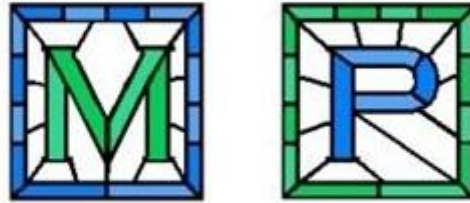


Monkfield Park



**Primary School and
Care & Learning Centre**

Positive Handling Policy

Policy and Guidance on the Effective Management of Behaviour
Including Restorative Approaches and Appropriate use of Physical Intervention

Approved by the Governing Body in:

Autumn 2020

INTRODUCTION

Purpose of Policy:

- To enable Monkfield Park to exercise its duty of care to children, young people and staff and have regard to the legislation regarding behaviour management approaches, particularly those practices relating to the Use of Force, and Restrictive Physical Intervention strategies.
- To provide best practice guidance on approaches that should be used with a child or young person prior to physical intervention becoming necessary.
- To provide a quality assurance framework for the procurement, planning and management of physical interventions that is legal, effective, safe, appropriate and proportionate.
- To provide a set of unifying principles governing the use of physical intervention and restraint by staff coming into contact with children and young people who exhibit challenging behaviour, aggression or violence, that could jeopardise their own or another's safety.
- For these principles to be used when developing services and person specific responses to behaviour and physical intervention and restraint.
- To provide a framework within which policies, guidance and practice can be appraised.

This document is divided into 3 distinct sections as follows:

POLICY

This part of the document sets out Monkfield Park's Policy on the use of behaviour management strategies, with particular reference to the use of physical intervention, due to its complex and contentious nature. Reference is made to the latest government publications.

GUIDANCE

This section expands on some of the policy sections and contains some content in its own right. The guidance section represents what Cambridgeshire County Council considers to be good practice in the area of behaviour management, and gives more detailed explanations of various models and methods pertaining to it. Particular reference is given to the use of Restorative Approaches as Cambridgeshire moves toward wider use of this across Children's Services and beyond.

APPENDICES

The appendices contain documents and forms which have been referred to throughout the preceding sections, which will enable Monkfield Park to further develop its behaviour management practice and processes in line with Cambridgeshire County Council Policy and Guidance.

POLICY

1. Key Elements

- 1.1 Monkfield Park believes in providing a safe, secure environment in which children feel cared for and in which staff feel effectively supported.
- 1.2 It is essential to recognise that behaviour is a form of communication; practitioners have to look beyond the behaviour and analyse its function. A common principle in behaviour management is looking for the message an individual is communicating through their behaviour: 'All behaviour has meaning'. This is core to functional analysis. This means that presenting behaviours may need to be interpreted with care and with consideration to underlying issues such as pain or distress. This is particularly the case with children with special needs but all children demonstrate their feelings through their behaviour.
- 1.3 The majority of children and young people demonstrate behaviour that is perceived as both appropriate and good. However, there are a minority of children who exhibit challenging behaviour. Challenging behaviour is defined as "culturally abnormal behaviour(s) of such intensity, frequency or duration that the physical safety of the person or others is placed in serious jeopardy, or behaviour which is likely to seriously limit or deny access to the use of ordinary community facilities" (Emerson, E, 2001). Common types of challenging behaviour include self- injurious behaviour, aggressive behaviour, inappropriate sexualised behaviour; behaviour directed at property and stereotyped behaviours. This policy has been developed to help Monkfield Park prepare for and appropriately manage this challenging behaviour.
- 1.4 Monkfield Park encourages the use of de-escalation methods and use of restorative approaches, to manage behaviour and restore and maintain relationships. Social and Emotional Aspects of Learning (SEAL) and Social and Emotional Aspects of Development (SEAD) are promoted as part of the Cambridgeshire PSHE curriculum, as these programmes support the development of social and emotional skills associated with self-awareness, managing feelings, motivation, empathy and social skills. These skills also underpin effective learning, positive behaviour, regular attendance, staff effectiveness as well as the emotional health and wellbeing of all who learn and work at Monkfield Park. In the Early Years, the Early Years Foundation Stage (EYFS) focuses on the development of children in the three prime areas including Personal, Social and Emotional Development, which includes child development, in the management of behaviour and feelings. The understanding of each child's development and promotion of their social and emotional development is key to positive approaches to behaviour in the early years.
- 1.5 This document recognises that there is occasionally a requirement for the use of restrictive physical intervention to prevent injury or harm to a child or an adult. This should be as a last resort when non-physical interventions have failed or when a person is at significant risk. This document describes circumstances in which physical intervention might be necessary. In these circumstances it must be an act of care and protection; of taking control for the safety of all, and not as a form of punishment.
- 1.6 The basis of this document is that Monkfield Park will recognise the need for a positive and safe environment in which children can develop and learn, with strategies to prevent situations from escalating. The policy includes plans for the positive management of behaviour which may include the use of interventions such as restorative approaches and use of de-escalation techniques to promote positive behaviour.
- 1.7 Consistency in approach to behaviour management is important, both to provide the most effective support for children and to reduce the possibility of confusion or disagreements between staff. This document should be used to help ensure staff adopt consistent practices in the use of behavioural approaches based upon a common set of principles. This would also apply to the use of restrictive physical interventions.
- 1.8 All services should be designed to promote independence, choice and inclusion and to establish an

environment that enables children to have maximum opportunity for personal growth and emotional well-being. A whole setting restorative approach to behaviour, where all staff and children are familiar with the approach, can engender a restorative environment. In the Early Years effective practice and high quality care with positive interactions will give children the best possible start. Intervention in everyday situations such as conflict between children, involve the adult as a facilitator supporting a resolution and maintaining positive relationships for all children. It is important to establish clear behavioural expectations for children, as well as to provide real opportunities for children to have their voices heard and their views regarding behaviour issues taken seriously by adults.

1.9 At Monkfield Park children and adults working with them, have a right to be treated with respect, care and dignity. This is especially the case when they are presenting risk or behaving in ways that may be harmful to themselves or others and as a result require physical intervention from staff. By using this document, staff will be helped to act appropriately and in a safe manner, so ensuring effective responses in situations, especially where there may be physical challenge.

2.0 Compliance with the Law on behaviour and the use of Physical Intervention and Force

2.1 This policy does not seek to provide a full legal summary nor to offer advice for the context in which any incident might occur. However it is important to recognise that the use of restrictive physical interventions needs to be consistent with the Human Rights Act (1998) and the United Nations Convention on the Rights of the Child (ratified 1991). These are based on the assumption that every child is entitled to:

- respect for his or 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.

2.2 Restrictive physical interventions need to be child specific, integrated with other less intrusive approaches, and clearly part of an education plan approach to reduce risk when needed. They must not become a standard way of managing children or as a substitute for training in people related skills.

2.3 Physical intervention must not to be used simply to maintain or bolster good order in the classroom or other environment. It is expected that its use will be rare, in exceptional circumstances when a particular need arises. It should **never** become habitual or routine.

2.4 The Statutory Framework for the EYFS states that physical intervention can only be taken for the purposes of averting immediate danger of personal injury to any person (including the child) or to manage a child's behaviour if absolutely necessary.

2.5 At Monkfield Park the term 'restrictive physical intervention' should be interpreted as describing direct safeguarding action. The term 'restrictive physical intervention' is defined by the DfES/DoH (2002) as being 'designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact...' There are 4 main principles underpinning any physical intervention:

- Restrictive Physical Interventions should, wherever possible, be avoided.
- There are occasions when the use of such interventions would be appropriate.
- Such interventions should always be reasonable and proportional to the circumstances.
- When restrictive physical interventions are necessary, they should recognise the need to maintain the dignity of all concerned as well as always being intended to preserve their safety.

2.6 It is a criminal offence to use physical force, or to threaten to use force (for example, by raising a fist, or using verbal threat), unless the circumstances give rise to a 'lawful excuse' or justification for use of force. (DfES/DoH 2002)

2.7 Due notice should be given to the DfE publication ***Use of Reasonable Force: Advice for headteachers, staff and governing bodies*** 2012

2.7.1 Key Points:

Schools can use reasonable force to:

- prevent a pupil at risk of harming themselves through physical outbursts;
- remove disruptive children from the classroom where they refused to follow an instruction to do so;
- prevent a child behaving in a way that disrupts a school event or a school trip or visit;
- prevent a child leaving the classroom where allowing the child to leave would risk their safety or lead to behaviour that disrupts the behaviour of others;
- prevent a child from attacking a member of staff or another child, or to stop a fight in the playground.

Schools cannot:

- use force as a punishment – **it is always unlawful to use force as a punishment.**

2.7.2 How do I know whether using a physical intervention is 'reasonable'?

The decision on whether to physically intervene is down to the professional judgement of the teacher [or staff member] concerned. Whether the force used is reasonable will always depend on the particular circumstances of the case. The use of force is reasonable if it is proportionate to the consequences it is intended to prevent. This means the degree of force used should be no more than is needed to achieve the desired result. Staff should expect the full backing of the senior leadership team when they have used force.

2.8 Whenever restrictive physical intervention is used it **must** be recorded by the setting so that a clear record is kept of the incident which can be shared as appropriate. (Appendix D)

2.9 Education and Inspections Act 2006

2.9.1 Section 93 of the Education and Inspections Act 2006 (which replaces section 550A of the Education Act 1996) enables school staff to use such force as is reasonable in the circumstances to prevent a child from doing, or continuing to do, any of the following:

- (a) Committing any offence (or, for a child under the age of criminal responsibility, what would be an offence for an older child);
- (b) Causing personal injury to, or damage to the property of, any person (including the child himself); or
- (c) Prejudicing the maintenance of good order and discipline at the school or among any children receiving education at the school, whether during a teaching session or otherwise.

2.9.2 The staff to which this power applies are defined in section 95 of the Act. They are:

- (a) Any teacher who works at the school, and
- (b) Any other person whom the head teacher has authorised to have control or charge of children.

This:

- (i) includes support staff whose job normally includes supervising children such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors
- (ii) can also include people to whom the head teacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example, parents accompanying pupils on school organised visits)

(iii) Does not include prefects.

2.9.3 The power may be used where the child (including a child from another school) is on school premises or elsewhere in the lawful control or charge of the staff member (for example on a school visit).

2.9.4 The Act stipulates that the head teacher may empower staff by reference to an individual child or staff member, or a group of children of a particular description, all children, or a group of staff of a particular description. There are no legal requirements as regards how staff or children should be notified of such a decision, this being a matter of common sense and professional judgement. Head teachers should, however, do this in writing for the sake of certainty – including reflecting as appropriate in staff members' contracts, and making this a part of the measures that the head teacher sets down in the school behaviour policy.

2.9.5 Corporal punishment – as defined in section 548 of the Education Act 1996 – is unlawful.

2.9.6 Use of restrictive physical intervention may give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned. However, Cambridgeshire County Council expect that governing bodies will support staff who, having been appropriately trained in a restrictive physical intervention, follow this policy and act in a reasonable manner. See the Guidance section for examples of recognised training accredited by the British Institute of Learning Disabilities (BILD).

2.9.7 If a child acts in a way which is dangerous or harmful to him or herself or others, then Monkfield Park expects the member of staff dealing with the behaviour to react in a way consistent with the duty of care they have for that child. The use of force should only be applied if it is reasonable, proportionate and absolutely necessary. Following this incident, if it is considered that similar situations are likely to occur again then a risk assessment should be undertaken and appropriate training given to staff in restrictive physical intervention, if necessary.

2.10 **OFSTED Framework**

2.10.1 The Ofsted framework makes clear the importance of the behaviour and safety of pupils in schools:

[94] In order to make a judgement about the quality of education provided in the school, inspectors **must** first make four key judgements. [One of these is]: the behaviour and safety of pupils at the school.

2.10.2 Schools must ensure that behaviour provision is suitable for a range of needs:

[118] ...Inspectors may look at a small sample of case studies in order to evaluate the experience of particular individuals and groups, such as disabled pupils and those who have special educational needs, looked after children and those with mental health needs.

2.10.3 Recording of behavioural incidents is important:

[119] Inspectors should consider: the school's analysis of, and response to, pupils' behaviour in lessons over time, for example incident logs and records of rewards and sanctions

2.10.4 Characteristics of an outstanding school, as relevant to this policy:

- Skilled and highly consistent behaviour management by all staff makes a strong contribution to an exceptionally positive climate for learning. There are excellent improvements in behaviour over time for individuals or groups with particular behaviour needs.
- All groups of pupils feel safe at school and at alternative provision placements at all times.

They understand very clearly what constitutes unsafe situations and are highly aware of how to keep themselves and others safe, including in relation to e-safety.

2.11 **The Framework for Children's Centre Inspection**

2.11.1 The framework makes clear the safety and welfare of children is a fundamental inspection judgment: 'The extent to which children are safe and protected, their welfare concerns are identified and appropriate steps taken to address them'

2.12 *The Children Acts 1989/2006 and The Care Standards Act 2000: Use of Seclusion*

2.12.1 In accordance with The Children Acts 1989/2006, Monkfield Park does not endorse actions which restrict the liberty of a child, including restricting a child in a room or confining them against their will. Action which prevents a child from leaving a room or building of his or her own free will may be deemed a 'restriction of liberty'. Under this Act, restriction of liberty of children by a local authority is only permissible in very specific circumstances – for example when a child is placed in secure accommodation approved by the Secretary of State or where a court order is in operation. It is an offence to lock a child in a room without a court order.

3. Appropriate Use of Force and Physical Intervention

3.1 The importance of attempting to de-escalate situations and avoid the use of force and restrictive physical intervention should be clear in all setting policies. These policies and procedures should also provide all staff with clear guidance on the types of techniques that may be used to physically intervene or restrain the child if it becomes absolutely necessary.

3.2 It is important to recognise that positive or 'contingent' touch may be beneficial in some cases, for some children, and that settings should not have a policy which seeks to avoid all physical contact between staff and children. DFE ***Use of Reasonable Force: Advice for head teachers, staff and governing bodies*** (2012) states:

3.2.1 Examples of where touching a pupil might be proper or necessary:

'It is not illegal to touch a child. There are occasions when physical contact, other than reasonable force, with a child is proper and necessary.'

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

3.3 As described in detail in the previous section, restrictive physical interventions may be used to achieve different outcomes such as:

- to break away from dangerous or harmful physical contact
- to separate the person from the events triggering risk and/or challenging behaviour
- to protect the child.

3.4 Interventions may be

- **Proactive**, in which staff employ, where necessary, prearranged strategies and methods which are based upon a risk assessment and recorded in individual plans

- **Reactive**, which occur in response to unforeseen events.

3.5 The decision to intervene using physical restraint should be a professional judgment taken calmly and in full knowledge of the desired outcome. Though likely to be a last resort it should be an act of care, not punishment; a conscious decision to act in the child or other's best interest, and not an act of desperation or a tool to force compliance.

3.6 Monkfield Park endorses only the use of behaviour management methodologies which are accredited by the British Institute of Learning Disabilities (BILD). Non accredited methodologies should not be used by settings. Monkfield Park has its own governance arrangements in place in order to monitor the correct use of such methodologies. If Cambridgeshire County Council (CCC) have provided or commissioned the training¹, then CCC will also seek to monitor use. Methodologies which have been used successfully in Cambridgeshire settings and should be considered for use are:

- Team Teach
- Proact-SCIPr-UK®
- STEPS

3.7 The Senior Leadership Team are responsible for ensuring that they use this document to ensure that:

- there is a current policy in place
- there is opportunity to review the policy at least annually
- dynamic and robust risk assessments are in place
- all incidents of restrictive physical intervention are recorded and reported as required
- appropriate support and de-brief is available to children and staff, and that they are aware of how to access the support available

¹ Please note that restrictions exist upon who can be trained in the use of Team Teach, by Cambridgeshire County Council trainers.

- CCC trainers may only train staff in settings which operate under a governing body.

- CCC trainers may only train staff who are employees of CCC

Outside of these limitations, settings such as Early Years PVI settings, or Academies may choose to commission training directly from Team Teach.

- parents and carers are kept informed of any risks or incidents requiring physical intervention or use of force.

3.8 Only the minimum of restrictive physical intervention necessary to prevent injury or to remove the risk of harm should be applied and, if used, this should be accompanied by calmly letting the child know what they need to do to remove the need for restrictive physical intervention. Staff should seek to recognise signs when a child becomes calm whilst being held; they may physically feel it as this is part of the child's communication that they have calmed down.

3.9 As soon as it is safe to do so, the restrictive physical intervention should be gradually relaxed to allow the child or young person to gain self-control.

3.10 Wherever possible, restrictive physical interventions should be used in a way that is sensitive to, and respects the cultural expectations of the child and their attitudes towards physical contact. This should always form part of the dynamic risk assessment (see section 4).

3.11 There is no legal definition of 'reasonable force' so it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used. It will always depend on all the circumstances of the case. Reference can be made to DFE **Use of Reasonable Force: Advice for head teachers, staff and governing bodies** (2012). Use of restrictive physical intervention describes how a trained member of staff uses an approved hold or technique to

physically contain a child, the use of this approach may have been agreed as part of an assessed management plan. The use of force is used to describe situations other than this where the use of a physical response may be to prevent immediate and significant harm occurring in a situation which cannot be contained in any other manner.

3.12 Whether it is reasonable to use force, and the degree of force that could reasonably be employed, will also depend on the age and understanding of the child, as reasonable use is likely to vary greatly from a very young child to a young adult. It is also important to recognise that where a restraint might be considered reasonable in one instance it may not be in another.

3.13 Ultimately only a court may judge what is reasonable in terms of the amount of force used in physical restraint and obviously will do so retrospectively.

4. De-escalation, Prevention and Risk Management

4.1 The majority of incidents of violence and aggression are triggered by known sources (behaviour of others, particular locations, times of stress and uncertainty or challenge, loud noises etc). It is important however to understand that, for some children with complex communication and learning needs, it is not always possible to recognise triggers. The prevention or de-escalation of violent or aggressive behaviours should be a primary aim in order to manage the behaviour, therefore avoiding the use of force wherever possible.

4.2 Staff should be aware of the importance of recognising behaviours and situations that could trigger or heighten the risk of challenging behaviour, violence and aggression and seek to mitigate, avoid or remove them wherever possible. This should be embedded in staff training. They should also be aware of the individual plans and risk assessments around specific children.

4.3 At transition points, where a child moves between settings, particularly if that child has complex communication needs, the old setting should always let the new setting know, in detail, what these needs are. This could be in the form of a 'communication passport'. See for example

<http://www.scope.org.uk/help-and-information/publications/communication-passport>

4.4 A dynamic risk assessment should be used by staff whenever faced with a behavioural incident. Dynamic risk assessment is an active and continuous process by which the person observes the situation and takes into account the historical as well the current context of the behaviour before making a decision about how to act. This process of observation and review should be ongoing, in order to take account of what is likely to be a rapidly changing situation.

4.5 All policies and procedures should employ de-escalation techniques (Appendix G) as a first line strategy following a dynamic risk assessment, whenever there is a threat of violence or aggression towards an individual or property. Communicating calmly with the child, using non-threatening verbal cues and understanding body language and physical proximity can all contribute to helping a child to see a way out of a situation. Helping children to recognise their own triggers is an important component of a "de-escalation" strategy developed in respect of a particular child, which can lead to greater self-management skills being developed.

5. Restorative Approaches

5.1 Restorative approaches should be explored as a method of managing conflict situations. Although often employed as a means of resolution after an event has occurred, the use of restorative approaches also enables children to develop self-awareness and management of their feelings through their experiences. This approach helps the child to take responsibility for what they do and teaches understanding and empathy which can assist in self-management skills.

5.2 An outline of the approach is in the guidance section.

6. Disability, Special Needs and Emotional Wellbeing

6.1 Monkfield Park ensures that its policy and practice on the use of force and restrictive physical intervention take proper account of the particular special educational needs and disabilities that

their children may have. Under the Disability Discrimination Act 1995 the Governing Body has a duty to take reasonable steps to ensure disabled children are not placed at a substantial disadvantage in comparison with those who are not disabled, in their access to education and associated services (sometime referred to as the duty to make *reasonable adjustments*). This duty should not mean over-compensation. The general principles underlying Monkfield Park's policy should apply to all of its children.

6.2 Children who have a disability, special need and/or emotional health and wellbeing difficulties should have an individual, multi-agency plan and risk assessment around their needs and behaviour, addressing any wider issues or underlying difficulties. For example, a Common Assessment Framework (CAF) or Statement of Special Educational Needs (SEN) should be used in order to assess and plan for such children. Assessment and planning should be used alongside a Pastoral Support Plan (PSP) where appropriate. There should be clear planning for any intervention or specific support which is identified as being required. Any specific issues stemming from these needs will be identified to allow for planning for episodes of difficult or challenging behaviour. This will be particularly important for children whose SEN and/or disabilities are associated with:

- communication impairments that make them less responsive to verbal communication or unable to communicate their needs or feelings effectively;
- physical disabilities and/or sensory impairments;
- conditions that make them fragile, such as haemophilia, brittle bone disease or epilepsy;
- dependence on equipment such as wheelchairs, breathing or feeding tubes;
- severe learning difficulties.

6.3 Knowledge and insight about a child that their parents and other professionals involved with the family can provide will be key to managing behaviour and preventing the need for physical intervention.

6.4 Any risk assessment (which should be part of the baseline for an individual behaviour plan) should take into account the skills and abilities required of staff in dealing with the child. Training needs must be addressed as required. This is relevant to ensure that suitably qualified and trained staff are available to deal with the child. Also to ensure that the staff member is prepared to deal with the situation; thus meeting the duty of care in respect of the individual and for the employee. At the very least advice should be sought from someone who knows the child well, to ensure early signals are recognised, to allow staff to work preventatively and avoid escalation.

7. Post Incident Management

7.1 Following an incident where restrictive physical intervention or use of force has been used, all involved, including staff and children, should separately be given the opportunity to reflect on and discuss in detail what has happened and what effect this has had on them. This should only happen once the people involved have regained their composure, and should be done in a calm and safe environment. At no point should this process be used to apportion blame or dispense punishment. If at any point there is reason to suspect that someone involved has been injured or severely distressed, medical attention should be immediately sought.

7.2 Interviews should be conducted appropriately according to the age and developmental stage of the child. Alternative methods of debrief and of understanding the incident should be used for children for whom interviews are not appropriate e.g. very young children, some children with a learning disability. Examples of alternative methods include visual communication aids, e.g. symbols, pictures, photos, to help identify feelings and emotions.

7.3 It is *essential* that a full and systematic record of every restrictive physical intervention is kept.

This helps ensure policy guidelines are followed correctly. It also gives a clear record that can be used to inform parents and to inform future planning as part of improvement processes. An accurate record also helps to prevent misunderstanding or misinterpretation of the incident, and to provide a record for any future enquiry. This should be done within 24 hours of the incident. Further, this will enable accurate monitoring by the Local Authority and potentially the contractor who has trained staff in restrictive physical interventions. Cambridgeshire County Council currently offers schools an Intervention Incident Record Form (Blue Book) to record all restrictive physical interventions. This is available to purchase. Monkfield Park records *all* incidents in the blue book, keeps a record in school and sends either a scanned copy or a separate copy available in appendix D, to the Behaviour and Attendance Manager.

7.4 Recording will be essential in helping to initiate or update the risk assessment concerning the child, and whether changes need to be made to their individual care plan.

7.5 Policies should recognise that any restraint is a restriction of liberty and an invasion of personal space which may have a lasting impact on the wellbeing of the child. Consideration needs to be given as to who is best placed to undertake this work. There may be a need to involve services provided by other partners.

7.6 Support for other children or adults witnessing or otherwise involved in the incident will need to be considered. This may involve giving the child n who has been restrained the opportunity to recognise and help repair the damage or harm that has resulted from their behaviour, and enable them to develop their emotional and social skills. This can be done through restorative approaches or other reflective methods.

8. Complaints and Allegations

8.1 Children and their parents/carers have a right to complain about actions taken by staff. This includes the use of restrictive physical intervention.

8.2 Children and their representatives must have clear information about how to access the services of an advocate where available and appropriate.

8.3 Where staff adhere to this policy it should help to avoid complaints from a child, their parents, other relatives or carers. However, it will not prevent all complaints and the possibility that a complaint might result in a disciplinary hearing, or a criminal prosecution, or in a civil action being brought cannot be ruled out. In any of these circumstances, it would be for the disciplinary panel or the court to decide whether the use and degree of force was reasonable in the circumstances.

8.4 If a specific allegation is made against a member of staff, the Local Authority Designated Officer (LADO) needs to be informed without delay. The allegation must be reported to the relevant Education Advisor who will liaise with the LADO. The LADO will make any necessary contact with the police and will convene a complex strategy meeting, if required, to co-ordinate the investigation (see Cambridgeshire LSCB Safeguarding Procedures).

8.5 If a child wishes to make a complaint, guidance can be found in section 9 of DfE: ***Use of reasonable force. Advice for head teachers, staff and governing bodies***(2012)

8.6 Other complaints should be dealt with under the normal complaints procedures. Attention should also be given to the DfE resource: ***Dealing with Allegations of Abuse against Teachers and other Staff***: (2012)

9. Staff Training

9.1 Monkfield Park is responsible for ensuring that staff receive training, including updates and refresher courses, appropriate to their role and responsibilities. Training in restrictive physical intervention is undertaken by all staff working directly in situations where they are likely to need to use it. In addition at least one member of the Senior Leadership Team will remain trained and updated in Team Teach methods.

9.2 In the Care & Learning Centre a named practitioner is responsible for behaviour management issues. They should be supported in acquiring the skills to provide guidance to other staff and to access expert advice if ordinary methods are not effective with a particular child.

9.3 There will be particular training needs for staff working closely with children with SEN and/or disabilities. Risk assessments will help inform decisions about staff training. Parents may seek advice from the Parent Partnership Service.

(See: www.cambridgeshire.gov.uk/childrenandfamilies)

9.4 Monkfield Park may decide that all staff who supervise children and young people should have such training. However, individuals have statutory power to use force by virtue of their job so this policy cannot lawfully prevent staff whose job involves having control or charge of children from using that power regardless of whether they have received training.

9.5 Monkfield Park ensures that it commission sufficient training that covers ways of avoiding or defusing situations in which restrictive physical intervention might become necessary as well as training in methods of restrictive physical intervention, as appropriate.

9.6 Staff who are expected to employ restrictive physical interventions will require additional specialised training. The nature and extent of the training will depend on the characteristics of those who may require a restrictive physical intervention, the behaviours they present and the responsibilities of the individual staff member.

9.7 It is critical that temporary or agency staff expected to engage in planned restrictive physical intervention have received up-to-date training consistent with the nature of that received by employed staff. Managers should proactively seek this information.

9.8 Staff should only use BILD accredited methods of restrictive physical intervention for which they have received training. Techniques should be closely matched to the characteristics of individual children and reflected in the risk assessment.

9.9 In 2002 the DfES and the DoH funded BILD (British Institute of Learning Disabilities) in their task of accrediting all training for physical intervention. Cambridgeshire County Council has made the decision that a pre-requisite of any training approach therefore, is that it should be accredited by BILD. Services seeking training need to be aware that BILD is a resource for finding accredited programmes.

10. Overview and Monitoring

10.1 Monkfield Park has processes in place for monitoring incidents of violence and aggression and the use of restraint. It should be possible to demonstrate actions that have been taken to reduce the frequency and severity of incidents; this will be overseen by the County Behaviour and Attendance Manager. The incident must be recorded. The bound Blue Book containing the record form (appendix D) is available to schools to purchase through the Behaviour and Attendance Manager.

10.2 Control of risks associated with physical intervention, violence at work and behaviour management should be monitored and reported to governors and the Local Authority where risks cannot be managed at the local level.

10.3 Monitoring will include managers checking that systems are in place through inspections, management processes including performance reviews, team meetings, etc. This monitoring should check that the procedures and systems that have been established are in practice and are effective. The Local Authority expects all maintained schools to adhere to the County policy on recording all incidents of restrictive physical intervention through the agreed recording system, currently using the Intervention Incident Record Form in the Blue Book which is available to schools to purchase. A copy of the completed page in the blue book or an additional copy made on the electronic record form (appendix D) should be sent to the County Behaviour and Attendance manager after each

incident for monitoring.

10.4 While governance primarily rests within Monkfield Park, the County Council's Children, Families and Adults Services will check physical intervention procedures have been implemented, as appropriate. There is also a requirement for all schools to report all incidents of restrictive physical intervention. This reporting will be the completed Intervention Incident Record Form (appendix D) to the Behaviour and Attendance Manager, who will copy it to the Local Safeguarding Children's Board, for statistical monitoring.

10.5 Any incidence of restrictive physical intervention that results in medical treatment for either a child or a staff member must be reported to the Behaviour and Attendance Manager within a week. Any necessary health and safety forms must also be completed, including online incident report forms where appropriate.

10.6 Setting policies must be reviewed annually and, if necessary, updated.

GUIDANCE

1 Introduction

1.1 This section gives guidance on what Cambridgeshire County Council considers to be best practice in relation to behaviour management and the use of restrictive physical intervention. Restorative Approaches and our selected BILD accredited models are described, followed by further guidance on behaviour management in the Early Years, Special Educational Needs and behaviour, and the role of parents and what they had to say on the issue of behaviour when we asked them.

2 Behaviour as Communication

2.1 Behaviour, whether good or inappropriate, is very often the result of something happening or not happening and the child or young person's reaction or behaviour is the result. A smile or thank you for being given a sweet communicates pleasure and gratitude for the treat. Asking a son or daughter to do the washing up can get a grumble or the excuse that they are too busy. They are communicating displeasure at having to do it. These behaviours are easy to understand and deal with compared to some of the behaviour children with special educational needs and disability (SEND) can display. For others, behaviour change can be indicative of other issues in the child or young person's life and staff should be sensitive to looking at the wider context and any safeguarding concerns.

2.2 If a child or young person with SEND behaves in an inappropriate way, the question to ask is why they did it and what were they trying to communicate? For example, for some children and young people on the autistic spectrum the levels of noise and activity in a classroom can cause them to become stressed and anxious. This may result in them withdrawing (and being accused of not paying attention) or becoming angry, throwing something, running off or hitting out.

2.3 The behaviour is their way of communicating their stress and anxiety. What we need to do is see what has caused the stress and anxiety. Special educational needs can result in children and young people doing all sorts of inappropriate things. What is important, and is the challenge for the adults around them, is to understand why they did what they did and make appropriate changes. For the child or young person their challenge is to learn to manage their communication or action in a different way. To help them do this we need to know what caused them to behave as they did and then work with them to do something different. Failing to do so can result in the behaviour continuing which no one, including the child or young person, wants. If we do not look beyond a child or young person's inappropriate behaviour to see why it happens we could be encouraging a sequence of them repeating the behaviour and us having to manage the consequences.

3 Guidance on Restorative Approaches

People and those who look after them should be guided by the following principles:

- Children, young people, and adults are all at different stages of learning and/or emotional development regardless of their chronological age or how long one might have been in a given setting.
- Effective communication helps resolves conflict. Misunderstanding or ineffective communication is likely to cause or deepen conflict.
- People have different skills/abilities to manage in any given situation.

3.1

- The task of all working in these settings is to promote and facilitate the development and growth of young people and everyone else in a setting. This includes the development of effective communication.
- Those who present the most difficulties often have the greatest opportunity for change and development.
- Significant or complex change/development needs planning and managing.
- Restorative Practice is a framework for managing and learning about young people's needs.
- Restorative Practice also safely allows adults to acknowledge where they get things wrong, and to put things right. It discourages blame and promotes fairness and responsibility. (Petrie et al, 2009)

Outline of the Approach

3.2 Traditional behaviour management asks the questions: What happened? Who's to blame? and What is the correct response? Which frequently involves punishment.

3.3 The Restorative Approach asks the questions to the harmer:

- What happened?
- What were you thinking about at the time?
- What have your thoughts been since?
- Who has been affected by what you did?
- In what way have they been affected?
- What do you think needs to happen to make things right?

3.4 And to those harmed:

- What did you think when you realised what had happened?
- What have your thoughts been since?
- How has this affected you and others?
- What has been the hardest thing for you?
- What do you think needs to happen to make things right?

3.5 Using this approach helps the child or young person to understand the effects of their behaviour and, with support, identify ways of modifying it in the future.

3.6 Restorative Approaches has a strong evidence base already building in the UK, demonstrating [school] outcomes including:

- Reduced exclusions
- Improved OFSTED rating
- Increased engagement of children and young people and their parent/carers
- Improved transition between school phases and year groups
- Increased attendance
- Better handling of bullying
- Increased staff confidence in managing behaviour and conflict

3.7 Restorative Approaches provide [settings] with a range of practices which promote mutually respectful relationships and manage behaviour and conflict, address bullying and absences and build community cohesion. Restorative Approaches offer a framework upon which to build on existing good practice.

3.8 A restorative approach is a paradigm shift in the language we use to address conflict and inappropriate behaviour. In any incident of inappropriate behaviour we need to establish the facts. Restorative questioning allows those involved to tell their story, from their perspective, and be listened to in a way which assures no pre-judgment.

3.9 A restorative intervention is voluntary for all those involved and paradoxically, it is the voluntary nature of the approach that encourages people to participate. The restorative approach becomes a 'way of being'. (Restorative Approaches in Lancashire: Improving Outcomes, (2009/2010)

3.10 Cambridgeshire County Council has developed a toolkit which can be used to support the development of restorative approaches. Alongside this, Restorative Approaches is used in the Youth Offending Service, Children's Residential Homes, and for conflict resolution in Cambridge City Council.

4 Guidance on BILD Accredited Training and De-Escalation

4.1 Cambridgeshire County Council endorses the use of methodologies of behaviour management endorsed by BILD. These methodologies can be used where training for staff in the use of safe restrictive physical interventions has been deemed to be required, but there is a primary focus on the use of de-escalation. While settings may choose any one of a number of methodologies fitting this criteria, settings should be aware that the following are currently used within Cambridgeshire County Council and expertise is therefore available.

4.2 TEAM TEACH

4.2.1 Team Teach is one of the largest training providers in behaviour support and management including physical interventions. It is accredited by BILD. The objective of the training is to develop shared values within the staff team which promote the attitudes, skills and knowledge needed to implement positive handling strategies for supporting a child or young person presenting challenging behaviour. The term 'positive handling' is used to describe a holistic approach involving policy, guidance, management of the environment and deployment of staff. The training supports staff in reflecting upon and managing their own feelings and behaviour and in developing strategies for diversion, diffusion and de-escalation in challenging situations. In the minority of situations where physical restraint may form part of a positive response, Team Teach provides a range of safe, effective, humane physical intervention techniques. The emphasis on positive handling planning is promoted to help reduce the number of incidences when restrictive physical intervention is necessary. The importance of the process in place for post incident support is also emphasised for both child or young person and the adults involved in order to restore, repair, and hopefully improve relationships.

4.2.2 Team Teach is currently used in a range of educational and residential settings in Cambridgeshire. Training is provided in house for staff teams in some special schools. Foundation

training in Team Teach and follow up support is available for staff working in maintained mainstream primary schools where there is an evidenced need relating to an individual child.

4.3 PROACT-SCIPr-UK®

4.3.1 PROACT-SCIPr-UK® is a person centred proactive behaviour management approach which is accredited by BILD. It is used extensively in both community settings and schools and colleges with both children and adults who require support to manage their behaviours. PROACT-SCIPr-UK® stands for “Positive Range of Options to Avoid Crisis and use Therapy- Strategies for Crisis Intervention and Prevention as revised and used in the United Kingdom.”

4.3.2 PROACT-SCIPr-UK® works to a 70:20:10 ratio. The principle is that at least 70% of the time should be spent working proactively with the child or young person. The aim being to reduce the need for an individual to use challenging behaviours by ensuring that time and attention is given to ensuring this person has positive experiences in daily life. This includes ensuring that their environment is appropriate to their needs and that there are systems in place for ensuring they can communicate their needs. No more than 20% of the time is spent working actively and is where the carers/workers who know the child or young person well can identify very subtle changes in body language that indicate the situation is becoming difficult for the child/young person and respond accordingly to reduce/remove the factor causing the anxiety.

This leaves 10% where a reactive approach is required. At this stage it may be necessary to use physical interventions. There are a range of interventions that can be taught depending on the child/ young person’s behaviour plan.

4.3.3 Each child/young person will have a multidisciplinary behaviour plan which is completed and signed up to by all involved their care. This sets out behaviours, triggers, early warning signs, communication needs etc. The plans also provide details of proactive strategies and active/reactive interventions that should be used with an individual.

4.3.4 Adult Services in Cambridgeshire have been using PROACT-SCIPr-UK® very successfully for many years and have reported a marked decrease in incidents and also a decrease in the need for physical interventions to be used. The proposed use of PROACT-SCIPr-UK® within children’s services has been welcomed by colleagues within adult services and Transitions as this will enable a seamless approach to behaviour management across the lifespan.

4.3.5 The combined strategies promoted by Team Teach and PROACT-SCIPr-UK® for recognising and responding to an escalation of challenging behaviour are set out in Appendix G. This schedule is intended for guidance only as it will be important to develop a plan focusing on the needs of each child or young person individually.

5 Guidance for Early Years

5.1 *“A baby’s early experiences are influential in determining the course of their future emotional, intellectual and physical development. Children develop in an environment of relationships that usually begin within their family. From early infancy, they naturally reach out to create bonds, and they develop best when caring adults respond in warm, stimulating and consistent ways. This secure attachment with those close to them leads to the development of empathy, trust and well-being. In contrast, an impoverished, neglectful, or abusive environment often results in a child who doesn’t develop empathy, learn how to regulate their emotions or develop social skills, and this can lead to an increased risk of mental health problems, relationship difficulties, antisocial behaviour and aggression.”* (Allen, G: Early Intervention; The Next Steps, 2011)

5.2 There is wide consensus that the foundation years are a critical period for a truly preventative approach. For example, in *Early Intervention: The Next Steps (2011)* Graham Allen made a compelling case for investing in policies and programmes which promote early intervention, particularly in the foundation years. Allen argues that: *“Building their essential social and emotional capabilities means children are less likely to adopt antisocial or violent behaviour throughout life. It means fewer disruptive toddlers, fewer unmanageable school children, fewer young people*

engaging in crime and antisocial behaviour. Early intervention can forestall the physical and mental health problems that commonly perpetuate a cycle of dysfunction”.

5.3 In the early years, the foundations for social, emotional and behaviour development are laid in the early attachments and relationships formed with primary care givers including the key person. The Statutory Framework for the EYFS (2012) provides the guidance for practitioners, including child minders working with the youngest children. The EYFS is based on four themes: a unique child, positive relationships, enabling environments and learning and development.

5.4 The EYFS focuses on three prime areas, including Personal, Social and Emotional Development, recognising the importance of supporting the developing child in making relationships, promoting self-confidence and self-awareness and managing feelings and behaviour. The foundations of development and learning are established in the Early Years and children can be given a lasting legacy when they experience positive relationships and an environment which is responsive to their individual needs.

5.5 As part of the EYFS, parent involvement and communication is central to a positive approach to learning, development and behaviour. Interventions under the Healthy Child Programme and the Learning and Development Progress Check at age 2 can help prevent problems in these crucial first few years, identifying those children and families at risk, who would benefit from early intervention and support.

5.6 The Early Years Inclusion Development Programme for Behaviour, Emotional and Social Difficulties, 2010, recommends settings and practitioners create positive approaches to behaviour by understanding the importance of children’s behaviours:

- All practitioners work on developing relationships, interactions and approaches to support children positively.
- Early Years practitioners understand and make the links between language development and behaviour.
- Creating a calm environment that minimises the risk of incidents.
- Using SEAL or SEAD approaches to develop the PSED prime area of the EYFS, teaching children how to manage conflict and strong feelings in a safe, supportive environment.

5.7 The Statutory Framework for the Early Years Foundation Stage (2012) states that *“Providers must have and implement a behaviour management policy, and procedures. A named practitioner should be responsible for behaviour management in every setting. They must have the necessary skills to advise other staff on behaviour issues and to access expert advice if necessary. In a childminding setting, the childminder is responsible for behaviour management”*

5.8 On the subject of physical intervention the above framework goes on to state that “Providers must not give corporal punishment to a child. Providers must take all reasonable steps to ensure that corporal punishment is not given by any person who cares for or is in regular contact with a child, or by any person living or working in the premises where care is provided. Any early years provider who fails to meet these requirements commits an offence. A person will not be taken to have used corporal punishment (and therefore will not have committed an offence), where physical intervention was taken for the purposes of averting immediate danger of personal injury to any person (including the child). Providers, including childminders, must keep a record of any occasion where physical intervention is used, and parents and/or carers must be informed on the same day, or as soon as reasonably practicable.

5.9 Risk Assessment in the Early Years Foundation Stage

Providers must have a clear and well understood policy and procedures, for assessing any risks to children’s safety, and review risk assessments regularly. Providers must determine where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice and to demonstrate how they are managing risks if asked by parents and/or carers or inspectors. Risk

assessments should identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be checked, and how the risk will be removed or minimised.

6 Guidance on Special Educational Needs and Disability (SEND) and

Behaviour

6.1 Taken from the DfE report: Pupil behaviour in schools in England (2012)

6.1.1 The Steer Review stated that “the links between behavioural standards and SEN and disabilities are intricate and profound” (Steer, 2009a p22). The links are made more complex by the many differing types of SEND. The British Psychological Society’s (2005) submission to the House of Commons Select Committee Special Educational Needs Inquiry included a review of the psychology literature. This suggested that individual pupils who exhibit problematic behaviours should not be classed as an homogenous group: “students can be typified under at least eight headings, including: delinquency, emotional difficulties, behavioural difficulties, emotional and behavioural difficulties, social problems, challenging behaviour associated with learning difficulties, and mental health problems. Individual students rarely fall under one category and they therefore require different and targeted interventions”.

6.1.2 Studies have linked developmental delays and learning disabilities with problematic peer relations and problems with social behaviour. Different types of learning disabilities may affect the development of behaviours in different ways, for example by increasing aggressive- disruptive behaviours (Bellanti and Bierman, 2000). Similarly, inattentiveness is linked to aggressive-disruptive behaviour. One explanation for this may be that attention problems increase child frustration and negative reactions, leading to disruptive behaviour (Thomas et al, 2008).

6.1.3 The Ofsted review of SEN and Disability (Ofsted, 2010) highlighted that schools classify a wide range of pupils as having SEN, from those whose needs could be met through good quality teaching to those with complex and severe needs requiring significant additional support. The report states that inspectors saw schools that identified pupils as having special educational needs when, in fact, their needs were no different from those of most other pupils. These were underachieving pupils who could be helped by better mainstream teaching provision and higher teacher expectations.

6.1.4 In a study of 30 teachers undertaken by NASUWT (2006), it was found that teachers often felt unable to distinguish between mental health problems and emotional/behavioural difficulties in pupils and they felt that inadequate support for children with mental health needs affected the wellbeing and performance of all pupils. However, there is evidence from the literature that the focus on behaviour in schools means that schools and teachers are more likely to identify behaviour problems than emotional ones (CAMHS EBPU et al, 2011). Using vignettes describing the characteristics of children with different needs, the evaluation of the TaMHS project indicated that in both primary and secondary schools, children with behavioural problems would be more likely than those with emotional problems to be offered specialist mental health input (CAMHS EBPU et al, 2011).

6.2 Data

6.2.1 Similarly to the national picture, in Cambridgeshire in 2012, Behaviour, Emotional and Social Difficulties (BESD) is the highest primary need identified for SEND pupils. However, Cambridgeshire have higher rates of BESD identification compared to the national level. For example, 24% of our SEND pupils have BESD compared with 22% nationally or 29% of our School Action Plus pupils are identified with BESD compared with 25% nationally.

7 Guidance on Parenting

7.1 “Good parenting reduces the risks that children experience poor behavioural outcomes, criminality and anti-social behaviour. Early parenting experiences are especially critical in the development of the child’s emotional regulatory system and a large proportion of adult mental health problems are thought to have their origins in early childhood.

Mothers and fathers are their children’s first and most important educators. From the moment of birth, the relationship between parents and their child, and the activities they do together affect later development, giving children the trust, attitude and skills which help them to learn and engage positively with the world”

Supporting Families in the Foundation Years. (DFE 2012)

7.2 Strengthening communication and partnership working with parents and families is central to good practice.

7.3 Parental involvement in developing approaches to support a child’s learning and development where they have behavioural, emotional and social difficulties is vital, as parents play the most important part in raising children.

7.4 The link between parent involvement in a child’s learning “has more influence on future achievement than innate ability, material circumstances or the quality of pre-school and school provision. When fathers and mothers talk, play, read, paint, investigate numbers and shapes or sing with their children it has a positive effect on children’s later development. Mothers’ and fathers’ involvement in reading is the most important determinant of their child’s early language and literacy skills.” Supporting Families in the Foundation Years. (DFE, 2012).

Evidence from the Millennium Cohort Study, for example, suggests that parents who combine high levels of parental warmth with high levels of supervision are more likely to have children at age five who are confident, autonomous and empathetic. Good parenting therefore reduces the risks that children and young people experience poor behavioural outcomes, criminality and anti-social behaviour.

8 Guidance Following Consultation with Parents and Carers

8.1 As a result of 2 parent consultation events held during the development of this document, parents and carers were asked to give their views on behaviour in terms of what works and what doesn’t for their children and young people. Their comments were sought in relation to managing behaviour in the home, communication with the school, and other settings, and what additional support they would like to have access to. The consultation uncovered some very clear themes, the most prominent of which are described below, alongside a sample of the quotes. It is advised that settings consider the parental voice as outlined below, when considering options for whole staff training, personal development or service improvement.

a) Parents and carers would like to have access to a variety of methods of **communicating** with the setting. There should be a named person who they know who is the contact for their child. There should be the option of face to face meetings as well as other methods such as a home school book (very popular), email and telephone. Settings should be aware that not all parents have easy access to a computer.

“staff tell parents what the issues are and vice versa”, “Effective parent/teacher communication and planning - actions based on this.”, “Communication between parents and school. Shared understanding with the particular child concerned. This is an important aspect of a child's upbringing.”

b) There is a strong feeling that, while help may be offered in school which is often good, this stops at the school gates and there is not a sense of joined up help. As a Local Authority we know that there is help available for parents in the home. Settings should maintain an up to date understanding of the help available from the local authority, health services and the voluntary

sector in order to help **signpost**, hold joint meetings, **jointly plan** for the child etc. The Common Assessment Framework (CAF) may be a useful assessment and support process to use for such families. This can then be used to decide which support would be best placed for the family.

"How do you know who to ask for help at home e.g. if [my child] throws laptop out of the window - what do you do?" "Have had no help. Would be really good if someone could come round once a week and build my child's confidence, independence skills and self-esteem." "Need school to communicate with parents re different agencies etc." "I had to do it all myself - seek the information, shout, cry, research, talk to other parents."

c) Parents consider themselves as the experts on their children and as such would like to feel that they are **listened to**. They are keen to work together with professionals to best meet the behaviour and communication needs of their children, and would like to be seen as having expert opinion in this area by being listened to.

"Sometimes you want someone to listen. LISTEN" "Schools to be open to listening to parents as experts on their child's behaviour" "SENCO and Heads should understand, including by listening to parents, child's needs and their statement and inform teachers of good strategies of support" "Relationship with person who is helping is key. Non-judgmental, listens."

d) Parents would like to see all staff in settings have **training** to recognise the behaviour and communication needs of children. This includes regular training and refreshers for teaching / professional staff, but also training for support staff including administrators, lunchtime assistants, etc. This is so that the way children are responded to is consistent across the setting. Many parents also commented that their children are unable to access the extended school provision which is offered due to a lack of specialist training of the staff who run the provision.

"Not all staff across school have the same understanding or ability to deal with varying needs" "Everyone in school from Head teacher to dinner staff need to have some understanding of child's issues - otherwise inconsistency" "Inadequate training for staff - all staff working with the child should be aware of the plan/strategy"

e) Parents feel that there could be more **sharing of information** about their child. This means across settings when there are transitions, for example from primary to secondary school, but also within a setting when a child is experiencing a new member of staff for the first time. The feeling is that staff will have got to know a child while they are with them, and the 'new start' could be made less difficult if there was more understanding between staff of what has worked and what hasn't in the past. Parents should be involved in this too.

"Teachers should have a profile from previous teacher". "Transitions are huge!! Good involvement of parents, more visits/preparation, information for the children / YP." "Strategies - transition - if anxious child could be allowed to be able to remove themselves to quiet place. Using strategies that work - included in 'handover plan'". "Give teacher 2 weeks to get to know the child then have a good meeting to discuss things"

f) There should be a good, thorough assessment of the child's needs which will lead to a good **understanding** of the child and their triggers. This can then inform development of an appropriate support package which is tailored to the child's needs. Parents should be involved in this.

"School really assessed and understood child's needs, communicated with parents." "Understanding the child - how to reach her and boost her self-esteem." "Need to know children as individuals"

g) There was a feeling of isolation which came through the consultation, with many parents feeling the benefits of the rare opportunity to **meet with others** who were experiencing the same challenges as themselves. Many suggested that they'd like to have regular forums in which to share information and discuss strategies. They would like schools to help them to facilitate this.

"Parent - Parent support within school". "Schools to set up SEN parents groups – confidential"

h) There were varied views on the **SENCO role**, most being very positive and valuing the expertise

and support SENCOs provide. However parents of children in small schools where the SENCO had very limited dedicated time, felt that it wasn't as helpful as those with full time SENCOs.

"SENCO should have dedicated time - not a full time teacher". "SENCO who is involved! [is helpful]". "SENCO gave support and suggested other agencies to support us."

I) Other themes of note:

- Information is hard to find.
- A good TA who can advocate for the child is valuable.
- The help parents get in the early years is often very good, but feels like it stops age five.
- The Parent Partnership Service and the training they offer are very good.
- Behaviour should be recognised as a form of communication, and responded to as such.
- The environment the child is in can make a big difference to their behavioural responses.
- Visual timetables can be very helpful for a wide range of children.

9 Children and Young People's Views

9.1 The document 'Children's views on restraint' (Ofsted 2012) sets out the views of children and young people in care, care leavers, those living away from home and those receiving any other sort of help from children's social care services. It has been published as a result of children raising concerns about restraint, in other consultations. The document covers a wide range of issues including what rules should there be about restraint and are there any children who should never be restrained? There are clear views expressed by children and young people on all aspects regarding physical restraint, with the final words: 'only do it carefully'.

9.2 Settings should consider using the document in training for staff and use it as a reference tool when writing the behaviour policy and when planning for new interventions.

Preparing for the use of Restrictive Physical Interventions by Staff:

Model Template (taken from Team Teach)

These procedures support the application of the Cambridgeshire County Council policy and guidance on The Effective Management of Behaviour. All staff should study Monkfield Park's Positive Behaviour and Positive Handling policies carefully.

- 1 The person responsible for authorising staff to use restrictive physical intervention as part of a structured and planned intervention within this setting is the headteacher.
 - 2 The person responsible for ensuring that all planned use of restrictive physical intervention is risk assessed is the headteacher.
 - 3 Copies of all risk assessments are held in school and are reviewed after every use of force and termly.
 - 4 The people who are authorised to use reasonable force in planned restrictive physical interventions are listed here. No other person should engage in a planned intervention.
 - **The Headteacher**
 - **The Deputy Headteacher/SENCO**
 - 5 Only those trained in appropriate techniques within the last twelve months or the period of time agreed by a BILD accredited training organisation may be authorised. The person responsible for ensuring that appropriate training is provided, including regular updates, is the headteacher.
 - 6 Training records are held by the headteacher.
 - 7 Those not involved in risk assessment but whose roles include the supervision of children and young people may use reasonable force in an emergency unplanned intervention where it is necessary to prevent a serious injury from occurring.
 - 8 Every use of restrictive physical intervention is to be reported the same day to the head of the setting or the deputy if the head is off site. The head or deputy will ensure that a parent of the child who has had force used against them is notified that day.
 - 9 In addition, the details of each use of physical intervention must be recorded on the Intervention Incident Record Form that is held **by the headteacher**.¹the person leading the planned or unplanned intervention must complete this form. The head / manager will review every use of physical intervention.
-

Appendix B

Risk Assessment and Reduction Plan: Adapted from the Specialist Teaching Team

This can be used in conjunction with APPENDIX J (De-escalation and Diffusion Strategies) When considering possible trigger / risk behaviours

School / Setting	Child's Name
DOB	Group / Class
Date of plan	Plan Co-ordinator

Key behaviour resulting in potential harm	
Potential harm (detail)	

Praise points	<ul style="list-style-type: none"> • •
Strengths	<ul style="list-style-type: none"> • •
Environmental factors to consider	<ul style="list-style-type: none"> • •
Strategies to be avoided	<ul style="list-style-type: none"> • •

Build up of key behaviours / triggers	Risk reduction measures
Low level behaviours - - -	Low level staff responses
Medium level behaviours - - -	Medium level staff responses
High level behaviours	High level staff responses

- - -	
Debrief preferences	

Signatures of all involved in supporting child:

Parent / Carer:

Date:

Child (if appropriate):

Date:

Plan Co-ordinator:

Date:

Class Teacher:

Date:

Teaching Assistant/s:

Date:

Others:

Date

This form can also be found in Appendix G of the document: Cambridgeshire policy and guidance on the Effective Management of Behaviour. Including Restorative Approaches and Appropriate use of Physical Intervention.

Risk Assessment for Early Years Settings

Name:

Risk Factor:				
Potential hazardous and risky activities identified	Risk to child	Risk to others	Procedure	Benefits to child

Risk Assessment completed by:

Date:

Parent/Carers signature:

Review date:

Appendix D

Physical Intervention Record (Schools can purchase the bound Blue Book for recording; a copy should be sent as per the end of this sheet)

Name of Pupil

Date

Staff Involved

Time

Incident number

Duration

Location

Reason for Intervention:

To prevent a pupil from doing or continuing to do any of the following:

Please tick box(es)

- ☐ 1. Self-harming;
- ☐ 2. Causing injury to other children, staff or children;
- ☐ 3. Causing damage to property;
- ☐ 4. Committing any offence;
- ☐ 5. In school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils.

Name of witness/witnesses:

De-escalation Strategies used:

Physical Intervention used:

Single elbow standing

Double elbow

T-Wrap standing

Single elbow seated

Figure of four

T-Wrap seated

Small child escort

Other

What happened immediately before the incident?

Description of incident (including pupil's response):

Follow up (debrief, accident forms, further action):

Discussion with staff:

Signed

Date

Pupil's comments:

Signed

Date

Give details of any injury sustained by persons and/or damage to property:

Was injury reported online using www.reportincident.co.uk

Parent/carers informed?

By letter

Date

By telephone

Date

Home/school diary Date

Record completed by

Name

Signed

Date

Name

Signed

Date

Copies to:

Class teacher

Headteacher

Pupil file

Parent/carers

Copy of the form sent for the attention of the County Behaviour and Attendance Manager to access@cambridgeshire.gov.uk

Recommended Protocol for Child Exiting the Room or Premises Following an Incident

Advice currently given to schools by Team Teach Tutors and the Local Authority

1. Settings should have a plan in place for the member of staff supporting the child or young person to be able to summon assistance and a strategy for notifying the headteacher and/or deputy headteacher ' that the child or young person is about to / has exited the building (e.g. red card.)
2. Staff should not physically prevent the child leaving the room or building unless there is immediate risk of harm
3. Assigned member of staff should follow the child at a safe distance, keeping them in their sight if possible; they should proceed in a calm manner; they should not run or shout to the child or young person. If it is possible to communicate with the child or young person they should use the Team Teach Help Script using a calm voice:

'John (*name of child*) John (*use child's name to gain their attention*)

I can see there something is wrong / has happened

I'm here to help

Come on let's talk about it / let's sit down here together / let's walk back together (*as appropriate*)'

The script is developed to allow a simple message to be communicated without misunderstanding or provoking an argument. The framework avoids the use of 'you' and there is a 'no blame – no threat' message throughout. Once the individual child's needs and difficulties are known the script can be personalised to include the strategies set out in the risk reduction plan (see appendix B).

4. Back at the setting the headteacher or deputy headteacher should alert the police that a child has left the school premises and activate the school's critical incident procedures. Where possible the member of staff supporting the child should remain in contact with the setting via mobile phone so that the parents / police can be informed about the child's current whereabouts.
5. Once the child has returned safely and has had time to calm down a post incident support de-brief should follow (see appendix F for an example).
6. Following an incident when a child has exited the site a risk reduction plan should be put into place (see appendix B). This will help staff to identify the triggers and escalation of behaviours that have resulted in the child running out of the setting and to plan appropriate strategies to intervene at an early stage to divert and offer support to reduce the likelihood of a recurrence of the incident. The risk reduction plan should be drawn up in consultation with parents and all parties should sign on the back to give their agreement.

Post incident Management. Example Strategy

Life Space interview

Fritz Redl, an Austrian psychoanalyst, with his colleague David Wineman, developed the Life Space Interview (LSI). He saw crises (such as those involving restrictive physical intervention) as opportunities for the child or young person to learn new ways of behaving, provided that appropriate support was provided. It is important that this support is provided when the child or young person has calmed sufficiently to be able to reflect on what has happened – this may be as much as 90 minutes or more after the event has finished.

The process can be remembered through the acronym **I ESCAPE**

- I**solate the young person
- E**xplore the young person's view
- S**hare the adult view
- C**onnect with other events
- A**lternatives – consider the possibilities
- P**lan how the alternatives might be put into place
- E**nter the normal routine

Staff may choose to record the LSI process through the record forms below (boxes will need expanding). Staff will make a judgement about whether to record the discussions themselves or whether to allow the child or young person to record their view independently. In both cases, it is important to allow the child or young person an opportunity to sign the record form.

Life Space Interview – recording form

Setting:	
Name of Child / Young Person:	
Incident Date / Time:	
Signature of professional completing the form:	
Signature of Child / Young Person:	

Isolate the child or young person – into a neutral setting where it is possible to think and talk about what has happened. This has nothing to do with punishing, but with reducing the amount of distraction and stimulation, in order to maximise the chances of a helpful conversation. It will be important to allow the child or young person time to wash their face, and fix their clothes etc. before the discussion begins.

Use this space to briefly record how this was achieved and what was found to work well, or not so well, for future reference.

Explore the child or young person's view. This stage comes before sharing the adult view, as the child or young person will feel most willing to receive this after they feel that they have been listened to with respect and without interruption or correction. This involves listening to their perception of what happened, and trying to gain an understanding of why they chose the behaviour that they chose, the impact of the physical interventions and exploration by the adult of the younger person's needs/feelings. It's helpful to encourage the child or young person to reflect on whether they feel their choices were good. This may require considerable prompting and encouragement plus a high emphasis on active listening skills.

<p>Use this space to briefly record the child's perspective of the incident.</p>
<p>Share the adult view. The LSI process recognises that there will be more than one point of view. This is the stage for the adult to explain why certain courses of action were taken, the "reality rub-in" where the adult communicates their perception of events (in a supportive rather than punitive way). The adult identifies what they did to try to help the young person avoid physical interventions, and shares their views about how they interpreted and reacted to the situation. If there was more than one adult involved (including those involved as observers) it may be helpful to include those adults in the LSI process.</p>
<p>Use this space to record (bullet points) the adult perception, and responses to the incident.</p>
<p>Connect - with other events that the child or young person has managed well, or not so well, so that the child or young person can look for patterns that help make sense of what happened, and which offer hope of different solutions. It's helpful also to help the child or young person look for a connection between what they thought, how they felt, and what action they took.</p>
<p>Use this space to record any identified patterns of behaviour or links between thoughts/feelings and actions. These can be useful in the future in prompting/reminding a child/young person or in informing staff responses.</p>
<p>Alternatives - what other options are available to the child or young person if they face a similar situation again? It is helpful to include discussion about the child or young person's view of how adults can best support them in similar situations. This will offer an insight into the most appropriate "reactive strategies" for responding to difficulties in future.</p>
<p>Use this space to summarise alternative strategies explored.</p>
<p>Plan - by choosing the best option from the alternatives, and discussing what role the child or young person, and those around him or her, can have. How will new skills be taught and practised? How will the child or young person be rewarded and supported in following the plan? (There should be a clear link between these plans and any approaches recorded on individual behaviour plans.)</p>

Use this space to outline the plan agreed for the future, and how this will be communicated to others.

Enter the normal routine that the child or young person follows, at a time when it is easier to re-join the group, such as at the end of a lesson, or after break time. Support the child or young person in managing the consequences of their behaviour.

De-escalation and Diffusion Strategies for Behaviour Management based on some of those used by Team Teach / Proact-Scipr-UK®

The schedule below offers a combination of strategies based on those promoted by both Team Teach and Proact-Scipr-UK®. It offers a staged model for recognising and responding to an escalation of challenging behaviour. It is intended for guidance only as the plan for each individual child / young person should reflect his/her own individual pattern of behaviour, needs and those interventions identified as being successful over time. This can be used in to help inform the risk reduction plan (appendix E)

Stage 1 Anxiety / trigger	
Low level behaviours may include:	Low level staff responses
<ul style="list-style-type: none"> • Child/young person shows signs of anxiety • Hiding face in hands or bent over / under table • Pulling up collar or hood • Rocking or tapping • Withdrawing from group • Refusing to speak or dismissive • Refusing to co-operate • Adopting defensive positions 	<ul style="list-style-type: none"> • Read the body language • Read the behaviour • Intervene early • Communicate – offer help • Use appropriate humour • Display calm body language • Talk low, slow and quietly • Offer reassurance – including positive physical prompts • Assess the situation and consider the environment • Divert and distract by introducing another activity or topic
Stage 2 Defensive / escalation	
Medium level behaviours may include:	Medium level staff responses
<ul style="list-style-type: none"> • Child/young person begins to display higher tension • Belligerent and abusive • Making personal and offensive remarks • Talking louder – higher – quicker • Adopting aggressive postures • Changes in eye contact • Pacing around • Breaking minor rules • Low level destruction • Picking up objects which could be used as weapons • Challenges – ‘I will not ... you can’t make me’ 	<ul style="list-style-type: none"> • Continue to use Stage 1 responses • State desired behaviours clearly • Set clear enforceable limits • Offer alternatives and options • Offer clear choices • Give a get out with dignity • Assess the situation and consider making changes to the environment to make it safer and to summon help • Guide the child/young person towards safety
Stage 3 Crisis	
High level behaviours may include:	High level staff responses
<ul style="list-style-type: none"> • Shouting and screaming • Uncontrollable crying • Damaging property • Moving towards danger • Climbing trees, roofs or out of windows • Banging on or threatening to break glass • Use of objects as weapons • Hurting self • Grabbing or threatening others • Hurting others (kicking – slapping – punching) 	<ul style="list-style-type: none"> • Continue to use Stage 1 & 2 responses • Make the environment safer • Move furniture and remove weapon objects • Guide assertively – hold or restrain if absolutely necessary • Ensure face, voice and posture are supportive not aggressive • Send for help / consider change of personnel to defuse situation, if possible and appropriate • Consider making changes to the environment to defuse and de-escalate

Stage 4 Recovery	
Recovery behaviours may include: Please note the recovery phase can easily be confused with the anxiety phase	Staff recovery responses
<ul style="list-style-type: none"> • Child/young person may sit quietly in hunched position • The difference is that they may revert to extreme anger without the build up associated with the normal escalation in stage 2 	<ul style="list-style-type: none"> • Support and monitor • This may not be a good time to touch as touch at this phase can provoke a reversion to crisis • Give space • Look for signs that child/young person is ready to talk • Consider the environment
Stage 5 Depression	
Depression behaviours	Staff responses to depression
<ul style="list-style-type: none"> • After a serious incident child/young person can become depressed • They may not want to interact but need support and reassurance 	<ul style="list-style-type: none"> • Support and monitor • Respond to any signs that the child/young person wants to communicate • Show concern and care but do not attempt to address consequences of the incident at this stage
Stage 6 Follow up	
Listening and learning	Staff responses during and following debrief
	<ul style="list-style-type: none"> • When the child/young person has had time to calm down find a quiet neutral place in which to meet with the child/young person to debrief • Follow up any disciplinary or restorative issues • Review Risk Reduction / Care Plan to consider how to avoid similar events in the future • Communicate with child/young person in manner appropriate to their age, understanding and development • Report, record and review

Links to Current Guidance

Last updated May 2013

Use of reasonable force

<http://www.education.gov.uk/aboutdfe/advice/f0077153/use-of-reasonable-force>

April 2013

Use of reasonable force: Other physical contact with pupils

<http://www.education.gov.uk/aboutdfe/advice/f0077153/use-of-reasonable-force/other-physical-contact-with-pupils>

September 2012

Behaviour and discipline in schools. A guide for head teachers and school staff

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00026-2012>

March 2012

Getting the simple things right: Charlie Taylor's behaviour checklists

<http://media.education.gov.uk/assets/files/pdf/c/charlie%20taylor%20checklist.pdf>

October 2011

Dealing with allegations of abuse

<http://www.education.gov.uk/aboutdfe/statutory/g0076914/dealing-with-allegations-of-abuse>

April 2013

Pupil behaviour in schools in England

<https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR218.pdf>

June 2012

Statutory Framework for the Early Years Foundation Stage

<https://www.education.gov.uk/publications/eOrderingDownload/EYFS%20Statutory%20Framework.pdf>

Sept 2012

Supporting Families in the Foundation Years

<http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/early/a00192398/supporting-families-in-the-foundation-years>

April 2012

Children's Views of Restraint

<http://www.ofsted.gov.uk/resources/childrens-views-restraint-2012>

Dec 2012

Appendix I

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DfE 2011: Dealing with Allegations of Abuse against Teachers and other Staff: 2011.

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bodies.<https://www.education.gov.uk/publications/eOrderingDownload/Use%20of%20Reasonable%20Force%20-%20Advice%20for%20Head%20teachers%20staff%20and%20governing%20bodies.pdf>

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