



REMARKABLE

REDEFINING WHAT'S POSSIBLE

Behaviour Support Policy

March 2024

Remarkable
449 Wargrave Road
Newton-Le-Willows
Merseyside
WA12 8RS

01925 224 899

enquiries@wargravehouse.com

www.wargravehouse.com

Reviewer:	Deputy Head Teacher
Co-Reviewer:	OT Assistant/ProactScipR Trainer/ Behaviour Lead TLR
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Next Review:	November 2024
Committee:	Personal Development, Behaviour & Attitude Committee
Approved by:	Email 22.04.24

This policy should be read in conjunction with the following policies:

1.	Sexualised Behaviour
2.	Medication, Medical and Illnesses
3.	Safeguarding Vulnerable Adults
4.	Child Protection and Safeguarding Children
5.	Wellbeing

Change History Record

Current Version	Previous Version	Summary of changes made	Section Heading & Page Number
March 2024	March 2023	Updated to new format, added new logos	

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Introduction

Wargrave House School and Sixth Form provides services for autistic children and young people, many of whom also have learning disabilities and other complex needs, including medical needs. Many of our students have difficulties with their: understanding, thinking, social communication, flexibility of thought and expressive language. Due to their autism, students can have sensory needs including Sensory Processing Disorder.

This policy has been designed to promote a positive behaviour support approach and support behaviours of concern for our students whilst being supportive and respectful of their individual differences. This is necessary because the way in which our students experience, interact with and make sense of the world differs from that of the many other members of the community. We underpin this by using a Positive Range of Options to Avoid Crisis and use Therapy Strategies for Crisis Intervention and Prevention (**PROACT-SCIPr-UK®**)

Our mission is to support and educate autistic people throughout their lives and redefine what is possible by providing innovative and transformative services.

Definitions

Positive behaviour is behaviour that does not have a detrimental effect upon the individual concerned or the others around them.

Behaviours of concern (otherwise known as behaviours that challenge) are behaviours that are perceived as being challenging for the individual and/or those around them.

Positive Behaviour Support (PBS) involves working in partnership with the person and those close to them. It aims to improve quality of life in a respectful and dignified way and put support in place so that the behaviours of concern are reduced or no longer needed by the individual. PBS is person centred and does not consider the behaviour in isolation – it is considered within the context of the life of the individual. We recognise that all behaviours serve a function and are a method of communication. We are committed to trying to understand the reasons behind the behaviour and supporting the student and those around them to identify strategies, learn new skills and make environmental changes so that the need to use this behaviour of concern is reduced.

PROACTSCIPrUK mission statement:

It is the intent of PROACT-SCIPrUK® to minimise the use of physical interventions and to emphasise sound behavioural support strategies based upon an individual's needs, characteristics and preferences.

Purpose and Aims

- Improve quality of life domains
- Provide a safe and secure environment
- Promote an environment where each student feels valued and respected
- Work together as a team using a person centred approach
- Recognise behaviours of concern as a method of communication, and striving to understand the functions of behaviour using PROACT SCIPrUK assessment tools.
- Provide personalised strategies and support to empower individuals. This may include:
 - Promoting learning of new skills and increasing independence
 - Developing communication skills
 - Supporting sensory regulation
 - Addressing environmental factors
- Celebrate achievements, promoting self-esteem and positive relationships.
- Physical intervention to be used **only** when there is an immediate, significant risk of harm to the person or others around them and as a last resort.

Training Needs Analysis.

The purpose of a Training Needs Analysis (TNA) is to ensure that the PROACT-SCIPr-UK® Whole Approach Curriculum requirements are met and clearly identified to ensure that training is delivered in accordance with local and national policy and guidance.

A training needs analysis is carried out for each student this is then used to inform positive behaviour supports, of any need for physical interventions.

Physical Interventions

Members of staff have the legal right to use reasonable force to prevent learners from committing an offence, injuring themselves or others, or significantly damaging school property. Physical intervention will only be used as a last resort. Staff members will use their professional judgement of the incident to decide whether physical intervention is necessary.

Staff will recognise and consider the vulnerability of our students when using physical intervention due to additional medical diagnoses.

Following an incident involving physical intervention parents/carers will be informed as soon as possible. When a pre-planned physical intervention or low level behaviour of concern has occurred staff will carry out a debrief. This will be carried out within their staff time and if further support needed this will be provided by a member of the behaviour team or education leadership. Where appropriate learners will be involved in a post incident debrief at a time that is best for the student. If an unplanned physical intervention has been used then a member of the behaviour team or education

leadership team will attend the debrief and a TNA will be carried out, risk assessment will be changed to meet need and a Positive Behaviour Support Plan put in place or if the student already had a PBS plan this will be updated.

When a significant behaviour of concern has occurred which may or may not of involved a physical interventions, staff will take part in a Behaviour Team/Education leadership Team lead debrief. All staff involved in the incident will be including. This will involve obtaining accounts of the incident by all staff involved, risk assessments will be updated, Positive Behaviour Support Plan (PBS) put in place or revisiting PBS plans if already in place. Additional to this a further TNA will be carried out to ensure that the correct proactive, reactive and active strategies are in place to ensure staff and student safety is maintained.

In line with the school's Exclusions policy during this time school, with the agreement of parents/carers, may advise a time away from school. This is so that students are able to regulate in a favoured environment away from where the incident occurred and staff are able to put into place any changes needed. On returning to school staffing and timetabling arrangements will be put in place in order for restorative practice to take place. This will allow staff and students to rebuild relationships through positive interactions, this may include a 'soft landing' and favoured activities taking place.

Statement:

PROACT-SCIPr-UK® physical interventions are appropriate for use with children and adults with an autistic spectrum condition, pupils with special educational needs, children and young people with emotional and social difficulties as cited in the Restraint Reduction Network Training Standards.

Health and Safety is monitored throughout with reference to BBANC (Breathing, Body Alignment, Ability to Move, Noise and Circulation), and the compromising of breathing. Physical interventions are designed not to impede on the process of breathing nor inflict pain or panic on the individual being supported.

All interventions are independently reviewed at least two yearly externally.

There are no physical interventions where the individual's neck or sexual areas are compromised. In the case of Choke Releases there is obviously contact around the neck area. Training highlights the importance of post incident support and monitoring in all cases where such incidents occur.

Interventions rely on the holding of 'long bones' and avoiding joints e.g. wrists and elbows and the body positioned with attention to good body alignment thus avoiding hyperextension or hyperflexion.

All interventions are carried out by staff trained in PROACT-SCIP®.

If Restrictive Person Specific interventions are used 24 hour monitoring is put in place. (This is carried out by school staff. Parents are to be informed and monitoring to be carried on at home).

Where significant behaviour of concern has occurred a debrief will be carried out, led by SLT or members of the Behaviour team ensuring that the debrief lead has not been involved in the behaviour of concern.

PROACT-SCIPrUK Gradients

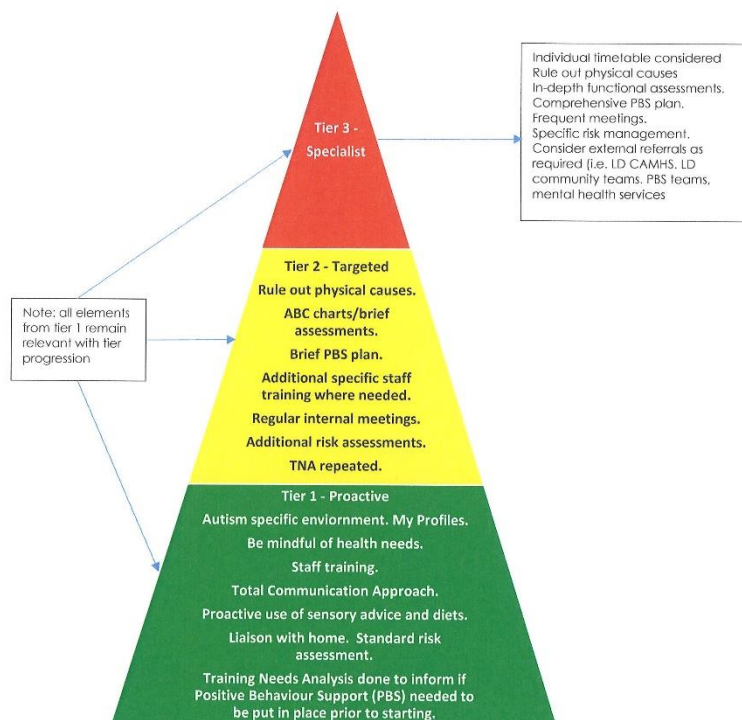
Tier one – Proactive

All Students in attendance at Wargrave House School and College (including LEAP).

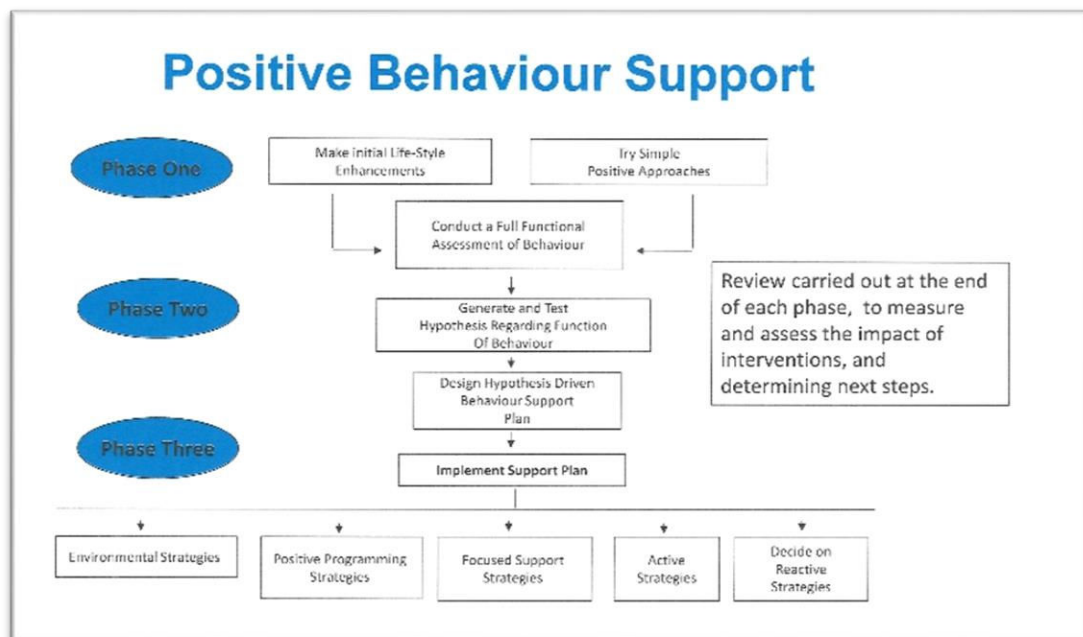
Tier two – Active

Some students will require additional, targeted support.

Tier three – Reactive



Few students will require more specialist and comprehensive support and intervention.



Roles and Responsibilities

Teacher with TLR Responsibility for Behaviour Support:

- Coordination and delegation of behaviour support caseload.
- Audits.
- Monitoring and training on the reporting and recording of incidents.
- Liaison with parents re: PBS plan process.
- Ensuring that physical intervention is kept to a minimum and escalate to safeguarding lead if this isn't the case.
- Leads on functional behaviour assessment.
- PBS awareness training.
- Reduction of PI plan.

Safeguarding Lead/PROACT-SCIPrUK:

- To authorize the use of restrictive interventions when these are the least restrictive options in line with risk assessments and the mental capacity act.
- Liaise with Behaviour Team regarding any safeguarding concerns in relations to behaviour.
- Ensure communication between school and social care for students on CIN and Child Protection around any behaviours of concern and PBS plans.

Therapy Team:

- Communication assessment, advice and support.
- Sensory assessment, advice and support.

- Advise and set programmes to support development of functional skills.
- Implementation of universal approach and tier 1 support.
- Actively engaging in functional behaviour assessments, including completion of ABC charts.
- Attending behaviour support training.
- Attending behaviour support meetings.
- Work in collaboration to create, monitor and update PBS plans.
- Familiarity with PBS plans and carrying out recommended strategies as everyday practice.
- Data recording including incident reporting.
- Familiarity with behaviour policy.

Class staff:

- Make referrals in line with PROACT-SCIPrUK Gradients.
- Implementation of universal approach and tier 1 support.
- Actively engaging in functional behaviour assessments, including completion of ABC charts.
- Attending behaviour support training.
- Attending behaviour support meetings.
- Work in collaboration to create, monitor and update PBS plans.
- Familiarity with PBS plans and carrying out recommendations strategies as everyday practice.
- Data recording including incident reporting.
- Familiarity with behaviour policy.
- Embedding PBS principles in everyday practice, including appropriate use of language.

Family Liaison Officer:

- Liaison with parents and information sharing between parents and relevant staff.

Student:

- Where possible, inputting into plans and identifying strategies.
- Where possible, to share their thoughts and opinions on the behaviour support they receive.

Families and Carers:

- Communication with school or college and sharing relevant information from home.
- Work in collaboration to create, monitor and update PBS plans.

Education/Senior Leadership Team:

- The day-to-day implementation of this policy.
- Handling complaints regarding this policy, as outlined on the Complaints Procedures Policy.
- Ensuring that staff have the time and resources to implement this policy.
- Ensuring staff are appropriately trained including induction training and any refresher training, and are given appropriate ongoing supervision.
- To ensure that those working with behaviours of concern have access to relevant support networks and opportunities to debrief following incidents.
- To ensure that recommendations from the Behaviour Support Team following observations, debriefs or assessments are implemented.

Legal Context

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Restraint Reduction Network Training Standards
- Education Act 1996
- Education Act 2002
- Equality Act 2010
- Education and Inspections Act 2006
- Health Act 2006
- Voyeurism (Offences) Act 2019
- The School Information (England) Regulations 2008
- DfE (2016) 'Behaviour and discipline in schools'
- [Updated] DfE (2022) 'Keeping children safe in education 2022'
- [Updated] DfE (2021) 'Sexual violence and sexual harassment between children in schools and colleges'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2015) 'Special educational needs and disability code of practice: 0 to 25 years
- DfE (2013) 'Use of reasonable force'
- DfE (2018) 'Searching, screening and confiscation'

Mental Capacity Act (2005)

- The Mental Capacity Act 2005 is a law that protects vulnerable people over the age of 16 around decision-making. This includes people with learning disabilities.
- Capacity means being able to understand, retain, weigh up and communicate a decision.
- Every adult, whatever their disability, has the right to make their own decisions wherever possible.
- Capacity is decision specific.
- Where best interest decisions are made, these must be least restrictive option.

Ref: Mental Capacity Act (2005)

STOMP

- STOMP is a health campaign that stands for Stopping Over-Medication of People with a Learning Disability, Autism or Both.
- STOMP aims to reduce and stop the use of inappropriate drugs, to reduce adverse side effects and potential drug interactions.

Ref: NHS England (2017)

Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, 2013)

- Approximately 38% of people with a learning disability die from an avoidable cause, compared to 9% of the general population.
- These statistics highlight the need to rule out physical health causes for changes in behaviour.
- Diagnostic overshadowing is when it is assumed a person's behaviour is part of their disability or condition without exploring other factors.

Policy Impact

We have a rolling programme for reviewing our Company policies. We regularly review the impact of our policies on the needs, entitlements and outcomes for students, service users, staff and parents.

Appendix 1 – ABC Chart



ABC Chart

Students name:	Class:	Name of person completing chart:
A ntecedent What happened before	B ehaviour What did they do	C onsequence What happened immediately after
Who was present?	Describe the behaviour	What did you do?
Date & Time behaviour commenced		What did he/she do?
Location	Who was it aimed at?	Time behaviour stopped
What was doing just before the incident?		What made the behaviour stop?
What were the other people doing?		What did others do?
		Any other comments

Positive Behaviour Support (PBS) Plan



Date:

Date of review:

Known triggers:

Purpose of plan: PBS plans aim to put personalised support in place to reduce the likelihood of an individual using identified behaviours of concern. This may include supporting the individual (and those around them) to develop new skills. Plans consider factors including: the environment, communication needs, sensory needs, functional skills, health needs. PBS plans overall aim is to improve the individual's quality of life.

	What does this look like?	What strategies should we be using here?
Baseline		Proactive Strategies.
Escalation		Active Strategies
Crisis		Reactive Strategies
Recovery		Call first aider where needed All staff involved to receive debrief where there is a significant behaviour Document the behaviour appropriately Inform the students' parents/carers of the behaviour

This plan is a working document and should be adjusted in response to change in circumstances and/or new information.

Positive Behaviour Support (PBS) Plan



Name of student:

Date:

Date of review:

I have read and understand the above PBS plan

[illegible]