# Positive Behaviour Support Policy

| Review Date | Ratified Date | Next Planned Review |
|---|---|---|
| February 2025 | 26/02/2025 | February 2028 |

| Directorate (Indicate which applies by ticking the appropriate box) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| General | Human Resources | Finance | College | ACC | Community Services | Housing & Support | Fundraising | Marketing |
| | | | X | | | | | |

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| **Author** | **Martin Best, Reviewed by PBS Lead- Charlotte Lowther** |
| **Ratified by** | **Director Care & Health Services – Christina Turner** |

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| **Reason for this Review** | Due for review |
| **Were changes made?** | Yes |
| **Summary of changes** | Some language required update |
| **Relevant Legislation** | |
| **Underpinning Knowledge – What have we used to ensure the policy is current** | |
| **Equality Impact Completed** | See Appendix One |
| **Suggested Action** | Communicate new policy content |

## 1. Values Statement

Henshaws has developed its core values, which are embedded through all we do. They are:

- Informed - Always aiming to increase knowledge through experience, expertise and history.
- Sharing - Desire to exchange experience and ideas with others.
- Proactive - Actively helping and supporting individuals.
- Inspiring - Through the life changing impact on the people we support.
- Compassionate - Displaying empathy and understanding.
- Empowering - Encouraging and supporting individuals to reach their full potential.

Henshaw's recognises its duty to make reasonable adjustments for staff to enable them to adopt and comply with policies and working protocols to ensure full compliance. Henshaws will meet its statutory obligations within the Equality Act 2010 and aims to also 'go beyond' the scope of this act.
This will include making any practicable reasonable adjustments for a number of other diverse staff groups which also include people living with different neurodevelopmental conditions.

## 2. Purpose of Policy

This policy sets out the framework and commitment of Positive Behaviour Support (PBS) within Henshaws College. PBS uses evidenced based approaches and has person-centred values at its core. It is our role as a support provider to aim to understand behaviours of concern and the complex circumstances at play which influence a person's behaviour.

Henshaws understands the need to support people to lead the lives they choose with valued opportunities and maximum choice. As a provider of education and support to students with complex presentations, PBS aims to enhance our understanding of a person's life, not by providing subjective opinions but by gathering information in a systematic way, using good quality evidence from the individual themselves, the people who know them best, observations and assessment tools. Henshaws has a duty to understand the function of certain behaviours and the impact of our own responses.

## 3. Scope

It is the duty of Henshaws College to provide a safe and secure environment for our students, staff, volunteers and visitors. We will ensure our college allows our students to build confidence, develop independence, support achievement and succeed during their time with us, in line with the Quality of Life framework. Everyone at Henshaws College has a role to play in understanding and implementing a PBS approach.

- This document applies to all staff who work at Henshaws College including all bank/agency staff and volunteers.
- All staff must follow this policy which is agreed by the College Senior Leadership Team. Breaches of this policy may result in performance management.
- This policy will be available to staff via the central Policy and Procedure electronic drive.
- Within the policy there are some words/phrases specific to PBS that we want everyone to understand and use. There is a glossary of terms that provides definitions.
- Staff must access the most up to date version and are strongly discouraged from printing copies of this policy.

**Positive Behaviour Support**

. PBS is rooted in behavioural science and uses this theory and evidence to develop the most effective and least restrictive interventions. It is a framework to help analyse behaviour and collect good quality information so we can understand the function of certain behaviours. It is a framework based on positives, of life enhancing growth and development to achieve similar outcomes in more positive ways. PBS does not utilise punishment or deliver punitive consequences. As such, any behaviour support plan will involve the person, family, friends and advocates and enablers supporting the person. It will also be conducted in a manner consistent with the Mental Capacity Act 2005.

**Behaviours of Concern**

Behaviours of concern are a social construct, based on our expectations of behaviour. Behaving in ways outside the social norms may be due to an impoverished life, lack of meaningful activity, inability to express oneself and communicate choices, lack of social networks, traumatic events, physical pain and poor health outcomes. Exposure to negativity, constant changes of staffing outside the person's control, loneliness, boredom and possible mental health issues create a vulnerability to behave in ways which fall under the label of behaviours of concern. This does not explain why some behaviours of concern continue for a person; they must serve some purpose or function, whether it be stimulation, attention and interaction, access to preferred objects or avoidance of certain demands. There is rarely one single function. Almost always it is a combination of interactions with certain environments and people which varies from person to person and environment to environment.

**Person Centred Planning**

Person Centred Planning ensures likes, dislikes, aspirations, learning and opportunities are the precursor to real understanding of the person's behaviour. It is an approach based on the person's strengths and focuses the support on what the person is good at, what they enjoy and how they can do this. This prevents the person being defined by their difficult behaviour and refocuses support on their strengths. Behaviour Support Plans help the person to achieve goals and outcomes in their EHCP which will include post plan monitoring to ensure the person's College life is centred on their long-term aspirations. Information compiled with the person and family ensures the plan incorporates choice and preferences. This information is key when developing proactive support for the person, which reduces the need to use problematic behaviour.

**Functional Assessment**

Before a PBS plan is completed, a Functional Assessment of a person's support needs will take place. The complexity of this will depend on the complexity of student need and will involve:

**Baseline** – data will be taken/reviewed on the student's current levels of any behaviours of concern.

**Observations** – the student will be observed within the college environment or in the residences if appropriate.

**Interviews** – key people who know the person best will be asked questions about the behaviour(s) of concern. This could be staff, parents, carers, instructors or wider family and professionals.

**Incident Analysis** – in-depth analysis of incidents will take place, looking at what happened before and after.

This functional assessment will be used to create an understanding of the behaviour for the Care and Education teams to adjust their practice. This will only happen if the identified problem behaviour falls within the scope and experience/competency of the PBS Team.

**Formulation Meetings**

A meeting will take place with key staff supporting the student where findings from the functional assessment will be shared and staff will have the opportunity to share their knowledge of the student with the PBS Team.

**Behaviour Support Plan**

This will be written by the PBS Practitioner responsible for that individual with information from the functional assessment and formulation meeting and then shared with the team delivering that person's support alongside any specific training in intervention.

The aim of the plan is ultimately to help the person lead a fulfilling life by understanding the function of the behaviours and thereby reducing behaviours of concern and replacing the behaviour with functionally equivalent alternatives.

The aim is to maximise safety, improve coping strategies and enable those around the person to understand the impact of their own behaviour and the function of the behaviours of the person they support. The approach ensures that data informs the interventions rather than subjective opinion.

The plan will include primary strategies, secondary strategies and reactive strategies, as well as functions of behaviour, warning signs and triggers specific to that person.

The Behaviour Support Plan will be saved in the student confidential record on the N Drive. A physical copy can be found in the student's care folder. Behaviour Support Plans will be reviewed in 3 or 6 monthly intervals, depending on level of need or otherwise specified by the PBS Lead.

***Primary strategies***

Primary Strategies aim to support the person to have a good quality of life and create an environment which promotes success and independence, for example their communication needs and likes or dislikes.

***Secondary Strategies***

Secondary Strategies aim to use strategies to prevent the situation escalating to a crisis incident, for example removing a trigger.

***Reactive Strategies***

Reactive strategies aim to bring a Crisis incident to an end as quickly and safely as possible, using the least restrictive and most respectful method

Any use of physical intervention must be considered in line with Henshaws Restraint Reduction Policy. The use of reasonable force and legal reasons for physical interventions are detailed in the Restraint Reduction Policy.

These strategies are designed to keep the person safe and provide ways to act quickly if the person is distressed. The plan will give clear instruction to staff on how they should intervene in the early stages to prevent further escalation. The plan may include one or more non-restrictive supports for responding to instances of high-risk behaviour. Where restrictive physical intervention, self-protection, and medication are included, there will be a clear rationale for their use and are assessed as part of the multi-disciplinary process.

**Training**

Henshaws College uses Protecting Rights in a Caring Environment (PRICE) Training as our British Institute of Learning Disability (BILD) accredited training provider. PRICE Training offers a range of services to support organisations in how to respond positively to behaviours that challenge. They provide certified courses which meet the rigorous Restraint Reduction Network (RRN) standards. The RRN is a registered charity which works with organisations providing education, health and social care services. The RRN's aim is to reduce reliance on restrictive practices and improve people's quality of life.

**Incident Reporting**

Individual service user risk assessments are an important part of the positive behavioural support process to ensure this risk is managed on a person-centred basis. Staff are taught to record behavioural incidents and to identify events that led up to and follow behaviour, so that they can contribute to assessment processes.

Behavioural incidents are reported using Henshaws Incident Reporting protocol. The Care team manage the Student Risk Assessment and Risk Management Plan. The whole process is part of a continual review to ensure that support is effective, efficient and fit for purpose. Staff are taught the importance of post-incident support and debriefing. Awareness is created about the need for individualised approaches, based on specific student need.

## Quality Assurance

A wide range of behavioural data will be gathered by the PBS team and this information will be used as a guidance tool to indicate progress and potential problem areas. PRICE Trainers, together with the Health and Safety Manager will review the use of restrictive interventions including physical, chemical, mechanical, seclusion and long-term segregation. Monthly and annual statistics will be collected and reviewed to ensure that the College is working in the least restrictive manner and any concerns are addressed. Data will be collected by the PBS Staff on an individual basis to illuminate the sources of problematic behaviour, their function and the effectiveness of the behavioural support.

### Debriefing and Post Incident Support

Supporting people in distress can be a difficult and stressful experience, for both staff and students. Henshaws College has a formal debriefing system in place where staff can re-visit difficult scenarios, discuss their feelings and contribute to the behaviour support process. Staff can also access informal support from their line manager or a member of the PBS Department.

### Complaint Procedure

People have the right to be able to make complaints about the way that they have been supported or treated. We are committed to ensuring that every student is treated in a respectful and dignified way. We feel strongly about our commitment to a PBS approach and take every measure possible to ensure that restrictive practices are not being routinely used to support behaviour. If a student feels that they have been treated unfairly or unlawfully they can make a formal complaint against the College by following the College's complaint procedure.

## 4. Roles and Responsibilities

**All employees** (and all volunteers and bank/agency staff) will:

- Follow the guidance outlined in this document
- Act in a manner that is consistent with Positive Behaviour Support values and Henshaws' organisational values
- Understand, implement, contribute to and follow the individualised Behaviour Support Plans
- Raise any concerns in a timely manner, initially to your line manager and then to the PBS team
- Contribute to a safe, supportive, caring environment for students and colleagues
- Attend and complete mandatory and role specific training as appropriate
- Ensure incidents are reported and recorded in a timely manner in the correct format

When supporting a student in distress:

Do:

- Stay calm
- Be respectful and protect the person's dignity
- Involve them in communication, if appropriate to do so
- Show compassion

- Actively listen to what the behaviour might be communicating
- Ensure the students and staff around them are safe
- Be careful with facial expressions, how much space you give and what you are doing while they are upset
- Reassure them
- Reduce demands upon them (academic, sensory etc.)
- Let them calm at their own pace
- Make records – as soon as you can
- Be objective about what is actually happening
- Identify one lead staff member to communicate

Do not:

- Humiliate them
- Speak about the person in front of other people, staff or students
- Shout or show signs of aggression or intimidation
- Ignore or dismiss them
- Force them into difficult situations (too much work etc.)
- Make them do things that they do not want to do, unless they are in danger
- Jump to conclusions about the behaviour
- Invade their space
- Speculate or accuse
- Blame or judge the person
- Promise confidentiality
- Give comments or opinions
- Bombard them with questions or too much information

Only discuss concerns raised with staff who need to know about the incident. You must not discuss these concerns with colleagues unless it is relevant to the safe and effective support of the student.

**The PBS Team will:**

- Actively promote a solution-focussed multi-disciplinary approach to each individual student
- Act as a source of support, advice and guidance to all staff
- Deliver appropriate training to identified staff
- Complete Functional Behavioural Assessments
- Use assessment data to build evidence-based plans (Behaviour Support Plans)
- Actively participate in a range of student-centred reviews, MDT meetings and produce reports
- Co-ordinate and manage any actions in relation to behaviour support
- Access appropriate training and/or CPD to ensure they keep up to date with developments in policy and practice
- Maintain accurate, up to date clinical notes of interventions and student support
- Liaise and work jointly with all appropriate external agencies where required

**Policy author/s** are responsible for:

- reviewing the policy at the agreed review date or earlier if changes in legislation occur or new evidence becomes available.
- liaising with the College Senior Leadership Team throughout the development and review of policies/procedures

**College Senior Leadership Team** are responsible for:

- maintaining a database of current and archived policies/procedures
- carrying out quality control checks on all documents to ensure that they meet the quality standards
- up-loading documents onto both the n drive and public websites once approved
- archiving previous versions, ensuring that only the most up to date policies and procedures are available.

## 5. Review and Monitoring

This Policy will be reviewed every 3 years by the Policy Author or identified appropriate persons.

## 6. Associated Definitions, Acronyms, Documents and Procedures

This document and Henshaws College is also informed by:

- Positive Behavioural Support – A competence Framework (PBS Coalition UK, 2015)
- NICE Guidance (2015) - Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenge
- Department of Health (2014): Positive and Proactive care reducing the need for restrictive interventions.
- CQC (2014): Positive and Proactive Care reducing the need for restrictive intervention.
- Restraint Reduction Network Standards (2019)
- Reducing the Need for Restraint and Restrictive Intervention (2019)
- Positive Environments where Children can Flourish (2018)
- Department of Health (2002): Guidance for the use of restrictive physical interventions.
- BILD: Code of Practice
- BILD: Key considerations in restrictive physical interventions.
- BILD: Reducing Restrictive Practice through data informed Positive Behaviour Support
- The Care Act (2014)
- Keeping Children Safe in Education (2021)
- The Mental Capacity Act (2005)
- The Human Rights Act (1998)
- CQC Inspection Regulations (2009)
- Equality Act 2010

### Definitions and Glossary of Terms

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| Antecedents | Events which happen before a behaviour is performed, this can include motivators and triggers. It is the build up to the behaviour |

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| Aversive | A stimulus present which the person does not like, this *could* be something harmful or painful however could be something simple, like work |
| Behaviour | An action or reaction of a person to an internal or external stimulus. Behaviour is everything someone does |
| Consequence | An event that happens after a behaviour which increases or decreases the future probability of that behaviour |
| De-escalation | A response to a behaviour which is designed to ensure that it calms or reduces the likelihood that a behavioural episode escalates |
| Dignity | The state or quality of being worthy of honour or respect. |
| Environment | The range of stimulus that can affect a person both internally and externally |
| Focal Person | The person at the center of the plan who may require more support in relation to their behaviour |
| Physical management | Physical interventions which staff are trained in to manage a situation and ensure the person and staff present are kept safe in line with the value base in which they are trained. |
| Primary Strategies | Strategies that are proactive. This support can be designed to improve quality of life, skills, remove difficult triggers and stimulus and help build tolerance and coping |
| Quality of Life Indicator | A specific element of someone's life which could contribute to their overall wellbeing. PBS is designed to improve quality of life; as such these indicators are highlighted as part of their plan. |
| Reactive Strategies | Strategies which aim to bring a crisis incident to an end as quickly and safely as possible using the least restrictive and most respectful method |
| Restoring the environment | Post incident support. This can include reassurance, humour or any number of other support strategies that help the person feel better and understand what went wrong |
| Restrictive Physical Intervention | A trained response to subdue or restrict the movement of a person's body to ensure safety in a crisis scenario. These techniques are always used in line with training values and only in situations that require them to keep people safe. |
| Restrictive Practice | A restrictive practice can be defined simply as making someone do something they do not want to do or stopping them doing something that they do want to do. |
| Secondary Strategies | Any support used to de-escalate a situation. This support is designed to prevent an episode of behaviour from escalating. |
| Self-Protection | A physical intervention which is not reliant on pain and keeps people safe. These strategies are non-restrictive. |

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| STAR Chart | A document used to record observations about behaviour; this is based on the three key parts that make behaviour happen. The antecedent, behaviour and consequences. |

## 7. Implementation Plan

This policy should be disseminated to all Leaders/managers who in turn will ensure that staff have access to read and understand the policy and its implementation.

## 8. Linked Policies

The following College and Charity policies are in place to ensure our students are professionally and consistently supported at all times:

- HS001 Managing Risk
- HS003 Incident Reporting and Investigation
- Care and Support Plan Policy
- Consent to Care and Treatment Policy
- Duty of Candour Policy
- Equality, Diversity and Inclusion Policy
- Healthy Relationships Policy
- Intimate Personal Care and Contact Policy
- Bullying and Harassment Policy
- Medication Policy
- Student Handbook and Code of Conduct
- Safeguarding Policy and Handbook
- Disciplinary Policy
- Restraint Reduction Policy

**Appendix 1**

| EIA Form | |
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| **Question** | **Response** |
| **Name of policy** | Positive Behaviour Support Policy |
| **Summary of aims and objectives of the policy** | This policy sets out the framework and commitment of Positive Behaviour Support (PBS) within Henshaws College. PBS uses evidenced based approaches and has person-centred values at its core. It is our role as a support provider to aim to understand behaviours of concern and the complex circumstances at play which influence a person's behaviour. |
| **What involvement and consultation has been done in relation to this policy?** *(e.g. with relevant groups and stakeholders)* | Consultation with PBS specialists and contribution from external PBS Consultant |
| **Who is affected by the policy** | All students, staff, volunteers and visitors at Henshaws Specialist College |
| **What are the arrangements for monitoring and reviewing the actual impact of the policy** | This Policy will be reviewed every 3 years by an appointed person. The implementation of the policy will be conducted by managers throughout the college and by the Senior Leadership Team. |

| Protected Characteristic Group | Is there a potential for positive or negative impact? | Please explain and give examples of any evidence/data used | Action to address negative impact (e.g. adjustment to the policy)/Lead/Timescale |
|---|---|---|---|
| Disability | Negative | Potential negative impact if the training and information was not made accessible. | All reasonable adjustments will be made in the presentation of information and the delivery of training to be as individualised and inclusive as possible |
| Gender reassignment | No adverse impact expected | | |
| Marriage or civil partnership | No adverse impact expected | | |
| Pregnancy & Maternity | No adverse impact expected | | |
| Race | No adverse impact expected | | |
| Religion or belief | No adverse impact expected | | |

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| Sexual orientation | No adverse impact expected | | |
| Sex (gender) | No adverse impact expected | | |
| Age | No adverse impact expected | | |

| Question | Explanation/Justification | |
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| Is it possible the proposed policy or activity or change in policy or activity could discriminate or unfairly disadvantage people? | This policy has been written in conjunction with a wide range of evidence based literature and practice that has been designed to follow similar core values to our organisation, and as such we are being mindful. | |
| **Final Decision:** | **Tick the relevant box** | **Include any explanation / justification required** |
| 1. No barriers identified, therefore activity will **proceed**. | | |
| 2. S**top** the policy or practice at some point because the data shows bias towards one or more groups | | |
| 3. A**dapt or change** the policy in a way which you think will eliminate the bias | X ☐ | All policies and procedures will be adapted to meet a member of staff's reasonable access requirements |
| 4. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore you are going to **proceed with caution** with this policy or practice knowing that it may favour some people less than others, providing justification for this decision. | | |

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| Name of Responsible Manager | Title Responsible Manager | Date completed |
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| Michelle Shaw | Head of Health | |