

CHESHIRE SPECIAL SCHOOLS' CONSORTIUM POSITIVE BEHAVIOUR SUPPORT POLICY

BROOKFIELDS SCHOOL
CAVENDISH HIGH ACADEMY
DEE BANKS SCHOOL
DORIN PARK SCHOOL
GREENBANK SCHOOL
HEBDEN GREEN SCHOOL
HINDERTON SCHOOL
PARK LANE SCHOOL
RUSSETT SCHOOL
ROSEBANK SCHOOL
SPRINGFIELD SCHOOL

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CONTEXT OF CHESHIRE SPECIAL SCHOOLS’ CONSORTIUM (CSSC)

POSITIVE BEHAVIOUR SUPPORT POLICY

A consortium of 11 Cheshire special schools has developed this policy: Brookfields, Cavendish High, Dee Banks, Dorin Park, Greenbank, Hebden Green, Hinderton , Rosebank, Russett, Park Lane and Springfield.

To ensure that the policy is sustained, at least one identified professional from each school will ensure that they have completed the BILD BTEC diploma/certificate ‘Practice leadership in behaviour support’. This practice-based qualification enables Behaviour Leads to coach other staff in Positive Behaviour Support (PBS). It is recommended that at least one member of staff from each school should complete additional training (full diploma) to develop their understanding of completing functional assessments of behaviour. Schools may work collaboratively to provide support to staff when required. Any costs associated with this support will be agreed by all of the CSSC schools. New behaviour leads must complete relevant training/qualifications upon commencing this role.

PURPOSE

This document is in line with Brookfields School’s policy and embraces the ethos set out in the school’s mission statement and the national “Every Child Matters” framework. The consortium of 11 Cheshire special schools liaise with the **British Institute of Learning Disabilities** (BILD) to ensure that our positive behaviour support policy follows guidelines set out in a number of documents, and that we are aware of up-to-date guidelines and legislations available to support with Positive Behaviour Support, Restrictive Physical Interventions and Education Acts.

INTRODUCTION

Positive behaviour support (PBS) is a values-led framework that helps us think about and support behaviours of concern. The overall aim of PBS is to improve the quality of a person’s life and that of the people around them, with the support that ensures the protection of their human rights. PBS provides the right support at the right time for the person so they can lead a meaningful and interesting life, participate in activities and learn new skills.

At Brookfields School the staff and Governing Board share common values, which include a commitment to assist our pupils:

- To develop independence skills for use beyond school life
- To experience valued involvement within the school and in the wider community
- To develop the skills necessary to make informed choices, which others will respect, and to communicate these choices to others
- To make and maintain social relationships and friendships
- To continue in the ongoing process of self-discovery
- To reduce incidences of behaviour which adversely impact one's own physical or emotional wellbeing, or on the emotional or physical wellbeing of others

We believe that behaviours of concern are most often the result of an unmet need, or a difficulty in communicating that need to others. We are aware that many of our pupils experience sensory issues and may find particular environments and experiences over-stimulating, frightening or uncomfortable. Adults and peers can be sources of unpredictable actions and sensory sensations; transitions and demands which interrupt routines and repetitive activities (which a pupil may rely on to give a sense of order and predictability to their day) can provoke anxieties which may be communicated to others through behaviours which are concerning in their nature.

We believe that, in order to be active and valued participants in society as adults, our pupils need to be empowered to respond to, and cope with a range of potential situations and demands. These include:

- Coping with waiting (for an activity, person, event etc)
- Coping with being told “no” (when something wanted cannot be given or is not available at all, regardless of how long you might wait)
- Coping with doing a non-preferred activity (doing something/going somewhere, even though you would rather not do it at all e.g. as an adult: doing housework, going to the dentist etc)
- Coping with criticism (when somebody passes judgement on your performance, justly or unjustly, and responding appropriately to this)
- Taking action when the activity/environment you are in becomes too unpleasant to stay there (e.g. consider options when a room is too cold, too hot, too noisy, too crowded – put on a jumper, open a window, ask someone to switch down the music, move to the doorway or leave the room altogether, rather than communicate one's inability to cope with the environment through behaviour which may hurt oneself, hurt others or damage property in the process).

We recognise that pupils who attend Brookfields School present with a range of severe and complex learning needs and consequently need support through skilled teaching, to learn the coping, tolerance and communication skills listed above. We believe that setting rules of expected behaviour standards, and applying sanctions when rules are broken, will not empower our pupils, but teaching them how to express and respond differently to the challenges they face, will.

By identifying difficult behaviours, considering physical and sensory issues, addressing mismatches in the environment and focusing on a person's highly individualised strengths and needs, we aim to design programmes to teach more effective means of communication, more socially appropriate interactions with others, and greater tolerance of the different environments and demands which will be encountered in everyday life.

In line with the Equality Act 2010, we aim to enhance the life experiences of all of our pupils so that no-one is unfairly disadvantaged as a result of their differing needs, behavioural or otherwise. In order to fulfil this aim, we adopt the principles and practices of Positive Behaviour Support (PBS) approaches to enable people to overcome behaviour challenges and ultimately live the life they want to live.

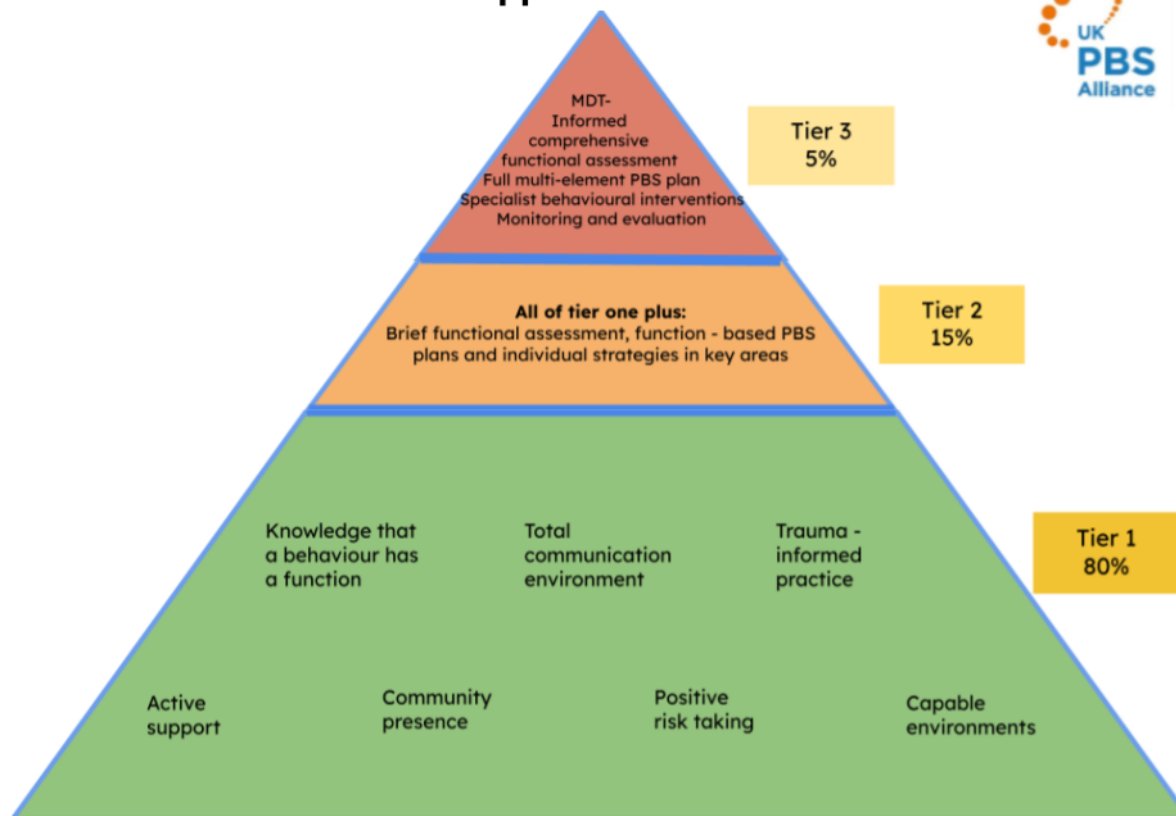
POSITIVE BEHAVIOUR SUPPORT

Positive Behaviour Support (PBS) is widely acknowledged to be the most effective way to support people whose behaviour causes concern for the families, carers, schools, and services that support them. Since April 2014, this has been the required model for all adult learning disabilities, social care and health services to follow. In contrast to other models of behaviour change, the focus is not on eliminating behaviour by blocking reinforcing consequences and applying negative ones in their place. The use of punishment and sanctions, therefore, does not fit with this approach as the emphasis is instead on teaching alternative and replacement skills.

PBS focuses on a person's indisputable rights to be treated with dignity and compassion, to be valued, to be listened to, to be supported to have the best quality of life possible, and to be empowered to make choices and decide on how they want to live that life. In relation to behaviour, the success of the approach is measured not in terms of whether behaviour has reduced and therefore services are finding it easier to cope, but rather on whether the individual who experiences the difficulties has a richer, more fulfilling and improved quality of life, with greater access to community services, opportunities, and experiences. A PBS approach makes use of the principles of applied behaviour analysis to observe, analyse and understand the messages which a person is communicating through their behaviour; it recognises that behaviours occur in part as a response to environmental triggers and demands, and seeks to create a better match between a person's needs and services offered, whilst teaching important coping and tolerance skills; it makes use of effective teaching techniques to teach pupils new ways to get their needs met (for example, by developing or improving communication systems and skills, finding alternative ways to gain equivalent sensory feedback, teaching self-help and independence skills, or developing additional social interaction and play skills); it acknowledges that reinforcement and reward strategies can be useful tools to employ when helping children to begin to use newly acquired skills and to employ self-control when this too is being developed; and it emphasises that adult responses when undesired behaviour occurs can make the situation either better or worse, and consequently focuses on ensuring staff develop skills in recognising warm-up signs that a

child is having difficulty and take steps to reassure, redirect and calm a pupil rather than confront, threaten or apply a sanction or punishment and provoke escalation of the situation.

The Positive Behaviour Support Framework



PBS is a framework that has 3 tiers of support with each tier building on the next. PBS is a preventative model, aiming to prevent the occurrence of behaviour that is having a negative impact on the person's life. By changing the environment, or giving the person skills or opportunities to change their own circumstances, we are not focusing on directly trying to alter the behaviour or change the person.

Tier 1: This is the most important tier of support that most people will need most of the time. If we get this right few people will need the higher tiers

Tier 2: Around 15% of people will require some additional support

Tier 3: Only 5% of people with complex behaviours will require specialist intervention at this level

CAPABLE ENVIRONMENTS AND POSITIVE BEHAVIOUR SUPPORT:

Capable environments form part of the foundations of the PBS framework (tier 1). If these components are established then this will reduce the need for more intensive positive behaviour support interventions at tier 2 and 3.

Characteristics of the social environment can underpin the cause of behaviours of concern. Consideration of the quality of care and support an individual receives must be prioritised by developing more capable environments and considering the support strategies in place to reduce the frequency of challenging behaviours.

The main focus of creating capable environments is to:

- Enhance the quality of life for an individual
- Prevent/reduce behaviours of concern

This policy ensures that we consider the school environment for individual pupils' needs, reflecting on good characteristics of capable environments. Staff will regularly review environments using the capable environment audit tool to reflect on how the quality of life of an individual in their care can be improved considering the following points:

- Positive social interactions
 - Support for communication
 - Support for participation in meaningful activity
 - Provision of consistent and predictable environments which honour personalised routines and activities
 - Support to establish and/or maintain relationships with family and friends
 - Provision of opportunities for choice
 - Encouragement of more independent functioning
 - Personal care and health support
 - Provision of an acceptable physical environment
 - Mindful, skilled carers
 - Effective management and support
 - Effective organisational context
- (McGill et al 2014)

The behaviour policy which follows has a dual purpose: primarily, it is designed to give staff working at Brookfields School guidance on how to use a PBS approach to support pupils whose behaviour may be described as concerning, to overcome these difficulties and develop skills that we hope will give them an enhanced quality of life as adults. Secondly, this policy is required to meet statutory requirements, and as such the Department for Education has stipulated that it must include reference to school rules and powers to search for prohibited items. This information is consequently included below.

Active support

The model of 'active support' should be used by members of staff. Focusing on enabling the individual to engage in meaningful activity, and relationships at home and in the community, will support the young person in achieving more independence and control in their lives.

SCHOOL RULES

In line with Government requirements, Brookfields School has devised the following school rules, which are communicated to all parents and pupils via publication in this policy document. These rules focus on promoting a culture of care, cooperation, respect for oneself and others, and developing self-awareness and self-control in order to keep people safe. All pupils will be encouraged to work within the following behaviour principles:

- Be Kind and help others
- Work hard and try your best
- Try and be quiet and calm
- Use kind hands and feet
- Listen carefully to others

SEARCHING PUPILS FOR PROHIBITED ITEMS

As for all schools in England, the Headteacher and staff authorised by the Headteacher at Brookfields School have a statutory power to search pupils or their possessions, **with or without their consent***, if they have reasonable grounds to suspect they may be in possession of any of the following prohibited items:

- knives or weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- electronic cigarettes or vaping products
- fireworks
- pornographic images
- any article that the member of staff reasonably suspects has been or is likely to be used to commit an offence or to cause personal injury to, or damage to the property of, any person (including the pupil)

For the safety of all pupils and staff, the above items must not be brought into school and parents and pupils are made aware of these restrictions via the publication of this information in this policy and the Governing Body's "Behaviour and Discipline at Brookfields School: General Statement of Principles" document, both of which are available on the school's website.

Furthermore, Brookfield School kindly requests parents to refrain from permitting their children to bring the following items into the school premises without prior consultation:

- iPads/tablet devices/iPods
- Electronic handheld gaming devices
- mobile phones

If a member of staff has reasonable grounds to suspect that a pupil has brought any of the banned items listed above into school, the Headteacher (and staff authorised by the Headteacher) has a statutory power to search pupils or their possessions, with their consent*, and if necessary confiscate any banned items found.

When exercising their powers, schools must consider the age and needs of pupils being searched or screened. This includes the individual needs or learning difficulties of pupils with Special Educational Needs (SEN) and making reasonable adjustments that may be required where a pupil has a disability.

The authorised member of staff should always seek the co-operation of the pupil before conducting a search. If the pupil is not willing to co-operate with the search, the member of staff should consider why this is:

- they are in possession of a prohibited item;
- they do not understand the instruction;
- they are unaware of what a search may involve; or
- they have had a previous distressing experience of being searched.

If the member of staff considers a search to be necessary but is not required urgently, they should seek the advice of the headteacher, designated safeguarding lead (or deputy) who may have more information about the pupil. During this time, the pupil should be supervised and kept away from other pupils.

If the pupil still refuses to co-operate, the member of staff should assess whether it is appropriate to use reasonable force to conduct the search. A member of staff can use such force as is reasonable to search for any prohibited items identified as listed. The decision to use reasonable force should be made on a case-by-case basis. The member of staff should consider whether conducting the search will prevent the pupil harming themselves or others, damaging property or from causing disorder

In line with statutory guidance, if a member of staff who is conducting a search finds an electronic device, they may examine and if necessary, erase any data or files on the device, if they think there is a good reason for doing so (i.e. if they suspect that the data or files have been or could be used to cause harm, disrupt teaching or break the school rules).

** Schools are not required to have formal written consent from the pupil for this sort of search – it is enough for the teacher to ask the pupil to turn out his or her pockets or to ask to look in the pupil's bag or locker, and for the pupil to not refuse, for consent to be given.*

SAFEGUARDING CHILDREN

The available evidence on the extent of abuse among disabled children suggests that they are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Staff need to be aware that changes in presenting behaviours could be an indication that a child has been subject to abuse.

Where a disabled child has communication impairments or learning disabilities, attention should be paid to communication needs and to ascertaining the child's perception of events and his or her wishes and feelings. Staff should be aware of non-verbal communication systems and should know how to contact suitable interpreters or facilitators. Professionals should not make assumptions about the inability of a disabled child to share their information about their concerns.

If staff believe that presenting behaviours might indicate that a child has been subject to abuse then they should immediately inform the school's designated safeguarding lead (for additional information, refer to the school's safeguarding policy).

SAFEGUARDING STAFF

There may be times when a pupil who is struggling to cope with a particular setting, activity or demand will communicate this by using a behaviour that has the potential to cause harm to themselves or other people. All staff at Brookfields School are aware that they have a duty of care to keep all of their pupils safe and this will always be at the forefront of any interactions they have with any pupils. However, staff also need to be mindful of their own safety.

Although most staff work as part of a class team and therefore other adults are either in line of sight or within earshot, there may be times during the day when a staff member needs to work with an individual pupil in a quieter area away from distractions. If staff are going to work 1:1 with a child they need to "risk assess" the situation in terms of considering:

- How will they summon help if a medical situation arises (e.g. a seizure, diabetic low or asthma attack)?
- How will they summon help if the pupil's behaviour escalates to the point of presenting potential harm to him/herself or the staff member accompanying them?
- How can staff minimise the possibility of misunderstandings and erroneous allegations being made?

In order to minimise these risks, and where practicably possible, staff should aim to:

- Work within line of sight of a colleague
- Work within earshot of another colleague
- Work in areas that are open to frequent "traffic" (e.g. a corridor)
- Avoid working in isolation behind closed doors
- Avoid working in an isolated part of the building
- Avoid working in a secluded or unsecured area of the school grounds
- Have an "exit" route planned if a situation should suddenly deteriorate

- Have a means of summoning help (access to a walkie talkie, mobile phone, beeper etc) if it is needed

PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOURS

Learning about sex and sexual behaviour is a normal part of a child's development, and it is typical for children to present with some sexualised behaviours as they grow up. Educational settings provide a personal development area of learning, as part of the taught curriculum, to support young people in developing their understanding of healthy relationships and sexuality.

Sometimes a child might present with sexualised behaviour that is harmful to themselves and others. Everyone who works or volunteers with children has a responsibility to keep them safe. This includes taking appropriate action to prevent and respond to problematic sexual behaviour and harmful sexual behaviour.

Harmful sexual behaviour is one where a child displays developmentally inappropriate sexual behaviour which is harmful or abusive. Problematic sexual behaviour is when a child displays behaviour that is developmentally inappropriate or socially unanticipated sexualised behaviour. In this case, the behaviour hasn't intended to be victimising or abusing to the recipient.

Reporting incidents of Problematic and harmful sexual behaviours:

If a child is displaying problematic or harmful sexualised behaviour, it's important to take immediate action to:

- prevent the behaviour from escalating further
- keep everyone involved safe.

Organisational safeguarding policies should then be followed, sharing concerns with the nominated safeguarding lead.

Record keeping: All records should be kept confidential and stored on a secure platform. In Brookfields School we use CPOMS. Records should include:

- a clear and comprehensive summary of the concern
- details of how the concern was followed up and resolved, and
- a note of any action taken, decisions reached and the outcome. (KSIE)

STAFF TRAINING IN POSITIVE BEHAVIOUR SUPPORT (PBS)

Many pupils with severe, profound or complex learning disabilities experience difficulties in monitoring and regulating their own behaviour, and staff who work in these environments require a range of skills in order to meet these everyday challenges. Brookfields School recognises the importance of continuing professional development and provides induction and training to all staff to support them to fulfil their professional duties effectively. Specific training for staff to develop their understanding of using a PBS approach in supporting pupils to overcome behaviour difficulties is made available to staff at several points during the year. In addition, the school has identified particular staff (who have received additional training in PBS) to act as Behaviour Practice Leads within the school. Behaviour Practice Leads are able to provide training and support to all staff in school to respond to the behavioural needs of their pupils.

With their own professional training and the additional support offered by Behaviour Practice Leads, most staff in school will be able to meet the everyday behaviours which may cause concern, without needing to produce prescriptive behavioural programmes. Where more specific actions and responses are needed, this may be accomplished by including guidance within a pupil's pen portrait or profile, individual education plan or similar documentation.

Where additional support is required for pupils at a **tier 3 level**, these pupils will receive more intensive, individualised programmes of support. Multi-disciplinary teams will support through the completion of detailed and comprehensive functional behaviour assessment and support to plan intervention is required.

POSITIVE BEHAVIOUR SUPPORT PLANS

For a small number of children within any classroom, the teacher may produce a more formalised positive behaviour support plan. This plan would include information on the messages behind the behaviour, responses to make when behaviour does occur to reassure, redirect and de-escalate a situation, and details of new or replacement skills which need to become the focus of a teaching programme.

The Positive Behaviour Support plan will primarily focus on primary, preventative strategies, including consideration of the environment, quality of life and alternative strategies to meet the individual needs. In addition, the behaviour support plan must detail secondary reactive strategies, such as diversion and distraction, to prevent further escalation of behaviours of concern.

FUNCTIONAL BEHAVIOUR ASSESSMENT:

To ensure effective Positive Behavioural Support is provided, a functional assessment of behaviour, through the use of a Brief Behavioural Assessment Tool (BBAT), will enable staff to identify the conditions a person's behaviour tends to occur. This functional assessment of behaviour will be facilitated by a suitably trained person or group of people, supported by members of staff who work closely with the young person.

Analysis of this assessment will enable staff to develop appropriate Positive Behaviour Support Plans by considering:

- Clearly defined behaviour(s) of concern
- Prioritising key behaviours of concern
- Key antecedents
- Early indicators of behaviours of concern
- Possible maintaining consequences
- Alternative responses
- The person's basic communication skills
- The young person's preferences (reinforcers)

SPECIALIST SUPPORT FOR PRODUCING A POSITIVE BEHAVIOUR SUPPORT PLAN

For most pupils who display behaviours of concern, the above measures should be successful in bringing about positive behaviour change. However, if the concerning behaviours are so severe that either the child him/herself, or others who share the child's environment, are at significant risk, Brookfields School may request support from external professionals (e.g. Halton PBS Service, Educational Psychology Services, Learning Disabilities CAMHS Teams, or a BILD-trained behaviour consultant), who may carry out a more comprehensive behavioural assessment and produce a more prescriptive Positive Behaviour Support Plan if it is required.

RESPONDING TO SEVERE BEHAVIOUR CHALLENGES: REASSURING, REDIRECTING AND KEEPING PEOPLE SAFE

"PBS is based on the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce.....There is nothing wrong with wanting attention, to escape from a difficult situation, wanting certain items, or displaying behaviours which just feel good, PBS helps people to get the life they need by increasing the number of ways of achieving these things"

The Challenging Behaviour Foundation

Within the PBS model, the emphasis is on teaching a pupil new skills so that they do not have to present concerning behaviours to get their needs met. Staff are supported to develop skills in understanding the messages behind behaviour and in identifying and reducing triggers which are causing the most distress and difficulty, while new skills are being taught. Staff learn to spot warm-up signs that a pupil is having difficulty and take action to address the

underlying message so that the pupil does not need to display more behaviours of concern to convey that message: requests are explained, environments are altered, transitions are forewarned, demands are reduced, emerging problems are solved. Within a PBS framework, all reactive responses (i.e. those responses which adults make when behaviours of concern begin to be displayed) are intended to reassure the pupil, to help them overcome the problem or reduce their emotional response to it: in short, the focus is on keeping everyone safe by helping the pupil who is experiencing difficulty to calm and resettle as quickly and as effectively as possible.

The PBS model recognises that traditional responses when unwanted behaviour is occurring, such as applying negative consequences (e.g. taking away a favourite toy or game, withholding a planned treat or favoured activity, removing earned tokens, removing the pupil from the group to an area of isolation [commonly referred to as “time out”]), or ignoring the behaviour (and by default, ignoring the message the pupil is trying to convey through it), often lead to an escalation in behaviour, since the pupil can become anxious, angry, or upset, or feel the need to try harder to get their message acknowledged. Since the sole purpose of a reactive strategy is to keep people safe, PBS recommends using a range of alternative positive strategies to promote calming. These may include using active listening (to reassure a pupil that you are listening and understand their difficulty), distracting the pupil by initiating an unexpected but interesting occurrence or event, or redirecting the pupil by offering an alternative activity which s/he enjoys. If these types of positive strategies are used correctly (i.e. the right response, in the right way, at the right time), they can preclude the need for more “reactionary” responses which have the potential to escalate the situation further (for example, using physical contact to support a pupil to leave an anxiety-provoking or over-stimulating area and move to one where they will be better able to calm).

TIME OUT, WITHDRAWAL, AND SECLUSION

Supporting or encouraging a pupil to move from one area to another, as a response to escalating behaviour, can take a number of forms: it is important that everyone at Brookfields School, as well as Governors and parents, are clear about the distinctions between these different forms and that parents, in particular, feel reassured that such actions are only ever initiated to keep their children safe or help them escape from a situation that is causing them over-arousal, anxiety or distress.

Many people will be familiar with the term: “**Time Out**” which is sometimes used to describe the action of moving children away from one area to another. However, this is a punishment strategy which is intended to teach a child to stop misbehaving before they will be allowed back into the classroom or to return to the activity they were previously enjoying.

At Brookfields School, we do not believe that pupils should be punished for trying to communicate to us that they have a problem with the current situation, whether that is a result of anxiety, over-excitement, boredom or frustration, and using punishment strategies like “time out” have no place in our model of Positive Behaviour Support.

However, there may be times when a pupil finds the environment they are in difficult for one reason or another – perhaps it is too loud, or too crowded, or the activity has gone on for too long. If a pupil struggles to cope with these sorts of situations, this should have been identified and teaching programmes put in place e.g. to teach them to tolerate the situation for longer, to seek help when needed, to self-distract or to self-withdraw from a difficult situation.

Teaching these types of skills can take some time and in the interim situations may still prove challenging to an individual pupil. When such a challenge arises and staff can see that a pupil is becoming anxious, upset or over-aroused in one setting, they may feel the best thing to help the pupil reduce their arousal level would be to leave the room and go somewhere else, and do something else, that will promote calming.

This action of “**withdrawing**” a pupil from an over-stimulating or upsetting environment, is a positive action related to redirection, and when a pupil is withdrawn, staff should always plan to go with them and continue to use de-escalation strategies such as distraction and active listening to give empathy and support them in the calming process.

If a pupil’s arousal levels are being well monitored then it should be possible to invite a pupil to willingly leave one area to accompany a member of staff to engage in a different activity elsewhere, without producing an escalation in the presenting behaviour. However, it is also acknowledged that there may be occasions when a pupil’s anxiety level rises quickly and dramatically (perhaps as a response to a sudden action or noise by another pupil) and in this heightened state of agitation, the pupil may find it hard to see the invitation to leave the area (as in “**withdrawal**”) as something designed to help them.

In these exceptional circumstances, if staff feel that moving to another area is essential to enable the pupil to resettle, then they may feel it necessary to use physical contact to support the pupil to leave the room. Supporting a pupil to escape an anxiety-provoking situation like this may help them quickly calm, but there is also a risk that moving a pupil in this way could provoke an escalation in their anxiety or anger. Consideration therefore needs to be given as to what will happen next, especially if the pupil has become so anxious or angry that they are now putting the safety of themselves or others at risk (eg by hitting out at others, or being unwilling to stay in this safer location with staff and seeking instead to return to the original space where the triggers are still present). When such extreme risks to safety exist, staff may have to make a decision to use a temporary restriction to keep a pupil where they feel they need to be.

Knowing that, in these exceptional circumstances, there would be a serious risk of harm to the pupil or others, if they were to leave the area, restrictions considered might include: using a physical intervention to keep a pupil in an area with staff, or even potentially staff barring a pupil’s exit from a room by standing in front of a door and redirecting them away from it.

“**Seclusion**” is a term which is often misused and the action it describes is therefore sometimes confused with other responses. The Department of Health defines seclusion as:

“The supervised confinement and isolation of a person, away from other users of services, in an area from which the person is prevented from leaving....Its sole aim is the containment of severely disturbed behaviour which is likely to cause harm to others.”

(Positive and Proactive Care, 2014, pg 28)

By preventing a person from leaving a room, seclusion is effectively a deprivation of liberty, and is only permissible with a person who has either been detained under the Mental Health Act 1983, or is subject to a criminal order. However, temporarily barring a door to prevent a pupil from leaving a room when to do so would put them or others at significant risk of harm, might under some circumstances be considered to be a restriction rather than a deprivation of liberty, and there is no definitive guidance available to schools on what constitutes a restriction and what constitutes a deprivation in this scenario.

The document “Positive Environments Where Children Can Flourish” produced in March 2019 by OFSTED as guidance for their inspectors, uses the term “**isolation**” to describe moving a pupil to a different area within school, and states:

“Schools can adopt a policy that allows disruptive pupils to be placed in isolation away from other pupils for a limited period... Any separate room should only be used when it is in the best interests of the child and other pupils. Any use of isolation that prevents a child from leaving a room of their own free will should only be considered in exceptional circumstances and if it reduces the risk presented by the child to themselves and others...Isolation can also be used as a means of giving a child a place of safety.”

(Positive Environments Where Children Can Flourish, 2019, pg 10)

However, as OFSTED points out, just because an action is permissible does not mean it is necessarily appropriate. They also state that:

“Whether an act is called seclusion or isolation should not be our focus. Children’s experiences are what matters.”

(Positive Environments Where Children Can Flourish, 2019, pg 10)

At Brookfields School, it is always our intention to keep our pupils safe and to intervene in the least restrictive way to minimise their distress, reduce their anxieties and maintain their dignity. For this reason, in an extreme situation, we may consider using a physical intervention to move a child to another area of the school; if having physical contact with them causes them distress, we may consider moving away and giving them space, but be prepared to bar their exit if they try to leave and this would put them or others at significant risk of harm; or if we find that our presence in the room with them is causing them even more distress, we may consider withdrawing to the other side of the door to monitor them and try to reassure them from there, to help them calm.

Parents should be reassured that this would only ever happen as a last resort and in exceptional circumstances, and that, if a pupil were ever taken out of class to another area

to calm and they found it difficult to remain there, and staff had to employ any of the above strategies as an emergency response, this would trigger an immediate review of the pupil's behaviour support plan to consider what other systems and supports could be put in place in the future to avoid this becoming a planned response. Parents would also be informed immediately and given the opportunity to discuss this incident with staff and be involved in any subsequent planning for their child. A CPOMS record of the circumstances that led to this action would also be made and shared with parents upon request.

PHYSICAL CONTACT, PHYSICAL INTERVENTION, RESTRICTIVE PHYSICAL INTERVENTION AND RESTRAINT

The Department for Health and Social Care (DHSC) (2019) states that:

“The use of all forms of physical intervention and physical contact, or even imminent threat of force, are governed by criminal and civil law. The unnecessary or inappropriate use of force may constitute an assault and may also infringe the rights of a child or young person under the Human Rights Act 1998. The use of restraint can be justified for purposes set out in relevant legislation. Different settings and services will need to abide by any legislation which applies to them.”
(*Reducing the Need for Restraint and Restrictive Intervention*, pg. 12)

In all schools, guidance is provided by the document: “Use of Reasonable Force: Advice for Headteachers, Staff and Governing Bodies” (July 2013) which reiterates that:

“It is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a pupil is proper and necessary.” (pg. 8)

Examples given in this guidance document of when having physical contact with a pupil might be proper or necessary include:

- Holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school
- When comforting a distressed pupil
- When a pupil is being congratulated or praised
- To demonstrate how to use a musical instrument
- To demonstrate exercises or techniques during PE lessons or sports coaching
- To give first aid

Physical contact of this nature would not be deemed to be “physical intervention” as there is no suggestion that force is being used, and the pupil is likely to be accepting of the contact being made. “Physical contact” therefore would not need to be recorded and reported upon (unless there were any safeguarding concerns).

In contrast, Harris et al (2008) define “Physical Intervention” as:

“...any method of responding to challenging behaviour which involves some degree of direct physical force to limit or restrict movement or mobility”

(Physical Interventions: A Policy Framework)

Deciding upon whether any physical intervention is restrictive enough to be considered a “restraint” depends upon the degree of force being used and the severity of the behaviour it is being used to restrict.

Examples of when **physical intervention** might be used at the lower end of the “restriction” continuum might include holding a child’s hand to prevent them from running on ahead when crossing a road, insisting a child stays seated and wears a seatbelt when they would like to move about freely in a vehicle, holding a child’s hand and stroking/massaging it, or guiding them in ‘finger play’ or action rhymes to interrupt their attempts to bite their fingers when they are upset.

Although there is an element of force being used in the above circumstances, and the adult is effectively stopping a pupil from doing something they want to do, they are doing so with the minimum amount of contact, for the minimum amount of time, in order to keep them safe. With these types of physical interventions, it is unlikely that staff would need to record such incidences in a formal log (unless the pupil became unexpectedly upset and behaviour escalated as a result of this restriction).

Examples of when **physical intervention** might be used at the mid-level of the “restriction” continuum might include guiding or holding a hand and moving it down to a child’s side if they are trying to hit or grab hold of another pupil, holding one or both hands momentarily to interrupt self-injury, and in more extreme circumstances, holding a pupil’s hand or arm to guide them out of a classroom or busy or noisy environment (when to stay there would increase their agitation and put them or others at risk). With these types of interventions, the amount of force being used in these interventions is likely to be commensurate with the level of resistance to the contact being presented by the pupil. If resistance were minimal, then it is likely that such interventions would be recorded on CPOMS.

Where resistance to a restriction being placed on a pupil’s movement is greater, or the situation in which it is employed is more serious (with greater risk of injury to someone), any intervention is likely to meet the criteria for being termed a higher order “**restrictive physical intervention**” or “**restraint**” (these terms are used interchangeably in Government documents to refer to the same level of restriction).

Restrictive interventions are defined by the Department of Health as:

“deliberate acts on the part of other person(s) that restrict an individual’s movement, liberty and/or freedom to act independently in order to:

- take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and

- end or reduce significantly the danger to the person or others; and
- contain or limit the person's freedom for no longer than is necessary"

(Positive and Proactive Care, 2014, pg 14)

As set out in the DfE's "School Teachers' Pay and Conditions Document 2020, all staff (both teaching and non-teaching) at Brookfields School have a duty of care to all of the pupils and must strive to keep them safe and free from harm at all times. In order to assist staff to discharge this duty, Section 93 of The Education and Inspections Act 2006 empowers school staff to use "reasonable force...to prevent a pupil from hurting themselves or others, from damaging property or from causing disorder."

At Brookfields School, a restrictive physical intervention such as this would only ever be used in exceptional circumstances where there is significant danger and risk of injury to a pupil or adult and there is no less restrictive means available at that point to bring about rapid and safe control in order to keep people safe. If it were used as an unplanned response to an emergency situation (as a result of a pupil's sudden and unexpected intense reaction to something or someone), this would prompt an immediate review of the incident and the pupil's behaviour support plan to ascertain what steps need to be taken to minimise the risk of this reoccurring (including identifying alternative responses that could be made if the pupil were to experience such high levels of upset, anxiety, confusion, anger, or distress in the future).

Restrictive physical interventions would not normally be used as a planned response for a pupil (i.e. knowing in advance that a pupil's responses to challenging situations may sometimes put themselves or others at such risk of injury that they need this level of physical intervention to keep everyone safe) but if such a situation did arise where it was being considered as a planned response, then parents would be actively involved in drawing up a behaviour support plan which would aim to minimise and then further reduce such occurrences. All restrictive physical interventions would be recorded on the school's secure incident logging platform, CPOMS, and be subject to the stringent review processes as detailed in the "Recording and Reporting" section below.

Whenever any physical contact, physical intervention, or restrictive physical intervention is used with any pupil, staff should always ensure that any contact made:

- Does not cause pain
- Does not use excessive force
- Does not restrict breathing
- Does not involve holding joints
- Does not involve holding limbs out of body-alignment
- Does not involve holding a pupil face down.

STAFF TRAINING IN THE USE OF RESTRICTIVE PHYSICAL INTERVENTION

In conferring the power to use force on all school staff, the Department for Education does not legally require schools to undertake any specific training in the use of physical

intervention. However, Department of Health and Social Care (DHSC)'s non-statutory guidance document: "Reducing the Need for Restraint and Restrictive Intervention" (2019) states that:

"Training should be tailored to take account of the needs of the children and young people being taught and/or cared for and the role and specific tasks that staff will be undertaking. It should cover approaches to meeting children and young people's needs more effectively, preventing the escalation of crisis situations, and reducing and minimising the need for restraint through positive behavioural support" (pg. 28)

DHSC continues that:

- "Staff should only use restraint techniques for which they have received training and can demonstrate competence. The setting or service should record the methods that a member of staff has been trained to use." (pg. 28)

At BROOKFIELDS School, all members of staff receive training in Positive Behaviour Support.

In addition, all staff at Brookfields School are trained through Team teach training. Team teach places an emphasis on the importance of non-restrictive positive behaviour management strategies to enable them to develop skills to deal with challenging situations and behaviours in ways that lead to desirable outcomes and positive relationships with pupils. Staff engage in refresher training every 2 years.

MONITORING, RECORDING AND REPORTING

The purpose of having a written behaviour programme, whether a lower-level PBSP (Positive Behaviour Support plan), or a more detailed PBSP is to help a pupil to overcome the challenges they face in dealing with everyday life. In order to know whether the teaching programmes that staff have put in place are having the desired positive impact, it is necessary to monitor and record behavioural incidences to judge whether or not they are reducing in frequency, duration or severity. This monitoring and recording may take several forms, and may include logging incidents of behaviour within a pupil's PBSP documentation, or making a written entry on the school's secure incident logging platform.

If **physical contact** (as defined above) is used with pupils, there is no need to log this, unless there are safeguarding concerns.

If physical intervention at the lower end of the restriction continuum (as defined above) is used with a pupil as a behavioural response, staff may record this within the pupil's PBSP documentation, but will most likely not need to make an entry CPOMS (unless the pupil became unexpectedly upset and behaviour escalated as a result of this restriction).

If physical intervention at the mid-level of the restriction continuum (as defined above) is used with a pupil as a behavioural response, staff will record this on Arbor. This would in turn be reviewed by a member of the leadership team and follow-up actions would most likely be initiated.

If a restrictive physical intervention (as defined above) was ever used as either an emergency or planned response with a pupil, in order to keep people safe in an increasingly dangerous situation, this would be recorded on CPOMS and would trigger a detailed review of the incident and circumstances that led up to it (see Appendix 2 for details of the review questions and potential actions). Whilst there is no statutory requirement for schools to collect and use data to monitor restraint or restrictive physical interventions, this must be prioritised in order to support us to understand individuals better and respond to any unmet needs.

The intention following any use of RPI is to understand the circumstances that led to such a situation occurring and to put support, practices, and procedures in place to ensure that the risk of future use of RPI is reduced. In line with DHSC (2019) guidelines, data relating to the use of Restrictive Physical Interventions will be monitored, reviewed, collated and reported upon to ensure that if there are any RPIs used across school or with individuals, quantifiable year on year reductions are achieved.

RESPONDING TO ACCUSATIONS

In line with Government and County policy, any staff or pupils who are involved in an incident where force is used will be given whatever appropriate medical and pastoral support is required. Where an accusation of the use of excessive force is made against a member of staff, this will be investigated without prejudice. Suspension of the member of staff while the investigation is undertaken is not automatic, however, and pastoral support will be provided as required. If any allegations are proven to be false, disciplinary procedures against the person bringing the complaint may be instigated if considered appropriate.

IMPLEMENTATION OF THE POLICY ACROSS ALL CHESHIRE CONSORTIUM SPECIAL SCHOOLS: STAFF TRAINING AND DEVELOPMENT

- A named Behaviour Practice Lead should be appointed in each school and receive appropriate training at local and national level
- All Behaviour Practice Leads should be part of the CSSC consortium network to support practices in schools and maintain an overview reflecting current initiatives
- Consortium meetings should continue to have a multi-disciplinary focus, with representatives of other services (speech and language, occupational therapy, mental health) being invited to share practice and knowledge on a regular basis
- Consortium meetings should be held on a half-termly basis, with additional updates and the opportunity to work collaboratively through a 'Community of Practice'. It is the expectation that all Behaviour Practice Leads attend these sessions.

- Additional training, support and guidance may be available to schools and individual pupils on request, by an BILD-trained behaviour consultant
- Individual schools' Practice Behaviour Leads, in liaison with their Leadership Team, should provide induction training in the PBS approach, to new staff
- Where required, collaborative PBS training for groups of new staff across CSSC schools will be undertaken by designated Practice Behaviour Leads.

IMPLEMENTATION OF THE POLICY: MEASURING SUCCESS

The success of the principles and practices set out in this policy will be measured against the following seven valued outcomes, related to PBS:

- Durability: when behaviour decreases, is this change maintained long term?
- Generalisation: has behaviour change in one setting transferred to all other settings in which it was a problem?
- Speed and degree of effects: has the behaviour decreased quickly enough and to an acceptable level?
- Reduction of episodic severity: does intervention reduce the impact of the behaviour when it does occur, so that there is less damage to the environment, less injury to the pupil and others, and less disruption to the daily routines and activities?
- Reduction of negative side effects: can we be sure that the process used to reduce the behaviour, has not inadvertently created other problems/side effects?
- Social validity: are the techniques being used viewed as acceptable to society at large, and to the family of the individual? Does the pupil agree to the intervention practices, or if they were able to speak, would they give consent?
- Clinical validity: do the techniques being used ultimately increase the pupil's access to enriching experiences and interaction within the school and wider community: do they bring about lifestyle enhancement?

IMPLEMENTATION OF THE POLICY: REVIEW

- The Headteacher will monitor practice and policy in the school, and share this information with the school's Safeguarding Governor
- This policy will be reviewed on an annual basis by members of the Cheshire Special Schools' consortium, as part of a scheduled coordinators' training day
- The policy will be reviewed by the school's Governors annually

APPENDIX 1 - POSITIVE BEHAVIOUR SUPPORT PLANS



Pupil	
LISTEN, RESPOND, TEACH: BEHAVIOUR SUPPORT PLAN FOR:	
Started Oct 22	
When things are going <u>well</u> ...	sometimes has difficulties with...
What can we do to make life easier for him? Ensure he has auditory and visual cues to help him when things are coming to an end. Tell him what is coming next. Look out for times when he seems unsettled and engage him in another activity. .	What will we teach him to do?
What sometimes does...	What this means...
What we can do to help him when he does this	
Support plan developed by:	

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EXTENDED LRT (LISTEN, RESPOND, TEACH) PLAN Page 1 of 2

PUPIL'S NAME:	CLASS:	DATE OF PLAN:
Situations and places s/he finds difficult	Why does s/he struggle with this?	How does s/he let me know this is a problem for him/her? What do I see/hear?
Demands and requests s/he finds difficult	Why does s/he struggle with this?	How does s/he let me know this is a problem for him/her? What do I see/hear?
What impact would this behaviour have, if this person presented it as an adult in the community?		
What skills does this person need to learn, to cope better with these situations and demands?		What specific skills should I teach him/her this year?
EXTENDED LRT TEACHING PLAN Page 2 of 2		
Skill 1 sub-steps to teach	Skill 2 sub-steps to teach	Skill 3 sub-steps to teach
When, how often and who by?	When, how often and who by?	When, how often and who by?
When this person shows this behaviour:	It means:	How can I help?
What can I do in the short term to reduce the challenges and anxieties for this person, while I am teaching them to cope better?		

APPENDIX 2a – RESTRICTIVE PHYSICAL INTERVENTION LOG

*To be completed on CPOMS

RECORDING THE RESTRICTIVE PHYSICAL INTERVENTION:
Name of pupil / Date and time of RPI
Staff involved in RPI
Sequence of events leading up to RPI being used (describe how the behaviour began and progressed, and the responses made by staff at each point along the way)
Reason for using RPI (describe why you felt PI was necessary eg to protect the pupil/others from injury, to move the pupil away from a distressing situation, to prevent serious damage to property etc)
Description of RPI used (describe how staff made physical contact with the pupil)
Duration of RPI (Describe how long staff made physical contact with the pupil)
Was RPI used with this pupil as an emergency or planned response?
Were the 6 principles of physical intervention adhered to when staff used this RPI? Any contact made: <ul style="list-style-type: none">• must not cause pain• must not use excessive force• must not restrict breathing• must not involve holding joints• must not involve holding limbs out of body-alignment• must not involve holding a pupil face down
IMPACT SECTION:
<ul style="list-style-type: none">- Was the RPI effective in helping the pupil to calm and regain composure? Give details- Was the RPI effective in keeping everyone else safe? Give details- Were there any injuries as a result of the RPI being used? Give details
REFLECTION SECTION:
<ul style="list-style-type: none">- In hindsight, why did this pupil become so upset, angry or distressed that RPI was used?- In hindsight, if a similar situation occurs again, what could you advise staff to do differently to avoid the pupil becoming so upset, angry or distressed that RPI is considered to be the only safe option?
Have parents been informed of the RPI - indicate yes

APPENDIX 2b – RESTRICTIVE PHYSICAL INTERVENTION LEADERSHIP REVIEW

*To be completed on CPOMS

<p>Were the 6 principles of physical intervention adhered to when staff used this RPI?</p> <p>Any contact made:</p> <ul style="list-style-type: none"> • must not cause pain • must not use excessive force • must not restrict breathing • must not involve holding joints • must not involve holding limbs out of bod- alignment • must not involve holding a pupil face down
<p>Was physical injury caused to the pupil as a result of this RPI? (Give details of who checked the pupil, injuries sustained and any treatment or action required)</p>
<p>Was a body map completed?</p>
<p>Was emotional distress caused to the pupil as a result of this RPI? (Give details and any action required)</p>
<p>Was physical injury caused to any of the staff as a result of this RPI? (Give details of injuries and any treatment or action required)</p>
<p>Was emotional distress caused to any of the staff as a result of this RPI? (Give details and any action required)</p>
<p>Was the pupil given the chance to talk about the incident and specifically the use of RPI, to express their feelings about it, afterwards? (Give details of what the pupil said about how the RPI made them feel)</p>
<p>Were parents informed about this incident (how, when and who by)?</p>
<p>Did parents request any further action, or were they offered the opportunity to discuss this incident with school, or to participate in a review of the pupil's behaviour support needs?</p>
<p>Does this pupil have a Positive behaviour support plan? written by school's Behaviour Practice Lead, PBSP written by external PBS consultant etc)</p>
<p>Was RPI used with this pupil as an emergency or planned response?</p>
<p>Does this pupil have specific details of RPI (i.e. what to do and when to do it) as a planned reactive response, written in their behaviour support plan?</p>
<p>If so, are parents aware that RPI is listed as a planned reactive response for their child, and in agreement with this?</p>
<p>Have all the staff who work with this pupil on a daily basis had formal training in the use of restrictive physical intervention? (Give specifics)</p>

Have all the staff who were involved in this specific RPI had formal training in the use of physical intervention? (Give specifics)
How many other times has RPI been used with this pupil in the last 12 months? (if fewer than 6, give dates; if more than 6, give overall tally for each month)

APPENDIX 2c – RESTRICTIVE PHYSICAL INTERVENTION REVIEW – POTENTIAL ACTIONS FOR MEMBERS OF THE SCHOOL’S LEADERSHIP TEAM TO REFLECT ON

*To be completed on CPOMS

<p>ACTIONS TO REDUCE THE LIKELIHOOD OF EMERGENCY OR PLANNED RESTRICTIVE PHYSICAL INTERVENTION BEING USED AGAIN WITH THIS PUPIL (indicate which of the following will be initiated)</p>
<p>A: If a behaviour support plan is not currently in place:</p> <ol style="list-style-type: none"> 1) staff team to be supported to produce a Positive Behaviour Plan 2) school's Behaviour Practice Lead to carry out an assessment and produce a PBSP (Positive Behaviour Support Plan) and support staff to implement it 3) school to request support from external PBS consultant for guidance on carrying out an assessment and producing a PBSP 4) Parents to be consulted as part of the assessment process
<p>B: If a behaviour support plan is currently in place:</p> <ol style="list-style-type: none"> 5) staff team to be supported by the school's Behaviour Practice Lead to review the pupil's PBSB 6) school's Behaviour Practice Lead to work with staff team in focusing on identifying the pupil's behaviour course and alternative reactive responses 7) school's Behaviour Practice Lead to carry out an assessment and produce a PBSP (Positive Behaviour Support Plan) and support staff to implement it 8) school to request support from external PBS consultant for guidance on carrying out an assessment and producing a PBSP 9) Parents to be consulted as part of the reassessment process
<p>C: Specific staff support needs:</p> <ol style="list-style-type: none"> 10) Staff to attend in house PBS training 11) Staff to attend a twilight/in hours PBS refresher course 12) Staff to attend a certified PI training course 13) Staff to be given a twilight/in house refresher on PI they have previously been trained to use
<p>D: Other actions taken (specify)</p>