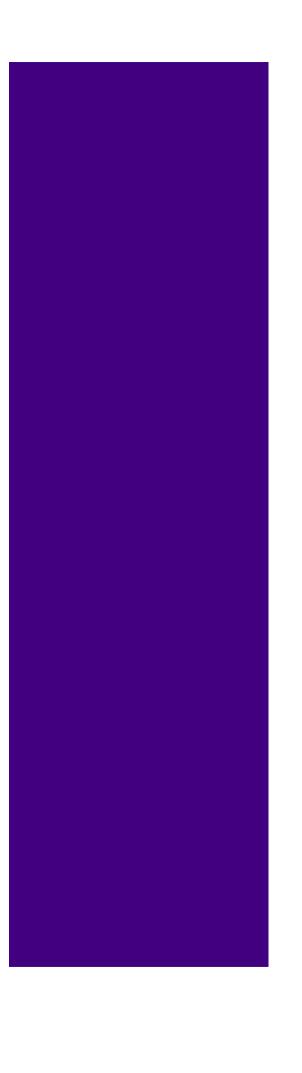
2.0
CEO (interim)



staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

Risk assessments are undertaken for staff who require additional support or modified procedures due to:

Overall responsibility to ensure this policy conforms to current guidelines and best practice.

Ensuring resources and infrastructure are available to allow its implementation.

To achieve a safe working environment which includes the safe and effective management

Support Line mangers to develop training needs analysis and develop individual training plan for staff identified as requiring training. Arrange and evaluate training and development to enable staff to safely manage behaviours of concern, promote a culture of restraint reduction and implement a system of PositiveBehaviour Support across all settings.

- 1. Introduction
- 2. Purpose
- 3. Scope
- 4. Definitions
- 5. Roles & Responsibilities
- 6.

# 1.

1.1 right to be treated with respect and dignity and deserves to have their needsrecognised and be given DforE 2019)

Residents, service users, pupils and young people within the Percy Hedley Foundation (PHF) have significant and complex needs and may at times present with behaviours of concern, previously referred to as challenging behaviour.

- Supporting safe, consistent and predictable environments
- Supporting high levels of participation in meaningful activities
- Knowing and understanding relevant legislations
- 2. Functional, contextual and skills-based assessment
  - Working in partnership with stakeholders
  - Assessing match between the person and their environment andmediator analysis
  - Knowing the health of the person
  - Understanding the principals of behaviour );
  - Understanding the function of behaviour
  - Supporting data driven decision making
  - Assessing the function of a behaviour
  - Assessing a skills and understanding their abilities

w hat motivates them

- 3. Developing and implementing Consistent Approach Plans (CAP)/ PositiveBehaviour Support (PBS) plans
  - Understanding the rationale of a CAP/ PBS plan and its use

andneeds

• Constructing a model that explains the functions of a

mental health vulnerabilities, neuro diverse needs such as autism and ADHD and learning disabilitiesare at risk of presenting with behaviours of concern.				

adults, children and young people accessing PHF services

provide an inclusive model for our understanding of behavioural needs.

underpin our beliefs with evidence-based practice and current research.

embrace and embed a culture of restraint reduction through the use of strategies designed topromote minimum impact and trauma informed care.

## 3.

- 3.1 This policy applies to employees, bank/agency staff, and parents/carers involved in PositiveBehaviour Support within the
- 3.2 The scope of this policy does not include crisis interventions delivered by external agencies, e.g. the police service.
- 3.3 Staff must only undertake aspects of Restrictive Practice Interventions in which training hasbeen received and competency requirements reached.

## 4.

Behaviour	The way in which someone acts or conducts themselves,
	especially towards others.

Behaviour of concern

Autonomou	When an individual actively chooses to move to a
swithdrawal	quietspace in order to self calm.
Imposed withdrawal	Supervised removal of an individual against their will to
	aplace of safety until they can compose themselves and
	safety is regained. They may leave at any time.
Seclusion	Supervised confinement and isolation of a person away
	fromothers, in an area from which they are prevented from
	leaving, where it is of immediate necessity for the
	containment of severely disturbed behaviour which poses
	risk of harm to others.
Physical Restraint	direct physical contact where the intention of the
	personintervening is to prevent, restrict or subdue movement
	of the body, or part of the body of another person, (DofH,
	2014)
RPI	Restrictive Practice Intervention
Clinical holding	Clinical holding is defined by the Mental Capacity Act as
	use of restrictive physical interventions that enable staff
	to effectively assess or deliver clinical care and treatment to
	individuals who are unable to
Mechanical Restraint	device such as a belt or cuff to prevent,
	restrict
	their bodyfor the primary purpose of behaviour control e.g.
	seat belt
	like devices fitted to (CQC,2015b)
Psychological	Any action or practice undertaken, which is inconsistent with
Restraint	the wishes of the person e.g. depriving lifestyle choices
	bytelling them what time to get up/ go to bed.

Technological	The use of equipment to alert staff that the person is trying to				
Restraint	leave or to monitor their movement e.g. pressure pads.				
Chemical Restraint					
	individualto reduce the risk of harm to self or others and to				
	reduce				
	agitation and				
Crisis Intervention	The of lethal defined as person				
	threatening to take their own life or (NAPPI UK)				
NAPPI	Non-Abusive Psychological and Physical Interventions				
	NAPPI UK Itd is an independent training company approved				
	to deliver Restraint Reduction Network certificated training				
	which delivers a modular approach to training mapped to				
	the				
	Positive Behaviour Support Framework.				

#### 5.

- 5.1 In addition to the duties required within individual job descriptions:
  - a. Staff will ensure that they have read and understood the consistent and positive approach tobehaviour policy and the associated protocols for intervention.
  - b. Staff must be responsible for seeking help, clarification, and support for themselves if needed.

All staff have a duty of care to all residents, service users, pupils and young people If an incidentis occurring they must offer support and intervention as needed and appropriate, regardless of whether they are currently part of that core team.

c. Wherever possible staff will only intervene to enact a Restrictive Practice Intervention (RPI) when they have received an appropriate level of NAPPI Training. In an emergency situation (and only to prevent significant harm to the service user) staff may complete a dynamic Risk Assessment and intervene at the direction of a NAPPI trained member of staff. Any response must still be reasonable, proportionate and use minimum impact to support the decision to intervene. This must be immediately brought to the attention of a Senior Leader and immediate steps taken to redress training needs.



As adults, we must consider the learning styles and needs of our clients and we must have realistic expectations about the speed of progress they will havewhen learning to adapt or develop new behaviours.

Our clients learn in small, incremental steps

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

individual risk assessment. Managers then require staff to be trained at Level

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

When we demonstrate our belief in them it supports

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of



The structure we

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

More formal sanctions are not appropriate when it is acknowledged that the person was in a highly distressed state. Sanctions must be delivered a timely manner, as a consequence of the choices, and must not be harsh or removed from the behaviour we wish to decrease.

The detail of the sanction must be communicated to the individual and staff team to ensure all involved understand, and the situation can be resolved quickly. As part of our reflective practise, staff should consider if anything could have been done differently to give different outcomes, and individuals should have the opportunity to be involved in this also, as appropriate.

We believe that adults, children and young people should be given the opportunity torepair relationships following a behavioural incident and that

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

difficultiesand require additional support.

# This is achieved by:

- a. Ensuring that the general principles of Positive Behaviour Support within thispolicy are always adhered to.
- b. Considering the behaviour of the person holistically, gathering information in arange of settings and analysing the behaviours demonstrated.
- c. Putting in place additional scaffolding and support which is tailored to the specific needs of each resident, service user, child, and adult informed by the assessment process above.
- d. Drafting a comprehensive Positive Behaviour Plan or Consistent Approach
  Plan to ensure that all support and strategies are clearly documented, and
  staff know how to manage each situation as it arises. This includes collecting

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of



Behaviour Policy:	Issue date: June 2021	Version No: 3.0
,		
Status: Approved	Review date:	



Denied access to a toilet.

Restrained using a harness or wheelchair belt where this has not been agreed by all involved, risk assessed and clearly documented.

Restrained in a bed by use of bed rails, cot sides or placed in a safe space bed where this has not been agreed by all involved, risk assessed and clearly documented

Given medication designed to sedate unless specifically prescribed by a doctorand administered following a documented treatment plan.

medication unless not taking such medication poses a serious imminent threat tolife. In this circumstance the procedure will be documented and reviewed by a nurse and escalated as appropriate for medical review.

- 1. Withdrawal and seclusion is used as a treatment or disciplinarypenalty.
- 2. The Foundation recognises that there are times when an individual may seekor be required to isolate away from others to maintain personal safety or reduce significant risk of harm to others
- 3. Autonomous withdrawal If an individual actively chooses to move to a quiet

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

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All Incidences of seclusion must be logged and parents/ cares notified the same day.

## 6.12 Touch:

1.

2. Contingent touch may be used appropriately in the appropriate context e.g. a pat on the arm or shoulder for reassurance but staff must know how the individual is likely to react

Behaviour Policy: Issue date: June 2021 Version No: 3.0

Status: Approved Review date: June 2022 Page of

ort children and Ex wi nalise our provi tha may be necessary to exclude a pu In exceptional considered very carefully. These ci time,but this w include: ty of the pupil or student or that or 1. Incident seriousl nd the occurrence is frequent or in frequen 2. Incident or use of other weapons. 3. Incident ure or sexual violence. 4. Incident amage to property. Decisions to ex r young people are made on an ind easured and considered response will always be impact and be tunity for them. ternally, and the child or young per Exclusions ma beremoved fro ed period of time. not able to meet the needs of an ind If Percy Hedle or young pers ays work with families and local au identify asuital r a managed transition. 6.14 Reportin Incidents:

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

rn, their impact and strategies for minimising

Incidents of be

future

Support Plan/ Consistent Approach Plan will be amended if required. A senior leader will then complete an audit of all incidents to identify trends where necessary.

Training in recording and reporting incidents is part of the NAPPI approach.

## For Percy Hedley School and Northern Counties School:

It is often the case that pupils, when attending PHS or NCS for the first time may often have habitually high levels of anxiety and, as a consequence, frequent dysregulated behaviour. To help ameliorate this, the schools place an extremely strong emphasis on a highly structured to provide support, consistency

lives within the Foundation.

Once pupils have responded positively to the highly structured

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

done differently leads into improvements and developments to the Positive Behaviour Plan. Incidents involving adults, who access more than one of theFoundations services must involve members from all teams be involved as appropriate. Information must be shared sensitively to ensure a continuity of care across settings. Members of the senior management team may be present

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

Staff to have discussion with parents/ carers prior to sending the plan home, and suggest meeting in person if a new plan is being written.

For children over 16 and adults with mental capacity:

ncluding clearly stating the type of physical intervention.

•

A range of tools are available to supportcollection of child, young person, service user or resident voice.

•

If a behaviour has not occurred for more than two years, it is to be removed from the plan. The information will still be available via the paper copies (and CPOMS records eventually) should it be required.

When a pupil is admitted to Percy Hedley School or Northern Counties School, theymay have experienced significant failure and have struggled to manage their behaviour in a school environment.

We believe that in order to learn effectively pupils need to feel safe in order to access learning opportunities. However, over time, pupils need to learn how to manage their behaviour for themselves; therefore, a stepped approach for all pupilshas

#### Step 1

The environment is ordered, predictable and secure. Low stim classrooms, order and routine aim to minimise stress and anxiety and maximize pupil engagement in learning opportunities. Consistent approach plans/ Positive Behaviour Support plans capture and effectively share each child's individual needs, and consider how to achieve the high expectation of Step 3.

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of

Behaviour Policy: Issue date: June 2021 Version No: 3.0

#### Organisational

#### Developmentteam.

Line managers have a responsibility to identify mandatory and statutory training needs in relation to individual job roles and action. This may be done through annual appraisal or supervision.

Training will be given during induction period for any new staff member working withservices users who present with behaviour of concern. Continued training in the skills required and level of competence will be provided as identified by the Foundation and service Training Needs Analysis to meet RRN standards.

Staff who are to intervene using a Restrictive Practice Intervention MUST

Behaviour Policy:	Issue date: June 2021	Version No: 3.0
Status: Approved	Review date: June 2022	Page of