



Fairfield
Farm
Trust

Charity No. 273924

Positive Behaviour Support Policy

(including physical interventions)

Policy number	New or Reviewed	Date of next review	Responsibility
028	March 2020	March 2021	PROACT SCIPr Trainer(s)

'Providing outstanding opportunities for people with learning difficulties to be successful'

Statement

Fairfield Farm Trust (FFT) is committed to using the guidance and methods outlined by Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention (PROACT-SCIPr-UK®) as the preferred methodology regarding Positive Behaviour Support. The PROACT-SCIPr-UK® methodology includes physical intervention and is approved by BILD (British Institute of Learning Disabilities). The Trustees of FFT recognise the guidance on Positive Behaviour Support (including Physical Intervention) and agree to all FFT staff working within these guidelines, including minimising the use of physical interventions through emphasis on sound behavioural support strategies.

The trustees at FFT are committed to ensuring and maintaining a safe working environment for everyone at the FFT.

The trustees are also committed to the Safety and Welfare of all children and young people who attend the FFT.

To fulfil this commitment the Trustees have agreed a Policy for Positive Behaviour Support (including Physical Intervention) Policy.

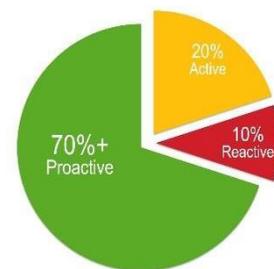
This Policy on Positive Behaviour Support (including Physical Intervention) has been agreed by the Trustees and is aligned to relevant legislation concerning the use of physical intervention. Such legislation includes Deprivation of Liberty Safeguards (2007) to be used in conjunction with the Mental Capacity Act (2005); Section 93 of the Education an Inspections Act (2006); Positive environments where children can flourish (Ofsted, 2018); Children's Homes Regulations (2015) and the Mental Health Act (2015)

The ethos of the *PROACT-SCIPr-UK®* underpins a whole organisation approach that focusses on ensuring that FFT is a positive and proactive setting. This approach is underpinned by the philosophy that there are three phases to being such. These are Proactive, Active and Reactive and the minimum expected percentage is as follows:

70%: Proactive: communication, the environment, substitute skills, choice making, positive programming, opportunities for leisure, access to the community, structured timetables and schedules, reinforcement, praise, promotion of independence, relationships and relaxation.

20 % Active: Addressing immediate needs, redirection, distraction, offering a preferred item, lower demands, adapt environment, adapt interaction, teachable moments.

10% Reactive: strategic capitulation, stimulus change, evasion, redirection, adapt environment, calming, physical intervention.



The guidance on making any physical intervention is that it is necessary, proportionate/least restrictive, a last resort, no longer than necessary and recorded in an open and transparent manner.

All staff will be trained by qualified trainers and annually updated. This approach will have implications for how incidents are written up.

This policy aims to give all members of the FFT community clear guidance so that any physical intervention that they undertake is carried out in a way that supports the values and principles described above. In particular, it aims to describe the circumstances in which restrictive physical intervention is an appropriate response and how staff at FFT will fulfil their responsibilities in those circumstances.

The Principal *will* be responsible for ensuring that staff adhere to and parents are aware of the policy and will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

The trustees and SLT will ensure that this policy is regularly reviewed to ensure it meets the changing needs of young people and staff.

Responsibilities of Principal

The Principal is responsible for the implementation of this policy. This includes ensuring that the culture of FFT reflects the overarching policy and guidance.

In order to effectively discharge this responsibility the Principal should ensure that:-

1. A FFT Positive Behaviour Support (including Physical Intervention) policy is in place and approved by the Trustees.
2. The FFT policy is understood and adhered to by all staff.
3. Best practice is kept up to date and modelled by the PROACT-SCIPr-UK® Trainer.
4. All staff know the physical intervention procedures, including who to report them to and where and how they should be recorded
5. Relevant staff are authorised to carry out Physical Interventions.
6. Adequate resources are available to ensure this policy is implemented.
7. Practice relating to Physical Interventions is monitored.
8. Training is available to staff relating to the use of Physical Interventions.
9. Risk assessments are in place and the use of Physical Interventions is planned wherever possible.
10. All incidents where a physical Intervention has been used are recorded and followed up.

Responsibilities of Trustees

The Trustees are responsible for ensuring safe practices are in place and are being followed. Their responsibilities fall into 3 categories; (a) ensuring that there is adequate guidance and resourcing for this issue, (b) monitoring performance and application, (c) dealing with any complaints relating to this issue.

In particular, the Trustees should ensure that:-

1. FFT has a formally approved policy on the use of Positive Behaviour Support (including Physical Intervention).
2. The policy is adhered to by the whole FFT community.
3. Ensuring sufficient resources are available to enable the policy to be effectively implemented
4. The policy is reviewed regularly, (at least every 2 years) to ensure it remains valid and meets the needs of both young people and staff.
5. They receive and act upon reports relating to the implementation of the policy.
6. Regular monitoring of the number and type of incidents recorded is carried out.
7. The policy and its implementation is considered when making decisions relating to the FFT and its community.

Responsibilities of Employees

All employees have responsibilities as outlined by the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 to comply with this policy.

The responsibilities of employees are as follows. Whilst at work all employees will:-

1. Make themselves familiar with and adhere to the FFT's Positive Behaviour Support (including Physical Intervention) Policy
2. Be aware of safe systems of work and risk assessments, including control measures relevant to their area of work.
3. Point out any shortcomings in the policy to their Principal as appropriate.
4. Record any incidents of Physical Interventions.

Statement on the use of touch

The Trustees at FFT recognise that physical touch is an essential part of human relationships. As such, no touch policies are questionable, and could actually be classed as 'acts of omission'. However it is appreciated that there are some concerns around safeguarding in some establishments. AT FFT students may well use touch to prompt, to give reassurance or to provide support, but this must be used sensitively and appropriately, in line with our Child Protection protocols and the unique needs, characteristics and preferences of the individual.

To use touch/physical support successfully, staff will adhere to the following principles. It must:

- be non-abusive, with no intention to cause pain, injury or use power,
- be in the best interests of the young person and others,
- have a clear supportive purpose for the young person,
- take account of gender issues.

The process for FFT will include both *restrictive* and *non-restrictive* and follows the Department of Health Guidance (2002) examples as illustrated below.

	Bodily Contact	Mechanical	Environmental Change
Non-restrictive	Manual guidance to assist a person walking.	Use of a protective helmet to prevent self-injury.	Removal of a cause of distress, such as lighting or loud noises.
Restrictive	Holding a person's hands to prevent them from hitting someone.	Use of arm cuffs or splints to prevent injury.	Seclusion or use of locked doors.

Some young people may find physical touch unwelcome and this right must be respected. Such sensitivity may arise from the young person's cultural background, individual needs, personal history, age etc. At FFT all colleagues are responsible for ensuring that staff are aware of any young person who finds physical touch unwelcome, where this is known.

What Is 'Positive Behaviour Support'?

Positive Behaviour Support involves an emphasis in trying to understand the function of behaviour. From this perspective we can see behaviour as an attempt to get our needs met. The purpose of this approach for us is to understand the need and therefore address this. The result of this approach would be a reduction in behaviours that challenge. The difference here is that PBS seeks to start from a position of understanding rather than reduction in the first instance, which can be overly reactive and do little to meet need.

Strategies to Minimise the Need to Use Force

It is the expressed aim of FFT to avoid the use of force to physically restrain young people in all but the most extreme circumstances. In order to do this FFT will implement the following positive behaviour support strategies to ensure the use of force is minimised:-

1. Create a calm, orderly and supportive working environment that minimises the risk of dangerous behaviour. Clear expectations and boundaries are in place and these are clearly communicated to young people and consistently, fairly and openly applied. This will enforce accountability, scheduling, and predictability as standard. Knowing our students is the key to this process.
2. There are effective relationships between young people and staff in which young people can engage and participate in ideas to create a supportive and safe environment for learning
3. Use proactive interventions for at least 70% of the time with individuals or groups who present behaviours that challenge, this is to identify and address unmet needs. Recognise that challenging behaviours are often foreseeable and have plans in place to deal with these eventualities.
4. Monitor all incidents where force is required to ensure any trends are identified. Put plans in place to reduce the risks associated with the use of force.

5. Plan for staff development in behaviour management, including positive behaviour support strategies, so that staff have the confidence and skills necessary to support young people with behaviours that challenge.

When a Restrictive Physical Intervention May Be Used

Restrictive physical intervention is rarely used at FFT. However, may be necessary in order to:

- To prevent a young person injuring themselves or others.
- To prevent a young person causing serious damage to property.

Whilst we recognise that there is legislation to support and guide the use of physical intervention, FFT aim to reduce all uses of restrictive interventions by virtue of a commitment at all levels to understand the function of behaviours that challenge and to address unmet needs.

Duty of Care

Duty of Care is the legal obligation to safeguard others from harm while they are in your care, using your services, or exposed to your activities. This is a legislative position that account for your action, but also your omission. By this definition we are 'duty' bound to act in responding to behaviours that challenge. It is acknowledged that the behaviour of children and young people with learning disabilities (such as those at FFT) can be unpredictable and volatile and can become dangerous. In all circumstances FFT staff will act in accordance with the principles of PROACT SCIPr.

This may include using a physical intervention as part of a learning activity. This is inevitably a high risk action and as a result all staff working directly with young people will have access to and be expected to attend training in PROACT SCIPr and also to attend regular updates and training as identified.

Staff Training and Expectation.

All staff working directly with young people are trained in PROACT SCIPr to Introductory Level as standard. This is due to the low prevalence of behaviours that challenge at FFT and also that for person-specific needs, a separate analysis and training programme will be delivered on a case-by-case basis. The SLT, Senior Support, Learning Mentor and Residential Senior Team are also trained to Introductory Level.

The Place of Physical Intervention within Fairfield Farm Trust

Physical interventions will only be used in exceptional circumstances. FFT expects that staff will only use force in circumstances where:-

- The consequences of not intervening were sufficiently serious to justify the use of force,
- Achieving a safe outcome by other all other means (proactive and active) means had either been tried and exhausted,
- The risks associated with not making a physical intervention outweigh those of using one and the physical intervention used is proportionate to the behaviour.

Fairfield Farm Trust recognises that the use of physical interventions will be planned for, consented, recorded and transparent. But, on some occasions there may be a situation (as outline din this policy) that requires an unplanned intervention to maintain the safety and welfare of staff and young people. The definitions for both planned and unplanned is below.

Unplanned interventions	Use of force which occurs in response to unforeseen events. <i>This should always be a trigger for a Risk Assessment and planning once it has occurred.</i>
Planned interventions	Any situation that staff might reasonably expect to occur, in which staff employ, where necessary, pre-arranged strategies and methods, which are based on a risk assessment. Planned Interventions must be recorded in an ILP or Behaviour Plan with consent from parents/guardians. <i>This could be in an individual plan for the management of the behaviour of a specific young person but could be generic risk assessments and plans for situations that are likely to occur such as a fight in a playground.</i>

ILP/Behaviour Plans and Person-Specific Interventions.

Every student within FFT has an Individual Learning Plan (ILP). This outlines the key information for each young person. This might be information from the referring school such as support needs, prior qualification or medical information and information about diagnoses. We also capture effective strategies and preferences with regarding to being in education/care.

Having such detailed information allows FFT to ensure that the needs of our young people are being met at all times and that they are on a suitable programme of learning and have appropriate support in place.

An ILP will identify specific behavioural information and requirements for each young person. These may include:

- Triggers and warning signs of behaviours that challenge.
- Proactive strategies to manage the behaviour without the use of physical interventions
- The physical interventions to be used and when.
- That the young person's Special Educational Needs (SEN) and/or disability have been fully considered.
- Motivational techniques/items or activities.

Unplanned Interventions.

These by their very nature are more difficult to deal with and will certainly involve staff making on the spot decisions about if and how to intervene. In emergency or unplanned situations staff will need to carry out a dynamic risk assessment based on the circumstances at the time, professional judgement, this policy and any training received.

Staff are not expected to intervene physically against their better judgement, nor are they expected to place themselves at unreasonable risk. They must take steps to minimise risks. For example, by removing other young people and calling for assistance.

In all cases, an unplanned intervention would trigger an updated ILP regarding Behaviour Support; Known Behaviours and Proactive/Active/reactive Strategies.

Risk Assessments

Risk assessments should focus on the significant risks involved in carrying out a Physical Intervention and the actual circumstances, therefore, it is impossible to cover all eventualities in this policy. Risk Assessments for each audit based intervention are carried out by PROACT SCIPr and these are accepted by FFT. It is the responsibility of staff to ensure that there is an appropriate activity for the activity/learning environment and that specific student risks are acknowledge, addressed and action put in place to minimise the risk.

PROACT-SCIPr-UK® is the only method of physical intervention to be used at FFT and all staff will be given the introductory training as standard. Any member of staff that does not have this training or their update has expired is not expected to make any physical intervention.

All new staff appointed to work at FFT will be given an explanation of FFT's Policy on Positive Behaviour Support (including Physical Intervention) and be made aware of who is authorised to use Physical Intervention as part of their induction programme.

The Principal will ensure that staff receive appropriate training relating to this policy and methods of physical intervention for authorised staff, if required.

Physical Intervention Incident Reports

All incidents will need to be recorded using SchoolPod as soon as possible after the incident, not exceeding 24 hours.

FFT considers any incident that required a physical intervention to be made as serious and warrants a report. The following incidents have in addition been agreed as significant and therefore requires that staff complete an incident record:

- *Any occasion on which a student or staff member has suffered injury;*
- *Any incident when a member of staff feels that they have behaved inadvertently in a way that could be misconstrued as sexually provocative;*
- *Incidents when a learner behaves in a sexually provocative manner towards a member of staff;*
- *Any allegations of sexual harassment to or by staff or pupils;*
- *Any visits of police officers to interview a specific pupil;*
- *Any disciplinary incidents serious enough to warrant a request to parents to visit college and see Principal/Director of Education;*
- *Any exclusion;*
- *Any incident of drug abuse or substance abuse;*
- *Any other incident serious enough to disturb substantially the smooth running of the Trust.*

The Principal or a senior member of staff should be informed of any incident of physical intervention as soon as possible.

It is good practice for the member of staff with lead responsibility for safeguarding to check the report and for the member(s) of staff involved to be provided with a copy of their statement.

Follow Up Action

All staff involved must record details of their involvement at every stage, together with details of all follow-up action.

The young people and staff involved in an incident of physical intervention will have an opportunity to discuss the matter with The Principal or an appropriate senior member of staff.

Any lessons learned as a result of this discussion will be used by the FFT to update ILP/Behaviour Plans or Risk Assessments.

Parents and carers of children or young people involved in an incident of physical intervention will be informed of what has happened to their child or young person and offered an opportunity to discuss this with the Principal or a senior member of staff.

Any member of staff involved in an incident of physical intervention may need time to recover and regain their composure.

For planned physical interventions the risk assessment and ILP should be reviewed and updated where needed. For unplanned interventions, a risk assessment and specific ILP entry as to how we can reduce the risk of incidents and harm to other young people and staff, such as:

- Preparation of individual plans to address a range of needs
- Avoidance of known triggers
- Addressing environmental factors and teaching skills.

Handling Complaints

All complaints will be considered by the relevant member of staff. In the first instance this will be to secure an informal resolution. In cases where this is not suitable then the complaint will be addressed in accordance appropriate policy (such as: Trust complaints policy, disciplinary or safeguarding policies).

Monitoring

- The Principal and Trustees will review the implementation of the Policy on Physical Intervention termly.
- All staff will be involved and asked to contribute to the review.
- All staff will be informed of the outcome of the annual review.

By Order of the Board

Dr Tina Pagett/ Dr Graeme Athey

March 2020