



MacIntyre

Providing support...your way

MacIntyre School and Children's Homes

Positive Behaviour Support Policy

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1. Scope

MacIntyre is committed to supporting everyone to have the best and least restricted life possible as described in MacIntyre's Positive Behaviour Support Policy.

MacIntyre School and MacIntyre's Children's Homes apply the organisational PBS Policy which is copied within this policy to ensure staff only need to refer to one policy document.

This document refers to all young people at MacIntyre School and the Children's homes, as well as all staff and volunteers as detailed in the Schedule of Responsibilities.

2. Introduction

At MacIntyre School and Children's Homes we cater for a range of children and young people who have significant needs and disabilities, such as Autism Spectrum Disorder, Moderate to Severe Learning Disabilities, Downs Syndrome, Attention Deficit Hyperactivity Disorders, Epilepsy and more.

We use positive behaviour support to reduce barriers to learning and engagement. Barriers to learning and engagement happen for a number of reasons. Behaviours of concern are a sign, not the cause, of such barriers. However, to unpick the cause we need to understand what the behaviour is telling us.

How to understand and to know what to do about it, is rooted in behavioural, biomedical and social science, but 'whilst the science tells us what we can do, it is our values that tell us what we should.' (Carr et al, 2001)

3. MacIntyre Policy

MacIntyre's Positive Behaviour Support (PBS) policy builds on the values, behaviours and promises described by our DNA.

- All staff must act in a way which reflects MacIntyre's DNA in practice.
- PBS plans must prioritise personalised targets which help children and adults to maximise their quality of life above any targets to reduce behaviours of concern.

We believe that the best support for children and adults whose behaviour is of concern is offered by staff who display MacIntyre's DNA in action, have good knowledge of PBS and who are supported to develop their own self-awareness, wellbeing and personal resilience.

- All staff must participate fully in learning, development and reflection activities.
- Managers must ensure staff are adequately trained, coached, observed, monitored and supported and that they have adequate role models and feedback to ensure PBS is happening in practice.

Behaviour is a means of communication and all behaviour has a purpose. Behaviour of concern may signal a need for support.

- All staff must support in a way that demonstrates this belief and work to try and understand and respond to the communication in kind and respectful ways.
- All staff should use MacIntyre and Local Authority referral processes to access a hierarchy of support when needed.
- Managers, external professionals and MacIntyre's PBS team must work together to ensure people's plans are based on appropriate levels of behavioural assessment (See Writing a PBS Plan Guidance and Checklist).

We recognise that children and adults with learning disabilities or autistic spectrum conditions can find it very difficult to understand and process what is going on around them, leading to significant anxiety and stress.

- All staff must show empathy for the people they support and know how to support them to understand the world around them better.

We recognise that physical or mental health needs including pain, health, sensory needs, previous traumatic experiences and sleeping difficulties can all be possible reasons for behaviours of concern.

- Staff must work together to try to identify every possible reason for a behaviour of concern. This includes seeking support from appropriate professionals when needed and supporting access to annual health checks.
- Staff must invest in learning about the life experiences of people they support and acknowledge how past experiences may impact and shape current experiences. Staff must work with the person compassionately to understand how to help them feel safe and to avoid re-traumatisation.

Evidence shows that support strategies are significantly more effective when they are based on an understanding of the reason for the behaviour obtained by collection and analysis of relevant data.

- All staff must keep good, clear records.

- Managers and PBS Coaches must analyse these records: Both to support understanding of the meaning of behaviours and to evaluate the success of support strategies.
- All data must be collected, stored and disposed of in line with MacIntyre's Confidentiality and Data Protection Policy.

We focus on **proactive strategies** which ensure good quality, person-centred support that aims to meet people's needs before problems arise. Managers, Key Workers and where appropriate PBS Coaches must work together to ensure that people's plans include a wide range of proactive strategies and targets. These include:

- Wellbeing targets that help the person to lead a more fulfilling life eg increasing preferred activities, increasing choice or learning independent skills.
- Preventative strategies eg reducing sources of stress.
- Developing a more enabling environment for the person eg having their own living space, or a team of staff able to use their preferred method of communication.
- Teaching skills which specifically replace the function of the behaviour of concern eg using a communication card to say stop rather than hitting.
- Teaching coping and tolerance skills. We believe that any strategies that punish, sanction, humiliate, degrade or coerce in any way are ineffective, unlikely to be understood by the child or adult being supported, and unethical.

We only support their inclusion in behaviour plans, or their use, where this is a legally imposed sanction intended to support a person not to re-offend.

- Staff must not use any form of punishments or sanctions.
- Managers must ensure people's plans do not include these strategies.

MacIntyre has taken the **Restraint Reduction Pledge**. This commits us to a human rights informed approach to reducing the use of **restrictive strategies**. We have already achieved significant reductions in the use of restrictive strategies and believe that continuing this is vital due to the risks of physical or emotional trauma for people supported and staff involved in restraint incidents.

- All PBS plans must include a range of **non-restrictive (first resort) strategies**.
- Staff must receive training in PBS, human rights and non-restrictive strategies before any training in restrictive strategies.

It is important that our PBS policy and practice safeguards children and adults we support, staff and the wider community from harm. At times restrictive strategies can form part of an appropriate crisis plan to prevent significant self-harm, injury to others, committing a criminal offence or severe damage to property that is likely to cause harm. Any act of restraint has a potential to interfere with a person's fundamental human rights and everyone has an obligation to respect human rights. All staff and plans must ensure that restrictive interventions:

- are only used as a last resort to reduce a real possibility of harm.
- are the least restrictive.
- are used for the shortest time possible.
- maintain the safety and dignity of all involved.
- have been risk assessed balancing the needs and vulnerabilities (physical and emotional) of the person being restrained and any risks within the environment against the risks of not using a restrictive intervention.

- are agreed and reviewed with the person (considering age, capacity and reasonable adjustments to understanding), their multi-disciplinary team and legally (see MacIntyre's Supporting Decision Making Policy) where appropriate with the support of an advocate.
- are agreed by a medical practitioner if moving or seated restraints are planned.
- are accompanied by plans to reduce or eliminate the restriction over time.
- are authorised by MacIntyre's PBS team through completion of a Training Needs Analysis.
- are delivered by staff who have been trained using a Restriction Reduction Network certified training programme.
- are always followed by appropriate emotional and medical support for the person restrained and anyone restraining
- are always reported using an incident form within 24 hours and to parents/carers (unless requested otherwise by a person over 16 or their parent/carer), commissioners (unless agreed otherwise) and AssessNet / Behaviour Watch within 72 hours.
- never include seclusion or face down restraint as we regard these as unacceptable interventions.
- are part of a good quality PBS plan (see MacIntyre PBS Plan Quality Checklist) which is reviewed regularly and in response to any use of restrictive interventions (see Guide to Review Meetings and Writing Reports).

All staff must also be aware of their Duty of Care, to intervene in the least restrictive way (no more force than needed) to prevent harm in an unforeseen exceptional circumstance. If a restrictive practice is used that is not in a person's plan this must be reported to the Head of PBS and a review will be instigated. MacIntyre are a signatory of **STOMP** (Stop Over Medication of People with learning disabilities and autism).

- Staff supporting people who are prescribed psychotropic medications should advocate for a medication review 3 months after starting treatment, then at least every 6 months and should ensure evidence is provided to the medical professional to help them make decisions which are least restrictive.

We believe in the importance of reflective practice and learning from all incidents.

- All staff must report all incidents of behaviours of concern.
- All staff must encourage a culture of kindness, honesty and learning where staff can talk about and report behaviours of concern without feeling judged.
- Managers must agree clear systems with staff about how to report different types and severities of behaviours of concern and they must review these reports regularly. We recognise that behaviours of concern can be stressful for everyone.
- Managers must support their team to equip themselves with tools to maximise their own resilience and wellbeing and provide personalised post-incident support as needed (See MacIntyre's Staff Wellbeing guidance).
- PBS plans must include post-incident support and recovery plans (emotional and, where necessary, medical) for the person supported.
- It is best practice for access to support from an advocate to be sought following any use of restraint.

We recognise that children and adults with learning disabilities and behaviours of concern can be increasingly vulnerable to intentional or unintentional abuse.

- All staff must promote an open and reflective culture where abuse is less likely to exist and follow MacIntyre's Safeguarding Adults / Child Protection and Whistleblowing Policies.
- Any injuries sustained as a result of the use of restrictive physical interventions must be recorded and reported as a safeguarding issue as well as through AssessNet / Behaviour Watch.

Increasing choice and control is part of our DNA.

- Key Workers / PBS Plan Co-ordinators must support children and adults to be involved in their PBS planning and to make complaints using MacIntyre's Complaints Policy and easy ready guidance if they are not happy with their support. We recognise that in some cases the behaviour of concern can be viewed as a complaint in itself.
- Accessible information and other supports should be used to involve people as much as possible in their own plans.

In addition to working in partnership with the child or adult we support, we believe in the importance of openness, transparency and consistency in all relationships.

- All staff must aim to ensure real partnership working with families, advocates, commissioners and other important people in a person's life.
- Any person with a PBS plan must have a named Designated Co-ordinator, who may be external to MacIntyre, who ensures a joined up approach

MacIntyre School and Children's Homes – Putting Policy into Practice

1. A Positive Behaviour Support Approach

Positive Behaviour Support focusses on the wellbeing and happiness of each individual. Promoting and supporting the improvement of someone's quality of life can help them to feel valued and in turn reduce the frequency, severity and duration of behaviour. At MacIntyre we believe that all behaviour happens for a reason and is a form of communication and a signal for help. Trying to understand why our young people are behaving in a certain way and what they are trying to tell us is fundamental in being able to address it and finding alternative ways to support the person so behaviour does not need to be the first resort.

Below are some examples of how PBS is implemented in our services:

- All children and young people have access to a variety of activities and are supported to learn new skills
- All young people are supported on at least a one to one basis so someone is available to help them achieve above and beyond and promote their independent as possible
- The strategies within our Positive Placement Plans are based upon functional assessment using behavioural, biomedical and social sciences. The science tells us what we can do and our values tell us what we should.
- We provide functional communication tools to support young people to communicate their wants and needs.
- We use a multi-disciplinary approach (PBS Specialists, Occupational Therapy, Speech and Language Therapy, School Nurse and additional stakeholders as relevant), to identify support for each young person to ensure that any decisions made are in the person best interests
- We encourage and reinforce positive behaviour
- We use reflective practice as a means of highlighting successes and learning and adapting where there is opportunity to improve.
- We hold core values which guide personalised targets for learning to support young people to learn positive and appropriate behaviours in a way that is accessible to them
- We do not punish or sanction behaviour and work with the young people to identify what they want, need or feeling and support them to find better ways to communicate
- We use The Zones of Regulation as an approach to help young people understand more about their emotions
- We use Intensive Interactions as an approach to building the fundamental skills for communication. This is key in building empathy, trusting relationships, helping staff attune with the young person and building connections. Intensive Interactions is also very good for developing the basics of communication skills and building on concepts such as anticipation and turn taking
- Training is provided for all staff on Positive Behaviour Support with an emphasis on non-restrictive approaches and Human Rights
- We use a person centred approach to planning and intervention and use a variety of tools and methods to get the young people's views heard
- We support young people with their transitions into and out of our services to ensure the young people continue to thrive in their new adult lives.
- Risk Profiles are formulated to assess the frequency and severity of behaviour and impact on health and wellbeing of the person and others. The young person's Positive Placement plan then details how we will support them to develop, learn new skills and to minimise any risk.

2. Equality and Diversity

At MacIntyre Children's Homes and the School we are committed to promoting Equality and Diversity for our staff and young people and do not tolerate discrimination, harassment or bullying. We believe that everyone in the school and homes has the same rights to a caring and nurturing environment that supports their individual need and promotes positive wellbeing. We follow the Human Rights Act and believe in the importance of everyone feeling listened to through the use of reflective practice. 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.

3. Multi-Disciplinary Team

Within the children's homes and school we work as a multi-disciplinary team. This includes a variety of professionals, School Nurse, Speech and Language Therapist, Occupational Therapist, Music Therapist, Intensive Interactions Mentor, Positive Behaviour Support Specialists and Consultant Psychiatrists. Each of these services can assess the needs of young people. Once an assessment is completed the team can develop plans, strategies and programmes to meet the needs of the young people. Training, upskilling, coaching and mentoring staff to implement the recommended strategies.

4. Structure and environment

The Children's Homes and School identify that the environment can play an important role in the wellbeing of our young people. We acknowledge that this does not just involve the physical environment, structure and layout of our buildings, but the interpersonal skills of our staff teams, other people in the vicinity and more. As such we have a flexible approach to enabling the adaptation of our environments and ensuring they meet the personalised needs of our young people. We respect that many of our young people may struggle to be in group settings and dislike noise or crowds, so we aim to utilise the space of our environment to try to cater for individual needs as much as practicably possible.

5. Teaching and Therapeutic Approaches

The children's homes and school use a multi-disciplinary approach to learning, involving families and other professionals in creating targets that meet individual needs. A range of assessment tools are used to identify what support the young people require. Within PBS this can involve functional assessments. A wide range of approaches can be used to support the learning needs of our young people. Below are some examples;

- **Teaching functionally equivalent or related skills for behaviour**, for example; if a young person is using a behaviour of concern to tell someone they want something, then a communication resource may be introduced to help the young person to use this behaviour instead of their behaviour of concern.
- **Teaching coping and tolerance strategies** – We use a variety of techniques to help our young people identify what they like or don't like and how to manage their feelings around this. Zones of Regulations is one approach we use, whereby young people are asked to identify if they are blue (upset, sad), green (happy, ok), yellow (anxious, worried) or red (angry, cross). Helping them to identify how they feel and then helping them to identify what to do next. We use role play, role modelling, social stories and 1:1 sessions to help our young people manage their emotions through techniques such as deep breathing, sensory regulation, walking away, taking a break, relaxation and so on.

For young people who require additional sensory support this may also entail the implementation of occupational therapy strategies to help them learn to regulate their emotions through other means.

- **Intensive Interactions** – Intensive Interactions is an approach designed to help people at early levels of development, autistic people, people who have severe, profound or complex learning difficulties. Intensive interaction works on early interaction abilities, how to enjoy being with other people, to relate, interact, know, understand and practice communication routines. Intensive interaction teaches and develops the fundamentals of communication, attainments such as the use and understanding of facial expressions, vocalisations leading to speech, taking turns in exchanges of conversation and the structure of conversation. MacIntyre has a lead facilitator in this area who oversees training and support for staff in the implementation and review of intensive interactions, We also have an intensive interactions mentor within the therapy team to provide support in the Children’s Homes and School.
- **Teaching Skills** - MacIntyre School takes a child centred approach to learning, focussing on their individual strengths. We help to provide predictability, structure and routine by; structuring the environment through the use visual aids, e.g. schedules of daily activities, visual sequences of how to complete tasks, layout of work stations to support learning and so on. The aim is to promote the young people’s understanding and independence of what they are doing.
- **Celebration of Achievements** – The children’s homes and school identify that rewarding the progress and achievements of our young people, no matter how small, can promote their self-esteem and build positive relationships.
- **Young People Meetings** – Young people are given the option to have their views heard during regular meetings with their link worker in the children’s homes. This includes access to and the use of complaints books should they have a concern.
- **Attention Autism** – The use of sessions such as ‘bucket’ and ‘call and response’ are used in the school to help develop communication skills, turn taking, sharing, waiting and so on.

6. Involving our Young People and their Families or Advocates

We believe that the young people we support are at the centre of their care and education and so their views are important in ensuring that interventions in place are suited to their needs. The children’s homes and school cater for a wide range of individuals from a variety of backgrounds, each with their own communication difficulties. As such we provide a range of resources and communication tools to help our young people to be involved in making their own choices and decisions. Below are some examples of these tools;

- Social Stories
- Choice boards
- Talking Mats
- Go Talks
- Person centred thinking tools, such as; important for/to me, what a good/bad day looks like for me, my perfect day, and so on
- Visual schedules
- I-Pads and AAC communication software

We try to ensure that all information presented is understandable and accessible for all and tailored to that young person. For young people who may struggle to express themselves we take their views into consideration by observing them and their responses to different events, people, scenarios and activities as well as talking to the people closest to them (families, friends, carers/advocates, staff and professionals). We believe that getting to know the person is important to truly understanding what motivates them.

Should a decision need to be made where the young person is 16 years old and above and assessed to not have the capacity to understand the decision or make a choice, we would hold best interests meetings with all relevant parties depending on the decision that is to be made (Mental Capacity Act, 2005).

7. Peer on Peer incidents

Within MacIntyre Children's Homes and MacIntyre School we are aware that group environments can result in young people sharing space with others to whom they at times may struggle to share space with. Some of our young people may not be able to tell us that they have a concern or understand the consequences to their own behaviour so we work with them to support them in these areas and monitor everyone's wellbeing. To reduce the likelihood of peer on peer incidents from occurring we currently engage in the following:

- We work with families from the initial transition phase to identify suitable placements for all young people, completing impact risk assessments and reviewing placements as and when needed (or if changes occur) to try to ensure best fit.
- We have a Safeguarding Policy and Procedure whereby any peer on peer related incidents are reported as a concern, notifying the Designated Safeguarding Officers or Designated Safeguarding Lead. These are reviewed and actions implemented to prevent re-occurrence. PBS training is provided for staff to support them to identify warning signs and prevent incidents occurring for all young people they support.
- Risk assessments of the environments are carried out to utilise space and room management strategies. This can include thinking of seating plans in school vehicles and group activities. Physical Intervention training is provided for staff to be able to manage physical incidents and separate young people if needed as a last resort if other non-restrictive strategies have failed.
- We focus on teaching young people skills to interact more positively with others. This may involve, turn taking, sharing, handing someone something, doing positive and fun things together and so on.
- Social stories and debriefs / emotional support is given to all young people involved in an incident, addressing any concerns they may have raised as a safeguarding concern.
- Multi-Disciplinary Team meetings are held where concerns are significant
- All incidents require a level of reflection to identify the actions moving forwards

If peer on peer incidents form a pattern we would utilise and follow the guidelines identified in our Anti-Bullying Policy.

8. Training

Staff are currently expected to engage in a range of training courses to build on their skills and support them in meeting the needs of our young people. The following training courses are mandatory and all staff are expected to attend them:

- **Safeguarding**
- **Positive Behaviour Support Elements**
- **Human Rights and non-restrictive interventions**

- **Restrictive Physical Interventions**
- **First Aid**
- **Epilepsy (and any other health related course)**
- **Infection Control**
- **Fire**
- **Moving and Handling**
- **Intensive Interaction**
- **Autism**
- **Health and Safety**
- **Food Hygiene**

Other courses are developed and implemented depending on the individual needs of our young people and our services.

All staff who directly support our young people are expected to take part in all training provided, particularly that of physical intervention, which is needed in order to work at the school or in the children's homes. If staff are not able to take part in physical intervention training for a particular reason, e.g. due to a health concern, this will be reviewed and assessed by their line manager and HR on case by case basis. Risk assessments will be identified for **temporary** illness or ailments and reviewed. Whereby **long term** concerns exist that have an impact on someone's ability to engage with the training or complete roles within their job description, this will be reviewed as per the conditions of our Sickness and Wellbeing Policy. Staff with long term ailments will be assessed for their capability to continue to work within their role.

Our Children's Homes and School follow MacIntyre's PBS Training Pathway which covers; PBS Elements, Human Rights and Restrictive Physical Interventions (RPI). These courses have been designed and developed by a group of professionals with reference to good practice guidance on PBS and legal requirements set out in acts such as; The Human Rights Act and The Children's Act. The RPI training has been assessed by a trained and experienced Physiotherapist as well as seeking the input from an expert by experience, typically someone who have experienced restraint in the past. The whole pathway training meets the requirements of the British Institute of Learning Disability (BILD) Code of Practice and the Restraint Reduction Networks Standards. As such the course has accreditation which is reviewed on an annual basis.

9. Incident reporting and analysis

We use a range of recording systems in the school and children's homes for reporting and analysis. Some examples of these are:

- **Incident Reports** reportable incidents where behaviours of concern have led to
 - someone sustained an **injury** no matter how trivial the injury
 - **property damage** no matter how trivial
 - **Concerning event or near miss** – Where concerning behaviour has occurred which is above and beyond what is typical for a person that causes concern.
 - **Physical Intervention** has been used
 - **A missing person**
 - A **crime** has been committed

We have a computer based system called Behaviour Watch which staff are trained to use and provide a factual account of events. Information entered on this system can be analysed to identify patterns, trends, frequency and so forth.

- **Accident Reports** For reporting any accidents that may occur such as slips, trips and falls.
- **ABC forms** (Antecedent Behaviour Consequence) are implemented as and when needed for short periods of time to monitor specific behaviours. These are used to capture possible functions or patterns of behaviour.
- **Behaviour Monitoring** –completed on a daily basis for all young people to identify behaviours which they may display that can impact on their quality of life but are not resulting in restraint or injury to others.
- **Epilepsy Monitoring Forms** – these are used as and when seizures occur and shared with medical professionals. These are entered onto behaviour watch and can be cross compared with behaviour data.
- **Progress Notes** are completed for each young person in the children’s homes these record food and liquid intake, health concerns, bowel movements, communication, activities, life skills, any contact with external stakeholders or families, sleep record
- **Health Appointment Records** are in all children’s homes and these are completed each time a young person has a health appointment booked and during or after the health appointment to provide a clear record of discussions and outcomes.

All of these records are on our database, Behaviour Watch (by School Pod / www.eduspot.co.uk). This enables us to cross compare data on all young people and staff in our care and identify patterns, trends and areas for intervention. Data from such records are analysed in reports for individual annual reviews or as part of a wider school or homes Health and Safety annual report, or Local Advisory Board reports. The H&S and LAB groups will assess data presented and set actions to address areas of concern.

Incident Reporting

Within the children’s homes we follow the statutory guidance enforced by Ofsted; The Children’s Homes (England) Regulations 2015, section 35. These regulations state that:

- We must have a behaviour management policy which highlights how appropriate behaviour is promoted and what measures of control, discipline and restraint may be used in relation to the children in the home
- The policy must be reviewed and revised as and when needed
- The homes must ensure that any incident involving restraint is recorded within **24 hours** and includes the following information; name of child, details of behaviour leading up to the intervention, date/time/location of the intervention, a description of what happened and steps taken to avoid the need for the intervention, the effectiveness of the intervention and any consequences and a description of any injuries all relevant people sustained and any medical treatment administered.
- Within 48 hours of the incident/intervention used management must ensure that someone has spoken to the staff who used the intervention and there is a signed copy of the record.
- All staff and young people involved in the incident should receive a debrief within 48 hours of the incident taking place.

MacIntyre School aims to utilise elements of the following guidance and requires its staff to also record and report incidents within a 24 hour period, in line with company policy and procedure:

- ‘Reducing the Need for Restraint and Restrictive Intervention’ June 2019
- ‘Guidance on the use of behaviour and disciplines in schools’ 2019

10. Sanctions

In line with MacIntyre Policy we do not use sanctions or punishments in our environments. Our strategies aim to address what the child or young person is trying to tell us. On no occasion do we consider our young people to be 'naughty', 'silly' or to require 'punishment' or 'sanctions'. We support our young people to learn what is and is not appropriate behaviour and provide them with other skills to help them make sense of the world and how their actions can have an impact on others.

Exclusions

Within the Children's Homes and MacIntyre School we do not exclude our young people. Our Exclusions Statement can be found on the MacIntyre website and identifies that we understand the complex needs of our young people and strive to have thorough transition and assessment processes in order to identify that we can meet the needs of each individual referred to us.

Whereby circumstances for a young person may change and the school or children's homes identify that all options have been tried and they can no longer meet the needs of the young person, they will take every step to try to avoid serving notice. Should notice need to be served the school and children's home will support the young person for as long as practicably possible until alternative suitable placements have been sought. We endeavour to work with families and local authorities to support this transition process and try to help identify alternative options that may be in the young person's best interests.

11. Post-incident Support (Children and Young People)

As per guidance set out in the Children's Homes Regulations we ensure all young people are provided with support or a debrief following an incident, particularly where restraint has been used or they are injured. We do this within 24 hours of an incident being reported.

Support post incident can vary for each individual depending on their needs, understanding and ability to express themselves. As such we ensure that a variety of communication resources are available as and when needed.

Staff are provided with training on the impact that adrenaline can have on the body and mind of a young person as well as themselves. As such we recognise that sometimes people need to have quiet and calm time to themselves to recover. This may include a drink or snack and a gentle approach with reduced or no demands or expectations. We will observe and monitor the wellbeing of all involved and use preferred methods of communication or support tailored to each individual's needs and wants.

4. Schedule of Responsibilities

Responsibilities of all Employees, visitors, volunteers and student placements

- To follow and implement this policy.
- To work as a part of the 'team around the child' to implement this policy and the child's plan consistently.
- To read, sign and follow guidance and support strategies in place for each child.
- To contribute positive placement plans and risk assessments to keep these as live documents
- To attend training, provide feedback and put this into practice.
- To attend and contribute to supervisions, appraisals and team meetings.
- To help children understand as much as possible about the policies in place around them and their rights and responsibilities.
- Make recommendations for improvement or changes to policy where needed.
- 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

Trustees

- Ratify MacIntyre's PBS Policy

Responsibilities of the Local Advisory Board, Director of Education and Children's Homes and Responsible Individual

- Ratify this PBS Policy
- Ensure this policy is implemented throughout the School / Children's Homes
- Ensure policies are regularly reviewed and conform with legislation and statutory guidance.
- Hold leaders accountable for the implementation of this policy.

Responsibilities of Responsible Individuals, Head of Education and Registered Managers

- Ensure that the policy is regularly updated and reviewed and constantly reflects current legislations and guidance and that they are implemented effectively
- To ensure that staff have the appropriate training to be able to gain the knowledge and skill to effectively support young people with their behaviours of concern
- To ensure that there is a culture of Positive Behaviour Support embedded which is about improving quality of life and overall well-being for our young people
- That every young person has an up to date positive placement plan that reflects their needs, that this includes how the school/ children's homes intends to support the young person to reduce concerning behaviours
- Sign off and agree risk assessments and agreed physical intervention techniques relating to young people's behaviours of concern
- Authorise additional support and intervention that may be required from external sources
- Design and implement a service development plan (SDP) and training development plans

Responsibilities of Team Leaders, Teachers, and Deputy Head of Education

- Be a PBS leader by planning and co-ordinating the implementation of this policy across the children's homes and school, supporting the team to understand and meet their responsibilities as outlined in this policy.
- Ensure that this policy is reviewed and up to date with guidance
- Be a practice leader in reducing restrictive practice
- Make PBS, restriction reduction and wellbeing standing agenda items at all key area / team meetings.
- Ensure that assessment before support from MacIntyre commences is thorough, contributing to the completion of plans around the young person.
- Ensure that support for transitions beyond MacIntyre planned and supported in the persons best interests.
- Ensure all staff have been provided with appropriate training, supervision and appraisals in line with MacIntyre's policy and the training needs analysis.
- Support the wellbeing and resilience of their team in line with MacIntyre's Good Practice Guidance for Staff Wellbeing and ensure this remains a standing agenda for all staff meetings.
- Have in place a service training plan based on an assessment of the needs of the young people being supported and of the specific risks posed by behaviours of concern.
- Ensure positive placement plans and risk assessment are regularly updated to keep them as live documents, working as a 'team around the child' to involve all key professionals in the development and review of these plans.
- Ensure all young people's plans are in line with the values outlined in this policy, Utilise the support of the PBS Specialists to quality check the plans.
- Support teams to ensure all young people's views have been taken into consideration for decisions around them and their involvement in the content of their plans.
- Ensure all young people have associated risk assessments.
- Ensure all new employees are inducted and understand their responsibilities under this policy.
- Role model and coach staff to follow this policy and positive placement plans at all times.

Responsibilities of PBS Specialists

- To support the development and ensure the quality of positive placement plans for all new young people to the service.
- To work with teams as part of a 'team around the child' in overseeing and implementing plans.
- Support and quality assure the work of managers through co-delivery, observations, paper audits, coaching, mentoring and practice reflections.
- Support everyone to deliver the PBS policy and drive PBS culture.
- Carry out observations and functional assessments, supporting managers in the development of positive placement plans
- Provide specialist input into the 'Focussed' group of young people on your caseload
- As Lead Trainers deliver; 'Positive Behaviour Support', 'Human Rights and Non-Restrictive Strategies' and 'Restrictive Physical Intervention' (RPI) training to all staff, supporting assistant trainers to deliver this to a high standard.
- Work with teams to achieve overall improvements to the quality of life of the young people they support, utilising best interest's decisions processes.
- Promote awareness of PBS and MacIntyre's PBS policy by sharing examples of best practice in partnership with MacIntyre's Communications team.
- Authorise the use of restrictive practices in response to behaviours of concern within positive placement plans based on MacIntyre's least restrictive criteria with support from the Head of PBS for MacIntyre.

- Maintain the Training Needs Analysis for RPI training for each service based on the changing needs of young people and working towards continuous restriction reductions.
- Engage with regular clinical supervision and maintain / work towards professional level qualifications.
- To support the facilitation of mental capacity assessments and best interests decisions around behaviours of concern.
- To co-ordinate and facilitate multi-professional meetings around the young person.
- To contribute to the development of PBS resources and share these with wider organisation.
- Audit implementation of key processes and quality check support plans.
- Support the develop and implementation restraint reduction plans for services
- Have oversight of the de-brief process for staff and young people and make any recommendations to SLT as to how this may be improved

Responsibilities of MacIntyre Head of PBS

- Keep MacIntyre's PBS policy and the associated good practice guidance up-to-date and benchmarked to external best practice.
- Support services to meet the requirements within this policy.
- Be the organisational lead for restrictive practice reduction
- Lead and continuously review MacIntyre's PBS workplan which includes MacIntyre's restriction reduction plan.
- Share MacIntyre's PBS best practice internally and externally.
- Co-ordinate the development and sharing of up-to-date learning resources and training course content.
- Ensure co-ordination of the delivery of high quality PBS and Restrictive Physical Intervention training across MacIntyre.
- Ensure we maintain a database of children and adults we support whose behaviour is of concern, including the level of concern and details of authorised restrictions.
- Regularly review reported restrictions.
- Work with the Health and Safety Manager to produce an annual report which includes:
 - Analysis of incidents of behaviours of concern
 - Analysis of use of restrictive physical interventions
 - Review of the effectiveness and impact of PBS and RPI training
 - Review of the effectiveness and impact of PBS Plans and practice
 - Review of MacIntyre's restrictive practice reduction goals and strategy

Responsibilities of MacIntyre's Health and Safety Manager

- Manage MacIntyre's incident reporting systems.
- Produce weekly reports from these systems for Senior Management and MacIntyre's PBS team which summarises any incidents that are RIDDOR reportable, involve staff lost time, involve a person we support being taken to hospital or are concerning for any other reason.
- Produce monthly and quarterly Health and Safety reviews to support Area Manager's to reflect on incidents of behaviours of concern and restrictive physical interventions.
- Produce an annual Health and Safety report with input from the Head of PBS to include an analysis of data about behaviours of concern and restrictive physical interventions.

Responsibilities of the Health and Therapy Team

- To be involved in transition processes of new young people and contribute to the contents of positive placement plans.
- To assess individual needs in the areas of communication, health, occupational therapy and positive behaviour support.
- As a part of the 'team around the child' to set appropriate targets to develop skills, 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 young people 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 young people.
- To use data driven practice to evidence areas of need and success criteria.
- To coach and mentor staff to implement therapy plans

Responsibilities of front line staff

- Contribute to all discussions, meetings and reviews around the young person, ensuring that wellbeing and quality of life are a key focus on the agenda.
- Contribute to the review of all plans and strategies around the young person, providing evidence for learning and development.
- Notify managers and responsible person(s) of any changes or concerns as per Safeguarding Policy and Procedures.
- Read and implement the plans in place for the young person and where they are unsure, ask or clarify information with others.
- Engage and participate in all training.
- Complete all records for the young people, including incident reporting, within set timescales.
- Support colleagues and young people with de-briefs.
- Monitor young people's wellbeing and follow safeguarding policies and other relevant guidance in meeting their needs.

Young People and Parents/Guardians

At MacIntyre School agreements will be made in collaboration with young people and their families or legal guardians about the support provided around PBS. Children within the homes will have regular contact opportunities provided with their families and the school will host parents evenings or events and provide communications about how their child is doing.

Definitions

Within the electronic version of this policy if you click on an underlined phrase it will take you straight to the definition. If reading on paper please note that all underlined phrases are defined here.

*These definitions are adapted from NICE clinical guideline: Challenging behaviour and learning disabilities.

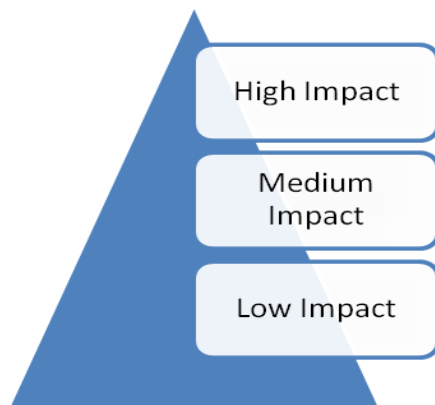
**These definitions are adapted from 'Reducing the Need for Restraint and Restrictive Intervention Children and Young Children with Learning Disabilities, Autistic Spectrum Disorder and Mental Health Difficulties' Dept of Health and Dept for Education 2017.

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.

Levels indicating the extent to which [behaviours of concern](#) impact a person's life

We support 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 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.

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 (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.
- 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** - 'Any method of responding to behaviours of concern which involves some degree of direct force to try and limit or restrict movement. Can also be called, physical restraint, manual restraint and restrictive physical intervention'. (RRN 2019).
- **Seclusion** – 'If a person is isolated and prevented from leaving a room of their own free will, it meets the criteria for seclusion, even if it is called by a different name. Alternative names in use may be: time out, isolation, chill out, or single separation. There could be a number of methods that prevent someone from leaving a room including a perceived or real threat (RRN 2019).

“The supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving where it is necessary for the purpose of the containment of severely disturbed behaviour which poses a risk to others” (Reducing the Need for Restraint and Restrictive Interventions, Department of Health, June 2019).

- **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). 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** - Involves using medication with the intention of restricting someone’s movement. This could be regularly prescribed medication – including those to be used as required (PRN) – or illegal drugs (RRN, 2019)
- **Psychological Restraint** – This can include constantly telling the person not to do something, or that doing what they want to do is not allowed, or is too dangerous. It may include depriving a person of lifestyle choices by, for example, telling them what time to go to bed or get up. Psychological restraint might also include depriving individuals of equipment or possessions they consider necessary to do what they want to do, for example taking away walking aids, glasses, outdoor clothing, or keeping the person in nightwear with the intention of stopping them from leaving (RRN, 2019).
- **Mechanical 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.
- **Technological surveillance** - Tagging, pressure pads, closed circuit television, or door alarms, for example, are often used to alert staff that the person is trying to leave or to monitor their movement (RRN, 2019).

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. Plans

The term plans is used to refer to a child or adult’s person centred plans. A Positive Behaviour Support Plan will be one of these plans (or will be included within the main plan) for children and adults with high or medium impact needs. Plans may also include Support Plans or Individual Education Plans. Please note that plans for people who have committed, or may commit, an offence may include legal requirements for staff to follow.

11. 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).

12. 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.

13. Duty of Care

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

6. MacIntyre's PBS Good Practice Guides

The following Good Practice Guides are available on the MacIntyre Intranet;

[Writing a PBS Plan Guidance and Checklist](#)

[Monitoring PBS in Practice](#)

[Review Meetings and Writing Reports](#)

[MacIntyre's Staff Wellbeing Guidance](#)

[Practice Reflections and Clinical Supervision Guidance](#)

[Lead PBS Team and Core Offer](#)

7. Links to External Policy and Good Practice Documentation

The policy has also been drawn up with reference to and to comply with the following guidelines and best practice guidance:

- [The Human Rights Act](#), 1998
- [Positive and Proactive Care: reducing the need for restrictive interventions](#), Dept of Health, 2015
- [Reducing the Need for Restraint and Restrictive Intervention: Children and Young Children with Learning Disabilities, Autistic Spectrum Disorder and Mental Health Difficulties](#), Dept of Health and Dept for Education November June 2019
- [Children and Families Act](#), 2015
- [Use of reasonable force: Advice for head teachers, staff and governing bodies](#), 2013
- [Section 93 of the Education and Inspections Act](#) 2006
- [Children's Home Regulations](#), Regulations 2, 19, 20, 32 and 35, 2015 and [Guide to the Children's Home Regulations](#) sections 9.33 – 9.63, 2015

- [Residential Special Schools: National Minimum Standards](#), Standard 12, DfE, 2015
- [A positive and proactive workforce](#), Skills for Care and Skills for Health, 2014
- [Ensuring quality services](#) for children with behaviour that challenges, NHS England and The Local Government Association, February 2014
- [Welsh Assembly Government Framework for Restrictive Physical Intervention Policy and Practice](#), 2005
- BILD Code of Practice for minimising the use of restrictive physical interventions: planning, developing and delivering training, 2014 (4th edition).
- [Restriction Reduction Network Training Standards](#), 2018
- [NICE Guideline and Standards: Challenging behaviour and learning disabilities: prevention and interventions for children with learning disabilities whose behaviour challenges](#), April 2015 and October 2015.
- [UN Convention on the Rights of the Child](#), 1992 (UK)
- [Behaviour and Discipline in Schools](#), DfE, 2016
- [Mental Capacity Act Code of Practice: Protecting the Vulnerable](#), 2007

We have also been guided by:

- Reducing the Use of Restrictive Practices with children who have intellectual disabilities, A practical approach, David Allen, 2011
- Framework for reducing restrictive practices. Sharon Paley-Wakefield 2013.
- [NICE Guidelines: Violence and Aggression](#), April 2015.
- Positive Behaviour Support: A Competence Framework by the Positive Behavioural Support Coalition, March 2015
- Transforming Care: The Challenges and the Solutions, VODG, 2018
- NICE Guidelines: Learning disabilities and behaviour that challenges: service design and delivery, 28 March 2018
- 'Positive Environments where children can flourish' – A guide for inspectors about Physical Intervention and restriction of liberty, 2018, OFSTED

We are signatories of and committed to:

- [The Challenging Behaviour Charter](#)
- [The STOMP Pledge](#)
- [The Restraint Reduction Network Pledge](#)