

Progress School Behaviour Support Policy

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Reviewed/ Amended	Reviewer	Date
Reviewed	Lisa Sharrock	September 2017
Reviewed	Siobhan Partington	June 2018
Next review due		September 2018

Mission Statement

At Progress School we aim to ensure that every child is supported in a fair, compassionate, safe and dignified way. Our aim is to provide a supportive learning environment which has the children's therapeutic needs at its core. In so doing we aim to provide children with the means to communicate their needs, regulate their emotions and enjoy positive behavioural outcomes.

Impact of Autism

Autism itself does not pre-determine challenging behaviour, however, the impact of autism on a person's ability to interact socially, communicate effectively, think flexibly and manage disordered sensory systems often leads to behaviours which at least are socially inappropriate and at worst are severely physically challenging. For this reason, an emphasis is placed on the core therapeutic needs of the students in enabling them to meet their needs more appropriately. Often extensive work is needed to support children to 'un-learn' negative behaviours which have been effective in meeting their needs in previous unsuitable placements.

All students at Progress School display severely challenging behaviours and the high staff ratio reflects this. All staff are trained in the Team Teach approach at an intermediate and advanced level and the senior leaders of the school deliver the training in house to ensure it is bespoke and reflects the complex needs of the students in relation to their autism.

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Introduction

1. Introduction

Pupils who are able to develop and maintain positive behaviour patterns are more likely to lead happy and fulfilling lives during their time with us and then beyond into adult life. Pupils in all educational settings develop patterns of behaviour that reflect the environment they are learning in. It is therefore our moral obligation to create and maintain a positive, well-ordered and respectful learning environment in which our pupils can grow and develop.

Progress School is a specialist day school for children who have moderate and severe autistic spectrum conditions and associated learning difficulties. Progress School delivers education and care according to individual needs of the young person in a safe, positive and structured environment in which every pupil is encouraged to achieve the best possible academic, social and vocational outcomes. Some children and Young People at Progress School may display challenging behaviours as a result of their complex needs.

The following policy provides clear guidance and instruction on the methods by which our school community can promote positive behaviour in our students to ensure each student's well-being and safety. Therefore the wilful contravention of any aspect of this policy could result in disciplinary procedures being brought into force.

At Progress School we believe that the pupil is paramount in all respects. Approaches to behaviour are entirely dependent on the prevailing ethos of the school and it is therefore critical that the pupil is placed at the centre of all considerations related to behaviour. Because of this, we believe that behaviour support represents an ethically compatible approach to addressing student behaviour within the context of our school.

Our practice in supporting pupil behaviour is governed by the maxim

'Positive approaches to promote positive behaviour'

and this philosophy is expected to underpin all our actions, words and attitudes towards all pupils at all times.

Just as we might support a pupil in the acquisition of any academic skills, so too there is a need to support each pupil in the development of behaviour which is

- functional

- socially acceptable
- effective
- dignified and
- respectful of others

2. Understanding complex and challenging behaviour

Human behaviour is an infinitely complex and enigmatic phenomenon. Understanding behaviour is fraught with problems, contradictions, and dilemmas and yet remains fascinating and is crucial in the development of supportive behaviour strategies. At Progress School we believe that all voluntary behaviour relates to having needs met, that it is functional and serves an identifiable purpose. Some of our pupils display challenging behaviour as a response to the complex pattern of needs their learning difficulties cause. These problems may be compounded by additional difficulties including mental health problems, social deprivation and complex medical conditions requiring strategies which are informed by an extensive understanding of challenging behaviour.

In attempting to modify behaviour we must first examine the motives behind the behaviour and identify the area of need which the behaviour is serving. In order to structure this investigation a thorough **functional analysis** needs to be completed. Following this process, strategies which directly address the behaviour can be developed. Effective strategies in addressing challenging behaviour are characterised by:

- thorough functional analysis of the behaviour
- accurate identification of the behaviour to be addressed
- appropriate realistic interventions
- clear objectives for outcomes
- consistency in applying the strategy
- review and evaluation

Such strategies require

- close collaboration between everyone involved in the pupil's life
- non-judgemental working relationships
- honesty
- adequate resources

It is only by developing a coherent and credible understanding of the behaviour patterns a pupil exhibits that we will be able to address those aspects of the pupil's behaviour which are inappropriate. Analysis, planning and reflection need to be formalised and embedded in the practice of the school.

3. Creating Supportive Environments

Our first obligation as educators is to create a welcoming, supportive and enjoyable environment for our pupils to learn in. Our care and affection for each pupil should be explicit and constantly reinforced through our actions, words and attitudes. Our pupils need to feel good about themselves, good about their peers and good about the staff team. In order to achieve this all members of staff are committed to observing the following key principles

Ten Key Principles

- 1. Be positive** – in all your interactions with pupils. Comment on the positive things pupils do; expect the best and you will get it. Avoid negative language around negative behaviour; it will only reinforce it. Do not shout at pupils; its effect is temporary at best and abusive at worst. Reprimands should be delivered in a planned and considered manner with respect for the pupil's dignity.
- 2. Remain consistent** – be the stability that many of our pupils crave. Be predictable and reliable adhering to the same approaches and routines.
- 3. Strive to understand more** – analyse behaviour and study its affect. Ask why things happen, seek solutions.
- 4. Stay calm** – in difficult situations, don't become part of the problem by losing control. Become part of the solution by remaining clear headed and rational.
- 5. Work together** – no one person has all the answers. Present a coherent and united front at all times. The students will respond to this.
- 6. Seek advice and support** – the best educators exercise humility. Be comfortable about talking things through with others; it is expected of you and will help you succeed.
- 7. Celebrate achievement** – surround your pupils with the sweet sound of success. It's contagious!
- 8. Support your colleagues** – trust the professionalism and judgement of others. Do not contradict another member of staff in front of pupils or colleagues. If you are not sure of something they are doing, ask them about it later in private.

9. Respect confidentiality – be sensitive to the sensitivity of the work we do. You must not discuss any incident you witness unless it is for the tangible benefit of the pupil.

10. Plan strategically – be prepared to wait for success. Think about the long term benefits and not the short term gains.

All members of staff are required to abide by these key principles at all times and to encourage and support their colleagues in upholding these fundamental elements of behaviour support.

Supportive and Functional Environments

The impact of the environment on a pupil's behaviour is a major consideration in the planning of practice. In order to develop positive and appropriate behaviour, the environment must be both **supportive** and **functional**. A supportive environment relates to the attitudes and actions of the people in the environment. A functional environment relates to the suitability of an environment in meeting a person's need. Responsibility for the environment rests with every member of the school team and the right to work in a supportive and functional environment is recognised for staff and pupils alike.

A **supportive** environment is characterised by

- a calm, purposeful working atmosphere
- friendliness
- happy working relationships
- flexibility
- responsiveness to needs
- a caring attitude amongst staff
- tolerance
- optimism and high expectations
- clear and consistent boundaries for acceptable behaviour

A **functional** environment is

- safe and secure
- tidy, uncluttered and clean
- strongly visual

- clearly demarcated for activities
- labelled appropriately to the students' needs
- optimally stimulating
- sufficiently resourced

A constant evaluation of both the supportive and functional environment is required in order to ensure that as pupils develop the environment evolves accordingly. The school's Leadership Team and Governing Body are responsible for determining that resources are available in order to ensure the environment is both supportive and functional.

4. Rewards and support

Where appropriate, token and reward systems are extremely effective motivators in the development of positive behaviour. People respond positively to praise and encouragement and look forward to rewarding experiences offered as a consequence of appropriate behaviour. An important indicator of the ethos which pervades the school is the use of praise and encouragement with pupils as we seek to develop their confidence and self-esteem. For some pupils, the intrinsic value of praise is insufficient and further rewards might be necessary such as access to favoured activities. Where this is the case, these motivators can be offered to the pupil alongside praise.

We seek to reward pupils for their efforts, good behaviour, achievements and hard work in a variety of ways. Incentive schemes are in place to recognise attendance and achievements. Rewards motivate and help pupils to see that good behaviour is valued.

Within the school day there are a number of situations, which may occur that require different levels of intervention. The school is committed to ensuring that the way it reacts to such situations is consistent whilst also dealing with each incident individually and to take all circumstances into consideration.

As a rule, pupils do not respond in a positive way to being shouted at by an adult and will either become extremely distressed or over-stimulated and likely to behave inappropriately. Similarly, other pupils in the vicinity may become distressed or over-stimulated by shouting causing difficulties to escalate. Where it is felt that a reprimand is necessary and will be effective, this should be delivered in a calm and quiet manner in such a way as not to provoke further inappropriate behaviour or trigger inappropriate behaviour in other students.

5. Consequences

Rewards are central to the encouragement of good behaviour, but realistically there is a need for consequences to register the disapproval of unacceptable behaviour.

The use of consequences should be characterised by certain features:

- It must be clear why the consequence is being applied
- It must be made clear what changes in behaviour are required to avoid future consequences
- There should be a clear distinction between minor and major incidents
- The focus should be on the behaviour not the pupil

6. Working with Families and Other Agencies

It is imperative that the school works closely with each pupil's parents or carers to evolve effective strategies in order to support students across a range of contexts. Constant liaison and collaboration are required in order to develop consistent approaches that enable the pupils to generalise appropriate learning and in order to support both families and professionals in their work with the pupil.

The school will actively engage other agencies and professionals where it is considered by the school and the pupil's parents or carers that this action is in the best interests of the student. The school will offer and seek support in the development of practice which is of benefit to the pupil or the pupil's family.

7. Supporting Staff

Working with pupils and families in developing positive and appropriate behaviour requires great skill and dedication. At Progress School we are committed to supporting staff in this highly demanding work by:

- Providing training in the use of appropriate strategies and interventions which are guided by the principles of Approach training.
- Offering pastoral support from a member of the Leadership Team to all members of staff whenever requested
- Developing Behaviour Support Plans for pupils in order to address challenging behaviour
- Dedicating time in care and education planning meetings to the discussion of issues related to behaviour support
- Weekly monitoring of Incidents
- De-briefing sessions following stressful or serious incidents.

The effectiveness of any strategy is dependent upon the skills and commitment of the people engaged in that strategy. It is vital that staff feel equipped, both emotionally and technically, to address this crucial area of their work and it is therefore an obligation upon the school to support and encourage colleagues at all times.

Behaviour support must focus on the needs of the pupils, recognise the difficulties that pupils may face and offer positive approaches to support positive behaviour. It must never be punitive, aversive, threatening or compromise the rights of the pupil. Where staff feel that approaches are in any way illegal or inappropriate they are obliged to report this immediately to the Head of Education or Principal, in accordance with the school's safeguarding procedures.

8. Training staff

All staff at Progress School receive induction training before being required to work with people who present challenging behaviours.

Staff who are expected to employ restrictive physical interventions receive additional, more specialised training on physical interventions for learning disability and education services – **Team Teach**. Team Teach is provided as part of an in house training programme.

The 'Team Teach' model emphasises that **95% of behaviour management is the employment of de-escalation techniques**

Team Teach provides a gradual and graded approach using Team Teach techniques for when physical intervention is necessary, therefore techniques range from the least intrusive to more restrictive intervention. It emphasises the minimum amount of reasonable and proportionate force for the minimum amount of time possible. None of the physical intervention techniques rely on any type of pain or forcing of the joints in a direction or way that they would not normally move.

A comprehensive training programme for all staff is delivered by the Advanced and Intermediate Team Teach tutors. The outcomes of this training are reported to the Senior Management team who then identify any further training needs of the staff team.

All training is refreshed formally every 12 months as recommended and required by Team Teach.

Individual training needs of staff are highlighted and addressed through Professional Development sessions with their line managers.

Normally, only staff who have been trained to an appropriate level should be sanctioned to use restrictive physical interventions. However, in an emergency, the use of force by other people can be justified if it is the only way to prevent injury or to prevent an offence being committed. In these circumstances, the use of force should be reasonable and proportionate and, whenever possible, it should reflect the person's previous training in the appropriate use of restrictive physical intervention. (*Guidance for Restrictive Physical Interventions - How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder (2002)*).

Staff should normally only use methods of restrictive physical intervention for which they have received training. Specific techniques should be closely matched to the characteristics of individual service users and there should be a record of which staff are permitted to use different techniques. It is not appropriate for staff to modify the techniques they have been taught.

All staff members at Progress School and residential homes have a legal power to use reasonable force. It can also apply to people whom the principal has temporarily put in charge of pupils e.g. agency staff.

9. Behaviour Support Plans

Building on the principles identified above, the Behaviour Support Plan (BSP) provides a planned and consistent framework which addresses behaviour that is not sufficiently addressed through the standard principles of good classroom practice and common sense. A BSP must be introduced for a student if there is

- an awareness of behaviour which is likely to endanger the pupil, his peers or colleagues working with the pupil
- a prolonged period of disturbed or challenging behaviour
- persistent concerns related to a pupil's wellbeing or health

BSPs may be written by the pupil's class teacher / behaviour analyst and must be shared with the pupil's parents or carers and approved by the multi-disciplinary team. A plan must not be applied until it has been approved and signed by the multi-disciplinary team. It is considered good practice that everybody working or living with the student will have been consulted during the design of the plan. BSP's should be reviewed on an on-going basis.

All BSP's will follow the same proactive strategies. This will enable a whole school consistent approach to behaviour support.

10. Use of physical contact / intervention

We recognise that for staff at Progress School physical contact with Young People we care for is an integral part of their job. Touch is essential to provide sensitive and good quality care. Used in context, and with empathy, touch supports the development of natural and positive interactions. Staff are in a special position of trust, therefore they need to maintain a professional distance and use discretion to preserve the dignity of pupils needing help and support.

Physical contact covers the full range of physical interactions ranging from light to firm pressure touch. It is necessary for a variety of purposes including the provision of care, comfort, communication, reassurance and safety.

Forms of physical contact - definitions:

- **intimate care** - care which involves contact or proximity to sensitive areas, for example, washing, bathing, cleaning, changing, assisting with menstrual management and some medical procedures such as administration of rectal diazepam
- **communication** - to function as the main form of communication or to reinforce other forms of communication. In addition, to respond non-verbally to another person's own use of physical contact for communication and to make social connections e.g. day to day greetings, use of intensive interaction
- **prompts and guides** – the use of touch to gain attention or direct movement as part of teaching and in order to guide people between places, rooms or activities
- **therapy** - provided either by the therapist or by another member of staff carrying out a therapy program or following therapy advice (e.g. massage, sensory stimulation, physiotherapy)

- **play** - play activities naturally include touch, people of any age who are at early levels of development are likely to be quite tactile and physical
- **reassuring and comforting** – touch used for emotional reasons to communicate positive emotions, security and comfort (e.g. hug around the shoulders or upper arms) to calm and reassure a distressed pupil
- **physical support** – to young people who have physical difficulties (e.g. transfers in and out of wheelchairs)
- **restraint** – ‘means to hold back physically or to bring a pupil under control’ (*DfE – Use of reasonable force – what is reasonable force? – June 2011*); ‘the use of force to overcome rigorous resistance; completely directing, deciding and controlling a person’s free movement’ (*Physical contact. Care, comfort, reassurance and restraint - Bernard Allen, 2011*)

Restrictive physical interventions

Staff have a duty to intervene in order to prevent children and young people from hurting themselves or others, causing serious damage to property or serious disruption to good order in the school / home homes or in the community. It may be necessary for individual solutions to challenging behaviours to apply some form of physical intervention. If a member of staff needs to physically intervene they should follow the school’s Positive Behavioural Support Policy.

Aims

- To maintain the safety and dignity of children, young people, staff and other members of the community
- To create an environment where children and young people feel safe and secure, engage enthusiastically in meaningful activities, enjoy learning and achieve success
- To promote positive relationships, trust and co-operation
- To ensure that any intervention provided is tailored to meet the needs of the individual

Definition

The term ‘*restrictive physical intervention*’ involve the use of force to control a person is defined by the DfES/DoH (2002) as being “*designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact...*”

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. The use of force is associated with increased risks regarding the safety of service users and staff and inevitably affects personal freedom and choice, therefore it needs to be applied with extra care and caution. As a further guide, where physical force is applied against resistance, it should be regarded as a restrictive physical intervention and recorded and reported as such.

The application of a restrictive physical intervention should be an act of care not of punishment or aggression and **should not** be used purely to force compliance with staff instructions when there is no immediate risk to the child or other individuals.

Only **the minimum force necessary** to prevent injury or to remove the risk of harm should be applied and, if used, this should be accompanied by calmly letting the child/young person know what they need to do to remove the need for restrictive physical intervention. As soon as it is safe to do so, the restrictive physical intervention should be gradually relaxed to allow the young person to gain self-control.

Wherever possible, restrictive physical interventions should be used in a way that is sensitive to, and respects the cultural expectations of, children and service users and their attitudes towards physical contact.

Physical Intervention is not to be used simply to maintain or bolster good order in the classroom or other environment. It is expected that its use will be rare, in exceptional circumstances when a particular need arises. It should not become habitual or routine.

The use of any restrictive physical intervention **must** be recorded. Any appropriate professional colleague or manager and the parent/carer must be informed. Any restrictive intervention should avoid contact that might be misinterpreted as sexual contact.

If necessary the use of force might be required to prevent:

- harm to self
- harm to others including other young people, staff, others in community etc.
- damage to property
- an offence being committed
- any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils.

Legal framework

- Care Standards Act 2000
- Children Act 2004
- Children's Homes Regulations 2002
- National Minimum Standards for Children's Homes and Residential Special Schools
- Section 550A of the Education Act 1996
- Human Rights Act 1998
- Disability Rights Act 2001
- Violence at Work 2003
- Education and Inspection Bill 2006

The use of restrictive physical interventions needs to be consistent with the Human Rights Act (1998) and the United Nations Convention on the Rights of the Child (ratified 1991). These are based on the presumption that every person is entitled to:

- Respect for his or her private life
- The right not to be subjected to inhuman or degrading treatment
- The right to liberty and security
- The right not to be discriminated against in his/her enjoyment of those rights.

Physical interventions need to be child or young person specific, integrated with other less intrusive approaches, and clearly part of an education or placement plan approach to reduce risk, when needed. They must not become a standard way of managing, or as a substitute for training in people related skills.

It is a criminal offence to use physical force, or to threaten to use force (for example, by raising a fist, or issuing a verbal threat), unless the circumstances give rise to a 'lawful excuse' or justification for the use of force. Similarly, it is an offence to lock a child in a room without a court order (even if they are not aware that they are locked in) except in an emergency, for example the use of a locked room as a temporary measure while seeking assistance may provide legal justification.

Education and Inspections Act 2006

For schools, Section 93 of the Education and Inspections Act 2006 (which replaces section 550A of the Education Act 1996) enables school staff to use such force as is reasonable in the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- (a) committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- (b) causing personal injury to, or damage to the property of, any person (including the pupil himself); or
- (c) prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

The staff to which this power applies are defined in section 95 of the Act. They are:

- a) Any teacher who works at school, and
- b) Any other person whom the teacher has authorised to have control or charge of pupils.

This

- (i) Includes support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors
- (ii) Can also include people to whom the head teacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example, parents accompanying pupils on school-organised visits)

The power may be used where the pupil (including a pupil from another school) is on school premises or elsewhere in the lawful control or charge of the staff member (for example on a school visit).

Planned and unplanned use of restrictive physical intervention

Restrictive physical intervention can be used as:

• **planned intervention** – in which staff employ, where necessary, pre-arranged strategies and methods

- agreed in advance by a multidisciplinary team working in consultation with the young person, his or her carers or advocates or those with parental responsibility
- described in writing and incorporated into behaviour support plan and any other documentation which sets out a broader strategy for addressing the person's behavioural difficulties;

- based upon a risk assessment
- recorded in writing so that the method of physical intervention and the circumstances it was employed can be monitored and, if necessary, investigated.

• **emergency or unplanned interventions** – use of force which occurs in response to unforeseen events, when a service user behaves in an unexpected way. In such circumstances, members of staff retain their duty of care to the service user 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.

Even in an emergency, the force used must be **reasonable**. It should be commensurate with the desired outcome and the specific circumstances in terms of intensity and duration. Before using restrictive 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.

Scale and nature of physical intervention

Use of physical intervention must be **reasonable and proportionate** to both the behaviour of the individual to be controlled, and the nature of the harm they might cause. There is no legal definition of ‘reasonable force’ so it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used. These judgements have to be made at the time, taking due account of all the circumstances, including any known history of other events involving the individual to be controlled. It will also depend on the age and understanding of the child or young person. **The minimum necessary force** should be used, and the techniques deployed should be those with which the staff involved are familiar and able to use safely and are described in the young person’s behaviour support plan.

Who can use reasonable force?

Only staff that have been specifically authorised and trained in appropriate techniques may engage in **planned** restrictive physical intervention with a child or young person using the service. Managers and head teachers should maintain lists of staff who are authorised and trained and inform those who are not that they are not to engage in the use of planned restrictive physical interventions.

All staff, whether trained or not, including temporary or agency staff, may use reasonable force to physically intervene **in an emergency or to defend themselves** in circumstances where they have a genuine fear of being injured or believe a child or young person may be at risk.

Duty of care

Schools, health and social care services staff owe a duty of care towards all children and young people. The duty of care requires that reasonable measures be taken to prevent harm. Employers also have a duty of care to employees to ensure that their working environment is safe and where risks are identified (including the management of children and young people's behaviour) that appropriate guidance, training and support is offered.

Choosing not to intervene when there is evidence that a greater and significant harm may occur may result in allegations of negligence and consequent civil litigation for failure to exercise that duty of care.

Accepted physical intervention used

Listed below are the accepted **Team Teach** strategies that have been taught to staff:

- **A range of safe disengagement techniques** – responses to body holds, clothing, hair and bite responses
- **A range of guides, escorts and restraints ranging from least intrusive to most intrusive** – these provide a graded and gradual response aimed at intervening with the appropriate amount of reasonable force. Restraints where 2 people are used will be deemed as a more restrictive hold. As the amount of restriction / number of people increases so does the risk; staff need to make a risk assessment based on the situation as to the level at which they are going to intervene.

Training on Physical Intervention given to staff include sections on the background, theory and rationale behind the Team Teach approach as well as an understanding of personal space and body language before any physical techniques are taught.

Any physical interventions used will need to take account of age, cultural background, gender, stature and medical history of the student involved.

“Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a

failure of professional technique, but a regrettable and infrequent “side-effect” of ensuring that the service user remains safe”.

(George Matthews – Team Teach Director)

11. Prevention

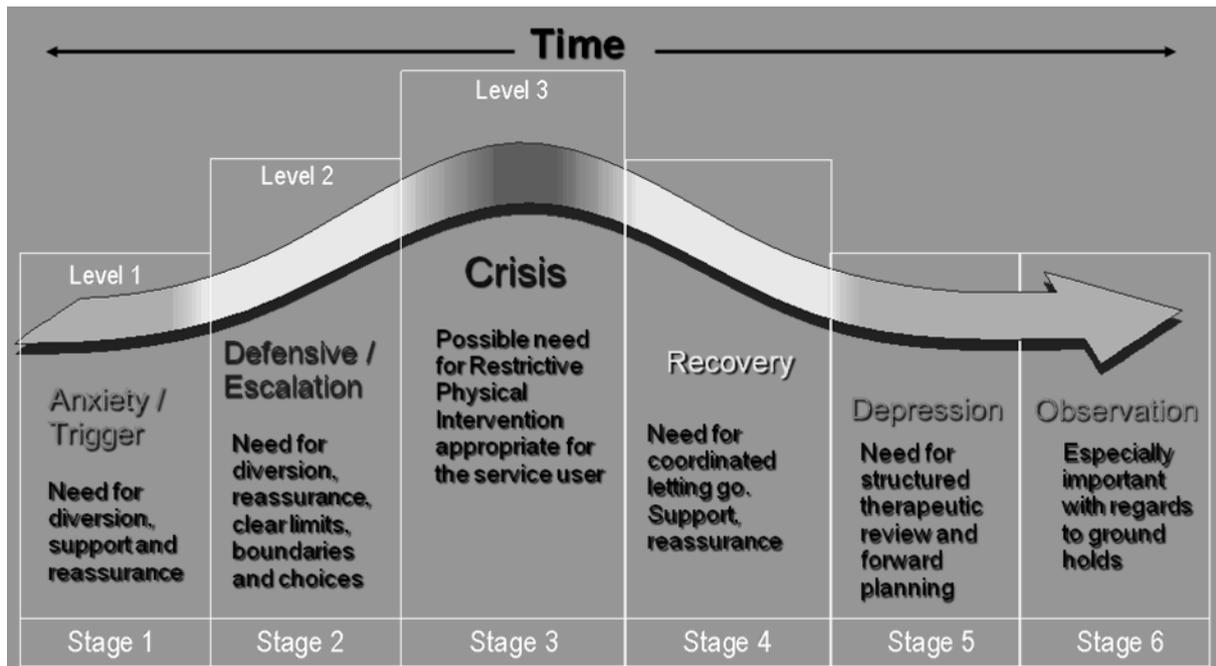
The use of restrictive physical interventions should be minimised by the adoption of primary and secondary preventative strategies.

Primary prevention is achieved by implementing **proactive strategies**:

- ensuring that the number of staff deployed and their level of competence corresponds to the needs of children and service users and the likelihood that physical interventions will be needed
- helping young people to avoid situations which are known to trigger challenging behaviours
- creating opportunities for children and service users to engage in meaningful activities which include opportunities for choice and a sense of achievement
- ensuring that young people have access to individualized communication systems which enable them to communicate effectively with others
- creating consistent and predictable environment
- developing staff expertise in working with young people who present challenging behaviours

Secondary prevention involves ‘recognising the early stages of a behavioural sequence that is likely to develop into crisis and employing **diffusion and de-escalation techniques** to avert any further escalation. (Guidance on Restraint and Seclusion in Health and Personal Social Services, 2005)

Stages of a Crisis



All incidents of challenging behaviour can often be viewed in the 'Stages of a Crisis' model as advocated by 'Team Teach' and illustrated in the above diagram.

Where there is clear documented evidence that particular sequences of behaviour rapidly escalate into crisis, the use of a restrictive physical intervention at an early stage in the sequence may, potentially, be justified if it is clear that:

- primary prevention has not been effective;
- the risks associated with not using a restrictive physical intervention are greater than the risks of using a restrictive physical intervention; and
- other appropriate methods, which do not involve restrictive physical interventions, have been tried without success.

12. Use of therapeutic devices

A decision to use therapeutic devices to prevent problem behaviour (for example, using a harness in the vehicle) must be agreed by a multi-disciplinary team in consultation with service users, their families (and in the case of children, those with parental responsibility) and advocates, and recorded within an individual's care plan / Behaviour Support Plan.

13. Medication

In certain situations, the use of medication may be indicated as a method of managing extreme behaviour. Medication must only be administered upon medical advice and must only be used as a routine method of managing difficult behaviour where it is included within an individual's care plan and agreed by a qualified medical practitioner. The use of medication should comply with any regulations or national minimum standards issued under the Care Standards Act.

14. Seclusion, Withdrawal & Time Out

Sometimes it may be necessary for the young person to spend some time away from any stimulus or triggers in order to facilitate them calming down.

Again a definition of the terminology used in such situations is required and therefore provided here in order that all staff members have a clear understanding of the different situations that they may become involved in.

In considering seclusion, there is a need to draw a distinction between:

- **Seclusion** where a service user is forced to spend time alone against his/her will;
- **Time out** which involves restricting the service user's access to all positive reinforcements as part of a behavioural program
- **Withdrawal** which involves removing the person from a situation which causes anxiety or distress to a location where he/she can be continuously observed and supported until ready to resume usual activities.'

Guidance on Restraint and Seclusion in Health and Personal Social Services (2005)

The use of seclusion

Seclusion is where a young person is forced to spend time alone against their will. This requires authorisation and must **not** be used other than in an emergency or unless part of an agreed and authorised behaviour support plan.

Seclusion is a form of restrictive physical intervention that carries elevated risk and should only be considered in *exceptional circumstances*. It should always be proportionate to the risk presented by the child / young person.

Seclusion should always be the **last resort**, where other less restrictive strategies have been unsuccessful and when all other alternatives have failed or alternative strategies are entirely unsuitable because of an immediate risk and there is not time to try them.

Best Practice Guidance regarding the use of seclusion is contained in the *Mental Health Act 1983 Code of Practice*, Chapter 15.:

15.45 Seclusion should be used only as a last resort and for the shortest possible time. Seclusion should not be used as a punishment or a threat, or because of a shortage of staff. It should not form part of a treatment programme. Seclusion should never be used solely as a means of managing self-harming behaviour. Where the patient poses a risk of self-harm as well as harm to others, seclusion should be used only when the professionals involved are satisfied that the need to protect other people outweighs any increased risk to the patient's health or safety and that any such risk can be properly managed."

Seclusion as a Planned Intervention

'In care settings, if seclusion is required other than in an emergency (for periods of longer than a few minutes or more frequently than once a week) then staff should seek advice regarding the use of statutory powers under mental health or child care legislation.'

Guidance for Restrictive Physical Interventions - How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder (2002). Paragraph 3.11

If seclusion is agreed and authorised through statutory systems as a restrictive intervention for a young person at Progress School, specific guidelines would be constructed to meet their individual needs. The basic principles of these guidelines would be in line with Mental Health Act 1983. These guidelines would be used in conjunction with the young person's Behaviour Support Plan.

15. Risk Assessment

The use of physical intervention to manage behaviours carries risks. If it is not applied appropriately, it can result in pain, physical injury and emotional distress to all concerned. The inappropriate use of physical force can be unethical and illegal.

Service users should only be exposed to restrictive physical intervention techniques which are described in their individual records / Behaviour Support Plans following a risk assessment, however in the case of emergency interventions staff will make a risk assessment at the time comparing the risks associated with intervention against the risks of not intervening.

Among the main **risks to service users** are that a physical intervention could:

- be used unnecessarily, that is when other less intrusive methods could achieve the desired outcome;
- cause injury;
- cause pain, distress or psychological trauma;
- become routine, rather than exceptional methods of management;
- increase the risk of abuse;
- undermine the dignity of the staff or service users or otherwise humiliate or degrade those involved;
- create distrust and undermine personal relationships.

The main **risks to staff** include the following:

- as a result of applying a physical intervention they suffer injury;
- as a result of applying a physical intervention they experience distress or psychological trauma;
- the legal justification for the use of a physical intervention is challenged in the courts; disciplinary action.

The main **risks of not intervening** include:

- staff may be in breach of the duty of care
- service users, staff or other people will be injured or abused;
- serious damage to property will occur;
- the possibility of litigation in respect of these matters.

16. Reporting and Monitoring of Incidents

The use of a restrictive physical intervention, whether planned or unplanned (emergency) should always be recorded as quickly as possible (before the end of the shift) by the person(s) involved in the incident.

Reporting and monitoring is of paramount importance for a number of reasons:

- Protection for staff and pupils
- Keeping a record of number of incidents
- Identifying patterns and functions of behaviours

Documentation for **recording and reporting behavioural incidents** at Progress School:

- **Incident Report** - to be completed in the event of an incident where there has been no Restrictive Physical Intervention
- **Restrictive Physical Intervention Report** – to be completed in the event of an incident where Restrictive Physical Intervention has been used
- In the event of an incident where an injury has been sustained a sheet in the **Accident Book** needs to be completed.

All incident forms must be completed as soon as is reasonably possible after an incident (within 24hrs of the incident). All the incidents are reviewed and further actions are undertaken as required.

If staff feel pupils behaviour is becoming a concern they will complete a behaviour monitoring log. This is a daily breakdown of time intervals where staff will record behaviour. This is collected at the end of each day and monitored by the Head of Education or Behaviour Analyst. This information can then be used to identify any patterns or specific times in a day when incidents are occurring.

17. Post incident management

Debriefing

Following an incident in which restrictive physical interventions are employed, both staff and service users should be given separate opportunities to talk about what happened in a calm and safe environment (debriefing). Interviews should 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.

If service user is not capable of using verbal language then other, alternative forms of debriefing should be utilized. Specific ways and techniques of providing post crisis support should be detailed in individual care and behaviour support plans.

Other forms of further support that can be offered to a member of staff after an incident:

- Time out in another area
- Opportunity to talk through the incident with a colleague

- Opportunity to talk through the incident with line manager
- Opportunity to talk through incident with an Team Teach trainer
- Further Team Teach refresher days or repeating full course

Medical assistance

If there is any reason to suspect that a service user or a member of staff has experienced injury or severe distress following the use of a physical intervention, they should receive prompt medical attention.

In any case of head injury a medical assistance needs to be acquired immediately.

18. Training and authorisation of staff

All staff at Progress School receive induction training before being required to work with people who present challenging behaviours.

Staff who are expected to employ restrictive physical interventions receive additional, more specialised training on physical interventions for learning disability and education services – **Team Teach**. Team Teach is provided as part of an in house training programme.

‘Team Teach’ model emphasises that **95% of behaviour management is the employment of de-escalation techniques**.

“Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent “side-effect” of ensuring that the service user remains safe”.

(George Matthews - Director)

Team Teach provides a gradual and graded approach using Team Teach techniques for when physical intervention is necessary, therefore techniques range from the least intrusive to more restrictive intervention. It emphasises the minimum amount of reasonable and proportionate force for the minimum amount of time possible. None of the physical intervention techniques rely on any type of pain or forcing of the joints in a direction or way that they would not normally move.

A comprehensive training programme for all staff is delivered by the Advanced and Intermediate Team Teach tutors. The outcomes of this training are reported to the Senior Management team who then identify any further training needs of the staff team.

All training is refreshed formally every 12 months as recommended and required by Team Teach.

Individual training needs of staff are highlighted and addressed through Professional Development sessions with their line managers.

Normally, only staff who have been trained to an appropriate level should be sanctioned to use restrictive physical interventions. However, in an emergency, the use of force by other people can be justified if it is the only way to prevent injury or to prevent an offence being committed. In these circumstances, the use of force should be reasonable and proportionate and, whenever possible, it should reflect the person's previous training in the appropriate use of restrictive physical intervention.

All staff who have satisfactorily completed Team Teach training are authorised to use Restrictive Physical Intervention.

Staff should normally only use methods of restrictive physical intervention for which they have received training. Specific techniques should be closely matched to the characteristics of individual service users and there should be a record of which staff are permitted to use different techniques. It is not appropriate for staff to modify the techniques they have been taught.

All staff members at Progress School and residential homes have a legal power to use reasonable force. It can also apply to people whom the principal has temporarily put in charge of pupils e.g. agency staff

19. Informing Parents and other services

It is good practice for schools and residential services to inform parents about incidents involving the use of force. At Progress School we inform parents and other services about incidents and the use of Restrictive Physical Intervention monthly via a report as standard. Parents are also updated informally regularly by the residential teams. All contact with

parents is discussed and agreed at review meeting where parents are given the option to request further information/contact.

20. Handling complaints when force is used against them

All complaints about the use of force will be thoroughly, speedily and appropriately investigated following the procedures outlined in the *Complaint Policy*.

In the case of any action concerning a member of staff, this will be dealt with under the relevant policy e.g. Disciplinary Policy or Safeguarding Vulnerable Adults Policy.

He/she will be kept informed of any action taken. Staff will also be advised to seek further advice from his/her professional association/union.

21. Conclusion

Positive Behavioural Support is a complex and problematic topic and guidance within this field needs to be continuously evaluated and critically appraised. This policy reflects the school's ethos and practice in this area and should be considered in conjunction with all of Progress School Policies.