy should be used in conjunction with the college's</p>

	<p>Use of Restrictive Practices Policy and Procedure and student's Code of Conduct.</p> <p>A person's behaviour can be defined as challenging if it puts them or those around them at risk of physical or emotional harm; impacting on their quality of life and their ability to join in everyday activities.</p> <p>Challenging behaviour can include aggression, self-harm, destructiveness and disruptiveness</p>
<p><b>Equality, Diversity &amp; Inclusivity</b></p>	<p><i>"[Derwen] College is committed to promoting equality, good relations and to challenging discrimination. This is reflected in all College policies, procedures, processes and practices."</i></p> <p><i>Derwen College Equal Opportunities Policy</i></p> <p>Derwen College's ethos is to embrace diversity, to offer equality of opportunity, and to treat every individual fairly and with respect. Equality, diversity and inclusivity are embedded throughout the organisation. This policy should be applied in accordance with this ethos.</p> <p>If you would like a copy of this document in a different format, such as large print, please contact the Human Resources Department who will provide help with alternative formats.</p>

## Definitions

The definitions are listed in order reflective of the content of the policy.

- **PBS, or Positive Behaviour Support**, is a recognised model of behavioural intervention, endorsed and promoted throughout current guidance and legislation as the recommended model of best practice.
- The term "**capacity**" is referred to in this document, in accordance with the Mental Capacity Act 2005, to mean a person's ability to make a decision at the time it needs to be made.
- **Challenging behaviour** can be defined as 'Behaviour 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' (Ref Banks et al 2007, Challenging Behaviour: A unified approach. Royal College of Psychiatrists). All behaviour has a function or purpose, and does not occur in isolation. At Derwen College we may also describe this as a '**Behaviour of concern**'.
- **Primary/proactive interventions** – Proactive approaches to addressing the person's support needs (including health, communication, meaningful activity, social networks and learning opportunities), aiming to improve quality of life.
- **Secondary interventions** – Interventions which attempt to defuse, downplay, interrupt, or redirect potential triggers to prevent escalation.

- **Restrictive interventions** can be defined as: “acts on the part of other person(s) that restrict an individual’s movement, liberty and/or freedom to act independently in order to:
  - take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and
  - end or reduce significantly the danger to the person or others; and
  - contain or limit the person’s freedom for no longer than is necessary”

(Positive and Proactive Care 2014)

The term Physical Intervention is used in this policy to indicate the use of bodily contact or force to restrict movement.

**Crisis Prevention Institute (CPI) Safety Intervention Training** is a trademarked model of training, that Derwen College currently commissions from Shropshire Council and is accredited by BILD (British Institute of Learning Disabilities) that includes physical interventions. Prior to being rebranded, this was known as MAPA® (Management of Actual or Potential Aggression).

## What is PBS?

Positive behaviour support (PBS) is ‘a person-centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. It is a blend of person-centred values and behavioural science and uses evidence to inform decision-making.... Behaviour that challenges usually happens for a reason and maybe the person’s only way of communicating an unmet need. PBS helps us understand the reason for the behaviour so we can better meet people’s needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.’ (Centre for Advancement of PBS, PBS Key messages, January 2017).

## Values

**Positive and Proactive Care focuses on six key principles:**

- Compliance with the relevant rights in the European Convention on Human Rights at all times
- Understanding people’s behaviour allows their unique needs, aspirations, experiences and strengths to be recognised and their quality of life to be enhanced
- Involvement and participation of people with care and support needs, their families, carers and advocates is essential, wherever practicable and subject to the person’s wishes and confidentiality obligations
- People must be treated with compassion, dignity and kindness
- Health and social care services must support people to balance safety from harm and freedom of choice

- Positive relationships between the people who deliver services and the people they support must be protected and preserved (DoH 2014).

**PBS is a values-based approach. Core values of PBS are as follows:**

- Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
- Constructional approaches to intervention design builds stakeholder skills and opportunities and eschew aversive and restrictive practices
- Stakeholder participation informs, implements and validates assessment and intervention practices (Gore et al, 2013)

**Assessment**

Where it has been identified that a student presents behaviour which challenges, particularly if that person is at risk of restrictive interventions, assessment should be undertaken. Initial assessment must include:

- Description of the behaviour (including frequency, intensity and duration)
- Explanation of how the behaviour is developed and maintained (including personal and environmental factors, and the role of the service, staff and carers).

If needs are more complex, full functional assessment, involving specialist support and the multi-disciplinary team, will be required.

All assessments must take risk factors for challenging behaviour into account, including the person's physical and mental health, secondary disabilities, expressive and receptive communication, life experiences (including trauma), sensory needs, and physical and social environment (NICE 2015).

Behavioural assessment should lead to the development of a behaviour support plan (and must do so for anyone at risk of experiencing restrictive interventions). Such plans must include primary/proactive strategies which enhance quality of life and help people to develop positive, pro-social ways of getting their needs met, as well as secondary prevention and reactive strategies. The assessment and resulting plan enables staff to have a full understanding of the needs of the people they support.

People identified with behaviour which challenges must have a designated person who is responsible for coordinating the behaviour support plan and ensuring that it is reviewed. At Derwen College this will be an allocated PBS coach, or a team of coaches.

**Primary / proactive approaches**

Proactive approaches are known to reduce the use of, and need for, restrictive interventions. Proactive approaches are most effective when they include:

- Close working between service users, families, and staff. This can assist in information sharing and planning.

- Increasing staff understanding of people's behaviour. This can have the effect of creating a shared understanding, thereby increasing the confidence and optimism of staff by leading to an agreed and structured way forward.
- Developing support, activity and intervention plans. These should be based upon formal and comprehensive assessment, and should include a range of proactive engagement strategies geared to the needs, preferences and best interests of the individual. Interventions should aim to promote positive and socially acceptable behaviours and enhance quality of life, thus reducing the likelihood and impact of negative challenging behaviours.
- Developing risk assessments. Good practice must always be concerned with assessing and minimising risk to service users, staff and others.

Primary Prevention (proactive strategies) includes:

- Ensuring that the number of staff deployed and their level of competence corresponds to the needs of the people they support and that staff work to the relevant code of conduct. Staff should not be left in vulnerable positions.
- Ensuring that there is a good match between the person's needs and their environment.
- Ensuring that there is a good understanding of the person's communication – both how to understand their communication, and how to communicate effectively with them.
- Creating opportunities for people to engage in meaningful activities – which include opportunities for choice, learning skills and a sense of achievement – with the right level of support.
- Ensuring that the person's health needs are recognised and addressed.
- Helping people to avoid known triggers, and situations which are known to provoke anxiety and risk.
- Ensuring that person-centred care plans, which are responsive to individual needs, are up to date, and include current information on risk assessment.
- Developing staff expertise in working with people who present behaviours which can challenge, and ensuring that there is a good match between staff skills and the needs of the people they support.
- Talking to people who use services, their families and advocates about the way in which they prefer to be supported at all times, including times when things are stressful and difficult, and there may be risks to themselves or others.

### **Secondary prevention**

- Secondary prevention describes actions taken when someone may have begun to move away from being calm and rational; these interventions are intended to deescalate a situation, to minimise risk and reduce the likelihood of restrictive interventions.
- Secondary prevention includes recognising the early stages of a behavioural sequence that is likely to develop into a challenge or risk, and employing nonphysical diffusion or de-escalation techniques or other agreed strategies to avert any further escalation. Secondary prevention sections of a behaviour support plan should

include information on early warning signs to enable staff to recognise that someone is becoming more unsettled, as well as individualised strategies to support that person to recover.

- All strategies must be carefully selected and reviewed to ensure that they do not limit opportunities or have an adverse effect on the welfare or the quality of life of people involved.
- Anti-psychotic medication, at any stage in the process, should only be used as one component within a wider psycho-social intervention, and should be reviewed after 12 weeks and then every 6 months.

### **Legal Considerations**

All health and care staff are required to work within the law. There is no single law on restrictive interventions. While the law allows for the use of reasonable force in certain circumstances, force is NOT justifiable to secure compliance, force control, or in pursuit of retaliation or punishment

The Human Rights Act 1998 sets out important principles regarding protection of individuals from abuse by state organisations or people working for those institutions. Knowledge and implementation of this guidance will help to ensure that practice within services is consistent with this Act.

### **Restrictive interventions**

The term “Restrictive Interventions” can incorporate the use of the following methods of restricting movement:

- Mechanical restraint (such as the use of straps, tethers, harnesses, or devices designed to prevent self-injury)
- Environmental restraint (such as locked doors, baffle handles, seclusion rooms)
- Chemical/pharmacological restraint (the use of medication)
- Social/psychological restraint (the use of instructions, commands, time out procedures)
- Physical intervention (the use of bodily contact or force)

All of these should be considered a form of restriction, even if the person does not resist their use. Restrictive intervention must be considered as a short term risk management strategy. Methods should be selected carefully to impose the least restriction of movement required to prevent harm, while attempts should continue to be made to achieve the desired outcomes with less restrictive interventions.

### **Planned use of restrictive interventions.**

Evidence shows that it is safer to use restrictive interventions in a planned, organised and risk assessed way than as an emergency response.

Restrictive interventions may be used in situations where:

- Primary and secondary prevention have not been effective, and

- Other appropriate methods, which do not involve physical interventions, have been tried without success, and
- The risks associated with not using a physical intervention are greater than the risks of using a physical intervention, and there is no safer alternative, and
- The nature and level of physical intervention used is considered to be reasonable and proportionate to the presenting level of risk.

### **Unplanned or emergency use of restrictive interventions**

These may be necessary in unforeseen circumstances, or when preventative strategies have failed. Research evidence shows that injuries to staff and to service users are more likely to occur when restrictive interventions are used to manage unforeseen events, and for this reason great care should be taken to avoid situations where unplanned restrictive interventions might be needed.

An effective risk assessment procedure together with well-planned proactive and preventative strategies will help to keep emergency use of restrictive interventions to an absolute minimum. In an emergency, the use of restrictive intervention can be justified if it is the only way to prevent injury or to prevent an offence being committed. The use of force should be reasonable and proportionate, using the minimum force and the least restrictive option. Whenever possible, it should reflect the person's training in the appropriate use of restrictive interventions, as well as taking into account the needs and wishes of the service user.

The staff concerned should be confident that the possible adverse outcomes associated with the intervention (for example, injury or distress) will be less severe than the adverse consequences which might have occurred without the use of a restrictive intervention.

### **Training**

All staff directly supporting students will receive training on Positive Behaviour Support and how this is organised at Derwen College. In addition, a small cohort of staff are trained to PBS coach level, and are able to offer ongoing support and guidance to staff around all aspects of PBS.

Crisis Prevention Institute (CPI) Safety Intervention Training is the preferred training model for restrictive interventions, and any staff that are likely to be involved in a planned intervention are required to attend this training. In addition, a cohort of staff will attend this training on an annual basis to ensure that they have a working knowledge of best practice should any emergency or unplanned interventions be required.