POSITIVE BEHAVIOUR SUPPORT POLICY

Person responsible:	Principal & PBS Lead
Date approved by governing body:	March 2026
Review cycle:	Every 2 years
Date of policy review:	March 2028

To be read in conjunction with:

- Safeguarding Children and Young People Policy
- Safeguarding Adults with Care and Support Needs
- Equality and Diversity Policy
- Compliments and Complaints Policy and Procedures
- Whistleblowing Policy
- Section 93A of the Education and Inspections Act 2006 (Appendix A)
- Restrictive interventions including use of reasonable force in school guidance for schools in England - DfE 2026 (Appendix B)
- Definitions of restrictive practise (Appendix C)
- Keeping Children Safe in Education
- Counter Bullying Including Cyberbullying Policy

POSITIVE BEHAVIOUR SUPPORT POLICY

Sections:

1. **Introduction**
2. **What is Positive Behaviour Support? (PBS)**
3. **Key Principles of PBS**
4. **PBS requirements at St Rose's**
5. **Staff Training**

1. INTRODUCTION

1.1 St Rose's acknowledges that for a wide variety of reasons, the children and young people (CYP) may sometimes present contextually inappropriate behaviours which may present a challenge to their peers, carers and staff, and may also limit their access to education, support and community life.

1.2 St Rose's believes that behaviour can be a form of communication which can often tell us about the quality of a person's life and emotional wellbeing. Behaviours of concern can be a way that a person can express an unmet need. Behaviour therefore should be recognised and responded to in a positive, respectful, professional and person-centred way.

The safety and well-being of all CYP is paramount. The promotion of emotional wellbeing and the growth and development of all CYP is central to the work of all staff at St Rose's. Positive behaviour management is crucial to this and is the responsibility of all staff at St Rose's.

On application to St Roses CYP are assessed by a panel of professionals on their needs and suitability in relation to the facilities that are available, the environment and

matching peer groups.

Joint, multi-disciplinary working, teamwork, mutual support, consistency and communication are essential across Education, Therapy and Care.
Communication with and involvement of the YP and their families is also essential.

St Rose's is a Catholic school and college whose values and ethos are at the centre of supporting CYP's care and education.

We aim;

- To promote and support best practice.
- To ensure our working practice falls within statutory regulations.
- To establish a safe and positive environment throughout St Rose's where CYP can learn, and develop social awareness.
- To promote positive behaviour from the CYP.
- To ensure measures taken to respond to behaviours of concern are appropriate to the age, understanding and individual needs of each CYP.
- To ensure that staff are trained and can understand and appropriately use individual behaviour plans and supporting documentation.
- To ensure that staff are kept safe and that their rights are respected.
- To ensure that any necessary physical intervention is reflected and supported within documentation, used safely, proportionately, by appropriately trained professionals and recorded. These will be reviewed by the PBS team, and followed up correctly.

2. WHAT IS POSITIVE BEHAVIOUR SUPPORT?

2.1 Positive Behaviour Support (PBS) is a person centred framework for providing support to people with a disability who have, or may be at risk of developing, behaviours of concern. It is a combination of person centred values and behavioural science and uses evidence to inform decision making.

2.2 PBS approaches are based on values that promote inclusion, choice, participation and equality of opportunity

Positive behaviour is promoted and supported by a wide variety of actions including modelling appropriate behaviour, and by providing CYP with the best possible education, therapeutic interventions and care in a safe and supportive environment.

3. KEY PRINCIPLES OF Positive Behaviour Support

3.1 Behaviours of concern happen for a reason and may be the person's only way of communicating an unmet need. PBS helps us understand the reason for the behaviour so we can better meet people's needs, enhance their quality of life and reduce the likelihood of the behaviour reoccurring.

3.2 The PBS framework:

3.2.1 Considers the person and his or her life circumstances as a whole including physical health and emotional needs such as the impact of any traumatic or adverse life events and mental illness

3.2.2 Reduces the likelihood of behaviours of concern occurring by creating physical and social environments that are supportive and capable of meeting people's needs.

3.2.3 Is proactive and preventative and aims to teach people management skills to replace behaviours of concern and other skills that enhance the opportunities people have for independent, interesting and meaningful lives.

3.2.4 It will involve input from different professionals and include multiple, evidence-based approaches and treatments that come from a shared value base and are provided in a coordinated and person-centred manner.

4 PBS REQUIREMENTS AT ST. ROSE'S

4.1 St Rose's supports CYP who commonly experience difficulties with communication and the need for staff to support this is a vital priority. All staff are taught a variety of communication strategies and learn how to use these competently A key part of learning for staff is the need to be patient and to allow CYP time to communicate their needs and their choices.

4.2 St Roses recognises the limitations of the environment and vulnerabilities of other CYP when meeting CYPs behaviour needs. Behaviour support is included within the student assessment process, individuals are assessed on St Roses ability to meet individual needs within the setting, maintaining their safety, learning environment and peer matching.

4.3 As a result, presenting behaviours of concern are different and less frequent at St Rose's, and when they do occur, the behaviours are not excessively aggressive. CYP who are frustrated or emotionally distressed may express their frustrations by shouting, biting, scratching and hair pulling. It is rare therefore that physical intervention is needed but when it is, there are strict guidelines that must be followed, and staff must be appropriately trained, staff working within these circumstances are supported to use the least restrictive interventions.

4.4 St Rose's adheres to the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards (as of April 2022 Liberty Protection Safeguards from aged 16) and as such recognises that it is not acceptable to restrict people by the inappropriate use of equipment or aids and consideration is always given when considering the use of equipment as to whether the equipment is the least restrictive option to achieve the best outcome for that person. This includes the use of high sided beds and audio monitors. The use of such equipment will be reviewed on a regular basis with documentation in place to evidence this.

4.5 All incidents where a CYP requires specific support in relation to emotional distress or behaviour of concern must be recorded. Depending on the incident and whether a CYP has a PBS Plan in place, this will be recorded using the CPOMS recording system under the title of Positive Behaviour Support or daily behaviour log, this is specified within the PBS plan.

4.6 These incidents will then become part of the monitoring and review process to produce data driven decision making.

Recording and Reporting

4.7 If there is ever a need for any type of physical intervention or an injury has occurred as a result of behaviours of concern, this must be recorded on CPOMS by the person involved in the incident within 24 hours. There is a requirement to record all restrictive interventions as part of a positive support plan. (See Appendix B &D)

4.8 CPOMS records will record the time, date, location and duration of the incident. Details of any injuries are recorded, a brief account of why the intervention was necessary in that instance, the type of intervention used including any use of force.

4.8.1 The CYP involved will be supported to have a debrief ~~session~~ with as key staff member.
Staff will receive post incident support with the PBS lead or line manager.

4.8.2 All residential students – Recorded in individual's support plan and on CPOMS and hold a copy of the PBS plan within the support plan.

4.8.3 Parents/Carers will be informed in writing (Via tapestry, email or diary) if a physical intervention has taken place as agreed on the PBS plan there may be an additional phone call to parents where necessary.

4.9 All CYP have an individual risk assessment that includes their needs in relation to PBS if required. They may also have a restrictive practise risk assessment.

4.10 If a CYP is presenting a level of distress that becomes frequent and/or they are expressing their distress and frustrations in a way that is inappropriate, PBS Plan will be developed, shaped in part by liaison with staff and through behaviour ABC recording. This will be led by the PBS team with support from the keyworker, tutor and therapy team. The PBS team will liaise with parents/ carers and relevant external teams to ensure the CYP's changing needs are considered within all aspects of their lives.

4.11 All PBS Plans must be accessible to everyone that comes into contact with the CYP. The Plan should be monitored and revised regularly, with review dates built into the process when drawing it up.

4.12 CYP's need for a PBS plan will be annually reviewed and/or at a time of change. When the

multidisciplinary team and parents/ carers deem the PBS plan is no longer required they may reduce support to a wellbeing plan.

5 STAFF TRAINING

5.1 Induction

5.1.1 All staff will receive Non Abusive, Psychological, and Physical Intervention training (NAPPI). This will include an overview of: reasons for types of behaviour; managing these behaviours; procedures and administration of record keeping around behavioural incidents; looking after your own emotional well-being when encountering such behaviours.

5.2 NAPPI – BILD accredited training

5.2.1 All staff working directly with students will receive NAPPI Level 1 modules (see appendix) teaching foundations for understanding the approach and self-protection skills.

5.2.2 PBS Lead – These staff will be in a position to observe practice, coach and mentor staff, and oversee the development of PBS Plans for each CYP with an identified need.

5.2.3 St Rose's has two qualified NAPPI accredited trainers, who will oversee the delivery of NAPPI training for St Rose's. The leadership team will ensure that the required monitoring and reporting of physical interventions are completed.

This Policy Statement is considered part of the Terms and Conditions of Employment for all staff at St Rose's

…….. Chair of Governors Date: ……

…….... Principal Date: ……

Appendix

Definitions of Restrictive Practise

The Department for Education provide specific terminology for clarity, using the following definitions:

Restrictive intervention: a means to prevent, restrict, or subdue movement of the body, or part of the body, of a student. The term 'restrictive intervention' is used as the umbrella term to describe both physical and non-physical actions aimed to restrain students in different ways.

Reasonable force: a term used in legislation which includes physical restrictive interventions. All members of staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances.

Seclusion: a non-disciplinary intervention involving keeping a student confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave.

Restraint: a term used in legislation referring to a non-disciplinary intervention which immobilises a student or limits their movement. This may or may not include direct physical contact.

NAPPI MODULES

NAPPI is a licensed course delivered in full with annual updates.

Smart Principles

This module introduces a set of principles for best practice assessment, prevention, and post behavioural review. Employees working within this framework identify the potential for concern much sooner, modify their approach to the situation they face at any given time, and work to a common values base. Post training use of the SMART principles has led to many varied and transforming outcomes.

Amber Awareness

This module increases awareness of factors that commonly produce stress among service users and staff alike. Employees are encouraged to reflect upon their environment, their individual and collective approaches and the many factors internal to service users; considering the relationship of each to stress.

Lalemand Red Behaviour Scale

This introduces a framework of assessment and secondary prevention strategies to increase the consistency of responses to behaviour that may be considered challenging. Employees develop skills to assess the severity of behaviour presented by service users, and gain a deeper understanding of the underlying message of each of five levels. Employees then develop rational, confident and supportive responses. Post training implementation of bespoke and red behaviour scales has led to many positive outcomes.

Physical SMART Principles

This session considers how the SMART principles can be applied to situations that require a physical response. Employees develop an increased awareness of how in physical terms

they can encourage de-escalation and remain safe by planning their approach.

Self-Protection Techniques
This session introduces BILD accredited non-restrictive techniques, designed to support behaviour assessed as dangerous. Once health and safety considerations have been made, the appropriate range of self-protection techniques are demonstrated, coached, and repeated to ensure competence. This graduated approach to learning physical techniques will aid an employee's recall at times of greater stress. Techniques identified through the behaviour-audit process are:

- Grab release
- NAPPI Guide
- X-Shield
- Hair pull release
- Bite Release

These skills are non- restrictive self-protection skills.

Care Team Responses (this applies to all staff)
This section of our model introduces the process most commonly completed by the wider care team. Employees develop a greater understanding of their role within Post-Incident Review. Functional Assessment and Behaviour Coaching where appropriate. The module discusses strategies that enable service users to communicate need without the use of challenging behaviour. Strategies can be further supported post-training.

Laleman Green Behaviour Scale
This introduces a framework for Primary Prevention Strategies, enabling a greater understanding of quality of life. With an increased awareness employees understand that the presence of behaviour can often be due to a compromised quality of life. Employees working within this framework have an enhanced person-centred focus and skill set to return elements of quality to service user's lives when this is the most urgent need. Post training use of these principles has led to greater appreciation, more effective relationships and a greater productivity among service users – and staff!