



The Cavendish High Academy  
POSITIVE BEHAVIOUR SUPPORT POLICY

September 2023  
(Revised February 2024)

| <b><u>CONTENTS</u></b>   | <b><u>Page</u></b> |
|--|--------------------|
| Purpose  | 3                  |
| Introduction   | 3                  |
| Positive Behaviour Support   | 4                  |
| PBS model  | 5                  |
| School expectations (rules)  | 7                  |
| Searching students for prohibited items  | 8                  |
| Safeguarding children  | 9                  |
| Safeguarding staff   | 9                  |
| Staff training in PBS  | 11                 |
| PBSs (Behaviour Support Plans)   | 12                 |
| Specialist support for producing a Positive Behaviour Support Plan                           | 12                 |
| Responding to severe behavioural challenges: reassuring, redirecting and keeping people safe | 12                 |
| Time out, withdrawal and seclusion   | 13                 |
| Physical contact, physical intervention, restrictive physical intervention and restraint     | 16                 |
| Staff training in the use of restrictive physical intervention                               | 19                 |
| Monitoring, recording and reporting  | 19                 |
| Responding to accusations  | 21                 |
| Implementation of the policy   | 21                 |
| Appendix 1 – PBS & Extended PBS  | 25                 |
| Appendix 2 – Restrictive Physical Intervention Log – Questions and Actions                   | 30                 |

## CHESHIRE SPECIAL SCHOOLS' CONSORTIUM POSITIVE BEHAVIOUR SUPPORT POLICY

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

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

### **PURPOSE**

This document is in line with The Cavendish High Academy's policy and embraces the ethos set out in the school's mission statement and [The Department for Education \(DfE\) guidance 'Working together to Safeguard Children'](#). [The consortium of 11 Cheshire special schools liaise with the British Institute of Learning Disabilities \(Bild\) to ensure that our positive behaviour support policy follows guidelines set out in a number of documents, and that we are aware of up-to-date guidelines and legislations available to support with Positive Behaviour Support, Restrictive Physical Interventions and Education Acts.](#)

### **INTRODUCTION**

Positive behaviour support (PBS) is a values-led framework that helps us think about and support behaviours of concern. The overall aim of PBS is to improve the quality of a person's life and that of the people around them [and reduce behaviours of concern](#), with support that ensures protection of their human rights. PBS provides [high quality](#) support at the right time for the person so they can lead a meaningful and interesting life, participate in activities and learn new skills. At The Cavendish High Academy 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 [of concern](#) which adversely impact on one's own physical or emotional wellbeing, or on the emotional or physical wellbeing of others

We believe that behaviour that challenges others is most often the result of an unmet need, or a difficulty in communicating that need. We are aware that many of our students 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 student 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 perceived as challenging in their nature.

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

- Coping with waiting (for an activity, person, event etc);
- Coping with being told “no” (when something wanted cannot be given or is not available at all, regardless of how long you might wait);
- Coping with doing a non-preferred activity (doing something/going somewhere, even though you would rather not do it at all e.g. as an adult: doing housework, going to the dentist etc);
- Coping with criticism (when somebody passes judgement on your performance, justly or unjustly, and responding appropriately to this);
- Taking action when the activity/environment you are in becomes too unpleasant to stay there (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 some students who attend The Cavendish High Academy may 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.

By identifying difficult behaviours, considering physical and sensory issues, addressing **environments of concern** 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 students so that no-one is unfairly disadvantaged as a result of their differing needs, behavioural or otherwise. In order to fulfil this aim, we will, where appropriate, adopt the principles and practice of Positive Behaviour Support (PBS) approaches to enable people to overcome behaviour challenges and ultimately live the life they want to live.

## **POSITIVE BEHAVIOUR SUPPORT**

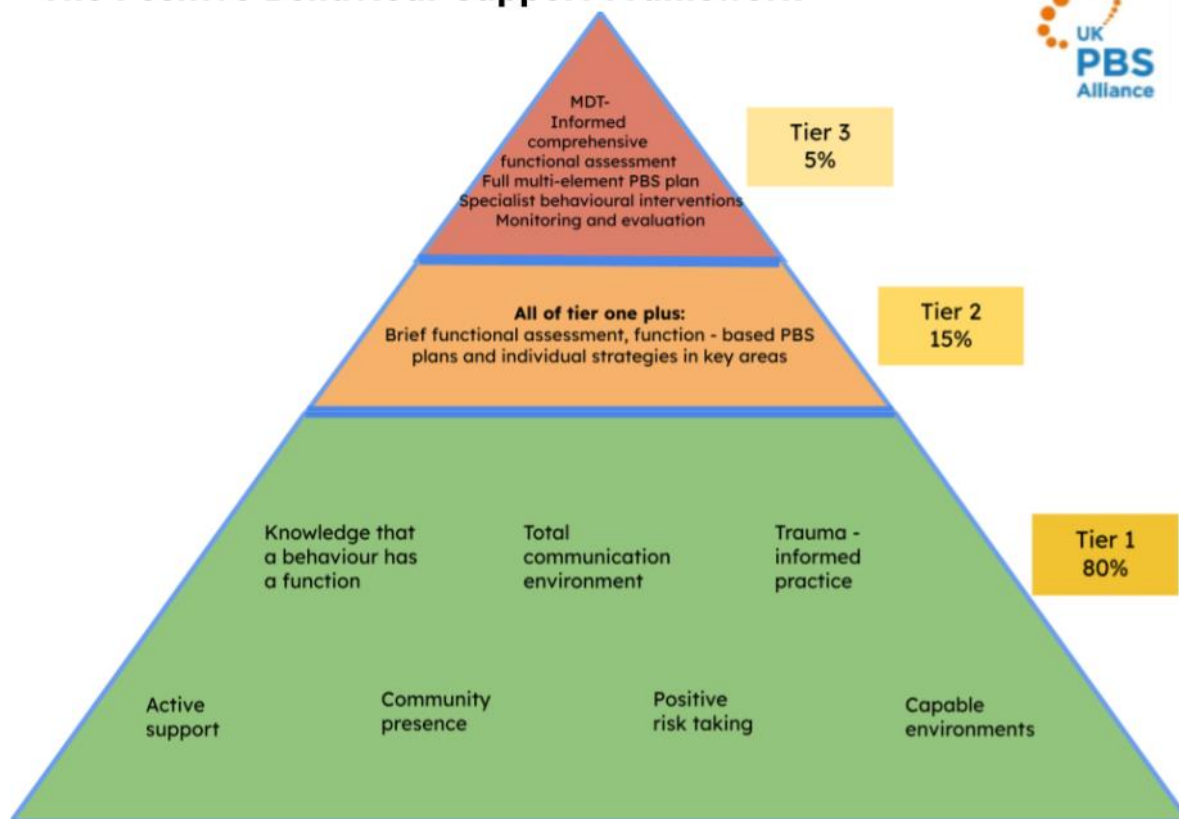
PBS is widely acknowledged to be the most effective way to support people whose behaviour challenges the families, carers, schools and services that support them. As a practice which evolved from Applied Behaviour Analysis (ABA), PBS benefits from peer-reviewed studies to demonstrate its efficacy (e.g. LaVigna & Willis, 2012). 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 solely** 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 ABA 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 early signs that a person

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

## The Positive Behaviour Support Framework



## The Cavendish High Academy's model for Positive Behaviour Support

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

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

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

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

### **CAPABLE ENVIRONMENTS AND POSITIVE BEHAVIOUR SUPPORT:**

Behaviours of concern are legitimate responses to difficult environments and situations, and are more likely to occur in environments that are poorly organised and unable to respond well to the needs of the person. Capable environments form part of the foundations of the PBS framework (tier 1). If these components are established then this will reduce the need for more intensive positive behaviour support interventions at tier 2 and 3.

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

The main focus of creating capable environments is to:

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

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

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

(McGill et al 2014)

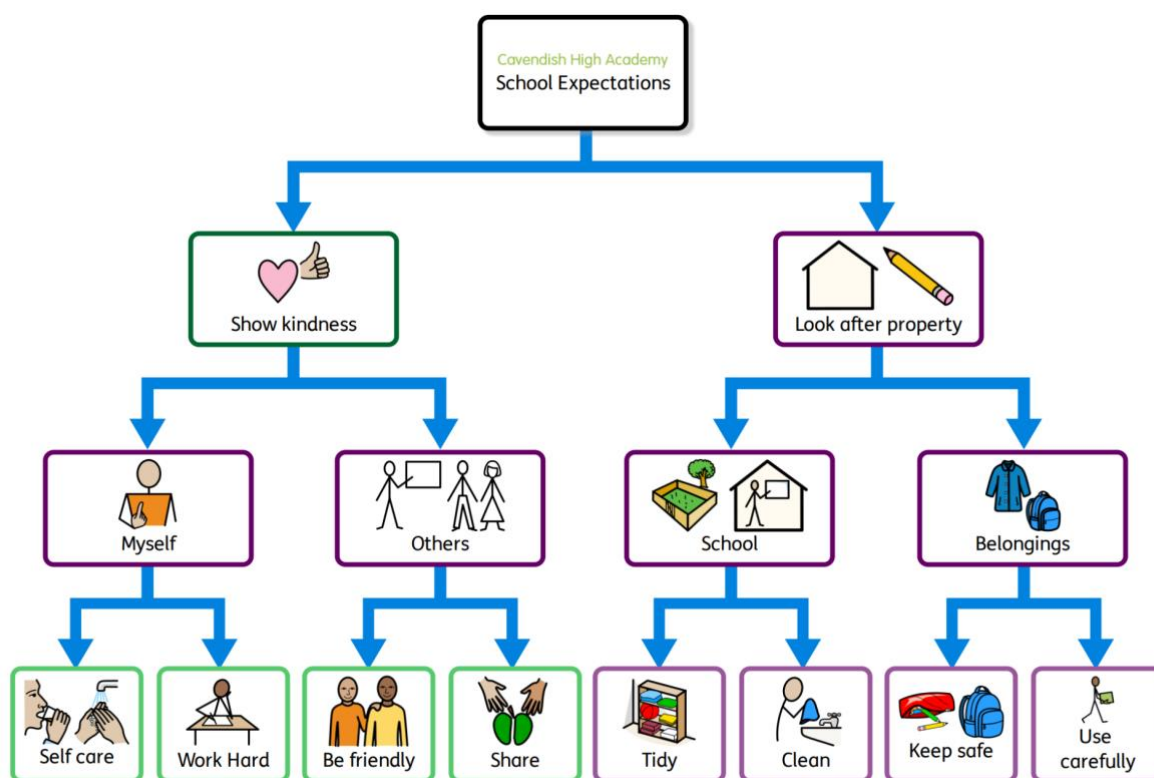
The behaviour policy which follows has a dual purpose: primarily, it is designed to give staff working at The Cavendish High Academy guidance on how to use a PBS approach to support students whose behaviour may be described as challenging, to overcome these difficulties and develop skills that we hope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

### Active support

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

### SCHOOL RULES

In line with Government requirements, The Cavendish High Academy has devised the following school rules, which are communicated to all parents and pupils via publication in this policy document. These rules focus on promoting a culture of care, cooperation, respect of oneself and others, and developing self-awareness and self-control in order to keep people safe. Our students will be taught, supported and encouraged to be helpful and kind, care for themselves, for each other, their environment and belongings, and to work hard. We express these to our students using the following, simplified set of expectations, with accompanying visual support.





## SEARCHING STUDENTS FOR PROHIBITED ITEMS

As for all schools in England, the Principal Head Teacher and staff authorised by the Principal Head Teacher at The Cavendish High Academy have a statutory power to search students or their possessions, **with or without their consent\***, if they have reasonable grounds to suspect they may be in possession of any of the following prohibited items:

- Knives or weapons
- Alcohol
- Illegal drugs
- Stolen items
- Tobacco and cigarette papers
- Electronic cigarettes or vaping products
- Fireworks
- Pornographic images
- Any article that the member of staff reasonably suspects has been, or is likely to be used to commit an offence, or to cause personal injury to, or damage to the property of, any person (including the pupil)

For the safety of all pupils and staff, the above items must not be brought into school

- Add in your own school items here if you have any other items you specifically
- Discuss your mobile phones policy in line with government updates February 2024 which is individual to each school

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

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

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

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

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

If a pupil does not consent, a Headteacher, or member of staff authorised by the Headteacher, can only conduct a search for prohibited items where there are reasonable grounds for suspecting they are carrying a prohibited item. If the pupil still refuses to co-operate, the member of staff should assess whether it is appropriate to use reasonable force to conduct the search. A member of staff can use such force as is reasonable to search for any prohibited items identified as listed. The decision to use reasonable force should be made on a case-by-case basis. The member of staff should consider whether conducting the search will prevent the pupil harming themselves or others, damaging property or from causing disorder.

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

When being searched, a pupil can only be told to take off 'outer clothing' i.e. clothing that is not worn next to the skin or immediately over underwear. School staff cannot carry out a search requiring removal of clothing next to the skin, strip search or carry out an intimate search.

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

## **SAFEGUARDING CHILDREN**

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

Where a disabled child has communication impairments or learning disabilities, attention should be paid to communication needs and to ascertaining the child's perception of events and his or her wishes and feelings. Staff should be aware of non-verbal communication

systems and should know how to contact suitable interpreters or facilitators. Professionals should not make assumptions about the inability of a disabled child to share their information about their concerns.

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

## **SAFEGUARDING STAFF**

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

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

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

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

- Work within line of sight of a colleague;
- Work within earshot of another colleague;
- Work in areas that are open to frequent "traffic" (e.g. a corridor);
- Avoid working in isolation behind closed doors;
- Avoid working in an isolated part of the building;
- Avoid working in a secluded or unsecured area of the school grounds;
- Have an "exit" route planned if a situation should suddenly deteriorate;
- Have a means of summoning help (access to a walkie talkie, mobile phone etc) if it is needed.

## **PROBLEMATIC AND HARMFUL SEXUAL BEHAVIOURS**

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

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

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

Children and young people with learning disabilities are more vulnerable both to being sexually abused and to displaying inappropriate or problematic sexual behaviour. However, it is likely that the high level of adult supervision of children and young people with learning disabilities means that their sexual behaviour is more likely to be observed and problematised.

### **Reporting incidents of Problematic and harmful sexual behaviours:**

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

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

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

**Record keeping:** All records should be kept confidential and stored on a secure platform. At The Cavendish High Academy we use CPOMS. Records should include:

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

### **STAFF TRAINING IN POSITIVE BEHAVIOUR SUPPORT (PBS)**

Many students 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. The Cavendish High Academy recognises the importance of continuing professional development and provides appropriate induction and INSET training to all staff to support them to fulfil their professional duties effectively. Specific training in using the PBS model to support students to overcome behaviour difficulties can be made available to staff at several points during the year, and as needed. In addition, the school has identified particular staff to act as coordinators within the 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 students. They also have access to a range of documents to use in assessing students' needs and producing positive behaviour support plans if they are needed.

Recommended content for Tier 1 training (Universal PBS support: Preventing escalation to crisis) for Leadership/Class based staff:

- Introduction to Positive Behaviour Support
- Form and function of behaviour
- Sensory needs
- Communication

- Quality of life
- Capable environments

In addition, the school has identified particular staff (who have received additional training in PBS) to act as Behaviour Practice Leads within the school. Behaviour Practice Leads are able to provide training and support to all staff in school to respond to the behavioural needs of their pupils. It is recommended that Behaviour Practice Lead also receive additional training to be able to complete simple functional assessments of behaviour to assess pupils' needs for pupils receiving support at a tier 2 level. Practice leads use their professional knowledge to support staff in creating positive behaviour support plans to support pupils if they are needed. Additional training can be undertaken through the completion of the L5 BTEC Practice Leadership Diploma. Practice leads can also receive training from member school's Behaviour Leads, on the use of the Brief Behavioural Assessment Tool, in order to complete functional assessments.

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 students, without needing to produce prescriptive behavioural programmes. Where more specific actions and responses are needed, this may be accomplished by including guidance formed in consultation with other professionals, for example from PBSS or the Educational Psychology service, with consent provided by students' parents or carers.

### **PBSPs (Positive Behaviour Support Plans)**

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

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

### **FUNCTIONAL BEHAVIOUR ASSESSMENT:**

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

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

- Clearly defined behaviour(s) of concern
- Prioritising key behaviours of concern
- Key antecedents

- Early indicators of behaviours of concern
- Possible maintaining consequences
- Alternative responses
- The person's basic communication skills
- The young person's preferences (reinforcers)

## **SPECIALIST SUPPORT FOR PRODUCING A POSITIVE BEHAVIOUR SUPPORT PLAN**

For most students who display behaviours that challenge, the above measures should be successful in bringing about positive behaviour change. However, if the challenges are so severe that either the student him/herself, or others who share the student's environment, are at significant risk, The Cavendish High Academy may request support from external professionals (eg Educational Psychology Services, Learning Disabilities CAMHS Teams, The Positive Behaviour Support Service), who may carry out a more comprehensive behavioural assessment and produce a more prescriptive PBSP if it is required.

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

“PBS is based on the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will be reduced... 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 a PBS model, the emphasis is on teaching a student new skills so that they do not engage in 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 **early indicator** signs that a student is **moving off their baseline** and take action to address the underlying message so that the student 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 (i.e. those responses which adults make when behaviour challenges begin to be displayed) are intended to reassure the student, 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 student who is experiencing difficulty to calm and resettle as quickly and as effectively as possible.

Both ABA and PBS models recognises that often, traditional responses when unwanted behaviour is occurring, such as applying negative consequences (e.g. taking away a favourite toy or game, withholding a planned treat or favoured activity, removing earned tokens, removing the student 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 student is trying to convey through it), often leads to an escalation in behaviour, since the student may feel the need to try harder (increase the behaviour) to get their message acknowledged.

Since the main purpose of a reactive strategy is to keep people safe, staff at school aim to use a range of alternative **proactive** strategies to promote calming. These may include using active listening (to reassure a student that you are listening and understand their difficulty),

distracting the student by initiating an unexpected but interesting occurrence or event, or redirecting the student by offering an alternative activity which s/he enjoys. If these types of positive strategies are used correctly (i.e. the right response, in the right way, at the right time), they can preclude the need for more “reactionary” responses which have the potential to escalate the situation further (for example, using physical contact to support a student 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 student 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 The Cavendish High Academy, 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 students away from one area to another. However, this often takes the form of 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 The Cavendish High Academy, we believe that students should not 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 have no place in a PBS model.

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

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

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

If a student’s behaviours is being well monitored then it should be possible to invite a student to willingly leave one area to accompany a member of staff to engage in a different activity elsewhere, without producing an escalation in the presenting behaviour. However, it is also acknowledged that there may be occasions when a student’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 student may find it hard to see the invitation to leave the area (as in ‘**withdrawal**’) as something designed to help them.

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

Knowing that, in these exceptional circumstances, there would be a serious risk of harm to the student or others, if they were to leave the area, restrictions considered might include: using a physical intervention to keep a student in an area with staff, or potentially staff barring a student's exit from a room by standing in front of a door and redirecting them away from it. This is never a first choice of response to a situation.

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

"The supervised confinement and isolation of a person, away from other users of services, in an area from which the person is prevented from leaving....Its sole aim is the containment of severely disturbed behaviour which is likely to cause harm to others." (*Positive and Proactive Care, 2014, pg 28*)

By preventing a person from leaving a room, seclusion is effectively a deprivation of liberty, and is only permissible with a person who has either been detained under the Mental Health Act 1983, or is subject to a criminal order. However, temporarily barring a door to prevent a student from leaving a room when to do so would put them or others at significant risk of harm, might under some circumstances be considered to be a restriction rather than a deprivation of liberty, and there is no definitive guidance available to schools on what constitutes a restriction and what constitutes a deprivation in this scenario. Where such instances have occurred for a student within school, and once other supportive behavioural interventions have been exhausted, with external professional advice sought, there may be a decision taken that The Cavendish High Academy is no longer the appropriate educational placement for that student. It may be considered that a different establishment may be better suited to meeting that student's needs. For further information, please consult the Academy's Exclusion.

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

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



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

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

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

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

At The Cavendish High Academy, it is always our intention to keep our students safe and to intervene in the least restrictive way **and for the least amount of time**, to minimise their distress, reduce their anxieties and maintain their dignity. For this reason, in an extreme situation we may consider using a physical intervention to move a student to another area of school; if having physical contact with them causes them distress, we may consider moving away and giving them space, but be prepared to bar their exit if they try to leave and this would put them or others at significant risk of harm; or if we find that our presence in the room with them is causing them even more distress, we may consider withdrawing to the other side of the door to monitor them and try to reassure them from there, to help them calm. **If this option is considered appropriate, the staff member must have a clear, visible sight of the pupil at all times to ensure their safety.**

Parents should be reassured that this would only ever happen in exceptional circumstances, and that, if a student were taken out of class to another area to calm and they found it difficult to remain there, and staff had to employ any of the above strategies as an emergency response, this would trigger a review of the student’s PBS plan to consider what other systems and supports could be put in place in the future to avoid this becoming a planned response. Where a restrictive physical intervention has been used as the safest means of supporting a student in crisis, parents would also be informed immediately and given the opportunity to discuss this incident with staff and be involved in any subsequent planning for their child. A written record of the circumstances that led to this action would also be made and shared with parents upon request.

There may be exceptional circumstances, in which an incident of such severity occurs, or a succession of serious incidents, that the safety of a student, their peers and staff can no longer be guaranteed. Or there may be a series of behavioural incidents that, despite supportive involvement from external professionals (such as an Educational Psychologist, CAMHS, Positive Behaviour Support Service) do not show signs of improvement and are rendering the safe education of that student very difficult. In such circumstances, ‘very difficult’ might mean requiring extensive support from more than one member of staff for much of the school day, leaving other classrooms without adequate staff cover, thus leaving other students’ education at a significant disadvantage, in the longer term; or the requirement for them to work in a separate environment, to reduce arousal levels and maintain a safe environment for all. When such exceptional circumstances arise, the school may consider either a fixed term or permanent exclusion, or preferably, a ‘managed move’ to other educational provision for that student, where it is agreed that their needs could be more appropriately met. For further details, please refer to the school’s Exclusion and Managed Move Policy.

**PHYSICAL CONTACT, PHYSICAL INTERVENTION, RESTRICTIVE PHYSICAL INTERVENTION AND RESTRAINT**

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

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

*(Reducing the Need for Restraint and Restrictive Intervention, pg. 12)*

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

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

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

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

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

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

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

*(Physical Interventions: A Policy Framework)*

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

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

Although there is an element of force being used in the above circumstances, and the adult is effectively stopping a student from doing something they want to do, they are doing so with the minimum amount of contact, for the minimum amount of time, in order to keep them safe. With these types of physical interventions, it is unlikely that staff would need to record such

incidents in a formal log (unless the pupil became unexpectedly upset and behaviour escalated as a result of this restriction).

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

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

Restrictive interventions are defined by the Department of Health as:

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

- take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and
- end or reduce significantly the danger to the person or others; and
- contain or limit the person's freedom for no longer than is necessary"

*(Positive and Proactive Care, 2014, pg 14)*

As set out in the DfE's "School Teachers' Pay and Conditions Document 2022, all staff (both teaching and non-teaching) at The Cavendish High Academy have a duty of care to all of the students 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 student from hurting themselves or others, from damaging property or from causing disorder."

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

Restrictive physical interventions would not normally be used as a planned response for a student (i.e. knowing in advance that a student's responses to challenging situations may sometimes put themselves or others at such risk of injury that they need this level of physical

intervention to keep everyone safe), but if such a situation did arise where it was being considered as a planned response, then relevant stakeholders would be actively involved in drawing up a positive behaviour support plan which would aim to minimise and then further reduce such occurrences. All restrictive physical interventions would be recorded on CPOMS and be subject to the stringent review processes as detailed in the “Recording and Reporting” section below.

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

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

## **STAFF TRAINING IN THE USE OF RESTRICTIVE PHYSICAL INTERVENTION**

In conferring the power to use force on all school staff, the Department for Education does not legally require schools to undertake any specific training in the use of physical intervention. However, Department of Health and Social Care (DHSC)’s non-statutory guidance document: “Reducing the Need for Restraint and Restrictive Intervention” (2019) states that:

“Training should be tailored to take account of the needs of the children and young people being taught and/or cared for and the role and specific tasks that staff will be undertaking. It should cover approaches to meeting children and young people’s needs more effectively, preventing the escalation of crisis situations, and reducing and minimising the need for restraint through positive behavioural support” (pg. 28)<sup>[17]</sup><sub>[SEP]</sub>

DHSC continues that:

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

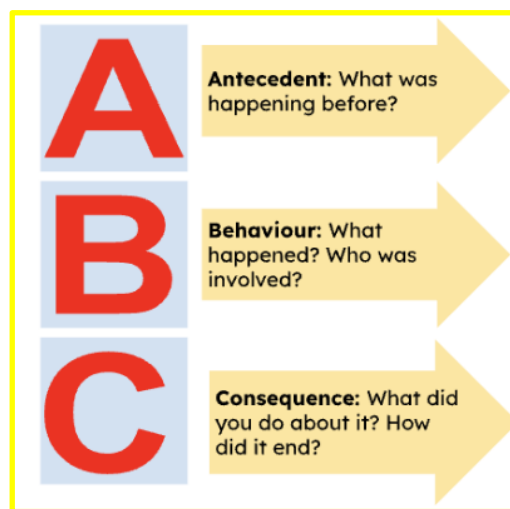
At The Cavendish High Academy, all members of staff receive either in-house PRICE training or externally provided training in Positive Behaviour Support which is provided by staff from Halton’s Positive Behaviour Support Service (PBSS).

In addition, all staff at The Cavendish High Academy are trained through PRICE (Protecting Rights in a Caring Environment) training. PRICE training places an emphasis on proactive strategies and the importance of non-restrictive positive behaviour management to enable them to develop skills to deal with challenging situations and behaviours in ways that lead to desirable outcomes and positive relationships with pupils. Staff engage in refresher training every 2 years.

## **MONITORING, RECORDING AND REPORTING**

**THE POWER OF DATA:** The importance of recording and analysing behaviour (A, B, C). Data is a vital component of a Positive Behaviour Support (PBS) approach. At the heart of PBS is the science of behaviour change, and science requires observable and measurable data. Data are distinct pieces of information that can be used for the purposes of analysis, to inform interventions and objectively monitor progress (Bowring, 2013).

The purpose of having a written behaviour programme (PBSP), is to help a student 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. Monitoring and recording takes a variety of forms and may include: logging incidents of behaviour, collating information on partial-interval data recording sheets or making a written entry on the school's secure incident logging platform (CPOMS) **ensuring behaviours are recording considering the following:**



### **RECORDING PHYSICAL CONTACT:**

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

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

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

If a restrictive physical intervention (as defined above) was ever used as either an emergency or planned response with a pupil, in order to keep people safe in an increasingly dangerous situation, this would be recorded on CPOMS and would trigger a detailed review of the incident and circumstances that led up to it (see Appendix 2 for details of the review questions

and potential actions). Whilst there is no statutory requirement for schools to collect and use data to monitor restraint or restrictive physical interventions, this must be prioritised in order to support us to understand individuals better and respond to any unmet needs.

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

## **RESPONDING TO ACCUSATIONS**

In line with Government and Local authority policy, any staff or students 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.

## **THE ROLE OF PARENTS: WORKING COLLABORATIVELY**

**It is vital that we work collaboratively with parents in line with our PBS policy. Parents have an important role in supporting PINETREES school behaviour policy we reinforce the whole-school approach by building and maintaining positive relationships with parents, and working collaboratively with parents in the co-production of supportive plans for their child.**

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

- A named Behaviour Practice Lead should be appointed in each school and receive appropriate training at local and national level. This will be through completion of the Bild Practice Leadership L4 certificate and the optional choice of completing the L5 Diploma in Practice Leadership following completion of the certificate.
- All Behaviour Practice Leads should be part of the CSSC consortium network to support practices in schools and maintain an overview reflecting current initiatives.
- Consortium meetings should continue to have a multi-disciplinary focus, with representatives of other services (speech and language, occupational therapy, mental health) being invited to share practice and knowledge on a regular basis.
- Consortium meetings should be held on a termly basis, with additional updates and the opportunity to work collaboratively through a 'Community of Practice'. It is the expectation that all Behaviour Practice Leads attend these sessions.
- Additional training, support and guidance may be available to schools and individual pupils on request, by an Bild-trained behaviour consultant.
- Individual schools' Practice Behaviour Leads, in liaison with their Leadership Team, should provide induction training in the PBS approach, to new staff.
- Where required, collaborative PBS training for groups of new staff across CSSC schools will be undertaken by designated Practice Behaviour Leads.

## IMPLEMENTATION OF THE POLICY: MEASURING SUCCESS

The success of the principles and practises set out in this policy will be measured against the following seven valued outcomes, as proposed by ABA:

- Durability: when an undesired 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 student and others, and less disruption to the daily routines and activities?
- Reduction of negative side effects: can we be sure that the process used to reduce the behaviour, has not inadvertently created other problems/side effects?
- Social validity: are the techniques being used viewed as acceptable to society at large, and to the family of the individual? Does the student 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 student'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 Principal Head Teacher will monitor practice and policy in the school, and share this information with the school's Safeguarding Governor.
- This policy will be reviewed on an annual basis by members of the Cheshire Special Schools' consortium, as part of a scheduled coordinators' training day.
- The policy will be reviewed by the school's Governors on a regular basis.

To ensure fidelity to the CSSC school's PBS policy, Cavendish High Academy understands that the following set of criteria must be adhered to:

|  |  |
|--|--|
| Responsibilities to uphold and adhere to the principles of this PBS policy | All staff have received annual updates to the PBS policy and have read the School's PBS Behaviour policy   |
| Publicising the School's PBS Behaviour Policy                              | The headteacher must publicise the school behaviour policy in writing to parents, staff, and pupils at least once a year. The school's behaviour policy must also be published on the school website                       |
| Behaviour Lead training  | At least one named Behaviour Practice Lead should be appointed in each school and receive appropriate training at local and national level. This will be through completion of the Bild Practice Leadership L4 certificate |

|  |   |
|--|---|
|  | and the optional choice of completing the L5 Diploma in Practice Leadership following completion of the certificate.  |
| PBS training is provided for members of the Leadership Team and all class based staff and regular refresher training is provided | Individual schools' Practice Behaviour Leads, in liaison with their Leadership Team, should provide induction training in the PBS approach, to new staff<br><br>Where required, collaborative PBS training for groups of new staff across CSSC schools will be undertaken by designated Practice Behaviour Leads.   |
| Behaviour lead attends x3 CSSC Community of Practice annually  | All Behaviour Practice Leads should be part of the CSSC consortium network, working collaboratively through a 'Community of Practice' to support practices in schools and maintain an overview reflecting current initiatives. These meetings are held termly.<br><br>Consortium meetings should continue to have a multidisciplinary focus, with representatives of other services (speech and language, occupational therapy, mental health) being invited to share practice and knowledge on a regular basis as required   |
| Attend Cheshire and Merseyside Community of Practice (+Bild PBS conference)  | Optional attendance at these events throughout the year   |
| Restrictive Intervention leadership reviews  | Following a Restrictive Physical Intervention, the Leadership team will complete a review of the incident in discussion with staff involved   |
| Positive behaviour Support Plans: Checklist for good practice  | Do staff consider the following when creating PBSPs?<br><br><ul style="list-style-type: none"> <li>- 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. <ul style="list-style-type: none"> <li>- A reflection of primary, preventative strategies, including:</li> <li>- consideration of the environment</li> <li>- quality of life</li> <li>- alternative strategies; to meet the individual needs.</li> </ul> </li> </ul> |



|   |  |
|---|--|
|   | <ul style="list-style-type: none"> <li>- secondary reactive strategies, such as diversion and distraction, to prevent further escalation of behaviours of concern.</li> <li>- Slow/fast behaviour triggers are identified</li> </ul> |
| Restrictive Physical Intervention training  | Have staff received appropriate RPI training/Refresher training, has been updated as required?   |
| Recording and reporting data  | A, B, C Behavioural records are available to parents as requested and staff are trained to include relevant detail in the incident   |
| Behaviours Leads are aware of appropriate services available for further guidance | Additional training, support and guidance may be available to schools and individual pupils on request, by a Bild-trained behaviour consultant   |

Approved by:

Last reviewed on: February 2024

Next review due by: September 2024

## APPENDIX 1 – PBS & Extended PBS

| Avoid these   |   | Possible triggers:   |
|---|---|--|
| <ul style="list-style-type: none"> <li>★ Giving long tasks - chunk work.</li> <li>★ Lengthy written or verbal instructions.</li> <li>★ Long periods of unstructured time.</li> <li>★ Repeatedly drawing attention to him negatively (try to rephrase positively - say what you want rather than what you don't want).</li> <li>★ Sitting for a long time (after a film maybe send for a quick walk).</li> </ul> |   | <ul style="list-style-type: none"> <li>● Talking about his family, specifically mum.</li> <li>● Not understanding work.</li> <li>● Other students' behaviour - wanting to join in.</li> <li>● Sitting for long periods of time.</li> <li>● Being sat by students who distract him.</li> <li>● Being knocked into or falling over.</li> </ul>   |
| Behaviours  |   | Behaviour strategies   |
| <b>Primary</b>  | <ul style="list-style-type: none"> <li>● Making silly noises, voices and comments.</li> <li>● Passively swearing.</li> <li>● Putting his hood up in class.</li> <li>● Shouting across class to another student.</li> <li>● Messing with chairs, stools and tables.</li> <li>● Going on games during work time.</li> <li>● Lying down on the floor.</li> </ul> | <ul style="list-style-type: none"> <li>● Remind student of expectations.</li> <li>● Praise good behaviour.</li> <li>● Inform him what we are doing, how long left and what is next.</li> <li>● Provide support when tasks involve reading and writing.</li> <li>● Incorporate as many practical activities into learning as possible.</li> <li>● If student is lying on the floor, we are currently ignoring the behaviour.</li> </ul>       |
| <b>Secondary</b>  | <ul style="list-style-type: none"> <li>● Refusing to cooperate with staff.</li> <li>● Beginning to passively swear a lot.</li> <li>● Swearing at others.</li> <li>● Threatening behaviour.</li> </ul>   | <ul style="list-style-type: none"> <li>● Tell student he can have a short break of 5 minutes (inside or outside), but he has to return to work.</li> <li>● Remind student of the consequences to his actions.</li> <li>● student enjoys computer time, and can be taken away for negative behaviours.</li> <li>● Tell student what will happen if he continues with the behaviours (removed to another classroom, call home etc).</li> </ul> |
| <b>Tertiary</b>   | <ul style="list-style-type: none"> <li>● Shouting and swearing at students - direct insults.</li> </ul>   | <ul style="list-style-type: none"> <li>● Remove student from the situation - outside is the best option.</li> </ul>  |

|  |  |   |
|--|--|---|
|  | <ul style="list-style-type: none"> <li>● Swearing at staff and refusing to follow instructions.</li> <li>● Throwing objects at students.</li> <li>● Hitting students - mainly punching.</li> <li>● Punching tables, walls, windows etc.</li> </ul> | <ul style="list-style-type: none"> <li>● Give student space and watch from a safe distance.</li> <li>● Communicate with student where possible and remind him of expectations.</li> </ul> <p>PRICE approved physical intervention (only to be used as a last resort):</p> <p>Student has been known to hit other students, but no incidents involving staff. Moving between students or moving the other student, whilst telling student to stop will likely result in a more positive hands off approach. If a physical altercation continues, then two staff would need to use the figure of four PRICE technique to remove the student from the situation.</p> |
|--|--|---|

EXTENDED PBS Page 1 of 2

| PUPIL'S NAME                                      | CLASS                                    | DATE OF PLAN  |
|---|--|---|
| <p>Situations and places s/he finds difficult</p> | <p>Why does s/he struggle with this?</p> | <p>How does s/he let me know this is a problem for him/her? What do I see/hear?</p> |

|  |  |   |
|--|--|---|
| <b>Demands and requests s/he finds difficult</b> | <b>Why does s/he struggle with this?</b> | <b>How does s/he let me know this is a problem for him/her? What do I see/hear?</b> |
|--|--|---|

**What impact would this behaviour have, if this person presented it as an adult in the community?**

|  |   |
|--|---|
| <b>What skills does this person need to learn, to cope better with these situations and demands?</b> | <b>What specific skills should I teach him/her this year?</b> |
|--|---|

**EXTENDED PBS TEACHING PLAN Page 2 of 2**

|                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <b>Skill 1 sub-steps to teach</b> | <b>Skill 2 sub-steps to teach</b> | <b>Skill 3 sub-steps to teach</b> |
|-----------------------------------|-----------------------------------|-----------------------------------|

|   |                                    |                                    |
|---|------------------------------------|------------------------------------|
|   |                                    |                                    |
| <b>When, how often and who by?</b>            | <b>When, how often and who by?</b> | <b>When, how often and who by?</b> |
| <b>When this person shows this behaviour:</b> | <b>It means:</b>                   | <b>How can I help?</b>             |

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

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

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

|  |
|--|
| <p>Were the 6 principles of physical intervention adhered to when staff used this RPI?<br/>Any contact made:</p> <ul style="list-style-type: none"> <li>• must not cause pain</li> <li>• must not use excessive force</li> <li>• must not restrict breathing</li> <li>• must not involve holding joints</li> <li>• must not involve holding limbs out of body alignment</li> <li>• must not involve holding a pupil face down</li> </ul> |
| <p>Was physical injury caused to the student as a result of this RPI? (Give details of who checked the student, injuries sustained and any treatment or action required)</p>   |
| <p>Was a body map completed?</p>   |
| <p>Was emotional distress caused to the student as a result of this RPI? (Give details and any action required)</p>  |
| <p>Was physical injury caused to any of the staff as a result of this RPI? (Give details of injuries and any treatment or action required)</p>   |
| <p>Was emotional distress caused to any of the staff as a result of this RPI? (Give details and any action required)</p>   |
| <p>Was the student given the chance to talk about the incident and specifically the use of RPI, to express their feelings about it, afterwards? (Give details of what the student said about how the RPI made them feel)</p>   |
| <p>Were parents informed about this incident (how, when and who by)?</p>   |
| <p>Did parents request any further action, or were they offered the opportunity to discuss this incident with school, or to participate in a review of the student’s behaviour support needs?</p>  |
| <p>Does this student have a behaviour support plan?</p>  |
| <p>Was RPI used with this student as an emergency or planned response?</p>   |
| <p>Does this student have specific details of RPI (ie what to do and when to do it) as a planned reactive response, written in their behaviour support plan?</p>   |
| <p>If so, are parents aware that RPI is listed as a planned reactive response for their child, and in agreement with this?</p>   |
| <p>Have all the staff who work with this student on a daily basis had formal training in the use of restrictive physical intervention? (Give specifics)</p>  |
| <p>Have all the staff who were involved in this specific RPI had formal training in the use of physical intervention? (Give specifics)</p>   |
| <p>How many other times has RPI been used with this student in the last 12 months? (if fewer than 6, give dates; if more than 6, give overall tally for each month)</p>  |

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

ACTIONS TO REDUCE THE LIKELIHOOD OF EMERGENCY OR PLANNED RESTRICTIVE PHYSICAL INTERVENTION BEING USED AGAIN WITH THIS STUDENT

(indicate which of the following will be initiated)

A: If a behaviour support plan is not currently in place:

1. staff team to be supported to produce PBS
2. school’s Behaviour Lead to carry out an assessment and produce a PBS and support staff to implement it
3. school to request support from external professionals for guidance on carrying out an assessment and producing a PBS where deemed appropriate
4. Parents to be consulted as part of the assessment process

B: If a behaviour support plan is currently in place:

1. staff team to review the student’s PBS
2. school’s Behaviour Lead to work with staff team in focusing on identifying the student’s behaviour course and alternative reactive responses
3. school’s Behaviour Lead to carry out an assessment and produce a PBS and support staff to implement it
4. school to request support from external professionals (e.g. PBSS) for guidance on carrying out an assessment
5. Parents to be consulted as part of the reassessment process

C: Specific staff support needs:

1. Staff to attend a 2 day IABA course
2. Staff to attend a twilight/in hours IABA refresher course
3. Staff to attend a certified PI training course
4. Staff to be given a twilight/in house refresher on PI they have previously been trained to use

## APPENDIX – GUIDELINES AND DOCUMENTATION FOR REFERENCE

This document is in line with PINETREES School’s policy and embraces the ethos set out in the school’s mission statement and The Department for Education (DfE) guidance ‘Working together to Safeguard Children’. It follows guidelines set out in the following documents:

- Section 550ZA of the Education Act 1996
- Sections 88 and 89 of the Education and Inspections Act 2006
- Section 93 of the Education and Inspections Act 2006
- “Challenging Behaviour: A Unified Approach” (Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists, March 2007)
- “Physical Interventions: A Policy Framework” Revised (Harris J, Cornick M, Jefferson A and Mills R/Bild, 2008)
- Equality Act 2010
- “Use of Reasonable Force: Advice for Headteachers, Staff and Governing Bodies”



(DfE, July 2013)

- “Ensuring Quality Services: core principles for the commissioning of services for children, young people, adults and older adults with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges” (Local Government Association, February 2014)
- “Positive and Proactive Care: Reducing the Need for Restrictive Interventions” (Department of Health, April 2014)
- “A Positive and Proactive Workforce: a guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health” (DH/Skills for Care/Skills for Health, April 2014)
- “Behaviour and Discipline in Schools: Guidance for Governing Bodies” (DfE, September 2015)
- “Behaviour and Discipline in Schools: Advice for Headteachers and School Staff” (DfE, February 2024)
- Maintained schools government guide (DfE 2024)
- Academy Trust government guide (DfE 2024)
- “Searching, Screening and Confiscation: Advice for Schools” (DfE, July 2022)
- “Positive Environments Where Children Can Flourish” (OFSTED, March 2018)
- “School Teachers’ Pay and Conditions Document 2023” (DfE, September 2023)
- “Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings” (DHSC, June 2019)
- “Reducing Restrictive Intervention of Children and Young People: Update of case study results” (Challenging Behaviour Foundation, February 2020)
- Restraint reduction network (RRN) training standards (2021)
- Restrain in schools enquiry: Using meaningful data to protect children’s rights (Equality and human rights commission, 2021)
- Positive behaviour support (The National Autistic Society 2022)
- Capable environments (McGill et al 2014)
- ‘Environments of concern’: reframing challenging behaviour within a human rights approach’ (Chan, 2023)
- Cheshire West and Chester: Safeguarding Partnership: harmful Sexual Behaviour