**BEHAVIOUR SUPPORT POLICY**

We have a duty to make reasonable adjustments to environments, policies and procedures so that a behavioural difficulty does not unnecessarily restrict opportunities.

This policy and associated guidance are designed to safeguard both clients and staff and apply to every member of staff and any other persons having contact with our students.

Our values are linked to beliefs and attitudes and form the basis of personal and social wellbeing and development of positive communication and behaviour. The purpose of this policy is to share our agreed values and then for all to follow value driven written guidance to work together to achieve our behavioural aims.

**Our values:**

* **All members of Learn to Live 19-25 community are equal and are expected to be respectful towards one another**

* **All client’s, staff and carers have rights which in turn bring responsibilities**

* **Behaviour is the way we act and respond to people and to situations we find ourselves in**

* **Behaviour should be understood and responded to as communication**

* **Self-esteem, self-discipline and provision will be raised by recognising and supporting individual abilities, achievements and aspirations**

* **Support to develop self-awareness, communication and safe behaviour management are essential for a person’s well-being, development and all-round safety**

* **Any action taken when supporting behaviour must be reasonable, proportionate and in the best interest of our clients’. Any use of restrictive physical intervention is only acceptable as a last resort.**

**Learn to Live 19-25 will ensure that:**

**Access**

* be committed to promoting the welfare of our clients and be consistent when supporting their need for behaviour development
* maintain a client’s dignity and respect their right to privacy
* encourage the involvement of parents and carers to support behaviour whilst recognising that all of our clients are adults.
* provide a safe, nurturing environment which encourages behaviours for effective communication and readiness to participate in their individual programmes.
* understand functions and motivations behind behaviour ensuring appropriate support can be put in place
* provide post incident support for clients and staff to effectively debrief and reflect
* empower clients to understand and take ownership of self-regulating strategies, which should be transferable
* promote self-awareness and role model positive relationships
* produce appropriate visual and sensory resources
* Where possible we will aim to ensure that any behaviour does bot become a barrier to participation.

**Leadership**

* define acceptable standards of behaviour
* ensure our provision’s expectations and strategies are widely known and understood
* regulate the expected conduct of persons at our provision
* have in place a range of strategies for any behaviours causing concern emphasising the importance of a highly personalised approach to meet individual needs.
* reduce any risks that are identified to the lowest level
* to have a robust recording system (CPOMS) to monitor incidents to inform future plans of support
* implement and review behaviour-related risk assessments, targets and intervention plans regularly or in response to a significant change or incident
* avoid restrictive physical intervention as far as is reasonably practicable
* share key information and provide training and supervision for employees on interventions for communication and behaviour support
* recognise and value the importance of what we say and do and how it has an impact on others
* seek additional support and liaison with outside services if needed such as IATT

**We communicate our aims with our clients by promoting all behaviour to be;**

**RESPECTFUL, RESPONSIBLE and SAFE!**

|  |  |  |  |
| --- | --- | --- | --- |
| **Respectful** | **Responsible** | | **Safe** |
| **Looks like**   * kind facial expressions and body language * personal distance * eye contact * space and time | **Looks like**   * ready to learn * cooperation * supportive * participation * focused and participating | | **Looks like**   * controlled movements * thinking before doing * proper use of resources/ equipment * policies and procedures |
|  | * following direction * independence | | * practiced techniques |
| **Sounds like**   * acceptance * interest * encouragement * calmness soft tones honesty * ‘excuse me’, ‘thank you’,   ‘please’ | **Sounds like**   * ‘I’m sorry’, I’m proud of you’, ‘I appreciate you’, ‘I can do that’ * admitting mistakes * sharing ideas asking questions * celebrating achievements * permission * self-discipline positivity taking turns | | **Sounds like**   * non-threatening words * telling the truth * listening * ‘I trust you’, ‘I feel comfortable’ * sharing information sensitively * consistency asking for help |
| **Feels like**   * self esteem * valued * understanding feelings and beliefs * accessibility | **Feels like**   * proactive rather reactive * productive * participative * thorough * directed * control * proud of best effort * commitment |  | **Feels like**   * free from harm or threat of harm * dignity * privacy * voice is heard * comfortable environment * supportive |

# Standards and expectations

It is society’s expectation that good behaviour is an important outcome of the learning process. Each client’s understanding, acceptance and required level of behaviour support is different; therefore, a “one size fits all” approach would be less effective than the individual interventions based on assessment of needs that we offer.

In seeking to define acceptable standards of behaviour it is acknowledged that these are goals to be worked towards rather than expectations to be fulfilled.

* To act and behave in such a way that does not pose a threat or cause harm to the well-being of the people around us or our environment.

* To behave in socially acceptable ways and not cause general offence by treating others with kindness, politeness and respect - recognising and understanding they have feelings and rights.

* To have and help others develop self-confidence, self-esteem and a sense of belonging in their community.

**When encouraging or supporting clients to respond to requests and expectations and when addressing clients behavioural needs / planning strategies, we consider the following;**

* supporting the targets and aims set ensuring they are achievable and meaningful to the client
* positive behavioural improvements may involve a long process of development but recognition of any small steps towards positive behaviour is consistent
* their chronological, developmental and emotional age
* any relevant medical conditions
* managing inappropriate behaviour does not overshadow promoting positive behaviour or unnecessarily impede opportunities
* the client’s voice is heard by understanding and evaluating what is driving their behaviour
* who needs to add input and be involved with implementing the support?
* any physical support works in conjunction with Manual Handling advice and guidance provided by professionals **thus ensuring that the approach and support given is person centred**

# Rights and Responsibilities of clients

All clients are entitled to be and feel safe:

* by being valued and respected by staff members
* being within an environment which is supportive and where client efforts and developments are nurtured though recognition, encouragement and celebrated
* within an environment which recognises and supports their intellectual, physical, emotional and social needs
* as part of a community which recognises rights and responsibilities and where best interests are paramount
* by expressing their feelings and being heard in an open, honest and courteous way.

**Personal Privacy, dignity and independence**

Clients can expect that their ‘personal space’ is respected and left undisturbed and free from intrusion or public attention. Aside from planned cooperative necessary physical guidance and support from staff e.g. for mobility reasons, there may be occasions when it is necessary to invade a client’s personal space quickly and reactively. Should staff make the judgement that they must enter a client’s personal space in order to protect themselves or others, staff are trained to follow plans and communicate at all times why close proximity and contact is necessary whilst promoting the client’s independence throughout their practice. This contact will be based on risk and the least intrusive it can be, maximum care provided throughout, taking all personal factors into consideration.

# Bullying

Bullying is a form of unacceptable behaviour within the 19-25 environment. Bullying usually takes place away from the supervision of adults and can cause significant distress to the victim and long-term damage to their well-being. We install in all staff and clients that all clients have a basic right to receive their provision free from any humiliation, oppression and abuse.

It is imperative that clients are confident in the knowledge they will be protected from bullying, staff awareness and vigilant practice ensures that bullying within our setting is minimal and continues to be well managed. Clients are guided to recognise that bullying is not accepted and equipped with strategies to signify any occurrence of bullying. Any incident of bullying is recorded onto CPOMS and responded to efficiently.

**We support behaviours causing concern by:**

* looking for, understanding and remedying physical reasons for the behaviour (e.g. health reasons, communication difficulties)
* ignoring attention seeking behaviours as far as possible although ensuring needs are being met
* reducing anxiety levels and offering replacement behaviours through use of consistent reactions and responses, structured programmes and routines (e.g. familiar staff, sensory input)
* recognising motivators and removing triggers or providing coping strategies
* redirecting to other activities / a more suited environment
* modelling preferred behaviours
* reviewing and ensuring any proactive strategies are in place are meaningful and consistent
* setting meaningful boundaries and consequences for behaviour
* changing face to save face (keeping staff fresh, motivated and informed whilst sharing good practice)
* keeping parents informed of behaviours that may have occurred and any action taken or plans to be taken
* clear, confident verbal prompts as cues and reminders (promoting what is expected) “Tom, walking” as opposed to “stop running!”
* physical prompts and guides to redirect, encourage movement, promote independence, including hand over hand support, offering a hand/arm to hold/link, Caring C (Team Teach) shape hand just above elbow to guide/support
* providing a range of de-escalation tactics and sensory strategies to reduce unregulated behaviour
* carrying out dynamic risk assessments to decide the best course of action
* monitoring, recording, reporting, debriefing and evaluating behaviours causing concern and/or behavioural incidents
* producing, implementing and reviewing individual plans specific to behaviour support and interventions

**Significant client behaviour that is perceived as inappropriate and causes disruption*:***

* presenting a risk to others, themselves or the environment
* being socially unacceptable; likely to compromise the clients individual and social integration and public integrity e.g. threatening members of public or intense culturally abnormal behaviours
* impacting consistently upon client learning and opportunities

 committing an offence

These behaviours will be fully supported through planned gradual and graded support. The level of support given will aim to discourage, redirect, reduce, replace or eliminate the unwanted behaviours. If responding to an unforeseen occurrence of behaviour, a dynamic risk assessment will be conducted and the support will be based upon the risk presented. Whilst offsite and for any visitors, staff members are requested ensure their identification is visible at all times and provide members of the public with information cards giving details of how to contact the school should they raise any question or concern regarding student behaviour and support.

Whilst we will endeavour to ensure that clients are supported to continue to access the L2L provision regularly, it may on occasion be necessary for clients to be collected from the session prematurely if their behaviour is imposing a significant risk to themselves and/or others. It may also be necessary to suspend further sessions until it is felt that the client can continue to access the setting safely. If after discussions with all stakeholders it is decided that the client’s behaviour poses a significant risk to themselves or others which cannot be adequately managed within the setting it may be necessary to withdraw the placement.

# Behaviour monitoring and analysis

In order to effectively report and monitor student behaviour, it is the expectation that all staff members regularly access the recording system of CPOMS (Child Protection Online Monitoring and Safeguarding system). Monitoring depends on good recording of incidents with and without RPI into a database as well as capturing changes in client behaviour and their responses to support.

Behaviour monitoring feeds into our holistic person-centred support. Links and patterns are contextualised within a CPOMS chronology in order to respond to behaviour in line with our ethos. The 19-25 manager work with support staff to use the reporting system effectively and offer debriefs as part of reflective practice. The 19-25 manager and The Board of Directors interrogate and analyse data alongside qualitive reviews to reflect on team efficacy and identify training needs.

Strategic monitoring of trends over time minimise incidents involving RPI and develop client readiness to learn. At a leadership level, trends can be responded to and continually inform policy and practice.

# Use of reasonable force - key points

Learn to Live 19-25 continually strive to create a calm communicative environment that minimises the risk of incidents arising that may require the use of force.

**Should any behaviour escalate, to a level where it presents a significant risk of harm to themselves, others or the environment, staff should use their professional judgement and training to assess the best course of action to take. If a new / unforeseen behaviour presents posing a high level of risk, emergency action should be taken that is necessary, reasonable and proportionate. Following the incident, reports should be completed so a plan addressing what is now a foreseeable risk can be produced. Any injuries sustained should be reported via CPOMS the L2L manager and /or Directors will advise on whether any further action needs to be taken, dependent on who sustained injuries and what injuries were received, any follow up treatment that was sought and if any other further persons should be notified. All staff have a duty to ensure incidents are reported and recorded accurately on CPOMS, with all injuries clearly identified including the use of body maps if necessary for themselves, the clients and any other person who may have been involved.**

Using the Team Teach methods taught, an RPI (Restrictive Physical Intervention) may be used:

* as an agreed behaviour support planned response
* when a significant concerning behaviour posing a risk has occurred and all other de-escalation / reactive strategies have been unsuccessful
* in a crisis management emergency situation

Staff will use gradual and graded physical responses, minimum force possible for the minimum period of time and continue to use de-escalation techniques.

Following an incident involving the use of a RPI, reporting and recording must take place when safe to do so. Staff must ensure monitoring/frequency charts are completed (if the RPI formed part of an agreed planned response). If the RPI used was not part of a pupil’s behaviour related plan or in any way differs from the planned response, the incident must be recorded onto CPOMS as soon as possible, with all staff who were involved in the use of the RPI alerted so that they can agree to what has been recorded or write their own account of the incident and support given.

**Working realities:**

Whilst some physical injury potential can be reduced, there always remains some risk when two or more people engage and force is used to protect, release or restrain.

*“Team Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable side effect of ensuring the service user remains safe”.* (George Matthews – Director)

This statement reflects the working realities and likely consequences when individuals are involved in an incident involving use of force.

# When managing behaviour, Learn to Live 19-25 will not condone the following;

* any use of sanctions that humiliate or are degrading to a person, those that have a negative effect on emotional health and well-being or impact their human rights
* any intervention which does not allow for communication and advocacy
* unnecessary or unreasonable physical restraint by way of control and empowerment
* forcing/placing a client against their will into an isolated area, leaving them unsupervised and unable to exit by means of locking doors and/or use of unnecessary force
* corporal punishment of any kind

**Useful contacts**:

Team Teach Website: [www.**teamteach**.co.uk](http://www.teamteach.co.uk/)