Policy No: ReS 5.1B

Positive Behaviour Support – Children's Services

1 Policy

This policy sets out Hesley Group's approach and applies to Hesley Group Children's Services, which are located at Fullerton House School and Children's Home, Wheatley House Children's Home, Wilsic Hall School and Children's Home, and Ivy Lane School. For ease of reference we refer to these services as "Children's Services" within this policy and the associated guidance.

Hesley Group's Positive Behaviour Support (PBS) policy includes the requirements set out in regulations and national policy & guidance. The approach also links to key policies relating to safe, effective and responsive care, such as our Employee Code of Conduct and our Safeguarding and Protection of Children policies.

This policy will be applied by all operational staff to the way children and young people are supported at all Hesley Group children's homes and schools. Roles and responsibilities for; are set out within this document. This policy should also be read in conjunction with Hesley Group Restrictive Intervention Reduction Policy, ReS 5.2, and when working in schools, Fullerton House School Behaviour Policy, ReS 3.11A, Wilsic Hall School Behaviour Policy, ReS 3.311B, and Ivy Lane School Behaviour Policy, ReS 3.11D.

2 Desired Outcomes

Hesley Group as an organisation and each of our Children's Services is committed to delivering effective and child-centred positive behaviour support that prevents the need for restrictive physical interventions. Children and young people in our schools and children's homes, and those around them will experience an improved quality of life because we will:

- Provide a supportive home and school setting in which children and young people feel secure and where positive behaviour and effort is celebrated.
- Provide strategies that will encourage children and young people to communicate their feelings in more appropriate ways including use of their preferred means of communication.
- Support children and young people to become aware of the impact of their own behaviour and to develop self-regulation skills.

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Signature: _____

- Work to ensure that the school environment is calm, purposeful and informed which improves the quality of learning.

- Support children and young people to develop an awareness and consideration of others.

- Underpin our delivery of Spiritual, Moral, Social and Cultural Education and through the informed teaching of Promoting British Values.

- Provide consistency of approach to dealing with positive behaviour support through staff training (PBS/HELP, Restraint Reduction Network Training Standards and BILD-ACT certification).

- Structure the environment in a way that will help behavioural incidents from occurring in the first place.

- Enable and support children and young people to experience positive and rewarding relationships.

- Work to reduce the frequency and intensity of behavioural incidents.

- Ensure that children and young people experience restrictive intervention only as a last resort to prevent harm, when other less restrictive interventions have not been effective.

- Work with individuals to eliminate the need for restrictive interventions.

3 Our Approach

3.1 This policy and approach has been informed by HM Government policy and guidance and is based upon the following in particular:

- Reducing the Need for Restraint and Restrictive Intervention, *Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings* (HM Government 27 June 2019).

- Positive and Proactive (DH 2014).

- The Restraint Reduction Network Training Standards (BILD RRN August 2019).

- The agreed principles of Positive and Proactive Care (DH 2014).

- The Children's Homes (England) Regulations and Quality Standards 2015.

- The Education (Independent Schools Standards) Regulations 2014.

3.2 As set out in national guidance, Hesley Group is expected to operate a Positive Behaviour Support approach to the care of children and young people. This

document, the internal guidance situated at ReS 5.1B.1, Hesley Group Restrictive Intervention Reduction Policy & Guidance, ReS 5.2, HELP (Hesley Enhancing Lives Programme) and national guidance as listed in the final section of this document together form our Positive Behaviour Support Policy for Children's Services.

3.3 It is our policy that the principles of Positive Behaviour Support (PBS) will underpin everything that we do and that our approach will consistently support children and young people's positive experiences of child-centred, safe, effective and compassionate care.

3.4 Every child and young person will have the best and least restricted life possible because we use a Positive Behaviour Support approach to their care and support. We will present a joined-up approach across the children's homes and schools to ensure consistency.

3.5 The main aim of our PBS and HELP approach is to improve children's quality of life, personal and social development and access to learning. The children's homes and schools are committed to reducing the need for restrictive interventions and restraint.

3.6 All children and young people will be supported by staff who understand their individual needs and that have received a high standard of training in PBS and Restraint Reduction.

3.7 This policy should be read in conjunction with Hesley Group Restrictive Intervention Reduction Policy, ReS 5.2, and when working in schools, Fullerton House School Behaviour Policy, ReS 3.11A, Wilsic Hall School Behaviour Policy, ReS 3.311B, and Ivy Lane School Behaviour Policy, ReS 3.11D.

4 Core Expectations

4.1 The approach also links key policies relating to safe, effective and responsive care, such as our Employee Code of Conduct and our Safeguarding and Protection of Children policies.

- All staff must act in a way which reflects Hesley Group values in practice. Staff will be taught how to apply the model during their initial training and ongoing CPD.
- PBS plans must prioritise personalised targets which help children and young people to maximise their quality of life above any targets to reduce behaviours of concern.
- The most effective support for children and young people whose behaviour is of concern is likely to be offered by members of staff who have good knowledge of the individual, understand how we apply the principles of PBS for that person and who are in turn supported by Hesley Group to develop their own self-awareness, wellbeing and personal resilience.
- All staff are expected to participate fully in learning, development and reflection activities.

- Managers must ensure their staff are adequately trained, coached, observed, monitored and supported and that they have adequate role models and feedback to ensure PBS is happening in practice.
- We believe that behaviour is a means of communication and all behaviour has a purpose. Behaviour that is of concern is likely to indicate a need for support.
- All staff must support children and young people in a way that demonstrates this belief and work to try and understand and respond to the communication in kind and respectful ways.
- All staff should know how to access and should use Hesley Group, NHS and Local Authority referral processes to access additional support when needed.
- Operational managers, clinicians/therapists and external professionals must work together to ensure people's plans are based on appropriate levels of behavioural assessment.
- Children and young people with severe learning disabilities, complex communication needs or autistic spectrum conditions can find it very difficult to understand and process what is going on around them, leading to significant anxiety and stress.
- All our staff must show empathy for the people they support and know how best to support them to understand the world around them.

4.2 Staff will be expected to work together in a Multi-Disciplinary way to try to identify every possible reason for any behaviours of concern. This includes seeking support from appropriate external healthcare professionals when needed and supporting access to annual health checks to help eliminate physical causes such as pain.

Staff will be supported by clinicians and managers to understand the life experiences of the children and young people they support and acknowledge how past experiences may impact and shape current experiences. Staff will work with the child/young person compassionately to understand how to help them feel safe and to avoid re-traumatisation.

4.3 Evidence shows that support strategies are significantly more effective when they are based on an understanding of the reason for the behaviour obtained by collection and analysis of relevant data.

- All staff must keep good, clear records, including the timely use of our Incident Reporting processes.
- Managers and clinicians must analyse these records on a regular basis in order to monitor the effectiveness of agreed strategies and to support understanding of the meaning/function of behaviour.
- Good quality data and analysis will be collected by the organisation to support effective person-centred understanding, service based monitoring and corporate overview of progress.

4.4 There should be a focus on proactive strategies which ensure good quality, person-centred support that aims to meet children and young people's needs before problems arise. Managers, Key Workers and Clinicians/Therapists must

work together, as needed, to ensure that people's plans include a wide range of *proactive* strategies and targets.

These include:

Plans using targets that help the person to lead a more fulfilling life, such as Active Support, through increasing preferred activities, increasing choice or learning independent skills.

- Preventative strategies, for example, reducing or eliminating known sources of stress and anxiety.
- Developing a more enabling environment for the individual; for example, having their own specifically adapted living space and a supportive learning environment in school.
- A team of staff who are able to use the individual's preferred method of communication.
- Teaching the child/young person skills which specifically replace the function of the behaviour of concern, for example, using a communication card to say "stop" to replace the need for self-injury.
- Teaching coping and tolerance skills.
- Working to improve and maintain physical health.
- Providing a fulfilling and enjoyable lifestyle.

5 Restrictive Practices

5.1 Any strategies that punish, sanction, humiliate, degrade or coerce in any way are ineffective, unlikely to be understood by the child or adult being supported, and are unethical.

- Staff must not use any form of punishments or sanctions.
- Managers must ensure people's plans do not include these strategies.

Staff who are found to have used such inappropriate means of control may be liable to disciplinary action.

Hesley Group is signed up to the Restraint Reduction Network. This commits us to a human rights informed approach to reducing the use of restrictive strategies. We have already achieved significant reductions in the use of restrictive strategies and believe that continuing this is vital due to the risks of physical or emotional trauma for people supported and staff involved in restraint incidents. Please see our Restrictive Intervention Reduction Policy, ReS 5.2.

5.2 All PBS plans must include a range of non-restrictive (first resort) strategies. Staff must receive training in PBS, human rights and non-restrictive strategies before any training in restrictive strategies.

5.3 It is important that our PBS policy and practice safeguards children and young people, staff and the wider community from harm. At times restrictive strategies can form part of an appropriate crisis plan to prevent significant self-harm, injury

to others, committing a criminal offence or severe damage to property that is likely to cause harm. Any act of restraint has a potential to interfere with a person's fundamental human rights and everyone has an obligation to respect human rights. All staff and plans must ensure that restrictive interventions:

- are only used as a last resort to reduce a real possibility of harm.
- are the least restrictive.
- are used for the shortest time possible.
- maintain the safety and dignity of all involved.
- have been risk assessed balancing the needs and vulnerabilities (physical and emotional) of the person being restrained and any risks within the environment against the risks of not using a restrictive intervention.
- are agreed and reviewed with the person (considering age, capacity and reasonable adjustments to understanding), their multi-disciplinary team and legally (see Hesley Group's Supporting Decision Making Policy) where appropriate with the support of an advocate.
- are agreed by a medical practitioner if moving or seated restraints are planned.
- are accompanied by plans to reduce or eliminate the restriction over time.
- are authorised by Hesley Group's PBS team through completion of a Training Needs Analysis.
- are delivered by staff who have been trained using a Restriction Reduction Network certified training programme.
- are always followed by appropriate emotional and medical support for the person restrained and anyone restraining.
- are always reported using an incident form within 24 hours and to parents/carers (unless requested otherwise by a person over 16 or their parent/carer), commissioners (unless agreed otherwise) and entered onto the Incident Management database/Ulysses system within 72 hours.
- never include seclusion or face down restraint as we regard these as unacceptable interventions.
- are part of a good quality PBS plan (see Hesley Group PBS Plan Quality Checklist) which is reviewed regularly and in response to any use of restrictive interventions (see Guide to Review Meetings and Writing Reports).

All staff must also be aware of their Duty of Care, to intervene in the least restrictive way (no more force than needed) to prevent harm in an unforeseen exceptional circumstance.

5.4 **If a restrictive practice is used that is not in a person's plan this must be reported immediately to the Registered Manager and an urgent review will be instigated. Please also see Restrictive Intervention Reduction Policy and Guidance, ReS 5.2.**

5.5 The child/young person's local authority must be involved when introducing restrictive practices. Restrictive practices agreed as part of a child or young person's EHCP, for example a requirement to use a harness when travelling, should be reviewed as part of the EHCP review. Restrictive practices that are introduced as part of an individual's care and treatment but are not included in their EHCP must be discussed and agreed to be in the individual's best interests. People with parental responsibility must be involved with the discussion for

children aged 15 and below and give their consent unless the child is competent to do so themselves.

5.6 Where a young person is aged 16 or above any restrictive practices may be considered to be a deprivation of their liberty. This may include the fact that the young person is not free to leave the service and is under continuous supervision and control of staff. The local authority responsible for the child's placement must be contacted formally to advise them of the situation so that they are able to consider applying to the Court for a deprivation of liberty order. See Hesley Group Deprivation of Liberty Policy and Guidance, ReS 6.4B, and ReS 6.4B.1, for further information about this and to access draft letters and DoL risk assessment process.

5.7 Hesley Group is signed up to "STOMP" (Stop Over Medication of People with learning disabilities and autism). This supports regular reviews of psychotropic medications and aims to eliminate the use of "chemical restraint".

Anyone who is prescribed psychotropic medications should have a medication review 3 months after starting treatment, then at least every 6 months and should ensure evidence is provided to the medical professional to help them make decisions which are least restrictive. Key workers for individuals must be alert to this need and should monitor and advocate for a review as above if necessary.

6 Reflective Practice

6.1 It is of critical importance that we learn from incidents by the process of reflective practice. and learning from all incidents.

All staff are required to report and reflect upon any incidents of behaviours of concern and any physical interventions used. (Incident Reporting Res 5.1D)

6.2 All managers, leaders and clinicians/therapists are expected to encourage and support a culture of kindness, honesty and learning where staff can talk about and report behaviours of concern, including their response and impact, without feeling judged.

6.3 All employees must use Hesley Group systems for reporting different types and severities of behaviours of concern in respect of individuals and they must review these reports regularly.

6.4 Where clinicians introduce monitoring of low level but frequent behaviour, these may be required to be recorded upon a monitoring sheet tool provided by that clinician.

6.5 Managers and leaders must support their teams to develop skills that maximise their resilience and wellbeing.

Managers must provide personalised post-incident support as needed.

6.6 All PBS plans will include post-incident support and recovery plans for the child/young person (emotional and, where necessary, medical).

6.7 Children and young people will have access to an advocate, therapist or person otherwise connected with the management of the home/school following any use of restraint.

7 Risk of Abuse or Harm

Children and young people with learning disabilities and behaviours of concern are at increasing risk of abuse or harm.

- All staff must promote an open and reflective culture where abuse is less likely to exist and follow the relevant School and Children's Homes' Safeguarding and Protection of Children Policies (ReS 2.1A, ReS 2.1B, ReS 2.1C, ReS 2.1D, ReS 2.1E or ReS 2.1F).
- Any injuries sustained as a result of the use of restrictive physical interventions must be recorded and reported as a safeguarding issue as well as through our reporting tool, Ulysses.

8 Voice of the child/young person

- We will provide strategies that will encourage children and young people to communicate their feelings in more appropriate ways including use of their preferred means of communication.
- We will support children and young people to become aware of the impact of their own behaviour and to develop self-regulation skills.
- Key workers and MDT representatives will support children and young people to be involved in their PBS planning.
- Individuals should be supported to make complaints using the home/school's Complaints Policy and easy ready guidance if they are not happy with their support. A behaviour of concern may be on occasions represent a complaint by the individual.
- Accessible information and other personalised means of support should be used to involve people as much as possible in their own plans.
- Children will have access to independent advocacy services.

In addition to working in partnership with the child or young person concerned all employees must aim to ensure real partnership working with families, advocates, commissioners and other important people in a person's life.

Every individual's PBS plan must have a named Designated Co-ordinator, who ensures the achievement of a joined-up approach. On occasion this may need to be a professional external to Hesley Group.

9 Roles and Responsibilities

9.1 All staff providing care and support, including managers and leaders:

- Follow this policy and all related guidance and understand their role in delivering PBS.
- Staff must seek support if they do not understand their responsibilities or do not feel equipped, either in terms of knowledge and skills or resources to carry out a specified task or activity.
- Staff and Managers are supported to implement PBS effectively by their Operations Director/Area Manager, PBS Lead and PBS Mentors/Coaches.

9.2 Clinical and Therapeutic Practitioners:

- Follow this policy.
- Model PBS best practice and support other staff to develop their practice.
- Work effectively as part of a responsive Multi-Disciplinary Team to ensure PBS is delivered.
- Contribute to policy development as needed.

9.3 Front Line Managers:

- Implement and follow this policy and guidance.
- Ensure all new employees are inducted in this policy.
- Model PBS and mentor/coach staff in good practice.
- Work effectively as part of a Multi-Disciplinary Team to ensure any person whose behaviours of concern have a medium or high impact on their quality of life has a good quality, regularly reviewed PBS Plan.
- Have in place a service training plan based on an assessment of the needs of the children or adults being supported and of the specific risks posed by behaviours of concern and based on current approved practice (See Hesley Group PBS and PI Training – Summary for Managers).
- Ensure all staff have completed and keep up-to-date the training defined in your local training plan.
- Ensure that anyone working in their service or area of responsibility is working in the way agreed for the individual.

9.4 Senior Leadership Team:

- Have a clear understanding of this policy and of what 'good' PBS looks like in practice.
- Support an understanding of PBS best practice through other Hesley Group training and quality assurance processes.
- Plan and coordinate implementation of this policy and supporting Frontline Managers and PBS Coaches to understand and meet their responsibilities as outlined in this policy.
- Involve people supported in implementation and review of this policy.
- Ensure that all staff supporting people with medium, or high impact behaviours of concern have access to support.
- Ensure that assessment *before support from Hesley Group commences* and any support required to move one beyond Hesley Group services is thorough.
- Analyse data provided for services on incidents of behaviours of concern and use of restrictive physical interventions, monitor trends and take appropriate action in response to increasing trends.

- Regularly reflect on culture and practice in services and take action to address any concerns.
- Include supporting staff wellbeing as an agenda item within supervision meetings with Managers and guide their implementation of Hesley Group's Staff Wellbeing Guidance.

9.5 Quality Team & Health and Safety Manager:

- Manage Hesley Group's incident reporting systems (Ulysses).
- Produce regular reports from these systems for the service, Senior Management and Hesley Group's Leadership Team which summarises any incidents that are RIDDOR reportable, involve staff lost time, involve a person we support being taken to hospital or are concerning for any other reason.
- Produce monthly and quarterly Restraint Reduction, Incident Monitoring and Health and Safety reviews to support the Board and Executive to reflect on incidents of behaviours of concern and restrictive physical interventions.
- Produce annual Incidents, Restrictive Interventions and Health and Safety report with input from the PBS Lead to include an analysis of data about behaviours of concern and restrictive physical interventions.
- Analyse data and produce, or contribute to reports for people proactively and as directed.

9.6 Learning and Development/PBS Mentors/Coaches:

- Support the staff and their managers in your allocated services to meet their responsibilities through coaching, mentoring and PBS workshops.
- Be trained and supervised by a more experienced and qualified person and seek support from persons with more expertise or experience than you when you reach the boundaries of your training and expertise.
- Access at least one PBS CPD session each year.
- Deliver staff PBS training.
- Run Practice Supervision sessions.
- Carry out PBS observational checks and help services plan for improvement.
- Contribute to the development of PBS resources, Multi-Disciplinary Team processes and share best practice with colleagues.

9.7 PBS Lead:

- Support people and teams using a tiered approach.
- Contribute to the development and implementation of Hesley Group's PBS and restriction reduction work plan.
- Work with staff teams to carry out functional analysis of the meaning behind key behaviours of concern and to formulate PBSPs together (See Writing a PBS Plan Guidance).
- Keep this policy and the associated good practice guidance up-to-date and benchmarked to external best practice.
- Support services to meet the requirements within this policy.
- Be the organisational lead for restrictive practice reduction.
- Lead and continuously review Hesley Group's PBS policy and plan which includes Hesley Group's restriction reduction plan.

- Share Hesley Group's PBS best practice internally and externally.
- Co-ordinate the development and sharing of up-to-date learning resources and training course content.
- Ensure co-ordination of the delivery of PBS and Restrictive Physical Intervention (RPI) training across Hesley Group.
- Ensure we maintain a database of children and adults we support whose behaviour is of concern, including the level of concern and details of authorised restrictions.
- Regularly review reported restrictions.
- Work with the Senior Data Analysts and the Health and Safety Manager to produce an annual report for the Hesley Group Board which includes:

    - Analysis of incidents of behaviours of concern
    - Analysis of use of restrictive physical interventions
    - Review of the effectiveness and impact of PBS and RPI training
    - Review of the effectiveness and impact of PBS plans and practice
    - Review of Hesley Group's restrictive practice reduction goals and strategy.

9.8 Engagement Team:

- Help everyone involved with PBS in Hesley Group to ensure the views and experiences of people supported inform everything we do.
- Help to check if services are doing PBS well.
- Help to make and deliver training for staff.

9.9 Directors of Operations/Executive Team:

- Make implementation of PBS and restriction reduction a standing agenda item at key operational meetings.
- Review data and reports on the use of restrictions, PBS and restriction reduction and plan actions.

9.10 Hesley Group Board of Directors:

- Agree the policy.
- Review the annual PBS and restriction reduction report and approve its publication on the Hesley Group website and to commissioners.

10 Terminology Used

10.1 Behaviour of concern

Throughout this policy we have used the term behaviour of concern to describe behaviours which have a negative impact on a person's quality of life. The terms challenging behaviour, behaviour that challenges, or harmful behaviour are also frequently used. The term behaviour of concern has been chosen to make it clear that this includes behaviours that impact quality of life but may not pose such an obvious challenge to others, and to support staff to develop empathy for the person as opposed to viewing them as a challenge.

10.1.1 *Levels indicating the extent to which behaviours of concern impact a person's life:* We support people who exhibit a wide range of behaviours of concern and recognise each child/young person as an individual. In practice our support is always person-centred and not restricted by any clinical diagnosis or 'level'. However, following the example of others, we have used a three level system in this policy to differentiate between expectations for people whose behaviours of concern impact their quality of life to different extents. We also recognise that people's needs change over time and our support must change as a result. (Adapted from work by BILD and the definition of challenging behaviour found in 'Challenging Behaviour - A unified approach' RCPsych, BPS, RCSLT (2007)).

10.1.2 *High Impact on Quality of Life:* Children and young people who display high risk behaviours of such intensity, frequency or duration as to seriously threaten the quality of life and/or the physical safety of the individual or others. Includes anyone whose plans include last resort strategies that are restrictive or may result in exclusion or limit their access to ordinary community facilities.

10.1.3 *Medium Impact on Quality of Life*: Children and adults who have some behaviour support needs that are likely to impact on their or others' quality of life.

10.1.4 *Low Impact on Quality of Life:* Children and adults who are not formally considered to have 'challenging behaviour', but, because of their learning disability may, at times, use behaviours which are not considered to be socially acceptable as a means of communicating or coping. This will include almost all people with learning disabilities who require support to live their lives.

10.2 Positive Behaviour Support (PBS)

For support to be Positive Behaviour Support it must include all of these elements:

- An understanding of the reasons for the specific behaviours of concern based on an appropriate level of functional assessment.
- A specific values base where people are treated with respect and the voice of the person is heard and valued.
- A focus on long-term quality of life outcomes for the person.
- A commitment to change from everyone involved in supporting the person and at an organisational level.

10.3 Functional Assessment

A process for understanding the purpose a behaviour of concern is serving for the person, or why it is happening. A functional assessment process avoids assumptions and uses the best evidence available. This is likely to include a mixture of interviews, observations and data.

10.4 Proactive Strategies

Strategies used as part of everyday support which aim to improve quality of life and meet the person's unique needs thereby reducing the likelihood of behaviours of concern occurring. Examples are given in the policy section.

10.5 Reactive Strategies

Any strategy used to resolve a situation and make it safe for everyone when a person behaves in a way that is of concern*.

10.6 Non-Restrictive (First Resort) Strategies

Person-centred reactive strategies used during an incident that are not restrictive (see definition below). As the name 'first resort strategies' suggests, these strategies are used before restrictive interventions are considered.

Includes:

- Increasing personal space.
- Active listening – feedback what you understand the problem to be, e.g. 'you want to go somewhere quiet'.
- Stimulus change – do something dramatically different, e.g. singing a song that makes them laugh, press play on their favourite music/relaxation CD.
- Redirection to preferred items or activities.
- Redirection to obsessive/compulsive behaviours.
- Strategic capitulation – Give in. Give them what they want.
- Non-restrictive protective/breakaway techniques.

10.7 Restrictive (Last Resort) Strategies

Interventions that may infringe a person's human rights and freedom of movement. This includes any use of force or any deliberate act to restrict a person's movement, liberty and/or freedom to act independently. Includes making someone do something they don't want to do or stopping someone doing something they want to do for any reason. See 10.7.1 – 10.7.13 below. Restrictive strategies may be lawful or not. ***Nothing in the law or regulations precludes the use of restrictive strategies in an emergency, where a duty of care applies, e.g. to prevent serious harm to an individual(s) or severe property damage. See Regulation 20, Children's Homes Regulations 2015 and Mental Capacity Act 2005 S6.4.1, 6.5.2 and 6.4.3.***

10.7.1 Physical Intervention - Any method of responding to behaviours of concern which involves some degree of direct force to try and limit or restrict movement. Can also be called physical restraint, manual restraint and restrictive physical intervention (RRN 2019).

10.7.2 Seclusion – If a person is isolated and prevented from leaving a room of their own free will, it meets the criteria for seclusion, even if it is called by a different name. Alternative names in use may be: time out, isolation, chill out, or single

separation. There could be a number of methods that prevent someone from leaving a room including a perceived or real threat (RRN 2019).

10.7.3 Environmental Restraint - Where individuals or groups of people are prevented from moving freely by placing obstacles, barriers or locks in their way. Where this containment is within one room without access to basic needs (toilet, drink etc.) *then this is defined as seclusion (see above).*

10.7.4 Chemical Restraint - Involves using medication with the intention of restricting someone's movement. This could be regularly prescribed medication – including any medications to be used as required (PRN) – or illegal drugs (RRN, 2019).

10.7.5 Psychological restraint or coercive practice - This can include constantly telling the person not to do something, or that doing what they want to do is not allowed, or is too dangerous. It may include depriving a person of lifestyle choices by, for example, telling them what time to go to bed or get up. Psychological restraint might also include depriving individuals of equipment or possessions they consider necessary to do what they want to do, for example taking away walking aids, glasses, outdoor clothing, or keeping the person in nightwear with the intention of stopping them from leaving (RRN, 2019).

10.7.6 Mechanical Restraint - The use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control. This includes the use of arm splints and protective headgear to prevent severe self-injury and the use of belts and straps to prevent movement.

10.7.7 Technological surveillance: Tagging, pressure pads, closed circuit television, or door alarms, for example, are often used to alert staff that the person is trying to leave or to monitor their movement (RRN, 2019).

10.7.8 Self-injury

Frequently repeated self-inflicted behaviour such as people hitting their head or biting themselves, which can lead to tissue damage. This behaviour is usually shown by people with a severe learning disability. It may indicate pain or distress, or it may have another purpose, such as the person using it to communicate.

10.7.9. Self-harm

A wide range of things people do to themselves in a deliberate and usually hidden way which are damaging.

10.7.10 Plans

This term is used in a PBS context to refer to a child or young person's person-centred plans. A Positive Behaviour Support Plan will be one of these plans for

children and young people with high or medium impact needs. Reference to plans also includes Support Plans, Care Plans or Individual Education Plans.

10.7.11 Deprivation of Liberty

A person is defined as being deprived of their liberty if the number, duration and intensity of the restrictions placed upon them mean that the person is under the constant control and supervision of staff, and is not free to leave.

It is illegal to deprive a person who lacks the capacity to consent to these restrictions unless the deprivation has received consent from the young person or their parents if aged 15 or under or if lacking capacity to consent has been legally authorised through an order of the Court of Protection or another Court using their powers of inherent jurisdiction (e.g. Family Court whilst authorising a Care Order).

10.7.12 Clinically Qualified Professional

In this context the clinically qualified professional must have training in, or be able to evidence good knowledge of, PBS. Professionals who are likely to be able to evidence this are: psychologists, behaviour analysts and LD nurses. It should not be assumed that one of these qualifications in themselves equates to an ability to advise on PBS and there may be other professionals who could be considered to have this expertise. If in doubt about whether someone qualifies as a clinically qualified professional, please discuss with Hesley Group's PBS Lead.

10.7.13 Duty of Care

Is defined simply in Social Care as a legal obligation to:

- always act in the best interest of individuals and others.
- not act or fail to act in a way that results in harm.
- act within your competence and
- not take on anything you do not believe you can safely do.

Date of this Policy	Next planned review date
04/10/2021	04/10/2022

11 Standard Forms, Letters and Documents

11.1 Positive Behaviour Support Practice Guidance – Children's Services, ReS 5.1B.1

11.2 Accident/Incident Reporting Definitions, ReS 5.1B.2

11.3 Risk Rating Schedule for Incidents, ReS 5.1B.2a

11.4 Body Chart, ReS 5.1B.4

11.5 Incident Review Form, ReS 5.1B.5

11.6 Guidance to completion of Incident Review Form, ReS 5.1B.5a

11.7 Steps of Incident Review and Recovery – Guidance Notes, ReS 5.1B.6

11.8 Post Incident Check in form, ReS 5.1B.6a

11.9 Post Incident check in guidance, ReS 5.1B.6b

11.10 Visual Check In Guide, ReS 5.1B.6c

11.11 Incident Investigation Form, ReS 5.1B.7

11.12 Flowchart for Reporting of Incidents, ReS 5.1B.8

11.13 HELP Profile Template, ReS 5.1B.9

11.14 HELP Profile Guidance, ReS 5.1B.10

11.15 Monitoring Record – Post Intervention, ReS 5.1B.11

11.16 Behaviour Observation Form, ReS 5.1B.12

11.17 Example Behaviour Observation Form, ReS 5.1B.12a

11.18 Learning Disabilities and Behaviour that Challenges: Service Design and Delivery, NICE guideline, March 2019, ReS 5.1B.13

12 Other Relevant Documents, Policies & Guidance

12.1 Hesley Group Positive Behaviour Support Policy – Adult Services ReS 5.1A

12.2 Risk Rating Schedule for Incidents, ReS 5.1A.2a

12.3 PBS Positive Behaviour Support Easy Read – Tizard 2015, ReS 5.1A.13

12.4 Hesley Group Incident Reporting, ReS 5.1D

12.5 Hesley Group Restrictive Interventions Reduction Guidance ReS 5.2

12.6 Hesley Group Capacity and Consent (MCA 2005), Policy ReS 6.4A

12.7 Hesley Group Capacity and Consent (MCA DoLS), Policy ReS 6.4B

12.8 Workforce Development, Policy Per 3.1

12.9 Care and Health Support Policy, Policy ReS 5.3

12.10 Individual Risk Assessment and Management Policy, ReS 6.11

12.11 People's Rights and Having a Say, Policy ReS 5.8

12.12 First Aid, Policy H&S 1.15

12.13 Accidents and Injuries at Work, Policy H&S 1.2

12.14 Near Miss Reporting, Policy H&S 1.3

12.15 Prevention and Control of Violence and Aggression, Policy H&S 1.19

13 Other Guidance

13.1 Positive Behaviour Support and Active Support, *Essential Elements for achieving real change in services for people whose behaviour is described as challenging*, United Response, Tizard Centre, University of Kent, The Avenues Group, ReS 5.1A.14

13.2 Positive Behaviour Support Guide (United Response and Tizard)
http://www.unitedresponse.org.uk/positive-behaviour-support-guide

13.3 Active Support Guide (United Response and Tizard)
http://www.unitedresponse.org.uk/active-support-guide

13.4 DH (2014) Positive and Proactive Care; Reducing the need for restrictive interventions;
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf

13.5 Skills for Health and Skills for Care (2014) A Positive and Proactive Workforce
http://www.skillsforcare.org.uk/Documents/Topics/Restrictive-practices/A-positive-and-proactive-workforce.pdf

13.6 Positive Behavioural Support - A Competence Framework – PBS Coalition 2015
http://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviour-challenges/Positive-Behavioural-Support-Competence-Framework.pdf

13.7 NICE Standard Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges – 2015
https://www.nice.org.uk/guidance/ng11

13.8 Restraint Reduction Network Standards
https://restraintreductionnetwork.org/know-the-standard/