Logo

Description automatically generated

**Positive Behaviour Management Policy**

**CONTENTS**

1.0 Introduction ………………………………………………………………………………… Page 3

2.0 Definition …………………………………………………………………………………… Page 3

3.0 Aims ………………………………………………………………………………………… Page 3

4.0 Guidance …………………………………………………………………………………… Page 4

5.0 Preventative Strategies and Rewards ………………………………………………….. Page 5

6.0 Measures and Consequences …………………………………………………………… Page 6

7.0 Exclusions Policy ………………………………………………………………………….. Page 7

8.0 Inappropriate Touch and Physical Intervention Policy ………………………………… Page 9

9.0 Additional Information Sources ………………………………………………………….. Page 19

10.Appendix ……………………………………………………………………………………. Page 21

# 1.0 INTRODUCTION

The purpose of this Policy is to guide staff in using a positive behaviour support approach across the College, as well as ensuring the wellbeing and safety of all our students and staff. The Policy also provides guidance on the immediate actions to take with behavioural incidents involving students. Promoting good behaviour within Syon Manor College (SMC) requires the creation and maintenance of a learning environment which allows staff and parents to support students in managing their feelings and their behaviour effectively, both at home and at College. All staff are committed to supporting students learning to comply with rules and boundaries expected in the work environment and their communities. It requires a ‘no blame’ culture in which ‘what works’ is what is promoted. We wish to provide clear rules and boundaries within an environment where students can, over time, learn to develop positive thought processes and behaviours that are accepted and valued in society.

# 2.0 DEFINITIONS

**Implementation**: It is the responsibility of line managers to ensure that staff members are aware of and understand this policy and any subsequent revisions.

**Compliance**: This policy complies with all relevant regulations and other legislation as detailed in the Compliance with Regulations & Legislation Statement.

# 3.0 AIMS

The College ethos is one which is very much aware of the importance of good relationships between all our students and staff who are part of the learning environment. A common vocabulary of trust, empathy and respect is used across the College to foster positive relationships and reciprocal behaviour. A positive behaviour support approach provides a cohesive, connective and meaningful way for students to learn and generalise key interactive and team building skills within the College and local community. The aims of this Policy are listed below:

1. The staff at SMC aim to work co-operatively with one another and with parents to use consistent language and responses to student behaviours that can be perceived as challenging or inappropriate.

1. A primary aim is to ensure that behaviours associated with autism (whether they be passive or behaviours that challenge), are brought to a manageable level so that students display behaviour which shows that they are ready to learn and able to function in society.

1. Staff aim to provide a consistent approach which allows students to experience and learn clear rules and boundaries and respond appropriately to them.

1. In requiring students to make choices about their responses to their own behaviour, staff aim to encourage cognitive self-reflection and personal responsibility in behaviour management.

1. Staff aim to support learners in identifying clearly what is the cause of their upset. This will support learners in:
   * Communicating clearly what has upset them through discussion.
   * Making an effective choice about how to manage the upset.
   * Resolving any negative results of behaviours.
   * Resolving with whoever has been affected and moving forward.

1. Staff aim to teach our learners how to relax by using specifically taught relaxation and calming techniques, how to monitor their levels of anxiety, and how to return to being happy, calm and ready to learn during times of raised levels of anxiety. Only when necessary, staff will use physical intervention techniques to support students in the process of calming down and keeping safe.

1. Staff aim to promote the achievement of keeping the expectations of the College by rewarding individual students for good behaviour and good work.

1. Staff will make clear through the way they are being with students that they are there to teach them and that students are here to learn. Students learn that they need to comply with reasonable adult requests whilst at College. Parents are supported in achieving this situation at home.

# 4.0 GUIDANCE

This policy is to be in accordance with:

* SMC Safeguarding and Child-on-Child Abuse Policy
* SMC Anti-Bullying Policy
* SMC E-Safety Policy
* SMC Equality and Diversity Policy
* SMC Mental Health and Wellbeing Policy
* Complaints Policy

**Handling Challenging Behaviour**

Challenging behaviours can be passive or active. Challenging behaviours can take the form of (but are not limited to) aggression, no-compliance, inappropriate noises, misuse of property, self-harm and socially inappropriate behaviour. Challenging behaviours must be recognised by staff as serving a purpose for the student / communicating a need. Staff must first understand the need in order to identify the function of a behaviour and tailor their response accordingly.

* Each student has an individual Behaviour Support Plan (BSP) (please see Appendix 1 for BSP) which is kept in their Student File on the College network. All staff are made aware of these strategies and have access to the plans.

* BSPs clearly state behaviours the student shows when they are in the Green Zone (calm, happy and ready to learn), Amber Zone (unsettled, disengaged and/or distracted) and Red Zone (distressed and exhibiting physically challenging behaviours). The BSP includes strategies for keeping the student in the Green Zone, de-escalation strategies for when the student is in the Amber or Red Zone and escalation triggers to avoid. Agreements about how to manage challenging and inappropriate behaviours are also included on the BSP. Guidance about specific support structures (e.g., individual work stations, rewards and appropriate choices etc) and physical intervention (if applicable) are also clearly stated in this document. BSPs are reviewed with tutors and parents on a termly basis.
* Each student has a Student Risk Assessment (SRA) (see Appendix 2 for SRA) which includes an assessment of any safeguarding or behavioural risks the students may exhibit. The SRA includes risk outcomes, severity of risk, controls in place to manage the risk, likelihood of the risk occurring and assessment of the risk considering the controls using a scale (please see Appendix 1). Students cannot be in situations where the final safeguarding or behavioural risk is rated as A1, A2, B1 or B2. If additional support is needed to ensure a situation is safe, this is also included in the SRA. Each SRA is signed off by the Head of College/Designated Safeguarding Lead and reviewed with tutors and parents on a termly basis.
* Consistent language describing behavioural expectations are made explicit to all students. College Rules (Appendix 3) are clearly displayed within each classroom. When supporting a student with unwanted behaviours, always inform the student of the result behaviour they choose to engage in by linking the expectation with the action and the consequence.
* Where appropriate, students will have daily sessions on how developing a range of calming and relaxation techniques to be used within everyday stressful situations. If the behaviour of students reveals a raise in anxiety levels within College the students are supported by being offered the opportunity of practicing their individual calming techniques outside of class in order to lower their anxiety, refocus the student’s attention and reduce the use of inappropriate or challenging behaviour.
* If there is a rise in concerning behaviour, a Behaviour Intervention Meeting (BIM) will be called. The BIM is a multidisciplinary meeting in which appropriate members of staff and clinical team attend to discuss the rise and set out action points that are implemented immediately. These actions are monitored along with the behaviour over the coming month. A review of the intervention takes place 1 month following the first meeting (please see Appendix 4 for BIM document)

# 5.0 PREVENTATIVE STRATEGIES & REWARDS

**Preventative Strategies**

There are several preventative strategies in place at SMC to promote positive behaviour support:

* Effective classroom management displayed by all members of staff. Teachers to ensure that all staff are aware of all planning and where it is kept on the SMC system. Effective visual labels to ensure that the learning environment are clearly signposted.
* All students will have an up-to-date BSP. Strategies/interventions will be discussed and agreed by staff, led by the Assistant Head of Pastoral and the given teacher mentor during team meetings.
* Further discussion will then take place with parents on a termly basis during Parents Drop-in days. The teacher mentor will call on other professionals for input and advice on these strategies where necessary – referrals to College therapists, psychologist or outside agencies will be made via the Head of College. The team will work on consistent use and re-evaluation of strategies used with individual students.
* Individual information that is relevant to the whole College will be shared at debriefing meetings to ensure a consistent approach when dealing with a particular student.
* SMC provides a PSHE programme for all students which includes lessons on relationships and caring for others. These run throughout the College and are based on a variety of materials. These lessons will be differentiated according to need.
* Enhancing the environment – Ensuring the classroom generates an enthusiasm for learning.

**Rewards**

Use of reward systems is another way to promote positive behaviour within a learning environment.

**General Rewards**

* Individual praise and encouragement.
* Break time in a different place/different equipment.
* Extra time with favourite members of staff.
* Appropriate positive written comments on work.
* Positive communication with parents to share success i.e. by sending photocopied work home. Use of emails.
* Teachers will, where possible, reward the students with opportunities for curriculum choices.
* Positive calls home.

**Individual Rewards**

Students have individual reward systems which are appropriate to age / communication level; from visual tokens to verbal agreements. Students are supported through individual rewards organised by the staff, with the support of the multi-disciplinary team. Free time is an effective structured way of supporting individuals with autism who may have a very personal range of interests for positive behaviour. Students can gain free time and other age-appropriate rewards through individual reward systems that are agreed by both the staff team and student.

**College Rewards**

Students work towards unique, tailored rewards that each class designs according to each student’s interests. These may include weekly trips to the local shops, tokens, watching a favourite movie, choosing time at the end of every lesson, free time at the end of each day, etc. It also may include end of term awards, Jack Petchey Award, end of term trips, recognition in assembly, amongst others.

**Home Support**

Behaviour support, teacher mentors and subject leaders, liaise with parents who are experiencing difficult behaviour at home to use similar visual and structured rewards for students to understand the need to manage their frustration in an acceptable way. This is regularly reviewed to ensure that systems are relevant and helpful, or to refer the difficulties further if necessary.

# 6.0 MEASURES AND CONSEQUENCES

**Behaviour Agreement**

Each student has a Behaviour Agreement tailor-made to themselves considering their behaviours. This is a statement of the student’s BSP and an expectation of behaviour. They can choose to sign the Agreement to say they have acknowledged it’s content.

**Low Level Behaviour – Positive Encouragement**

After low level incidents of negative behaviour, the focus is on being positive and encouraging a student to change that behaviour to a more useful one. Give the students choices of appropriate behaviours they can engage in instead. For example, if a student is swearing, inform the student if they continue with this behaviour, they will lose out on some of their lunchtime. Give them a choice of using acceptable language and staying in class or if they feel they cannot do this, to take a break outside the classroom. This is considered a low-level behaviour if the student makes positive choice after being presented with options.

**Medium Level Behaviour – Behaviour Discussions**

If a student makes a negative choice (e.g. continues to swear), a reasonable and proportionate consequence takes place e.g. the student loses out on some lunch time. After this has taken place, the teacher will talk to the student one-to-one about the incident, how the student was feeling and how to avoid this in future. This encourages good behaviour from an objective, non-judgemental point of view where there is an objective space for students to develop an understanding of right and wrong (example below).

1. X behaviour (e.g. using acceptable language) works because it makes people feel comfortable, at ease and in a respectful, safe environment.
2. Y behaviour (e.g. swearing) does not work because it can make people feel uncomfortable and that they are in an unpredictable, disrespectful, unsafe environment. In College it is important that everyone feels safe. What does feeling safe mean? Why is it important?
3. How does X behaviour make you feel and how does Y behaviour makes you feel?
4. How do you think X behaviour makes someone else feel and how do you think Y behaviour may make someone else feel?
5. How could we change the behaviour and therefore outcome in the future?

**Significant Level Behaviour - Three Warnings**

Staff are aware of language processing difficulties and the need to allow students who have autism and challenging behaviour the time to respond to requests to change behaviour. The common language of Three Warnings is used across the College setting. This is agreed before events and as a strategy shared with the student, parents and all those who come into contact with the student. If a student engages in a significant, unacceptable behaviour at College, they will receive an official Warning. Each student has up to three Warnings across a half term, on their third Warning they will lose certain College privileges for the remainder of the half-term. If a student engages in behaviour that warrants a Warning, it is to be discussed with the Assistant Heads. If the Assistant Heads agree a Warning must be given, they will call a meeting with the student to discuss the incident in relation to the College’s Positive Behaviour Management Policy, the student’s Behaviour Agreement and College Rules. This meeting is a teachable moment, with the Assistant Heads first asking for the student’s view on the behaviour and what they deem to be acceptable. They will then discuss how this behaviour would be perceived in society and the consequences the student may face because of it. It is in this meeting the official Warning is given in a verbal and visual format. The student’s parents will be called and told why a Warning has been given. After the half term, all students Warnings will be removed and privileges re-instated.

# 7.0 EXCLUSIONS POLICY

**Challenging behaviour from students who can understand and change their actions and consequences**

SMC staff are aware that students displaying challenging behaviour are frequently communicating a need, in an inappropriate manner which may be harmful to themselves and to others. Keeping in mind, the College has an ethos of positive behaviour support and the importance of having a multi-disciplinary approach, as well as having a duty to ensure that the College remains a safe learning environment.

**Internal Exclusions**

When a student is not responding to measures/consequences and continues to disrupt learning and provoke more significant/critical incidents, the use of internal exclusion will be extended. The student will work away from the rest of the class and will have the opportunity to receive one-to-one attention. The focus will be on what the student needs to change in order to earn their way back into the classroom, and on changes that the College needs to make to prevent the behaviour from escalating. This one-to-one support will be used both to ensure the student completes their work and to manage the recurring challenging behaviour and its consequences, in a proactive and safe way.

**Dealing with Critical Incidents**

For a critical incident, the teacher should request the help of a member of the Senior Leadership Team (SLT). The teaching staff involved will need to fill out an Incident Form as soon as possible. The incident must be passed directly to the Head of College or one of the Assistant Head Teachers in their absence. A critical incident constitutes a student or member of staff being at physical risk. The critical incident will be dealt with within 24 hours.

A number of solutions could be found in dealing with a critical incident:

* A conferenced apology.
* An internal exclusion.
* The student is put on a student contract and parents informed.
* A home/college plan.
* A day exclusion for the rest of the day.

It is at the discretion of the teacher mentor and the Head of College to inform parents of these measures. When a student is involved in a serious incident such as instigating fights, physically abusing students or adults, absconding and putting themselves in danger, the student may be sent home as an instant consequence. Any decision to send the student home will be discussed with the Head of College before being communicated to the student and parents.

As a final stage the student will be sent to the Head of College:

* The student is excluded for a definite period.
* The student is excluded permanently from College and the LEA informed.

**The Use of Exclusion**

A decision to exclude a student for a fixed period or permanently should be taken only:

* In response to serious breaches of SMC’s Positive Behaviour Management Policy.
* Once a range of alternative strategies have been tried and failed.
* If allowing the student to remain in class would seriously harm the education and welfare of the student or others in the College.

Before the decision is made the Regional Director takes the following steps:

* Considers and records all relevant facts.
* Allows the student to give their version of the facts.
* Speak to any witnesses individually.

Exclusion may be used if a student:

* Continually refuses to abide by College rules after all the other sanctions have been used.
* Is responsible for an assault causing injury to another student.
* Is in possession of a weapon (this will result in an immediate permanent exclusion).
* Is in possession of inappropriate substances.
* Deliberately assaults on a member of staff (including spitting).
* Continually uses racist and sexist behaviour.
* Causes damage to College property.

Any student who is excluded will be re-interviewed by the Head of College to induct the student back into the College. In this meeting the Head of College will set short-term targets for the student to ensure their re-entry is successful.

Only the Head of College can take the decision to exclude a student from the College. The Head of College may exclude a student for one or more fixed periods not exceeding a total of 25 college days in any one College year. Reasons for exclusion related to risk of foreseeable harm may cause this period to be extended for health and safety reasons. Such situations would give rise to an early Annual Review meeting of a student’s special educational needs.

The Head of College may not exclude a student permanently without consultation with at least two Directors of the College agreeing with the decision. He or she may, with the agreement of at least two of the Directors, convert a fixed period exclusion into a permanent exclusion, if he or she decides there is a risk of foreseeable harm to other students or staff. In the case of students with autism, there may be concerns about the emotional wellbeing of the individual and others. In addition, the Head of College may see that there is a risk to the safe and effective education of other students.

In all cases he or she must promptly:

* Inform the student’s parents of the exclusion and how long the exclusion is for. The Head of College or the Assistant Headteacher will make reasonable efforts to contact parents by telephone on the day of the decision to exclude their young person and confirm the decision in writing by first class post that day.
* Give clear explicit reasons for the exclusion with written evidence.
* Advise the parent that he or she may make representations to an appeal panel by requesting this through the Head of College within 15 days of notification of the exclusion.
* Advise the parent how these representations may be made.

In the following cases;

* Permanent exclusions or fixed period exclusions converted into permanent exclusions.
* Fixed period exclusions totalling more than five days in any one term.
* If a student is excluded for a fixed period of up to and including five days more than three times in any academic year.
* Exclusions which result in the loss of an opportunity to take a public examination.

The Head of College, having consulted with the Directors of the College must immediately notify both the local education authority who maintain the students placement at the College. The Directors of the College will establish a discipline appeal panel. Their role is one of reviewing, if the need arises, the exclusion decisions that have been made.

The panel will meet to:

* Consider the circumstances in which the student was excluded.
* Consider any representations about the exclusion made by the parent or by the LEA
* In cases where reinstatement is advised as a practical option, consider whether the panel should advise that the student should be reinstated immediately or reinstated by a particular date or not reinstated.

# 8.0 APPROPRIATE TOUCH AND PHYSICAL INTERVENTIONS POLICY

**Appropriate Touch**

Touch must always be necessary and age appropriate. Staff must risk assess the situation when using physical touch.

Purpose of touch:

* communication: reinforcing, supporting, guiding, interacting
* physical prompts
* intensive interaction
* therapy: massage, sensory stimulation and regulation, rebound therapy
* emotional reasons: reassurance
* personal care: medical and nursing care
* intimate care: changing nappies/pads and showering
* protection

Staff should always consider touch as providing positive experiences/support and it should be consensual. As far as possible, the student involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they don’t want to be touched. Staff should be sensitive to any changes of behaviour (over excitement or negative reactions) that might indicate the need to reduce or withdraw touch and record this on the Student Profile. Where possible, staff should minimise the use of touch in order to provide students with opportunities to complete tasks independently and to avoid a reliance on touch and prompts in later life. Staff should always allow appropriate amounts of time to allow the student time to respond and complete a task or follow an instruction on their own.

Potential challenges of touch:

* Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and so must be alert to all feedback signals from the person they are working with.
* Students may inadvertently touch intimate parts of a member of staff’s body when there is no sexual understanding or intent. Staff should withdraw without significant negative feedback and follow agreed plan. The incident should be recorded.

**Physical Intervention**

This section of the Policy sets out guidance for trained staff at SMC in using restrictive and non-restrictive physical intervention techniques as part of wider Positive Behaviour Management Policy. This may be used to support students with in managing their own behaviours and actions.

The staff at SMC utilize specifically taught Crisis Prevention Institute (CPI) restrictive physical intervention techniques as infrequently as possible. Physical intervention is always a last resort – that is, where the risks of not using force seem to be greater than the risks of using force. This policy draws on core Head teachers set out in the Human Rights Act (1998) and The United Nations Conventions of the Rights of the Child (ratified 1991). It is based on the presumption that every adult and child is entitled to:

* Respect for his/her private life.
* The right not to be subjected to inhuman or degrading treatment.
* The right to liberty and security.
* The right not to be discriminated against in his/her enjoyment of those rights.

When physical intervention techniques are used, everything possible is done to prevent injury and maintain the person’s sense of dignity and increase the ability of the individual to manage their thoughts, feelings and actions. This section of the Policy is part of the broader strategy to address the needs of autistic people who display challenging behaviour which is why this is part of this Positive Behaviour Management Policy.

Different forms of physical intervention are summarized in the table below. It shows the difference between restrictive forms of intervention, which are designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact, and non-restrictive methods. Any physical intervention used at SMC must be an agreed and taught restraint, one that is designed to ensure that the student is safe, and the staff member is calm. A physical intervention must only be used when it is necessary. The intervention used must be reasonable and proportionate to the challenging behaviour being observed. Any physical intervention must be carried out by staff trained in CPI methods.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Bodily contact** | **Mechanical** | **Environmental change** |
| **Non restrictive** | Manual guidance to assist a person walking. | Use of a protective helmet to prevent self-injury. | Removal of the cause of distress, for example adjusting temperature, light or background noise. |
| **Restrictive** | Holding of a person’s hands to prevent them  hitting someone. | Use of splints to prevent self-injury. | Forcible seclusion or the use of locked doors. |

The use of force is associated with increased risks regarding the safety of students and staff and inevitably affects personal freedom and choice. For these reasons, the majority of this guidance is specifically concerned with the use of restrictive physical interventions which again, are only used when absolutely necessary.

The guidance from ‘A New Strategy for Learning Disability for the 21st Century’ put forward by the DFES and DH (2002) defines restrictive physical interventions as involving***;***

***‘****The use of force to restrict movement or mobility or the use of force to disengage from dangerous or harmful physical contact initiated by students or service users.’*

### The Legal Context

The guidance put forward by the DFES & DH (2002) state that *“the use of force is likely to be legally defensible when it is required to prevent: self-harming; injury to other children, service-users, staff or teachers; damage to property; an offence being committed; and in college settings, to prevent a student engaging in extreme behaviour prejudicial to the maintenance of good order and discipline at college or among any of its students*’ (Ref: DfEE Circular 10/98 “Section 550A of the Education Act 1996).

Section 93 of the Education and Inspections Act 2006 enables college staff to use reasonable force to prevent a student from:

* Committing a criminal offence (or, for a student under the age of criminal responsibility, what would be an offence for an older student).
* Causing personal injury or damage to property.
* Prejudicing the maintenance of good order and discipline at the College or among any students receiving education at the College, whether during a teaching session or otherwise.

The law requires that force should only be used when other approaches have been tried and that all practical methods to de-escalate the situation have been employed. It is only used as a last resort. All staff within the College are trusted to use their professional judgement and the degree of force must be reasonable in relation to the risk posed. Any restrictive intervention should employ the minimum degree of force needed to achieve these outcomes

### Minimising the need for Physical Intervention

SMC is set up to teach students to be responsible for their actions, emotions and their learning. Everything we do is related to our Mission Statement and Values. We wish our students to learn strategies for management of their own behaviour. In achieving this we will carry out what is necessary to support them through upsets and develop their problem solving and self-management skills. Everyone can be taught more effective thinking skills through clear, consistent language and communication. When this is achieved through a no blame culture, student’s self-esteem and confidence grows and their anxiety is lowered.

If the positive behaviour support strategies do not succeed with a student over time and there are increases in challenging behaviours requiring a consistent increase in physical intervention, this could lead to a multidisciplinary meeting to examine all student plans and to take further expert advice on strategies used. If this does not improve a situation, then an early review to assess whether the College is meeting the students’ needs and whether another placement should be sought where the student’s needs could be met more effectively. The College is committed to working with parents to prevent this occurring.

Working together with parents and having the parents use the College’s language and behaviour management strategies in the home is always the most powerful behaviour management structure around a student. Therefore, parents working together with the college is vital.

**Physical Shaping**

Autistic students present a pattern of difficulty in understanding what is expected of them, focussing attention on tasks and sharing attention with others. This may show up as non-compliance or difficulty when a staff member requests to sit, look, listen and focus on learning tasks. To achieve the following, physical shaping may be used to achieve the required action from the student. This is holding for learning to learn.

In order to set a student up to succeed it is necessary to use specific holding in areas of the curriculum which require physical contact to feed in appropriate movement experiences e.g. relaxation and sitting in learning situations.

As far as practically possible, staff who come into contact with such students should be made aware of the relevant profile of those individuals through the BSP, particularly:

* Situations that may provoke difficult behaviour, preventive strategies and what de-escalation techniques are most likely to work.
* What is most likely to trigger a violent reaction, including relevant information relating to any previous incident requiring use of force.
* If physical intervention is likely to be needed, any specific strategies and techniques that have been agreed by staff, parents and the student concerned.
* The agreed ways to support the student and member of staff following an incident.
* Information from parents may be as valuable as information held by the College. Some of this information may be sensitive. SMC should seek express (preferably written) consent from the parent to inform appropriate staff. However, where consent is unreasonably withheld the information may still be made available to staff who need it if it is in the best interests of the student concerned. The importance of providing such information will be a factor in decisions about giving temporary authorisation to parent volunteers and others to supervise students.
* Designate which members of staff should be called if an incident involving a particular student occurs. This does not necessarily mean waiting for them to arrive before acting if the need for action is urgent. However, they should always be involved in post-incident follow-up.

### Prevention

The use of restrictive physical interventions at SMC is minimised by the adoption of primary and secondary preventative strategies.

SMC creates and maintains an environment which meets human needs, they are:

* Security – a safe territory and an environment which allows us to develop fully.
* Attention (to give and receive it).
* Sense of autonomy and control.
* Being emotionally connected to others.
* Being part of a wide community.
* Sense of status with social groupings.
* Sense of competence and achievement.
* Meaning and purpose – which come from being stretched in what we do (create) and think. (Griffen et al, 2004).

Primary prevention is achieved by:

* Providing a therapeutic language focused learning environment.
* Ensuring that the number of staff deployed and their level of competence corresponds to the needs of the students and the likelihood that physical interventions will need to be used. Staff will not be left in vulnerable positions.
* The student to staff ratio and the College environment being laid out in such a way as to restrict opportunities for individualised activities which may provoke violence or aggression.
* The use of BSPs which state pre-planned strategies which are responsive to individual needs and include current information on the SRA.
* Creating opportunities for students to engage in meaningful activities which include opportunities for choice and a sense of achievement.
* Ongoing internal and external staff training to develop expertise in working with children who present challenging behaviour.
* Talking to students and their families about the way in which they prefer to be managed when they pose significant risks to themselves and others. For example, some of our learners prefer withdrawal to a quiet area to an intervention that requires bodily contact.

**Secondary Prevention**

Secondary prevention involves recognising the early stages of a behavioural sequence that is likely to develop into violent or aggressive behaviours and employing ‘diffusion’ techniques to avert any further escalations.

Where there is clear, documented evidence that particular sequences of behaviour rapidly escalate into serious violence, the use of restrictive physical intervention at an early stage in the sequence may, potentially, be justified if it is clear that:

Primary prevention has not been effective, and:

* The risks associated with notusing a restrictive physical intervention are greater than the risks of using a restrictive physical intervention, and;
* Other appropriate methods, which do not involve restrictive physical interventions, have been tried without success.

### Behaviour Support Plans (BSPs)

Planned physical interventions are those where incidents are foreseeable and restrictive physical intervention strategies will be used as outlined in students BSP.

Each student has an individual BSP which is arrived at by careful individual analysis of patterns of behaviour and SRA. Staff work together with students to ensure everyone agrees with the terms of the plan. The plan is detailed and states the behaviours the student exhibits, the action taken by staff and the language used by staff, for management of that behaviour, by all staff. There is also other information about how the student will be supported in the management of their behaviour:

* Specific structure to support studentwhich includes information regarding specific reward systems and individualised relaxation strategies.
* Holding for well-beingwhich states the likelihood and/or context in which restrictive physical interventions may need to be used.
* Behaviour monitoring through frequency sheets. These sheets are kept when challenging behaviour is being closely monitored to establish triggers and patterns which may support planning a behaviour intervention.
* The BSP and SRA are agreed by all staff involved with the student, the Head of College and by the student’s parents.

### Staff Authorisation and Good Practice

The staff to which this power applies are:

* Any member of staff at the College.
* Any other person whom the head has authorised to have control or charge of students. This can also include people to whom the head has given temporary authorization to have control or charge of students such as unpaid volunteers (for example parents accompanying students on College-organized visits).
* Does not include any students.

The power may be used where the student (including a student from another college) is on the College premises or elsewhere in the lawful control or charge of the staff member (for example on a College visit). Reasonable force may also be used in exercising the statutory power, introduced under section 45 of the Violent Crime Reduction Act 2006 (and re-enacted by Section 242 of the ASCL Act 2009), to search students without their consent for weapons. This search power may be exercised by the Head of College and staff authorised by them, where they have reasonable grounds for suspecting that a student has a weapon. Reasonable force may be used by the searcher. Where resistance is expected college staff may judge it more appropriate to call the police or if they have one, their Safer College Partnership (SSP) officer. From September 2010, the power to search students without their consent will be extended to include alcohol, illegal drugs and stolen property (‘prohibited items’). (Guidance 2010).

#### **Circumstances when Physical Intervention is necessary.**

The key conclusions of the 2014 Department of Health guidance on Positive and Proactive Care: reducing the need for restrictive interventions, are that:

* Restrictive physical intervention can be employed to achieve several different outcomes:
  + To break away or disengage from dangerous or harmful physical contact initiated by a service user.
  + To separate the person from a ‘trigger’, for example, removing one student who responds to another with physical aggression.
  + To protect a child from a dangerous situation – for example the hazards of a busy road.

Restrictive physical interventions should always be designed to achieve outcomes that reflect the best interests of the student whose behaviour is of immediate concern.

The decision to use a restrictive physical intervention must take account of the circumstances and be based upon an assessment of the risks associated with the intervention compared with the risks of not employing a restrictive physical intervention. The scale and nature of any physical intervention must be proportionateto both the behaviour of the individual to be controlled, and the nature of the harm they cause. The minimum force necessary should be used, applied for the shortest period of time, and the techniques deployed should be those with which the staff involved are familiar and able to use safely and are described in the child’s support plan.

The use of seclusion(where a person is forced to spend time on their own against their will) is a form of physical intervention and should only be considered in exceptionalcircumstances. The right to liberty is protected by criminal and civil law and seclusion outside the Mental Health Act should always be proportionate to the risk presented by the student. It is an offence to lock a person in a room without a court order except in an emergency, for example where the use of a locked room is a temporary measure while seeking assistance. *Guidance on the Use of Restrictive Physical Interventions for Students with Severe Behavioural Difficulties* (Circ LEA/0264/2003)

SMC uses withdrawal from the classroom as detailed in this Policy under point 7.0 Exclusions Policy.

### Levels of Physical Intervention

Where staff physical intervention is needed, they must use the minimum force necessary. In doing so, they should consider that there are at least three levels of physical control which they should use flexibly, depending on the circumstances:

* Physical proximity:Control by using physical presence involving no actual contact, such as emphasising verbal instructions and standing in front of or obstructing a doorway to prevent exit. Do not underestimate your authority. At its simplest level, your presence in a room, a look or gesture, can send out powerful signals to young people to help them keep behaviours within acceptable limits. Such action can also provide opportunities to express concern and remonstrate with young people.
* Touching or holding*:* Touching or holding can help to encourage, discourage or persuade young people to comply. An example would be laying hands on shoulders to gain a young person’s attention or taking a young person by the hand or arm to lead them away from a situation.
* Restrictive physical intervention: Physical restraint is defined as *“the positive application of force with the intention of overpowering the person”*. This occurs when it is deemed necessary to hold a young person, probably against their will, with the intention of restricting their movement. Such action should only be used as a last resort where other physical interventions have already failed, or that you reasonably believe would fail.

It is for the staff to decide what level of physical intervention to use at the time of the incident occurring. Staff should remember:

* Not to use restrictive physical intervention if safe holding would work.
* Not to hold if touch would work.
* Do not touch if your presence would work.
* Keep reassessing the position.
* Seek to reduce and calm the situation.
* Use the minimum force necessary to regain or stay in control.

#### **Locking Doors**

Under no circumstances may staff lock young people up to restrict their liberty. However, it may in extreme circumstances, be reasonable to do so where immediate action is necessary to prevent serious injury to any person or serious damage to property. For example, where staff are being attacked and need to gain extra seconds or minutes to enable them to summon assistance from colleagues or the Police.

#### **The Use of Force**

The restrictive physical interventions set out in this policy are explained on a progressive basis. The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled, and the nature of the harm they might cause to themselves or others. The concept of reasonable force must be used when applying any restrictive physical intervention strategies and must be determined with reference to all the circumstances, including:

* The seriousness of the incident.
* The relative risks arising from using a physical intervention compared with using other strategies.
* The age, cultural background, gender, stature and medical history of the child or service user concerned.
* The approach to risk assessment and risk management employed.

The minimum necessary force should be used, and the techniques deployed should be those with which the staff involved are familiar and able to use safely and are described in the students BSP.

Within the use of the stated restrictive physical intervention strategies staff are aware of the need to gradually increase or decrease the levels of force used in response to the student’s behaviour.

If the student looks as if they may be ill, or they say that they will be sick any restrictive physical intervention technique being used **MUST** be released.

#### **Staff Training**

Model used: CPI In-house instructors. Training delivered on regular basis.

Staff are also trained to understand that any holding of a student who is in a state of extreme upset is NOT a punishment. Staff are trained that if there is any thought of punishment in their mind whilst holding a student, they should not be carrying out such action. It is essential staff remain calm when students exhibit any level of upset.

All staff are trained in safe manual handling techniques both for themselves and for students. It is sometimes necessary for staff to wear neoprene arm protectors when working with students who exhibit severe biting behaviour. This is to protect staff and students from coming into contact from one another’s bodily fluids. In addition, it protects staff from potential injury and causes them to feel more confident about being effective in promoting students learning until such behaviours decrease.

All staff are trained to use physical interventions using approved trainers who ensure that strategies are personalised and reviewed regularly. Each student has a BSP as discussed earlier and this details the probable use of physical intervention with that particular student.

### Important Documents

The following CPI policy must be read in conjunction with:

* Department of Health guidance on Positive and Proactive Care: reducing the need for restrictive interventions 2014.
* Use of Force to Control and Restrain students (DCFS, Nov 2007, updated 2010).
* British Institute of Learning Difficulties (BILD) Code of Practice .
* Hand-outs from in-house training on positive behaviour interventions.

*‘Normally, only staff who been trained to an appropriate level should be sanctioned to use restrictive physical interventions. In colleges, under Section 550A of the Education Act 1996, this will be a teacher or someone who, with the head’s authority, has lawful control of students. …The expectation is that training should normally be provided by trainers who are accredited under the BILD Code of Practice on Training Staff in the use of Physical Interventions.’* *(DFES & DH, 2002)*

All staff are trained in the use of specific holds which have been taught by in-house qualified instructors on CPI, an accredited BILD trainer up until 2007. Training is now being individualised to the context of SMC as follows:

The physical Breakaway Techniques and Restrictive Physical Intervention methods taught to staff have been the subject of a legal, tactical and medical expert review undertaken in 2005 (and ongoing) for the General Services Association.

[Peter Boatman. and Andrew Bleetman acted as experts to the Northamptonshire Police

when investigating the death of Gareth Myatt at Rainsbrook Secure Training Centre.]

*“The expected medical implications are as low as possible. Bearing in mind the fact that whilst injury potential can be minimised, there always remains a risk of some physical injury when two or more persons engage and force is used to protect, breakaway from or restrain an individual”.* (Boatman, P. and Bleetman, A. 2005)

It must be recognised that a staff member might respond with a technique not contained within the physical skills curriculum taught to staff. The use of a response not taught by GSA trainers does not automatically render its use improper, unacceptable or unlawful. In such circumstances the post incident review would have to make a judgement on whether or not it was reasonable in those particular circumstances.

Training is updated regularly according to contextualised needs and all staff will be experiencing training in phases. This will be entered in the internal training register as appropriate.

Appropriate information about the students at SMC is available within the following documents:

* BSP
* SRA
* Student Profiles
* Student Files
* iSams information management system
* Info Exchange for previous notifiable events
* Sleuth for safeguarding information

**Recording Incidents, Monitoring and Review**

SMC has introduced Sleuth, an online service for recording safeguarding concerns, positive and negative behaviour incidents and more. Staff are given access via the internet and incidents should be recorded in this manner whenever an incident has occurred. Incidents which did and did not require physical intervention are recorded in this manner.

Every month records from the behaviour database will be analysed. This will monitor the use of physical intervention in relation to specific students and will show any decreases or increases in the use of physical intervention with children. This information will be monitored by the Principle and the SLT.

We are committed to a safe effective environment where student’s behaviour is managed effectively using professional techniques of the highest integrity. We constantly monitor the quality of our service.

### Parental Permission

Once a student has been officially accepted within the College all parents must sign a Physical Intervention permission form. This will allow staff to use the physical intervention techniques in the policy for assisting calming down and Health and Safety if it becomes necessary. Also, it may be necessary for their young learner to be physically shaped for learning to learn purposes. An example of this is shaping yoga exercises or sitting postures or holding a pencil in an appropriate pincer grip.

If a young learner is admitted on an assessment basis, the College reserves the right to use holding for well-being, health and safety and learning to learn shaping strategies within the scope of this policy. This will be if a situation arises where the professional judgement of staff considers it necessary for learning to learn or purposes health and safety

The law requires that each parent is informed of significant incident where force has been used on their young person. In this case, ‘parent’ has the meaning given by section 576 of the Education Act 1996, and so will include people having day-to-day care of the child and the local authority where a child is the subject of a care order. Section 576 also deems the local authority as a ‘parent’ in the case of children who are looked after under section 20 of the Children Act 1989.

Where appropriate the parent/s may also be informed by telephone about an incident involving their child e.g. if restrictive physical intervention strategies have had to be used in an unplanned or emergency manner. If requested they will be sent the ‘Incident Report Sheet’.

### Home College Agreement

It is vital that the College works in partnership with the parents. All parents and students each year will be asked to fill out a Home-College agreement declaring their intention to support the College in the management of their student’s behaviour. Home-College agreements will be signed each year at the induction meetings.

### Post Incident Support

#### Students

After a student has calmed down from an upset whether critical, significant or insignificant the following structures must be adhered to:

* Praise the student for calming down successfully.
* Support the student in identifying the cause of the upset.
* Acknowledge the student for being able to identify the cause.
* Ask the student what they chose to do because of the upset.
* Support the student in reflecting whether what they chose to do worked or did not work.
* Support the student in reflecting what would have worked and what they could do next time they are confronted with the same problem.
* Acknowledge the student for good thinking and communicating.
* Ask the student if they need to talk to anyone to gain more understanding of the situation or to apologise for their actions.

#### Staff

Staff are de-briefed by a member of SLT in relation to student incidents when appropriate. SLT need to sign all incident reports and reflection or debriefing takes place if necessary. Teams are encouraged to reflect on what works and what does not work.

In the case of staff or student injury or physical distress as the result of a student’s challenging behaviour or the use of restrictive physical intervention techniques first aid procedures will be employed as appropriate by a trained medical supervisor. If required members of staff will be sent for medical treatment. An accident form will need to be written by the staff member and passed on to the Head of College on the day of the incident whenever possible.

### Complaints and Allegations

Whilst the use of physical intervention is sometimes unavoidable to protect young people or others from harm, such action may lead to complaints and/or allegations of misconduct. Such complaints/allegations must always be thoroughly reviewed and, if necessary, investigated and may lead to child/young person protection or disciplinary proceedings. However, staff will always be supported where they have behaved in the following way:

* By using any minimum action reasonably believed to be immediately necessary in response to a physical attack which endangers staff, students or others.
* By acting in accordance with these guidelines.

The following may, however, be regarded as a criminal or disciplinary matter:

* Any non-accidental injuries inflicted on a young person (including emotional, physical or sexual abuse).
* Deliberately or maliciously injuring or inflicting pain on a young person.
* The use of racist or other discriminatory language.
* Initiating or provoking unnecessary conflict or confrontation.
* Bullying, intimidating or humiliating a young person.
* The use of non-permissible measures.

## 9.0 Additional Information Sources

### Useful Information

Guidance on 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 & DoH, 2002). There is also an accessible version of the guidance which is available from:

British Institute of Learning Disabilities

Tel: 01752 202301/01562 723010

Major extracts are also on the BILD website: [www.bild.org.uk](http://www.bild.org.uk/)

Guidance on Positive and Proactive Care: reducing the need for restrictive interventions (DoH, 2014)

This policy can also be accessed and downloaded at [www.official-documents.gov.uk](http://www.official-documents.gov.uk/) or at [www.gov.uk](http://www.gov.uk/)

### Useful Websites

Draft Guidance on the use of Physical Interventions for staff working with children and adults with learning disability and/or autism

<http://www.doh.gov.uk/learningdisabilities/dgapp1.htm>

North West Training and Development Team report of Survey into Physical Interventions in North West

England

<http://www.nwtdt.com/pdfs/pipip.pdf>

Managing Violence in Mental Health Services – NHS guidance <http://www.nhs.uk/zerotolerance/mental/physical.htm>

BILD summary of key principles

<http://www.bild.org.uk/research/physical_interventions/summary_of_principles.htm>

### References

British Institute of Learning Disabilities (20014), BILD Code of Practice for minimizing the use of Restrictive physical interventions.

Department of Health, 2001,A Safer Place: Combating Violence against Social Care Staff - Report of the National Task Force and National Action Plan. (Pavilion)

Department of Education and Employment, 1998, Section 550a of the Education Act

1996: The use of Force to Control or Restrain Students. Circular 10/98. London(HMSO) Department of Health, 1993, Guide on the Permissible Forms of Control in Children's Residential Care, DoH.

Guidance on Positive and Proactive Care: reducing the need for restrictive interventions.

(DoH, 2014)

DFES, DH (2002), Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults Who Display Extreme behaviour in Association with Learning Difficulty and/or Autistic Spectrum Disorders.

DFES, DH, (2002) Guidance for Physical Interventions – How to Provide safe services for people with learning

Disabilities and Autistic Spectrum Disorder (Valuing People: A New Strategy for Learning Disability for the 21st Century)

DCFS, Nov 2007, The Use of Force to Control and Restrain Students.

DCFS, 2010, Guidance on the Use of Force to Control and Restrain Students.

Education and Inspections Act 2007.

DfE (February 2014) Searching, screening and confiscation. Advice for Headteachers, college staff and governing bodies.

Harris P (1993); The nature and extent of aggressive behaviour amongst people with learning difficulties (mental handicap) in a single health district, in Journal of Intellectual Disability Research, 37, 221-242

Harris J. Allen D. Cornick M. Jefferson A. and Mills R. 1996, Physical Interventions Policy Framework. Kidderminster (BILD Publications)

Wells C. (24th April, 2001), Letter to Chief Education Officers on the Use of Positive Handling Strategies.

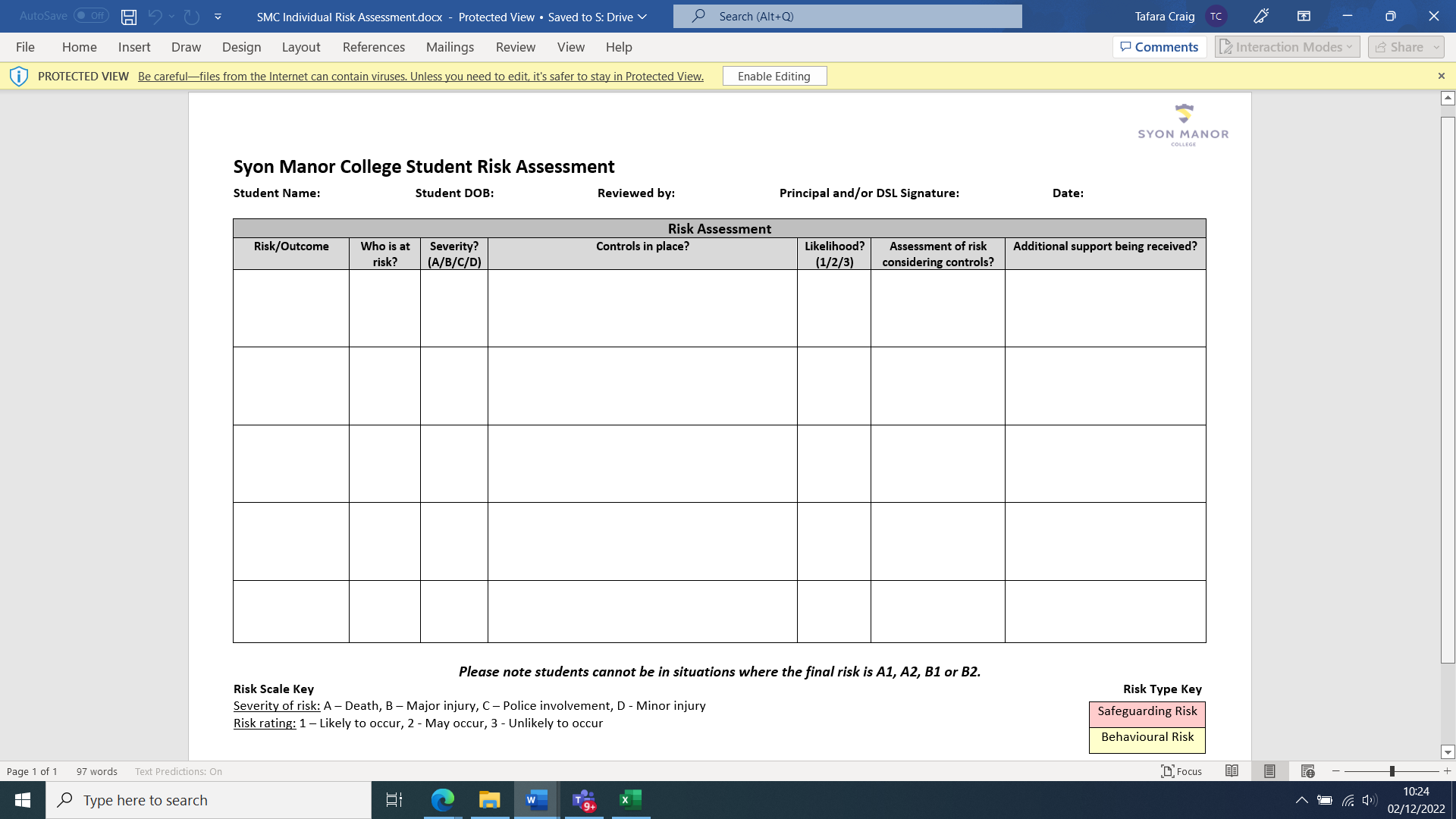
## 10.0 APPENDIX

**Appendix 1 – Behaviour Support Plan**

Graphical user interface, application, table

Description automatically generated

**Appendix 2 – Student Risk Assessment**



**Appendix 4 – Behaviour Intervention Meeting Example**

Behaviour Intervention Meeting

Behaviour intervention meetings (BIM) arise from monthly analysis of the colleges Sleuth. A BIM is called for students with high incident occurrence and when new students have behavioural issues from previous placement/observation of behaviours during assessment week.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | | | | | **Mentor:** | **Month:** | | | | | |
| **DOB:** | | | | | | |  | **Incidents**: | | | | | |
| **Date of meeting:** | | | | | | |  | **Incidents since last meeting if** **applicable** | | | | | |
| **Present** | | |  | | | | | | | | | | |
| **Presenting Behaviours** | | | | | | | | | | | | | |
| Non- compliance  Self- directed  Does not engage (a tiny bit after intensive interaction), no real awareness  Generally unresponsive, minimally if prompted  Poor eye contact  Scratching | | | | | | | | | | | | | |
| **Antecedents/Triggers** | | | | | | | | | | | | | |
|  | (What are the main triggers/antecedents that appear to be causing behaviour’s) | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |
| **Action/Responsibility** | | | | |  | | | | | | | | |
| **Communication difficulties** | | | | | | | | | | | | | |
|  | | | | (Are there any barriers to communicating needs?) | | | | | | |  | | |
|  | | | | | | | | | | | | | |
| **Action/Responsibility** | | | | |  | | | | | | | | |
| **Sensory processing difficulties** | | | | | | | | | | | | | |
|  | | | | | | (Are the behaviours sensory related?) | | | |  | | | |
|  | | | | | | | | | | | | | |
| Action/Responsibility | | | | |  | | | | | | | | |
| **Medical** | | | | | | | | | | | | | |
|  | | (Are there any medical conditions, periods of illness, new medications or changes in medication | | | | | | | | | | |  |
|  | | | | | that may be affecting behavior?) | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| **Timetable** | | | | | | | | | | | | | | | | | | | | |
| uld the current timetable related to behaviours? Would a reduction or TEACCH be an option? | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| **Incentives/Rewards** | | | | | | | | | | | | | | | | | | | | |
|  | | | (What incentives/rewards are used and how does the student respond?) | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| **Consequences** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (What consequences are in place for negative behaviours?) | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Transitions** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | (How does the student cope with transition?) | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| **Unstructured-Playtime/Lunchtime** | | | | | | | | | | | | | | | | | | | | |
|  | | | | (How does the student cope during unstructured-playtime/lunchtime?) | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **College environment** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | (Has the classroom environment changed for the student?) | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| **Home/Parental** | | | | | | | | | | | | | | | | | | | | |
|  | (What concerns do parents have? Have there been any changes in home situation?) | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | | • | | | | | | | | | | | | | |
| **Physical intervention** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | (What PI techniques are used for the safety of the student?) | | | | | | | | | |  | | | | | |
| Cupped Hand | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| **Calming methods** | | | | | | | | | | | | | | | | | | | | |
|  | | (What calming down measures are employed by staff to support calming down?) | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| **Peer interaction** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | (Are there any bullying concerns?) | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| **Child protection** | | | | | | | | | | | | | | | | | | | | |
|  | (Are there any concerns about abuse or neglect? Have any disclosures been made? | | | | | | | | | | | | | | | | | |  | |
| Accusations have been made in the past | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | | • | | | | | | | | | | | | | |
| **Other areas of concern** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Action/Responsibility | | | | | | |  | | | | | | | | | | | | | |
| Behaviour plan to be updated | | | | | | | Yes | | | No |  | | | | | | | | | |
| Date of next  BIM Review  (one month from 1st) | | | | | | |  | | | |