CHESHIRE SPECIAL SCHOOLS’ CONSORTIUM

BEHAVIOUR SUPPORT POLICY

**SPRINGFIELD SCHOOL**

**Crewe**

**Cheshire East**

**SEPTEMBER 2016**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | | **CONTENTS** | **Page** | | Purpose | 3 | | Introduction | 4 | | Positive Behaviour Support | 5 | | IABA’s PBS multi-element model | 6 | | School rules | 6 | | Searching pupils for prohibited items | 7 | | Safeguarding children | 7 | | Staff training in PBS | 8 | | LRT (Listen, Respond, Teach) plans | 8 | | Guidance for producing a more formal Individual Behaviour Plan | 8 | | Specialist support for producing an IBP | 10 | | Responding to severe behavioural challenges: reassuring, redirecting and keeping people safe | 11 | | Time out, Withdrawal and Seclusion | 11 | | Non-restrictive Physical Contact/Physical Intervention | 13 | | Restrictive practices | 13 | | Definitions of Physical Contact and Physical Intervention | 15 | | Minimising the need for Physical Intervention | 17 | | Monitoring, recording and reporting | 17 | | Responding to accusations | 18 | | Implementation of the policy | 18 | |  | | Page |  |
|  |  |  |

CHESHIRE SPECIAL SCHOOLS’ CONSORTIUM BEHAVIOUR SUPPORT POLICY

A consortium of 10 Cheshire special schools has developed this policy: Brookfields, 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 Springfield 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
* “Physical Interventions: A Policy Framework” (BILD, 1999)
* “Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder” (DES/DoH, July 2002)
* 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)
* Equality Act 2010
* “Use of Reasonable Force: Advice for Head Teachers, Staff and Governing Bodies” (DfE, July 2013)
* “Behaviour and Discipline in Schools: Guidance for Governing Bodies” (DfE, July 2013)
* “Searching, Screening and Confiscation: Advice for Head Teachers, School Staff and Governing Bodies” (DfE, February 2014)
* “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)
* “School Teachers’ Pay and Conditions Document” (DfE, September 2014)
* “Behaviour and Discipline in Schools: Advice for Head Teachers and School Staff” (DfE, September 2014)
* “Governors’ Handbook: For Governors in Maintained Schools, Academies and Free Schools” (DfE, January 2015)

**INTRODUCTION**

At Springfield 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 Springfield 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.

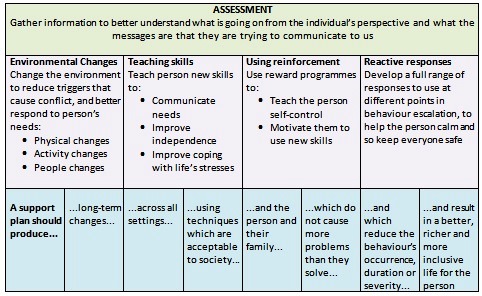
By identifying difficult behaviours, considering physical and sensory issues, addressing mismatches in the environment and focusing on a person’s highly individualised strengths and needs, we aim to design programmes to teach more effective means of communication, more socially appropriate interactions 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.



Springfield 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 Springfield 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, Springfield School has devised the following school rules, which are communicated to all parents and pupils via Home-School Agreements and publication in this policy document.These rules focus on promoting a culture of care, cooperation, respect of 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 taught, supported and encouraged to:

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

**SEARCHING PUPILS FOR PROHIBITED ITEMS**

As for all schools in England, the Head Teacher and staff authorised by the Head Teacher at Springfield School have a statutory power to search pupils or their possessions, 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, via the Governing Body’s “Behaviour and Discipline at Springfield School: General Statement of Principles” document published on the school’s website, and via the Home-School Agreements which all parents are invited to sign.

STATUTORY AND LOCAL REGULATIONS ALSO REQUIRE THE INCLUSION OF THE FOLLOWING STATEMENT IN THIS POLICY DOCUMENT

**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 follow the Local Safeguarding Children Procedures which are essentially the same as for non-disabled children.  Particular attention should be paid to promoting high standards of practice and a high level of awareness of the risks of harm and strengthening the capacity of children and their families to help themselves.

# **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. Springfield 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 behaviour programme, such as an LRT (Listen, Respond, Teach) Plan, which will 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.

At Springfield School, it is envisaged that the above measures will be sufficient in meeting the needs of most pupils. However, we acknowledge that for a very small number of children, the challenge which their behaviour presents can be significantly greater. For those pupils whose behaviour has the potential to impact on their quality of life and restrict their learning and development of academic, social, communication, independence, coping and tolerance skills at this level, it may be necessary for coordinators to support staff to produce a more formal Positive Behaviour Support Plan (PBSP), based on the IABA multi-element PBS model, by following the stages as set out below.

**GUIDANCE FOR PRODUCING A MORE FORMAL PBSP (POSITIVE BEHAVIOUR SUPPORT PLAN)**

**STAGE 1: MAKING AN INTERNAL REFERRAL AND COLLECTING DATA**

* In consultation with the support staff team, the class teacher should identify any areas of concern and make a referral to the school’s IABA behaviour coordinator for advice and support
* The coordinator may find that s/he is able to give advice which precludes the need for further action. However, if the child’s needs are significant, s/he should ask the class teacher to gather baseline data using agreed pro formas (eg the STAR recording chart, or individualised frequency or severity charts) to determine the frequency, duration, severity, course and cycle of the behaviour. Recording on these charts should continue for an agreed time period (eg 1 - 2 weeks)
* During this data collection stage, the coordinator should arrange to make several short observations of the child in different settings/activities where behaviour is known to be more likely to be presented. In addition, the coordinator may also need time to look at pertinent documents which have been written about the child and which may give clues as to the behaviour messages. Useful documents for the coordinator to review are likely to include incident forms, home-school diaries, the child’s most recent annual review report, and any reports written by external professionals (eg speech therapist, educational psychologist, clinical psychologist, social worker or Learning Disability CAMHS team members). Additional information may be sought by talking to people who know the child well (especially family members or carers)
* After gathering information through classroom observation and reading reports etc, the coordinator may wish to use the Brief Functional Assessment document to assist in organising the data and formulating hypotheses regarding behaviour messages

**STAGE 2: REFLECTING ON DATA AND WRITING AN INTERIM SUPPORT PLAN**

* After baseline data have been collected, the behaviour coordinator should meet with the class team to discuss the data collected, observations made, and reports read
* Ideally, a member of the school’s leadership team should be present at this meeting, to offer support (if the coordinator is not already part of this team)
* The coordinator may ask staff for more details about the data eg to describe particular instances in detail
* During this meeting, the behaviour coordinator may be able to suggest the likely messages which the pupil may be trying to convey by the behaviour, and identify some of the new or replacement skills which the child can be taught so that s/he no longer needs to use this behaviour to get this need met
* During the meeting (or shortly afterwards, if more time is needed), an Interim Support Plan should be produced to give the staff some written guidance on how to proceed in the short-term, whilst Personal Learning Plan (IPLP) are being formulated for the teaching of new skills. The Interim Support Plan should give staff information about aspects of the pupil’s current environment which are causing anxiety, conflict or distress, which may be reduced in the short term while new skills are being taught; the Interim Support Plan should also guide staff on how to respond when warm-up behaviours (which indicate the pupil is beginning to experience difficulty) are observed, to reassure, redirect and calm the pupil and the situation, and thus keep everybody safe.

**STAGE 3: PRODUCING A MORE FORMALISED PBSP**

* The Interim Support Plan should continue to be followed, whilst the class teacher, with the support of the behaviour coordinator, develops a more detailed Positive Behaviour Support Plan (PBSP) which is likely to include:
  + More detailed guidance on changes to be made to the child’s environment whilst skills teaching is taking place
  + Specific PLPs to teach new or replacement skills (including academic, communication, social, play, self-help, independence, coping and tolerance skills). The teaching of these new skills should become a priority, and it may be necessary to amend the pupil’s annual review targets (with parental agreement) to reflect this shift in emphasis
  + Specific reward programmes or alternative strategies which may be used to encourage the child to develop and exert self-control as new skills are being learned
  + More detailed guidance on positive responses which can be made when behaviour does occur, to rapidly de-escalate the situation and so keep everyone safe
  + Coordinators may wish to make use of a Summary Positive Behaviour Support Plan document to plan out the content of the PBSP
  + Each section of the Summary should be expanded upon so that classroom staff have clear and detailed intervention/implementation guidance.
  + The class teacher and a member of the school’s leadership team should plan to share the contents of the PBSP with parents/carers and obtain their approval at the earliest opportunity.

**STAGE 4: MONITORING AND REVIEWING THE PBSP**

* The behaviour coordinator should establish a monitoring programme, which may involve class staff continuing to record the target behaviour/s on a daily or weekly basis, using frequency, STAR and/or episodic severity charts. In addition, the behaviour coordinator should oversee the implementation of the PBSP, meeting regularly with all class staff to review its progress. Parents/carers should be kept informed of the pupil’s progress with information being shared on a regular basis and the PBSP reviewed formally as part of the Annual Review process
* The behaviour coordinator should continue to support the class staff, and may make recommendations to the school’s CPD coordinator in relation to any specific INSET needs

SPECIALIST SUPPORT FOR PRODUCING A POSITIVE BEHAVIOUR SUPPORT PLAN (PBSP)

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, Springfield 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. The school also acknowledges that should any pupil experience such severe difficulty in school that exclusion might be being considered as an option, then Local Authority involvement would also be sought.

**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 resettle 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 Springfield 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 Springfield 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 a number of reasons – perhaps it is too loud, too crowded, too bright, or the activity has become too easy, too hard or gone on for too long. If these types of things are difficult for a pupil to handle, they should have been identified and become a focus for teaching, with the aim of such teaching being to empower children to be able to take the appropriate action to deal with these challenges independently (so they can cope with the situation for longer, or take action to reduce the anxiety eg by practising a self-calming strategy or leaving the room in a controlled manner). 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 and do an alternative activity with them in a different environment (perhaps the library, or soft play, or sensory room, or outside on the playground – whichever area would best help the pupil to resettle). This action of **“withdrawing”** a pupil from an over-stimulating environment, to one that is better suited to provide an activity that will help to reduce their current arousal level, should be seen as a positive action related to redirection. If a pupil’s rising 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.

**“Seclusion”** is a term which is often misused and the action it describes is therefore sometimes confused with other responses. The most recent guidance from 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. Seclusion is therefore only permissible with a person who has either been detained under the Mental Health Act 1983, or is subject to a criminal order. Consequently it is not a practice to which we ascribe at Springfield School.

However, there is a difference between **deprivation** of liberty and **restriction** of liberty and it is also acknowledged that there may be occasions when a child’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 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.

In exceptional circumstances, a pupil who is extremely anxious, agitated or angry may find it difficult to follow adult direction to leave one area and accompany them to an alternative room or area in school where they should find it easier to resettle. When a pupil is withdrawn, staff should always plan to go with them and continue to use de-escalation strategies such as active listening, distraction and redirection to give empathy and support them in the calming process. The area that the pupil is withdrawn to should therefore be large enough for a member of staff to remain within it, alongside the pupil, without feeling unsafe or that their presence is making the situation worse. If the pupil is very upset, they may not be able to accept the adult direction that it is in their best interests to remain in this area until they feel calmer, and may seek to leave. If this happens and the adult feels that if the pupil leaves the area they may put themselves or others at risk, they may need to call on other adults to replace them who may be able to offer alternative forms of distraction and/or interaction that will promote calming. However, if all attempts at calming are proving ineffective, staff may consider using physical intervention as a last resort to either move the pupil to a better place where distraction and calming techniques may be more successful, or to keep the pupil where they are but also keep the staff who need to be there with him or her, safe. Although using physical intervention in these circumstances is a last resort (particularly as the pupil may find such contact aversive at this point) this is preferable to trying to prevent a pupil from leaving a safe area by isolating them in a room that they are unable to leave. Using “seclusion” like this may seem less upsetting to the pupil, but it is not permissible practice without a court order or mental health assessment and if it is employed as a one-off emergency procedure, steps (including liaising with parents/carers, social care, medical and mental health professionals, and the Local Authority) must be taken immediately afterwards to prevent it happening again.

NON-RESTRICTIVE PHYSICAL CONTACT

“Physical contact” refers to direct physical contact between one person and another and can therefore include contact which gives teaching guidance or support, or which serves an important emotional purpose. Examples of physical contact made within these contexts include: holding a pupil’s hand to walk down the corridor, supporting a pupil to stand or sit, supporting the head of a pupil who has poor muscle tone to enable them to take a drink, prompting a pupil to hold a tool or use a piece of PE apparatus, placing a hand on a shoulder to congratulate a pupil, or to offer empathy when upset, or touching a pupil’s limb to apply first aid. Contact of these sorts is recognised as both proper and important within a teaching role and is not considered to be restrictive unless a pupil actively resists such contact and the adult perseveres with the contact in spite of this (“Use of Reasonable Force: Advice for Head Teachers, Staff and Governing Bodies”, July 2013).

RESTRICTIVE PRACTICES

In contrast to using physical contact to support teaching as described above, using physical contact to interrupt behaviour (eg to block self-injury or to prevent a child hitting out at a classmate) or to lead a pupil out of a room, is a temporary restrictive practice, which the Department of Health’s workforce guidelines document (2014) defines as:

“Making someone do something they don’t want to do or stopping someone doing something they want to do”

*(A Positive and Proactive Workforce, 2014, pg. 9)*

The guidance acknowledges that there may be times when, in order to keep people safe, it may be necessary to ask pupils to do something they would prefer not to do, or to prevent them from continuing to do something that might be harmful to themselves or others, pointing out that:

“When people are distressed, ill, angry, confused or lack understanding of their situation they may need some degree of restriction to keep them or other people safe.”

*(A Positive and Proactive Workforce, 2014, pg 13)*

Examples of when such restrictive practices may be necessary 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 perhaps placing and holding a favourite soft toy in it that they can squeeze, to interrupt their attempts to bite their fingers when they are upset, holding a hand and moving it down to a child’s side if they are trying to hit or grab hold of another pupil, and in more extreme circumstances, holding a pupil’s hand or arm to lead them out of a classroom when to stay there would increase their agitation and put them or others at risk.

When, as in some of the above examples, a restrictive practice involves making physical contact with a pupil to interrupt a behavioural response, it is considered to be a “restrictive physical intervention”. DOH (2014) defines restrictive physical intervention as:

“Interventions that restrict an individual’s movement, liberty and/or freedom to act independently, in order to:

* take immediate control of a dangerous situation; 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”

*(A Positive and Proactive Workforce, 2014, pg 11)*

In April 2014, the Department of Health launched a new two year initiative: “Positive and Safe” with the aim of radically reducing all restrictive practice. At Springfield School, we endorse and fully embrace this initiative and, in line with DOH guidance would only ever consider using physical intervention when to not intervene in this manner would place a person in our care at risk.

As set out in the DfE’s “School Teachers’ Pay and Conditions Document 2014, all staff (both teaching and non-teaching) at Springfield 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.” Using force involves making physical contact with a person to control, or in more extreme circumstances, restrain them. It can only be deemed to be reasonable if the amount of force used is the least amount required to bring about a desired outcome to keep people safe, and it is used for no longer than is absolutely necessary.

Although all members of staff in schools in England have the legal power to use force, at Springfield School we recognise that for many of our pupils, physical contact which involves the use of force as described above is unwanted and may be perceived as aversive. Under these circumstances, making such contact is likely to lead to an escalation in the behaviour (which is the opposite of the intended effect). By using IABA’s multi-element approach, we aim to identify alternative responses that can be made when pupils experience upset, anxiety, confusion, anger or distress and so significantly reduce the need for intervening by making physical contact. Physical intervention would therefore only be recommended as a planned response for a pupil at Springfield School, as a last resort and in exceptional circumstances.

Under the Department for Education’s “Use of Reasonable Force” guidelines (2013) parental consent is not required in order for physical intervention to be used; however, should such a situation arise where it is being considered as a planned response, then it is hoped that parents would be actively involved in drawing up a behaviour support plan which would aim to minimise such occurrences.

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, 2014 Department of Health guidelines strongly recommend that staff who work with individuals whose behaviour can present challenges receive training in Positive Behaviour Support (which the Cheshire Special Schools’ Consortium Training Programme has been providing to all member schools for over 10 years) and if physical intervention forms part of a person’s support plan, that training is sought from an approved provider who also ascribes to the PBS model. If any pupil at Springfield requires this level of intervention as part of their individual behaviour programme, appropriate training will be commissioned from a British Institute for Learning Disabilities (BILD) registered provider.

**DEFINITIONS OF PHYSICAL CONTACT AND PHYSICAL INTERVENTION**

DfE’s (2013) “Use of Reasonable Force” document recognises that there are different levels of physical contact which may be made to interrupt behaviour, ranging from “control” (such as blocking a pupil’s attempt to hit another child, or leading them to another area) to “restraint” which involves holding a child back from continuing with a very dangerous behaviour which they may be seeking to continue or repeat.

In order to clarify the situation and to help staff, parents and Governors to better understand and monitor any actions taken in school which involve using physical contact with pupils, we propose the following distinctions:

**PHYSICAL CONTACT**

Physical contact is an important part of teaching in a special educational setting, where it is sometimes necessary to prompt, guide, support, comfort or reassure a pupil. However, there may also be times when physical contact may be needed to interrupt behaviour. Under these circumstances, the Cheshire Special Schools’ Consortium has defined **“Physical Contact”** as:

**the interruption of a behaviour by means of 1 member of staff making physical contact with a pupil**

Any contact made in this way must adhere to the statutory requirements detailed in Section 93 of the Education and Inspections Act 2006 and the guidance in the DfE (2013) publication “The Use of Reasonable Force.”

Examples of physical contact which may be necessary under these circumstances include:

* Holding a pupil’s hand
* Leading a pupil by the hand or arm to another area
* Placing one or two hands (if the pupil is using both hands to initiate the behaviour) on a pupil’s forearms, or holding both hands, to block repeated attempts at self-injury
* Using one or two hands to move a pupil’s hand/s away from making contact with and hitting another pupil

Under some exceptional circumstances, and with due consideration given to child protection, age-appropriateness and gender issues, physical contact might also involve:

* Placing an arm around a pupil’s shoulder
* Embracing a pupil to give empathy, comfort or an opportunity to calm

Any physical contact which is used with a pupil as a planned strategy to interrupt a behaviour should be listed in their pupil profile document, LRT (Listen, Respond, Teach) plan, or PBSP (Positive Behaviour Support Plan), and as such, should be discussed with parents/carers each time that the support plan is regularly reviewed. Although consent to use physical contact with a pupil is not required in law, it is important to ensure that parents/carers understand why any planned use of physical contact forms part of their child’s support plan and that it is is only used to keep their child safe when either they, or someone else who shares their environment, may present a temporary risk to that safety.

**PHYSICAL INTERVENTION**

At Springfield School, the term “Physical Intervention” is used to describe contact made with a pupil when a behaviour that is being presented poses a greater risk to themselves or others and needs more than one member of staff to intervene to keep everyone safe from potential harm. **“Physical Intervention”** is defined as:

**the interruption of a behaviour by means of 2 members of staff making simultaneous physical contact with a pupil**

Any contact made in this way must adhere to the statutory requirements detailed in Section 93 of the Education and Inspections Act 2006 and the non-statutory guidance in the DfE (2013) publication “The Use of Reasonable Force.” Examples of physical intervention which may be necessary under these circumstances include two staff simultaneously making physical contact with a pupil in order to:

* Move the pupil to a less crowded, less dangerous or less stimulating environment to enable them to calm down
* Prevent or interrupt a serious physical assault on another pupil or member of staff
* Prevent or interrupt an action which would cause serious harm to the pupil him/herself, either intentionally or unintentionally
* Prevent or interrupt serious damage being done to a physical environment or piece of equipment or property within it

When using physical intervention as described above, staff should adhere to the basic principles of physical intervention in ensuring 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

Physical Intervention would not normally form part of a pupil’s PBSP as such contact has the potential to escalate a situation. If it is used in an emergency as an unplanned response with any pupil, staff should carry out a risk assessment of the situation and consider what measures can be put in place to prevent the emergency situation recurring in the future.

**MINIMISING THE NEED FOR PHYSICAL INTERVENTION**

Physical Intervention involving 2 members of staff would not normally be used as a ‘planned response’ however, if in exceptional circumstances, Springfield School considered that a pupil might need this level of support on an occasional basis, the following procedures should be followed:

1. A risk assessment should be completed in relation to the pupil, to identify the level of risk and a range of control measures that may be introduced to reduce the risks
2. If the risk assessment indicates that, even with some control measures in place, there may still be a need to use physical intervention, they should arrange for a Brief Functional Assessment to be carried out, and a Positive Behaviour Suport Plan produced in relation to this pupil. This may be done by the school’s coordinator (who may wish to liaise with an IABA-trained consultant or other professionals eg Educational Psychology services or LD CAMHS, for additional support with this process). Consideration should be given to communication and sensory issues and advice sought from Speech and Language and Occupational Therapy professionals wherever these are available
3. If, once a Brief Functional Assessment has taken place, the recommendations conclude that physical intervention needs to be included as a possible reactive strategy, then the school should strongly consider arranging for all relevant staff to receive appropriate needs-based training in the use of physical intervention. This training should be provided by a BILD-accredited organisation
4. Parents/carers should be actively involved in the assessment process and if Springfield School concludes that a physical intervention needs to be included in a pupil’s PBSP then parents need to feel reassured that such actions are only ever taken as a last resort and to keep their child safe.

**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, making an entry in the school’s incident log book or physical intervention log book, or uploading summary data onto the school’s dedicated behaviour monitoring computer programme.

Where **physical contact** is made with a pupil as a behavioural response, this is likely to be recorded within a pupil’s LRT or PBSP folder and may be uploaded into a summary data software programme. Information regarding these occurrences will be shared with parents at regular intervals, or more frequently if specifically requested.

Where **physical intervention** is used with a pupil as a behavioural response, this would always be recorded in the school’s Physical Intervention log book. Parents would be informed immediately that such an incident had taken place, and provided with details of the incident, including a copy of the log if required. Parents should also feel reassured that the school considers such incidents exceptional and will always review practice and responses following such an occurrence, to find alternative ways forward to better support their child.

In addition to the above, there will be times when significant behavioural incidents occur in school, in which a pupil becomes anxious, angry, upset or distressed and which are resolved without staff using physical contact. If such an incident occurs, a school incident log will be made, data will be uploaded to the school’s monitoring system and information will be shared with parents, so that they will be aware that their child has experienced some difficulty that day. Staff at Springfield School will reflect critically on such incidents to consider whether the pupil has any underlying unmet needs which have to be addressed, and will work to identify and respond to these in liaison with parents/carers and if required, additional multidisciplinary professionals.

**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 thepupil 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. Any concerns will be raised either through the IABA consortium or with the school’s Children's Services’ contact
* 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.