



"Building Curious, Confident, Courageous, Communicators and life-long learners"

The Shires School Oakham and Stretton

Education: Positive Behaviour Support Policy (inc. Restrictive Physical Intervention)

Policy Review Process	
Created by	Jamie Hill – Head of Education
Date of implementation	September 2021
Next policy review	September 2022
This policy should be read in conjunction with the Anti-Bullying Policy, Peer-on-Peer Abuse Policy, Teaching and Learning Policy, Curriculum Policy and Safeguarding Policy.	

Contents

1) Introduction	Pg. 3
2) Defining Behaviour	Pg. 3
3) Maintaining high expectations for positive behaviour	Pg. 3
4) Positive Behaviour Support Curriculum – Zones of Regulation	Pg. 4
5) Primary Prevention Strategies – Supporting c/yp to find their Green Zone	Pg. 4
6) Beyond Primary Prevention Strategies – CPI Safety Intervention	Pg. 5
7) High-quality Communication (Yellow Zone)	Pg. 6
8) Defensive Behaviours and the Escalation Continuum (Yellow Zone)	Pg. 7
9) Risk Behaviour and Safety Interventions	Pg. 7
a) Non-restrictive Safety Interventions and Disengagement Skills (Red Zone)	Pg. 7
b) Restrictive Safety Intervention (Red Zone)	Pg. 8
10) Post-crisis support (Blue Zone)	Pg. 8
11) Recording, Reporting, and Notifications	Pg. 9

1) Introduction

At The Shires we recognise that children and young people with Autism, learning disabilities and other associated complex needs can find managing their own 'behaviour responses' challenging and confusing. We firmly believe that with the right support, guidance and approaches from staff, children and young people can learn how to overcome their barriers and learn, develop, and grow with a good foundation into adulthood.

Autism can range from mild to severe and is a complex neurobehavioral condition that includes differences and challenges with social skills, repetitive behaviours, speech and nonverbal communication. Because Autism is a spectrum disorder, each person with Autism has a distinct set of strengths and challenges. The ways in which people with Autism learn, think and problem-solve can range from highly skilled to severely challenged.

Children and young people at The Shires have a diagnosis of ASD but may also have additional needs such as OCD, SpLD, ADHD, anxiety and social, emotional and mental health needs. We also recognise that there are subtypes within the Autism spectrum and some children and young people may benefit from approaches associated with these.

We recognise therefore that behaviour cannot be considered in isolation. We recognise that the behaviour exhibited by children with Autism is often governed by the level of anxiety and arousal that they experience. If a child/young person is feeling frustrated and confused they are more likely to behave in a challenging manner. The home and school environment, the relationships staff have with children and young people and with each other, the teaching methods, communication support and the positive behaviour support methods used, all influence young people's ability and motivation to maintain positive behavioural responses.

2) Defining Behaviour

Positive Behaviour

- Behaviour that is appropriate to the situation and does not have a detrimental effect upon the individual child/young person concerned or others around them.

Challenging Behaviour

- "Culturally abnormal behaviours of such an intensity frequency or duration that the physical safety of the person or others is like to be placed in serious jeopardy or behaviour which is likely to seriously limit the use of or result in the person being denied access to ordinary community facilities" – Emerson 2011.

3) Maintaining high expectations for positive behaviour

At The Shires we have a core set of basic rules that we use to promote understanding of expected and appropriate positive behaviours.

- Good Looking
- Good Listening
- Good Sitting
- Kind Hands
- Kind Feet
- Kind Mouth



- **Ask & Accept** – "Ask for help, and accept the support that is given to you. Accept and appreciate each other's needs and differences".
- **Safe** – "Keep yourself and others safe at all times".
- **Positive** – "Try to develop a positive growth-mindset towards new challenges and change".
- **Independent** – "Use the help you receive to develop your independence".
- **Respect & Repair** – "Respect yourselves, your peers, your staff, visitors, and your school. Work to repair when things go wrong".
- **Effort** – "Give everything your best effort".

We apply these basic rules to all children and young people so they have positive behaviour framework to work from and build their skills in-line with.

Our expectations are that;

- Children and young people behave as well as they are able to in line with their developmental stage.
- Children and young people generally demonstrate ongoing improvements in their behaviour.
- Children and young people learn new skills to support and meet their own needs replacing unwanted challenging behaviour responses.

4) Positive Behaviour Support Curriculum – Zones of Regulation

Our children and young people engage with the Zones of Regulation programme as part of their core curriculum at The Shires. This is a curriculum that is designed to support and teach children and young people the skills, knowledge, and understanding to develop and foster self-regulation and emotional control strategies personalised to their own specific needs. Children and young people will engage with The Zones of Regulation at a level that is appropriate to their developmental stage.

All of our children and young people have a personalised Risk Assessment and Positive Behaviour Support Plan built around the Zones of Regulation principles and use this to help identify and apply strategies to maintain their self-regulation and emotional control and different stages of arousal.

BLUE Zone - Low, Slow, Sad, Sick, Tired, Bored
GREEN Zone - Happy, Calm, Feeling ok, Focused, Ready to go
YELLOW Zone - Frustrated, Worried, Silly/Wiggly, Excited, Loss of some control
RED Zone - Mad, Angry, Terrified, Yelling, Hitting, Elated, Out of control

Staff, children and young people use the Zones of Regulation vocabulary to ensure consistency when describing or discussing the different stages of emotional regulation and self-control.

5) Primary Prevention Strategies – Supporting c/yp to find their Green Zone of Regulation

At The Shires we promote a rigorous and consistent approach to supporting children and young people through the implementation of primary prevention strategies with the aim of limiting and removing personal anxiety triggers where possible and offering strong consistency and routines. These are just some of the key primary prevention strategies that we implement at The Shires to prevent escalation of behaviours that challenge.

- Effective, functional communication and interaction strategies
- Using and teaching the use of calming/regulatory strategies
- High Quality First Teaching (School) inc. TEACCH, Attention Autism
- Quality of life improvements
- Managing situations that are known to trigger behaviour
- Changing and adapting environments to suit the child/young person
- Providing opportunities for new experiences and acquiring new skills
- Consistent care routines
- Safe predictable environments
- Promote choice and independence

At The Shires our primary prevention strategies are used to overcome the personal barriers to life and learning that our children and young people face with the aim that we are able to optimise life and learning opportunities for every person.

We recognise the differences in learning styles associated with Autism, which are:

- difficulty with implicit learning (we deliver explicit and systematic teaching)
- attention (shifting attention and seeing the 'big picture')
- auditory processing difficulties (concrete or literal thinking)
- executive functioning (flexibility of thought: difficulty sequencing, planning and organising)
- multiple perspectives (theory of mind and social thinking)
- sensory processing (filtering and modulating input)

Structured TEACCHing is part of this framework and uses assessment, from the perspective of Autism, to develop an understanding of why a child/young person may show challenging behaviour, what the behaviour is communicating and teaches new skills to offer alternatives to the behaviour, with the long-term intention of replacing the behaviour.

Many of our children/young people are at The Shires because their behaviours were preventing them from gaining access to the length, breadth, and richness of their school curriculum. Once they join The Shires our aim is to promote the use of primary prevention strategies as part of a wider personalised positive behaviour support plan to enable children and young people to overcome the barriers they may face, ensuring a person-centred approach is at the core of this practice.

6) Beyond Primary Prevention Strategies – CPI Safety Intervention

At The Shires our positive behaviour support practice is informed and supported by the Crisis Prevention Institute (CPI). We recognise that the children/young people we support will have all experience some level of trauma in their lives and therefore train all our staff in CPI Safety Intervention behaviour support practice which promotes the following core principles;

- **Care:** Respect, dignity, empathy, person-centred
- **Welfare:** Maintaining independence, choice and well-being
- **Safety:** Protecting rights and minimising harm
- **Security:** Safe, effective, harmonious and collaborative relationships.

We recognise that sometimes despite high quality primary preventative strategies being put in place our children and young people will still experience anxiety. We therefore use something called the *CPI Crisis Development Model* to determine the stage of crisis development/behaviour level that the child/young person is experiencing/presenting with and then identify the appropriate approaches for each level of presentation.

Integrated Experience	
Crisis Development/Behaviour Level	Staff Attitudes/Approaches
1. Anxiety (Yellow Zone)	1. Supportive
2. Defensive (Yellow Zone)	2. Directive
3. Risk Behaviour (Red Zone)	3. Safety Interventions
4. Tension Reduction (Blue Zone)	4. Therapeutic Rapport

At The Shires we expect our staff to consider the following key concepts when working with our children and young people;

The Integrated Experience

- Behaviour influences behaviour – by being aware of our own attitudes and perceptions and remaining in control of our own behaviour we increase the likelihood of a successful intervention.

Precipitating Factors

- Factors influencing a person's behaviour – these are the internal and external causes of behaviour that we as practitioners have little or no control over when working with a child or young person. Just as a child/young person in distress has factors that influence their behaviours we as staff members have precipitating factors that we must consider also.

Rational Detachment

- Recognising the need to remain professional by managing our own behaviour and attitudes – not taking the behaviours and attitudes of the child/young person in distress personally.

We ask our staff to consider the following key questions recognising that behaviour is communication.

- What is the child/young person's behaviour attempting to communicate?
- How am I responding?
- What am I expressing?
- How are they responding to me?

Identifying Triggers

- Effective observation and analysis via high quality recording and reporting – Our MDT meeting cycle plays an important part in our collective decision-making process when trying to identify less obvious triggers to behaviour.

7) **High-quality Communication (Yellow Zone)**

Integrated Experience	
Crisis Development/Behaviour Level	Staff Attitudes/Approaches
1. Anxiety (Yellow Zone)	1. Supportive

At The Shires our children and young people have a range of communication needs, including those who are non-verbal communicators. We therefore recognise that when working with our children and young people there are three types of communication we must consider.

Verbal

- Words used to send messages.
- Consider always the significance of words used.
- Keep messages: Short, simple, and clear. Respectful and positively phrased.

Paraverbal

- How you say what you say.
- This includes tone, volume and rhythm of speech

We aim to use:

- o caring, supportive tones.
- o Keep the volume at a level that is appropriate to the situation.
- o Deliver the message at a rate the child/young person can process.
- Paraverbal communication relates to the way we say things and does not include the words we use.

Non-verbal

Alternative and Augmented Communication (AAC)

- This refers to the communications systems that our children and young people may use to communicate.
- High-tech AAC devices relates to systems such Proloquo2Go which use computer-based symbol systems to aid communication.
- Low-tech AAC methods include signing (Makaton), gestures, symbols, objects of reference. PECS is an example of symbol exchange system used at The Shires to help our children and young people to communicate effectively.

Body language

- The postures, gestures, facial expressions, and movement used to communicate.

Personal Space

- The distance people prefer to maintain between themselves and others. It includes the social zone, personal zone, and intimate zone.

Communication through touch

- A form of physical contact that expresses feelings or emotion.

Listening with empathy

- Remain non-judgemental.
- Give undivided attention.
- Listen to facts and feelings.
- Allow time for silence and reflection.
- Paraphrase what you understand.

All of our children and young people have different levels of expressive and receptive communication linked to verbal, paraverbal, and non-verbal communication. All our children and young people have Positive Behaviour Support Plans that consider their varying communication needs and help to identify personalised strategies to support them.

8) Defensive Behaviours and the Escalation Continuum (Yellow Zone)

Integrated Experience	
Crisis Development/Behaviour Level	Staff Attitudes/Approaches
1. Anxiety (Yellow Zone)	1. Supportive
2. Defensive (Yellow Zone)	2. Directive

At The Shires staff use the Escalation Continuum to determine the level of intervention required to support a child/young person who is presenting with defensive behaviours.

Questioning Stage

Information-seeking: A rational question (verbal and/or non-verbal) seeking a rational response.

- Intervention: Give a rational response (verbal and/or non-verbal).

Challenging: Questioning authority; attempting to draw staff into a power struggle, or unsatisfied with the response provided by staff member.

- Intervention: Downplay the challenge.

Refusal Stage

Often described as unwillingness to cooperate or respond positively to the instructions or answer that has been presented to them.

- Intervention: De-escalation/distraction via range of techniques such as; limit setting, structuring, hurdle help, change of face, active listening, relating, redirection/diversion, humour, affection, praise, appeal, prompting/signalling, proximity/touch, boundary setting, planned ignoring, permitting, acceptance, restructure, regroup, remove audience, leave it option, stimulus change, praise/rewards, consequences, silence, distraction, capitulation.

Release

Verbal, physical, and emotional outburst: screaming/shouting, swearing, jumping, running, impact seeking behaviours (crashing and bashing). High-energy output behaviours.

- Intervention: Allow for venting and high-energy release in a safe space away from an audience where possible, minimalizing risk, and potential harm to others. Continue to provide reassurance with calm, non-threatening, understanding and reasonable approach.

Intimidation

The child/young person is verbally and/or non-verbally presenting with threatening behaviour that could lead to potential risk of harm to self or others.

- Intervention: Take all potential risk of harm to self or others seriously. Seek assistance, wait for colleagues to arrive and support.

Tension Reduction

Decrease in physical and emotional energy output.

- Intervention: Establish Therapeutic Rapport. Re-establish the relationship.

9) Risk Behaviour and Safety Interventions

a) Non-restrictive Safety Interventions and Disengagement Skills (Red Zone)

Integrated Experience	
Crisis Development/Behaviour Level	Staff Attitudes/Approaches
1. Anxiety (Yellow Zone)	1. Supportive
2. Defensive (Yellow Zone)	2. Directive
3. Risk Behaviour (Red Zone)	3. Safety Interventions

At The Shires when supporting children and young people who are presenting with Risk Behaviours we consider safety from the following perspectives;

- Keeping the child/young person in crisis safe.
- Keeping other children/young people safe.
- Keeping staff/visitors safe.

Staff are expected to consider the following key principles before implementing any safety intervention;

- Duty of Care (actions and omissions to do no harm) with the best interests of the child/young person in distress.
- Any actions must be reasonable and proportionate to the behaviour being presented.
- Safety interventions must be a last resort and least restrictive.
- Balance of risk considered, doing something versus the risk of doing nothing to prevent risk of harm occurring.
- Always upholding the child/young person's human rights.
- Be aware of the obligation to reduce use and prevent the misuse and abuse of safety interventions.

In order to achieve safety for all, staff are expected to use the following non-restrictive interventions as a precursor to any disengagement skills or restrictive physical intervention.

- Remove items that could be dangerous.
- Non-restrictive redirection/removal of the child/young person in crisis to alternative space away from others.
- Redirection/removal of other children/young people and adults away from child/young person in crisis.
- Asking for additional support from staff.

There may be times when staff will be required to use disengagement skills to create greater distance between them and the child/young person in crisis to minimize risk of harm occurring.

All staff are trained in the following skills to disengage from;

- strikes,
- wrist grabs,
- clothing grabs,
- hair pulls,
- neck (attempts to strangle),
- body grabs,
- bites.

b) Restrictive Safety Intervention (Red Zone)

Before implementing a restrictive safety intervention, staff must use the Decision-Making Matrix to assess the level of risk (chance of a bad consequence). Staff are expected to cross-reference the likelihood that a negative event or behaviour will occur versus the severity or level of harm that may occur, Likelihood x severity = Risk.



- Restrictive safety interventions will be used as a last resort where possible.
- When the level of risk allows it, staff will be expected to exhaust all non-restrictive methods to maintain the safety of the child/young person, themselves, and others.
- In the process of determining the level of risk presented using the decision-making matrix, it may be decided that the level of risk posed would warrant the use of restrictive safety intervention as a first resort.

Staff are then expected to use low-level, medium-level or high-level restriction techniques to match that level of risk that is being presented. Staff at The Shires are trained in seated or standing holds only, we do not apply ground holds.

Staff have lawful reason to use reasonable and proportionate restrictive safety interventions when there is;

- Potential/actual significant **risk of harm to self.**
- Potential/actual significant **risk of harm to others.**
- Potential/actual significant **risk to property** that may result in significant risk of harm to self or others.
- Potential/actual significant **risk of disorder** that may result in significant risk of harm to self or others.

Staff consider the following principles when applying restrictive safety intervention techniques;

- Safe: Is specific safety intervention going to maximise safety and minimise harm?
- Effective: What will make this specific intervention effective?
- Acceptable: Would this be viewed as an acceptable, reasonable and proportionate response to the risk behaviour that is being presented?

The Shires acknowledges the advice provided by the *Department for Education in; Use of reasonable force, Advice for Headteachers, staff and governing bodies. July 2013.*

10) Post-crisis support (Blue Zone)

Integrated Experience	
Crisis Development/Behaviour Level	Staff Attitudes/Approaches
1. Anxiety (Yellow Zone)	1. Supportive
2. Defensive (Yellow Zone)	2. Directive
3. Risk Behaviour (Red Zone)	3. Safety Interventions
4. Tension Reduction (Blue Zone)	4. Therapeutic Rapport

At The Shires we recognise that after a crisis it is important for us to re-establish the relationship with the child/young person to create a sense of calm, safety, and repair for all involved in the crisis. Staff ensure that they address and meet the immediate needs of the child/young person, seeking medical attention, lowering temperature, offering drinks or food or anything that is important to the individual and would pay a key role in restoring and repairing the relationship. Staff will also ensure the immediate needs of other children/young people and adults who were involved in the event or witnessed the event are met.

To aid post-crisis support at The Shires we implement the COPING Model.

CONTROL - Ensure the emotional and physical control is regained by the child/young person and staff member.

ORIENT - Ensure the basic facts are considered: What happened? When did it happen? Who else has been affected? Why did it happen? Where did it happen?

PATTERNS - Look for patterns for the behaviour. Is this the first time the child/young person reacted that way, or is it a recurring event? How does the staff response history impact the behaviours presented? Are there successful patterns to how the team respond that can be built into the child/young person's positive behaviour support plan? Are there staff behaviours that need to be avoided to prevent behaviour reoccurrence?

INVESTIGATE - Look for alternatives to support the behaviour. What could be done differently next time? What can we do to put things right or restore the environment? Identify the what the child/young person was thinking at the time of the incident if possible? Identify what the staff were thinking at the time of the incident? What amendments can be made to support prevent future crisis events or improve responses in a crisis event?

NEGOTIATE - Future approaches and behaviour expectations. Changes that could improve future interventions or reinforce what is working well. Work with the child/young person to identify how they would like to be supported if they are in distress in the future, identify things that they don't want us to do during these events. Staff to identify things they could have done differently or will commit to do differently based on the experience of this most recent event.

GIVE – Responsibility back to the child/young person, provide support, encouragement and reassurance to them. At The Shires we use this stage to seek repair and restoration for all parties, helping children and young people to recognise the consequences as a result of their actions at a level that is appropriate their developmental stage. At The Shires we don't seek to "implement sanctions or punishment" as a result of behaviours that are presented. There will however be times that the Head of Education or Registered Manager will determine a necessary consequence as a result of the child or young person's behaviour. This will be reasonable, necessary, and proportionate to the behaviour that has been presented and often implemented in the interests of safety for all to prevent recurrence of the behaviour. Our aim is to ensure trust and confidence is given to the staff to reassure staff that they have the skills, knowledge and understanding to support the child/young person in the event of future crisis.

11) Recording, Reporting, and Notifications

All incidents of restrictive safety intervention will be recorded and reported by staff members present during the crisis behaviour event.

Senior staff members will sign to acknowledge the event and clarify details within the report with staff members. This record will be used to inform key people (parents, social workers, carers, teachers, therapists) around the child/young person within 24hours of the event occurring (unless otherwise agreed with individual parties).

The incident record will remain on file for the child/young person, with routine and regular behaviour analysis completed and presented at MDT meetings to help identify wider patterns, trends or needs and agree appropriate actions as a collective.