

<b>Title</b>	Positive Behaviour Management Policy
<b>Issue Date</b>	July 2021
<b>Review Date</b>	July 2023
<b>Equality Analysis Date</b>	July 2021
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<b>Total Number of Pages</b>	
<b>Owner</b>	Lynne Thompson
<b>Distribution</b>	Whole Organisation

<p><b>Definition(s)</b></p> <p><b>Behaviour Support Plan</b> a document written to identify positive strategies, approaches and methodologies of supporting individuals during periods of anxiety or behaviour that challenges. Integrated Care Plans are available on SharePoint. They are updated annually. The behaviour support plans are a working document and as such can be altered. However alterations can only happen after a multi-disciplinary team (MDT) meeting.</p> <p><b>Multi-Disciplinary Teams</b> include the teacher, senior LSAs, Team Leaders (if applicable), speech and language therapist, occupational therapist, physiotherapist, mental health practitioner (if applicable) and Behaviour Support Coordinator/HLTA/Champions.</p> <p><b>Managing Behaviour</b> includes supporting positive behaviour, de-escalation of conflicts, discipline, control and restraint that all staff understand and apply at all times.</p>
<p><b>Purpose</b></p> <p><b>What is behaviour (information from the BILD code of practice)</b> Violence which is directed toward other people, violence which is less clearly targeted and arises from distress, confusion or panic and anxiety. Self-directed violence or self-injury. Reckless disregard for their own safety or for the safety of others and behaviour which causes damage to property</p> <p>The assumptions made in this policy (adapted from Hewett, 1998) are that:</p> <p><b><i>‘Challenging behaviour is a normal occurrence in establishments for people with complex learning and communication needs. The organisation should be dedicated to improving the lifestyles of its child / young person or adult. This will help improve behaviours. It is better to do this than focus on negative behaviours’.</i></b></p> <p>The organisation has high expectations of all children, young adults and staff</p> <p>Staff need to understand the young person/adult behaviour. Every behaviour has a purpose and results from the interaction of personal factors (within the individual) and environmental factors (both the human and physical environments).</p> <p>It is usually very difficult or impossible to change personal factors, but behaviours can be modified by changes to the environment. Environmental changes can more easily be brought about. Improving communication skills often leads to improvements in behaviour because frustrations diminish.</p> <p>Staff are supported by completing a 3 day training package from a BILD accredited course during their induction and yearly 1 day refresher. Non-contact (support staff) staff are supported by completing a 1 day training package and a yearly 1 day refresher</p> <p>Effective coping strategies including; positive, logical incident management, should be in place and practiced by all staff. Staff should use a low arousal approach to minimise the likelihood of challenging incidents. The young person/adult should have a sense of ‘sanctuary’, with quiet places available when they become anxious or distressed.</p> <p>Staff work collaboratively within a multi-disciplinary team and are reflective in their practice.</p>

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Meetings provide a forum for discussion and decision making to plan and facilitate consistent approaches and to evaluate success. Advice from external agencies may be sought if deemed appropriate and with the consent of the student and their advocates. We would also make referrals where necessary.

After an incident staff complete a behavioural incident form on line. Training to complete these forms is given in induction. These are closely monitored by the behaviour management coordinator and within each department. Accident reports are completed on line and automatically sent to the health and safety officer.

The completed records and other documents are not simply safeguards, but are a means of furthering, informing and developing good practice. Confidentiality and record keeping procedures must be followed.

Staff MUST understand that their own behaviours influence the behaviour of the child / young person or adult.

- Child / young person or adult rights are balanced against staffs' duty of care.
- Child / young person or adult have interesting and enjoyable lives.

Because of their learning and communication difficulties, the young person/adult has patterns of behaviour that are unusual or unique. Frequently, it is necessary to help a young person/adult achieve a greater understanding of their own behaviour.

Sanctions are only used if a person has an understanding of the consequence. Within the organisation this understanding is extremely rare. We always endeavour to use a positive approach to managing behaviours. As a matter of policy, staff must:

- Ensure the child / young person or adult feel safe and secure.
- Be fully aware of their legal, ethical and moral duties toward the child / young person or adult, to their colleagues and to third parties.
- Keep full and accurate records.
- Exercise their duty of care at all times.
- Where any sanctions, disciplinary measures or restraints are used, children and young adults are encouraged to have their views recorded; these records may include mood charts, symbol support. Records are kept within each department

Staff use a low arousal approach when faced with potentially difficult situations. Staff have been trained in a particular approach to the management of behaviour that challenges, supported by a written plan for each individual who displays behaviour that challenges. Physical intervention (agreed in the plan after a MDT meeting and signed off by parents / guardians are then sent to social workers) is acceptable only when all other forms of proactive strategies have been tried. A physical intervention may be implemented if the child / young person is causing harm to themselves (self-harming), harm to others or causing damage to property

Where there has been physical restraint, there must be opportunities to call on medical assistance as required, and children/young adults are always given the opportunity to be examined by a registered nurse or medical practitioner for their health and wellbeing.

Bullying - Seashell takes bullying very seriously, across the whole site, and will not tolerate bullying in any form, including harassment for the children and young people and staff. Students have the right to expect the environment has a no bullying ethos and that they feel safe, students are helped to identify bullying and be able to speak up with a person they trust, however at Seashell due to the individual's cognitive ability it may be difficult for the individual to understand what bullying is and may not understand 'targeting another. Individuals may be caught up, in an

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incident without being targeted. Students at Seashell maybe susceptible to, rather than instigators of hate crime, social media or cyberbullying.

Seashell records and monitors behaviour of concern that includes peer on peer / child on child abuse / victims. If a child has witnessed or had contact made from another child staff act quickly to ensure both parties are supported. The person involved in the incident has strategies to understand their actions, including but not limited to self-regulation, relationships, emotions, feeling and a debrief. The victim is supported to understand people's behaviour, strategies to cope with incidents, discussions to explain what has happened and debriefs to support health and wellbeing.

Child on child debriefs are recorded on behaviour watch in line with the individuals support plan, these are monitored and actions taken to ensure individuals are supported

## Policy / Procedure

Staff encourage young people and establish clear boundaries of socially acceptable behaviour. Staff must have between themselves a shared understanding of these boundaries, and implement them consistently.

Staff may challenge the young person / adult as part of a strategy only when this will lead to improvements in behaviour. On occasions, boundaries will be put in place that a young person/ adult might find difficult. Provided the young person / adult are supported in overcoming this challenge, the outcome is likely to be positive. This can be done by:

- Make a point of noticing *good* behaviour. Pointing out and praising *positive* behaviour out to a young person / adult is more effective than chastising them for *negative* behaviour.
- Help the young person / adult express himself/herself as clearly as possible through the most appropriate mode(s) of communication.
- Understand the impact of within-person factors on each young person / adult
- Understand the impact of environmental (human and physical factors) on young person / adult
- Understand the interaction of within-person and environmental factors on the young person / adult. It is vital to remember that the staff member and other people are parts of the environment. There is a dynamic relationship between the young person / adult and those around him/her: the young person / adult affects other people in the vicinity, and vice versa.
- Remember that facial expressions and body language are very powerful ways of reinforcing *positive* behaviour.
- Model *positive* behaviour.
- Acknowledge the fact that anxiety and fear are highly significant emotions for people with autism spectrum conditions and many others with learning and communication difficulties. Staff should work to lower these emotions by using the individualised communication strategy that the young person / adult have in place.
- Acknowledge that anxiety and fear can often be limited by making a place of asylum available.
- As appropriate, teach the young person / adult strategies for self-control. For example, in citizenship and PHSE we focus on teaching students about emotions and pain. We teach strategies to cope with these issues by having regular sessions focusing on relaxation such as yoga and deep breathing; brushing programmes, weighted lap pad and bear hug vest.
- A child/young person / adult, staff and anybody participating in or witnessing an incident must be debriefed afterwards.
- There are two types of debrief available: hot and structured. Hot, is a debrief as soon after an incident as possible which facilitates stabilising emotional wellbeing. Structured, occurs after an incident when emotions have had time to calm. Within the structured debrief the incident is discussed in detail on an individual basis by trained staff; there is reflection and discussion on strategies.

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There is regular reviews of incidents of behaviour that challenges to examine trends or issues that emerge from this, to enable staff to reflect and learn to inform future practice

## SERIOUS INCIDENTS

### WITHIN SCHOOL

- If a serious incident occurs the member of staff must report it immediately to the Head of School, The Deputy or another senior member of staff.
- The Senior Manager will then be responsible for ensuring that the appropriate bodies, Chair of Governors, parents/carers, social worker, LA, etc. Are informed by the Head of School, Deputy or the Principal.
- All appropriate recording will be collected and passed to the Head of School in the first instance.
- A structured debrief will be arranged following the appropriate procedures for this and the Senior Manager will arrange any MDT meetings as necessary.
- If a short temporary exclusion is deemed to be necessary this will be in consultation with all parties and the final decision rests with the Principal who will discuss this with the Chair of Governors.

### WITHIN COLLEGE

- If a serious incident has occurred the staff member is required to make an appointment with a member of Senior Management, as a matter of urgency. It is then the responsibility of the Senior Manager to complete the required action and forward the report to the Funding Body / Local Authority.
- All staff involved in incidents will be given the opportunity for debriefing.

### WITHIN CARE

- If a serious incident occurs in residence staff should follow the Crisis Management Protocol which includes
  - Staff to call the co-ordinator on duty for assistance, they will assess the situation, support and take the appropriate actions required.
- If the incident occurs outside of office hours the on-call manager should be informed. □ Staff should be offered the opportunity to 'hot' debrief after the incident, preferably before going home, and a structured debrief arranged at an agreed time.
- All serious incidents are recorded and reported to the Head of Service/Senior manager at the earliest opportunity who will then make statutory notification to the relevant regulatory bodies (CQC, Ofsted, LA Safeguarding/Child protection) as well as social workers and parents where appropriate.

### INDIVIDUAL SUPPPORT PLANS – (these include a positive behaviour support section)

- Level of required behaviour support for children/young people/ adults will be determined on the initial assessment.
- Additional information regarding the student's behaviour patterns will be collated during links with the previous school and from the parents/carers. Previous positive behaviour strategies will inform strategies that need to be in place on the student's arrival.

*Student A is a young lady with SLD and a visual impairment. During their first few weeks of attending college student A demonstrated high levels of anxiety. These resulted in student A presenting with shouting, screaming,*

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*spitting, verbally threatening physical behaviours towards staff and students and physical behaviour towards staff and students such as kicking and hitting. Student A's anxiety levels were so high she was unable to access any of her educational sessions.*

*After collating information from home and student A's previous school, staff at college were able to implement familiar strategies to support student A during her transition. These consisted of reciting nursery rhymes and counting to 100. Once student A's initial anxiety levels were lowered we were able to implement other strategies to support her and eventually move student A on from reciting nursery rhymes to reciting her weekly timetable. This strategy and others were transferred to student*

*A's home and her next placement.*

- All children/young people/ adults requiring behaviour support will have an integrated Care plan that includes positive behaviour support section. This will be devised or revised during the first half term after a period of observation, information gathering and multi-disciplinary meetings.
- Behaviour support plans are devised with input from a multi-disciplinary team including occupational therapist, speech and language therapists and medical professions. They will also include information from external agencies (where applicable) and information from parents/carers.
- Behaviour support plans include information such as the individual's strengths, the identified function of the behaviour and proactive, active and reactive strategies.

*Student B is a young lady with autism. At times she can present with behaviours that challenge due to the impact of her autism. The behaviour support plan initially focuses on student B's strengths which include drawing, matching objects, symbol recognition, music and using the computer. This information was important as it informed staff of student B's strengths and preferred activities. This meant that student B's strengths could be used as part of her curriculum to teach new skills; they could also be used as strategies to support positive behaviour.*

*The plan also described what may happen when student B was anxious and described the escalation pattern of behaviour that was usually presented. Identifying the function also informed staff of why student B was presenting with these behaviours and what need she was trying to fulfil. Further strategies broken down into proactive, active and reactive informed staff of how to support student B at different stages of anxiety.*

*For example the proactive strategies informed staff that student B needed visual representation of her day to avoid her becoming confused. If she did begin to become anxious active strategies stated she needed to be given some time and space to refocus and then shown her timetable of the day. If these strategies did not work and student B reached crisis point staff knew that student B needed to be supported to a quiet location to listen to music for five minutes to allow her time to calm and refocus.*

- Proactive strategies are sub-categorised into communication/language, physical environment, sensory and skills teaching. Strategies will include the encouragement and use of regular exercise throughout the day to maintain positive behaviour. Each PBSP is individualised to meet the student's needs.
- Behaviour strategies are formulated after discussions and observations about the impact of the triad of impairment, environmental factors, physiological factors and medical factors on the individual with autism.
- Student's interests and strengths are included in BSP's to promote and support a positive behaviour support system.

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## PARENTAL INVOLVEMENT

- Parents/Carers are consulted in the formulation of the integrated care plans (including the positive support plan section) through meetings, assessment meetings and home visits.
- Regular contact occurs between the individual's teacher and Parents/Carers. This information is logged on SharePoint and shared with the appropriate staff.
- Consistent approaches are encouraged between the individual's home, school, college, residential housing and any other services the individual accesses.

*Student C was a young man on the autistic spectrum. He had great difficulties with the micro and macro transitions throughout the college day. He had particular difficulties accessing transport at home and college, including the travelling to and from school. At these times he would refuse to get into the taxi and this may lead to physical behaviours towards staff.*

*Staff introduced a strategy to support him which involved reciting lines from his favourite TV programme whilst moving to the taxi. This appeared to distract student C from the transition and considerably reduced his anxiety levels. When this was successful student C's teacher contacted student C's carers and passed on the strategy which they implemented immediately.*

*This strategy was also passed on to staff at the respite facility that he accessed. There was a considerable reduction in reported behavioural incidents and student C was included in the strategy as he would chose the script he wanted to recite on the way to the taxi.*

- Staff are available to offer support and advice for any behavioural difficulties occurring in the home.

(Many of these statements have been adapted from Hewitt, D. (1998) Challenging Behaviour: Principles and Practice. London: David Fulton Publishers).

Many environmental factors affect a child / young person's behaviour. This policy links directly to a range of the Trust's policies and should be read in conjunction with these. The policy on Autism Spectrum Conditions should be considered especially relevant.

Staff should remember that a student with an Autism Spectrum Condition (ASC) will have needs associated with the *triad of impairments* i.e. difficulties with communication, social interaction and flexibility of thought/imagination and sensory processing difficulties / disabilities.

Staff must also be mindful when developing strategies for our students with visual impairments particularly around the use of physical interventions. For most of our children/ young people/ adults unusual sensory profiles must also be taken into account.

These are the legislation, guidelines and reports relevant to this policy:

- Offences Against the Person Act
- Health and Safety at Work Act 1974
- Care Standards Act (2000) the Department of Health
- Minimum Standards for Children's Homes Regulations 2002 following the Care Home Act 2000

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- The framework for the assessment for children in need and their families 2000: Department for Health, The Department for Education and Employment and the Home Office.
- Criminal Records Bureau (CRB) established 2002 under the Police Act 1997
- Guidance on restrictive physical intervention for people with learning difficulties an ASD in health, education and social care settings, 2002
- Lamming Report 2003 – Author Lord Lamming (Following the death of Victoria Climbié)
- The Bichard Inquiry Report 2004
- Capacity and Consent Mental Capacity Act 2005
- Working together to Safeguard Children Act 2006 – Author Department of Health.
- Government white paper Safeguarding Vulnerable Groups Act 2006
- Government white paper Every Child Matters 2006 following the Bichard Inquiry Report
- Deprivation of Liberty Guidelines 2007
- Safeguarding Children and Safer Recruitment in Education 2007
- Stockport's Child Protection policy 2008
- ISA
- PHSE related documents
- Bullying policy
- CQC / Ofsted standards
- Restraint Reduction network

Staff place their child / young person or adult, themselves and third parties at physical risk if they do not follow this policy. This can lead to a potential psychological risk. Failure to follow this policy could lead to prosecution under either civil or criminal law.

## Roles and Responsibilities (at different levels)

**Chief Executive:** Overall responsibility for ensuring the policy is followed throughout the Seashell Trust.

**Head of Royal School:** Responsibility for ensuring the policy is followed in the School.

**Head of Royal College:** Responsibility for ensuring the policy is followed in the College.

**Head of Children's Services:** Responsibility for ensuring the policy is followed in the residential accommodation of the school.

**Head of Adult Services:** Responsibility for ensuring the policy is followed in the residential accommodation of the college

**Head of Safeguarding and Medical:** Providing link with visiting behavioural specialists.

**Behaviour Management coordinator:** Coordination of all integrated care plans – positive support plan section; to support the role of the behaviour champions and the implementation of positive proactive strategies and look at trends and issues that arise within school, college and residence

**Mental Health Nurse Practitioner:** Assessments of students who are suspected of or have the potential to develop mental health problems / illness. To provide a link and develop proactive strategies for behaviour management as part of their mental wellbeing.

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**Director of Access, Assessment and Admissions and Family Liaison Worker:** Assessments, programme planning and liaison with visiting professionals.

**Class teachers:** Ensuring the policy is followed within the classroom.

**Residential Team Leaders:** Ensuring the policy is followed within residential units **Classroom and residential staff:** Implementation of the policy.

**PDC Centre staff:** Ensuring that all staff are trained in a low arousal approach to behaviour management as part of their induction and receive annual refresher training.

**Behaviour Management trainers:** To train and advise all staff.

**Behaviour Champions:** to advise staff, arrange MDT's and review incidents

**Support staff:** Support the implementation of the policy.

## Monitoring and Evaluation

- Induction and staff training records
- Data collection and analysis relating to incidents.
- Formal and informal meetings called to discuss students' behaviour.
- Mental Health assessment
- Teacher observations.
- Partner school observations.
- Peer observations.
- Self-evaluations.
- Update behaviour support plans
- Residential monitoring by appointed visitors.
- Statutory reviews.
- Progress reviews.
- All staff to read and understand this policy and individual behaviour support plans

The Charity will monitor and review on an annual basis the progress that has been made towards achieving its targets using Equality and Diversity Impact Measures. Results from monitoring and an associated action plan shall be published and made available to staff and learners/their advocates.

This policy should be read in conjunction with the policy on Students with Autistic Spectrum Conditions (ASC). Staff should remember that a student with an ASC will have needs associated with the autistic triad (i.e. showing impairments in communication, social interaction and flexibility of thought). Unusual sensory profiles must also be taken into account. The presentation of an ASC will vary from individual to individual. In following this Policy, staff should bear in mind the individual needs of each student with an ASC.

## Equal Opportunities

Seashell Trust has a separate written Policy for Equal Opportunities.

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We believe that students have the right to be treated with dignity and respect. They are all different: we recognise and value their differences. Our students present us with a wide range of challenges. We believe, however, they all have the right to the highest standards of education and care. We strive to promote their best interests and rights and we respect the cultural and religious beliefs of our students and their families.

#### **Related Document(s)**

Equality and Diversity Policy