



Promoting Positive Behaviour within a Culture of Gentleness

(Behaviour Management Policy)

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For internal use only:

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1. Introduction

The Vision Statement is used as the basis for all relationships and interactions at Bradstow School i.e. living and learning together within a Culture of Gentleness.

Positive Behaviour Support in conjunction with Active Support are positive approaches that create a practice framework that promotes positive outcomes for all.

Person Centred Active Support is an approach that is fundamental to the provision of effective person-centred support. It is an approach that focuses on ensuring that young people are meaningfully engaged and actively participating in all areas of their life. It enables staff to develop the skills required to support young people well. Active Support promotes quality of life, the development of new skills for young people and meaningful social inclusion. It is focused on

relationship.

Positive Behaviour Support (PBS) focuses on positive, preventative and educational approaches that teach skills and improve quality of life. This is also based on a foundation of relationship and is recognised as an ethical approach to supporting young people who are at risk of behaviour that challenges. PBS is a framework for understanding the young person, the behaviour and the contextual factors around its occurrence.

2. Values

Gentle Teaching incorporates compassion as an alternative to the reactive and restrictive practices that are commonplace in working with those who present with complex needs.

Our central purpose is to nurture; teach; and sustain a sense of companionship, connectedness, and community for those who have repeatedly experienced an existence of disconnectedness, isolation and loneliness.

Gentle Teaching is based on the premise that all individuals have a right to feel safe and loved in their homes; with their families and caregivers; and at school.

Gentle Teaching is based on four pillars:

Safe

Feeling safe is the foundation for building trusting, meaningful relationships; this includes feeling emotionally, physically, psychologically and environmentally safe.

Loved/Valued

Cultures of support where everyone feels loved, regardless of their interactional challenges. Recognising that behaviours are a symptom of feeling emotionally unsafe, a person does not need to earn our approval. Supporting a person to experience the unconditional value of relationship is essential.

Loving

To truly be a part of community, one must find value in being in a relationship with others. It is the caregiver's responsibility to demonstrate the skills necessary to become connected to the people around us, assisting others to nurture meaningful relationships

Engaged

In order to live fulfilling lives, people need to have purpose in their days. Discovering ways to get involved in meaningful activities through **Active Support**, finding value in relationship, and building connections within the community is an essential aspect of one's life journey.

Through the use of our four tools: our hands, our eyes, our words, and our presence we teach children and young people the value of interactions and relationships with those around them.

Staff are taught to understand how they need to interact and behave. And how their behaviour is part of the behavioural paradigm. Staff members will be provided with the necessary support, and

Learning and Development in relation to PBS and Active Support to remain resilient including debriefing and reflective practices.

3. Legislative Framework

This policy is underpinned by current legislation, including:

- Children Act 1989 and 2004
- Education Act 2002 and 2011 as applicable
- Mental Capacity Act 2005
- Education and Inspections Act 2006
- Safeguarding vulnerable groups act 2006
- Children And Families Act 2014
- United Nations Convention on the Rights of the Child
- The Children’s Homes (England) Regulations 2015
- Keeping Children Safe in Education 2020

And statutory guidance and regulations

- Guide to the Children’s Homes Regulations including the Quality Standards (April 2015)
- Keeping Children Safe in Education (September 2015)
- Working Together to Safeguard Children (March 2015)
- Behaviour and discipline in schools: Advice for headteachers and school staff (January 2016)
- DfE Use of reasonable force: Advice for headteachers, staff and governing bodies (July 2013) DfE
- Specialist guidance issued by the Royal College of Psychiatrists, British Psychological Society, Department of Health, the National Institute for Health and Clinical Excellence as it relates to behaviour
- Positive Behavioural Support Competence Framework - <http://pbsacademy.org.uk/wp-content/uploads/2016/11/Positive-Behavioural-Support-Competence-Framework-May-2015.pdf>
- National Institute of Clinical Excellence - NICE Guidelines - <https://www.nice.org.uk/guidance/ng11/chapter/1-Recommendations#general-principles-of-care-2>
- Behavioural Ethics - https://uk-sba.org/wp-content/uploads/2020/02/Code-of-Ethical-and-Professional-Conduct-January-19_approved-JM-Feb-2020.pdf

4. Voice of the child

We promote children and young people’s participation in planning and decision making (for those aged 16 and over this will be in line with the Mental Capacity Act and best interest decision-making process by:

- Enabling the child or young person to express their views (including through representation and advocacy) and give these due weight and consideration
- Respecting all verbal and non-verbal communication and responding appropriately
- Complying with the Children’s Homes (England) Regulations (2015) and the Children Act 1989 to ensure that children and young people’s views, wishes and feelings are taken into account in matters relating to the education, care and placement planning
- Each child or young person’s Education, Health Care Plan (EHCP) identifying strategies as to how staff, children and young people repair, reflect and learn from any incident.

5. Definition of behaviour that challenges

‘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 it is likely to lead to responses that are restrictive, aversive or result in exclusion.’

Royal College of Psychiatrists, British Psychological Society, Royal College of Speech and Language Therapists, (2007), Challenging behaviour – a unified approach.

Children and young people with learning difficulties, complex needs and Autism are more likely to display behaviours that may include verbal or physical aggression, self-injurious behaviour, smearing or non-compliance with requests. Issues such as limited communication skills, problem solving ability, limited coping ability and sensory needs can need to frustration which in turn can result in behaviour that is disruptive and challenging. Their behaviour is often a way of communicating a need or to get a need met, but can limit their quality of life

6. Evidence Based and Data Driven approach to effective behaviour management

The behavioural support and intervention process (practice framework) uses data and analysis throughout to ensure that children and young people are taught functionally equivalent skills to replace behaviours that challenge and limit quality of life. There is a tiered approach (see pyramid diagram on page 6) with 3 key levels as follows:

Tier 1 Disruptive behaviours that interrupt learning

Response. The implementation of Person Centred Active Support, extensive data collection and behaviour database to support behaviour analysis and inform Personal Support Plans and Risk Assessments. Functional communication training and individualised communication systems and therapeutic supports fully implemented.

Tier 2 Disruptive behaviours and communication deficit requiring skill acquisition

Response. In addition to Tier 1 supports Mentoring Team with a specific role of providing enhanced support to and around a young person when needed. Regular internal review meetings to reflect on and establish the effectiveness of support processes and amend as required. Assessments undertaken by middle managers.

Tier 3 Behaviours such as SIB and physical aggression which result in significant harm to the individual or those around them.

Response. Intensive intervention. Behavioural Assessment and Full Functional Analysis leading to a review of the support process and intervention plan. Where necessary the use of external agencies such as Therapists etc. intervention plan implemented.

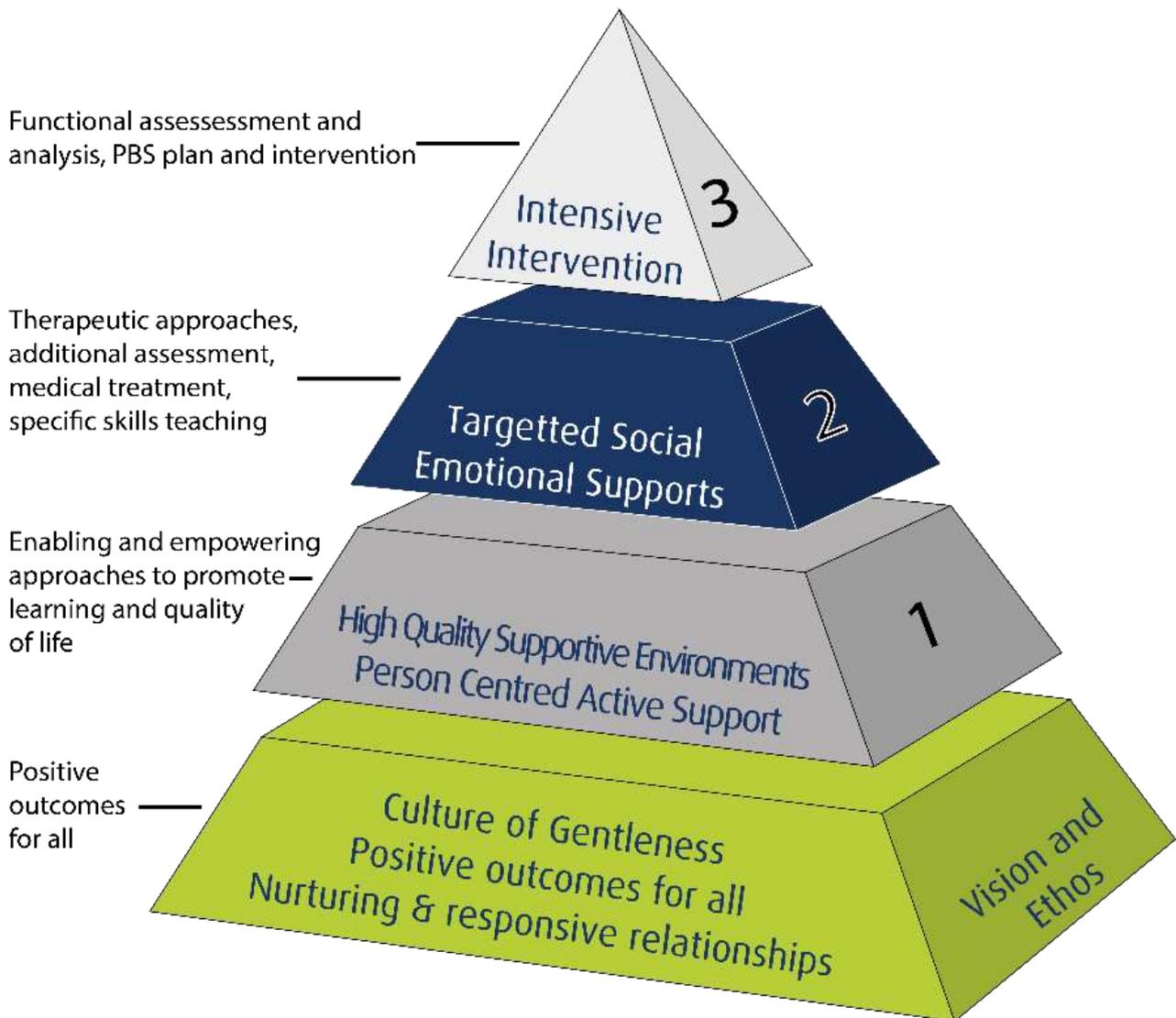
Accountability: The PBS Team holds a waiting list of all referrals that are made to the team and rag rated based on need. The PBS Team have an escalation system in place whereby they may seek external specialist behavioural support when required. The PBS Plan can be written by any of the following staff: teacher, home manager or therapist.

Governance: Positive Behavioural Support Plans are reviewed at review meetings which involves the analysis of data. Data relating to Whole School Positive Behavioural Support is presented at Board of Governor Meetings and reviewed within Safeguarding Meetings. A PBS audit of School Wide performance is also completed every 6 months.

Stakeholder engagement: All Positive Behaviour Support plans are signed off and agreed by children, staff, parents and Local Authority (*when required*).

Positive approaches to support

a practice framework



living and learning together

BRADSTOW SCHOOL

within a Culture of Gentleness



7. Celebrating positive behaviour

Celebrating and rewarding positive behaviour is supported by a wealth of academic research. Children and young people learn more effectively when they receive positive reinforcement for good behaviour as opposed to consequences for negative behaviour. We celebrate positive behaviour and achievements through a range of different mediums e.g. weekly assemblies, newsletters, family newsletters and real time interaction which captures children and young people's successes and achievements, all of which are recorded and feed into formal review processes.

8. Bullying and peer on peer harm

Behaviour that challenges presented by some children and young people can be directed at other children and young people and can be interpreted as bullying or peer on peer abuse. Our children and young people do not always understand the concept of bullying and it is therefore very difficult to address the behaviour by applying "normal measures" used to counter bullying. Nevertheless, any form of behaviour that causes distress to others, regardless of intent or reason, is treated as a serious matter and therefore it is important to provide help and support to both those who are bullied and the bully themselves. More information is available via the Safeguarding and Anti-Bullying Statement

9. Risk assessments

Behaviour Risk Assessments are completed for all young people and these describe all behaviours towards self, others and the environment, also strategies currently implemented. Behaviour Risk Assessments are completed where the severity of adverse outcomes is more significant or if the behaviour presents a particular risk in a specific situation. However, situations may arise which cannot be reasonably predicted or planned and may require staff to make a real time or dynamic risk assessment, which is based on a presenting risk at that moment in time and to identify what interventions are required to reduce the immediate risk of harm to self, others or property. The individual's safety is always balanced against their individual rights.

10. Education, Health and Care Plans

Each child or young person attending Bradstow School has an Education Health Care Plan (EHCP) that contains detailed behaviour guidelines based on assessed and individual needs. This is reviewed every 12 months but is updated to reflect changes at transitions.

11. Proactive use of Physical Interventions

Interventions might be required to be used proactively to keep children safe and to engage them as part of their daily care, activities and routines. This is highlighted in the following regulation: The Children's Home (England) Regulations 2015, Standard 7, The Protection of Children Standard, and paragraph 9.44

As a children's home that supports children and young people where, as a result of their impairment or disability, restraint is a necessary component of their care we include this

information for these individuals in their Positive Behaviour Support Plans and EHCPs. (See also Statement of Purpose).

12. Sanctions

Bradstow School does not use sanctions.

13. Use of Medication

There are certain situations where children and young people may be prescribed antipsychotic medications as a regular medication to reduce extreme agitation/ anxiety when in crisis. Any medication is detailed in the children and young people's Placement Plan and the management and administration of such medicine is detailed in the Medicine Policy.

Bradstow School supports the NHS Initiatives: STOMP and STAMP which are designed to avoid the unnecessary use of medication and overmedication. See Reducing Restrictive Practices Strategy.

14. Physical Intervention training

Staff have training in the use of physical interventions that is certified by BILD ACT as meeting the training standards developed by the Restraint Reduction Network (RRN). All staff have a full three days training when they commence employment as part of their induction. The key focus is on using the least restrictive intervention for the shortest possible time. Staff attend regular refresher training.

15. Reducing Restrictive Practices

The Senior Leadership Team (SLT) have developed a Statement of Purpose setting out core roles and responsibilities for strategically and systemically reducing restrictive practices. All staff have training in the Mental Capacity Act, Deprivation of Liberties and Best interests and how the principles and practice of this legislation affects the way that they make decisions with and on behalf of the young people.

16. Post Incident management and debriefing

Following significant incidents of challenging behaviour, the young person and individual staff members involved are separately "debriefed" by the senior manager on duty. A record is kept of these meetings and actions identified as appropriate.

17. Locked doors

Locked external doors are used (Standard 9.62) to keep vulnerable children and young people safe

18. Seclusion

The use of seclusion is prohibited at Bradstow School.

19. Recording and reporting

Record keeping is an integral part of effective safeguarding practice and a primary communication tool to inform all staff what is happening for a child or young person and to promote the child or young person's safety and welfare. It is also a part of our accountability and a requirement under the Children's Home (England) Regulations (2015), Working Together to Safeguard Children (2015) and Keeping Children Safe in Education (September 2020) guidance. All behaviour based incidents are recorded onto the Behaviour Database which is our electronic system for the monitoring and analysis of incidents which informs our organisational learning in relation to significant incidents that have occurred, including antecedents, what actually happened and what actions were required and by whom

20. Measures of control

Where incidents of a serious nature occur at Bradstow school we are required under the Children's Home Regulations 35 (3) 2015 to:

- Complete all appropriate documentation within a 24-hour period
- Within 48 hours speak to staff about the measure of control used and the incident must be signed off by the relevant manager as an accurate record.
- Within 5 days of any measure of control being implemented the child or young person must be spoken to about the measure and this is recorded. At Bradstow School we aim to do this sooner than 5 days.
- In accordance with best practice and subject to the child or young person's consent undertake an independent body check

Where incidents of significant challenging behaviour occur, physical restraint may be required in order to keep the young person and others safe from harm. This must be done using the least restrictive intervention for the shortest possible time in line with Children's Home Regulation 20:

Restraint and deprivation of liberty

- 20.— (1) 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.
- (2) Restraint in relation to a child must be necessary and proportionate.
- (3) These Regulations do not prevent a child from being deprived of liberty where that _____ deprivation is authorised in accordance with a court order.

