

## 3A: Behaviour Support Policy

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### **3A: Behaviour Support Policy**

This policy statement is made with reference to government guidance, and closely follows - where applicable:

- the Department for Education and Skills' 'Behaviour and Discipline in Schools' 'Advice for Headteachers and school staff' (DfE, January 2016)
- 'Unannounced behaviour inspections: guidance for inspectors' (OFSTED, January 2015)
- Monitoring Inspections of Schools with no Formal Designation (OFSTED, January 2015)
- 'Mental Health and Behaviour in Schools – Departmental advice for school staff' (DfE March 2016)
- the Department of Health's 'Positive and Proactive Care: reducing the need for restrictive interventions' (April 2014)
- "Physical Interventions: A Policy Framework" from the British Institute of Learning Disabilities
- "BILD Code of Practice for the use of Physical Interventions" BILD ((Fourth Edition 2014)
- "Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder"
- Mental Capacity Act, 2005
- Mental Capacity Act, 2005. Code of Practice – 23rd April, 2007
- The Children's Homes Regulations (England) 2015
- Health and Care Act 2008 (Regulated Activities) Regulations 2014
- Guidance for providers on meeting the regulations (Care Quality Commission, March 2015)
- Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. NICE Guidelines, May 2015
- People with a learning disability and behaviour that challenges – our advice about good safe support. (Easy read version of NICE guidelines, May 2015)

### **1. Introduction**

The Sheiling Ringwood prides itself on its positive approaches to support of student behaviour. Its focus of support is to encourage good behaviour from its students, enabling staff to prevent the undesired behaviours.

Expectations for good student behaviour includes the way in which students move around the Sheiling community; speak and interact with each other, staff and visitors; their attitudes to learning including engagement, lateness and attendance.

Appropriate staff role modelling, positive attention and reward through positive consequences including praise, motivators and, on occasion, formal reward systems for desired behaviours are key elements of our approach.

However, we acknowledge that difficult situations can arise and aim to empower staff to support students when they occur. We believe that behaviour that challenges has a function and serves to meet a genuine need or purpose for each particular student.

Behaviour that challenges is '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 use of ordinary community facilities' (Emerson, 2001)

These behaviours are often due often due to communication difficulties or high level of anxiety and individual disabilities. Categories of behaviour fall within four recognised areas of gaining genuine need:

- Sensory – the person tries to access an inappropriate use of an item that looks, sounds, feels, smells or tastes good and provides pleasure to the person; or the person is spinning, rocking to obtain appropriate sensory input
- Escape – the person is avoiding tasks or activities or stressful situations in order to avoid unwanted stimuli
- Attention – the person is trying to communicate that they want staff to spend time with them
- Tangible – the person is displaying this behaviour to gain an object of desire

Staff are taught to recognise and address these supportively whilst teaching more appropriate, alternative ways of meeting these needs in the future.

Due to the fact that behaviour serves to meet a genuine need, albeit in a manner where a student behaves inappropriately, we do not apply sanctions as they are not deemed helpful and are ethically unsound.

However, our belief that students should be encouraged to learn good behaviour and positive self-management means that, where relevant, the student may be supported to learn that there are consequences, in particular natural consequences, to certain behaviours (i.e. if you are late for a show, you may not be allowed to enter). These consequences must seek to provide a learning opportunity taking account of a student's age, stage of development and the particular emotional, mental or physical disabilities they display.

In developing our behaviour support strategies for students, we encourage staff to accept that we have a responsibility to support students with challenging behaviour, without judgement due to any particular behaviour.

## **2. Behaviour Support Strategies**

As part of a multi-disciplinary approach, PROACT –SCIP ®.UK offers training, guidance and support to The Sheiling Ringwood in behaviour support strategies and interventions. In accordance with their guidelines:

- 70% of interventions are proactive
- 20% active
- 10% reactive

The emphasis is always to reduce the reactive and increase the proactive intervention. The Trustees and the Senior Management Team have a responsibility to ensure this is done through ensuring there is a clear ethos and culture with regard to behaviour support within the organisation and enabling staff through regular staff training in positive behaviour support and coaching and clear guidance, monitoring and consistency.

### **Pro-active strategies**

The Sheiling Ringwood aims to be pro-active in addressing the whole range of needs of each student taking account of their age, gender and cultural background. Through pro-active strategies we aim to support the students to develop skills and address an individual's needs before any problems arise. If proactive interventions are effective, behaviours that challenge should decrease in number and intensity. .

It is essential that all staff provide students with clear expectations and encouragement of the appropriate behaviour and, at the same time role model and clearly communicate the boundaries of unacceptable behaviours. Where appropriate, teaching through natural consequences may be suitable.

Good practice in dealing with challenging behaviour will involve working with the whole environment which surrounds the student. A rapidly changing, uncertain or stressful environment will increase the risk of challenging behaviour. A stable, consistent and relaxed environment, with predictable rhythms and routines, will offer reassurance and reduce the risk of behaviours being displayed. When dealing with challenging behaviour, it is important to assess environmental factors such as noise level or room temperature, as well as individual internal factors such as epilepsy or language and communication difficulties that may contribute to the situation.

The multi-disciplinary team at the Sheiling work closely together with parents and outside agencies, as appropriate, to develop a consistent approach to teaching students to be responsible for their own behaviour.. This involves enhancing students' skills through teaching both general skills and focussed skills designed to meet the students' needs and, wherever possible, avoid the need to engage in behaviours that challenge. Due to the nature and difficulties of our students' communication, sensory modulation and self-calming skills are key focus areas.

Some students at The Sheiling Ringwood might 'work towards' a motivator or reward as part of a specific educational programme. A motivator or reward might be a choice of favourite activities or items of interest (e.g. book, toy) and a reward might be something preferred given over and above the usual and specifically related to a desired behaviour.

### **Active strategies:**

At the Sheiling, although we strive to be proactive within our working, sometimes staff are required to use active strategies to be able to respond to a situation. Active interventions are designed to help students calm effectively so their needs are able to be addressed.

When behaviours that challenge occur, staff may pay little direct attention to the unwanted behaviour, but at the same time attempt to stop it through giving clear positive expectations to the student. Active strategies may include responses such as

nonverbal calming techniques such as planning ignoring, redirection or an effective use of space or may involve verbal calming techniques such as distraction, reassurance, active listening or relaxation techniques when a student appears to become distressed, aroused or anxious.

This offers a student-centred assessment of the behaviour's function in order to support the student to communicate in a more appropriate way and develop independence, self-management strategies and alternative skills that can be utilised instead. Staff consistency, self-awareness and empathy for, and understanding of, the student is paramount to this approach.

As part of ensuring a conducive environment, prevention strategies may need to take place to avoid putting students in situations that may increase the likelihood of difficult behaviour occurring or escalating. These may include temporarily avoiding student's access to certain situations or environments, e.g. specific off site visits, whilst developing a plan to help the student learn necessary skills and coping strategies. Where there is an increased risk of students displaying behaviour such as hair pulling, staff must take all the appropriate measures to protect themselves and prevent the risk of injury to themselves. This includes staff having their hair tied up and/or wearing a cap.

It may involve ensuring students do not have within their possession any items that they have taken without permission, with or without intent or may use either wittingly or unwittingly to cause harm to themselves or others. To this end, it may be appropriate for staff to search for, confiscate, retain or dispose of a student's property as is reasonable to an individual circumstances. Where possible, this should be done with the student's permission, however, where this is not possible, due to student lacking capacity to consent, staff have the right to do so should the need arise and be recorded as a best interest decision.

All prevention strategies are carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities or have an adverse effect on the welfare or the quality of life of students (including those in close proximity to the incident). In some situations it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours, compared with the impact on the person's overall quality of life if such activities are prescribed.

This will be recorded in the Behaviour Support Plan or an appropriate risk assessment. For those students over 16, the principles and requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards will always be applied whenever relevant, preventative strategies are considered.

Some strategies and interventions used include:

- Teaching and developing skills for the student
- Specific teaching approaches e.g. intensive interaction, TEACCH
- Enabling choice
- Ensuring a conducive environment
- Stimulating and meaningful activities
- Empathy, respect and active listening
- Positive attention
- Praise for positive behaviours and 'planned ignoring' of undesired ones
- Good role modelling
- Enhanced support to communicate
- Student-centred communication methods e.g. visual cues
- Reward systems to encourage good behaviour

- Redirection
- Humour
- A range of verbal and non-verbal techniques
- Allowing the student some time and space to calm
- Sensory diets and therapeutic calming strategies
- Change of face
- Increased supervision
- Physical Intervention as a last resort

### **Re-active strategies**

We recognise that, even with a pro-active and active approach, a crisis can occur due to medical causes, changes in medication, limited ability to communicate, unavoidable changes to routine and due to the developing life circumstances of an individual. In these circumstances, following the pro-active and active strategies, as a last resort, reactive strategies are used to bring about safe and rapid control to incidences of challenging behaviours. Reactive interventions address behaviours that challenge as they occur and include, but are not limited to physical interventions.

**Staff must not use any forms of reactive strategy, force or physical intervention in an aversive way or to punish.**

All students have a right to be treated with respect and dignity including those circumstances where they display difficult or challenging behaviour.

Staff must not use any form of degrading treatment to punish a student. Bullying, whether intentional or not, is not tolerated (see 3E Preventing Bullying Policy) and the use of sarcasm, demeaning or insensitive comments towards students is not acceptable under any circumstances. Sanctions or punishments are not deemed appropriate for our students, however, planned consequences or rewards used should be part of a Behaviour Support Plan which is widely publicised and regularly reviewed and outlined in their Behaviour Support Plan.

The use of seclusion is also not deemed appropriate for our students. Corporal punishment, or withholding basic needs and rights, such as food or comfort is not permitted and will be seen as an abuse of power.

Staff need to employ a range of strategies for 'de-escalation' or 'defusing' which can avert the need for a physical intervention, and planning needs to ensure that staff are always available to provide the additional support, reassurance and communication needed to avert the crisis.

At the Sheiling Ringwood we offer a back-up call system and walkie-talkies to ensure that staff have the support that they need. Staff are encouraged to seek advice from colleagues and call upon the Behaviour Support Coordinator or more experienced/senior members of staff. .

Suitably enhanced staffing ratios of 1 or, on occasion 2:1, are carefully implemented to ensure staff support whilst balancing a need for developing student's independence. Staff are made aware of the need to assess the context and how to safeguard themselves when supporting students on their own.

Induction training for new staff, followed by annual refreshers for all staff, ensures that they know when and how to call upon and use this extra support and that they do not resort to restrictive physical interventions inappropriately.

In certain situations, where 'There is No Alternative' (TINA Principle), physical

interventions are used (as taught by qualified PROACT-SCIP ® UK instructors) in a manner designed to make the situation safe and protect a student or others from danger (see Section 4. Use of Physical Intervention).

### **3 Behaviour Support Plans and record keeping**

To empower, support and safeguard both students and staff, and to ensure that staff employ the appropriate and agreed strategies within challenging situations, each student has a Behaviour Support Plan for behaviours that may require special attention, e.g. of a sensitive or complex nature, which is completed by the Behaviour Support Coordinator following contributions from a multi-disciplinary team including students (where they are able), parents, therapists and key staff.

The Behaviour Support Plan seeks to give key information to staff and stakeholders and provides details of specific strategies to be used with students based on developing an understanding of the student and his/her needs. The Behaviour Support Plan details a general outline of the student, including likes and dislikes, the exact nature of the specific behaviours, any possible triggers, proactive, active and reactive strategies and the Approved physical interventions, if appropriate, that may support the student.

This plan offers a consistent approach and is instrumental in reducing the occurrence of incidents, with a key aim of substituting any behaviour that challenges with more appropriate ones.

The Behaviour Support Plan is kept in the student's personal behaviour file and published for availability to all staff once approved. Agreement for the plan is sought from students, parents/guardians and placing authorities/education/social services teams where appropriate. This will be the responsibility of the Behaviour Support Coordinator who will also ensure that the plan is updated on a regular basis and/or after any specific behaviour changes. The Behaviour Support Coordinator will regularly review and update the plans as required in light of monitoring and analysis of behaviour, any new strategies and/or behaviour changes.

Issues surrounding the support of "challenging behaviour" and the development of appropriate responses will be discussed by staff in staff meetings, behaviour support meetings or informally with the Behaviour Support Coordinator and in close liaison with parents. In addition, they will be part of regular formal Reviews with the parents and representatives from the funding authorities for each individual student and will be recorded in the minutes and monitored at each subsequent Review.

All staff are required to complete a range of forms to support the tracking of behaviours including an incident form for incidents, unwanted or concerning behaviours, as is appropriate to the individual and, if physical intervention is used, an intervention form should be filled in, in the bound book. (see additional guidance 'Process for recording and monitoring incidents and intervention').

In the event of a concern over escalation of challenging behaviour, parents and authorities should be informed and the Review meetings should be more frequent. Following such a meeting, any change to strategies will be outlined in an updated Behaviour Support Plan and circulated for attention to all relevant parties. (see additional guidance 'Process for addressing behaviour support and behavioural concerns').

#### **4. Use of Physical Intervention**

The use of physical intervention should, wherever possible, **BE AVOIDED**. It should only be used to support a student's behaviour if it is necessary to:

- prevent personal injury to the student, other students or an adult
- prevent serious damage to property
- or in what would reasonably be regarded as exceptional circumstances

When physical intervention is used, it should be undertaken in such a way that maintains the safety and dignity of all concerned.

If a student has challenging behaviour which may present a danger to themselves or others that requires a possible physical intervention, then comprehensive details regarding its need and use will be outlined in the student's Behaviour Support Plan (see Section 2 and appendices) following discussions with a multi-disciplinary team and agreed with the student (where appropriate) and their parents and representatives from the funding authority. In circumstances where a person specific intervention is required an 'Individual Behaviour Risk Assessment' (see appendices) will take place.

Before using any 'physical interventions', training and evaluation will be provided for the relevant staff. This will be in line with PROACT- SCIP ® UK which follows the BILD Code of Practice and Department of Health guidance for the use and reduction of restrictive physical interventions.

**'Physical interventions' will only be used, as a last resort, when other strategies (which do not employ force) have been tried and found to be unsuccessful or, in an emergency, when the risks of not employing an intervention is greater than the risks of using force.**

However, prevention involves recognising the early stages of a behavioural sequence that is likely to develop into physically harmful behaviour and employing 'defusing' techniques to avert any further escalation.

Where there is clear documented evidence that particular sequences of behaviour rapidly escalate into serious harmful behaviour, the use of a 'physical intervention' at an early stage in the sequence may, potentially, be justified.

Therefore, in these circumstances, a 'physical intervention' may be used even though the student is not actually yet in danger. As above, it is still only justified when the risk of not intervening outweighs the risk of intervening.

The scale and nature of any physical intervention must be **PROPORTIONATE** to both the behaviour of the individual to be supported and the nature of the harm they may cause. These judgements have to be made at the time, taking due account of all circumstances, including any known history of other events involving the individual and their behaviour.

'Physical interventions' will employ the **MINIMUM REASONABLE FORCE** required to prevent injury or avert serious damage to property and the techniques deployed should be those with which staff involved are familiar with and are able to use safely.

The intervention must be of the **MINIMUM DURATION** and the degree of restriction will be “**GRADIANTED**” – both on initiation and reducing as the situation returns to normal.

Staff must use only those methods of ‘physical intervention’ in which they have been trained and in line with recommended policy and practice.

**UNDER NO CIRCUMSTANCES SHOULD PHYSICAL FORCE OR INTERVENTION BE USED AS A FORM OF PUNISHMENT.** The duty of care which applies to all adults and organisations working with children and young people requires that reasonable measures are taken to prevent children and young people being harmed.

Where a member of staff has a particular concern about the need to provide any type of care, support, reassurance or physical intervention, or is concerned that an action may be misinterpreted, this should be reported and discussed with the Behaviour Support Coordinator, a senior manager or designated person and a cause for concern form should be raised as necessary.

### **Types of Physical contact and Physical Intervention**

At The Sheiling Ringwood, staff may be involved in the need to have regular physical contact with students. This may be in order to prompt or guide a student who, following a direction, modelling and processing time, is unable to understand expectations or meaning or alternatively when supporting significant occurrences of distress and emotional upset. (e.g. physical distress, sensory overload). In these circumstances, professional guidance should be followed and staff should be aware of what is, and what is not, acceptable behaviour when prompting, guiding, comforting a student or diffusing a situation.

Comforting and reassuring a student may involve physical contact or enabling them to have space and a quiet place to calm.

Staff should use their professional judgement to comfort or reassure a student in an age-appropriate way, without rejection (e.g. a sideways hug) whilst maintaining clear, professional boundaries.

Wherever possible, staff should encourage a student to follow instruction and guidance through the student taking their hand or arm, however, on occasions staff may need to prompt or encourage a student to take themselves out of a distressing or potentially distressing situation to a safe place; for example, to their bedroom, garden or a quiet and low distraction room and need to employ a physical intervention in order to do so. Such ‘safe places’ must be promoted as positive environments and not used punitively or with any negative connotations.

**STAFF MUST NOT USE ANY FORM OF SECLUSION, LOCKS OR PHYSICAL ACTION TO KEEP A STUDENT IN ISOLATION.**

Different forms of physical contact and intervention are summarised in the table below.

It shows the difference between restrictive forms of intervention - which are designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact - and non-restrictive methods.

	Bodily Contact	Mechanical	Environmental Change
Non restrictive	<p>Manual guidance to assist a person walking or moving. This may be due to a physical need or to physically prompt a student when lacking in understanding.</p> <p>An example of this would be holding hands, a linked arm or be a one person touch support</p>	Use of a protective helmet to prevent self-injury.	Removal of the cause of distress, for example, adjusting temperature, light or background noise.
Restrictive	<p>Holding a person's hands to prevent them hitting someone. i.e. one person restricts the movement of another</p> <p>This is therefore qualitatively different from manual guidance or physical prompting</p> <p>Examples of SCIP techniques would include a front-arm catch, two person touch support, two person arm support, hug, one or two person escort and supine</p>	Use of arm cuffs or splints to prevent self-injury.	Physically blocking to prevent a student from entering/exiting a space/ location in order to harm themselves or others i.e. one person restricts the passage of another

**Use of Restrictive Physical Interventions**

Physical interventions can be employed to achieve a number of different outcomes:

- to separate the person from a 'trigger', for example, removing one person who responds to another with physical aggression;
- to protect a student from a dangerous situation – for example, the hazards of a busy road.

In the above circumstances, the intervention is deemed a restrictive intervention when it requires force such that it 'restricts the right of freedom of movement' rather than manual guidance as described in the table above.

Restrictive physical interventions involve the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices or changes to the person's environment.

Restrictive physical intervention inevitably affects personal freedom and choice and the use of force is associated with increased risks regarding the safety of students and staff.

In addition, a restrictive intervention is employed:

- to break away or disengage from dangerous or harmful physical contact initiated by a student although, wherever possible, it is preferable to address the function and need behind the behaviour to enable the student to independently release.

It is helpful to distinguish between:

- planned intervention, in which staff employ, where necessary, pre-arranged strategies and methods which are based upon a risk assessment and are recorded in Care Plans and Behaviour Support Plans;
- emergency or unplanned use of reasonable force which occurs in response to unforeseen events and are not itemised on the Behaviour Support Plans.

The use of reasonable force is likely to be legally defensible when it is required to prevent:

- self-harming;
- injury to other service-users or staff;
- damage to property;
- a serious offence being committed.

### **Best Interests of the Student**

Planned physical intervention strategies should be:

1. agreed in advance by a multidisciplinary team working in consultation with the student and his or her carers or advocates
2. described in writing and incorporated into other documentation which sets out a broader strategy for addressing the student's behavioural difficulties
3. implemented under the supervision of an identified member of staff who has undertaken appropriate training provided by an organisation accredited by BILD
4. recorded in writing so that the method of physical intervention and the circumstances when it was employed can be monitored and, if necessary, investigated

If it is foreseeable that a student may require some form of restrictive physical intervention, there must be a written Behaviour Support Plan and risk assessment.

Student Behaviour Support Plans are discussed and agreed at Annual Review meetings with parents, care staff and authorities. They must include:

1. a description of behaviour sequences and settings which may require a physical intervention response;

2. the results of an assessment to determine any contra indications for use of physical interventions;
3. a record of the views of family members or individual students as is appropriate;
4. pro-active strategies and previous methods which have to be tried or have been tried without success;
5. a description of the specific physical intervention techniques which are sanctioned and the dates on which they will be reviewed with a maximum of one year.
6. the ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.

An up-to-date copy of the Behaviour Support Plan and risk assessment must be included in the person's individual Placement Plan.

All restrictive physical interventions must have a system of recording the behaviours and the use of physical interventions using a physical intervention book with numbered and dated pages (see recording below).

### **Unplanned or emergency interventions**

Unplanned or emergency intervention may be necessary when a student behaves in an unexpected way in what would reasonably be regarded as exceptional circumstances.

It is more difficult to make judgements taking due account of all the circumstances, including any known history of other events involving the individual and their behaviour correctly in an unplanned, emergency intervention. Therefore, where possible, there should be careful planning of responses to individuals known to be at risk of self-harm, or of harming others. The inclusion of physical intervention in the Behaviour Support Plan is not an indication that physical intervention should be used – it is only a precaution following risk assessment. This allows training and planning to deal with a situation which is foreseeable; any actual use of physical intervention must still only be used if justified in the particular circumstances and when all alternatives have been tried and found to be unsuccessful.

In such circumstances, members of staff retain their duty of care to the student and any response must be **PROPORTIONATE** to the circumstances.

Staff should use the **MINIMUM FORCE** necessary to prevent injury and maintain safety, consistent with appropriate training they have received.

An unplanned intervention includes:-

- Any PROACT – SCIP ®.UK approved intervention for which the staff have been trained, however has not previously been required, and therefore is not outlined on the Behaviour Support Plan of the individual.
- An intervention which, due to the specific circumstances, does not exactly match the PROACT- SCIP ®.UK approved intervention. By this, it is meant that the staff member had to use **REASONABLE MEANS TO MAKE THE STUDENT/OTHER SAFE IN EXTREME CIRCUMSTANCES.**

The incident must be reported immediately to the Behaviour Support Coordinator or the Emergency on call manager and the exact nature of the intervention detailed and it will be reviewed so as to understand the situation and triggers and to plan to avoid a similar situation arising in future. (See guidance on Process for recording and monitoring incidents and intervention).

If necessary, a Behaviour Support Plan may be amended to add an approved intervention and planning and training will take place to provide the safest available physical intervention if a similar event is foreseeable. As part of this, The Sheiling Ringwood will liaise with The Loddon Consultancy, the licensed PROACT–SCIP®.UK providers, for support as necessary.

### **Mental Health issues and medication**

In some situations, students' challenging behaviour may be as a result of, or compounded by, mental health issues. Some of our students may have suffered from a complex history lacking in emotional stability or security. They may have been abused, neglected, bullied or suffer from attachment difficulties, depression or other mental health conditions.

In these circumstances, The Sheiling will work closely with appropriate professionals including in-house therapists and consultant clinical psychologists and/or local CAMHS teams to develop supportive, therapeutic strategies.

The use of medication may be indicated to reduce anxiety, or as a method of supporting extreme behaviour. Medication must only be administered upon medical advice and must only be used as a method of supporting behaviour that challenges where it is included within an individual's Care Plan under the instructions of a qualified medical practitioner.

### **Supportive holding for medical interventions**

Due to the lack of the understanding of medical procedures, some of our students may require a level of physical support and reassurance when they have medical procedures, either part of a planned appointment (i.e. blood test, blood pressure) or part of an emergency procedure (i.e. x-ray, MRI).

Supportive holding is a method of helping students, with their permission, to manage a painful procedure safely, quickly and effectively. Supportive holding is distinguished from restrictive physical intervention by the degree of force required and the intention.

Where there is an identified need for a medical procedure, a decision needs to be made in the student's best interest to establish the best plan of action, and a risk assessment must be completed. This decision must be made with the full agreement and involvement of their parent, social worker and other relevant stakeholders and recorded in writing.

Staff should give careful consideration whether the procedure is really necessary and whether urgency in an emergency situation prohibits the exploration of alternatives.

Staff should anticipate and prevent the need for supportive holding, by giving the student information at a level appropriate to their understanding, and preparing the student using social stories, role play and gradual exposure beforehand and giving encouragement and distraction at the time of the procedure.

Staff should complete a dynamic risk assessment at the time of the procedure, liaise with health professionals and assess the potential long term impact that the procedure will have on the student vs benefits, and whether the procedure needs to continue or be postponed should the student become distressed or refuse to comply with the procedure.

Where there is identified that a restrictive physical intervention may be necessary to enable a medical procedure, this should be used according to agreed guidelines, as a last resort, in order to prevent injury (i.e. to prevent needle injury) and/or enable further medical intervention or assessment of a sustained injury (i.e. to enable administering of sedation or general anaesthetic).

Each situation should be considered on individual basis, and staff must consult with a senior manager or the Sheiling nurse where the situation deviates from the initial agreed plan, where possible.

Student and staff should be given an opportunity for a debrief after a medical procedure that required either supportive holding or a physical intervention. Staff must complete the relevant paperwork (appointment form, body map or physical intervention form) if a supportive holding or physical intervention has been used. Staff must inform parents and social worker of the outcome of the appointment.

### **Risk Assessment**

Whenever it is foreseeable that a student might require a restrictive physical intervention, an individual behaviour risk assessment will be carried out which identifies the benefits and risks associated with the application of different intervention techniques with the person concerned (see Appendices).

This will take account of:

- risks to the student from using restrictive physical interventions;
- risks to staff from using restrictive physical interventions;
- risks from not intervening;
- minimising the intervention, its length and duration.

Emergency use of restrictive physical interventions may be required when students behave in ways that have not been foreseen by a risk assessment. According to research and guidance, (Department of Health, April 2014) research evidence shows that restrictive physical interventions place students and staff at more risk of physical and/or emotional harm and, for this reason, great care will be taken to avoid situations where physical interventions might be needed.

As above, staff should be aware that, in an emergency, the use of force can be justified if it is reasonable to use it to prevent injury or serious damage to property. Even in an emergency, the force used must be reasonable and take account of the specific circumstances in terms of intensity and duration.

Before using physical intervention in an emergency, the person concerned should be confident that the possible adverse outcomes associated with the intervention (for example, injury or distress) will be less severe than the adverse consequences which might have occurred without the use of a physical intervention

### **Legality of Restrictive Physical Interventions**

It is an offence to lock a person in a room or close and hold the door, without recourse to the law (even if they are not aware that they are locked in) except in an emergency when, for example, the use of a locked room or held door as a temporary measure while seeking assistance would provide legal justification.

It is not envisaged that any circumstances at The Sheiling Ringwood would give rise to the need to lock a door to keep a student in isolation, or the use of a face down restraint, and it is therefore not permitted within our policy.

Use of physical intervention may give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned.

Under Health and Safety legislation, employers are responsible for the health, safety and welfare of employees and the health and safety of persons not in employment, including students and visitors. The Sheiling Ringwood will assess risks to both employees and students arising from work activities, including the use of physical interventions.

The Sheiling Ringwood will establish and monitor safe systems of work and ensure that employees are adequately trained.

The Sheiling Ringwood will ensure that all employees, including bank staff, have access to appropriate information to meet the needs of the students they are working with, having regard for confidentiality of the student's personal information.

The use of 'physical interventions' will be minimised by the adoption of fully documented behaviour risk assessment, support plans and preventative strategies whenever it is foreseeable that the use of force might be required. However, staff will be made aware that, in an emergency, 'physical interventions' are permissible if they are necessary to prevent injury or serious damage to property.

## **5. Implementation, Monitoring, Recording and Reporting**

### **Monitoring, Recording and Reporting**

The Principal, Senior Management Team and the Behaviour Support team are responsible for monitoring all behavioural incidents and the use of physical interventions (see Process for recording and monitoring incidents and intervention) to ensure that appropriate strategies were used and to plan to take preventative future action as necessary. Incidents involving two students are reported immediately to the Internal Safeguarding Team comprising of Designated Safeguarding Lead (DSL) and Deputy DSLs, who analyses each situation on individual basis. Parents and funding authorities, and, where necessary, local authority Safeguarding teams are also notified of these incidents.

Behavioural strategies, incidents, including student to student incidents and the use of Physical Intervention are additionally reviewed as necessary, and trends are analysed during Internal Safeguarding Team meetings and with the appointed trustees as part of the Safeguarding Committee meetings.

It is the duty of all staff to accurately and legibly record incidents of challenging behaviour and physical intervention in line with legislation, their training and The Sheiling Ringwood policy. Incidents will be recorded on incident forms and every use of a physical intervention will be recorded in a bound physical intervention book with numbered pages.

All staff will be trained in the reporting procedures (see Process for recording and monitoring incidents and intervention). Reports must be made as soon as possible and in any case within 24 hours to enable timely support for all affected to be provided. All those who experience physical interventions will be offered the opportunity to debrief and discuss, within their capabilities, the way in which staff have responded to their behaviour and to express their concerns and preferences about future management (see debriefing protocol). Proposed debrief opportunities are itemised in each student's Behaviour Support Plan.

The aforementioned bound book with numbered pages outlines every use of Physical Intervention (see appendices e.g. of Recording form for physical intervention held in the bound book) and will show:

- the names of the staff and student involved;
- early warning signs;
- details of attempts to de-escalate;
- the reason for using a physical intervention (rather than another strategy);
- the type of physical intervention employed;
- the date and the duration of the physical intervention;
- whether the student or anyone else experienced injury or distress and, if they did, what action was taken.
- consequences and responses to the behaviour
- how effective was the intervention
- if the service user/staff were debriefed.

Where specific restrictive physical intervention has been used, the student will be monitored for 24 to 48 hours to ensure that they are not adversely affected.

The contents of the physical intervention book will be reviewed regularly and checked and signed as part of Regulation 44 visits. Appropriate action will be taken as necessary.

Where planned physical intervention strategies are in place, they will be one component of a broader approach to behaviour support. The circumstances of any actual use of restrictive physical intervention, even if included in a Behaviour Support Plan, will be reviewed and, where possible, plans will be adapted to reduce the risk of this becoming necessary again in future.

The Behaviour Support Coordinator keeps a database and reviews statistical analysis to look for trends to support the reduction of challenging behaviours.

The Behaviour Support Coordinator keeps behaviour files with details of all behaviour-related information including Behaviour Support Plans, risk assessments, incident and physical intervention forms and records of steps taken in support of reducing the need for physical interventions. The Sheiling Ringwood is committed to open reporting and these files are available on a need to know basis.

Parents and Placing Authorities are notified of any behavioural concerns and comprehensive behavioural reports are published to parents and local authorities as is relevant.

### **Post Incident support**

Following an incident or any use of a physical intervention, the need for medical advice must be considered. If there is a possibility of injury to the student or staff, medical advice will be taken and, if there is any reason to suspect that a student or a member of staff has experienced injury or severe distress following the use of a physical intervention, they should receive prompt medical attention.

Note that some interventions carry a risk of unseen harm with potentially serious consequences and ongoing monitoring and/or medical advice must be obtained even if there is no apparent injury. These interventions and the associated risks will be identified during training and are specifically identified within the physical intervention 'bound book'.

Following an incident in which physical interventions are employed, both staff and student will be given separate opportunities to talk about what happened in a calm and safe environment, as far as they are able or wish to do so. Interviews will only take place when those involved have recovered their composure.

Post-incident interviews should be designed to discover exactly what happened and the effects on the participants. They should not be used to apportion blame or to punish those involved (see debriefing guidance). Where a serious incident has occurred, an independent advocate should be involved.

Additionally, all staff may, on occasion, observe the services provided by other professionals and the care given by relatives and friends. If they learn of situations where restraint, including medication and seclusion, is being used inappropriately by others, it must be reported to the Designated Safeguarding Lead who will bring the matter to the attention of the appropriate authorities.

The Sheiling Ringwood makes available to its staff a counselling service and an Occupational Health service to support its staff including, should they wish it, with regard to supporting students with behaviour that challenges and involvement in incidents or interventions.

The counselling service and staff support are also available to staff should they be involved in any issues of conduct such as bullying and harassment or be subject to allegations (see Safeguarding Policy, Preventing Bullying Policy and Code of Conduct ).

To help protect the interests of and safeguard students who are exposed to physical interventions, wherever possible, family carers, authority representatives and independent advocates will be involved in planning, monitoring and reviewing how and when they are used.

### **Staff training**

All staff will receive induction training before being required to work independently with students who present with behaviours that challenge. Staff who are expected to employ 'Person-Specific' physical interventions will receive additional, more specialised training. The nature and extent of the training will depend upon the characteristics of the students who may require a physical intervention, the behaviours they present and the responsibilities of individual members of staff.

Induction training will clearly describe pro-active and preventative practice in supporting behaviour that challenges and good practice in the use of 'physical interventions' as well as outlining unacceptable practices that might expose students or staff to foreseeable risk of injury or psychological distress. Training and assessment in 'Proactive Working Practices' and 'Keeping Safe' techniques and safe emergency responses will be provided for staff who may be called upon to support individuals.

Further training in additional techniques will be provided to those staff who may be called upon to support individuals with identified needs which have been agreed by parents/authorities/the student and their advocates as being in their best interests.

Staff receive at least annual refresher training and ongoing training and support as required, including coaching, behaviour support meetings and specific guidance based on the analysis and observation of staff practice.

Staff should normally only use methods of physical intervention for which they have received training. Specific techniques will be closely matched to the characteristics of individual students and there will be a register of which physical interventions are used with which students and of which staff are permitted to use different techniques. Staff should not modify the techniques they have been taught.

The following physical interventions are routinely taught to our staff as part of their induction:

*'Proactive Working Practices' and 'Keeping Safe' techniques/interventions; including, Assertive Command, Stance, Protective Stance, Hair Pull Stabilisation (without release), Touch Support, Front Arm Catch*

In line with Proact-scip®.UK and government requirements, all staff are only taught physical interventions following comprehensive training on understanding the needs of our students and pro-active behaviour support strategies.

On a student specific basis, the following 'Person-Specific' physical interventions are taught to staff who work with an individual with whom this intervention may be deemed appropriate - based on a risk assessment of the needs, advantages and disadvantages:

*Two Person Touch Support; Two Person Arm Support; One and Two Person Escort; The Hug.*

It is not usual policy for The Sheiling Ringwood to use higher level interventions than those above, however, in extreme circumstances – on very rare occasions – it may be appropriate to use an alternative, and higher level approved PROACT–SCIP ®.UK intervention, as a short-term measure with continuous review.

Should this need arise, it will be agreed with all stakeholders, as part of a multi-disciplinary team approach based on a functional analysis of the behaviour, with regular statistical analysis and monitoring, with open reporting to parents and authorities and, as with other interventions, be outlined within the Behaviour Support Plan, be following a risk assessment and have an agreed reduction plan in place.

Trainers will be selected with reference to the BILD Code of Practice and must have evidence of professional accreditation. The Department of Health and the Department for Education and Skills have worked with BILD, and in collaboration with other agencies, to establish an accreditation scheme for those offering training on physical interventions for learning disability and education services. The Sheiling Ringwood uses an accredited instructor in PROACT –SCIP ®.UK for staff training.

### **Implementing Policy**

All staff working with students have responsibility and accountability to follow this policy and the Staff Code of Conduct, partake in positive behaviour support training and make themselves aware of the Care Plans, risk assessments, Behaviour Support Plans and other relevant documentation when supporting students with challenging behaviour and prior to engaging in any physical intervention.

As discussed in their training, it requires all those directly involved to take ownership of the approach and to assess their own values and any impact on positive behavioural practices.

*This policy will be reviewed at least annually.*

### **The Sheiling Ringwood Referenced Documents** Safeguarding Policy

Preventing Bullying policy  
The School, College and Care Development Plan  
Staff Code of Conduct  
Process for recording and monitoring incidents and intervention  
Process for addressing behaviour support and behavioural concerns  
Guidance for reporting of incidents to parents and authorities  
Debriefing protocol

#### Appendices

Incident reporting form  
Physical intervention form (held in bound book)  
Behaviour Support Plan  
Individual Behaviour Risk Assessment  
Debriefing form  
Behaviour support referral form  
Positive behaviour support log  
24 – 48 hours monitoring form  
Mental Capacity Assessment and Best Interest Form  
Student behaviour and bullying guidance

#### Relevant in-house training

Positive Behaviour Support Strategies – refresher training  
Positive approaches to supporting behaviours that challenge – Induction training  
Understanding special needs  
Safeguarding  
The Sheiling Ringwood Approach  
Mental Capacity Act and Deprivation of Liberty