

Trinity Specialist College

Behaviour Policy



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Signed by Chair of Trustees:	

Positive Practices in Behavioural Support

1.1. Introduction

Trinity Specialist College is a Further Education setting providing up to a 36-week provision for learners with learning difficulties and Autistic Spectrum Condition (ASC). Specialist, individualised education is delivered in a safe, positive and structured environment where every learner participates in a curriculum that links with their destination and Preparing for Adulthood outcome. The staff at Trinity Specialist College create and maintain a positive, well-ordered and respectful learning environment in which our learners can grow and develop.

At Trinity Specialist College we place the learner at the centre of all considerations related to behaviour. Our practice in supporting learner behaviour is governed by the maxim:

‘Constructive approaches to promote positive behaviour’

This philosophy is expected to underpin all our actions, words and attitudes towards all learners at all times.

Just as we might support a learner in the acquisition of any academic skills, so too there is a need to support each learner in the development of behaviour which is:

- functional
- socially acceptable
- effective
- dignified
- respectful of others

Developing and maintaining positive behaviour patterns will enable our learners to live happy and fulfilling lives during their time with us and then beyond into a more independent adult life. The following policy provides clear guidance and instruction on the methods by which our college community can promote positive behaviour in our learners.

1.2. Understanding behaviours

Understanding behaviour is difficult, especially for learners with Autism Spectrum Condition, but it is crucial in the development of Positive Behaviour Support strategies. At Trinity Specialist College we believe that all voluntary behaviour is

functional and relates to having needs met. Some of our learners display complex behaviour or behaviours that challenge as a response to the complex pattern of needs their learning difficulties present. These problems may be compounded by additional difficulties including mental health, social deprivation and medical conditions.

In attempting to modify complex behaviour or behaviours that challenge we must first undertake an assessment of that behaviour, which examines the motives underpinning it and identifies the area of need it is serving. Following this process, strategies which directly address the behaviour can be developed.

Effective strategies include close collaboration between everyone involved in the learner's life alongside honest, non-judgemental working relationships and adequate resources. They also incorporate appropriate, realistic interventions, clear objectives for outcomes and consistency in application.

Analysis, planning and reflection of Positive Behavioural Support strategies should be formalised and embedded in the practice of the college.

1.3. Creating Supportive and Functional Environments

In order to promote positive and appropriate behaviour, the learning environment must be both supportive and functional. A supportive environment depends upon the attitudes and actions of the people in the environment. A functional environment depends upon the environment's suitability for meeting a person's needs.

A supportive environment is characterised by:

- a calm, purposeful working atmosphere
- friendliness
- happy working relationships
- flexibility
- responsiveness to needs
- a caring attitude amongst staff
- tolerance
- optimism and high expectations
- clear and consistent boundaries for appropriate behaviour

A functional environment is:

- safe and secure
- tidy, uncluttered and clean
- strongly visual
- clearly demarcated for activities
- labelled appropriately to the learners' needs
- optimally stimulating
- sufficiently resourced

The right to a supportive and functional environment is recognised for staff and learners alike, and responsibility for maintaining this environment rests with every member of the college team. As individuals develop, their learning environment should develop alongside them; therefore, constant review and evaluation are necessary to ensure the environment remains both supportive and functional. The college's Senior Leadership Team and Trustees are responsible for determining that resources are available in order to ensure this.

1.4. Rewards and Support

Replacing negative patterns of behaviours with positive ones is the first port of call in Positive Behaviour Support; rewards motivate and help learners to see that good behaviour is valued. At Trinity Specialist College we seek to reward learners for their efforts, good behaviour, achievements and hard work in a variety of ways.

Praise and encouragement develops learners' confidence and self-esteem and can be used as an intrinsic motivator to encourage positive behaviour. For learners who require further encouragement, the promise of rewarding experiences as a consequence of appropriate behaviour provides an added extrinsic motivator. Therefore where appropriate, token and reward systems can be extremely effective motivators in the development of positive behaviour.

1.5. Consequences

Learners rarely respond positively to being shouted at and will either become extremely distressed or over-stimulated, exacerbating any inappropriate behaviour. Other learners in the vicinity may also become distressed or overstimulated, causing incidents to escalate. Therefore, where a reprimand is felt to be necessary and effective, it should be delivered calmly and quietly, avoiding unnecessary distress/stimulation.

However, as well as rewarding positive behaviour, there is a need for consequences to register the disapproval of unacceptable behaviour. The use of consequences should be characterised by certain features:

- It must be clear why the consequence is being applied.
- It must be made clear what changes in behaviour are required to avoid future consequences.
- There should be a clear distinction between minor and major incidents.
- The focus should be on the behaviour not the learner.

Within the college day there are a number of situations, which may occur that require different levels of intervention. The college is committed to ensuring that the way it

reacts to such situations is consistent whilst also dealing with each incident individually and to take all circumstances into consideration.

1.6. Partnership with Families and Other Agencies

The college must collaborate and liaise closely with each learner's parents or carers to effectively support learners across a range of contexts. A consistent approach across college and home will enable learners to generalise their learning and allow both families and professionals to support one another. The college will offer and seek support in the development of practice which is of benefit to the learner or the learner's family.

Other agencies and professionals will be engaged when considered necessary and in the best interests of the learner by both their parents and the college.

1.7. Supporting Staff

Working with learners and families in developing Positive Behavioural Support requires great skill and dedication. For a strategy to be effective it is necessary for the staff involved to be equipped with the appropriate level of skill and confidence. At Trinity Specialist College we are committed to supporting staff by:

- Providing training in the use of appropriate strategies and interventions which are guided by the principles of Managing Actual and Potential Aggression (MAPA).
- Offering pastoral support from a member of the Senior Leadership Team to all members of staff whenever requested.
- Developing Behaviour Support Plans for learners in order to address complex behaviour or behaviours that challenge.
- Dedicating time in briefings to the discussion of issues related to behaviour support.
- Regular monitoring of incidents.
- De-briefing sessions following stressful or serious incidents.

Positive Behaviour Support is founded on the principle of creating constructive approaches to support positive behaviour including the use of encouraging language. It must never be punitive, aversive, threatening or compromise the rights of the learner. Where staff feel that approaches are in any way illegal or inappropriate they are obliged to report this immediately to the Safeguarding Lead or Principal, in accordance with the college's safeguarding procedures.

Principles of Restrictive Physical Intervention

2.1. Positive use of physical contact

Staff at Trinity Specialist College are likely to experience many different scenarios involving physical contact (from light to firm pressure touch) with learners. When touch is used in context and with empathy and due regard for the individual's dignity, it can be a means of providing care, comfort, communication, reassurance, and safety.

Functions of physical intervention:

- Intimate care - care which involves contact or proximity to sensitive areas, (e.g. washing, bathing, cleaning, changing, assisting with menstrual management and some medical procedures such as administration of rectal medications)
- Communication - to function as the main form of communication or to reinforce other forms of communication, e.g. when using Intensive Interaction.
- Prompts and guides – as part of teaching, to gain attention or direct movement when guiding people between places, rooms or activities.
- Therapy - e.g. massage, sensory stimulation, physiotherapy, recommended by a therapist and provided by a trained staff member.
- Sensory experience – individuals at early levels of development (regardless of chronological age) are likely to be quite tactile and require physical sensory input.
- Comfort and reassurance – touch can be used to communicate positive emotions, security and comfort (e.g. hug around the shoulders or upper arms) to calm and reassure a distressed learner.
- Physical support – For learners who have physical difficulties (e.g. transfers in and out of wheelchairs).
- Restraint – In response to complex behaviour or behaviours that challenge it may occasionally be necessary to employ the use of Restrictive Physical Intervention, but only as a last resort.

Non-restrictive physical interventions should be clearly stated in the learners Behaviour Support Plan.

Restrictive Physical Interventions

A Restrictive Physical Intervention (RPI) is defined as a: 'physical force to prevent, restrict or subdue movement of a person's body or part of their body which is not physical assistance or physical guidance' (Office of the Senior Practitioner 2011).

Restrictive physical interventions involve the use of force to control a person's behaviour and can be employed using bodily contact, mechanical devices or changes to the person's environment. Wherever physical force is applied against resistance, it should be regarded as a restrictive physical intervention and recorded

and reported as such. RPI's should only be used when there is deemed to be no other option, and should always incorporate the course of action that would result in the least harm, based on the best available knowledge at the time. Possible alternatives may involve the use of distractors and motivators (including those staff may feel are in some way 'rewarding'), removal of triggers, removal of others, change of activity or change of staff).

Legal context

The law recognises that there are situations where some restrictive physical intervention is necessary as an act of care, and the primary duty of the Trinity Specialist College as an education provider is to ensure the learners' we support are safe from harm. It is this fundamental but complex need to balance the right to freedom, dignity and respect, with ensuring safety from harm that is at the heart of this policy and guidance.

RPI is only justified in law if there is the presence of a clear and immediate danger. The term 'immediate' in this context does not justify action taken to prevent a possible danger. If incident data clearly shows that a given behaviour or cue quickly results in escalation to a dangerous level a planned intervention may be justified in the short term, whilst further more positive and proactive strategies are developed (BILD Code of Practice).

Staff must be able to demonstrate that they have used the least restrictive intervention, and that all other available options have been tried and failed before the use of an RPI.

Trinity Specialist College owes a duty of care to their staff, and must ensure that the working environment is safe, risks are identified (including behaviour management) and appropriate guidance, training and support is offered.

Likewise, staff owe a duty of care towards all learners, including taking reasonable measures to prevent harm. Choosing not to intervene when a greater and significant harm may occur as a result of inaction could result in allegations of negligence and consequent civil litigation for failure to exercise that duty of care.

Acceptable use of RPI

If all other alternatives have been exhausted, the use of RPI should only be used when there is a clear and immediate risk of a service user causing harm to themselves or another person (e.g. learners, staff, members of the public), serious damage to property, or an offence being committed.

Staff have a duty to ensure that when using any form of RPI:

- The safety and dignity of learners, staff and other members of the community are maintained.

- An environment where learners feel safe and secure, engage enthusiastically in meaningful activities, enjoy learning and achieve success is prioritised.
- Positive relationships, trust and cooperation are promoted.
- Any RPI is tailored to meet the immediate needs of the individual.

Any force used must be 'reasonable and proportionate': reasonable in that it is the minimum force required to prevent injury and proportionate in that it is not excessive given the seriousness and likely harmful consequences of the person's behaviour. There is no legal definition of 'reasonable force' so staff are under obligation to make informed judgments, taking into account an individual's age, level of understanding, any known history of comparable events and legislation included in the Mental Capacity Act 2005. The application of RPI should be an act of care, not of punishment or aggression and should not be used purely to force compliance with staff instructions or when there is no immediate risk to the learner or other individuals. Any restrictive intervention should avoid contact that might be misinterpreted as sexual contact.

The use of any RPI is associated with increased risk to both learners and staff, and therefore needs to be applied with extra care and caution and must be recorded. Any appropriate professional colleague or manager and the parent/carer must be informed.

Categories of RPI

The use of RPI can be categorised as:

- Planned intervention – based on risk assessments and recorded care and behaviour support plans created by a multidisciplinary team in consultation with the learner and their parents/carers/advocates. These interventions should be described in writing and part of a broader strategy for addressing behavioural difficulties. Only trained, authorised staff may engage in a planned intervention; a list of trained staff should be maintained by managers and Principal.
- Emergency or unplanned interventions – an action used in response to unforeseen hazardous events in which there is no other alternative. In such circumstances, members of staff retain their duty of care to the learner. Any response should be deemed less severe than the potential adverse consequences (e.g. injury, distress) of not using a physical intervention. All staff members at Trinity Specialist College have the legal power to use reasonable and proportionate force in emergency situations. If there is a high risk of injury, serious damage to property or an offence being committed, untrained staff (including any agency staff), may be required to intervene.

2.3. Prevention

At Trinity Specialist College all learners have a Behaviour Support Plan (BSP). This is an individualised framework used to address any problem behaviour which cannot be prevented through general classroom management. All BSP's follow the same graded format of proactive and reactive strategies, enabling a consistent, whole college approach to Positive Behaviour Support.

The function of a BSP is to identify the antecedents of problem behaviour, and to provide staff with information on how to recognise and address the early signs of crisis in order to deescalate potential incidents. Primary (proactive) and secondary (reactive) preventative strategies are outlined in BSP's in order to minimise the use of RPI.

Primary prevention is achieved by:

- Ensuring that staff numbers and competence/training correspond to the individual needs of each learner.
- Identifying and avoiding environments/situations known to be behaviour triggers.
- Providing opportunities for choice-making and a sense of achievement within meaningful activities.
- Using individualised communication systems which enable learners to communicate effectively with others.
- Providing a consistent and predictable environment.
- Ongoing development of staff expertise in behaviour management.
- The use of therapy
- The use of medication, as advised by a qualified medical practitioner and outlined in a learner's About Me document, may be used as a routine method of managing complex behaviour or behaviours that challenge. (Its use should comply with any regulations or national minimum standards issued under the Care Standards Act 2000.)

Secondary prevention involves recognising and adequately responding to the early stages of behavioural escalation using diffusion and de-escalation techniques. The use of Positive Behavioural Support and Analysis allows for the identification of behaviours likely to escalate into crisis.

The aim of Positive Behaviour Support is to minimise the use of RPI through recognising and de-escalating in the early stages of crisis. Methods and techniques for achieving this will be specific to each learner and clearly described in BSPs.

In exceptional circumstances a BSP may sanction the use of RPI at an early stage of escalation. For this to be acceptable there must be clearly documented evidence that particular sequences of behaviour escalate rapidly into crisis. In these circumstances it must be clear that all other appropriate methods, including primary and secondary prevention, have been ineffective, and that the risks of not using RPI are greater than the risks associated with RPI.

Any RPI techniques outlined in the learner's Behaviour Support Plan should be deployed using the minimum necessary force by staff trained and confident in their use.

At Trinity Specialist College BSP's are developed by the in-house multidisciplinary team, in consultation with everybody working or living with the learner in question, including parents/carers, teaching and residential staff. A BSP must be formally approved before it can be put into practice and should be reviewed on an on-going basis.

Training staff – Crisis Prevention Intervention (CPI)

All staff are trained using CPI techniques under licence from CPI. All staff undergo an initial two-day training schedule and this is refreshed formally every 12 months, and additional informal workshops are delivered on a regular basis. Any further training needs amongst Trinity Specialist College staff are highlighted and addressed through Professional Development Sessions with their line managers. Staff who have not yet completed their initial CPI training should only work with learners who have been assessed as posing a very low risk behaviourally.

All physical interventions should follow the CPI model. Listed below are the accepted CPI strategies that have been taught to staff:

- Low hold – hold and stabilise
- Medium hold – pull/push
- High hold – pull/push and lever

Any physical interventions used will need to take account of age, cultural background, gender, stature, mental capacity and medical history of the learner involved.

Staff should only use methods of restrictive physical intervention for which they have been trained, and it is not appropriate for staff to modify the techniques they have been taught. A clear record should be maintained detailing which staff members are permitted to use different techniques, and specific techniques should be closely matched to the characteristics of individual learners.

Risk Assessment

The inappropriate use of physical force can be both unethical and illegal and carries the risk of pain, physical injury and emotional distress for all involved. Learners should only be exposed to RPI techniques that have been individually risk assessed and described in their BSPs/ individual records. If RPI is used in an emergency situation, staff are expected to assess the risks associated with intervention against those associated with not intervening.

Risks of intervention for learners: RPI can result in physical injury, emotional distress or psychological trauma. It can also result in a loss of dignity, distrust of staff and the

undermining of personal relationships, as well as increasing the risk of abuse and the routine use of force to control behaviour.

Risks of intervention for staff: Carrying out RPI on a learner can cause pain or physical injury, as well as distress or psychological trauma. Moreover, if applied incorrectly, staff are at risk of legal challenge and potential disciplinary action.

Risks of not intervening: The choice by staff to not carry out RPI could result in the injury or abuse of learners, colleagues or members of the public or serious damage to property. By not intervening staff may contravene their duty of care, and are at risk of litigation and disciplinary action.

Post incident management

3.1. Reporting and Monitoring of Incidents

The use of any RPI, whether planned or unplanned (emergency) should always be recorded before the end of the day by staff involved in the incident. Reporting and monitoring is important for staff and learners because it ensures their safety and protection. It also allows the college as a whole to keep a record of the number of incidents occurring and to examine patterns of behaviour and their possible functions.

Trinity Specialist College has different methods of recording and reporting, which will be relevant for different behavioural incidents:

- Low level behaviour should be logged and reviewed using the classroom Antecedent, Behaviour, Consequence (ABC) logs
- In the event of a behavioural incident that did not require RPI, staff should record this using the Major Incident form (MI).
- Following an incident in which RPI has been used, staff should record this using the Major Incident form and in the bound incident book.

The ABC logs are monitored by Teachers and Behaviour Lead and can be used to identify environmental factors such as activities or specific times in a day in which incidents tend to occur.

All of these documents are regularly reviewed, with any further actions undertaken as required.

Medical assistance

If there is any reason to suspect that a learner or a member of staff has experienced injury or severe psychological distress following the use of RPI, they should receive prompt medical attention. If any head injury is suspected, medical assistance needs to be acquired immediately. Referrals to the psychology and therapy team (Learners) or outside agencies (Staff) may be deemed necessary.

3.3. Debriefing

Within a reasonable time following an RPI, both staff and learners should be given separate opportunities to talk about what has happened in a calm and safe environment.

Debriefing and support for learners: Specific techniques for providing post-incident support should be detailed learners' BSP. This information should include appropriate alternative debriefing methods for those who are non-verbal.

Debriefing and support for staff: Staff should be given the opportunity to have time out in another area and to talk through the incident with a colleague, line manager or Behaviour Lead. They should also be offered further CPI training, either as a refresher or full course repetition, as appropriate.

Debriefing should be used to determine exactly what happened and its effects on those involved, as well as to inform future practice. It **should not apportion blame or punishment**.

Informing Parents/Carers and Other Services

At Trinity Specialist College a protocol for informing parents/carers and other services about incidents involving RPI is in place.

Complaints

Any complaints arising from the use of RPI should be quickly, thoroughly and appropriately investigated following the procedures outlined in the Complaint Policy. Any complaint concerning a member of staff will be dealt with in accordance with the relevant policy e.g. Disciplinary Policy or Safeguarding Vulnerable Adults Policy. Staff will be kept informed of any action taken, and will also be advised to seek further advice from their professional association/union.

Conclusion

Positive Behavioural Support is a complex and problematic topic and guidance within this field needs to be continuously evaluated and critically appraised. This policy reflects the college's ethos and practice in this area and should be considered in conjunction with all of Trinity Specialist College Policies.