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.

Issue Date: November 2017
Review Date: October 2018

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 a way that challenges. 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. Behaviours that challenge may be used to express and communicate a wide variety of things, for example: a dislike for something; a want or need; anxiety or stress, illness or pain; and emotions such as anger or frustration

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.

We are committed to understanding the function of the behaviours our children and young people present in order to support them to learn alternative, functionally equivalent and more socially acceptable ways of expressing themselves.

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 Home and Hillside, the off-site Children's Home in Leighton Buzzard.

Definition

The term 'Challenging Behaviour' can be defined in the following ways:

'culturally abnormal behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to and use of ordinary community facilities' (Emerson, 2001)

'Behaviour of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion' (Royal College of Psychiatrists, British Psychological Society & Royal College of Speech and Language Therapists, 2007)

At MacIntyre School we believe that behaviour that challenges is a normal part of growing up and only becomes a concern when the frequency, intensity and duration increases to a point it can have a detrimental impact on the child or those around them. Behaviours seen as challenging can differ from one person to the next, depending on circumstances, social norms and emotions. What upsets one person may not upset another and vice versa. The term 'challenging' is often associated with behaviours that upset us or make us feel unsafe.

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.
- Promote a kind, friendly and fun atmosphere and ensuring that new staff get to know children's needs.
- Provide the educational resources and communication tools needed to help children understand relevant information and enable them to make their own decisions.
- Use a child 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 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.

How we achieve these goals…

MacIntyre School, teaches each child and young person to manage their own behaviour by developing their self-regulation and teaching coping strategies. We provide structure, understanding, adaptations to the environment, resources and the curriculum needed to reduce instances of behaviours that challenge.

Where behaviours of concern are present we use an evidence based process to identify patterns, trends and functions. We understand that the main function of challenging behaviour is to get needs met and on no occasions do we consider our children and young people to be 'naughty', 'silly' or to require 'punishment' or 'sanctions'. Sanctions or punishment based strategies are not appropriate and do not help our students learn. 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. 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 use a child 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 as an organisation. 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.

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 independence skills and improve their quality of life. These are monitored and evaluated on a termly basis.

We identify out duty of care to everyone to keep them as safe as possible. All our staff are highly trained in working with our pupils in a collaborative manner. Staff work as a team, supporting each other in order to provide a positive behavioural approach at all times.

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.

Key Approaches used at MacIntyre School;

TEACCH (Treatment and Education of Autistic and Communication Handicapped Children)

- This is 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.

PECS (Picture Exchange Communications System)

- This is an alternative communication intervention package designed for individuals with autism spectrum disorder and related developmental disabilities. PECS has a process of 6 stages and starts by teaching an individual to give someone a picture in exchange for a desired item. As each stage progresses the child or young person is taught how to discriminate between pictures and develop sentences to show what they want or how they are feeling.

PBS (Positive Behaviour Support)

The school uses a variety of positive behavioural approaches to help our children and young people manage their behaviours. We seek, at all times, to use prevention (proactive) strategies to diffuse situations and maintain calm. Our main focus as a school is to develop staff to be able to identify and assess the functions of a person's behaviour and put plans in place to support these in a more socially appropriate manner.

We create a calm environment which decreases the risk of pupils experiencing anxiety and/or stress and the potential to engage in challenging behaviours. To help reduce anxieties, individual support programmes/strategies are implemented with the input and advice of professionals such as Positive Behaviour Support Specialists, Occupational Therapist, Psychiatrist, and Speech and Language Therapist. Where additional or expert advice is required then support from external professionals will be sought specific to individual need.

Each pupil has a Placement Plan, Positive Behaviour Support Plan, Daily monitoring forms, Individual Learning Plan, Risk Assessments, Occupational Therapy Profile and Communication Profile. These documents are jointly written as part of a multi-disciplinary team in the best interests of the children and young people. We aim to create plans which fully understand the functions of any behaviour that may challenge and which detail what staff need to do to ensure that the pupil achieves a calm, optimum learning state. We believe in an evidence based approach and utilise

daily records to help evidence and support predictions, assessments, target settings and achievements.

(For more information on the proactive strategies used at MacIntyre School please read Appendix 1)

Roles and Responsibilities

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

- 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.

Responsibilities of Principal and Deputy Principals

- To oversee and monitor the implementation of the policy within the school, ensuring all pupils have placement plans and learning targets.

- To ensure that there are relevant assessments and intervention plans in place for those that need them.

- 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.

- To ensure all staff have been provided with adequate supervision and appraisals in line with MacIntyre's policy.

- To ensure there is a structure in place to offer a range of support after a challenging incident.

- To have an overall understanding of the number of incidents and restrictive practices that have been used, with a goal of reducing these and addressing concerning events alongside additional policies, e.g. safeguarding.

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 Teachers, Heads of Service and Seniors

- To follow and implement policy and procedures, ensuring their teams have the understanding of their roles and responsibilities

- 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

- 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.

Responsibilities of Staff (including Agency and Relief)

- 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

- 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

Reactive Strategies

We recognise that the children/young people we support are vulnerable to abuse and poor practice. At MacIntyre School we promote an open and honest culture and 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 *(See appendix 2 for more information on Restrictive Interventions).*

Positive Response Training and Consultancy

MacIntyre expects 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.

All staff employed by MacIntyre will undergo training from Positive Response Training and Consultancy group as part of their induction. This training will also be offered to agency and NHS staff through training agreements with their employer. Those staff who have just joined the school will be expected to respond as responsible adults (that is to intervene sensibly if someone is about to be hurt) until they are able to attend training. All staff are updated in this training annually to ensure certification. The School will have staff members on site who are trained as tutors.

Mental Capacity Act and Deprivation of Liberty Safeguards

The use of physical intervention will be addressed through Best Interests Meetings with key stakeholders when reviewing the placement of each pupil. The proactive and reactive strategies identified as being appropriate for the pupil will be highlighted as part of their placement plan and reviewed on a regular basis.

Staff are also expected to complete training in this area and work to use the least restrictive response in a reasonable and proportionate manner.

Duty of Care

All staff have a duty of care at the school to prevent and respond to challenging behaviour and situations to keep our children and young people and our colleagues safe. Failure to respond to protect others may result in disciplinary action as per MacIntyre's policy and procedures.

Medication

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 regular 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.

Assessing, Reviewing, Recording, Reporting and Monitoring

Any incident of restrictive physical intervention must be logged onto Behaviour Watch. This is a confidential web based data system for monitoring the needs of our children and young people. Entries into this system are logged in a bound and numbered fashion and are monitored by the Positive Behaviour Support Team at the school. All entries onto this system must take place within 24 hours of the incident occurring. Witnesses are asked to report any incident where an injured person is unable to do so. Notifications are in place on this system to report to relevant members of management at the school when certain events take place.

The Positive Behaviour Support Team and Health and Safety Team at MacIntyre will use this system to assess patterns and trends of behaviour data, alongside educational targets and reviews of progress.

The Principal and Deputy Principals will share statistics with external stakeholders and the Health and Safety Manager, through monthly and quarterly reports.

An incident where inappropriate restrictive practice has occurred or interventions which were not deemed a 'last resort' will be reported to the Principal and Deputy Principal's for further investigation.

Support following an incident

MacIntyre use 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 Corpore, 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, 2015.'

Appendix 1

<p align="center">Strategies used at MacIntyre School to support positive behaviour</p>

Proactive Prevention Strategies

- Staff are trained in the teaching and support of children and young people with behaviours that challenge, including positive reinforcement

- We use reward systems and records of achievement to promote self-esteem and learning along with clear boundaries and expectations

- New staff receive comprehensive induction training

- The environment is modified to provide a calm, low arousal atmosphere

- Avoidance of situations that are known to provoke extreme behaviours

- All children and young people have Positive Behaviour Support Plans, Placement Plans and Individual Risk Assessments that show how to support them to manage their behaviour

- We ensure that the correct communication resources are in place for supporting our pupils communication needs such as the use of picture exchange communication systems (PECS), photos, schedules, symbols, objects of reference and IPad.

- We provide a diverse and interesting curriculum, allowing children and young people to engage in meaningful activities which include opportunities for choice and a sense of achievement

- We maintain a high standard of recording and assessment so that we can demonstrate progress in academic, self-help, social and behavioural terms and know what next step to teach

- Where children/young people have sensory processing difficulties they have an Occupational Therapy (OT) program and OT goals to help them to reach their optimum calm/alert state

- We work to understand each child's/young person's communicative intent ("what were they trying to tell us?") in any behaviour and identify 'functionally equivalent' behaviours that allow them to gain similar results through more appropriate means

- We communicate with our children/young people and families about ways in which children/young people prefer to be managed when they pose a significant risk to themselves or others

- Staff understand the frustrations our children and young people experience and work to find out why they behave as they do and to identify warning signs

- Staff understand what influences a child/young person's behaviour, such as the environment, noise, sensory input, peers, understanding of others, lack of communication skills, etc.

- Staff recognise the value of class and house teams, and help each other to recognise children's/young person's moods and behaviours in order to avoid stress and de-escalate behaviours that challenge

- Staff are committed to respectful and professional working, and will find ways to tell others if they are not working in such a way

- We work collaboratively with parents and carers to use consistent behaviour management strategies in home and school

- Any incidents of bullying are dealt with, whether they were intentional or not (the school has an Anti-Bullying Policy)

- We strive to achieve good staff to child/young person ratios

- Children have regular Health Reviews

- We strive to increase the level of choice and control children/young people have over their care and support

- We aim to provide the child/young person with coping strategies to help manage their emotions and behaviour as well as teaching them new skills that can aid their learning and independence in the future

Day to day good practice

We also use the following day to day good practice in order to minimise children's anxiety and help them to learn to interact positively with others around them:

- A flexible and life-skills curriculum so that children/young people can learn through their interests and develop skills to become as independent as possible

- A highly differentiated curriculum to meet the learning needs of each child/young person

- Routines so that children and young people feel secure and calm

- Visual supports so that children and young people can see the structure of the day and respond to it

- Reduced language, so that children and young people are calm and can understand what is expected of them

- Support to children to identify and manage their feelings

- Signing and symbols to augment language, so that children and young people can understand.

- A positive environment, with lots of praise and encouragement and positive body language.

- Change, which our children/young people can find challenging is managed though planning, schedules, social stories and strategies which are identified as supportive and productive for the individual.

- A low arousal environment; classes are clear of clutter and visually simple.

- Staff know the children's and young people's likes and dislikes and triggers, and how their disabilities affect them.

- Staff know what calms each child and young person, and will offer that strategy as necessary.

- Staff allow children and young people time to respond to a question or instruction and time to finish their work.

- Staff understand the sensory issues and how these affect each pupil. Staff talk to the pupils about what they are doing, even if the child/young person is not using

speech. Staff use clear prompts to redirect a pupil: "it is time for ..."; "we need to . . ."

- Staff use non-restrictive physical prompts to support pupils, e.g. reassuring touch or steering a person away from a situation

- Where appropriate music is used to calm and to motivate

- We work to reduce any sexually inappropriate behaviours and teach pupils the difference between public and private places, and the sorts of behaviours that are only appropriate in private

- Children/young people have 1:1 time with staff where needed to keep calm and access learning

- Staff communicate daily between the school and children's home so that they are aware of any issues that might affect the pupil on that day

- Staff enjoy being with the children/young people and demonstrate this in their behaviours

- There are resources available which allow children/young people to engage in some forms of self-stimulatory behaviours if these calm them.

- The ethos of the school is of a calm, happy place where staff are approachable.

- Within the residential services managers will complete a restrictions checklist for each individual pupil and ensure the lowest level of restriction is in place as much as possible.

- Positive Behaviour Support Coaches at MacIntyre School continue to communicate with the Lead PBS and Autism Coach and the Health and Safety Officer for MacIntyre to ensure any restrictive practice or interventions in place are authorised in accordance with the wider Positive Behaviour Support Policy.

We believe that the physical environment can have both a direct and indirect effect on behaviour as can the interpersonal relationship between the child/young person and staff. Within the School positive relationships between staff and the children/young people are vital to ensure the well-being and safety of everyone involved.

Appendix 2

Restrictive Physical Intervention

Restrictive Physical Intervention involves the use of physical support to direct a pupil's behaviour; this can mean using bodily contact, protective wear or changes to the child's environment, e.g.:

- **Physical intervention** - Any direct physical contact where the intervener's intention is to prevent, restrict or subdue movement of the body, or part of the body, of another person.
- **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
- **Chemical Restraint** - The use of medicine which is prescribed and administered for the purpose of controlling or subduing disturbed/violent behaviour.
- **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.

(Taken from MacIntyre's PBS Policy, 2015)

We recognise that our pupils can present with challenging behaviours which may necessitate the use of restrictive physical interventions (RPI). Any use of RPI is always carried out as a last resort to prevent injury, damage to property and to maintain the safety of all stakeholders. On a rare occasion this may also involve intervention to prevent pupils from unknowingly committing an offence or running away and putting themselves at risk of harm.

Because of the nature of the pupils' needs, all contact staff employed in the school are authorised and trained in Positive Response Training to use RPI. Non-contact (administration) staff are trained in shorter courses which are bespoke to their needs.

Position of staff that use a RPI

RPI is used with due regard to the dignity, safety and overall respect for our children and young people. We view any use of RPI excessive when it is not used as a last resort or using reasonable force proportionate to the situation. Where staff fail to comply with this policy an investigation will take place which may possibly lead to disciplinary procedures.

Underpinning principles of RPI

- The use of Restrictive Physical Intervention (RPI) should, wherever possible, be avoided.

- There are occasions when the use of RPI is necessary, reasonable and proportionate – i.e. when the risks of using physical intervention are judged to be lower than the risks of not doing so.

- When RPI is necessary, it must be used in ways that maintain the safety and dignity of all concerned.

- Restrictive physical intervention should only be used to prevent: self-harming; injury to others; or severe damage to property that is likely to cause harm to the pupil or to others

- Only a minimum amount of physical support must be used – that is the minimum amount needed to avert danger – and this should be applied for the shortest period of time
- Any physical intervention should avoid contact that might be miss-interpreted as sexual
- Physical intervention must be an exceptional rather than routine method of management

Time Out, Withdrawal and Seclusion

We recognise that at times some pupils are able to regain their calm state and self-control when they have had a short period of withdrawal or time out. Our pupils can respond well to these strategies depending on their individual need and level of arousal at a given moment.

Time out: restriction of access to all positive reinforcement as part of a planned and structured behaviour support plan.

*Withdrawal***:** removal from a situation which causes stress or anxiety to a location where the pupil can be continuously observed and supported until ready to resume usual activities.

Seclusion: Spending time alone in a room or area that they cannot leave or perceive that they cannot leave. We do not use seclusion as part of an agreed behaviour strategy; it is used as an emergency response only when no other alternative is available, e.g. when: there is an extremely high and immediate risk of serious harm
- No other alternative remains to keep the pupil and/or others safe at the time.
Any incident of seclusion is recorded fully on behaviour watch. All incidents where this has been identified will be sent to the Principal and Deputy Principals of the school for full investigation.

There is regular monitoring of any incidents of seclusion.

Where data shows a that seclusion has had to be implemented more frequently, a Multi-Disciplinary Team meeting is held to analyse this data and plans put in place to eliminate this. If seclusion is still seen as the only option then the continued placement of the young person at the school will be considered. *Please see Seclusions Guidelines - April 2016.*

Appendix 3 – Incident Forms

Example 1; Behaviour Watch   - www.behaviourwatch.co.uk

Instructions on how to access and log into behaviour watch are provided to all staff and should be discussed within supervisions and team meetings. One to One or group training and support on the use of this system can be provided by the Positive Behaviour Support Team or administrators of the system.

Access to this system can be achieved on any computer at the school and touch screen tablets with keyboards have been provided to each classroom and house specifically for use with this system only.

All new staff need to report to admin or the PBS team to ensure they are logged into the system and provided with a username and password.

Example 2; Incident/Accident Reports – to be used if access to behaviour watch is restricted, e.g. internet connection is down

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Part 1 - Incident/Accident Report Form

To be filled-in by staff on duty – but not the injured person if possible.
Answer every question and continue a blank sheet if you need more space.

About the incident/Accident

Ref No (0ptional):	
Date when it happened:	
Time when it happened:	
MacIntyre service name:	
Location For example, 'Lounge'	

Type of Incident/Accident: Tick 1 Yes box only	Yes	No
Was anyone injured? Report **all** injuries no matter how trivial.	☐	☐
Did anyone suffer work-related illness or disease?	☐	☐
Was it a 'Reportable Dangerous Occurrence'? Fire caused by electrics or failed lifting equipment only.	☐	☐
Did it involve damage to property?	☐	☐
If there was no injury or property damage, tick the appropriate category:		
Injury **'Near Miss'** - Lucky no injury resulted.	☐	☐
Property **'Near Miss'** - Lucky no property damage or financial loss.	☐	☐
Concerning event - Did not have potential to injure or damage but raised concern.	☐	☐

About the injured person:

If no injury, go to next section. If other people injured, fill-in a copy of this page for each person.

Full Name	
Home Address, including postcode.	
Occupation	
Status:	☐ Agency worker ☐ Contractor ☐ Employee, ☐ Member of the Public / Visitor ☐ Person receiving support ☐ Volunteer
Gender and Age	Male: ☐ Female: ☐ Age:

About You (The person filling in this form)

If you are the injured person, tick here: ☐ and skip to the next section

Your full name	
Home Address, including postcode. If this report is a near miss or concerning event, you do not need to enter your address).	
Occupation	
Signature	
Date of completing this form.	

About the injury or potential injury

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Type of injury / potential injury For example, 'burn' or 'cut'.	
Apparent Cause For example; 'falling object', 'harmful behaviour'	
Where on the body are the injury/injuries?	

Description. Your description must include:
- **How** did the injury/incident happen?
- **What injuries** were suffered?
- **Full names** and roles/occupations of all people involved – Initials/abbreviations are not acceptable.
- **Anything that happened before the event** that caused or contributed to it.

What materials were used during treatment/ first aid? For example, bandages or plasters	

Frontline Manager Use Only	**Entered on to Assessnet:** ☐ Try to do this within 24 hours of the event. If not practicable, do it no later than 7 days after the event**.**

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Part 2 - Incident/Accident Report – Frontline Manager Page

Filling-in this page is optional – as long as you have entered the full details onto Assessnet.   If not available, the Area Manager should complete the form.

Follow-up Actions

Describe what has been done/ will be done to prevent a recurrence. Include names and dates for actions.

Lost Time Analysis

If this is for an employee, please state the **number of days** the person has not been able to do their normal job.

Does this period of time include the day of the incident?	Yes ☐	No ☐
Was this a Fatality	Yes ☐	No ☐
Was it a Specified Injury? (Dramatic injuries listed on Assessnet as *'Specified'*).	Yes ☐	No ☐
Did it cause an employee to remain in hospital for 24 hours or more?	Yes ☐	No ☐
Did it cause someone receiving support, a member of public or volunteer, to be taken to hospital from the scene of the accident?	Yes ☐	No ☐

People Contacted: Tick to confirm which relevant people have been contacted

☐ **Area Manager**
☐ **Child Protection Agency**
☐ **Adult Safeguarding**
☐ **Police**   Crime Ref. No: _____
☐ **Agency** (For injuries to agency staff)
☐ **Care Quality Commission** (Service user death, illness or injury requiring GP or hospital. See 'Procedure for notifications to CQC'
☐ **Frontline Manager**
☐ **On-call**
☐ **Other person/ organisation**   Please specify: _____

☐ **GP**
☐ **Next of Kin**
☐ **Sponsoring Authority**
☐ **Care Practice Advisor** If aggression may have caused an *'over 3-day'* injury
☐ **Health & Safety Executive (HSE)** For 'RIDDOR' reports do not notify HSE direct. Instead, enter the incident report onto Assessnet without delay. Assessnet will start to create half a RIDDOR form and e-mail it to the Health & Safety Manager who will finish the RIDDOR and send it to HSE.
☐ **Staff member on next shift**

Standard Actions: Answer every question:

Before this incident/accident, did you have a relevant risk assessment? If "yes", please review it to see if it needs changing.	☐ Yes	☐ No
Do you need to write a new risk assessment?	☐ Yes	☐ No
Should an independent manager (not your line manager) do an Incident/accident **Investigation?** *(They will for RIDDOR and other incidents of major concern.)*	☐ Yes	☐ No
Was debriefing to the person receiving support:	☐ Not needed	☐Refused ☐Given
Was debriefing to staff:	☐ Not needed	☐Refused ☐Given

Declaration

I made sure all sections of this form were completed fully and I will do my utmost to ensure all actions are implemented.

Frontline Manager name, signature and date:	
What materials were used during treatment/ first aid? For example, bandages or plasters	