

# BEHAVIOUR & EXCLUSIONS POLICY

REVIEWED – 22nd APRIL 2024 RATIFIED – 7th MAY 2024

#### REGULATIONS

PART 2: Spiritual, moral, social and cultural development of pupils
PART 3: Welfare, Health and safety.
TO BE READ IN CONJUNCTION WITH:
Child Protection and Safeguarding Policy

#### Introduction

A variety of other professionals have been involved in producing this policy, including the Clinical Psychology Team (CAMHS) – North Staffordshire, Team Teach and MAPA, who have advised on strategies for managing aggression and potential aggression.

Finally, last but not least, the opinions of children from a selection of special schools have also been sought through School Councils and through intensive whole-school consultation.

This policy has been reviewed in-line with the Department for Education Behaviour in schools - advice for headteachers and school staff (education.gov.uk) July 2022 and Positive Environments where children can flourish October 2021.

#### Foreword

Children with complex social, emotional, mental health and cognition difficulties require a prodigious amount of skilled input if they are to make any sort of progress in their lives. Discipline can only be achieved through staff commitment to consistency, empathy, and dedication to the creation of a positive emotional atmosphere conducive to learning and personal growth.

This policy is intended to help promote this culture.

#### **Principles**

The School has high expectations of behaviour and aspires to offer challenges and opportunities for the school community to meet with success, humour and enjoyment, to promote lifelong learning. We believe that a successful environment is a well-ordered community, where the rights and responsibilities of staff, children, parents/carers and multi-agency professionals, ensures an orderly climate of learning.

#### **Aims**

We aim to do this by establishing a positive ethos which:

- Recognises, rewards and celebrates positive behaviour;
- Develops behaviour management and modification strategies which challenge negative behaviour in a proactive manner;
- Ensures true pupil ownership.

The ultimate aim of our behaviour policy is to set the standard of behaviour we would like to see across the school community. It endeavours to make clear the boundaries of what is acceptable, through the promotion of responsibilities which promote systems of **rewards** and **consequences**, and address poor conduct in a fair and consistent way.

| Responsibilities            |  |
|-----------------------------|--|
| Safe Body                   |  |
| Positive Mouth              |  |
| Stay in Zone                |  |
| Respect property            |  |
| Follow Instructions         |  |
| Try best with tasks         |  |
| Go to school and be on time |  |
| Work towards own target     |  |

Children express their ideas and develop their understanding of responsibilities during regular circle time sessions and through role-play. This information is also included in the Pupil Induction Booklet. Children are consulted further regarding the menu of consequences, enabling a child-led consensus of their application.

#### Rewards

- Approving look/smile/thumbs-up
- Verbal thanks/congratulations
- Positive behaviour note home
- Congratulatory phone call home
- 'Star of the Week'
- Dining 'Star of the Week'
- Public praise (class/school/concert audience)
- Additional responsibilities
- Tokens (to be added to chart, which can be exchanged for a prize when filled)
- Additional outings
- Special treats
- Additional time on recreational facilities

#### **Personal Targets**

Each child has at least one personal, social, emotional or behavioural target. Targets are set by children, parents/carers and staff, and are informed by a social progression framework. These targets are monitored and reviewed 3 times each day by pupils and staff, and for looked after children, are reviewed at each looked after child review and Personal Education Plan meeting. During children's meetings (group discussion), meetings with their designated teacher and therapy sessions, children establish whether they have achieved their target. It is vital that written targets are accompanied by a record of triggers (see behaviour support plans) and suggested approaches for supporting the child.

#### Display / Visual / Communication Cues

The following are used at The School:

- Motivational posters and phrases
- Rights and responsibilities cues
- Rewards (on display)
- Visual activity timetable
- Now and Next boards
- Working Towards boards
- TEACCH aids (where appropriate)
- Makaton (where appropriate)
- PECS (where appropriate)

#### Sanctions/Consequences

When **responsibilities** are not adhered to, a range of consequences may be applied fairly and consistently:

- Reproving look
- Visual reminders

- Verbal reminders
- Start of script (see below)
- Unable to earn part/all of activity/reward time
- Complete tasks
- Target not achieved
- Phone call to parents/carers
- Required to leave a communal space
- Repair damage/clear mess
- Financial contribution towards property damage (from pocket money)
- Police contacted The school's approach to education minimises the need for police involvement to deal with challenging behaviour and avoids criminalising children unnecessarily. The school follows procedures and guidance on police involvement, which have been agreed with local police.

The School will ensure that no measure of control or discipline is excessive; the following shall not be used as disciplinary measures on children educated at The school:

- any form of corporal punishment
- any punishment involving the consumption or deprivation of food or drink
- any requirement that a child wear distinctive or inappropriate clothes except when connected with their education, sporting purposes or when attending any organisation whose members customarily wear uniform. A hat in-keeping with school uniform is to be worn should a child come to school with an inappropriate haircut
- the use or withholding of medication or medical or dental treatment
- any intimate physical examination of the child
- the withholding of any aids or equipment needed by a disabled child

Any measure which involves

- any child in the imposition of any measure against any other child
- the punishment of a group of children for the behaviour of an individual child

#### **Exclusions and Withdrawal of Placement**

28 day notice to end the placement will only be served when all other options have been explored. This course of action will only be taken when it is clear that the school can no longer meet the needs of the pupil and family.

We believe that exclusion is not generally an effective behaviour modification strategy and we do not use suspensions. We take drug and substance misuse extremely seriously and may consider permanent exclusion if drugs are brought onto the school premises.

#### **Search and Confiscation**

Staff have a responsibility to search for, and confiscate, items from persons, which may be dangerous or cause harm. They may search for alcohol, knives and other weapons, controlled drugs, stolen property, pornography, vapes, tobacco and fireworks or any other items reasonably believed to be used to cause harm to others or to break a law, for example, phones and cameras. Any search will take place by a member of the senior leadership team in the presence of another staff member and will be carried out in a dignified fashion wherever practicable.

#### **Recording Information**

The degree to which children have carried out their responsibilities, completed their tasks and achieved their personal target, is recorded three times each day. This information is collated at

the end of each week, and entered into a computerized **data analysis system**. Children should be fully involved in this recording. The weekly children's meeting and class meeting (group discussion) is used as a celebration of success. The Directors of Education / Executive Headteachers facilitate a termly data analysis session, with their staff team and therapist, in order to determine progress and identify children who need specific additional support. This information is also used to ensure that personal targets are challenging, yet achievable. The Directors of Education / Executive Headteachers ensure analysis of behaviour during daily staff de-brief sessions, and monitor data weekly on an informal basis and termly on a formal basis with the safeguarding lead and the proprietorial group.

**The School Incident Record** (Appendix 1), is to be completed in the following circumstances (if a Physical Intervention Record is not completed):

- Physical abuse to peers, attempted physical abuse to staff, actual physical abuse to staff, damage to property, theft, all forms of discrimination, bullying, dangerous behaviour in a vehicle, absconding
- Use of a low-level Team Teach hold

The School incident record is based on the behaviourist theory of Antecedent, Behaviour and Consequence. This document provides a record of significant behaviours and the consequences applied. The information collected, is entered into a second, computerized data analysis system, which generates reports for the Senior Leadership Team. This alerts the Senior Leadership Team to patterns of negative behaviour, enables a study of antecedents, and is a useful way of monitoring the consistent application of consequences. Children needing additional support are identified and an action plan is established.

#### The Use of Physical Intervention

It is important to remember that children at the school have complex social, emotional and mental health difficulties, and that under certain circumstances they do not manage their own behaviour effectively or safely. The use of physical intervention may, therefore, on occasions, be necessary in order to prevent the following:

- injuring themselves or others
- significantly damaging property
- negatively affecting the good order and discipline of the school

The School is a Registered Special School and The 2011 Education Act clarifies that staff may also use "reasonable force" to prevent children from acting in a way that is counter to maintaining good order and discipline at the school or committing a criminal offence. The DFE guidance (Use of Reasonable Force in Schools, July 2013) has also been fully taken into account The above do not just apply to the school, but also when staff have "lawful control or charge of the child", for example, on an outing.

Please note: There is no legal definition of "reasonable force". Reasonable force can only be determined in the circumstances of the particular incident, and the degree to which force employed is proportionate to the consequences of the challenging behaviour it is intended to prevent.

The following points, in-line with DfE Guidance 'Positive environments where children can flourish (2021)' relate to physical intervention by staff working with children who display extreme behaviour:

- The use of force should, wherever possible, be avoided
- There are occasions when the use of force is appropriate, but this should be proportionate and no more than necessary
- When force is necessary, it must be used in ways that maintain the safety and dignity of all concerned
- Under no circumstances should force be threatened or used as a punishment
- Staff must seek to avoid doing anything that might reasonably be expected to cause injury or in touching or holding a child in a way that might be considered indecent

The School has adopted the Team Teach approach which promotes a gradual and graded response from least intrusive to more restrictive interventions. All except the most recently appointed staff are trained, follow a bi-annual programme in Team Teach skills, and are expected to be able to apply these skills should the situation arise. New staff are trained as quickly as is practicable. Every instance of physical intervention is reviewed with colleagues, in order to determine whether or not it could have been avoided and whether the techniques used were appropriate. Staff will do all that is reasonably possible to maintain a low-level hold, where this is deemed appropriate, however, in some circumstances, an advanced hold may be the safest approach. An agreed method (a Team Teach method) will be used where necessary and will be included in the behaviour plan of any pupil for whom this may be required.

#### Acceptable Physical Intervention

The training provided for staff is BILD approved. Although only those principles and interventions covered in the training are considered acceptable for general use, each situation must be risk assessed accordingly, in order to maintain the safety of all involved.

Training on physical intervention given to staff includes sections on the background, theory and rationale behind the Team Teach approach. Conflict resolution, de-escalation and other behaviour strategies are taught as part of the Team Teach process.

Any physical interventions used take account of age, cultural background, gender, stature and medical history of the child involved.

#### Reporting and Recording incidents

**Physical Intervention Records** must be completed following the use of any safe-hold. Reporting and monitoring is of paramount importance for a number of reasons:

- the protection of staff and children, in the event of allegations
- it provides a record of the number/nature of incidents so patterns can quickly be seen, and strategies for improvement can be formed
- it provides a record of any injuries received by children or staff

Following the use of any Team Teach hold, the following actions are required:

- 1. Complete a Physical Intervention Record (Appendix 2) as soon as is practicable (but certainly within 6 hours), with a Body Map diagram if injuries to any party have occurred
- 2. Pass the records to the main office, where nominated staff will record the event in the "**Bound Book"** and scan the document onto the computer as a protected pdf file within one working day of the incident
- 3. Complete the reflective log, within 48 to 72 hours of the incident, to help repair the situation and rebuild relationships
- 4. Reflect upon the incident, as a team, during the next de-brief session

The School Incident Records and safe hold data are audited regularly, analysed, and reported to the Responsible Individual and Directors. Any substantial rise in recorded incidents will be regarded as a significant cause for concern and will trigger a review of practice and the need to improve/change strategies.

Physical Intervention is never seen in isolation. Its use is dependent upon professional risk assessment, and should always be seen as a last resort, when attempting to prevent injury or significant property damage. Other de-escalating techniques should always be applied to any potentially volatile situation, and the preferred option is to follow the "scripted" intervention approach (appendix 1) favoured by many professionals involved with behaviour modification.

#### The Use of ICT

The School has developed a set of guidelines for computer use, including the use of the internet. These guidelines are made available to, and signed by, all children, and kept under review. All members of staff are responsible for explaining to children the rules and their implications. All members of staff need to be aware of possible misuses of on-line access, and their responsibilities towards children.

#### Guidelines

- Children are responsible for good behaviour on the internet
- Staff may review files and communications stored in user areas, to ensure that users are using the system responsibly. Users should not expect that files stored on servers or disks are always private.
- The internet is provided for children to conduct research and communicate with others. Parents' and/or Social Worker permission is required. Access is a privilege, not a right, and access requires responsibility.
- Individual users of the internet are responsible for their behaviour and communications across the network. Users are expected to comply with The School standards and to honour the agreements they have signed.
- Pupils are consistently supervised during use of the internet.

#### Rules

- Always log onto the network using your own username, and never tell anyone your password.
- Always quit from programs properly and log off the network.

The following are not permitted, especially when using the internet:

- Searching for, downloading, sending or displaying offensive messages or images
- Using bad language
- Harassing, insulting or attacking others
- Damaging computers, computer systems or computer networks
- Violating copyright laws
- Using others' passwords
- Trespassing in others' folders, work or files
- Intentionally wasting limited resources (such as printers)

#### E-Mail (child speak)

- I will only e-mail people who I know staff have approved.
- I will only send messages which are polite and responsible.

• I will not give my home address or telephone number, or arrange to meet someone, unless my parent/carer or social worker has given permission.

## <u>Sanctions</u>

Breaking the above rules will result in a temporary or permanent ban on computer or internet use.

### The Use of Safespaces<sup>TM</sup>

This policy addendum provides specific operational guidance for the use of Safespaces<sup>TM</sup>. These are a resource which sit alongside wider behaviour management strategies and are intended principally to enhance a child's ability to better self-manage their emotions during times of emotional crisis or when significantly dysregulated. This document also confirms the core overarching principles directly informing the school's ethos and approach to the use of Safespaces<sup>TM</sup> as an integral component to the effective management of behavioural episodes within which pupils may place themselves and others at risk of harm or injury.

#### What is a Safespace<sup>TM</sup>?

- A Safespace<sup>TM</sup> is a specifically designed construction of soft material, not dissimilar to a large tent, which is configured to provide a physically safe and calming space within which a pupil can be helped to regain control of their dysregulated behaviour.
- As such, a Safespace<sup>TM</sup> is a valuable resource alongside other strategies intended to encourage children to manage their own feelings and behaviour. In that respect they are intended to help to reduce the frequency and duration of behavioural incidents which otherwise bring about potential risk of physical injury to the child and staff members, including distress/disruption to other pupils.

Further detail and information about Safespaces<sup>TM</sup> can be found at -https://www.safespaces.co.uk/

## The Underlying Principles to Safespaces<sup>TM</sup>

- All pupils will be encouraged to recognise the Safespace as a facility that can help them regain control of their own behaviours and is to be offered as a positive component to the overall objective of improved self-regulation.
- All pupils will be encouraged to self-access a Safespace when they start to feel anxious or agitated and where lower level calming scripts or distraction strategies appear to be failing.
- A primary objective for the inclusion of Safespaces<sup>TM</sup> alongside the suite of wider behaviour management strategies is to minimise the need for physical restraint.
- The use of a Safespace<sup>TM</sup> should be endorsed within Individual Behaviour Support plans and informed by a dynamic risk assessment that should be indicating this to be an appropriate resource for the prevailing risk factors.
- A member of staff should be present at all times and located in a position to adequately supervise/monitor a child who is located within a Safespace<sup>TM</sup>.
- A Safespace<sup>TM</sup> should not at any time be used for the purposes which might reasonably be perceived as punitive or as a substitute for inadequate supervision, nor should its use precede earlier attempts to re-focus and calm a child at the initial sign of heightening levels of emotion.

#### Safespaces<sup>TM</sup> and the Hierarchy of Behaviour Support.

1. It is to be recognised that occasionally children's behaviour will be sufficiently challenging such as to bring about a clear risk of harm to themselves, to other pupils and

- to teaching staff and other adults. These extreme behaviours which for a period of time will exceed a pupil's ability to regain self-control, will frequently necessitate staff members imposing a level of physical control or restrictive intervention in order to manage the nature of the presenting risk and make the presenting situation safe.
- 2. In the context of circumstances described above, the range of available strategies will cover a spectrum of approaches from verbal calming and reasoning, through to the necessary use of reasonable and proportionate physical control. In reality, physical intervention may be the only realistic option and in such circumstances the Safespaces<sup>TM</sup> can bring about very positive benefits in terms of (a) minimising the potential risks of injury caused by hard surfaces or furnishings, (b) constituting a defined environment within which a child can safely expound high levels of physical aggression prior to regaining some level of self-regulation, and (c) providing a space from which the child can then re-engage positively with staff members and return to their classroom and peers.
- 3. Determining the nature of any response to dysregulated and challenging behaviours of a pupil will be largely determined be prevailing risk assessments embodied within individual behaviour support plans. However, the dynamic assessment of the presenting risk and danger will be the determining factor in how best to manage a specific incident and the Safespace<sup>TM</sup> may well present itself as the most appropriate location to manage a child's behaviour. Such decisions will inevitably reflect factors such as the proximity of a Safespace<sup>TM</sup> and whether this is likely to help reduce the duration for which a physical intervention is required.
- 4. One of the intended design features of the Safespace<sup>TM</sup> is its spatially enclosed nature with a single zipped front access and exit point. It is known that some children will seek to experience feelings of safety and security in that space and will themselves, or with staff members help, wish to close the front entry point. In such circumstances, this will indicate a child's preference for being in their own closed space where the impact of external stimuli will be minimised. The presence of a staff member at all times will ensure that the child can be encouraged to return to their classroom as soon as it is appropriate. The Safespace<sup>TM</sup> should be seen as a support tool to assist with an effective learning experience and not something that is perceived as an alternative to normal classroom activities.
- 5. However, in situations reflected in para. 3 above and where a demonstrable risk of injury or harm is present, a careful judgement will need to be made as to whether the option for a child to vent their aggression within and against the internal four walls of the Safespace<sup>TM</sup> is preferable to a continued application of physical holding. In all cases, the opportunity to safely relax any level of direct physical contact will be preferable but may require some degree of brief environmental restriction to maximise the opportunity for a pupil to self—regulate. In that respect it may be occasionally appropriate to encourage a pupil to remain located within the Safespace<sup>TM</sup>, albeit this always being for the shortest time possible and determined by the continuing and dynamic assessment of risk.

#### Safespaces<sup>TM</sup> and Behaviour Support Plans.

6. The role and purpose of the Safespace<sup>TM</sup> should be explicitly referenced within each child's BSP and parents, carers and any other significant individual (eg social worker) should understand the function of this resource. Their support/agreement for its use alongside the spectrum of linked behaviour management strategies should be noted in writing.

#### Record Keeping and Safespaces<sup>TM</sup>.

- 7. In circumstances which are described in paras. 3 and 5, it will be necessary to complete the appropriate Physical Intervention record and ensure that the written narrative fully explains how the Safespace<sup>TM</sup> was utilised and the rationale which informed the use of any additional (non-physical contact) restrictive intervention. This will be particularly important when an incident may have been protracted, and possibly necessitated an elevated level of control and management within the Safespace<sup>TM</sup>.
- 8. Each classroom will maintain a written record of every instance where a child spends time in a Safespace/retreat space. The record should include the name of the pupil, date and time, and the duration of each episode with a clear explanation as to the antecedent circumstances/behaviours (See Appendix A). In terms of the Safespace ("purple tent"), then the record should be extended to confirm (a) if the child requested for the front aperture zip to be closed and if so (b) the signature of the staff member who oversaw the opening and closing of the zipped door. The use of the Safespace front zip closing should be child-led and child-controlled at all times.

#### Sources:

Keeping Children Safe in Education. (2022) Behaviour and discipline in schools: Advice for headteachers and school staff. (2016) Reducing the Need for Restraint and Restrictive Intervention. (2019)

# Appendix A:

Retreat Log Pupil Name:

| Date | Time | Duration | Reason | Purple Tent?<br>Y / N | If Purple Tent | If door zip closed, staff |
|------|------|----------|--------|-----------------------|----------------|---------------------------|
|      |      |          |        | Y / N                 | used, was      | member must sign          |
|      |      |          |        |                       | door zip       | here to confirm clear     |
|      |      |          |        |                       | closed?        | child request to do so.   |
|      |      |          |        |                       | Y / N          |                           |
|      |      |          |        |                       |                |                           |
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|      |      |          |        |                       |                |                           |

## Appendices

- 1. Suggested Script

- Suggested Script
   The School Incident Record
   Physical Intervention Record
   Post Physical Intervention Procedure
   Individual Behaviour Support Plan
   The Reparation Process

# Suggested script to be used with children

This is also available as a series of visual cues.

| ASK  |
|--|
| Name of child  |
| You are not carrying-out your responsibility onplease stop and think about what you should do  |
| Please take this opportunity to make the right choice and do (Combined with visual reminder – where appropriate)   |
| Thank you  |
| Take-up time   |
| SAY  |
| Name   |
| You are still not carrying-out your responsibility on  |
| Think about what you should do – you have the chance to make the right choices and behave appropriately byThis would be a good thing for you to do because           |
| or you can make the wrong choice which will lead to consequenceswhich are(make sure that the consequence is appropriate and deliverable)                             |
| Please make the right choice. Give visual cue where appropriate  |
| Thank you Take-up time   |
| DO DO  |
| Name   |
| We have gone through what we expect from you. We will help you to make the right choice by guiding you tomaking the right choice will lead to reward                 |
| Making the wrong choice will lead to consequence   |
| Right choice – thank you for making the right choice? (be mindful that this phrase may make some feel as if they are losing face)                                    |
| Wrong choice – confirm with child that they have decided to make the wrong choice, deliver action as a consequenceexpress regret that they have made a wrong choice. |

#### **Landing consequences without Confrontation**

- As you 'land' the consequence refer immediately to previous appropriate behaviour as a model
- Challenge negative internal monologue e.g. 'You can do this, you are intelligent and a good person'
- Thank the child for listening
- Position yourself lower than eye level or side on if you are standing (if safe to do so); don't demand sustained eye contact
- Use a soft, disappointed tone
- Plan what you are going to say, test and rehearse linguistic patterns that work for you and your children
- Remind yourself that the sanction is a consequence, not a personal retribution
- Disconnect the consequence from your emotional state
- Have a gentle 'out-line' prepared (where possible)
- If the conversation is becoming unproductive use:

I am stopping this conversation now.

I am going to walk away/stop talking now and give you a chance to think about the choices that you make.

I know that when I come back/talk to you again we can have a polite, productive conversation.

• Emphasis should be on using the language of choice and following through with consequences

## **Incident Record**

|  | on is requ<br>typically;<br>: damage | ired;<br>to property, theft, discrim |       | buse, bullying, physical abuse, substance nounds or whilst in the community), sexual  |          |  |
|--|--------------------------------------|--------------------------------------|-------|---|----------|--|
| Name:  | Date:                                |                                      |       | Time:   |          |  |
| Specific Location:   | Key s                                | taff involved:                       |       | Number of other Children involved:  Male Female   |          |  |
| Behaviour  | <u> </u>                             |                                      |       | 1 Cinate  | <u> </u> |  |
| Physical abuse to staff  | S-P                                  | Discriminatory abuse                 | R     | Disruption of other's learning  | LD       |  |
| Physical abuse to peers  | P-P                                  | Running away                         | Α     | Not following instructions  | NC       |  |
| Bullying of staff  | S-B                                  | Dangerous behaviour                  | D     | Substance misuse  | SM       |  |
| Bullying of peers  | P-B                                  | Theft                                | Т     | Self-Harm   | SH       |  |
| Sexualised behaviour   | S                                    | Vandalism                            | V     | Verbal abuse to staff   | VA       |  |
| Attention seeking  | AS                                   | Other                                | О     | Contextual physical aggression to staff   | CA       |  |
| Event Summary:   |                                      |                                      |       |   |          |  |
| Consequences (Underline Code)  Target not achieved (C-T)  Full activity time not earned (C-A)  Complete unfinished task (C-U)  Repair damage/clear mess (C-R)  Required to leave communal area (C-L) |                                      | Reparation Session                   | (C-R) | Home/Social worker communication<br>Financial contribution to property dan<br>Police contacted (C-P)<br>28 days notice served (C-N)<br>Other (C-O). |          |  |
| Was the event discussed v  | with the                             | child?                               | Yes   | No Child Refused  |          |  |
| Child's Views: What happened?  |                                      |                                      |       |   |          |  |
|  |                                      |                                      |       |   |          |  |
| How do you feel now?   |                                      |                                      |       |   |          |  |
| Could you have managed yo  | our emoti                            | ons in a different way?              |       |   |          |  |
| How can we move forwards   | ?                                    |                                      |       |   |          |  |
| Amendment to risk assess   | sment re                             | quired?                              |       |   |          |  |
|  | Sign                                 | nature                               |       | Date  |          |  |
| Senior Manager:  | 8                                    |                                      |       |   |          |  |
| Staff Name:  |                                      |                                      |       |   |          |  |
| Staff Name:  | Staff Name:                          |                                      |       |   |          |  |

# Physical Intervention Record Team Teach

|                                      |                   | Within 24 hours |                        |                                  |
|--------------------------------------|-------------------|-----------------|------------------------|----------------------------------|
| Name of person completing the record | Name of the child | Date            | Time incident<br>began | Specific location incident began |
|                                      |                   |                 |                        | G                                |

| Please <u>underline</u> a | Please underline a maximum of 2 key behaviours exhibited before or during the safe-hold (for data analysis) |   |    |                                |    |  |  |
|---------------------------|---|---|----|--------------------------------|----|--|--|
| Physical assault to staff | S-P   | Discriminatory abuse                    | R  | Disruption of others' learning | LD |  |  |
| Physical assault to peers | P-P   | Running away                            | Α  | Not following instructions     | NC |  |  |
| Targeting of staff        | S-B   | Dangerous Behaviour                     | D  | Substance misuse               | SM |  |  |
| Bullying of peers         | P-B   | Theft                                   | Т  | Self-harm                      | SH |  |  |
| Sexualised behaviour      | S   | Vandalism                               | V  | Attention seeking              | AS |  |  |
| Other                     | О   | Contextual physical aggression to staff | CA | Verbal abuse to staff          | VA |  |  |

| Antecedent: (please include any obvious, immediate or long term underlying triggers)   |  |
|--|--|
| Threecodent. (picase metade any obvious, infinediate of long term underlying triggers) |  |
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|  |  |

Details of the child's behaviour leading to the use of the measure (event summary) including attempts to de-escalate

| Details of any methods used to avoid the need to use physical intervention (please underline) |                    |                       |  |  |
|---|--------------------|-----------------------|--|--|
| Verbal advice and support   | Diversion          | Calm Script           |  |  |
| Options offered   | Planned ignoring   | Contingent touch      |  |  |
| Quiet time offered  | Step away          | Consequences reminder |  |  |
| Reassurance   | Appropriate humour | Persuasion            |  |  |
| Success reminders   | Take up time       | Praise                |  |  |
| Staff changeover  | Choices reminder   | Other                 |  |  |

Details of methods used to avoid the need to use the measure, include child specific strategies to de-escalate

| Please detail exactly why physical intervention was required |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Restrain   | Restraint in relation to a child is only permitted for the purpose of: |  |  |  |  |  |
| Preventing potential injury to any person                    | Preventing potential serious damage to                                 | Maintaining the good order and discipline of |  |  |  |  |
| (including the child)  | property of any person (including the child)                           | the school                                   |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Exact location of the hold | Time hold commenced |
|----------------------------|---------------------|
|                            |                     |
|                            |                     |

| A description of the measure   | Duration |
|--|----------|
| Single Elbow standing, sitting or kneeling alongside the person, holding the nearest forearm drawn back to be parallel to the ground with hands close to the chest and supporting pressure through the hip. The nearest hand holds the forearm with the other supporting the shoulder. |          |
| 2 person single elbow holds, in a ** position with ** on the left and ** on the right  |          |

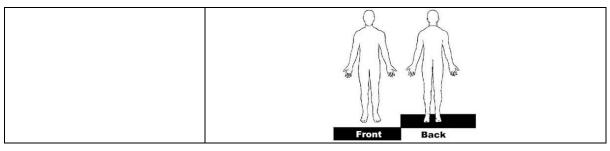
| Release, re-engage | contact at the hip. The member of staff should walk forward as the person crabs sideways.  Half shield with ** linking left/right arm  Leg support  ** provided leg support by wrapping their arms around the legs from a position seated below the child.  |  |
|--------------------|---|--|
|                    | Half Shield - contact in a T shape stance with their hip to the small of the person's back. The arm nearest is posted in front of the arm of the client, to prevent it from punching forward, with the back of the member of staff's hand flat along the person's back. The members of staff gather the other arm with a Caring C, aiming to secure just above the elbow, maintaining |  |
|                    | 2 person double elbow hold in a ** position, with ** on the left and ** on the right  |  |
|                    | Double Elbow Standing alongside the person, holding both forearms drawn back to be parallel with the ground with hands close to the chest and supporting pressure through the hip. One arm is supporting the person's back.   |  |
| MARC               | 2 person figure of four in a ** position with ** on the left and ** on the right  |  |
|                    | Figure of Four standing, sitting or kneeling alongside the person with the hand of the outer arm holding underneath the person's nearest forearm and the other passing under the armpit, across the top of nearest forearm to hold own wrist.   |  |

| Name of person who used the | Name of person who used the |
|-----------------------------|-----------------------------|
| measure                     | measure                     |
| Name of person who used the | Name of person who used the |
| measure                     | measure                     |
| Other person present        | Other person present        |
| Other person present        | Other person present        |

| Was the measure effective? |  |  |
|----------------------------|--|--|
|                            |  |  |
|                            |  |  |
|                            |  |  |
|                            |  |  |
|                            |  |  |
|                            |  |  |
|                            |  |  |
|                            |  |  |
|                            |  |  |

| Consequences for any behaviour prior to physical intervention (if applicable) |  |                          |  |
|---|--|--------------------------|--|
| Target not achieved (C-T)   | Loss of Trip (C-L)   | Home communication (C-H) |  |
| Full Reward Time not earned (C-A)   | Computer Ban (C-CB) Police Contacted (C-P)   |                          |  |
| Complete unfinished task (C-U)  | Points not earned Other (C-O)  |                          |  |
| Repair damage / clear mess (C-R)  | Reparation/learning session (C-R) (To be approved by SMT) (record to be attached and filed |                          |  |
|   | later)   |                          |  |

|   | Description of any injury | to the child |                 |  |
|---|---------------------------|--------------|-----------------|--|
| Did the intervention result in injury to the  | child?                    | Yes / No     |                 |  |
| Was this self-injurious?                      |                           | Yes / No     |                 |  |
| If injury occurred, has this been recorded in | n the accident book?      |              | Accident Number |  |
| Detail of any injuries, (please mark on       |                           | Bod          | у Мар           |  |
| the body map)                                 |                           |              |                 |  |
|   |                           |              |                 |  |
|   |                           |              |                 |  |
|   |                           |              |                 |  |
|   |                           |              |                 |  |
|   |                           |              |                 |  |
| Description of any medical treatment          |                           |              |                 |  |
| administered                                  |                           |              |                 |  |



| Safe and well check – Post incident |                      |           |  |
|-------------------------------------|----------------------|-----------|--|
| During / Immediately post incident  | 1 hour post incident | Follow up |  |
|                                     |                      |           |  |
|                                     |                      |           |  |
|                                     |                      |           |  |

|  | Description of any injury to          | any other person                                |                                   |
|--|---------------------------------------|---|-----------------------------------|
| Did the intervention result in injury to any                       | other person?                         | Yes/No  |                                   |
| If injury occurred, was this accidental? if so                     | has this been recorded in             | Accident Number                                 | er                                |
| the accident book?   |                                       |   |                                   |
| Injuries incurred by staff during a physical intervention closely. | are not generally considered an accid | dent, therefore accident forms are not required | d, but injuries will be monitored |
| Staff Name   |                                       |   |                                   |
| Detail of any injuries, (please mark on the body map)              |                                       | Body Map  |                                   |
| Description of any medical treatment administered                  |                                       | Front Back                                      |                                   |
| Senior management follow up check                                  |                                       |   |                                   |

| Discussion and Reflections – Child                      |
|---|
| What happened?  |
| Why were you held?                                      |
| Could you have dealt with the issue in a different way? |
| How can we help each other move forward?                |
| Have you sustained any injuries?                        |
|   |

|  | Within 48 hours                                       |
|--|---|
|  | Discussion and Reflections – Staff                    |
| How could you have acted differently?                |   |
|  |   |
| Was the intervention in line with the child's behave | iour plan and risk assessment?                        |
|  |   |
| Have you discussed and reflected upon the safe-h     | old with your colleagues?                             |
|  |   |
| Have you sustained any injuries?                     |   |
|  |   |
|  | nts to risk assessments or behaviour plans necessary? |
| Risk Assessment                                      | Behaviour Plan  |
|  |   |

#### Signatures - after being discussed with, and agreed by, all parties involved

| C. C. 1                                   |             | o: .                         |  |            | D :  |  |
|---|-------------|------------------------------|--|------------|------|--|
| Staff directly involved                   |             | Signature                    |  |            | Date |  |
| Staff directly involved                   | 5           | Signature                    |  |            | Date |  |
|   |             |                              |  |            |      |  |
| Staff directly involved                   | 5           | Signature                    |  |            | Date |  |
|   |             |                              |  |            |      |  |
| Other person present                      |             | Signature                    |  |            | Date |  |
|   |             | e                            |  |            | D.   |  |
| Other person present                      |             | Signature                    |  |            | Date |  |
|   |             |                              |  |            |      |  |
| I confirm this to be an accurate SMT Name | e account o | of the event following disci | ussions with both the staff and childre<br>Signature | n involved |      | Date   |
| OWI IVAING                                |             |                              | oignature  |            |      | Date   |
|   |             |                              |  |            |      |  |
|   |             |                              | W. 1 5 1   |            |      |  |
| Summary of SMT Reflecti                   | ions        |                              | With 5 days  |            |      |  |
| Child Name                                |             | Signature                    |  | Date       | R    | efused – please supply   |
| Cinid Ivanie                              |             | Signature                    |  | Date       | re   | eason (if given)   |
|   |             |                              |  |            |      |  |
| Senior Management                         |             | Signature                    |  | Date       | in   | lease confirm details of any<br>ajury to a child or other<br>erson |
|   |             |                              |  |            |      |  |
|   |             |                              | Parties Notified or discussed                        |            |      |  |
| Who was notified?                         |             | Date                         | How was Notification                                 | n made?    |      | Name   |
|   |             |                              |  |            |      |  |
|   |             |                              |  |            |      |  |
|   |             |                              |  |            |      |  |
|   |             |                              |  |            |      |  |
|   |             |                              |  |            |      |  |

Date

Staff directly involved

Signature

#### Post Physical Intervention Procedure

#### Please Tick on Completion

- 1. Complete Physical Intervention Record (including Body Map if required)
- 2. Hand record to the main office
- 3. Director of Education / Executive Head or Head of School comments on the intervention, record intervention in the Bound Book and send it to the relevant people e.g. responsible individual, social worker
- 4. School Business Manager scans report into computer and saves it as a protected pdf file
- 5. School Business Manager files reports in designated folder
- 6. Discuss and analyse the event, with team, during de-brief at the end of day (*pro-forma* below can be used to direct discussion)
- 7. Parent/Carer/Social Worker is informed that a physical intervention has been required

#### Reflect, Repair, Re-build

#### **STAFF REFLECTIVE LOG**

| Name:   | Date: |
|---|-------|
| Why was a safe hold required?                                   |       |
| How did you feel about holding?                                 |       |
| How do you feel now?  |       |
| Could the situation have been handled differently?              |       |
| Where do we go from here? (Use staff/child reflective log here) |       |
|   |       |

# Individual Behaviour Support Plan

Name: Date:

|               | Behaviour | Suggested Strategies |
|---------------|-----------|----------------------|
| Baseline      |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
| Trigger       |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
| Escalation    |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
| Crisis        |           |                      |
| 311010        |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
| De-escalation |           |                      |
| DC-CsCalation |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
| Post Incident |           |                      |
| Post Incident |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |
|               |           |                      |

## **The Reparation Process**

#### Time to Calm and Reflect

Children will often need time to calm down when beginning the Reparation process. For some children, this may take a while. Tell the child something like: "you will now have a period of thinking, and it can begin, when you are calm". It is important that you do not move onto the next stage until the child is behaving within the responsibilities of SB, PM, SZ, RP, FI.

Explain the reparation process to the child and show them a session diagram.

Tell the child which behaviour(s) we will be reflecting upon.

Moving to the next stage needs to be agreed by both the child and the adult supporting the child with the process. The child needs to be ready to proceed positively.

Resources: Calm/reflect Reminder Cards, Session Diagram

#### Time to Talk and Plan

Use the Time to Talk Planner to plan and begin dialogue with the child regarding the behaviour(s) with which they need support.

Complete a Solution Focused Questioning Diagram, and /or a Choices Diagram (with the child) to aid your discussion.

Be prepared to discuss anything that the child feels has an effect on their behaviour (both in and out of school)

The child needs to maintain positive behaviours (SB, PM, SZ, RP, FI) before moving to the next stage. Moving to the next stage needs to be agreed by both the child and the adult supporting the child with the process. The child needs to be ready to proceed positively.

Resources: Time to Talk Planner, Solution Focused Questioning diagram, Choices diagram

# Time for Reparation/Personal Development Task

The child completes a targeted Reparation/Personal Development Task (with support) The child needs to maintain positive behaviours (SB, PM, SZ, RP, FI) before completing the process, thus regaining access to the rewards system. Completion of the process needs to be agreed by both the child and the adult supporting the child with the process. The child needs to be ready to complete the process positively.

Resources: Targeted Reparation/Development Tasks (from Targeted Task Resource File)

End of Reparation (file all documents with relevant paperwork)

# Reparation (Additional Guidelines)

- Please use these guidelines to inform your choices when planning and facilitating a Reparation Session.
- ❖ A Reparation Session is one of many techniques that can support children to develop positive behaviour.
- This technique is staff intensive. It should only be used when, as a team, you have exhausted all other methods of support for a child. It is particularly effective when used to address persistent negative behaviours or a serious incident.
- ❖ Elements of this technique can be used as quick, short term support for children, however, when a period of reparation is deemed necessary, it should be carried-out fully and with careful consideration. This will maximise the chance of success for children.
- ❖ A Reparation Session needs to be agreed by a member of the Senior Leadership Team.
- \* Complete a Reparation Record/Planner prior to the session (if possible), otherwise it can be completed during the reparation session.
- ❖ If the Reparation Session is not completed by the end of the school day, it needs to continue on the next day that the child attends school.
- Once a Reparation Session has begun, children are not able to access the rewards system until the session has been successfully completed.

# Reparation Record

| Child Name:   |
|---|
| Date of Reparation Session:   |
|   |
| Reason for Reparation (Time to Calm & Reflect):   |
| Intended Discussion Points (Time to Talk & Plan):   |
| Cognitive Behavioural Analysis (see sheet)  |
| <ul> <li>Behaviour Choices (see sheet)</li> <li>•</li> </ul>                              |
|   |
| Targeted Reparation/Development Tasks (Time for Tasks):                                   |
| Summary of Reparation e.g. staff comments, level of child buy-in, expected effectiveness: |

Reparation Record

| Name of Child:                        |
|---------------------------------------|
| Date of Session:                      |
| Reason for Session:                   |
| Reparation/Development Task:          |
| Name of Adult Supporting the Session: |