



PEAK SCHOOL

Unique people, Individualised Approach.

Behaviour Support (including Physical Interventions)
Policy (Reviewed Jan 2024)

Written by Dave Jones (Deputy Headteacher)

Ratified by Governing Board 24th January 2024

This policy should be read in conjunction with

- Safeguarding and Child protection policy
- Keeping Children Safe in Education
- Anti-bullying Policy
- Extremism and Radicalisation Policy
- EMAT Health and Safety Policy
- Staff code of Conduct policy
- Staff Dress Code
- PHSE policy
- RSE Policy
- Positive environments where children can flourish (a guide for inspectors about physical intervention and restrictions of liberty)

Aims of the Policy

1. To promote and maintain positive behaviour in a safe environment to enable effective learning.
2. To promote and develop positive and trusting relationships where pupils, Parents/carers and staff are valued and respected.
3. To promote and develop positive self-image and independence.

Introduction.

At Peak School, we place great emphasis on the safety and well-being of our pupils and staff, and actively work towards creating a safe, caring and positive environment where everyone is valued, respected and can flourish.

Peak School have adopted Team Teach as the preferred methodology regarding positive behaviour support. Team Teach are certified by the BILD ACT Association of certified training, complying with the Restraint Reduction Network Training Standards. At Peak School we recognise the national and local policies and guidance on Positive Behaviour Support (including Physical Intervention) and agree to work within these guidelines, including minimising the use of physical interventions (and using the least restrictive intervention) through emphasis on sound behavioural support strategies.

All new staff will receive Team Teach philosophy training as part of their induction, followed up with a 2 day Level 2 Course, following this staff will receive an annual (recent change from TT) refresher based upon their specific needs. It is the responsibility of all staff to follow the Team Teach approach.

All staff work within school policies and work together as a team, communicating effectively and in a professional manner.

At Peak School, we place an emphasis upon the **promotion and celebration** of positive behaviour rather than dwelling on negative behaviour, we therefore **do not** follow a sanctions or punishment based approach. All pupil's achievements are recognised and celebrated in school and with parents/carers.

Perspectives on Behaviour and their Implications

Developmental perspective – Displaying unwanted behaviour is considered a perfectly typical response to feelings of frustration for pupils who do not have the ability to reason or understand other people’s perspectives. Some pupils are developmentally young; they have a short attention span which makes it difficult for them to engage. It is not realistic to expect these pupils to take responsibility for their own behaviour. They need activities that reflect their developmental, rather than chronological age, and support from staff who understand and empathise with their developmental stage.

Educational perspective - Pupils who demonstrate challenging behaviour do not yet have the skills to adapt to stressful circumstances. Pupils are therefore taught life skills and coping mechanisms using approaches such as Zones of Regulation.

Communication perspective - Behaviours are seen as a pupil’s attempts to communicate. They may need attention; they may be telling us they do not want to engage; they may want something; they may be telling us that they are anxious or frustrated, or they may crave sensory experiences. We try to work out what a pupil is communicating and then teach them the skills and the means to communicate their needs in a more appropriate way, including the use of augmentative systems.

Behaviour perspective - Behaviours have been learnt and developed over a long period of time and they continue as long as the pupils’ needs are being met in this way. Staff analyse what is being achieved by this behaviour and find ways to change this; putting in place alternative ways for the pupil to have their needs met.

Mental and Physical Health perspective - pupils may demonstrate unwanted behaviour as a response to mental health issues such as attachment and trauma, or physical distress or arising from conditions such as epilepsy. Staff provide nurturing and approaches to support pupil in managing these needs.

Disciplinary perspective - Some pupils may be considered to have committed acts of indiscipline. For this to be considered pupils **MUST** understand that what they have done contravenes the school’s or society’s rules and have committed the act **deliberately in that knowledge**. These pupils are taught to make appropriate choices and to consider and accept the consequences of their actions.

These perspectives and the complex interrelationships between them in the school environment are considered for individual pupils. Pupils and staff are also affected by their own emotional and physical states, what is going on immediately around them, what has happened previously and the environment.

Statement on the use of Physical Touch

Physical touch is an essential part of human relationships. As such, no touch policies are questionable, and can be seen as ‘acts of omission’. At Peak School, we may use touch to prompt, to give reassurance, or to provide support, but this must be used sensitively and appropriately, in line with our Safeguarding protocols and the unique needs, characteristic and preferences of the pupil. Some pupils may find physical touch unwelcome and this right must

be respected. Such sensitivities may arise from the pupil's cultural background, individual needs, personal history, age etc.

At Peak School, we consider it an infringement of the right of the pupils not to provide physical support when it is necessary. To this ends we use physical interventions set out in the Team Teach Intermediate Trainers Manual 2022 v5.1. No intervention is used unless it demonstrably considers the welfare of the pupil, is in their best interest, is proportionate and balances the rights of both staff and pupils.

We believe there is a clear distinction between physical contact, physical intervention and physical restraint. None of these methods are used as sanctions or punishment or as a response to staff shortages. Guidance for procedures for specific pupils is sought from the trained Team Teach instructors and staff teams receive training in any physical intervention they may be required to carry out.

Physical Contact - This is where appropriate physical contact occurs between staff and pupils in the context of supporting pupils who need assistance; for example, with self-care, in PE, comforting pupils or supporting pupils with a severe visual impairment. Reciprocal, appropriate physical contact with familiar adults, such as a high five, pat on the back, quick hug etc. all form part of successful, healthy and safe relationships with other humans. We always consider carefully whether any physical contact with pupils is appropriate in order to support them physically or emotionally to carry out the activity and avoid physical contact that could be misconstrued by the pupil or anyone else. **Over demonstrative displays towards any pupil, for example kissing, or touching in a sexual area of the body or are inappropriate and unacceptable.**

Non-restrictive Physical intervention - This is a proactive, supportive strategy to assist pupils, and where they have the choice to move away from the touch or where a cause of distress can be removed without the need to touch the pupil.

Restrictive Physical Intervention (restraint) - [Section 93 of the Education and Inspections Act 2006](#) allows the use of reasonable force or physical restraint, as a **last resort** and where there is **no other acceptable alternative**. It clearly outlines 4 areas when use of reasonable force is justifiable:

- To prevent a pupil from engaging in behaviour prejudicial maintaining good order and discipline
- To prevent a pupil causing injury to themselves or others
- To prevent them from damaging property
- To prevent them from committing an offence

A restrictive physical intervention occurs when the adult takes control of the young person and their actions to prevent, impede or restrict movement of mobility. This includes

- the use of equipment such as wheelchairs, specialist classroom chairs and other equipment where straps are applied, this is classed as a **Mechanical Restraint**
- Use of medication prescribed 'as required' to calm, relax or sedate a pupil this is classed as a **Chemical Restraint**

At Peak school we do not use mechanical restraint to control pupils and medication to calm a pupil would only be administered as prescribed by a doctor and agreed parents. Typically this would be medication for ADHD. Parents must be informed at the end of the school day by a member of the class team if their child has been subjected to a restrictive physical intervention.

While restraint is permissible, it should be used for the **shortest time possible** and only when there is **no other alternative** to help children and staff to stay safe. It should never be used routinely and must be used proportionately. Ofsted will consider how providers balance the impact of any restraint on the child with the original risk

Deprivation of Liberty

A deprivation of liberty occurs when a someone in under continuous supervision and is not free to leave, and the person lacks capacity to consent to these arrangements

1) Seclusion

At Peak School we do not have dedicated rooms for seclusion, however, there are a number of rooms that may serve this purpose.

Seclusion occurs

- When an individual is physically removed from an area to a secure room
- When an adult leaves a room leaving a pupil on their own and they are prevented from leaving the area due to
 - Not being able to open the door independently.
 - A member of staff is physically preventing them from leaving the area.
 - The door being locked or held closed (this includes top locks and fobbed doors).
 - The presence of the adult prevents the individual from leaving the area
 - The pupil perceives the presence of the adult as preventing them from leaving the environment.

Seclusion is seen in the same light as other restrictive physical interventions and is only **ever** used in **exceptional or emergency** circumstances where there is no other acceptable alternative. If seclusion is used it **MUST** be recorded on the **seclusion section of Iris Adapt** and linked to the associated ABC form via the reference number. If seclusion is being used in an emergency situation a member of SLT must be informed immediately.

Within the recording for seclusion staff must explicitly state if the pupil was taken to or took self to seclusion and whether a hold was used to achieve this.

Seclusion will **never** be used as a punishment response to a behaviour. Seclusion will be considered in the following terms

- The safety of the individual
- The safety of others in the group
- The safety of staff working with the individual
- To preserve an individual's dignity
- When a pupil requests as a coping strategy

The decision on whether to use seclusion or not, will require a **dynamic risk assessment** and be linked to the **ongoing situation** in exactly the same way as for the use of other restrictive physical interventions.

When seclusion is used the individual **MUST** be monitored at all times, and a re-engagement assessment will be undertaken every **2mins** and the pupil will be offered opportunities to re-engage with the adult or activities. At this point, adults may assess that the pupil is still not safe to leave seclusion, the pupil will be free to leave the room independently to enable re-engagement or the adult will join them and engage with them in an activity.

Parents must be informed by the end of the school day by a member of the class team if their child has been secluded.

2) Exclusion from Peers

Exclusion from peers occurs

- When a pupil is directed to take time out of the classroom / activity
- When a pupil is offered the opportunity to take time out of the classroom / activity and they accept
- When a pupil refuses to enter the classroom / join the activity
- When a pupil request time out of the classroom / activity and this is agreed

When exclusion is being used staff need to be mindful of the language they are using during this time as this could constitute restrictive practice (e.g. Are you ready to come back? Vs You are not calm you need more timeout) However this has to be balanced against an adults assessment that the pupil not being ready to reengage with others for example 'I can see that you're still upset so I'm going to come back in two minutes to check that you are ok.

Exclusion from peers could be a planned approach to support pupils as they become dysregulated and need time away from a busy classroom environment. If this approach is being used it should be clearly written into the pupils' behaviour support plan.

When this strategy is used it should be recorded on the **exclusion from peers of Iris Adapt.**

Who can use a Physical Intervention?

Only 'authorised staff' may use a physical intervention within Peak School, the term 'authorised staff' means any paid worker. **Under no circumstances will school give authorisation to other pupils, volunteers, work experience students or university students on placement.**

The head teacher will ensure through liaison with the school's Team Teach instructors that 'authorised staff' receive information and training and that an up to date record is kept. A risk assessment may preclude staff from being authorised to carry out a physical intervention owing to medical or other issues.

Removal of items

Pupils are not allowed to have mobile phones in school due to the vulnerabilities of the other pupils. Staff **must** insist that mobile phones are given over and placed in a safe place until the **end of the school day** as this poses a safeguarding risk.

To support pupils with this concept class teams should create social stories/class rules for pupils to understand and offer choices for where the mobile phone will be stored. Parent will also be encouraged to ensure pupils do not come into school with mobile phones to avoid unnecessary conflict.

It is not acceptable to remove personal items from a child because they 'might' do something with (e.g. remove shoes because they might kick) or as a consequence of their behaviour unless these items pose a safeguarding risk.

Duty of Care

Staff should be aware that their employment imposes upon them a duty of care to maintain an acceptable level of safety. It is acknowledged that the behaviour of children and young people can become dangerous and physical intervention may be required. This is inevitably a high-risk action. Guidelines cannot anticipate every situation and, therefore, the sound judgement of staff at all times is crucial. This may mean not getting physically involved if this would put you at direct risk, but could include summoning relevant assistance. **It is not acceptable to do nothing.**

Positive Behaviour Support

It is the aim of Peak School to avoid the use of restrictive physical interventions in all but the most extreme circumstances. In order to do this the school implements positive behaviour support strategies to ensure the use of restrictive physical intervention is minimised and the least restrictive required.

The use of a restrictive physical intervention will be the outcome of professional judgements made according to this policy. It will be avoided when possible and not be used for the convenience of staff. Any use of physical intervention must be reasonable, use the minimal force necessary and be proportionate to the ongoing situation.

Restrictive physical interventions will only be considered if other behaviour support options have proved ineffective or are judged to be inappropriate (or in an emergency situation).

Before deciding to intervene in this way staff will weigh up, the risk of not intervening against the risk of intervening, and **any actions carried out will be in the best interest of the pupil.**

NB. Staff deciding not intervening physically is the safest course of action for them should be aware that simply doing nothing is not an option. The expectation is that as a minimum staff should raise the alarm and summon appropriate assistance.

Physical interventions will be planned and recorded within an individual's positive behaviour support / arousal plan. There will inevitably be times when an unplanned or emergency physical intervention has to be used. Following such an incident, pupils' risk assessments and behaviour support plans **must** be updated and advice and support sought from the Team Teach instructors.

Paid staff who have not received the appropriate level of team teach training cannot use team teach techniques but as a last resort, in exceptional circumstances, can use reasonable force to keep themselves and others safe.

In circumstances where force is necessary and there is no alternative, the following basic points need to be taken into consideration when undertaking a physical intervention:

- Stabilise and redirect as quickly as possible.
- Hold clothes instead of skin.
- Hold long bones and avoid joints.
- Avoid pressure on vulnerable areas such as neck, chest, diaphragm and stomach.
- Avoid pressure on areas that will restrict blood flow.
- Pupils will never be dragged, pulled, pushed or lifted from the floor
- Pupils will never be carried.
- Avoid contact with sexual areas.
- Be sensitive to the pupil so that control can be returned to him/her as soon as possible.

Staff who have received training in the use of physical intervention must always act in accordance with that training.

If the intervention **does not** include an element of force, then it is not restraint. If it is not restraint, it does not need to be recorded as such. At Peak School we choose to record these interventions to understand what is happening for children and improve practice. (This sounds onerous – do we really record every time we hold a pupil’s hand when they are cooperative?)

Restrictive Physical Intervention Incident Reports

Planned Restrictive Physical Interventions

These are restrictive physical interventions (RPIs) that have been **identified and agreed** with the Team Teach Instructors for use with an individual following a detailed functional analysis and exploration of alternative strategies. These RPIs will be **written into the pupil’s individual positive behaviour support plan / Arousal Scale**, and the **context of use will be clearly outlined within the plan**.

Following an incident where a planned restrictive intervention has needed to be used an incident report form (**IRIS ADAPT**) must be completed and submitted **on the day** of the incident. The Class Team must inform parents by phone on the day if their child has been involved in an incident where a Restrictive Physical Intervention has been used and a monitoring letter must be sent home at the end of the day (See Appendix1)

In cases where there is a risk that the planned restrictive physical intervention may have restricted breathing or movement staff **MUST**

- Inform the school nurse
- contact parents/carers by telephone explaining the monitoring procedures (in case of positional asphyxiation) **before** the end of the school day.
- Send a monitoring letter home with the pupil by the end of that day.
- Seek a debrief with Team Teach instructors - **this is the responsibility of those involved**
- Log all comments in the home school diary and observations in school (in terms of monitoring) for **48 hrs after the incident** – and any concerns should be passed to the school nurse or senior leaders.

- Review and update the pupil's risk assessments and behaviour support plans to ensure they remain appropriate.

Unplanned or Emergency Restrictive Physical Interventions

There may be need to use a restrictive physical intervention that has **not** been written into a pupil's behaviour support plan and are needed in an **exceptional situation**. This will need to involve a dynamic risk assessment, which will need to take into account the setting, environment, and the developing situation.

Following an incident where an unplanned restrictive intervention has needed to be used an incident report form (**IRIS ADAPT**) must be completed and submitted **on the day** of the incident and the Class Team must inform parents by phone.

Following the use of an unplanned RPI the pupil's risk assessment (see Appendix 3) and behaviour support plan **must** be updated and advice and support sought from the Team Teach instructors.

In cases where there is a risk that the unplanned restrictive physical intervention may have restricted breathing or movement staff **MUST**

- Inform the school nurse
- contact parents/carers by telephone explaining the monitoring procedures (in case of positional asphyxiation) before the end of the school day.
- Send a monitoring letter home with the pupil that day
- Seek a debrief with Team Teach instructors – **this is the responsibility of those involved**
- Log all comments in the home school diary and observations in school (in terms of monitoring) for 48 hrs after the incident - these should be passed to the school nurse / senior leaders.
- Review and **update** the pupil's behaviour support plans and risk assessments.
- Receive person specific training from the Team Teach instructors.

Positive Behaviour Support at Peak School

All incidents of challenging behaviour should be recorded on the **IRIS ADAPT** system (**If incidents of challenging behaviour have antecedent factors that are suspected or clearly safeguarding issues a separate My Concern must be submitted via the school safeguarding system on the day**).

All safeguarding and reportable behaviour incidents (whether they involved restraint or not) must be submitted on the day of the incident. The Deputy Head will monitor the incident reports and will provide feedback where learning is identified from the record by adding a note to the incident report; **it is the staff responsibility to ensure these notes have been read and actioned**.

Following an incident where a pupil displays a new behaviour, the pupil's risk assessment and behaviour support plan **must** be updated to include this new behaviour and how staff should respond.

Entering incidents into the **IRIS ADAPT** system enables staff to analyse the data and identify patterns and trends over time and ensure strategies and skills teaching they are putting in place for pupils are having a positive impact on their behaviour. Staff working with the pupils are

responsible for analysing the data to support them in formulating and monitoring proactive support strategies and approaches for their pupils.

Post Incident Support - Pupil

Use the accessible debrief tool (see appendix 2), to support pupils to discuss incidents and create action plans and capture their voice to help improve and inform behaviour support planning, while also

- Ensuring pupils are supported, reassured and monitored following an incident of challenging behaviour
- Ensure pupils have access to activities that can help them calm and reregulate their behaviour as part of the recovery process.
- Identify restorative processes, where the pupils' views are listened to, this is especially important where a pupil has been held.
- Validating the pupils feeling and suggesting an alternative way to behave in the future

Post Incident Support – Staff

Level 1 – Class Team debrief

- Teachers will ensure members of the class team have an opportunity to debrief with each other following an incident of challenging behaviour. These sessions should be supportive and help the team identify learning from an incident so that they are able to update behaviour support plans, alter the environment and teach new skills to reduce the need for challenging behaviour. The outcomes from the class debrief must be added to the Iris Adapt form (Class staff debrief outcome box).

Level 2 – Formal Debrief

- Individual staff or class teams can request a more formal debrief sessions with the Team Teach instructors (these need to be requested by staff following a significant incident, as the instructors may not necessarily be aware that an incident has occurred). Surely they will be aware because they'll see the recording on IRIS and in that case, we should be checking in with staff on the day of the incidents? These sessions should be supportive and help the team identify learning from an incident so that they are able to update behaviour support plans, alter the environment and teach new skills to reduce the need for challenging behaviour and help identify any training needs.

Wellbeing support

Staff can request wellbeing support following an incident of challenging behaviour, when completing the incident report staff can contact the school's wellbeing time by selecting yes to staff wellbeing meeting request. This triggers an email alert to the wellbeing team I'm not comfortable with this. The wellbeing team won't necessarily be able to provide behavioural support to staff and this feels like an opportunity for 'too many cooks..' I would like all staff who have been involved in a challenging incident to sit down for a debrief with a TT tutor on the day of the incident to check in, repair and reflect.

Individual Positive Behaviour Support Plans / Arousal Scales Positive Behaviour Support Plans (see appendix 4 & 5 for formats)

These are an **essential** part of positive behaviour support at Peak School. They should form part of the holistic approach to working with challenging pupils and not just be a means of responding to challenges presented by the individual.

These should take into account the views of parents and individual pupils in their formulation, and be agreed by parents.

Individual Positive Behaviour support plans should be:

- dated at the time of writing and be reviewed (and dated) following incidents of challenging behaviour, when pupils present with new behaviour or **at least every 6 months**.
- written for specific behaviour or group of behaviours that have the same function for the pupil.
- written in 3 distinct sections:

a) Support by: Avoiding escalation - Think about the responses needed at each of the levels of behaviour escalation that could help prevent an individual from escalating to crisis.

b) Support by: Responding to behaviour - Think about how you might be reacting to the behaviour to keep all safe, and when additional support might be required, and the role the additional support will take within the incident (this might be supporting the rest of the class rather than supporting the individual)

c) Support by: Plan to deescalate - Think strategies used during the escalation phase and crisis. At crisis this may include the use of a named physical intervention.

Arousal Scales should be written for students with a wide repertoire of challenging behaviours and contain five sections. Each section will identify key behaviours associated with an arousal state from hypo to hyper arousal for the individual pupil. Alongside each arousal state will be a set of key behaviour support strategies to be employed at these times, split into 3 clear areas

a) Support by: Avoiding escalation – Think about the responses needed at each of the levels of behaviour escalation that could help prevent an individual from escalating to crisis.

b) Support by: Responding to behaviour – Think about how you might be reacting to the behaviour to keep all safe, and when additional support might be required, and the role the additional support will take within the incident (this might be supporting the rest of the class rather than supporting the individual)

c) Support by: Plan to de-escalate – Think strategies used during the escalation phase and crisis. This may include the use of a named physical interventions during escalation phase or restrictive physical interventions at crisis. **Restrictive physical intervention will only appear at level Crisis.**

Is this meant to be a duplication of the section above? It might be and that it makes sense when I see a behaviour plan.

The purpose of these two documents is to provide a 'script' for staff when working with challenging students and thus increasing consistency of response from all staff, and avoiding individual and inconsistent responses that result from 'thinking on your feet'.

All members of a class team are to be involved in the formulation of the behaviour support plan. Once agreed it is the responsibility of **all members** of the class team to use the strategies identified to support the pupil. These behaviour support plans should then be shared with parents so that we are able to capture their views and thoughts, and where possible the pupils themselves should be included in this process.

The school has four Team Teach instructors to support teams in formulating behaviour support plans. They are **Dave Jones** - Deputy Head, **Mike Orme** - Class Teacher, **Jamie Ollerenshaw** – Senior Intervention Assistant and **Emma Eckhart** – Intervention Assistant

School Exclusion

It is always the aim of Peak School to keep its pupils in school. Fixed term exclusion would only ever be considered in the most serious cases and when all other strategies including additional risk assessments, alterations to groupings, physical environments and staffing have been considered.

Only the Head Teacher, and in his absence the Deputy Head Teacher, may exclude pupils from school. Local Authority Exclusion guidance will always be followed. **Each case of exclusion will be considered in relation to an individual pupil's special educational needs and particular circumstances.**

Responsibilities

Peak School

The school recognises its' responsibility for the safety and well-being of staff. Where they are involved in an activity that could result in personal injury or high levels of stress, the school evaluates the situation and minimises the risk. The school endeavours to ensure that staff are not exposed to unreasonable risks or debilitation while at work, and recognise staff reactions to physical danger and psychological stress differ in individuals.

- The school ensures that pupils' achievements are positively recognised.
- The school informs parents of any concerns they may have about a pupil's behaviour with a view to working with them to promote a positive change.
- The school supports staff in the maintenance of good classroom management skills.
- The school adopts programmes of positive behaviour support in which pupils are given clear expectations of appropriate behaviour. This is supported by attention to the effects of the physical environment and teaching strategies.
- The school monitors and maintains records of behavioural incidents and use of physical restraint, seclusion and exclusion from peers
- The school informs parents following incidents of challenging behaviour where a physical intervention, seclusion or a restrictive physical intervention has been used.
- The school inform parents when it requests advice from outside agencies e.g. Educational Psychology Services, Social Services, LD-CAMHS etc.
- The school has trained Team Teach instructors responsible for planning and delivering training and support, and reviewing policies and practices in regard to challenging behaviour.

Peak School Behaviour Support (including use of Physical Interventions) Policy (vJan24)

- The school will provide appropriate PPE and suitable furniture where it is identified as a risk reduction option and as part of a risk assessment.
- All Peak school staff work within school policies and work together as a team, communicating effectively and in a professional manner.
- When there is evidence a pupil is experiencing significant interaction difficulties staff intervene at the earliest appropriate time, recognising early intervention often prevents the development of further problems, whilst recognising there is an underlying cause e.g. medical, social, communication etc.
- Staff do not use physical interventions that are unwarranted, excessive or punitive.
- Staff act as models for acceptable behaviour, thus promoting clear expectations of pupil behaviour.
- Staff make every effort to understand individual positive behaviour support plans / arousal scales and the need for risk assessment.
- Staff do not participate in physical intervention or restraint without training unless it is to avert serious injury or danger in the most exceptional circumstances. In these situations, staff need to ensure their responses are **appropriate, necessary and proportionate**
- Staff actively participate in the development of positive behaviour support plans / arousal scales for pupils they are working with and follow the agreed plan.
- Staff support one and other and are open enough to discuss difficulties honestly with a commitment to seeking a resolution.

Parents and Carers

Peak School recognises that parents/carers play a vital role in the promotion of appropriate interaction in school and the importance of appropriate home/school liaison, encouraging opportunities to discuss pupils' individual needs with parents/carers. The school expects parent/carers to:

- Inform school of behavioural problems they experience at home
- Inform the school of any health issues or medication that affect a pupil's behaviour
- Inform school of any trauma that affects a pupil's performance or behaviour
- Inform the school if they seek external advice or support for behavioural difficulties.
- Support school in developing positive behaviour support plans by responding to consultation documents and attending meetings

When can parents expect us to contact them?

- If we have any concerns about a pupil's behaviour.
- If a pupil has attempted or successfully absconded from the school site or when out in the community.
- If a pupil has been involved in an incident where a physical intervention has been used.
- If a pupil has been involved in an incident where a seclusion has been used.
- If a pupil has been hurt or injured during an incident.
- If a pupil has been involved in a severe or critical incident (see definitions below).
- If the school needs to seek advice from outside agencies e.g. LD-CAMHS, Educational Psychology, Early Help or Social Care.

When can School expect parent to contact us?

- If they are experience challenging behaviour at home.
- If they know of or suspect any medical issue that might impact on pupil behaviour (e.g. hay fever, allergies).
- If they know of any experiences that may impact on pupil behaviour e.g. Changes to routines, not eating breakfast, a disagreement at home etc.
- If they know of any past experiences, environments or associations that may impact on pupil behaviour.
- If they are seeking external support and advice about behaviour.



Definitions of intensity (June 23)

MILD - No Aggressive / violent behaviour, refusing to move in a safe place (e.g. school car park). Refusing to participate in activities, swearing and attempting to upset other students.

MODERATE - Tipping (not throwing) chairs, tables, swiping items from surfaces, interfering with others belongings. Threats of aggression. Behaviour within the normal range for an individual not causing injury (including self-injurious behaviours). Noise and behaviour that causes others to react negatively. Sitting/running around in the school carpark when no traffic is moving around. Non-restrictive physical intervention might be required to move an individual.

DIFFICULT - Aggression towards self or others causing minor injuries (bruising and scratches). Throwing soft/light items within the environment but not directly targeting others. Leaving the group while off site within a specific environment (away from roads e.g. Park, trails) but always in sight of staff. Non-restrictive physical intervention might be required to move an individual.

SEVERE - Hitting out at self or others causing injuries requiring first aid support. Injuries sustained may result in time off work. Self-injurious behaviour causing injury, all head injuries and possibly requiring restrictive physical intervention. Behaviours likely to cause injury such as hair pulling, biting, throwing hard/heavy/sharp objects directly at others, absconding in the community near roads but still in sight of staff, placing small/sharp items into mouth. Running/sitting/throwing items in the road (quiet side roads)

CRITICAL – Incidents where the injured person is sent to accident and emergency. Injuries sustained may result in prolonged time off work/school. Injuries resulting in hospitalisation / death. Placing items in mouth resulting in choking, ingesting unknown or poisonous eating plants / inedible object / fluids requiring medical intervention. Running/sitting/throwing items in the road (main roads)
Incidents where it is considered that the pupil's placement might be at risk due to safety concerns for the pupil or member of staff.

Appendix 1 – Monitoring letter Following RPI

Ensure this letter is sent home following an incident where a pupil has been subject to a restrictive physical intervention



Individual monitoring following use of a restrictive intervention

Name: _____ Date: _____ Time: _____

Dear Parent/Carer

During your child's time in school today we had to use a restrictive physical intervention. As a precaution we need to monitor your child for up to **48 hours**.

Please be aware and if you notice any of the following signs:

- Difficulty with breathing
- Complaining of or being sick
- Swelling, redness or bloodspots to the face or neck
- Marked expansion of the veins in the neck
- Difficulty waking from sleep
- Becoming limp or unresponsive
- Unusual changes in behaviour / mood (e.g. more irritable/more non communicative)
- Loss or reduced levels of consciousness
- Has any kind of attack which you think is a seizure

You are then advised to contact your own doctor or accident and emergency department without delay

Please write to the class teacher and let them know how your child has been while at home. We will do the same at the end of the day while we are actively monitoring.

Yours Sincerely



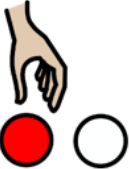

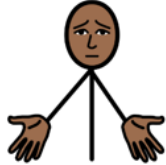
Class Teacher

Appendix 2 – Accessible debrief tool










Accessible De-Briefing Tool

Name:	Date:
School:	Interviewer:
Date of Incident:	Individual(s) involved:

<p>How are you feeling?</p>		
	<p>Were you helped to communicate using your preferred communication method?</p>	
	<p>Were you offered another activity or choice?</p>	
	<p>Were you offered the opportunity to go somewhere else?</p>	
	<p>Were your physical needs met e.g. hunger, thirst?</p>	



	<p>Were you offered a change of staff?</p>	
	<p>Was your need for interactions being met?</p>	
	<p>Were you offered the opportunity to do something nice and soothing?</p>	
	<p>Did you try using a calming technique? Did it work?</p>	
	<p>Thinking about what happened, would you have done anything differently?</p>	
	<p>Do you think the way you're supported needs to change?</p>	
	<p>Do you need any further support?</p>	



How are you feeling now?	   
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ACTIONS			
What ?	By when ?	Who?	Outcome
Signed:		Signed:	

Appendix 3 – Risk Assessment Proforma



Name:

Risk Assessment

Date:



Date Reviewed:

[Review: At least annually or when circumstances change]

Why is this document needed?

Rationale and context:

Assessment Date				Lead Assessor				Class		
Activity / Task										
Description of task / process / environment being assessed										
Aspects covered							Location			
Who Might be affected	Employee	Client	Members of the public	Visitor	Pupil					



Name:

Date:

Date Reviewed:

Risk Assessment



Hazard Identification and evaluation						
Hazards	Associated risks	Current Control/ Mitigation Measures	Risk Evaluation (post measures)			Additional control needed?
			Likelihood	Severity	Risk	Action No
		•				
		•				
		•				
		•				
The risk remains						

Lead Assessor signature:		Date:	
Senior Leader signature:		Date:	
Parent / Carer signature:		Date:	

Peak School Behaviour Support (including use of Physical Interventions) Policy (vJan24)



Risk Assessment

Name:

Date:

Date Reviewed:

		Consequence of event occurring (Severity)				
		Negligible	Minor	Moderate	Major	Critical
Likelihood of event occurring (Probability)	Almost Certain	Tolerable 5	Substantial 10	Intolerable 15	Intolerable 20	Intolerable 25
	Likely	Tolerable 4	Substantial 8	Intolerable 12	Intolerable 16	Intolerable 20
	Possible	Trivial 3	Tolerable 6	Substantial 9	Intolerable 12	Intolerable 15
	Unlikely	Trivial 2	Tolerable 4	Tolerable 6	Substantial 8	Substantial 10
	Rare	Trivial 1	Trivial 2	Trivial 3	Tolerable 4	Tolerable 5

Likelihood

- 1 - **Rare**, will probably never happen/recur
- 2 - **Unlikely**, do not expect it to happen, but is possible
- 3 - **Possible**, might happen
- 4 - **Likely**, will probably happen
- 5 - **Almost Certain**, will undoubtedly happen

Severity

- 1 - Negligible
- 2 - Minor
- 3 - Moderate
- 4 - Major
- 5 - Critical

Intolerable – This is an unacceptable risk rating. Urgent interim controls to be implemented to reduce the risk so far as is reasonably practicable. If the risk rating cannot be reduced to lower than an **intolerable**, then a documented safe system of work should be implemented to control the activity. It may be necessary to seek further professional advice. Serious considerations must be given to the validity of carrying out the activity at all. Regular monitoring of the activity should occur.

Substantial - Take action within an agreed period. It is advised that further controls are implemented to reduce the risk rating to as low a level as possible. If the risk cannot be reduced to lower than a **substantial**, then on site monitoring must occur to ensure that all stipulated controls are being adhered to.

Tolerable – It is advised that controls are implemented to reduce the risk rating where possible. However, it is advised continual monitoring occurs ensuring all stipulated controls are adhered to.

Trivial – This is an acceptable level of risk. No further controls are required, as the risk level cannot be reduced any further. However, it is advised continual monitoring occurs to ensure no changes / deviation of control measures occur

Peak School Behaviour Support (including use of Physical Interventions) Policy (vJan24)

Appendix 4 – Individual Positive Behaviour Support Plan



Arousal Scale Positive Behaviour support plan for: [student Name]

Plan written by: [Staff Names]

Date written: [Date]

Reason for review: Following incident debrief / New information of behaviour / 6 monthly review

Reviews by: [Staff Name]

Date Reviewed: [Date]

Amendments made: [Yes/No] **Amendments added in red** (previous Amendments turn to black)



What we like and admire about [Pupil Name]	What is important to [Pupil Name]	How to support [Pupil Name]

Peak School Behaviour Support (including use of Physical Interventions) Policy (vJan24)



Arousal Scale Positive Behaviour support plan for: [student Name]

Plan written by: [Staff Names]

Date written: [Date]

Reason for review: Following incident debrief / New information of behaviour / 6 monthly review

Reviews by: [Staff Name]

Date Reviewed: [Date]

Amendments made: [Yes/No] **Amendments added in red** (previous Amendments turn to black)

Known Motivators / Interests / Preferred activities / likes		Known Dislikes:		
Known Sensory needs		Preferred Adult[s] / Preferred objects:		
Recovery activities (supporting pupil to return to baseline)		Listen and Learn (pupil debrief) activities (Only when pupil has been through recovery)		
Appropriate Team Teach techniques (Level 1) – Agreed with Team Teach instructor Team		Appropriate Team Teach techniques (Level 2) - Agreed with Team Teach instructor Team		Risk Assessment in place

Peak School Behaviour Support (including use of Physical Interventions) Policy (vJan24)



Positive Behaviour support plan for: [student Name]

Plan written by: [Staff Names]

Date written: [Date]

Reason for review: Following incident debrief / New information of behaviour / 6 monthly review

Reviews by: [Staff Name]

Date Reviewed: [Date]

Amendments made: [Yes/No] **Amendments added in red** (previous Amendments turn to black)

Clear description of the behaviour of concern	
When does this behaviour occur (time of year/ day of the week/Time of the day)	
Frequency of behaviour	
Severity of behaviour	
What function does this behaviour have for the pupil	

+

Support by : Avoiding escalation	Support by : Reacting to behaviour	Support by : Plan to de-escalate

Peak School Behaviour Support (including use of Physical Interventions) Policy (vJan24)

Appendix 5 – Arousal Scale Positive Behaviour Support Plan



Arousal Scale Positive Behaviour support plan for: [student Name]

Plan written by: [Staff Names]

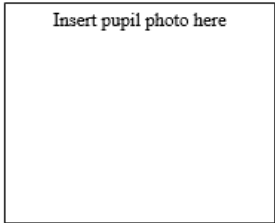
Date written: [Date]

Reason for review: Following incident debrief / New information of behaviour / 6 monthly review

Reviews by: [Staff Name]

Date Reviewed: [Date]

Amendments made: [Yes/No] **Amendments added in red** (previous Amendments turn to black)



What we like and admire about [Pupil Name]	What is important to [Pupil Name]	How to support [Pupil Name]

Peak School Behaviour Support (including use of Physical Interventions) Policy (vJan24)



Arousal Scale Positive Behaviour support plan for: [student Name]

Plan written by: [Staff Names]

Date written: [Date]

Reason for review: Following incident debrief / New information of behaviour / 6 monthly review

Reviews by: [Staff Name]

Date Reviewed: [Date]

Amendments made: [Yes/No] **Amendments added in red** (previous Amendments turn to black)

Known Motivators / Interests / Preferred activities / likes		Known Dislikes:			
Known Sensory needs		Preferred Adult[s] / Preferred objects:			
Recovery activities (supporting pupil to return to baseline)		Listen and Learn (pupil debrief) activities (Only when pupil has been through recovery)			
Appropriate Team Teach techniques (Level 1) – Agreed with Team Teach instructor Team		Appropriate Team Teach techniques (Level 2) - Agreed with Team Teach instructor Team	<table border="1"> <tr> <td data-bbox="1892 1035 1995 1102">Risk Assessment in place</td> </tr> <tr> <td data-bbox="1892 1102 1995 1241"></td> </tr> </table>	Risk Assessment in place	
Risk Assessment in place					

Peak School Behaviour Support (including use of Physical Interventions) Policy (vJan24)



Arousal Scale Positive Behaviour support plan for: [student Name]

Plan written by: [Staff Names]

Date written: [Date]

Reason for review: Following incident debrief / New information of behaviour / 6 monthly review

Reviews by: [Staff Name]

Date Reviewed: [Date]

Amendments made: [Yes/No] **Amendments added in red** (previous Amendments turn to black)

Level of Arousal	Behaviours observed / body language / Phrases / Actions:	Support by : Avoiding escalation	Support by : Reacting to behaviour	Support by : Plan to de-escalate
Level 5: Hyper arousal (Crisis point)				
Level 4: escalation phase (Situation is less likely to recover)				
Level 3: First signs of anxiety (Situation is recoverable)				
Level 2: Optimum				
Level 1) Hypo arousal				