



## PROMOTING POSITIVE BEHAVIOUR AND RELATIONSHIPS POLICY

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## **1. INTRODUCTION, STATEMENT & AIMS**

This policy describes the core values of the Sheiling School in looking after the children and young people in its care. The Sheiling School aims to provide a comfortable and pleasant learning environment where children and young people can positively grow and develop. The Head Teacher, Head of Care and Head of Therapeutic Support are co- responsible for good practice within the School including the keeping of appropriate records.

As a school we believe it is important to promote a caring and supportive learning environment, which encourages good behaviour and enables all members of the school community to feel safe and respected.

The development of personal qualities and social skills and the fostering of socially acceptable behaviour are integral aspects of the school curriculum and therefore demand effort and planning.

The Sheiling School is committed to:

- Setting high expectations for children and young people's personal, social and academic progress
- Providing a happy, caring environment in which our children and young people feel secure and are prepared for life outside school
- The promotion of a positive ethos where a child and young person's achievements are valued and celebrated
- An effective partnership between the Sheiling School, parents and the community

It is the responsibility of each member of staff involved with the children and young people in the School to:

- Promote each child and young person's self image and dignity.
- Enable each young person to develop as fully as possible.
- Encourage each child and young person's communication skills.
- Provide a safe and secure environment.
- Be aware of the Child Protection and Safer Recruitment policies and take action where necessary.
- Ensure that the School's Policies are followed at all times.

This policy, our practice and training are in compliance with:

- The Children's Home (England) Regulations 2015
- Children's Views on Restraint (Ofsted, 2012)
- Joint DfES/DH guidance issued July 2002, 'The use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorder'
- DfES Reference LEA/0264/2003, 'Guidance on the Use of Restrictive Physical Interventions for Children and young people with Severe Behavioural Difficulties', September 2003
- **Use of reasonable force, Advice for Head teachers, Staff and Governing bodies, DfE July 2013**
- KCSIE 2016 & 2018
- BILD Code Of Practice for trainers in the use of physical interventions

The following research and books published by BILD have also been used to write this policy:

- Ethical Approaches to Physical Intervention vol. 1 & 2, edited by David Allen.
- Positive Behaviour Support, A Brief Guide for Schools, by Mark Wakefield
- Physical Interventions and the Law, by Professor Christina M Lyon and Alexandra Pimor
- Framework for Reducing Restrictive Practices, Sharon Paley-Wakefield

## 2. WORKING WITH CHILDREN AND YOUNG PEOPLE WITH CHALLENGING BEHAVIOUR

It is essential that the approach to working with challenging behaviour is matched to the individual child and young person's level of understanding and ability. This requires staff teams to discuss and plan appropriate, helpful approaches to individuals within each group. These are then identified in each child and young person's Placement Plan information and more specifically in the child and young person's plan for Positive Behaviour Support.

It is important to always keep in mind that when working with challenging behaviour, interventions of any nature should be: **in the best interests of the child or young person, reasonable, proportionate and necessary**. The following should provide a foundation to our practice with working together with children and young people in the Sheiling School-setting.

### 2.1 Basic Strategies:

- Get to know each child/ young person well: a strong and positive relationship based on trust, warmth and respect is one of the most effective preventative measures- know the content of their placement plan information- especially their plans on Positive Behaviour Support.
- Involve the child/ young person where possible: in decisions about their support and about reasonable limits appropriate to each child/ young person's age and understanding.
- Teach by Example: model respect for the children and young people and for each other in all of our work.
- Encourage age appropriate behaviour: notice and respond when children and young people are being helpful or constructive, friendly or simply quiet and co-operative.
- Be Consistent: all members of staff should strive to maintain limits/ boundaries within the team and find out about the limits the child/ young person is used to at home and elsewhere.
- Be clear: Children and young people need to be aware of what is expected of them in terms of their behaviour and responsibilities. Difficulties often occur when expectations are unclear or unreasonable.
- Work as a Team: collaborative practice with colleagues in your team to create cohesion in order to avoid unnecessary conflict and engage in ways that help the child/ young person develop.
- Praise and positively reinforce behaviour whenever possible: Promote positive behaviour through feedback, celebrations and rewards such as special activities, certificates etc.

## 3. POSITIVE BEHAVIOUR SUPPORT

Positive Handling, at the Sheiling School referred to as **Positive Behaviour Support**, describes a broad spectrum of risk reduction strategies. Positive Behaviour Support is a

holistic approach involving policy, guidance, training, reflective practice, management of the environment, and deployment of staff. It also involves personal behaviour, diversion and de-escalation. The Positive Handling Plan, at the Sheiling School is referred to as the **Positive Behaviour Support Plan**, and is a plan for the positive support, reduction and management of children and young people who can exhibit challenging behaviour. The Plan is based on a risk assessment and identifies three crucial elements: primary preventative strategies, secondary preventative strategies and responsive strategies. Primary prevention is the most important of these as it concerns the implementation of both short and long-term strategies that help the young person behave in non-challenging ways and are therefore concerned with behaviour change. Secondary prevention and responsive strategies describe methods of responding to behavioural challenges once they occur and are therefore concerned with behaviour support and management.

### **3.1. The Positive Behaviour Support Plan**

The aim of the Positive Behaviour Support Plan is:

- To provide staff members with detailed guidelines for working with children and young people which will maintain levels of challenging behaviours at a minimum and keep children and young people safe.
- To enhance the consistency of the staff team's approach to children and young people by providing a clear statement of procedures, which staff members will follow, thereby reducing the number of situations in which staff members will be required to make individual judgments about appropriate courses of action.
- Reduce the chances of children and young people displaying behaviours that challenge.
- Have a clear plan for children and young people to calm if they become over excited.
- Help staff members to understand what makes children and young people over excited and/or challenging and how they should respond.
- To reduce the use of physical interventions.

The Positive Behaviour Support Plan (PBS Plan), when required, will be developed by a multi-disciplinary team and agreed with the child/ young person (where appropriate), the Local Authority and the child/ young person's parents/ primary guardians. It is developed before a child/ young person joins the school and reviewed monthly during the first three months and termly thereafter.

The following guidelines are complemented by the Positive Behaviour Support Plans, as each young person needs an individual approach that meets his/her particular needs.

Staff members must read the children and young people's PBS Plans regularly to ensure they have a very good understanding of the agreed strategies, the triggers, the risks and the agreed holds.

Any changes in behaviour will trigger a review of the PBS Plan and staff members are responsible for updating the PBS Plans to reflect any changes including:

- Recent positive changes
- New challenging behaviours displayed
- Increases or decreases in a particular behaviour being displayed
- New triggers and/ or New de- escalation strategies
- Changes to the physical intervention techniques agreed

### **3.2. Primary prevention strategy – Being proactive**

Primary prevention involves changing aspects of a child/ young person’s living, working and recreational environments so that the possibility of challenging behaviour occurring is reduced.

The children and young people may be able to directly help to compile these strategies. Their response to the strategies will be regularly assessed in order to change aspects as and when required and as agreed by the support team.

The primary prevention strategies will be reviewed regularly.

#### **Do's**

- ⇒ Be aware of not invading children and young people’ personal space and them yours. Keep at least an arm and half distance between you. – be aware of proxemics. i.e. personal zones – children and young people will feel more uneasy if you were to talk to them face to face rather than to the side or sitting next to them.
- ⇒ Be aware of any early signs of children and young people moving off baseline behaviour. Be aware of their body language as well other verbal interaction. React to their body language if in any doubt. If it becomes evident that a child/ young person is getting tenser then increase your personal space as much as possible.
- ⇒ Be respectful.
- ⇒ Be patient.
- ⇒ Be consistent.
- ⇒ Speak clearly and in a calm voice.

#### **Don'ts**

- ⇒ Do not try to reason with the children and young people when off baseline behaviour – give them space and time to calm down, they will, and then check whether it is the right time to have a conversation if appropriate
- ⇒ Don't look to having the last word.
- ⇒ Don't give the children and young people too many instructions. Give them time to work things out.
- ⇒ Don't confront them if it is not necessary.
- ⇒ All verbal communication should be clear (i.e. do not talk too fast). You may need to ask if they understand what has been said to them and/or use other forms of visual communication, signing as appropriate to their needs.

### 3.3. Secondary prevention strategy – De-escalation

Secondary Prevention involves strategies that are brought into play once a young person's behaviour begins to move away from baseline conditions.

The aim of secondary prevention is to stop incidents progressing into full-blown episodes of challenging behaviour by intervening early.

Although children and young people's mood can change often quite suddenly, some early indicators are likely to be present. These behaviours can eventually result in children and young people engaging in behaviours such as: swearing and aggression ...

Staff members should respond to these early indicators when children and young people are moving away from baseline behaviour and seek to prevent their behaviour from escalating.

#### De-escalation Techniques

- Go with them to a quiet peaceful place (with little sensory input) or outside with a trusted person.
- Reassure them with calming words / demeanour
- Give them time to calm down in this peaceful place
- Eliminate source of anxiety if possible
- Give them time to adjust to changes
- Keep others out of their physical space
- Make sure they are engaged in activities they like and understand
- Use appropriate humour
- Remind them of the possible outcomes of their behaviour (i.e. if they break their favourite toy, they will be upset afterwards).
- Give them a clear description of the positive behaviour they need to come back to.
- Swap with another staff member.
- Give a limited choice of clear options.
- Use distraction (i.e. start engaging yourself in an activity which usually interests them).
- Negotiate with them – discuss the positive outcomes if they change their behaviour.
- Give advice and support – remind them of the positive outcome of a previous similar situation.
- Use planned ignoring – when the purpose of the behaviour is to seek attention.

In some situations, when the behaviour displayed is caused by the child/ young person wanting something that they cannot have, then 'giving in' may be the best option as, if the child/ young person's behaviour escalates, it may not be in the best interest of the child/ young person to use physical intervention after assessing the level of risk involved. 'Giving in' cannot be a frequent response especially for similar situations. Communication, using visual cues and agreement on expected behaviour during a particular activity is crucial here (i.e. when going to a supermarket).

Staff members need to be very consistent with following the strategies. Children and young people will become more secure when they have clear boundaries.

Making a list of the activities they like is very important. These activities can be for example: listening to music, having a warm drink, going for walks, etc.

If help is needed, unobtrusively seek support from a colleague by calling their name.

### 3.4. Responsive strategy

Responsive strategies provide clear instructions to respond safely, positively and efficiently to behaviours that cannot be prevented in order to safeguard the child/ young person, other people or prevent significant damage to property.

Calm and positive language needs to be used when children and young people become aggressive.

1. On the first signs of difficult behaviour give the young person as much space as possible.
2. Go with them to a quiet peaceful place with a **trusted staff member if possible**, and:
  - Reassure them with calming words / demeanour
  - Give them time to calm down in this peaceful place
  - Eliminate source of anxiety if possible
  - Keep others out of their physical space
  - “Bombarding” them with questions will not help at this stage. If you know what is upsetting them you can hopefully help them by removing the cause and/or reassuring them.
  - Continue using all the de-escalation techniques as described above.
3. If there is no improvement then:

A dynamic risk assessment needs to be carried out to determine what level of risk is presented through any challenging behaviours exhibited and whether any risk of harm to people (including the young person displaying the behaviours) or significant damage to the environment is imminent. Physical intervention may need to be used by trained staff if the child/ young person becomes aggressive and out of control and needs to be escorted out of a dangerous or potentially dangerous environment or away from other children and young people or members of the public. **Physical intervention needs to be a reasonable, necessary and proportionate response** (see Chapter on Physical Intervention below).

To reduce the risk(s) associated with the child/ young person’s challenging behaviours staff are to:

- Maintain their distance from the child/ young person and increase personal space if safe to do so and monitor for increased risk.
- Should the child/ young person engage in aggressive behaviour etc. then staff

members may need to physically intervene using approved techniques starting with breakaway techniques to remove themselves from them as described in each child/ young person's PBS Plan.

- If other children and young people are in the vicinity remove them, or ask them to leave the area.
- If they have focused on one staff member and are attacking them or grabbing at them, then they need to use the appropriate breakaway technique or if they are unable to use the breakaway, other staff members need to assist (See PBS Plans for more information).
- Should the child/ young person take him/ herself to the ground: Unless their behaviour is potentially dangerous to the people around them, **do not** attempt to physically intervene and escort them out of the room. In any case, **never lift the child/ young person** unless they are in danger. Remove the objects that can be thrown from the environment. Wait until they cooperate.

When calm, after the recovery period, which can vary depending on the child/ young person and the circumstances but can last as long as 2 hours, explain clearly and calmly the rules they will need to observe once they join the activity again (e.g. be calm, etc). Then ask them if they are ready to join the activity again. Do not put pressure on them to join again as this may be the trigger. Be aware of their body language as if they are still restless they should wait until calm. This should be done in a very friendly and uplifting way.

If possible, involve them with repairing the physical damage they have done.

**If you have physically intervened you will need to inform a your Senior Manager.** You will also need to record the incident as within 24 hours. A debriefing session with the staff present as well as the Senior Manager should take place to review what happened, any identified factors that may have caused the behaviour to escalate, staff's graded responses to de-escalate the behaviours, the dynamic risk assessment carried out by staff involved that determined the need for proportionate physical intervention and whether this helped to ultimately keep people safe and bring the incident to a satisfactory conclusion and what staff learned from the incident that may inform future practice to avoid the potential from a similar situation to lead into crisis behaviours..

## 4. PHYSICAL INTERVENTION

### 4.1. Principles

All staff members are required to follow the following principles:

- It is essential that staff members, when managing difficult situations, remain objective and calm.
- It is important to listen and respond quietly. One person should take the lead during handling. Too much information (sensory input) can be confusing for our children and young people.
- Staff members need to remain flexible in order to find a solution as it is our responsibility to find a resolution where children and young people might not be able to.

- Always maintain positive attitudes that are constructive.
- Give time to respond to your requests.

Although some of our children and young people may display behaviours that challenge, physical intervention should only be used:

- To prevent the child/ young person from harming himself/herself
- To prevent the child/ young person from injuring others
- To prevent children and young people causing significant damage to property

As a school we endorse the Positive Behaviour Support (PBS) approach and use Team Teach de-escalation strategies. Team Teach does not include physical techniques however which rely on locks or holds which cause pain, distress or significant risk of injury to the person being held.

However, there may in some cases, be the risk of injury and/or discomfort to those involved, but this is not always evidence of malpractice: “Team-Teach techniques seek to avoid injury to the client, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but rather a regrettable and infrequent side effect of attempts to keep people safe.” (George Matthews, Director of Team Teach)

**Any injury sustained by a young person must be reported to a member of the Safeguarding Team immediately. The Designated Safeguarding Lead or member of the Safeguarding Team contacted will then contact the Local Authority Designated Officer (LADO) responsible for safeguarding for guidance.**

In any case, where there is evidence, or suspicion of malpractice, staff members should refer to the school’s Safeguarding Policies. This approach promotes all strategies for managing challenging behaviour with physical intervention being necessary as ‘a last resort’.

From the Children’s Views on Restraint document produced by Ofsted:

“The law (the Children’s Homes Regulations) says that restraint should only be used if there is no alternative way to prevent someone being injured or property being seriously damaged.

Overall, children in our discussion groups agreed that restraint should usually be used as a last resort. Every group said that staff should always try to calm things down before things get so bad that restraint is needed. Some did however say that in very dangerous situations, it was important to use restraint straight away without waiting or trying other things first – for example if a child is carrying a weapon or to break up a very serious fight, or if a child is in danger of immediate injury (as in the example of going to jump from a window).”

*Please read **Children’s Views on Restraint** document reported by the Children’s Rights Director for England and produced by Ofsted which follows this policy.*

## 4.2. Positive Behaviour Support Training

The School uses Team-Teach to provide Positive Behaviour Support (PBS) training, which includes physical intervention training in safe, effective and humane physical intervention.

“**Team-Teach** provides training to staff groups in children's and adult services and Health Care Trusts in behaviour supports and interventions. The training combines both theory and practice, emphasising the need for staff to show restraint rather than apply it! Providing a risk assessment structure to the selection of physical interventions that best allow the employer to provide a risk reduced workplace for service users and staff.”

The School has two on site Team-Teach tutors to provide training, give advice and respond to staff members' questions. Any advice on modifying holds or on new holds or techniques will be referred to Team-Teach who provide a consultancy service. We aim to provide Team-Teach training to all staff supporting children and young people.

## 4.3. Deciding whether to use Restrictive Physical Interventions and Risk Assessment

**Before using Physical Intervention, consider these seven points:**

- **Listening / Communication:** Did you listen, read the signs, picked up cues, and give prompts rather than hurry to give advice? Did you communicate effectively using objects, signs, symbols or speech and did you give them an opportunity to communicate?
- **Interaction / Choice:** Did you consider /could you offer a change of staff? Did you offer another activity and encourage the young person to choose?
- **Environment:** Did you offer a change of location or setting e.g.: a smaller, larger or quieter space? Did you adapt the environment?
- **Physical Needs:** Did you consider thirst, hunger, pain, heat, cold, tiredness, need for the toilet or illness?
- **Calming:** Did you use verbal and non-verbal calming i.e. reflection, reassurance, re direction, incentive and encouragement?
- **Sensitivity:** Did you help to restore the individual's confidence and dignity by being sensitive and not confrontational?
- **Therapeutic approach:** Did you consider /offer music, bath, rest, walk, weighted blanket/ garment, therapeutic sensory integration touch?

Both challenging behaviour and restrictive physical interventions will involve a risk – to both staff and children and young people. A risk assessment aims to balance these risks. The aim of the individual child/ young person's Positive Behaviour Support Plan and of this policy is to reduce the risks associated with children and young people's challenging behaviour as far as is reasonably practicable – the risks that are associated with the behaviour itself and the risk of managing that behaviour. **The risks of employing an intervention should be lower than the risks of not doing so.**

Children and young people whose challenging behaviour may pose a risk to staff or other children and young people will be the subject of a Risk Assessment and will have a Positive Behaviour Support Plan drawn up as a result of this. These will be shared with all staff and stored in a children and young people' Placement Plan.

All staff authorised to use physical intervention with children and young people, receive training in Team-Teach techniques and as part of this receive information about the risk to children and young people of positional asphyxia. There are very clear protocols delivered during training to minimise the possibility of this and to ensure that appropriate safeguards are implemented.

#### **4.4. Ground Recovery on the Back**

Due to the extremely challenging nature of the behaviour of a small number of children and young people in the school, it may be necessary for these children and young people to have the Team-Teach Ground Recovery on the Back Hold written into their Positive Behaviour Support Plans. This is a Team Teach advanced technique and carries elevated levels of risk. As a result, this is only considered as a possibility if a comprehensive risk assessment indicates that there is a foreseeable risk of injury due to a child/ young person's behaviour if their behaviour cannot be managed in any other way. There are very clear and strict safeguards for these circumstances and a multi-disciplinary meeting would be called prior to a ground hold being advised for a child/ young person. This technique would not be part of a planned response without consultation with parents/carers. Without parental support for the planned intervention, other options would need to be explored- including whether an alternative provision may need to be found. Staff who may need to use this advanced technique would receive additional advanced Team Teach training.

Please read guidance on the use of the Ground Recovery on the Back for further details.

#### **4.5. Planned and unplanned/emergency physical intervention**

It is helpful to distinguish between planned intervention, in which staff employ where necessary, reasonable and appropriate pre-arranged strategies and methods which are described in the child/ young persons' PBS Plan, and emergency or unplanned physical intervention which occurs in response to unforeseen events.

The scale and nature of any physical intervention must be proportionate to both the behaviour of the child/ young person and the nature of the harm they might cause. These judgments have to be made at the time, taking due account of all the circumstances, including any known history of other events involving the child/ young person. The minimum necessary force should be used. The existence of a Positive Behaviour Support Plan is not an indication that physical intervention should be used – it is only a precaution following risk assessment. This allows training and planning to deal with a situation which is foreseeable.

**Any use of physical intervention must only be decided on as the chosen course of action if necessary, reasonable and proportionate in the particular circumstances and when all alternatives have been tried and found to be unsuccessful.**

Unplanned or emergency intervention may be necessary when a young person behaves in an unexpected way. In such circumstances, members of staff retain their duty of care to the young person and any response must be proportionate to the circumstances. Staff members should use the minimum force necessary to prevent injury and maintain safety,

consistent with appropriate training they have received. The incident must be reported and will be reviewed so as to understand the situation and triggers and to plan to avoid a similar situation arising in future. If necessary, planning and training will take place to provide the safest available physical intervention if a similar event is foreseeable.

#### **4.6. Is it Physical Intervention? Does it need to be recorded?**

##### **Personal Safety and Break- away Responses**

These are responses that are purely used to aid in or maintain the personal safety of staff and others when a person is targeted with aggressive behaviour. They are purely defensive in nature and are designed to be used in a graded manner following a dynamic risk assessment; these include responses to hair, clothing, biting, chokes and body- holds for the sole purpose of disengaging from physically aggressive behaviour. Such responses coupled with the behaviour exhibited may need to be recorded as part of an incident.

##### **Physical Support and Guidance**

This may be used to divert a young person from a destructive or disruptive action, for example guiding or leading a young person by the hand, arm, elbow or shoulder where the young person is cooperative. In Team Teach these are referred to as low level or “Friendly” holds such as a “Caring C” on an elbow or a “Help Hug” to provide reassurance and positive support.

These techniques cannot be emphasised enough and in the hands of a skilful practitioner many children and young people can be deflected from a potentially volatile situation into a less confrontational situation i.e. it may be possible to “defuse” a situation by a timely intervention. This type of intervention does not need to be recorded provided it is used as intended where the degree of physical support is not deemed more restrictive in nature.

##### **Physical Intervention/Restrictive Physical Intervention/Restraint**

This will involve the use of reasonable force when there is an immediate risk to children and young people, staff or property. **All such incidents must be recorded within 24 hours.** If anyone is injured an accident/injury report must also be completed.

The level of compliance from the child/ young person determines whether or not the interaction is an intervention of physical guidance or a physical intervention/restraint.

Restraint is defined by Team-Teach as the positive application of force by staff, in order to overcome rigorous resistance, completely directing, deciding and controlling a person’s free movement.

#### **4.7. Health and Safety and Legality of Physical Interventions**

Use of physical intervention may give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned. It must be a necessary, reasonable and proportionate response taken in the best interest of the child/ young person.

Under health and safety legislation, employers are responsible for the health safety and welfare of employees and the health and safety of persons not in employment, including the children and young people and visitors.

The School will assess risks to both employees and children and young people arising from work activities, including the use of physical interventions. The School will establish and monitor safe systems of work and ensure that employees are adequately trained. The School will ensure that all employees, including bank and agency staff, have access to appropriate information to meet the needs of the children and young people they are working with, having regard to confidentiality of the children and young peoples' personal information.

Restrictive physical interventions will employ the minimum reasonable force required to prevent injury or avert serious damage to property. The intervention must be of the minimum duration and the degree of restriction will be "graded" - reducing as the situation returns to baseline behaviour.

Staff members must use the methods of restrictive physical intervention for which they have received training whilst working at the Sheiling School.

Under the Health and Safety at Work Act, employees have a responsibility to report any circumstances which give rise to an increased risk to their Health and Safety.

Staff who have, or acquire, permanently or temporarily, any medical condition that may impact on their ability to carry out the strategies agreed in the child/ young persons' Positive Behaviour Support Plans, have a duty to report this to their line manager immediately as there may be an impact on their own safety and that of colleagues and/or children and young people.

#### **4.8. Post-Incident Support**

Physical techniques are not used in isolation and the School is committed to ensuring that as a result of incidents learning opportunities are created for children and young people that allow them to 'own' and take responsibility for their behaviour at a level appropriate to their stage of development, and for staff to review practice and effectiveness of the approach.

Whilst the physical techniques are intended to reduce risk, there is always risk when two or more people engage to use force to keep children and young people safe. In addition procedures are in place to ensure that appropriate support is provided for staff and that following an incident young person/staff relationships are rebuilt and repaired to ensure that a positive learning environment is maintained.

##### **Debriefing**

Following an incident in which restrictive physical interventions are employed, both staff and children and young people should be given separate opportunities to talk about what happened in a calm and safe environment. Debrief sessions should only take place when those involved have recovered their calm. Debrief sessions should be designed to discover exactly what happened and the effects on the participants. They should not be used to apportion blame or to punish those involved. If there is any reason to suspect that a young person or a member of staff has experienced injury or severe distress following the use of a physical intervention, they should receive prompt medical attention.

If an in-depth debrief session is needed following a serious incident or an incident where an injury occurred, the Head of Therapeutic Support will coordinate a **Post incident Review** during which the following questions will be asked:

- **Listening / Communication:** Did you listen, read the signs, picked up cues, and give prompts rather than hurry to give advice? Did you communicate effectively using objects, signs, symbols or speech and did you give them an opportunity to communicate?
- **Interaction / Choice:** Did you consider /could you offer a change of staff? Did you offer another activity and encourage the young person to choose?
- **Environment:** Did you offer a change of location or setting e.g.: a smaller, larger or quieter space? Did you adapt the environment?
- **Physical Needs:** Did you consider thirst, hunger, pain, heat, cold, tiredness, need for the toilet or illness?
- **Calming:** Did you use verbal and non-verbal calming i.e. reflection, reassurance, re direction, incentive and encouragement?
- **Sensitivity:** Did you help to restore the individual's confidence and dignity by being sensitive and not confrontational?
- **Therapeutic approach:** Did you consider /offer music, bath, rest, walk, weighted blanket or / garment, therapeutic sensory integration touch?

Debrief sessions and Post Incident Reviews need to be recorded and attached to the incident record.

#### **4.9. Monitoring, Recording and Evaluating**

The named person for the monitoring of behaviour is the Head of Therapeutic Support. Incidents will be monitored regularly and a report will be written by the Head of Therapeutic Support to show trends, etc., as necessary. This is discussed at Care and Education staff meetings. Senior staff members are responsible for monitoring and evaluating practice in day- to-day situations and will use this monitoring as the basis for future training. Should poor practice be observed they will report this to the Head of Therapeutic Support and directly to the person involved. The Head of Therapeutic Support will ensure advanced modules are planned and delivered to those staff that need them. The Head of Therapeutic Support and Head Teacher are responsible for reporting to the School CEO any incidents where ground floor recovery has been used.

#### **4.10. Equal Opportunities**

The school is committed to working towards equal opportunities for all regardless of their race, gender, disability or social background. When engaged in any physical intervention it will be essential to ensure that the restriction of movement is carried out in a dignified manner, whilst keeping all safe, that this restriction of movement is for the minimum time possible and that relevant forms of communication are quickly sought. When the physical intervention involves a female child/ young person, a female member of staff will always be present and staff should be aware of issues around clothing.

## 5. PHYSICAL CONTACT

From the 'Use of reasonable force, Advice for Headteachers, staff and governing bodies, July 2013' document:

"Schools should not have a 'no contact' policy."

"It is not illegal to touch a young person. There are occasions when physical contact, other than reasonable force, with a young person is proper and necessary. Examples of where touching a young person **might** be proper or necessary:

- 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 young person;
- When a young person 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."
- To assist with a child/ young person's personal care needs.

Physical contact may also be necessary for the purpose of care, instruction or physical intervention in response to some aspects of challenging behaviour (Please refer to the Intimate Care Policy for further detail).

Members of staff should always be able to justify resort to physical contact in any situation.

The nature of the contact should be limited to what is appropriate. Physical intervention should involve only the minimum force necessary to protect children and young people from harming themselves and others, or causing significant damage to property. Adult help should, where possible, always be summoned. Where members of staff are required to use physical intervention, they should record the facts within 24 hours. A senior member of staff should also be informed.

***Any physical contact made against a child/ young person's wishes may be seen as abuse and must be recorded.***

## 6. USE OF SANCTIONS

As a registered independent non- maintained specialist school, the Sheiling School is governed by regulations under the Children Act 1989, which carries the force of law. Amongst the sanctions prohibited are those specified in the Department of Health, Education Act 1996 and the Children's Home (Behaviour Management and Discipline) Regulations 2015. These are set out in detail below. Any sanction imposed beyond those approved will be unacceptable and possibly illegal.

### 6.1 Prohibited Sanctions

The following sanctions **are those prohibited by law and may never be used** on any child/ young person in the school:

- Any form of corporal punishment
- Any punishment involving the consumption or deprivation of food or drink
- Restriction or refusal of visit/ Communication from family and/ or external authorities
- The use or withholding of medication, medical or dental treatment
- The intentional deprivation of sleep
- The imposing of a financial penalty- other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation
- Any intimate physical examination
- Withholding any aids or equipment needed by a child/ young person with a disability
- Any measure involving a child/ young person imposing any measure against another child/ young person
- Any measure involving punishing a group of children and young people of the behaviour of an individual child/ young person
- Seclusion is ‘forcing a person to spend time alone’. At the Sheiling School, no child/ young person is forced to spend time alone as a consequence of challenging behaviour or as a punishment. Any separation from a group of children and young people is carried out in the company or close proximity of a responsible adult.

In addition to these sanctions proscribed by law, the Sheiling School itself prohibits the use of the following:

- Threats of unacceptable punishments
- Any verbal abuse intended to humiliate or degrade a child/ young person, his/ her family or other important person- whether in relation to race, sex, religion or any other respect.
- Removal of curriculum entitlement for any reason other than health and safety
- Removal of earned rewards unless on health and safety grounds.

All sanctions permissible at the Sheiling School are set out in the following section.

## **6.2 Permitted Sanctions**

Agreed sanctions may be used by staff teams to promote appropriate behaviour, and to help individual children and young people accept responsibility for their actions. Staff teams must regularly review the use of sanctions for each individual child/ young person to ensure that the child/ young person understands the impact of the sanction and that it is helping the child/ young person to positively learn and become more responsible. **If a sanction is not appropriate to an individual child/ young person, it should not be used.**

### **Guidance on the Use of Sanctions:**

Sanctions should:

- Fit the appropriate behaviour
- Be seen to be fair in the eyes of children and young people and where possible discussed with them so that they know clearly what sanctions are and are not permitted.
- Not be seen as revenge or getting even.
- Be for a specific period where applicable
- Be used with thought/ consideration

- Be tailored to the individual.
- Be discussed with the staff team.
- Be applied as soon after the event as possible.
- Be regularly reviewed; if seen to be unworkable other methods explored and applied.

Agreed sanctions are divided into two categories:

- **A Sanction on Ground of Health and Safety**
  - On site and Off site
- **A Sanction on Non- Health and Safety Grounds**
  - A limited selection of approved sanctions involving agreement of the individual child/ young person (where possible), multi- agency team and the School's Senior Leadership Team.

### **Application of Sanctions on Grounds of Health and Safety- On/ Off Site**

It is the school's policy that children and young people will be included in any educational or planned activity- whether on/ off site- if they are safe and able to do so. These things are not withdrawn as part of a particular sanction. If a child/ young person being part of a regular activity does not fit with the appropriate boundaries. The programme of support for the child/ young person will be reviewed by the staff team involved and may be withdrawn or changed following appropriate discussion with the child/ young person.

Sanctions on health and safety grounds relates to circumstances where a child/ young person is experiencing particular difficulties that is visibly expressed through anxiety and challenging behaviour which following a risk assessment by the staff team, is deemed a high risk to either the child/ young person, other children and young people, staff and/ or the General Public to engage in a particular activity or use of equipment that could present a health and safety hazard, lead to significant injury or property/ environmental damage. Based on in the individual child/ young person's needs, such sanctions that the school would endorse are as follows and would apply both on/ off school site:

- **Time Away from Group or Activity**
  - This would typically involve a circumstance where a child/ young person was unable to manage the current curricular/ extra curricular activity through exhibiting challenging and aggressive behaviour; thus putting themselves and others at risk.
- **Non- participation in School Curricular Activity**
  - This would typically involve a circumstance where a child/ young person has been and continues to exhibit very anxious, challenging and aggressive behaviour and following a dynamic risk assessment by the staff team, it is deemed unsafe for the child/ young person to engage in the school- curricular activity and an alternative, arousal- diffusing activity is implemented instead with key staff.
- **Non- participation in Extra- Curricular Activity**
  - This would typically involve a circumstance where a child/ young person has been and continues to exhibit very anxious, challenging and aggressive behaviour and following a dynamic risk assessment by the staff team, it is deemed unsafe for the child/ young person to engage in the extra-

curricular activity and an alternative, arousal- diffusing activity is implemented instead with key staff.

- **Restricted Use of Equipment – that does not breach *Regulation 19 (2) (h)***
  - Following the misuse or intended misuse of a piece of equipment by a child/ young person exhibiting challenging, threatening and aggressive behaviour, and following a dynamic risk assessment by the staff team, it is deemed unsafe for the child/ young person to engage in the use of a particular piece of equipment. Examples of this would typically include the use of practical tools (ie: food preparation Gardening, Woodworking, Bushcraft tools), mechanical and electronic equipment (ie: digital devices or content used for recreational purposes).
  - In circumstances where a child/ young person is exhibiting aggressive/ threatening behaviour and threatens to damage or destroy a key supportive aid (ie: glasses, iPad, communication device), staff may be permitted to carry out a dynamic risk assessment with the expressed purpose of withdrawing the aid to safety until the child/ young person has returned to baseline behaviour in order to ensure that the child/ young person's ability to continue to utilise the supportive aid immediately after the incident is maintained.

### **Application of Sanctions on Non Health and Safety Grounds**

Non- Health and Safety Sanctions are only to be used specifically with children and young people who can clearly understand the sanction and the reasons for its application in order to affect a positive learning opportunity or outcome for the individual concerned. Before any such sanctions can be applied, an individual child/ young person needs to:

1. Through assessment, clearly demonstrate capacity to understand causality of action and its effects,
2. Understand the reason for such a sanction through a consultation process.
3. The school must then obtain formal approval from the multi- agency support team of the individual as written within the child/ young person's Positive Behaviour Support plan.
4. The school staff teams are then trained and understand the circumstances when such a sanction may be applied and strictly adhere to the protocol of implementation.
5. School staff teams must demonstrate regular review of sanctions- its application, efficacy and impact assess positive outcomes when used.

Circumstances if deemed suitable where Non- Health and Safety Sanctions may be applied, would include sustained non- compliance of a reasonable request for engagement in curricular learning or following a significant incident of challenging and anti- social behaviour where damage and/ or harm has been caused by a child/ young person towards him/ herself, others and the environment he/ she is in. Based on the individual child/ young person's agreed needs, such sanctions that the school would endorse are as follows:

- **School Catch- up in Leisure Breaks**
  - Following sustained wilful non- engagement in school curricular work or to address issues of challenging and aggressive behaviour, a child/ young person may be requested to remain with a key Teaching staff member to catch up on missed work during one identified leisure break

(ie: tea- break or lunch-break) for a set period of time. The child/ young person would have their lunch or snack while engaged in the Catch- up activity.

- **School Work Catch Up After School**
  - Following sustained wilful non- engagement in school curricular work or to address issues of challenging and aggressive behaviour and with prior consent from a parent/ guardian, a child/ young person may be requested to remain with a key Teaching staff member to catch up on missed work during one identified after school time for a set period of time. Where required, alternative transportation arrangements would be made prior to the sanction implementation.
- **Separate Social Activity**
  - Following a significant incident of challenging, aggressive and/ or anti-social behaviour where damage and/ or harm has been caused by a child/ young person towards him/ herself, others and the environment he/ she is in, a child/ young person may be requested to take part in a set- timed 1:1 social activity with a key staff member that is intended to positively address the underlying issues and behaviour arising from the incident.
- **Assist with Reparations following Property Damage**
  - Following a significant incident of challenging, aggressive and/ or anti-social behaviour where damage and/ or harm has been caused by a child/ young person towards him/ herself, others and the environment he/ she is in, a child/ young person may be requested to take part in assisting in an activity that makes reasonable reparations; this might include helping with tidying up damaged property or detritus following an incident, writing a card or drawing a picture for someone specific as a way of apology.
- **Assist with Reasonable Financial Reparations Following Property Damage**
  - Following a significant incident of challenging, aggressive and/ or anti-social behaviour where significant damage to school property or damage to property of another, in order to support the child/ young person with a learning opportunity and in conjunction with prior consultation and consent from parent/ guardian/social worker, the child/ young person responsible may be asked to financially contribute a reasonable sum in order to repair/ replace the damage caused. This can be affected as a lump- sum or in regular instalments for no longer than up to one month from the date of the incident.
- **Attend Panel Meeting with Senior Staff**
  - Following a significant incident involving challenging & aggressive behaviour or following a lengthy period of incidents with challenging & aggressive behaviour, in order to help the child/young person through a learning and reflective process, Department Heads, together with class teacher and key support staff with convene a panel meeting to discuss with the child/ young person his/ her behaviour and identify issues/ behavioural learning objectives to achieve.

All agreed sanctions- whether on Health and Safety or Non- Health and Safety grounds must be authorised and implemented according to agreed protocols outlined in the individual child/ young person's Positive Behaviour Support plan.

Following the implementation of any sanction, this must be recorded on the School's *SchoolPod/BehaviourWatch* Incident recording system stating the circumstances that led to decision to implement the sanction, who made the decision, how was it implemented including duration and its efficacy.

### **Major Sanctions**

In circumstances where a child/ young person engages in extreme and sustained levels of challenging, aggressive and anti- social behaviour- either during a singular episode or over a period of time that may harm/ cause harm to the child/ young person, staff and others, the Sheiling School may consider it necessary as part of a strategy of measures to impose a Major Sanction on the child/ young person responsible. Sheiling School regards the following as Major Sanctions:

- **Fixed Term Ban**
  - A fixed term ban may be considered on health and safety grounds or to support with affecting a positive learning outcome for a child/ young person where access to a non- essential piece of equipment/ or a facility is prohibited for a set period of time. This time- period must be deemed reasonable and proportionate in the circumstances and shown to uphold the best interests of the child/ young person concerned.
- **Internal Exclusion for 24 Hours**
  - Internal Exclusion for 24 Hours may be considered on health and safety grounds or to support with affecting a positive learning outcome for a child/ young person where the child/ young person is supported and supervised in a 1:1 programme in a place away from other children and young people following a very serious incident (ie: serious physical assault or absconding from the school premises)
- **Fixed Term or Permanent School Exclusion** (See Exclusion Policy for details)

All Major Sanctions that are considered will involve a consultation- process led by the School CEO together with the school's Senior Leadership Team (SLT) and depending on the context, may include external consultation of Governors/ Trustees, relevant parents/ guardians and professionals involved with the child/ young person and the school. The decision to implement a Major Sanction can only be applied by the school School CEO or in his absence by joint consensus by the SLT and Chair of Trustees.

Following the implementation of a Major Sanction, this must be recorded on the School's *SchoolPod/BehaviourWatch* Incident recording system stating the circumstances that led to the decision to implement the sanction how was it implemented, the duration and its efficacy.

## **7. ATTACHMENTS**

Staff members must share their concerns with a senior staff member if they suspect that a child or young person is becoming inappropriately attached to them or to another staff.

Similarly if a member of staff suspects or has evidence that a colleague is developing feelings or relationships to children and young people which might place them at risk of unprofessional behaviour they must share these concerns with a member of the Safeguarding Team at the earliest opportunity.

<b>Policy</b>	<b>Date</b>	<b>By</b>
Created on	07-12-2012	Nico Sialelli
Adopted by Council on	20-03-2013	All Trustees
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