MacIntyre School and Children's Home

Positive Behaviour Support Policy

MacIntyre policies are formally reviewed every year. For the date of, or evidence of, the most recent review, please contact the Compliance Team.

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Introduction

At MacIntyre School our children and young people have a range of significant needs, such as Autism Spectrum Disorder, Severe Learning Disabilities, Attachment Disorders and Attention Deficit Hyperactivity Disorders. These difficulties significantly affect how a young person perceives and is able to interact with the world. Children and young people with learning disabilities are likely to have difficulties with communication, social interactions, processing and managing sensory information. They are likely to develop low self-esteem and other mental health needs.

In order to communicate their needs our children and young people may behave in concerning ways. This can have a negative impact upon the child or young person, upon others, their environment, their relationships and their quality of life.

We believe that all behaviours serve a function and can be used to try to communicate a variety of things. We are committed to understanding the child and finding ways to support them to learn alternative, functionally equivalent and more socially acceptable ways of expressing themselves.

This policy has been written with due care and respect to the rights and individual needs of our children and young people; with a positive and caring attitude to working with them, to overcome their challenges, learn more effective ways of expressing themselves and to build a happy and purposeful life.

Scope

This policy sets out the positive behaviour support policy and procedures for MacIntyre School. Where this policy refers to ‘MacIntyre School’ this includes the area of the School and on-site Children’s Homes and Hillside, the off-site Children’s Home in Leighton Buzzard.

This policy coincides with MacIntyre’s wider Positive Behaviour Support Policy.

Aims

At MacIntye School we aim to:

- Provide a safe and secure environment to help our children feel good and happy.
- Provide an environment where each young person feels valued and respected and are provided with an empathetic approach.
- Promote a kind, friendly and fun atmosphere, ensuring that new staff get to know children and young people’s needs and understand how life experiences can shape current behaviour
- Provide the educational resources and communication tools needed to help children and young people understand relevant information and enable them to make their own decisions.
- Work together as a team and use a person centred approach to get to know each individual and try to understand the functions of their behaviour through functional assessments.
- Provide appropriate strategies and support to empower individuals to regulate their own emotions, be independent, communicate their needs and feel valued as a person.
- Promote an honest and open culture to ensure the right support for the child or young person is sought and provided.

- Support all children and young people in community participation.
- Celebrate achievements and promote self-esteem and positive relationships.
- Ensure consistent responses from staff teams when supporting behaviours of concern.
- Encourage and reinforce positive behaviour and always consider others.
- Provide staff with training, coaching and mentoring on the implementation of PBS.
- Provide good, clear records in line with confidentiality and data protection policies.

Policy

MacIntyre School, builds on the values, behaviours and promises set out in MacIntyre's DNA. We provide personalised targets for learning and aim to teach each child and young person to manage their own behaviour by role modelling how to self-regulate and cope with things they find difficult. We provide structure, understanding, and adaptations to the environment, resources and the curriculum needed to reduce instances of behaviours occurring. All our strategies to support each individual are highlighted within their positive behaviour support plans.

Activities and tasks set out for our children and young people are targeted to individual need and are meaningful to them. We use a 24 hour curriculum where learning takes place not just in school, but also within the community and residential provision. We help set clear goals and achievable outcomes to empower our pupils and aid their learning, promote independent skills and improve their quality of life. These are monitored and evaluated on a termly basis.

We believe that all behaviour has a purpose and may be a signal for support. We aim to use an evidence based process to identify behaviour patterns, trends and functions to try to understand why behaviours may be occurring so we can respond to the person appropriately and sensitively. We focus heavily on proactive strategies and know that the main function of challenging behaviour is to get needs met. On no occasion do we consider our children and young people to be 'naughty', 'silly' or to require 'punishment' or 'sanctions'. Research has shown that sanctions or punishment based strategies are not appropriate and do not help students to learn so our strategies aim to address what the child or young person is trying to tell us. We do however recognise that our students may need to understand that their behaviours have consequences in order for them to make sense of the world and how their actions can have an impact on others. Where possible we will work with our children and young people to help them identify alternative choices they could make to promote more positive behaviour.

We recognise that a range of factors can contribute to behaviour change such as pain, health, sleeping difficulties, sensory needs and a history of previous traumatic experiences. We work together with medical professionals to identify all reasons for behaviour and support where possible with this, including providing regular health checks.

We use a person centred approach to behaviour, involving our children and young people in making their own choices and decisions, following the core values and promises set out by MacIntyre's DNA. Where our children and young people are unable to make a decision we follow the processes set out by the Mental Capacity Act to make decisions in that person's Best Interests, involving those with parental responsibility.

We identify out duty of care to everyone to keep them as safe as possible and have joined the wider organisation in taking the Restraint Reduction Pledge which commits us to reducing the use of restrictive strategies. Within our support plans we highlight a range of non-restrictive (first resort) strategies which can be used to de-escalate behaviour and provide training for staff in areas such as Intensive Interactions to strengthen relationships with the students. Any

interventions that may need to be used to reduce risk of harm to the children and young people, staff or wider community, will be used as a last resort option, as the least restrictive response and for the shortest time possible. These will be reviewed as part of a multi-professional process and includes the aim to Stop Over Medication of People with Learning Disabilities and Autism (STOMP).

We are committed to promoting Equality and Diversity for our staff and pupils and do not tolerate discrimination, harassment or bullying. We believe that everyone in the school has the same rights to a caring and nurturing environment that supports their individual need and promotes positive wellbeing. As such we believe in the importance of staff and pupils feeling listened to and supported and promote the use of reflective practice from all incidents. We understand that behaviours of concern can be stressful for everyone and aim to work together to support teams to receive the right post incident support for them that will help promote their wellbeing and resilience.

We recognise that children and young people with disabilities and behaviours of concern are vulnerable to abuse (intentional or unintentional) and aim to provide an open and reflective culture in line with our Safeguarding and Whistleblowing policies.

We use **TEACCH** (Treatment and Education of Autistic and Communication Handicapped Children) as a method of teaching that uses a child centred approach to learning and focuses on their strengths. Structuring the environment; using visual aids to provide a schedule of daily activities and visual sequences to support the completion of tasks helps individuals understand the routine of the day and how to approach activities, thus promoting an understanding of meaning and greater independence.

Roles and Responsibilities

Responsibilities of all Employees

- To follow and implement this policy

Responsibilities of Trustees

- Ensure the school remains focussed on meeting the needs of the pupils by managing resources, mitigating risk and checking we are operating within our financial limits.

Responsibilities of the Local Advisory Board

- Ratify the policy
- Ensure policies are implemented throughout the school.
- Ensure policies are regularly reviewed and conform with legislation and statutory guidance.

Responsibilities of Directors

- To ensure that the school's policy on positive behaviour support reflects MacIntyre's corporate policies and values.
- Review and analyse data and reports and plan actions in response to these.

Responsibilities of Executive Lead, Head of Education, Head of Care

- To lead, plan and co-ordinate the implementation of PBS in the school and residential provisions.
- To oversee and monitor the implementation of the policy within the school, ensuring all pupils have the relevant plans and learning targets in place.
- To ensure that there are relevant assessments and intervention plans in place for those that need them and assessments before and after transitions are thorough.
- To ensure that those working with medium to high impact behaviours have access to the relevant support networks.
- To ensure PBS is on the agenda for meetings and make recommendations for improvement or changes to policy where needed and communicate this with wider teams and the school's director.
- Ensure all staff have been provided with appropriate training, supervision and appraisals in line with MacIntyre's policy.
- To review the impact of PBS on an annual basis and ensure wellbeing is on the agenda in all supervisions.

Responsibilities of the Health and Therapy Team

- To be involved in transition processes of new pupils.
- To assess individual needs in the areas of communication, health, occupational therapy

and behaviour support.

- To work as a part of the ‘team around the child’ to set appropriate targets to develop communication, self-regulation and learning to reduce behaviours of concern.
- To work as part of a multi-professional team to ensure the best interests of the pupils are taken into account.
- To train, support and role model best practice to all staff.
- To implement, monitor, review and evaluate strategies and resources used to support pupils.
- To use data driven practice to evidence area of need and success criteria.

Responsibilities of PBS Leads

- To support and quality assure the implementation of PBS through delivery, observations, audits, reflections and clinical supervisions
- To support the delivery of the PBS policy and drive cultural change
- To carry out functional assessments and plans and ensure these are appropriate to the needs of the child
- To deliver training on PBS, Human Rights and Physical Intervention to a high standard
- To Authorise the use of restrictive interventions where these are the least restrictive options
- To support the facilitation of mental capacity assessments and best interests decisions around behaviours of concern
- To contribute to annual audits of the effectiveness of PBS

Responsibilities of Senior House Managers, Teachers and Team Leaders

- To follow and implement policy and procedures, ensuring their teams have the understanding of their roles and responsibilities
- To ensure all new staff are inducted into the PBS policy, MacIntyre values and DNA.
- To role model, coach and mentor staff in the implementation of PBS.
- To work as a part of the ‘team around the child’ to set appropriate targets to develop communication, self-regulation and learning to reduce behaviours of concern.
- To ensure risk assessments are carried out, where necessary, and are adhered to
- To ensure all documentation and resources in place for individuals are in date, followed and reviewed on a regular basis and the content of these are of a good quality.
- To liaise with the Health and Therapy team and Senior Leadership Team should concerns arise about pupil’s behaviours
- To attend meetings to address any wider concerns and implement changes with regard to the behavioural needs of students

- To ensure all staff have regular supervisions and appraisals and are provided with debriefing when required
- To ensure that teams have weekly/monthly meetings to cascade information, review targets and guidelines in place and assess what is and is not working for each individual
- To ensure teams have up to date training and that all people who work within the service (inclusive of agency staff) support people in the MacIntyre Way

Responsibilities of Support Workers and Learning Support Assistants

- To follow policy and procedures and report if there are concerns or they feel that plans need amending.
- To read, sign and follow guidance and support strategies in place for each pupil.
- To work as a part of the 'team around the child' to set appropriate targets to develop communication, self-regulation and learning to reduce behaviours of concern.
- To record, monitor and review support plans and learning targets in place for students.
- To follow the school's values and aims in ensuring the Promises to the pupils are provided
- To attend training, provide feedback and put this into practice
- To attend and contribute to supervisions, appraisals and team meetings
- To help the pupils of the school understand as much as possible about the policies in place around them and their rights and responsibilities

Responsibilities of pupils

- To share their views and preferences about their support, where possible to do so
- To follow the rules of the school and treat others with respect
- To contribute to their own learning and not disrupt that of others

Responsibilities of Parents / guardians

- To keep the school informed of concerns, ideas, problems and changes to family circumstances that may affect their child's behaviour or well-being
- To attend reviews and meetings about their child, and contribute to plans and decisions made about their child
- Where appropriate to work with the school to implement behaviour support plans

Responsibilities of visitors, volunteers or students on placement

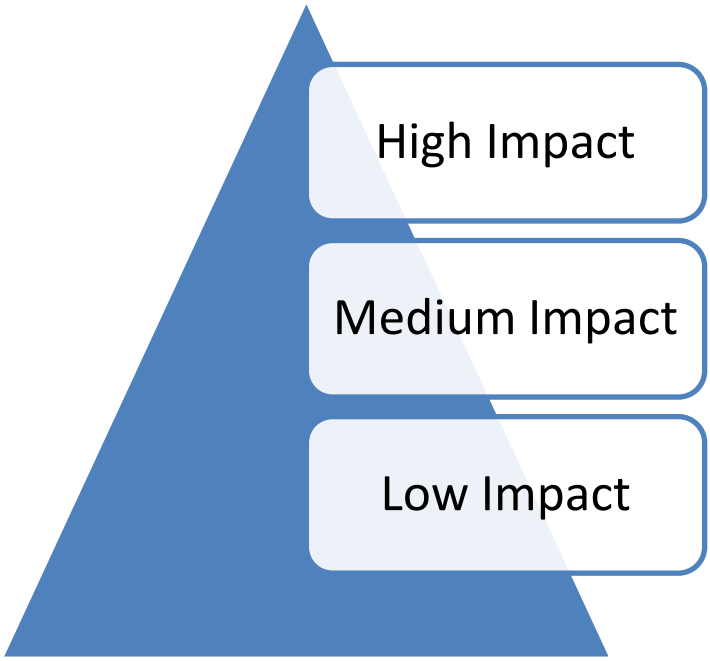
- To follow guidance given and raise concerns to managers or safeguarding officers
- To request support and advice where needed
- To provide feedback and contribute to plan for future development and improvement

Definitions *(taken from MacIntyre's PBS Policy)*

1. Behaviour of concern

Throughout this policy we have used the term behaviour of concern to describe behaviours which have a negative impact on a person's quality of life. The terms challenging behaviour, behaviour that challenges, or harmful behaviour are also frequently used. The term behaviour of concern has been chosen to make it clear that this includes behaviours that impact quality of life but may not pose such an obvious challenge to others, and to support staff to develop empathy for the person as opposed to viewing them as a challenge.

We support children and young people who exhibit a wide range of behaviours of concern and recognise each person as an individual. In practice our support is always person-centred and not restricted by any clinical diagnosis or 'level'. However, following the example of others, we have used a three level system in this policy to differentiate between expectations for children and young people whose behaviours of concern impact their quality of life to different extents. We also recognise that people's needs change over time and our support must change as a result. *(Adapted from work by BILD and the definition of challenging behaviour found in 'Challenging Behaviour - A unified approach' RCPsych, BPS, RCSLT (2007)).*



High Impact on Quality of Life – Children and adults who display high risk behaviours of such intensity, frequency or duration as to seriously threaten the quality of life and/or the physical safety of the individual or others. Includes anyone whose plans include last resort strategies that are restrictive or may result in exclusion or limit their access to ordinary community facilities.

Medium Impact on Quality of Life – Children and adults who have some behaviour support needs that are likely to impact on their or others' quality of life.

Low Impact on Quality of Life - Children and adults who are not formally considered to have 'challenging behaviour', but, because of their learning disability may, at times, use behaviours which are not considered to be socially acceptable as a means of communicating or coping. This will include almost all people with learning disabilities who require support to live their lives.

2. Positive Behaviour Support (PBS)

For support to be Positive Behaviour Support it must include all of these elements:

1. An understanding of the reasons for the specific behaviours of concern based on an appropriate level of functional assessment.

2. A specific values base where people are treated with respect and the voice of the person is heard and valued

3. A focus on long-term quality of life outcomes for the person

4. A commitment to change from everyone involved in supporting the person and at an organisational level

(Adapted from MacDonald 2017)

3. **Functional assessment**

A process for understanding the purpose a behaviour of concern is serving for the person, or why it is happening. A functional assessment process avoids assumptions and uses the best evidence available. This is likely to include a mixture of interviews, observations and data.

4. **Proactive strategies**

Strategies used as part of everyday support which aim to improve quality of life and reduce the likelihood of behaviours of concern occurring. Examples of everyday practice at MacIntyre School are:

- We provide a highly differentiated curriculum to meet the learning needs of each child/young person and put routines in place so that children and young people feel secure and calm.
- We provide visual supports so that children and young people can see the structure of the day and respond to it and aim to use reduced language to help them understand what is expected of them
- We support children to identify and manage their feelings using the Zones of Regulation and prepare them for change by using plans, schedules and social stories
- We provide a positive environment, with lots of praise and encouragement and positive body language.
- We implement strategies to support sensory issues as advised by the occupational therapists
- We provide music therapy for some students who would benefit from this approach
- We provide learning for children/young people about sex and relationships education (SRE) and promote teaching independent skills in the area of daily living

5. **Reactive strategies**

Any strategy used to resolve a situation and make it safe for everyone when a person behaves in a way that is of concern*.

6. **Non-Restrictive (Primary Intervention/First Resort) strategies**

Person-centred reactive strategies used during an incident that are not restrictive (see definition below). As the name ‘first resort strategies’ suggests, these strategies are used before restrictive interventions are considered.

Includes:

- Increasing personal space.

- Active listening – feedback what you understand the problem to be e.g. ‘you want to go somewhere quiet.’

- Stimulus change – do something dramatically different e.g. singing a song that makes them laugh, press play on their favourite music / relaxation CD.

- Redirection to preferred items or activities.

- Redirection to obsessive / compulsive behaviours.

- Strategic capitulation – Give in. Give them what they want to prevent behaviour from escalating.

- Non-restrictive protective / breakaway techniques.

7. **Restrictive (Last Resort) Strategies**

Interventions that may infringe a person's human rights and freedom of movement*.

Includes any use of force or any deliberate act to restrict a person’s movement, liberty and/or freedom to act independently**. Restrictive strategies may be lawful or not.

Includes:

- **Physical intervention** - ‘Physical force to prevent restrict or subdue movement of a person’s body or part of their body which is not physical assistance or physical guidance’ (Office of the Senior Practitioner 2011)

- **Seclusion** – ‘The supervised confinement and isolation of a person, away from other users of services, in an area from which the person is prevented from leaving.’ (Department of Health, Para 87 P and P 2014). If a person is isolated and prevented from leaving a room of their own free will then this meets the accepted criteria for seclusion, even if it is called by a different name. (British Institute of Learning Disabilities, 2015),

- **Environmental Restraint** - Where individuals or groups of people are prevented from moving freely by placing obstacles, barriers or locks in their way. Where this containment is within one room without access to basic needs (toilet, drink etc.) then this is defined as seclusion (see above).

- **Chemical Restraint** - The use of medicine which is prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour. Issue 5: December 2018 Page 12 of 14 © MacIntyre

- **Psychological Restraint** – Restricting a person’s freedom verbally or through a lack of support, for example by restricting their choices or their independence or telling them not to do things. The key point is that the actions happen with the intention of stopping or preventing a person from doing what they would like to do.

- **Mechanical / Material Restraint** - The use of a device to prevent, restrict or subdue movement of a person’s body, or part of the body, for the primary purpose of behavioural

control. This includes the use of arm splints and protective headgear to prevent severe self-injury and the use of belts and straps to prevent movement.

At MacIntyre School we are part of the Restraint Reduction Pledge and expect all staff employed in the school to act as responsible adults to keep children and young people safe whether they have already received training or not. We recognise that the children/young people we support are vulnerable to abuse and poor practice and aim to promote an open and honest culture. We work with families and local authorities to ensure that the care provided to our pupils is within their best interests. We also recognise that sometimes due to the behaviours expressed by our students staff may need to use physical intervention as a last resort to safeguard themselves and others. This may involve breaking away from harmful contact or removing someone from an environment that is either dangerous or distressing for the person. Where possible we try to ensure that any interventions used are the least restrictive options.

Where medication is involved we follow the STOMP (Stop Over-Medicating People with Learning Disabilities) guidance at the school which was implemented in NHS services in 2016. This requires 3 to 6 monthly multi-disciplinary reviews of all children and young people at the school who may be taking medication to support their behaviour or emotional needs. This includes the use of emergency medication in response to challenging behaviour as a last resort.

All staff are required to follow this guidance and contribute to the data collection and review of the effectiveness of medication use, with the aim of setting long term goals in reducing and eliminating the use of medication for our children and young people.

8. **Self-injury**

Frequently repeated self-inflicted behaviour such as people hitting their head or biting themselves, which can lead to tissue damage. This behaviour is usually shown by people with a severe learning disability. It may indicate pain or distress, or it may have another purpose, such as the person using it to communicate.*

9. **Self-harm**

A wide range of things people do to themselves in a deliberate and usually hidden way which are damaging (Hidden Pain project).

10. **Deprivation of Liberty**

A person is defined as being deprived of their liberty if the number, duration and intensity of the restrictions placed upon them mean that the person is under the constant control and supervision of staff, and is not free to leave. It is illegal to deprive a person who lacks the capacity to consent to these restrictions unless the deprivation has been legally authorised (in care homes and hospitals, through the Deprivation of Liberty Safeguards; in other settings, through an order of the Court of Protection).

11. **Clinically qualified professional**

In this context the clinically qualified professional must have training in, or be able to evidence good knowledge of, PBS. Professionals who are likely to be able to evidence this are: psychologists, behaviour analysts and LD nurses. It should not be assumed that one of these qualifications in themselves equates to an ability to advise on PBS and there may be other professionals who could be considered to have this expertise. If in doubt about whether someone qualifies as a clinically qualified professional, please discuss with MacIntyre's PBS team.

12. **Duty of Care**

A moral or legal obligation to ensure reasonable steps are taken to ensure the safety or wellbeing of others.

*These definitions are adapted from NICE clinical guideline: Challenging behaviour and learning disabilities.
**These definitions are adapted from 'Reducing the Need for Restraint and Restrictive Intervention Children and Young People with Learning Disabilities, Autistic Spectrum Disorder and Mental Health Difficulties' Dept of Health and Dept for Education 2017.

Post Incident Support

MacIntyre uses a 'Reflective Practice' ethos that all staff should apply following an incident to identify lessons learned.

Staff should be honest about the extent of their injuries, and not feel that anyone thinks that it was their fault that they were hurt. When staff have been hurt, they should receive the treatment necessary for their injury.

Following an incident of RPI or injury, staff will have the opportunity for any of the following:

- Their class/residential team takes over so they can have a break to spend time on their own, go to the staff room to have a hot drink, and so on
- There is support from Senior Leadership Team so that staff feel they can talk about the incident without any judgement, and confidentially
- A debrief session with their team or on a one to one basis, with a person of their choosing, can take place up to 72 hours following the incident
- There will be a follow-up review of any Placement Plan and Positive Behaviour Support Plans or Risk Assessments that are in place to see if they are adequate
- All staff have access to an Employee Assistance Programme by Medigold, which provides a free 24 hour help line (see MacIntyre's Sickness and Wellbeing Policy for more information)
- All staff have access to HCML, which is a service that can provide rehabilitation to help injured staff return to work

Success Criteria

- To reduce the number of injuries due to challenging behaviour by a further 20% in the next 12 months
- To reduce the number of restrictive physical interventions by a further 20% in the next 12 months
- To ensure 90% of incidents are fully recorded within 24 hours of the incident taking place
- There is evidence that students are receiving debriefing after incidents of challenge.
- Incident books evidence debriefing for staff and students at least twice a month.
- Incident statistics will be discussed and reviewed with the Local Advisory Board

three times a year.

- All staff will be able to demonstrate knowledge and understanding in line with their roles and responsibilities.
- Policy and practice will reflect current legislation and Positive Response Training Requirements.

Related Documents and References

This policy is drawn up with reference to advice located in:

- Department of Health Guidance on the Use of Restrictive Physical Intervention; How to provide safe services for people with learning disabilities and Autistic Spectrum Disorder, July 2002.
- Guidance on the use of Restrictive Physical Intervention for Pupils with Severe Behavioural Difficulties (DfES, 2003)
- Section 93 of the Education and Inspections Act 2006
- The use of force, including restraint and the restriction of liberty, in educational settings. OFSTED, 2013
- Guidance on permissible forms of control in children's residential care (Department of Health, 1993)
- Behaviour and discipline in schools, DFE, 2014
- BILD Code of Practice, for minimising the use of restrictive physical interventions: planning, developing and delivering training, fourth edition.
- Positive and Proactive Care: reducing the need for restrictive interventions. (DOH, 2014)
- The 10 components of Positive Behaviour Support, (Gore, N J et al, 2013)
- 'What does good Positive Behaviour Support look like?', BILD January 2015

This policy should be read in conjunction with the school's Health and Safety, Safeguarding, Anti Bullying and Sickness Policies and MacIntyre's corporate 'Positive Behaviour Support Policy, 2018.'