

Document name
Positive Behaviour Policy

This document is relevant to:	
Central Support Services	✓
Education	✓
Medical Therapy	✓
Residential	✓

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Promoting Positive Behaviour Policy

RATIONALE

This policy attempts to provide information and guidance to staff, regarding St. John's commitment to working proactively with all learners. The policy references current best practice guidance regarding responses to challenging behaviour. It also attempts to outline St. John's commitment to providing a safe and positive experience that is grounded in a set of widely recognized quality of life principles:

- ✓ Dignity and respect
- ✓ Individuality
- ✓ Relationships
- ✓ Community presence
- ✓ Rights
- ✓ Choice
- ✓ Independence

This policy provides guidance, strategies and good practice for staff to ensure that all behaviours are approached and managed consistently with the aim of helping our learners to develop more appropriate behaviours and skills and improve their quality of life.

INTRODUCTION

St. John's is committed to promoting Positive Behaviour Support (PBS) as its service model. PBS has evolved from debates in the 1980's about the use of punishment-based consequences with people with learning disabilities & behaviours that challenge. Social role valorisation (SRV) is based on the idea that society tends to identify groups of people as fundamentally 'different', and of less value than everyone else. It catalogues the methods of this 'devaluation' and analyses its effects.

PBS is the result of combining SRV and behavioural analysis to create a '*values-led approach to achieving change*'.

The PBS approach includes:

- ✓ A focus on individualised quality of life gains & positive promotion of desired behaviours
- ✓ Person Centred Planning (PCP).
- ✓ Long term values-led focus
- ✓ Implementation of strategies that are based on comprehensive assessment and functional analysis – why, when and how behaviours occur
- ✓ Ensuring there is an emphasis on preventative strategies

- ✓ Altering triggers and consequences
- ✓ Skills teaching
- ✓ Distinguishing between preventative and reactive strategies
- ✓ Minimising the use of punishment-based consequences
- ✓ Involvement of all stakeholders

The outcome of all the above means that reducing behaviours that challenge is a side effect of intervention.

DEFINITIONS

It is essential that all staff understand a wide range of strategies and de-escalation skills which will aim to:

1. Understand the purpose of challenging behaviours.
2. Support the person to develop more appropriate behaviours and skills.
3. Reduce the frequency of challenging behaviours.
4. Ensure the person has every opportunity to progress on their learning pathway.
5. Improve the person's quality of life.

Challenging Behaviour

Challenging behaviour is defined as: 'Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion.' (Royal College of Psychiatrists et al., 2007, p.10).

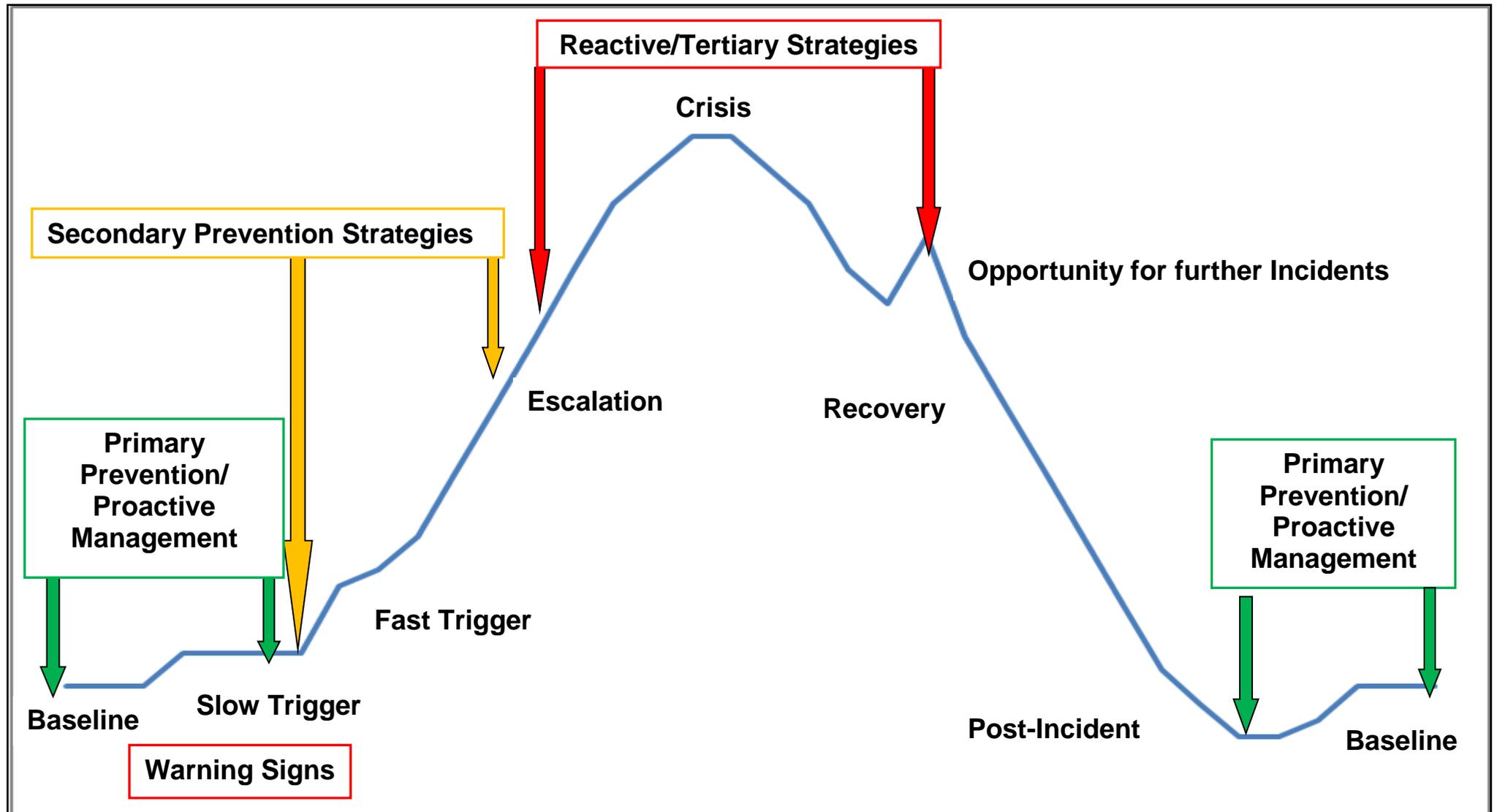
Among many causes, challenging behaviour has been reported to (Koritsas & Iacono, 2012):

1. represent a form of communication
2. be caused by skills deficits
3. be associated with psychiatric disorder or symptoms or physical illness
4. develop through operant conditioning and reinforcement

Baseline

Baseline is term used to describe an individual's usual level of behaviour and function. Each individual has a different baseline e.g. some people's baseline is a high level of anxiety. Baseline is taken into account when developing PBS plans and approaches.

The time intensity model on the next page explains the PBS process that occurs when behaviours move away from baseline.



Intervention

An intervention is a change in an educational or residential program that is designed to improve learning or behaviour. Interventions may include strategies, teaching techniques, modifications, adaptations, change in curriculum, behaviour interventions and therapies such as speech, physical and occupational therapies.

Primary Prevention/Proactive Management

Primary prevention involves managing aspects of the individual's living, working and social environments to reduce the likelihood of behaviours that challenge occurring. Primary preventions provide evidence-based guidance on how to provide the "best match" to the individual in all aspects of daily living including, communication, learning opportunities, skill development, meaningful activities reflective of the individual's hobbies and interests, sensory needs, relationships.

Secondary Prevention

Involves strategies that are to be used once an individual begins to move away from baseline conditions. The aim of secondary prevention is to stop incidents escalating further through early identification and positive interventions. Secondary prevention provides guidance on how to recognise and respond to early indicators that the individual may be moving away from baseline. Appropriate Primary preventions strategies can also be used at this time.

Reactive/Tertiary Strategies

Reactive/Tertiary Responses occur when behaviour has already happened. It is during these times when well-planned Reactive/Tertiary Strategies play an important role. These strategies will not always include a physical response. However, if a restrictive physical intervention is required the strategies are designed to ensure that they are non-pain based, consistent, safe, least intrusive, short and always a last resort. St. John's endeavours to focus on reducing the need or likelihood of behaviour occurring in the first place, thus rendering the need for reactive strategies less necessary.

Behaviour Support Plans

The Behaviour Support Plan is written based on pre-entry information, basic assessment and data. It is designed to offer an approach to working with individual learners that ensures that their basic primary and secondary prevention needs are met and that if required, agreed reactive strategies implemented. Its purpose is to offer a guide to staff and a consistent

approach for individuals who may display behaviours that challenge whilst assessments are undertaken and a full PBS Plan is formulated.

Positive Behaviour Support Plans

The behaviour support plan represents the culmination of the assessment process. It is written as a guide for all those supporting the young person to ensure the consistent delivery of appropriate interventions. A copy of the PBS plan should be kept in the learners file. The learners will also have a copy that is in a format reflective of individual need.

Positive Behaviour Support plans will contain the following components:

- 1 Pen portrait – a positive description of the person identifying skills, background information, learning opportunities, likes and dislikes
- 2 Behaviour Summary Statements – statements that include a description of the behaviour, triggers or antecedents for the behaviour, maintaining consequences, and the function of the challenging behaviour
- 3 Specific health needs – which describe how to support the young person to maintain good health and well-being
- 4 Primary Prevention/Proactive Strategies – Strategies that may be used to reduce the likelihood that the service user will present with behaviours that challenge. These may include environmental arrangements, personal support, changes in activities, new ways to prompt a service user, changes in expectations, and so on. Replacement Skills to teach that will replace the behaviours that challenge. Guidelines for how the staff will respond to behaviours that challenge in ways that will not maintain the behaviour. In addition, this part of the plan may include positive reinforcement strategies for promoting the learners use of new skills or acceptable behaviour. This section of the plan may include long-term goals that will assist the learner in meeting their vision of the service
- 5 Secondary prevention strategies – which include recognising and responding to early indicators that the service user may be moving away from baseline including de-escalation and other techniques
- 6 Reactive/Tertiary strategies – which provide a safe, coordinated, consistent response to managing crisis situations
- 7 Monitoring – to ensure that the plan remains effective
- 8 Evaluation – to ensure the plan is up dated
- 9 PBS plans will be reviewed regularly with the learner where appropriate, through Multi-Disciplinary Team (MDT) Meetings and discussion with involved supporters.

POLICY AIMS

This policy aims to increase motivation and raise standards of achievement through person centred planning. St. John's aims to maintain a safe and protective environment which promotes positive behaviour. St. John's seeks to reinforce desired behaviours, as we believe that it will develop an ethos of positivity, kindness and co-operation.

The key elements are:

- Enabling all learners to develop to their full potential by acquiring skills, knowledge, understanding and a positive attitude, including personal, social and emotional skills, to support them to become economically aware, social and active citizens
- To promote a culture of PBS, through appropriate staff training, appropriate role modelling and implementation of PBS plans
- To promote a culture of social inclusion and respect for diversity, particularly through developing the well-being of learners
- To ensure that learners' rights and dignity are considered
- To provide a variety of approaches to meet individual needs
- To promote Person Centred Planning
- To provide appropriate training and guidance for all staff at St. John's, to ensure that they have the skills to deal confidently and safely with behaviours that challenge
- To ensure that this policy is fully understood and consistently implemented throughout St. John's
- To ensure effective mechanisms are in place for the monitoring and evaluation of this policy
- To ensure a collaborative approach to management involving all stakeholders
- To promote an understanding of reinforcement amongst the staff team (adding something positive increases the desired response or taking something negative or aversive away increases a desired response)
- Not to use sanctions or punishment as they are not ethical, do not support long term positive behavioural change and may damage therapeutic relationships

IMPLEMENTATION OF POLICY

St. John's will ensure that:

- All staff are given the training and resources to provide a consistent approach
- All staff will receive approved BILD accredited physical intervention training, to enable them to respond safely to any incidents of behaviours that challenge using a coordinated, non-pain based, gradient of response.
- All staff will refresh this training annually.
- All learners will be encouraged to engage fully in all aspects of their educational & residential program.

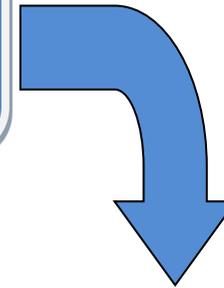
- All learners will be encouraged to engage with relevant therapies that are identified during the assessment process.
- All learners will be encouraged to engage in any therapeutic programme of activities that are reflective of individual needs, interests and hobbies.
- Each learner will be encouraged to participate in the development of their PBS plan.
- All PBS plans will be individualised and based on functional analysis.

MODELS OF SERVICE

The diagram overleaf demonstrates our intension to continue to develop a culture and a process that enables St. John's to work in partnership with learners and their involved supporters in a manner that meets the needs and requirements of all concerned.

**Positive behaviour support
Person centred planning (learning disability)**

Winterbourne concordat/Francis report/commissioners

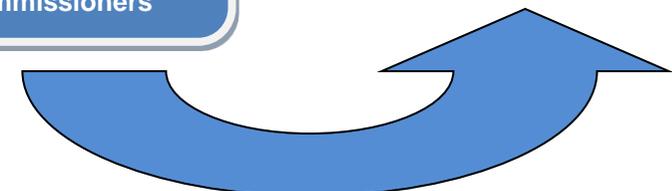


Definitions
Concepts
Measuring behaviour
Analysing behaviour change
Functional analysis
Technologies (intervention)

Building better lives

Looking after me
Looking after where I live
Living together
Working together
The community and me

Positive behaviour support (Applied behaviour analysis)
 Winterbourne concordat/Francis report/commissioners



The person is at the centre of the planning process

Family and friends are partners in planning

The plan shows what is important to a person now and for the future and what support they need

The plan helps the person to be part of a community of their choosing and helps the community to welcome them

The plan puts into action what a person wants for their life and keeps on listening-the plan remains 'live'

Education and training

Measuring achievement of learners, quality of teaching, behaviour and safety of learners

Personal care and physical wellbeing

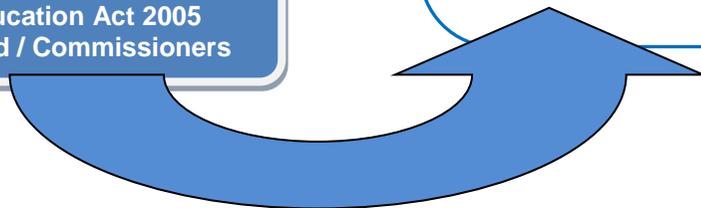
Medical and psychological interventions

Social cultural and spiritual

Finance and money

Work and occupation

**Education Act 2005
Ofsted / Commissioners**



INCIDENT REPORTS

Incidents reports are valuable to the work of St. John's. Where there has been an incident of behaviours that challenge, the staff member concerned must complete a Behaviourwatch report. Where there is a number of staff present, those immediately involved should take responsibility for completing the form.

Points to remember when completing the form:

- Staff must stick to the facts.
- Detail events in order.
- Avoid expressing an opinion.
- Write in a clear concise manner.

On completion of the Behaviourwatch report, they will be analysed by the Behaviour team. For a serious incident, a debrief will be coordinated for all involved individuals. Further support for completing reports is available from Behaviour team.

SAFEGUARDING

St. John's believes that every learner has the right to

- ✓ Feel **safe** and **secure**
- ✓ Be treated with **dignity** and **respect**
- ✓ Respect their **individuality**
- ✓ Have support to maintain and develop **relationships**
- ✓ Have a **Community presence**
- ✓ Have their **Rights** respected and upheld
- ✓ The right to exercise **choice**
- ✓ To maintain and develop their **Independence.**

To underpin these core values St. John's will ensure that:

- ✓ All learners are supported to raise their concerns and that those concerns are taken seriously
- ✓ There is a clear process that demonstrates effective recording and reporting
- ✓ All staff receive training in relation to safeguarding
- ✓ St. John's will continue to develop relationships with the local safeguarding team.
- ✓ Safeguarding procedures are always adhered to
- ✓ Effective monitoring of all safeguarding concerns is maintained, and corrective action taken in a timely manner

- ✓ Relationships with the local community police officers are maintained and developed
- ✓ Commissioners are notified of all significant events in a timely manner
- ✓ Partnership working with Regulators and stakeholders is transparent and honest.

REDUCTION IN RESTRICTIVE PRACTISES

St. John's is always committed to working proactively with learners and their involved supporters, seeking to find a balance of safety from harm with freedom of choice. Whilst it is recognised that during times of crisis it is important to maintain the safety of all concerned, St. John's also recognises the importance of monitoring the use of restrictive practices to ensure we always utilise the least restrictive option and demonstrate a gradient response to each situation. Where there is evidence of the use of restrictive practices St. John's is committed to a reduction strategy that demonstrates a willingness to explore other options and seek alternative methods to achieve a positive outcome.

Restrictive practice is defined in **DH 2014 Positive and Proactive Care – reducing the need for interventions**

"Interventions that restrict an individual's movement liberty and / or freedom to act independently in order to

Take immediate control of a dangerous situation

And

End or reduce significantly the danger to the person or others

And

Contain or limits the persons freedom for no longer than is necessary".

DH 2014 Positive and Proactive Care – reducing the need for interventions goes onto describe the forms of restrictive practices as:

"making somebody do something they don't want to do or stopping somebody doing something that they want to do"

Physical Restraint (using physical contact)

Mechanical restraint (using devices)

Chemical restraint (using medication)

Seclusion (confining or isolating people)”.

Children’s Home Regulations 2015

Defines the basis when a restrictive practice can be used as:

Restraint in relation to a child is only permitted for the purpose of preventing—

(a)injury to any person (including the child);

(b)serious damage to the property of any person (including the child); or

(c)a child who is accommodated in a secure children’s home from absconding from the home.

At St. John’s the SLT will ensure that:

- ✓ The service user remains central to the service.
- ✓ Managers and Senior Staff are visible on all sites and have knowledge and insight into the practices employed and they promote a culture of sharing good practice
- ✓ They promote a proactive response to poor practice
- ✓ They avoid a blame culture for genuine mistakes
- ✓ They promote a culture of learning from incidents and mistakes
- ✓ Everyone is aware of policy, legislation, requirements and best practice
- ✓ The use of restrictive practices is constantly assessed and monitored, and a reduction strategy is in place
- ✓ Doors are not locked to prevent exit
- ✓ That the quality of the service provision is assessed and monitored
- ✓ That “blanket rules or policies” are not applied

In the event of a concern regarding the use of any restrictive practice a full debrief will be conducted in line with St. John’s debriefing policy.