

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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CESHIRE SPECIAL SCHOOLS' CONSORTIUM 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. Representatives from each school regularly attend development training days led by an external IABA-trained consultant.

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. It follows guidelines set out in the following documents:

- Section 550ZA of the Education Act 1996
- Sections 88 and 89 of the Education and Inspections Act 2006
- Section 93 of the Education and Inspections Act 2006
- "Challenging Behaviour: A Unified Approach" (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, March 2007)
- "Physical Interventions: A Policy Framework" Revised (Harris J, Cornick M, Jefferson A and Mills R/BILD, 2008)
- Equality Act 2010
- "Use of Reasonable Force: Advice for Head Teachers, Staff and Governing Bodies" (DfE, July 2013)
- "Ensuring Quality Services: core principles for the commissioning of services for children, young people, adults and older adults with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges" (Local Government Association, February 2014)
- "Positive and Proactive Care: Reducing the Need for Restrictive Interventions" (Department of Health, April 2014)
- "A Positive and Proactive Workforce: a guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health" (DH/Skills for Care/Skills for Health, April 2014)
- "Behaviour and Discipline in Schools: Guidance for Governing Bodies" (DfE, September 2015)
- "Behaviour and Discipline in Schools: Advice for Head Teachers and School Staff" (DfE, September 2020)
- "Governance Handbook: Academy Trusts and Maintained Schools" (DfE, October 2020)
- "Searching, Screening and Confiscation: Advice for Head Teachers, School Staff and Governing Bodies" (DfE, January 2018)
- "Positive Environments Where Children Can Flourish" (OFSTED, March 2018)
- "School Teachers' Pay and Conditions Document 2020" (DfE, September 2020)
- "Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings" (DHSC, June 2019)
- "Reducing Restrictive Intervention of Children and Young People: Update of case study results" (Challenging Behaviour Foundation, February 2020)

INTRODUCTION

At Brookfields School the staff and Governing Body 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 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 on one's own physical or emotional wellbeing, or on the emotional or physical wellbeing of others

We believe that challenging behaviour is 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 challenging 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 eg as an adult: doing housework, going to the dentist etc)
- Coping with criticism (when somebody passes judgment 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 (eg 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, profound, multiple or 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 the Institute of Applied Behaviour Analysis (IABA), an internationally renowned organisation and market leader in using multi-element 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 challenges the families, carers, schools and services that support them. From 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.

ASSESSMENT							
Gather information to better understand what is going on from the individual's perspective and what the messages are that they are trying to communicate to us							
Environmental Changes Change the environment to reduce triggers that cause conflict, and better respond to person's needs: <ul style="list-style-type: none"> Physical changes Activity changes People changes 		Teaching skills Teach person new skills to: <ul style="list-style-type: none"> Communicate needs Improve independence Improve coping with life's stresses 		Using reinforcement Use reward programmes to: <ul style="list-style-type: none"> Teach the person self-control Motivate them to use new skills 		Reactive responses Develop a full range of responses to use at different points in behaviour escalation, to help the person calm and so keep everyone safe	
A support plan should produce...	...long-term changes...	...across all settings...	...using techniques which are acceptable to society...	...and the person and their family...	...which do not cause more problems than they solve...	...and which reduce the behaviour's occurrence, duration or severity...	...and result in a better, richer and more inclusive life for the person

Brookfields School's model for Positive Behaviour Support, based upon the multi-element model developed by IABA

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 challenging, 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.

SCHOOL RULES

In line with Government requirements, Brookfields School has devised the following school rules, which 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. Our school's Golden Rule is therefore "Show you care for yourself and others" and pupils will be expected, and where necessary, taught how to:

- Be helpful and kind
- Care for each other
- Always do your best and let others do the same
- Be sensible around school and on the playground
- Always follow any classroom rules
- Be proud of yourself and your work
- Learn from your mistakes
- Always be safe

ADDITIONAL RULES IN RESPONSE TO THE COVID-19 CRISIS

At Brookfields School, we are aware that some of our pupils can express their anxiety, frustration or anger in ways that sometimes put others at risk. Whilst we always work proactively with our pupils in reducing and replacing behaviours of concern, some, such as spitting and biting can present a very high risk of harm to others during the covid-19 outbreak. Additional measures to keep people safe will need to be adhered to, in line with our school's covid-19 response (outlined in Appendix 3).

In order to keep all people in school as safe as possible, everybody will need to follow the school's guidance on social distancing and increased personal hygiene measures. Pupils will be supported to understand and follow these additional "school rules." Where individual pupils struggle to follow such requirements, a risk assessment will be undertaken to inform the best course of action to undertake to keep everyone as safe as possible.

SEARCHING PUPILS FOR PROHIBITED ITEMS

As for all schools in England, the Head Teacher and staff authorised by the Head Teacher 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
- 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.

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 (ie 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).

Sexual violence and harassment, including peer-on-peer (child-on-child) sexual abuse will be taken very seriously in our school and we will use the guidance contained within our Safeguarding & Child Protection Policy, as well as guidance from Part Five in KCSiE (Keeping Children Safe in Education) and the DfE's guidance document 'Sexual violence and sexual harassment between children in schools and colleges' in dealing with such incidents.

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 (eg 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" (eg 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

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 INSET training to all staff to support them to fulfil their professional duties effectively. Specific training in using the IABA multi-element PBS model to support 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 trained to a higher level in the IABA approach) to act as coordinators within school. Coordinators have their own ongoing programme of training throughout the year, and are able to provide training and support to all staff in school to respond to the behavioural needs of their pupils. They also have access to a range of documents (some of which are referred to below) to use in assessing pupils' needs and producing positive behaviour intervention plans if they are needed.

With their own professional training, and the additional support offered by coordinators, most staff in school will be able to meet the everyday behavioural challenges of their pupils, 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.

LRT (LISTEN, RESPOND, TEACH) PLANS

For a small number of children within any classroom, the teacher may produce a more formalised positive behaviour support plan, such as an LRT (Listen, Respond, Teach) 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.

There are 3 levels of LRT plans which may be utilised, depending on the unique needs of a pupil (see appendix 1 for pro formas):

- 1) LRT Basic (produced by class staff, which focuses on understanding messages behind behaviour, changing triggers and responding in ways that help to reassure and calm a pupil)
- 2) LRT Extended (produced by class staff with oversight from the school's coordinator, which places more focus on teaching functionally-equivalent and related skills)
- 3) LRT+ (a more comprehensive plan produced by class staff who are led through the process via a 2-3 hour workshop led by the school's behaviour coordinator)

SPECIALIST SUPPORT FOR PRODUCING A POSITIVE BEHAVIOUR SUPPORT PLAN

For most pupils who display challenging behaviour, the above measures should be successful in bringing about positive behaviour change. However, if the challenges 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 (eg Educational Psychology Services, Learning Disabilities CAMHS Teams, or an IABA-trained behaviour consultant), who may carry out a more comprehensive behavioural assessment and produce a more prescriptive PBSP 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 IABA’s multi-element PBS model, the emphasis is on teaching a pupil new skills so that they do not have to present challenging behaviour 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 challenging behaviour 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 (ie those responses which adults make when behaviour challenges 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 resettlement as quickly and as effectively as possible.

IABA’s multi-element model recognises that traditional responses when unwanted behaviour is occurring, such as applying negative consequences (eg 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, IABA 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 (ie 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 eg 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 point 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 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 written 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 Head Teachers, 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 such interventions would be recorded within the Incident & Accident Book.

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 (ie 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 within the Restrictive Physical Intervention Log 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 use 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 (which the Cheshire Special Schools' Consortium Training Programme has been providing to all participating schools since 2002).

In addition, Team Teach training is provided for all staff delivered by an accredited external Team Teach trainer. Subsequent refresher training is delivered every 3 years.

MONITORING, RECORDING AND REPORTING

The purpose of having a written behaviour programme, whether a lower-level LRT (Listen, Respond, Teach) plan, or a more detailed PBSP (Positive Behaviour Support Plan) 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 LRT or PBSP documentation folder, 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 incident/accident book.

If **physical intervention** at the mid-level of the restriction continuum (as defined above) is used with a pupil as a behavioural response, staff record this within the Restrictive Physical Intervention Log.

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 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).

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 coordinator/s should be appointed in each school and receive appropriate training at local and national level
- All coordinators should be part of the 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/termly basis, with training for staff presented within these meetings by an IABA-trained behaviour consultant
- Additional training, support and guidance may be given to schools and individual pupils on request, by an IABA-trained behaviour consultant
- 2-day, 1-day, half day and twilight courses which promote IABA's Positive Behaviour Support multi-element model, should be provided to staff from the consortium schools, as required throughout the year, by either an IABA-trained behaviour consultant or an individual school's own behaviour coordinator/s
- Individual schools' behaviour coordinators, in liaison with their Leadership Team, should provide induction training in the IABA approach, to new staff

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, as proposed by IABA:

- 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 him/herself 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 Head Teacher 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 on a regular basis.

APPENDIX 1 – LRT Basic, LRT Extended and LRT+
 Remove Appendix 1 if your school does not use LRTs

LISTEN, RESPOND, TEACH: BEHAVIOUR SUPPORT PLAN FOR:	
When things are going well, sometimes has difficulties with...
What can we do to make life easier for him/her?	What will we teach him/her to do?
What sometimes does...	What this means...
What we can do to help him/her when he does this...	
Support plan developed by:..... On:	

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?		

LISTEN, RESPOND, TEACH - LRT+

LISTEN, RESPOND, TEACH - LRT+	
TRIGGERS TO AVOID (T):	DO MORE OF:
<div> <div> <div>AVOID:</div> <div>SITUATIONS THAT THE PUPIL LACKS SKILLS IN (X):</div> </div> </div>	<div> <div> <div>THINGS THE PUPIL LIKES (✓):</div> <div>THINGS THE PUPIL IS GOOD AT (+):</div> </div> </div>
<div> <div>WHEN THESE BEHAVIOURS OCCUR (B):</div> </div>	<div> <div>THE PUPIL IS TELLING YOU THAT (●):</div> </div>
<div> <div>HELP THEM TO CALM BY (R+):</div> </div>	<div> <div>AVOID (R-):</div> </div>
<div> <div>TEACH THE PUPIL HOW TO ASK FOR/TELL YOU THESE THINGS IN BETTER WAYS (●):</div> </div>	<div> <div>TEACH THE PUPIL HOW TO TOLERATE/COPE WITH THESE THINGS (T) (X):</div> </div>

APPENDIX 2a – RESTRICTIVE PHYSICAL INTERVENTION LOG – QUESTIONS FOR STAFF TO ADDRESS WHEN LOGGING AN INCIDENT

Edit these questions to suit your recording systems

Date and time of RPI
Name of pupil
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?
Does this pupil have specific details of RPI (ie what to do and when to do it) as a planned reactive response, written in their behaviour support plan?
<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 body alignment • must not involve holding a pupil face down
Impact of RPI: was the RPI effective in helping the pupil to calm and regain composure? Give details
Impact of RPI: 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 on RPI: in hindsight, why did this pupil become so upset, angry or distressed that RPI was used?
Reflection on RPI: 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?

APPENDIX 2b – RESTRICTIVE PHYSICAL INTERVENTION REVIEW – QUESTIONS FOR MEMBERS OF THE SCHOOL'S LEADERSHIP TEAM TO REFLECT ON

Edit these questions to suit your reviewing systems

<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 body 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 behaviour support plan? (State what level eg LRT Basic, LRT Extended, LRT+, Positive Behaviour Support Plan (PBSP) written by school's IABA Behaviour Coordinator, PBSP written by external IABA 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 (ie 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>
<p>Have all the staff who were involved in this specific RPI had formal training in the use of physical intervention? (Give specifics)</p>
<p>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)</p>

APPENDIX 2c – RESTRICTIVE PHYSICAL INTERVENTION REVIEW – POTENTIAL ACTIONS FOR MEMBERS OF THE SCHOOL’S LEADERSHIP TEAM TO REFLECT ON
Edit these actions to suit your reviewing systems

<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 an LRT, LRT Extended or LRT+ 2) school’s IABA coordinator 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 IABA 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 IABA coordinator to review the pupil’s LRT, LRT Extended or LRT+ 6) school’s IABA coordinator to work with staff team in focusing on identifying the pupil’s behaviour course and alternative reactive responses 7) school’s IABA coordinator 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 IABA 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 a 2 day IABA course 11) Staff to attend a twilight/in hours IABA 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>

APPENDIX 3 – SCHOOL’S COVID-19 RESPONSE GUIDELINES

Add your school’s covid-19 response guidance here