Positive Behaviour Support Policy

Bridge College

Date policy last reviewed: January 2024

Signed by:

_____ Chief Executive   Date: _____

_____   Date: _____

Contents

Introduction

Bridge College is part of the Together Trust, and we have a clear mission to champion the rights, needs and ambitions of the students we support. At the college, our focus is 'The Bridge Way'; Our students come first and are at the centre of everything we do. We constantly strive to improve and innovate. We are all responsible for ensuring the success at Bridge College and its students. Our mission is underpinned by our vision of a society where people thrive because they are valued within their communities, and our values of; being positive, professional, passionate, and supportive.

Bridge College's approach to behaviour support is rooted in the service delivery model of Positive Behavioural Support (PBS). Bridge College work using a multi-disciplinary approach across a variety of disciplines and expertise. We value the input of not only paid professionals, but family members, friends, and other key stakeholders who have an enduring knowledge of the support needs, history, and preferences of the students we support.

Bridge College acknowledges that sometimes there may be competing priorities or a difference of opinion between a person we support, key stakeholders, and ourselves. When working within a PBS framework we commit to operate within the principles of the Hunam Rights Act and the Mental Capacity Act 2005 and identify directions for support that are most central to the rights, needs, and preferences of the person.

*Please refer to the Together Trusts PBS policy for a detailed definition of PBS and its implementation

Our Aims

Bridge College focuses on increasing skills to enable access to opportunities and minimising, and ultimately eliminating, aversive and restrictive practices. The aim is to enhance the young person's quality of life, to increase inclusion and participation, and to support the young person to have valued social roles through a person-centred approach. Bridge College is committed to the ongoing implementation of a college-wide model of PBS.

The emphasis of PBS is on creating environments that minimise behaviours that challenge and support the learning of new skills. This is achieved through specific strategies, specifying positive expectations, and reinforcing positive behaviours.

The long-range goal for our students is for them to establish enough self-management over their behaviour that they will be able to live and work in the least restrictive setting possible that can meet their developmental and behavioural needs. The goal of their educational plan is to provide them with the academic and other skills necessary to meet their needs, while eliminating those behaviours that tend to stigmatize and isolate them from full community and social presence and participation. Additionally, the goal is to transfer the control of behaviour from external mediators (parents and staff) to internally generated controls.

At Bridge College, we aim to;

- work collaboratively with the senior leadership team, curriculum leads, other therapeutic disciplines and key stakeholders to provide a comprehensive, tiered, and integrated positive behavioural support service to students.

- establish and promote partnership working with families and carers to develop a shared understanding of young people's needs and to improve consistency in responding to them.

- promote a functional understanding of behaviour, using evidence based, person centred approaches to intervention within which students feel understood, supported, and enabled to learn new skills at a pace which suits them.

- develop knowledge and expertise in supporting positive behaviours through modelling, supervision, consultation, and training.

- implement a universal tier 1 approach for all students irrespective of need to ensure their needs met via a multidisciplinary approach.

Implementation of PBS

College Wide PBS (CWPBS) via the multi-tiered system

Bridge College implements PBS using the Horner and Sugai's 2015 implementation model. Figure 1 presents the multi-tiered approach.
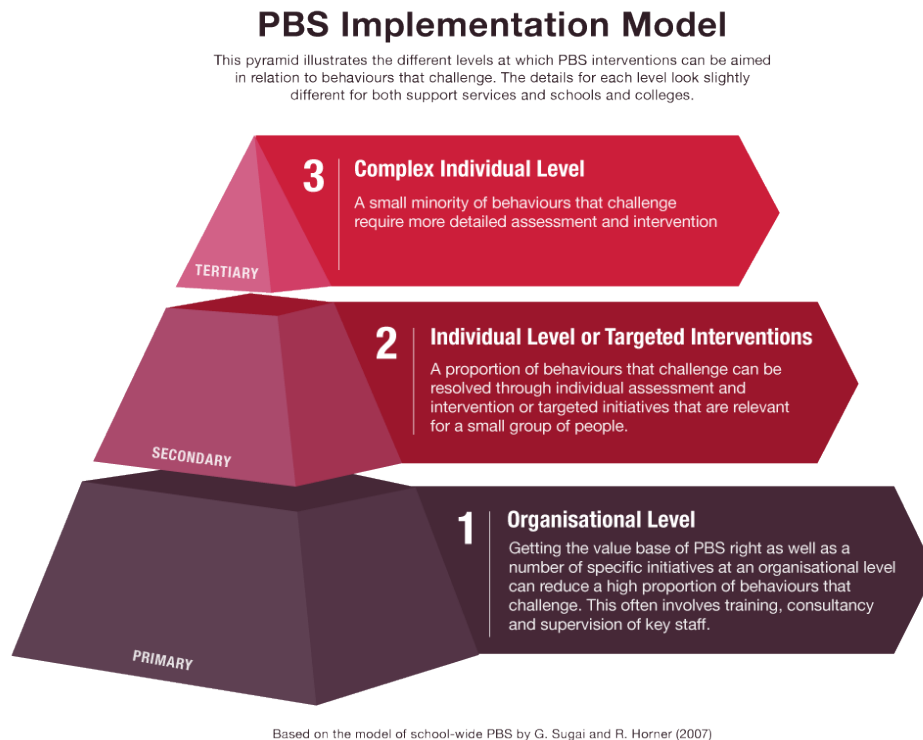

Figure 1

When applied to the education setting as a whole unit this model suggests that the organisational / universal level is appropriate for approximately 80 % of students. A further 15% may require a more targets level of support with the 5% remaining requiring a more complex / specialist input. Although these stages are often depicted as being static, they are more fluid and operate along a continuum in which some students may need more support in some areas but not others.

Prior to commencement of placement each student will assessed and allocated a tier of input for each therapeutic discipline. This is not a static placement and may alter during their time at Bridge College depending on the student's circumstances and what support they may need at that time.

Please see Bridge's assessment and transition policy for further details

Tier 1
College classroom wide systems for all students, staff and settings

Criteria for support at Tier 1:

All students attending Bridge College will experience Tier One behaviour support, it is not dependent on documented "need" or formal assessment protocol. Tier One is proactive and intended to both reduce the likelihood of initial problem behaviours and support the sustained shift towards positive behaviour when more intense supports are implemented.

Tier One focuses on establishing an college wide positive social culture that includes;

- Defining and teaching a small set of behavioural expectations
- Establishing a ubiquitous system for reinforcing these expectations for both staff and the people supported
- Proactive teaching of new skills including coping strategies
- Building an efficient system to collect, summarise, and use data for decisions making
- All direct support staff are trained in the PROACT SCIPr-UK ® approach during their induction period
- All staff receive an annual service specific refresher based on a training needs analysis for their service
- Implementation of strategies on individual Risk Assessment and Management Plan (RAMP)
- Thorough assessments of need prior to the commencement of support
- Well planned transitions
- Well maintained quality support environments
- Detailed, clear, and regularly reviewed PBS plans, person-centred support plan, risk management plans, communication passports and other supportive documents
- Promotion of choice and user involvement
- Developing a range of dynamic opportunities and support networks
- Bespoke communication systems
- Learning and opportunity planning
- The promotion of active support
- The development of capable environments
- A clear system for incident recording, analysis, and debriefs
- Develop staff expertise through bespoke training
- Support networks and supervision for the staff team
- Well-resourced teams with minimum staffing levels
- Internal and external audit systems
- Structure and predictability
- Consistent staff team
- Small class groups
- High ratio of staff to students
- Proactive teaching of skills
- Multi-sensory teaching approach
- Total communication strategies
- Sensory Strategies
- SMART targets and trackers
- Visual supports

PBS - Tier 2 – Individual / Targeted

Tier Two individualised support focuses on moderate intensity supports that address the most common needs of individuals with on-going problem behaviour. This level of support is designed for 10-15% of the people who benefit from additional structure, more overt, and frequent antecedent prompts, a higher rate of positive recognition, and elevated training in both behavioural expectations and self-regulation skills (Crone et al. 2010).

Criteria for support at Tier 2 may include:

- Moderate risk behaviour identified.
- Behavioural incidents continue even with appropriate environment
- Identified difficulty that requires targeted intervention
- Data analysis required to identify patterns of behaviour occurrence

The elevated level of risk experienced by these individuals is matched not only by elevated support intensity but also by the frequency and specific of data collection. Typically, Tier Two supports are packaged and standardised for highly efficient implementation across multiple people and might include,

- Specific antecedent interventions such as further adaptations to the environment
- Individualised rewards linked to specific target skills
- Implementing a consistent approach for when supporting someone who's behaviours may present as challenging
- Higher frequency of rewards to reinforce a specific behaviour
- Antecedent Intervention.
- Data analysis
- Detailed, clear, and regularly reviewed PBS plans, person-centred support plan, risk management plans, communication passports and other supportive documents
- Targeted group or individual activities led by PBS Team (non-function based)
- Targeted skill teaching - Tier 2 Individual Behaviour Support Plan (IBSP)
- Baseline assessment
- Brief Functional Behavioural Assessment
- Setting or contributing to therapy goals and provision of termly progress summary
- Recording, monitoring specific behaviours including behaviours of concern
- Access to an experienced multi-disciplinary therapeutic team
- Setting or contributing to therapy goals and provision of termly progress summary.

PBS – Tier 3 Complex individual

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Tier 3
Specialised individualised systems for students with high risk behaviour

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Tier Three, complex individualised systems are intended for 5% or fewer individuals. Tier Three supports are expected to be needed less often than tier One and Two supports and are more effective when they are implemented alongside tier One and Two supports.

Criteria for support at Tier 3:

- Behaviour still persists though tier one and two systems are in place
- Behavioural incidents continue even with appropriate environment and individual adaptations
- Identified difficulty that requires specialist intervention
- Data analysis required to identify patterns of behaviour occurrence
- Functional Behavioural Assessment required to identify function of behaviour
- (not all criteria must be met)

Tier 3 support includes:

- Individualised assessment
- Individualised support plan design
- Comprehensive support plan implementation
- Management of support by a team uniquely organised to meet the preferences and needs of individuals
- Formal process for monitoring both if the support plan is being implemented and if it is effective via experienced multi-disciplinary therapeutic team
- Detailed Functional Behavioural Assessment
- Positive Behaviour Support Plans
- Individual Interventions led by Therapy and Additional Support
- Individualised function based positive reinforcement
- Data analysis/individualised recording and monitoring systems
- RAMP for any behaviour requiring restrictive practices.
- Teaching assessment derived functionally equivalent skills
- Teaching coping strategies
- Analysis of existing schedules of reinforcement and appropriate replacements.
- 1 to 1 reactive management and de-escalation
- Additional training in PI's if necessary

Implementation of PBS is not determined by participation in training workshops, the employment of a certified trainer, or purchasing an instructional product. It is assessed by measuring the core features of tiers one through three (Algozzine et al. 2010). The likelihood that PBS will be implemented with a high fidelity depends on attention being given to the systems that support implementation, this includes,

- Policies
- Team structures
- Engaged leadership teams
- Delivering training and active coaching to ensure they are applied under natural conditions
- Data systems
- Adapting procedures in response to data, local culture, and organisational variables
- Funding
- Regulations

Addressing Behaviours of Concern

The principles of PBS *do not* prevent staff from addressing behaviours of concern and implementing clear structure and boundaries. Staff *do* need to respond in order to manage the behaviours, but how this is done will depend upon the circumstances, the risks associated with the behaviour and the needs of the student – Pupil specific responses will be detailed on the individual risk assessments and support plans.

PBS seeks to avoid the use of punishments (sometimes called sanctions or consequences) - in favour of restorative and constructive approaches. This should take place when the pupil is calm and may take the form of a debrief and the teaching of new skills.

The Use of Physical Intervention and Reducing Restrictive Practice

PROACT-SCIPr

The Together Trust use PROACT-SCIPr as the vehicle to disseminate PBS across the organisation. This training adheres to the Restraint Reduction Network Training Standards and is accredited by the British Institute of Learning Disabilities. All direct facing staff receive a two-day induction course and a service specific an annual refresher course.

For further information about PROACT-SCIPr please refer to the Together Trusts PBS policy

Physical Intervention will only ever be used in situations where there is a clear, immediate risk of harm to the pupil or others and when all other less restrictive interventions have been attempted or ruled out, leaving physical intervention as the **last resort**.

Where physical intervention is required, staff should use a gradient approach and always use the **least restrictive option** for the **least amount of time**.

Any planned Physical Interventions will be detailed on the Individual RAMP, this will be agreed by a member of the PBS team, the PBS Lead and signed off by a member of the Senior Leadership Team.

Where there is a planned restrictive physical intervention there will always be a long-term plan in place to reduce the use of restrictive practice.

Where an unplanned intervention has been required a physical intervention review will be completed by the PBS Lead and a member of the PBS Team will review the individual's RAMP. If any further interventions are required, this will be signed off by the PBS Lead and any further training for the staff team will be arranged.

The PBS team will provide ongoing support to teach new skills and develop alternative and less restrictive strategies. Restrictive practice also includes the use of harnesses, wrists straps, restriction of movement and locked doors and should be subject to the restraint reduction process.

Post incident support

Recording and reporting

All incidents are recorded on an online system called DataBridge; this should be done on the same day that the incident occurred. Incidents should describe what happened in a factual manner and should avoid the use of opinion or assumption.

Incidents are graded on a level between 1-5 depending on severity using a severity scale – level 1 incidents would be considered minor, level 2/3 incidents would be considered significant and level 4/5 incidents would be considered serious.

The use of physical intervention is recorded on the electronic incident form and class teams are responsible to inform parents on the rare occasion when there has been a physical intervention used that will require a monitoring period of a minimum of 24 hours due to the risk of compromised breathing (Two Person Escort or Hug).

Incident Debrief

All incidents are reviewed and monitored by the PBS Team; incident feedback is given in a range of ways:
- Incident feedback on incident form on Data Bridge

- Written feedback via email

- Informal discussion

- Class Team meetings

- MDT meetings

- Staff supervision and appraisal

- Formal discussion or feedback

Technical Debrief

This incident review and feedback process forms the technical debrief. The purpose of a technical debrief is to review and analyse the incident in a non-judgemental way, reviewing the effectiveness of strategies used and how they were implemented, and suggest any changes that could be made for the future to reduce the likelihood of similar situations. The aim of this debrief is not to portion blame, but to learn from the events and create an environment of honesty and reflective practice.

Wellbeing Check In

As soon as reasonably possible and when safe to do so, staff members should be given an opportunity for time away from the situation should they need it. They should then be given the opportunity to speak to another staff member to discuss their emotional wellbeing and review their immediate support and safety needs before returning to the support environment.

This may not always be practical in every situation based on staffing levels at the time or the location of the incident. This should however happen before a more formal technical debrief.
This might include, speaking to a colleague from the class team, PBS Practitioner, Phase Leader, PBS Lead, a member of the Senior Leadership Team, or other relevant professional.

Debriefing students

Physical interventions, injuries, near misses, restrictive practice of any kind can be traumatic and can have long lasting consequences on those involved so we should do all we can to learn from these events and prevent these happening. If the person is able and agrees to discuss the incident, their understanding and experience should be explored. This should happen between 48 – 72 hours after the initial incident and the person should be given a choice as to who they would like to discuss their experience with.

Each person will require an individualised approach and it is recommended resources are adapted to match the requirements of the individual with the support of the relevant therapeutic professional. If a person is not able to participate in a debrief, methods for assessing the effects of any intervention on their behaviour, emotions and clinical presentation should be fully explored as part of their assessment(s) and recorded in their positive behaviour support plan (or equivalent).

Please see Together Trusts Debrief Policy for further information

Process for monitoring compliance and effectiveness

Impact of the PBS policy on pupil outcomes will usually be measured on an individual pupil basis. Sometimes this journey will be longer for some than others. Progress will be measured in a range of ways such as reduction in incidents (frequency, severity, duration), increased engagement, demonstrating of new skills, reduced anxiety and improved tolerance and coping skills.

Effective review of the effectiveness of the policy and the embedding of the PBS approach will be linked to the Inscape House School Quality Improvement Plan and will be carried out via various PBS audit tools, staff questionnaires, regular formal and informal observation, Tier 1 self- audits and staff supervision process.

Compliance of the policy will be monitored via Incident forms, PBS meetings, staff supervision process and safeguarding procedures.

Review and revision

The PBS policy will be reviewed every 2 years by the PBS Lead in consultation with The Principal PBS Practitioner, the Bridge College Senior Leadership Team, and The Governing Body.

Roles and Responsibilities

Organisational PBS Lead (Principal PBS Practitioner) is responsible for the development, overview of implementation and reviewing of organisational PBS Policy and review of Bridge College's PBS Policy in consultation with the PBS Lead.

PBS Lead at Bridge College is responsible for the development, overview of implementation and reviewing of the PBS Policy in consultation with the Principal PBS Practitioner and the Bridge College Senior Leadership Team.

PBS Practitioners will work with the PBS Lead to embed the PBS approach in the area of school they work in. They will provide support and advice at a Tier 1, 2 and 3 level as required.

Leadership Team (Senior, Wider and Middle) are responsible for the embedding of the PBS approach and the supervising of staff that they manage to ensure that they are also working to the same approach. They will also be responsible for addressing breaches of the policy with support from SLT and PBS Lead as appropriate.

Tutors (including Specialist Tutors) are responsible for the modelling and embedding of Tier 1 supports in their daily practice and supporting support worker's and SLSA's to do the same. They are also responsible for liaising with the MDT as required and responding to recommendations as needed. They will also be familiar with the strategies on student Risk Assessment and Management Plans (RAMPS) and support the class team to embed them in everyday practice.

Senior Learning Support Assistants and Support Workers will follow the PBS approach and systems under the direction of the class tutor and with support from the PBS Team. They will also be familiar with the strategies on students RAMPS and embed them in everyday practice.

Therapy and Additional Support Team are responsible for the modelling and embedding of tier 1 strategies in classrooms and providing support and advice where required. They will also be responsible for Tier 2 and 3 supports in their own disciplines.

Additional Information

Associated documents

The protocol is to be read and followed in conjunction with the following documents:

The Together Trust Policy on Positive Behavioural Support (inc Autism specific version) which includes information on the PROACT-Scrip UK, the standardised approach to positive behavioural support and response to behaviours that challenge used by the college.
The Together Trust Policies on Self-harm and Self Injurious Behaviour, Position Statement on Bullying and Bridge College Communication Strategy. PBS/ ASC project proposal.