

# Clayton Croft Positive Behaviour Support Policy – SO-0007

<b>Version Number</b>	V1.0
<b>Date of Issue</b>	December 2022
<b>Latest Revision</b>	04 April 2023
<b>Distribution</b>	All employees
<b>Owner</b>	Clayton Croft Registered Manager
<b>Policy Advisor(s)</b>	National Behaviour Lead Psychology & PBS Team Safeguarding Team
<b>Approved</b>	29 March 2023 (Director of Education & Children's Services)

**This policy should be read in conjunction with the Clayton Croft Positive Behaviour Support Procedure SO-0007-001-0423.**

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## Values Statement

We believe that every child with autism should be able to live the life they choose.

## Purpose

This policy sets out how Clayton Croft promotes and develops an understanding of Positive Behaviour Support (PBS), and its application.

It aims to outline the key philosophical underpinning identified within PBS, as a broad framework for developing child centred PBS plans, and approaches for individual children.

The strategies identified will be split into the component parts of Positive Behaviour Support, with a focus on Proactive Strategies (every day support strategies for a child that helps to maintain their quality of life), as well as Secondary Prevention Strategies (support for a child when they start to become anxious or aroused) and Reactive Strategies (support when a child is displaying behaviour of concern).

## Introduction

Positive Behaviour Support (PBS) is an evidence-based approach that brings together the value base of child-centred approaches.

It does so with the overall aim of improving the quality of a child's life, and that of the people around them.

PBS supports human rights and promotes respect, dignity, inclusion and a life without unnecessary restriction. PBS means treating people equally and working in partnership with each child and their family to improve their quality of life (QoL) and make things better for everyone.

PBS is about providing the right support at the right time for an individual, so they can lead a meaningful, fulfilling and interesting life, participating in activities and learning new skills. It is a long-term multi-component framework (BILD, 2013), following the child throughout their life and providing opportunities within and without each service, so that growth enables each child to reach their full potential.

PBS uses different methods to gather information to work out what each individual's behaviour means - its function and/or message behind the action. There is a focus on conducting in-depth functional assessments using evidence-based tools to enable staff teams to better understand the individual they support, thus enabling services to improve the support offered.

By doing this, PBS empowers all involved to adopt more efficient, positive, and less harmful ways to fulfil their individual needs. These can range from developmental,

educational, social, psychological, biological needs, which forms the foundations for a meaningful and fulfilling life (QoL). This often involves using a range of different approaches that enhance an individual's life, including functional skill teaching, active support, the development of functional communication skills, the development of emotional self-regulation skills all in the context of the individual's environment.

There is a recognition that PBS is most effective when it's systems and values are embedded throughout a whole service or organisation. The NAS promotes the use of system level interventions including the SPELL framework, Practice Leadership, Child-Centred Active Support, Reflective practice, Quality of Life Framework and investing and promoting support in staff wellbeing and their development.

## Behaviours that Challenge or Behaviours of Concern

All behaviour happens for a reason and behaviours that challenge, or behaviours of concern are no different. They are usually occurring because of unmet social, psychological, developmental and/or biological needs.

Behaviours that challenge or behaviours of concern are defined as:

*'Behaviour can be described as **challenging** when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion'.*

Royal School of Psychiatry (2007; 2016)

They tend to fit into one of the following five higher categories:

- Self- Injury (to include self-harming)
- Behaviour which harms
- Damage to property
- Socially Inappropriate (to include bullying and anti-social behaviours)
- Dangerous occurrence

## Training

In service training – Extensive training is offered either by the PBS teams or other relevant professionals including transdisciplinary teams, clinical and therapy teams (psychologists, speech and language therapists and occupational therapists) and is tailored to individual needs.

All staff receive training in Studio III.

## Legal Context

- The Children Act 1996, 2002, 2011
- The Education and Inspections Act 2006
- The Care Standards Act 2000 (with the associated regulations and national minimum standards)
- The Mental Capacity Act 2005
- The Human Rights Act, 1998.
- The Children's Homes (England) Regulations 2015

## Complaints

Children using National Autistic Society services, their parents, friends or family have the right to offer comments and refer to the Complaints Procedure in the case of any disagreement in the management of behaviour. Please refer to the Complaints Resolution Policy further information.

## Whistleblowing

Employees have a duty to voice any concerns over care practice. Please refer to the Policy on Whistleblowing (HR-0002) for further information. The National Autistic Society is committed to support staff who engage in whistle blowing in good faith. Please refer to Safecall posters for further information.

## References

McGill, P., Bradshaw, J., Smyth, G., Hurman, M., & Roy, A. (2014). Capable environments. Retrieved from <https://www.kcl.ac.uk/scwru/news/2014/newsfolder/McGill-et-al-Capable-environments.pdf>

NICE (2015) Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities Whose Behaviour Challenges (NG11). NICE (<https://www.nice.org.uk/guidance/ng11>).

Royal College of Psychiatrists, British Psychological Society, Royal College of Speech and Language Therapists (2007) Challenging Behaviour: A Unified Approach (CR144). Royal College of Psychiatrists (<http://www.rcpsych.ac.uk/files/pdfversion/cr144.pdf>).