

Title:	POSITIVE BEHAVIOUR SUPPORT (PBS)
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For:	CHAILEY HERITAGE FOUNDATION

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This document will remain valid during the review process	

LINKED DOCUMENTS:
Children's Homes Regulations and Quality Standards 2015 CQC Fundamental Standards Care Act 2014 (<i>HM Government</i>) The Children Act Report 2002 (<i>HM Government</i>)

Keeping Children Safe in Education (*DFE September 2016*)
Safeguarding Vulnerable Adults Act (*HM Government*)
Sussex Multi-agency Policy and Procedures for safeguarding Vulnerable Adults (*Safeguarding Adults Boards of Brighton and Hove, East Sussex and West Sussex*)
Mental Capacity Act 2005 Code of Practice
Mental Capacity Act 2005: Deprivation of liberty safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice
Three Steps to Positive Practice (Royal College of Nursing) June 2017
Department of Health (DH), The Restraint Reduction Network
National Institute for Clinical Excellence (NICE)
Chailey Heritage Foundation:
Statement of Purpose OfSTED
Statement of Purpose CQC
Safeguarding Policy - Part One - Child Protection
Safeguarding Policy - Part Two - Safeguarding Vulnerable Adults
Anti-Bullying Policy
Mental Capacity Act, Consent and Deprivation of Liberty Safeguards
Accident-Incident Policy
Duty of Candour Policy
Chailey Heritage Charter of Children's Rights
All Policies, Procedures, Guidelines, Protocols for Chailey Heritage Foundation

POSITIVE BEHAVIOUR SUPPORT POLICY

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1. INTRODUCTION

- 1.1 Chailey Heritage Foundation (CHF) acknowledges that for a wide variety of reasons, the children and young people (CYP) may sometimes present contextually inappropriate behaviours which may present a challenge to their peers, carers and staff, and may also limit their access to education, support and community life.
- 1.2 CHF believes that behaviour is a form of communication which can often tell us about the quality of a person's life. Behaviour therefore should be recognised and responded to in a positive, respectful, professional and person centred way.

The safety and well-being of all and CYP is paramount. The promotion of mental health and the growth and development of all CYP is central to the work of all staff at CHF. Positive behaviour management is crucial to this and is the responsibility of all staff at CHF.

Joint, multi-disciplinary working, teamwork, mutual support, consistency and communication are essential across Education, Care and Clinical Services. Communication with and involvement of the YP and their families is also essential.

CHF has dedicated aims in terms of supporting CYP:

- To promote and support best practice.
 - To establish a safe and positive environment throughout CHF where CYP can learn, and develop social awareness.
 - To promote high expectations of positive behaviour from the CYP.
 - To ensure measures taken to respond to unacceptable behaviour are appropriate to the age, understanding and individual needs of each CYP.
 - To ensure that staff are trained and can understand and appropriately use individual behaviour plans.
 - To ensure that staff are kept safe and that their rights are respected.
 - To ensure that any necessary physical intervention or sanction is used safely and appropriately and recorded and followed up correctly.
- 1.3 The Positive Behaviour Support Policy is overseen by the Safeguarding Governors' Committee.

2. WHAT IS POSITIVE BEHAVIOUR SUPPORT?

- 2.1 Positive Behaviour Support (PBS) is a person centred framework for providing support to people with a disability who have, or may be at risk of developing, behaviours that challenge. It is a combination of person centred values and behavioural science and uses evidence to inform decision making.
- 2.2 PBS approaches are based on values that promote inclusion, choice, participation and equality of opportunity
Positive behaviour is promoted and supported by a wide variety of actions including modelling appropriate behaviour, and by providing YP with the best possible education and care in a safe and supportive environment.

3. KEY PRINCIPLES OF PBS

- 3.1 Behaviour that challenges always happens for a reason and may be 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 of the behaviour reoccurring.
- 3.2 The PBS framework:
- 3.2.1 Considers the person and his or her life circumstances as a whole including physical health and emotional needs such as the impact of any traumatic or adverse life events and mental illness
- 3.2.2 Reduces the likelihood of behaviours that challenge occurring by creating physical and social environments that are supportive and capable of meeting people's needs.
- 3.2.3 Is proactive and preventative and aims to teach people new skills to replace behaviours that challenge – and other skills that enhance the opportunities people have for independent, interesting and meaningful lives.
- 3.2.4 Is likely to involve input from different professionals and include multiple, evidence based approaches and treatments that come from a shared value base and are provided in a coordinated and person centred manner.

4. PBS REQUIREMENTS AT CHF

- 4.1 CHF supports CYP who commonly experience difficulties with communication and the need for staff to support this is a vital priority within all services. All staff are taught a variety of communication skills and learn how to use communication aids. A key part of learning for staff is the need to be patient and to allow CYP time to communicate their needs and their choices.

- 4.2 As a result, behaviours that may challenge are different and less frequent at CHF, and when they do, the behaviours are not excessively aggressive. CYP who are frustrated or emotionally distressed may express their frustrations by screaming, biting, scratching and hair pulling. It is rare therefore that physical intervention is needed but when it is, there are strict guidelines that must be followed, and staff must be appropriately trained.
- 4.3 CHF adheres to the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards and as such recognises that it is not acceptable to restrict people by the inappropriate use of equipment or aids and consideration is always given when considering the use of equipment as to whether the equipment is the least restrictive option to achieve the best outcome for that person. This includes turning off a person's electric wheelchair without their permission.
- 4.4 All incidents where a CYP requires specific support in relation to emotional distress or behaviour that challenges must be recorded. Depending on the incident and whether a CYP has a PBS Plan in place, this might be on an Accident and Incident Form or a recording log. These incidents will then become part of the monitoring and review process.
- 4.5 If there is ever a need for any type of sanction or restrictive physical intervention, this must be recorded as per requirements:
- 4.5.1 School – All such incidents will be recorded on an A&I form
- 4.5.2 Children's Home – Recorded in individual's support plan and Restraints and Physical Interventions Log as per Ofsted requirements. Staff must follow the Sanctions & Restraint Log Guidance
- 4.5.3 Futures Accommodation – Recorded in individual's support plan.
- 4.5.4 Futures Hub, LSC and Pathways – Recorded in individual's support plan.
- 4.6 Incidents of restrictive physical intervention are monitored and reviewed by the PBS Trainers and discussed at the Safeguarding Peering Group meetings. Where restrictive physical interventions form part of a CYP PBS plan, these will also be reviewed at the Individual Pupil Review (IPR) meeting and / or at the Progress Review meeting.
- 4.7 If an individual is subject to restraint, this should be for the minimum amount of time and signs of distress must be actively monitored. An Individualised Restraint Reduction risk assessment must be completed alongside a Positive Behaviour Support Plan that demonstrates the model of 70% prevention, 20% de-escalation and 10% reactive interventions.
- 4.8 All CYP will have a support plan that includes their needs in relation to PBS.
- 4.9 If a CYP is presenting a level of emotional distress that becomes frequent and/or they are expressing their distress and frustrations in a way that is inappropriate, a formal PBS Plan will be developed. This will be led by a PBS Assistant with support from the PBS trainers and other staff as required. A PBS Plan at this stage should NOT contain directions that

involve restraint. They may however contain directions on physical intervention to remove a CYP or a staff member from a situation of inappropriate hold.

All PBS Plans should be accessible to everyone that comes into contact with the CYP, and the plan should accompany the CYP at all times. The Plan should be monitored and revised regularly, with review dates built into the process when drawing it up.

Suitable rewards and consequences should be agreed with CYP and where appropriate parents/carers and included in the PBS Plan. Good practice indicates consequences should be immediate and not overly harsh. They should be relevant to the situation and the CYP's age and level of understanding, and they must have reasonable understanding of the sanction and the behaviour it is related to, and it must be meaningful to them.

A range of consequences may be used and the following should be considered and agreed when drawing up the positive behaviour support plan:

- Staff intervention through body language, facial expression, or simple reprimands supported by signs and symbols when appropriate.
- Exclusion from an activity.
- Removal from the classroom/bungalow living room
- Letter to parents/carers.

If any sanctions or physical interventions are used, they must be recorded as per 4.5

If a formal PBS plan is not resulting in a positive improvement for the CYP, a referral for professional support must be made.

- 4.10 For all CYP under 19yrs of age, support can be sought from the CCS Specialist in Behaviour and Psychological Therapies (SPBT). In such cases, staff should relay their concerns to their line manager, who should then discuss this with the school Staff and Pupil Support Manager (SPSM). The SPSM will then gather all relevant information and where necessary consents, and discuss with the SBPT so that a decision regarding referral can be made.
- 4.11 For all CYP over the age of 19yrs needing additional support a GP will need to make an appropriate referral. Information should be obtained from all relevant professionals (CCS Consultant, nurse, social worker) in support of such a referral.

5. STAFF TRAINING

5.1 Induction

- 5.1.1 As part of induction, all staff will receive the Emotional Mental Health Behaviour training delivered by the Chailey Clinical Services Specialist in Behaviour and Psychological Therapies. The training will include an overview of: reasons for types of behaviour; managing these behaviours; procedures and administration of record keeping around behavioural incidents; looking after your own emotional well-being when encountering such behaviours.

5.2 Positive Behaviour Support – BILD accredited training

- 5.2.1 Foundation - All hands-on staff will receive the PBS one-day foundation course. This course covers the values of PBS including communication and why people challenge, as well as the principles of functional analysis of behaviour. The course also covers the last resort of restrictive physical interventions, and teaches the skills required for this should it be necessary.
- 5.2.2 PBS Assistants – A number of hands-on staff across CHF have received an advanced in-depth PBS course. These staff will be in a position to observe practice, coach and mentor staff, and oversee the creation of PBS Plans for each CYP.
- 5.2.3 CHF now has three qualified BILD accredited PBS trainers. These staff will oversee the delivery of PBS training for CHF. They will work closely with the PBS assistants to ensure that CHF continues to follow the PBS principles, and to ensure that CYP are appropriately supported. The trainers will also make sure that the required monitoring and reporting of physical interventions are completed and returned as per BILD requirements.

7. Restraint Reduction

- 6.1 Recent guidance from the Department of Health (DH), the Restraint Reduction Network (RRN) and the National Institute for Clinical Excellence (NICE) is all pointing in the same direction and is placing increasing focus on the use of preventive/proactive approaches and de-escalation – as opposed to restrictive interventions - for managing behaviours of concern or what care givers may regard as challenging.
- 6.2 CHF acknowledges that restrictive interventions have the potential to be over-whelming and distressing for everyone involved. Restraint, by its very nature, restricts a person's liberty. We recognise, however, that the use of restraint may be considered to be the least restrictive intervention in some specific cases where there is significant risk of harm to self, others or criminal damage.
- 6.3 Training will be provided to staff with clear reference to supporting an overall human rights-based approach, focused on the minimisation of the use of restrictive interventions, and ensuring any use of restrictive interventions and other restrictive practices is rights-respecting.
- 6.4 CHF intends to promote and train the principles that underpin the Six Core Strategies to restraint reduction (Huckshorn 2008) in the following ways:

(i) Leadership and Culture

Our leadership will promote the values and mission of the organisation at all times and set the right tone and culture to support the pledge of restraint reduction. In addition, our management team will ensure staff, policies, and procedures are focussed on Positive Behaviour Support, thereby reducing the need for restrictive interventions.

(ii) Using Data to Inform Practice

CHF will use data collection tools to measure the effectiveness of practice and efforts toward reducing incidents/restraint.

(iii) Workforce Development

Our training programmes foster a culture of collaboration and cooperation among staff and clients. CHF support staff by offering a range of tools, templates and strategies and look to establish a sustainable model of learning and development within the organisation.

(iv) Providing Personalised Support

The central focus of our training and work practice is staff using prevention and de-escalation techniques and restraint reduction tools to prevent the need for restrictive interventions. Physical intervention be used only as a last resort but this is only achievable if there is a full support plan in place based on our philosophy of 70 per cent proactive, 20% de-escalation and 10% reactive strategies. The emphasis, at all times, is that the least restrictive intervention is used at all possible times. Central to all of this are personalised care plans which, in turn, shapes person-specific support, treating people as unique individuals with specific needs.

(v) Customer Focus and Involvement

CHF place great emphasis on giving clients choices to help them manage their own behaviour. Empowering and listening to the individual during a challenging situation is essential to person-centred care, and client involvement is an integral part of our debriefing process as well.

(vi) Continuous Improvement (including Debriefing)

The principle of post-incident review, support and learning is embedded within our work practice. Debriefing is a key tool for restraint reduction as it offers an opportunity to review what went well, and what did not go well, then make improvements based on this analysis.

These Six Core Strategies set out CHF's commitment to, and our approach towards, a restraint reduction strategy that will permeate everything we do.