

Trinity School Behaviour & Physical Intervention Policy

This Policy is intended to ensure that the Governors' Behaviour Principles, Vision and Aims are delivered, as set out below:

Trinity School Vision

- Leading Excellence in SEND Provision
- Ensuring Outstanding Person-Centred Achievement
- Including Everyone in Meaningful and Safeguarded Life- *Excellent personal development, behaviour and welfare....*

Trinity School Aims

Our young people will:

- *have developed an ability to regulate their distress and anxiety associated with Autism, Sensory Integration issues and other neurological conditions*
- *have the skills to keep themselves safe and healthy**
**(excerpt from the Trinity school Aims-please see website)*

This policy connects to, and is consistent with our other policies such as our 'Health and Safety Policy' and 'The Child Protection Policy'.

The Governors' Behaviour Principles

.... All behaviours are functional and have meaning...

- *In the context of severe learning difficulties and complex needs, we believe all challenging behaviour at Trinity is a communication of anxiety and/or distress.*
- *We seek to reduce distress and anxiety and improve outcomes for all as early as possible*
- *We are sensitive, caring and respectful, even in the face of extreme challenge-every student has a right to be supported through their anxiety and/or distress, and to have their dignity preserved.*
- *We offer positive and proactive behaviour support, never punitive or coercive, outlined in clear behaviour plans and risk assessments which are shared with staff, parents and multi-agency partners*
- *Person-centered approaches are embedded; the curriculum is rewarding and stimulating; everyone accesses motivational programmes based on well-matched communication systems, curriculum, pedagogy, reward systems and behaviour management plans, which come together to minimize anxiety and/or distress.*
- *We teach skills to keep students safe and healthy.*
- *We support students to develop an ability to self-regulate.*
- *We seek to understand and address all the triggers for challenging behaviour*
- *We seek to explore all types of de-escalation strategies*
- *We maintain attractive supportive environments to support challenging behaviour at various levels, including structured classrooms, calming rooms and personalised learning rooms*
- *We understand that occasionally crisis behaviours will escalate and become an emergency. The need to physically intervene and/or secure the space will be paramount to safeguard the pupil, other pupils and staff/visitors. Both actions are a last resort, will be reported transparently and followed up to improve outcomes as swiftly as possible. We never punish or exclude students.*
- *We ensure good communication of behaviour plans between staff and families/carers*
- *We work closely with families and carers*
- *We work closely with our multidisciplinary partners*
- *We have a clear Behaviour Support Structure to support staff at all levels*
- *We have a clear Emotional and Sexual Development referral system and support structures shared with all.*
- *We ensure that staff are well-trained in behaviour approaches and that there are expert staff who can advise and train others. All staff members attend induction which covers the Behaviour and Physical Intervention Policy.*
- *Staff demonstrate respectful relationships to all pupils and colleagues*
- *Staff are held to account where they have not adhered to the Behaviour, Physical Intervention and Safeguarding policies. We expect staff to be transparent in their reporting of challenging behaviour, physical interventions and use of emergency secure spaces. Staff should not collude with poor practice. Our success in managing pupil behaviour cannot be judged by the absence of problems but by the way we deal with them.*

- ***We include everyone in meaningful and safeguarded living***

This Policy acknowledges the School's legal duties under the Equality Act 2010, in respect of safeguarding and in respect of pupils with special educational needs (SEN).

Physical Intervention

At Trinity School there is a whole school approach which focuses on developing shared values which promote the attitudes, skills and knowledge of our whole staff. We achieve this through a rolling programme of training in which staff explore positive handling skills in behaviour management. This includes verbal and nonverbal communication, diversion, de-escalation and safe, and humane physical interventions. A rolling programme of training is delivered on a cyclical basis to train all staff by our in house Team Teach trainers. The school ethos recognises that there is a broad spectrum of risk reduction strategies which support an incident in de-escalating and proactively being resolved without the need of using a restrictive physical intervention.

DfEE Circular 10/98 - 'Section 550A of the Education Act 1996: The Use of Force to Control or Restrain Pupils' allows teachers, and other persons who are authorised by the headteacher to have control or charge of pupils, to use such force as is reasonable in all circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- committing a criminal offence (including behaving in a way that would be an offence if the child or young person were not under the age of criminal responsibility);
- injuring themselves or others;
- causing damage to property (including the child or young person's own property)

Using Force

No legal definition of reasonable force exists however for the purpose of this policy and the implementation of it within Trinity School:

- Restrictive physical interventions uses the minimum degree of force necessary for the shortest period of time to prevent a student harming himself, herself, others or property
- 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
- Staff would be expected to follow the student's Personalised Risk Assessment and Behaviour Plan in the first instance to manage an incident/challenging behaviour
- If this was unsuccessful or there is not yet a Personalised Risk Assessment and Behaviour Plan in place or it needs reviewing then a referral should be made for the support of the Emergency Response Team immediately
- The keywords: reasonable, necessary and proportionate are key to the management of all incidents

Staff are required to report and record incidents whereby a physical intervention has been used. Agreed restrictive physical interventions that are taught through Team Teach training include:

- a one person double elbow
- a two person double elbow
- a two person single elbow
- a figure of four (two person)

A single incident may involve one or more of the physical interventions listed above, in order to support a child or young person in crisis. The interventions that staff have been taught are able to be used in their de-escalation and crisis management toolkit. As a crisis is calming down staff are taught how to move into non-restrictive interventions. This enables staff to reduce the level of force and physical contact that they are using to support child or young person as soon as they can. Non-restrictive physical contact includes :

- a caring C guide
- a help hug
- a friendly hold
- a turn, gather, guide

Team teach training explores the elevated risks to children and young people who are supported through the use of Restrictive Physical Intervention. Positional asphyxia is a term that has been used to describe deaths which have been attributed to an

individual's body position. Necks are very fragile. Some people with Downs Syndrome are especially vulnerable to damage in this area. No attempts should be made to hold a neck. No pressure should be placed on the neck to move the head forward. This can damage the spine and restrict breathing.

Warning signs of positional asphyxia include:

- Struggling to breathe
- Complaining of being unable to breathe
- Feeling sick or vomiting
- Swelling
- Redness or blood spots to face or neck
- Expansion to veins in the neck
- Becoming limp or unresponsive
- Changes in behaviour either more or less animated
- Loss of or reduced levels of consciousness

If any of these occur as a result of a Restrictive Physical Intervention, emergency medical attention must be sought immediately and appropriate first aid must be provided until emergency services arrive.

Disengagements

Team Teach training explores ways in which staff are able to safely remove themselves from an incident whereby a child or young person has attached themselves to someone. A range of disengagements are explored and practiced in training to enable staff to safely create distance between themselves and a child or young person who is experiencing increased distress and anxiety and as a result displaying behaviours that challenge. In these instances staff are trained in: arm, neck, hair and bite disengagements. These are not restrictive physical interventions and are not required to be recorded on a Physical Intervention form. Each disengagement uses body biomechanics to enable staff to remove themselves from situations whereby they face the prospect of being injured. It is recognised that some of these disengagement techniques may cause children and young people to encounter some minimal discomfort when appropriate techniques are used. However, this is very brief, transient and poses less of a risk than the behaviour that staff are responding to for example biting and headbutts.

Disengagements that are taught through training are listed below:

Arm: side step in, cross step in, drop elbow, pump, conductor, clock

Neck: elbow swing, snake, windmill, steer, neck brace, elbow guide, headlock, spin

Clothing grab, bite, hair pull: tube grip, open the oyster, knuckle slide, elbow lever

Using an Emergency Secure Space (ESS)

The use of an ESS is acceptable where the pupil is supervised and is part of a planned behaviour programme. However, it may be necessary to restrict a pupil's freedom of movement to prevent injury and to maintain safety for staff and pupils.

The right to Liberty and personal freedom is enshrined in Article 5(1) of the European Convention on Human Rights (ECHR) and is protected by the criminal and civil law. For these reasons the use of an ESS outside the Mental Health Act 2005 should only be used in exceptional circumstances and should always be proportional to the risk presented by the pupil. Under the Children's Act 1989 any practice or measure which involves placing a pupil in an ESS which prevents a pupil from leaving a room or building may be deemed a 'restriction of liberty'. Under this Act 'Restriction of liberty' is only permissible in very specific circumstances.

Currently the Deprivation of Liberty Safeguards (DOLs) can be used if the person is aged 18 and over in a care home or hospital and lacks the mental capacity to consent to their own care and cannot make decisions about their accommodation and needs. Care homes and hospitals must ask a local authority if they can deprive a person of their liberty. However, a Deprivation of Liberty can take place anywhere but the Court of Protection must authorise it.

At Trinity School we consider an ESS as withdrawal. It is for a short time and falls under the Mental Health Act 2005. By removing a child or young person from a situation whilst actively monitoring and supporting them to help them to recover and re-engage successfully as soon as is reasonably possible.

Staff should endeavour to avoid putting themselves in danger by physically intervening. Removing other pupils and themselves from a source of danger may be the necessary thing to do. There may be occasions when staff have to evacuate a room. We appreciate the integrity of our staff and value their efforts to rectify situations that are difficult and in which they exercise their duty of care for their pupils.

Our duty of care requires that reasonable measures are taken to prevent harm. Therefore, the use of high handles that are beyond the reach of a pupil and the use of locks is permissible if the pupil is supervised by an adult with clear sight lines. It is deemed appropriate to do so to prevent a significant risk of harm, for example:

- to prevent a pupil running towards a busy road
- to prevent a pupil self-harming themselves
- to prevent a pupil from injuring another person
- to prevent a pupil from committing an offence

Reporting to Parents/ Carers and External Agencies

Any situations whereby a child or young person has been involved in an incident where a Restrictive Physical Intervention has been used or withdrawn to an Emergency Safe Space, it will be reported to parents via the telephone before they leave school to go home. If the child or young person is known to any other external agencies whom are working to support the family they will also be informed for example: Social Care, Specialist School Nurses, Family Support Workers etc.

Mechanical Supports

At Trinity School there are a small number of children and young people who have severe cognitive impairments whereby mechanical supports such as arm splints, or a chair belt or harness may be required to safeguard them from hurting themselves and other pupils. Such support will also be considered for pupils at early stages of development who need mechanical support to help them attend to their learning. For example: pupils who lean over in chairs for behavioural and/or cognitive reasons which are not physical issues. These supports will only be authorised for use by the school's Therapy Assistant after advice and guidance has been sought from relevant parties including: Parents, Senior School Based Staff, Physiotherapists and Occupational Therapists (as appropriate to each pupil).

Each student who requires such support will have this information documented in a Mechanical Support Plan. This will be drafted by the Therapy Assistant and the plan will need to be agreed by parents/carers, the class teacher, the relevant health professionals (OT/Physiotherapist) and the Assistant Headteacher for Safeguarding. This plan will then be reviewed half termly by the Therapy Assistant to make sure it is still necessary and effective. Any plans that are no longer needed will be discontinued. The amount of time that a mechanical support is used must be logged by the class team on a weekly tracking sheet and share it with the Head of School. The reason this is important is because mechanical supports in the wrong hands could be seen as means to control a child to comply with adults' requests. It is totally unacceptable to use a mechanical support to make it easier to manage any escalating behaviour issues. All decisions to use a mechanical support must be made in the best interests of the child or young person and it is therefore essential that there is good reason to believe the child is disadvantaged in their access to learning or wellbeing without the use of the mechanical support in question. This is why the Assistant Headteacher for Safeguarding must have oversight.

Medication to Support the Management of Behaviour

There are a small number of children and young people here at our school who have a medication prescribed to support them to calm during periods of either extreme or continuous crisis level of behaviour. At Trinity School trained staff who are signed off as being competent are able to administer these medications do so, under the guidance of the Community Specialist School Nursing team. These medications are sometimes described as chemical restraints and are only given as a PRN ("pro re nata" is Latin and translates to as required). Any child or young person with a PRN prescription medication at school will have a Medical Management Plan which will detail the arrangements for the medication being given. This information should also be recorded on a child or young persons Personalised Risk Assessment and Behaviour Plan.

Agreed Procedures

- The Behaviour Policy is shared and understood by staff across whole school via induction and whole staff updates.
- Structured teaching, communication support, a proactive approach to positive behaviour supports and sensory regulation underpin all classroom practice.
- Differentiated rewards systems are operated throughout the school with each phase ensuring there are meaningful ways to reward students which are appropriate to an individual child or young person's level of understanding.
- Behaviour Support Structures document describes the steps to be taken by all members of student facing staff in order to support situations whereby complex behaviour is observed (appendix 1 & appendix 8 (HSBT)).

- The Heads of School for Primary, Secondary and FEC form the whole school Recovery Team which is led by the Deputy Headteacher responsible for behaviour. This team is also supported by our in-house Consultant Speech, Language & Sensory Integration Therapist and other Deputy Headteacher. Meetings take place weekly to share and gather information and address identifiable next steps to reduce anxiety and distress children and young people are experiencing.
- Matters that require a Multi-Disciplinary response are actioned within these meetings with meeting records being shared with relevant members of staff as necessary in order to coordinate a response in an efficient way. Professionals involved may include: School Nurses, Therapists, Social Workers, Pediatricians, Psychiatrists, Educational Physiologists etc.
- Parents and Carers are included in each Multidisciplinary response as necessary and appropriate.
- Where required Social Care colleagues are kept updated regarding any issues relating to complex behaviour, distress and anxiety which is likely to impact the safety and wellbeing of a wider family and/or care and respite settings.
- The Deputy Headteacher for behaviour reports to the Headteacher and Governors to share outcomes and progress towards supporting a reduction of complex behaviour, a whole school overview is updated each half term and shared with the Senior Leadership Team.
- A Personalised Risk Assessment and Behaviour Plan will be written for students who reach Stage Two of the whole school Behaviour Support Structures. Guidance for the 'Procedures for Writing a Personalised Risk Assessment and Behaviour Plan' is explained in appendix 2.
- Personalised Risk Assessment and Behaviour Plans are written and developed in conjunction with professionals currently working with children and young people and/or are involved in their care. Strategies to support escalating behaviours that may be challenging are included in the "What you should do" column in order to support a child or young person to regulate their behaviour in order to return to a baseline level (green) behaviour. An example of an anonymised plan is included in this policy (appendix three).
- Personalised Risk Assessments and Behaviour Plans must be signed by a parent or carer and either the Headteacher, Deputy Headteachers or Assistant Headteacher for the Highly Specialist Behaviour Team. These documents are then displayed in the child or young person's classroom and student file in the school office, a copy of the finalised signed plan is also sent home.
- If a child or young person reaches stage two of the school's behaviour structures the class team are responsible for completing behaviour tracking document, using the agreed codes and colour coding. This document must be handed to the Phase Management team at the end of each week. An example of the behaviour tracking document is included in the appendices (appendix 4).
- In situations whereby complex behaviours continue to remain at a consistent heightened level at stage two the Recovery Team will decide on the best course of action. A "Team Around the Child" will be formed and the Phase will use the internal expertise of Excellent Practitioners to problem solve and agree strategies in order to proactively support a child or young person overcome their current levels of distress and anxiety. An initial sensory checklist will be completed by the class team prior to the Sensory Integration Therapist carrying out an assessment.
- At stage three of the Behaviour Structures an internal alternative space will be considered for a child or young person. The Deputy Headteacher for behaviour will review the case and consider:
 - The availability of a personalised learning room within the LLC or PLC
 - Allocating member of staff from the HSBT to support a child or young person within the main school environment
 - Consider calming room spaces available to use as an alternative learning space in conjunction with Heads of School
- Children and young people who remain at stage three of the Behaviour Structures for prolonged periods of time, whom do not show signs or returning to baseline behaviour after working through this process using a Multi-Disciplinary approach, will be considered for a placement within the schools Living and Learning Centre through liaison and discussion with the Local Authority.
- The steps that need to be followed in an incident of escalating behaviour are stated on our Emergency Response Protocol (appendix 5). The Emergency Response Protocol is in place to ensure that incidents that pose a significant health and safety risks are overseen by a member of the Senior Leadership with strategic oversight in terms of managing these situations safely. Ensuring that a sufficient debrief has taken place with staff involved in the incident.
- Physical Interventions and the use of Emergency Secure Spaces are used as a last resort in any situation whereby the need is considered to be: reasonable, necessary and proportionate. Considerations to which physical interventions are likely to be required and use of emergency secure spaces will be explored through a child or young person's Individual Risk Assessment and Behaviour Plan on a case by case basis. These documents will be altered to reflect changes to an individual's behaviour as necessary.
- There will be a debrief following an incident whereby a physical intervention or use of an emergency safe space has been necessary. The staff involved will be given time to process the incident and then meet within twenty four hours, once they have had time to recover from the incident
- Incidents which have involved a restrictive physical intervention and/or the use of an emergency secure space are shared with: the Head of School or Phase Manager and then the Deputy Headteacher for behaviour. Details regarding the incident are then logged onto a monitoring spreadsheet. Data concerning these incidents is shared termly with the Governing Body.

- Individual Risk Assessments are reviewed annually by Heads of School and Phase Managers in conjunction with class teams and families - changes are made when they are required.
- All members of staff have been provided with an aide memoire containing the key behaviour principles that we follow here at Trinity School, it is displayed in each classroom and included in staff induction training

Mental Health and Wellbeing

- Staff are encouraged to share concerns for their own wellbeing and mental health with Mental Health First Aiders or another member of the management team whom they feel comfortable talking to, this will ensure that employees also have a source of support. There is also a confidential wellbeing assistance helpline that staff have access to.
- As a school we acknowledge that working with children and young people whom are experiencing distress and anxiety can impact the wellbeing and mental health of staff supporting them.
- If staff have a mental health concern and it is also a safeguarding concern, immediate action will take place following the School's Child Protection Policy and speaking to the Designated Safeguarding Leads.

How do we know this approach is working?

Behaviour data at the end of each term and at the end of each academic year should indicate that all students have had access to high quality support for overcoming their distress and anxiety and as a result have calmed and have returned to a baseline level of behaviour.

Staff adhere to the Behaviour Policy and the advice and training they are given. They are held accountable for its delivery.

This policy should be read in conjunction with

- DfE Guidance – Use of Reasonable Force in Schools, 2013
- DfE Advice and guidance – Behaviour and Discipline in Schools, January 2016
- Guidance in 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 Disorders
- Section 550A of the Education Act 1998: The Use of Force to Control or Restrain Pupils
- HM Government - Reducing the Need for Restraint and Restrictive Intervention, June 2019

This policy connects to, and is consistent with other whole school policies including:

- Health and Safety Policy
- Child Protection Policy
- Administration of Medication Policy

Appendices:

1. *Behaviour Support Structures document*
2. *Procedures for Developing a Behaviour Plan document*
3. *Individual Risk Assessment and Behaviour Plan example*
4. *Behaviour tracking example*
5. *Emergency Response Protocol document*
6. *Behaviour policy summary points (Appendix 6)*
7. *Physical Intervention summary points (Appendix 7)*
8. *Highly Specialist Behaviour Team (HSBT Behaviour) Support Structures document*