



Whiston Junior and Infant School

Part of White Woods Primary Academy Trust



'Roots to Grow and Wings to Fly'

Positive Behaviour Management of Children and Young People Policy Overarching Policy

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Positive Behaviour Management Policy adapted from RMBC Model Policy for Whiston Junior and Infant School

School Aims

The school aims to provide quality education for children between four and eleven years of age. Our aim is to provide high standards of teaching and learning through:

- A rich, broad, balanced and creative curriculum which sustains the engagement of all learners.
- Operating an environment which is safe, healthy, caring and supportive for everyone.
- Encouraging self-reliance and pride in all achievements.
- Developing learning skills and a love of learning, including the ability to question, enquire and be independent in their approach to learning.
- Promoting the development of tolerance and respect for others, regardless of race, creed or gender and ensure that all learners have equality of opportunity.

Context Specific Procedures

Name of Context Specific Guidance	Setting Covered
Positive Behaviour Management of Children and Young People in School and Educational Settings	School and Educational settings including Pupil Referral Units, and School Governors
Rotherham Young People's Services Positive Behaviour Management Policy	All services provided by the Young People's Service
Positive Behaviour Management of Looked After Children and Young People	All Looked After Children including those in Residential Care and Foster Care

Introduction

Whiston Junior and Infant School takes seriously its responsibility to protect and safeguard the interests of all children within school, and is committed to ensuring that the child and young person's wellbeing is paramount (Core Principle in Children and Young People's Plan 2007-2010). All work undertaken with children and young people will contribute to achieving their full potential with regards to the five Every Child Matters outcomes of; Being Healthy, Staying Safe, Enjoying and Achieving, Making a Positive Contribution and Achieving Economic Well-being.

It is acknowledged that some children we work with can sometimes present challenging behaviour. We will work towards ensuring that all work undertaken with children is carried out safely, and that both staff and the children we work with alike will be supported in this.

Positive Behaviour Management Mission Statement

Whiston Junior and Infant School is committed to working in partnership with all the children we have contact with, in order to develop a culture of valuing others.

Scope of Policy

All staff whether paid or voluntary, have a duty to keep children and young people safe and protect them from physical or emotional harm. This policy covers all staff. It provides an overarching approach to the positive management of challenging behaviour which should be used by all staff working directly with children, up to the point of requiring restrictive physical intervention (including restraint). **All staff/carers should therefore make themselves familiar with the Policy, irrespective of the role within which they work (pages 2-25 of this document).** Guidance on the use of restrictive physical intervention, and some additional guidance, may vary depending on the context of the work being undertaken, and staff must be familiar with and understand, the procedure which is appropriate to their setting. Context specific procedures and the setting to which they apply, are outlined on page 26.

Purpose of Policy

This policy and the accompanying context specific procedural guidance is intended to provide staff with the following information:-

- How to prevent challenging behaviour by children and young people,
- How to de-escalate situations where challenging behaviour could be displayed
- How to work appropriately with children when challenging behaviour is being displayed.
- When Restrictive Physical Intervention can be used.
- How to support staff in dealing with potential and actual challenging behaviour.

The Policy and Procedure are not intended to instruct staff on how to implement restrictive physical intervention, as this can only be done through specialist training.

Legislative Framework

This Policy and Procedure draws from the following main pieces of legislation;

- Education and Inspections Act 2006 (Part 7)
- The Children Act 1989 and 2004
- The Care Standards Act 2000
- Children's Homes Regulations 2001 (section 17)
- Health and Safety at Work Act (1974)

Further details of these pieces of legislation, and additional legislation can be found in Appendix 1.

Ethos/Values

This Behaviour Management Policy is based on a number of precepts:

- A service that treats everyone with respect and tries to understand and meet their needs and wishes will provoke less challenging reactions.
- Children do not want to live in a climate of violence or threat of violence, and staff do not want to work in this type of work environment either.

- All challenging behaviour should be acknowledged and positively tackled in order to help the child gain self-respect, to make a valued contribution to the community or to develop their independence skills.
- Prevention and de-escalation techniques, including the use of risk-assessments, will always be used to positively manage challenging behaviour. Use of restrictive physical interventions is always a **last resort**.
- Whiston Junior and Infant School will ensure that staff will receive appropriate levels of support and training in order for them to manage challenging situations as they arise during their working time. Equally, staff can expect support and de-briefing following incidents of particular concern.
- Staff will always endeavour to work anti-oppressively with children, and to positively challenge discrimination, in order to create an environment in which everyone is respected.

Reference to parents/carers covers all those with Parental Responsibility for children and young people.

Challenging Behaviour

What is Challenging Behaviour?

For the purpose of this document, behaviours that pose significant risks to the person displaying the behaviours or to those around them will be considered to be challenging behaviours.

Examples of challenging behaviour:-

- swearing or yelling and screaming;
- name-calling or put-downs;
- physical force towards people: for example, pushing, shoving, elbowing or tripping;
- threatening to use physical force;
- ignoring, or using the 'silent treatment';
- teasing someone about a sensitive issue – a physical trait or family history; or
- invading someone's personal space – trespassing into someone's space, reading someone's private diary or purposely standing too close to them.

Examples of excessively challenging behaviour:-

- harming others physically, using their physical strength to overpower others
- bullying - including using taunts, threats and intimidation to make other people fear them – be they verbal, physical or cyber (including incidents of a homophobic, racist, sexist or ableist nature - anti-disability)
- spreading damaging rumours about someone else
- purposely destroying someone else's property and belongings
- stealing and the destruction of school property
- harming her/himself with self-cutting, self-harm or a suicide attempt; or sexually abusing another child

Some children may have learnt that challenging behaviour works when trying to get their own way. Staff should endeavour to show clearly that the unacceptable behaviour will not be rewarded.

Causes of Challenging Behaviours

There are many causes of challenging behaviour. However, it is important to understand that feelings drive behaviours. The feelings behind challenging behaviours can include:

● Physical pain	● Frustration
● Emotional pain	● Loss
● Fear	● Powerlessness
● Anger	● Grief

Challenging behaviour may be caused by a number of factors, including:

- Temperament
- Language delay
- Developmental delay
- Disrupted relationships
- Specific disabilities or conditions e.g. ASD, ADHD
- Parental management techniques
- Family history of abuse or neglect
- Prejudice, oppression, discrimination and labelling
- Learnt behaviour
- Alcohol or other substance misuse
- Major changes or transitions

“Challenging behaviour” is often a reaction to challenging environments.

Risk Assessment

Risk assessments help to improve working practices and make the environment a safer place for children/young people and carers. The risk assessment is a formal and systematic process which may be applied to practice and procedures as well as the work environment. Children and young people themselves should also feature as part of the risk assessment. Although they may come in many different formats, risk assessments consist of a series of stages as set out below.

- (a) Collate information: it is important to gain as much information as possible regarding the risk to be managed.
- (b) Identify the hazards: what could happen and to whom or what
- (c) Assess the level of risk: taking into account the likelihood of something happening and the impact if it did.
- (d) Consider any cultural factors including language and religion.
- (e) Develop strategies: to reduce or eliminate the risk.
- (f) Review and update.

Staff will follow school procedures to record incidents and will then reflect on risk assessments in place, alter if needed with the support of the Head Teacher.

Preventative Strategies

Prevention is always better than cure. Protective factors can be identified that may reduce the likelihood of challenging behaviour:-

- **get to know each child well:** a strong relationship based on trust and respect is one of the most effective preventative measures.
- **involve the child:** in decisions about their care and about reasonable limits, appropriate to each child's age and understanding.
- **teach by example:** model respect for children and for each other in all of your work.
- **encourage good behaviour:** notice and respond when children are being helpful, constructive, friendly or just quiet and co-operative.
- **be consistent:** as far as possible, set consistent limits within the setting and find out about the limits the child is used to at home and elsewhere. Plan together with others involved with the child: parent/class teacher/SENDCO.
- **avoid or change the situation:** when children find certain situations difficult, it may be possible to avoid the situation completely for a time, or to change the situation so that the child/young person can cope with it more easily.
- **plan transitions:** transitions are a very common focus for challenging behaviour (e.g. arriving, leaving, changing activity, changing year group or school). Learning to predict and cope with transitions is a useful skill to teach children/young people.
- **involve the child/young person in developing a framework or code of conduct** for getting on with others and in resolving disputes. This should include agreeing appropriate rules and the preferred means of resolving issues - **Whiston 5 Ws**.
- **share information about known challenging behaviours:** Risk assess, be prepared and make plans to respond accordingly. Challenging behaviours are often foreseeable.
- **Seek help/advice:** seeking help is sensible.

Conflict Management and De-escalation Strategies

In many situations violent incidents develop because staff fear losing “face” or control. As a consequence they respond confrontationally to low level challenging behaviour. The situation escalates because neither participant can back down without compromising their status or self-esteem. When things are difficult and conflict arises, staff are advised to use these conflict management techniques which are appropriate in the early stages of the Cycle of Challenging Behaviour (see Appendix 2, pg 23):-

- **focus on the primary behaviour:** avoid being distracted or drawn into secondary behaviour issues.
- **check your own reactions:** with children who are often challenging it becomes easy to under or over react. It is important to think clearly and carefully about what is acceptable and unacceptable.
- **call them by their name, and use “I” and your own name.**
- **use the opportunity for the child to learn:** try to encourage a positive alternative to “bad” behaviour - i.e. “let's do this” rather than “don't do that”. Encouraging incompatible behaviours can be a very effective strategy, e.g. you can't run around if you are sitting still; you can't bang your head if your hands are busy; you can't hurt someone if you are being very gentle.
- **try to avoid head-on conflict:** try distraction or compromise - usually it is worth defusing situations if you can, stop them escalating.
- **make a distinction between a child and their behaviour:** make it clear that you will go on caring for the child whatever they do, and recognise that their behaviour is not a personal affront to you.

- **encourage children to find a way out of difficult situations:** make sure the child can escape from a confrontation without losing face, and make sure there are gains in getting out of conflicts.
- **think carefully about punishments:** it is known to be one of the least effective strategies for changing challenging behaviour. If you have to use sanctions, make them immediate, fair, and reasonable - ideally agree them with the child and your team in advance.
- **use appropriate language:** expect compliance but don't provoke confrontation and avoid arguments.
- **be clear:** children need to be aware of what is expected of them. Problems often occur when expectations are unclear or unreasonable. Remind the child of the rules and boundaries – request compliance.
- **offer appropriate choices and warn of consequences** – without threatening feelings.
- **try to understand their perspective:** Show that you are listening and try to reach partial agreement. Challenging behaviour is usually the symptom of a problem and not the problem itself.
- **recognise their feelings:** it might be unreasonable to kick or bite or scream, but it is not unreasonable to feel cross or unhappy: help the child find acceptable ways to express their feelings.
- **offer reassurance:** tell the child that he or she is safe. Adopt a calm body posture but remain alert to danger.
- **encourage them to sit down** and **then** sit down yourself so as not to intimidate but avoid feeling vulnerable.
- **ask for objects to be put down** – not handed over and know how to summon help in an emergency.
- **warning a child:** wherever practicable, that force may have to be used, before using it.
- **follow decisions through:** don't make threats you can't carry out and don't go it alone: ask for help or ideas or advice, or just talk things over with someone.
- **stay with a distressed child:** don't leave a child alone when they are upset unless you are sure they are safe, and only use "time out" where this has been agreed as appropriate for that child.
- **remove the audience:** where practical and possible to help diffuse a situation. Realise this could be you if you have become the focus of the other person's escalating anger/fear/upset etc. By withdrawing you may give the person the opportunity to regain some control.
- **acknowledge your mistakes/apologies:** show genuine concern for a person's situation.
- **stay calm:** be aware of your own body language; use open gestures. Shouting across a room may upset other children; consider the impact of a quiet word with a child later.
- **keep your own self control:** get help, or walk away from a situation if you feel you are at risk of losing control.

The Team-Teach Training organisation summarise the above in its acronym **CALM**

Communication - stance – posture – gesture - facial expression - intonation. 80% of communication is non-verbal

Awareness and assessment – reading behaviour – anticipating what might happen next – knowledge of Handling Plans

Listening – give time and space – allow pauses for take up time – give them a way out

Making space – objects, hotspots – safety responses

It is very unusual for challenging behaviour to be targeted on an individual because of dislike or any wish to harm that member of staff. Therefore, although it may seem personal at the time, this is not the case and the response to the incident should be calm and controlled.

When trying to stay calm staff should:

- Keep breathing! Deep breath in and slowly out.
- Drop your shoulders and use open hand signals – palms down.
- Stand at a slight angle to the person and maintain your distance.
- Do not show that you are afraid - even if you are - tell yourself that you can deal with this.
- Request the behaviour you want or want to stop e.g., "I am asking you to stop shouting at me – thank you".
- Do not smile, it may be seen as patronising or that you think the person's problems/feelings are funny.
- Avoid sending any aggressive signals. If you appear aggressive you will be more likely to be attacked.
- Be assertive: assertiveness involves negotiation, co-operation, communication and trust. It is working towards positive outcomes, making your rights and feelings a priority, while not infringing the rights of others. Assertiveness is not about getting your own way. It is not about winning and losing.

The Identification of Warning Signs

Generally those presenting challenging behaviour initially begin by using attack gestures. By learning to identify these signals you give yourself a significant advantage.

Warning signs include:

- Direct prolonged eye contact
- Facial colour deepens
- Head goes back
- Standing tall to maximise height
- Kicking the ground
- Large hand movements close to you
- Breathing rate accelerates

Additionally the person may exhibit personal identification, where they indicate that you are the problem and as a consequence begin directing the aggression towards you. You should be aware that when you identify these signals, the person is becoming distressed or stimulated to the point where violence may occur.

This is the time to make a space between you and the person, or even to make your exit.

The Identification of Danger Signs

Danger signs are much more than warning signs. The person will begin to lose control physically. It is critical that you understand and recognise the signs as they indicate a strong possibility of attack.

- Fists clenching and unclenching
- Facial colour pales
- Lips tighten over teeth
- Eyebrows drop to protect the eyes
- Hands rise above waist
- Shoulders tense
- Stance changes from square to sideways
- Person breaks stare and looks at intended target area
- If you are out of reach, the final sign of attack will be a lowering of their entire body before moving forward

NB Some people can hide warning signs but very few people can cover up danger signs. Again, the time to make a space between you and the person, or even to make your exit is when there is a combination of two or three of these signals.

Staying Safe: Underlying Principles

These principles can help you avoid dangerous situations:

- Be aware of the policy and procedures on Staff Safety
- Put Staff Safety on the agenda for staff meetings and supervision
- Expect the best but be prepared for the worst
- Ensure that you have as much information as possible - risk assessment and planning
- Keep calm
- Don't back a child into a corner, develop a win-win situation with them to help them exit from the situation
- Develop your awareness - including self awareness
- Challenging behaviour can be understood
- Do not take it personally - or undermine their self esteem
- Challenge unacceptable behaviour at the beginning
- If in doubt - leave, or hand over to a colleague
- Work towards a shared responsibility
- Be realistic
- Make your own safety a high priority - don't look or behave like a victim

Safety Awareness

Practical Hints and Tips:

- Be aware of clothing or jewellery that can be grabbed, e.g. earrings, scarf.
- Be aware of items that can be used as weapons - scissors etc.
- Keep the person in sight at all times.
- Be professional - in your manner and in your dress.
- Do not touch an angry person.
- If sitting in an easy chair, do not sit back - it is difficult to get up in an emergency.
- If sitting at a table, sit sideways - so you can leave easily if necessary.
- Always make sure that a colleague knows your whereabouts.
- Move towards a safer place, avoid corners. Make sure your exit is clear.

A Flowchart of actions for an Escalating Incident can be found in Appendix 3 on page 24.

Violence to Staff

Should a member of staff suffer any injury (emotional and/or physical) a Violence to Staff Incident Report or Accident Report form should be completed, copied to the staff member and returned to the Emergency and Safety Section, RMBC. It is important that all staff are encouraged to report all incidents of violence to staff. Report forms are available on the CYPS intranet site and Rotherham Grid for Learning (RGFL).

Injury to Child or Young Person

Should a child or young person suffer injury as a result of any Restrictive Physical Intervention, then a "Report of an Accident to a Pupil/Young Person" form should be completed.

The Use of Reasonable Force

Staff should feel able to reinforce dialogue with actions such as standing passively in the way of a child person wishing to leave, placing a hand on the their arm, or holding the child/young person if he/she is highly distressed. These are acceptable, provided that their use is persuasive rather than coercive. Two types of intervention are identified, that can be used in this manner: physical presence (e.g. standing in the doorway); and holding.

(a) Use of Physical Presence

This refers to actions which reinforce a member of staff's authority or concern. At its simplest level, a staff member's presence in the room with children should be a deterrent to misbehaviour.

Acceptable measures can include standing in the way of a child who is ignoring instructions or losing control, and may be reinforced further, for example, by placing a hand on their arm. The effect of this may be to restrict a child's movement without the use of (forceful) physical restraint. This is acceptable only so long as the duration of this restriction does not extend, for example, into hours. It may be counter-productive if the child's anger or distress increases. Its effectiveness may depend upon the respect that the child has for the particular staff member.

The following principles apply to the use of an adult's physical presence:

- it must be likely to be effective by virtue of the overall authority carried by the staff member, and not simply his/her physical presence
- it must be used in the context of trying to engage the child in discussion about the significance and implications of his/her behaviour
- it should not be persisted with if the child physically resists. In this case a decision will need to be made about whether another form of intervention is justified.

(b) Holding

Small children may frequently be held for a number of reasons not directly concerned with control. There are also occasions when control can be maintained by holding a child in a manner which does not carry the force of physical restraint. A child may be successfully

diverted from destructive or disruptive behaviour by being led away by the hand, arm, or by means of an arm around his/her shoulder.

Children having an argument or a fight, which in itself is not likely to cause serious harm, but is nonetheless disruptive, may be successfully separated by being held firmly and guided away. A range of safe, non-intrusive holds of this nature are a clear part of the Positive Handling Strategies training such as that provided by BILD accredited providers such as Team-Teach or Effective Training Consultancy (ETC). Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the service user remains safe.

Staff may also use 'holding' techniques in order to cause something to happen e.g. to get a child to move away from a difficult situation. If staff judge that it will not make matters worse, they may firmly encourage a child to move away from a situation by placing a hand on their arm, back, or around their shoulders, and guiding them away. This is only likely to be successful if staff are sufficiently firm and decisive, and should not change to pushing/pulling.

Staff should adopt the following principles when dealing with children in this way:

- whenever possible, the staff involved should have an established relationship with the child and should explain to them what they are doing and why
- if the child forcibly resists or demonstrably objects, then 'holding' should no longer be used. Consideration should be given to other means of intervention, in consultation with other staff if circumstances permit.

Touching

This guidance is not intended to deter normal physical contact between staff and children. On occasions it may be necessary to use physical interventions to safeguard and control children, but for some youngsters physical contact may form an important element of their everyday care and education. For children with learning, physical or sensory disabilities, physical contact might be the primary means of communication, and staff may have to undertake intimate activities such as washing, cleaning or changing children.

Similar situations sometimes occur when working with very young children. Staff should feel able to express appropriate affection towards children and to provide comfort to ease a child's distress. However, the following guiding principles are suggested:

- staff will need to use their professional judgement but wherever possible it is recommended that two adults/members of staff should be present
- age and gender are appropriate considerations in deciding proper physical contact
- cultural factors will also be significant in determining unacceptable forms of physical contact

Where a member of staff feels that it would be inappropriate to respond to a child seeking physical comfort, the reasons for denying this might best be explained to the child. The child should be comforted verbally, as necessary if there are any concerns, staff should ascertain through discussion with the parents and other professionals, the significance for the child of physical contact with adults.

There may be some children for whom touching is particularly unwelcome. For example, some children may be particularly sensitive to physical contact because of their cultural background or because they have been abused. It is important that staff who come into contact with these children, should have the relevant information given to them. **Only in extreme circumstances of distress are children comforted by an adult, but always in the company of at least one staff member** e.g. if a child has been injured; if a child becomes significantly 'home sick' when on a residential visit. **Physical contact with children becomes increasingly open to question as children can become very vulnerable in certain situations, and staff should also bear in mind that even innocent and well-intentioned physical contact, can sometimes be misconstrued.**

If it is discovered that the child is not comfortable with physical contact, this should be taken into account and communicated to staff. Staff need to ensure they understand their role within school and fully comply with our Safeguarding Policy, Staff Code of Conduct and Whistleblowing Policy.

Support and Debriefing

Debriefing and support are different things. It is important that each is done but attempting to do both under the same umbrella can result in neither being addressed satisfactorily. Doing the right thing but at the wrong time can lead to as much if not more harm than not doing anything at all.

Debriefing should involve meeting with the member of staff and/or child, at a pre-arranged time, in a suitable environment. The member of staff and/or child should be allowed to retell the incident if appropriate, in a way that learning can be gained from the situation. The atmosphere should be supportive and the outcome should be recorded. Any good practice or good behaviour should be recognised in addition to any learning and areas for development.

Support should be given both immediately after the event, and over the medium and long term as necessary. Support can be provided in a number of ways and may range from making someone a cup of tea, to long term counselling, depending on the nature of the incident and the support required.

During the meeting:

- Do not be surprised if people react in different ways - we are all unique individuals
- Take the situation seriously
- Discuss incident in private
- Allow and acknowledge personal feelings in relation to the child
- Be prepared for unexpected feelings
- Give each other support
- Pre-agree level and manner of team feedback
- Consider local support i.e. Occupational Health, Stress at Work
- Be aware of the Staff Stress Management Policy

Recording and Reporting

The Education Inspections Act (2006 – part 7) states that all recording of Restraint must be in a bound book (where pages cannot be removed).

Transfer of Records

The transfer of records/reports about managing challenging behaviour is vital with regards to working with children and young people, and particularly with regards to Health and Safety e.g. Handling Plan, Risk Assessments. Important information may include any known triggers to challenging behaviour. All staff (including part-time and temporary staff) should make themselves familiar with any such information about children.

Training

For information on staff training, **see appendix 5**.

Children with Special Educational Needs and/or Disabilities

Children and young people with special needs and disabilities are potentially the most vulnerable in the system. They are vulnerable often in their lack of ability to express their needs to others, and in their lack of ability to protect themselves against abuse of all kinds. They have the same rights as other children to be treated as individuals with care, dignity and respect. Those exercising the power to use force **must** take proper account of any particular special educational need (SEN) and/or disability that a child person might have.

The nature and principles of therapeutic methods of intervention should be essentially the same for all children. However, the implementation of techniques used does differ. For example, children with communication difficulties and/or mobility problems will inevitably take longer to process and act upon verbal instruction. Staff should give time to allow the child to understand and act on what is being said.

Those children and young people who are identified as having Special Educational Needs and/or Disabilities will require appropriate plans/protocols, depending on the setting, and staff must be adequately briefed and trained to cater for their needs. It is imperative that methods are agreed and supported by all involved with the child, and included in their plan/protocol. Wherever possible, children should be involved in this process. Specific behaviour targets need to be shared meaningfully with the child.

Staff may need to add to existing risk assessments where it is foreseeable that Restrictive Physical Intervention is likely to be necessary to restrain a particular child. Such children need to be taught how to communicate in times of crisis and strategies to use in a crisis (such as using personal communication passports/time out cards and non-verbal signals to indicate the need to use a designated safe area or cool-off base) and ensure that staff are familiar with these strategies.

In the course of training and practice development, staff should be assisted to develop values which include always being prepared to question their own practices and motivation, e.g. "Am I intervening in order to prevent the child person from self-injury or injuring others or am I taking advantage of the fact that he/she is unable to confront or challenge me because of their special needs? Have I explained (in a manner that can be understood by the child) what I am intending to do and why?"

Restrictive Intervention

There must be a **written protocol** for each child with specific social, emotional and mental needs which includes:

- a description of behaviour sequences and settings which may require a physical intervention response
- the results of an assessment to determine any contra indications for use of physical interventions
- a risk assessment which balances the risk of using a restrictive physical intervention against the risk of not using a physical intervention
- a record of the views of those with parental responsibility
- a system of recording behaviours and the use of restraint using an incident book with numbered and dated pages, and any other recording appropriate to the setting
- previous methods which have been tried without success
- description of the specific physical intervention techniques which are sanctioned, and the dates on which they will be reviewed
- a description of staff who are judged competent to use these methods with this person
- the ways in which this approach will be reviewed, the frequency of review meetings and members of the review team

All the above information and protocols must be included in the child's individual care plan within their personal file. Procedures **must** be discussed with parents/carers and signed permission granted, **before** any restrictive intervention can take place, **unless it is deemed the only possible strategy to ensure the safety of the child or others around them e.g. first time behaviours are demonstrated. The use of restrictive intervention will need to be discussed with parent/carer, as soon as possible after the incident and then a report completed.**

Physically moving a child/young person

For some children with a physical impairment, it may be necessary in an emergency to physically move them from a situation by lifting and carrying, or pushing them in their wheelchair. In these situations, it is imperative to give the child notice of what is happening e.g. "I am going to help you move away from here until you are calmer".

It is also vital to maintain the child's dignity, e.g. their clothing does not ride up in the process and it is important to ensure that any form of rough handling is avoided.

Policy Links

This policy should also be considered in conjunction with the following RMBC policies:

- Behaviour/Discipline
- Health and Safety
- Anti Bullying
- School/setting Exclusions
- School/setting Attendance
- SEN
- Child Protection/Safeguarding
- Allegations against members of staff
- Teaching and Learning
- Drugs and Looked After Children

Glossary

Abbreviation	Title
ABC	Anti-social Behaviour Contract
ADHD	Attention Deficit Hyperactivity Disorder

ASD	Autistic Spectrum Disorder
BILD	British Institute for Learning Disabilities
CAF	Common Assessment Framework
DCSF	Department for Children Schools and Families
DFES	Department for Education and Skills
DoH	Department of Health
LDD	Learning Disabilities/Difficulties
OFSTED	Office for Standards in Education
PRU	Pupil Referral Units
PSP	Pastoral Support Programme/Plans
RPI	Restrictive Physical Intervention
SEBD	Social, Emotional and Behavioural Difficulties
SEND	Special Educational Needs and Disabilities
SENCO	Special Educational Needs coordinator

Appendix 1: Legislative/Policy Framework

Across All Settings

Disability Discrimination Act (1995)

All school/settings must have their own policy (Secondary school/settings since December 2006 and Primary school/settings since December 2007) to reflect their key duties to their school/setting and community.

Under this Act school/settings have two key duties:

1. not to treat a disabled child less favourably, for a reason relating to his or her disability, than someone to whom that reason does not apply, without justification; and
2. to take reasonable steps to avoid putting disabled children at a substantial disadvantage to children who are not disabled (known as the reasonable adjustment duty).

Guidance on 'reasonable adjustments' duty can be found at:

Human Rights Act (1998)

This states that any actions involving a physical intervention must be “absolutely necessary”, and protects the rights of individuals to; privacy, protection from degrading treatment, liberty, and security, amongst others.

Health and Safety at Work Act (1974)

It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.

The Management of Health and Safety at Work Regulations (1999)

Places a duty on employers to assess and manage risks to their employees and others arising from work activities. Employers must also make arrangements to ensure the health and safety of the workplace, including making arrangements for emergencies, adequate information and training for employees, and for health surveillance where appropriate. Employees must work safely in accordance with their training and instructions given to them. Employees must also notify the employer or the person responsible for health and safety of any serious or immediate danger to health and safety or any shortcoming in health and safety arrangements.

Guidance on Restrictive Physical Interventions for People with Learning Disability, Autistic Spectrum Disorder, in Health, Education and Social Care Settings. DoH/DfES Joint Guidance (2002)

Provides guidance for all areas of service (inc. Health, Education and Social Care) concerning restrictive physical intervention by staff with service users (children and adults) in all settings. Although the title suggests that it only applies to people with a learning disability or autistic spectrum disorder it contains the clarification that it includes children with severe behavioural difficulties, and emotional and behavioural difficulties which result in them displaying extreme behaviour. For residential homes the guidance should be read alongside Permissible forms of Control in Children’s Residential Care (DoH 1993).

Definitions and distinctions. Distinctions are made between:-

- Non-restrictive Physical intervention and Restrictive Physical Intervention
- Physical intervention using bodily contact, mechanical devices or changing the environment.
- **Restrictive Physical Intervention (RPI)** – involves the use of force to restrict movement or mobility to control behaviour or to break away from dangerous or harmful physical contact.
- **Seclusion** - when a person is *forced* to spend time alone, (requires a statutory order unless in an emergency).
- **Time Out** – when a person is removed from a rewarding environment or activity as part of a planned behavioural programme.
- **Withdrawal** – When a person is taken away from a difficult situation possibly using reasonable force with someone remaining with the person until they have recovered.

The guidance also makes the distinction between:

- Planned intervention - recorded strategies based on a risk assessment.
- Emergency or unplanned use of force occurring as a response to unforeseen events

The guidance emphasises preventative strategies and acknowledges that the proactive use of restrictive intervention is sometimes in the best interests of the service user and could form part of a therapeutic strategy.

There is emphasis on strategies based on risk assessments and on judging whether the risks involved in employing physical intervention are lower than those of not doing so. Any intervention must be **proportionate** to **both the behaviour and the harm it may cause**.

Education Settings

Education and Inspections Act 2006 (Part 7) - aimed particularly at senior school/setting leaders i.e. Governors, Head Teachers, and staff who are designated as “lead behaviour professional” within a school/setting, though it is relevant **to all staff members and Governors and other educational settings**.

Replaces earlier guidance including DFES Circular 10/98, The Use of Force to Control or Restrain Child/young persons, provided by the National Strategies on school/setting behaviour and attendance policies and came into force on 1 April 2007. Some of these provisions, such as the statutory power to discipline are new while others re-enact or replace existing legal provisions. The Act clarifies and strengthens school/settings’ powers to discipline, reducing the risk of challenges to their disciplinary authority. Local Authority educational provision settings are advised to review their existing policies in the light of this clarification.

Part 7 (sections 88 to 111) makes changes to the framework for the discipline, behaviour and exclusion of children and young people in Local Authority maintained settings. Many of the changes emanate from the Report of the Practitioners’ Group on School/setting Behaviour and Discipline published in October 2005 (Steer Report). The guidance aims to help school/settings understand their overall legal powers and duties as regards establishing a school/setting behaviour policy and disciplining children and young people.

The new measures include:

- the legal right to confiscate inappropriate items such as mobile phones or music players;
- statutory powers to discipline children and young people who behave badly on the way to and from schools/setting, for instance when travelling on buses and trains;
- greater legal scope and flexibility in giving children and young people detentions, which may include after-school/setting and Saturday detentions;
- a legal duty on school/settings to make provision to tackle all forms of bullying;
- Strong emphasis on staff training in de-escalation strategies alongside physical intervention skills;
- No school/setting/setting should have a policy of - ‘No physical contact’ as the statutory power to use force is held by individual members of staff.

Screening and Searching of Child/young persons for Weapons: Guidance for School/Setting Staff DfES 2007 (Section 45 – Violent Crime Reduction Act 2006).

Although reasonable force may be used to search children and young people without their consent, there is a clear and strong emphasis that advises school/settings not to search a child where resistance is expected, but rather to call the Police. Guidelines came into force 31st May, 2007. Allied to the Education and Inspections Act 2006 (see above).

Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings DfES September 2006

Produced by the National Network of Investigation and Referral Support Co-ordinators.

Guidance on the Use of Physical Interventions for Child/Young Persons with Severe Behavioural Difficulties, September 2003 Ref. no: LEA 0264/2003

Provides clear practical advice for drawing up policies, as does the 2006 Use of Force to Control or Restrain Child/Young Persons Guidance.

Guidance on the Use of Restrictive Physical Interventions, July 2002 Ref. No: LEA/0242/2002

Applies wherever restrictive physical interventions are used. Provides joint guidance from the Department of Health (DoH) and DfES on how to provide safe services for people with learning disabilities and autism spectrum disorder – should be taken into account by all educational settings.

The Anti Social Behaviour Act 2003 introduced Parenting Contracts and Orders. These were amended under the Education (Parenting Contracts and Parenting Orders) (England) Regulations Full guidance can be found in the Local Authority Circular 59 'Exclusion of Child/young persons – Policies and Procedures or at www.dcsf.gov.uk/school/settingattendance/

There is separate legislation on the use of force by staff in Further Education Colleges. This guidance is available at:

www.aoc.co.uk/aoc/Members/health_safety/power_to_use_force/ptuf.pdf

The Control of Children in Public Care Interpretation of the Children Act 1989: Herbert Laming (1997) made it clear that staff should take steps to prevent children being placed at risk, suggesting that, on occasion, proactive steps need to be taken immediately to prevent a child from coming to harm later. Laming also suggested that "harm" should not be limited to physical injury, and that a reasonable parent would act to protect children from "moral harm" for example by preventing them putting themselves at risk by indulging in criminal behaviour.

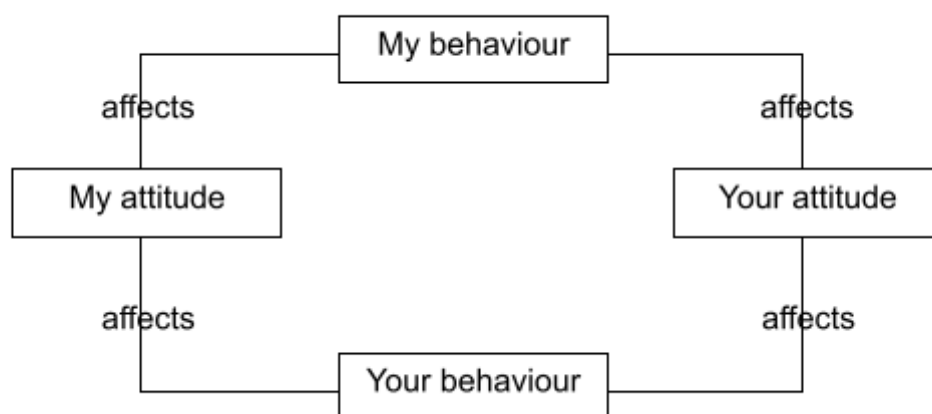
Appendix 2: Understanding the Cycle of Challenging Behaviour

Understanding challenging behaviour will help you deal with it more effectively.

There are five interrelated phases to the Cycle of Challenging Behaviour:

- (a) **The triggering phase** - All children have a normal or baseline set of non-aggressive behaviours. The triggering phase is the child's first behaviour which indicates a movement away from their baseline.
- (b) **The escalation phase** - The child's behaviour deviates more and more from baseline. Without intervention it becomes less amenable to diversion. The child becomes overly focused on a particular issue.
- (c) **The crisis phase** - As the child (and the member of staff) become increasingly physically, emotionally, and psychologically aroused, control over aggressive impulses lessens and directly assault behaviour becomes more likely.
- (d) **The recovery phase** - The child's high state of physical and emotional arousal can remain a threat for up to 90 minutes after the incident.
- (e) **The post-crisis depression stage** - the child regresses below baseline behaviour. Mental and physical exhaustion is common and the child may become tearful, remorseful, guilty, ashamed, distraught or despairing.

As human beings we mirror each other's behaviour: it is crucial that we avoid mirroring aggressive behaviour but **remain calm**.



Appendix 3 - Flowchart of Actions for an Escalating Incident

Incident of challenging behaviour

Use of conflict management techniques as appropriate

Be aware of child's body language

If a child displays warning signs then use de-escalation techniques

If a child displays danger signs then be aware of the underlying principles for staying safe

Respond to the behaviour assertively

If the situation requires the use of restrictive physical intervention:

- assess the situation
- anyone not involved should be asked to leave (other adults, children, young people)
- apply force safely using only the approved techniques
- do not attempt to restrain unless you are certain that you can achieve a safe restraint
- a member of staff finding him/herself alone with a child should not normally attempt to apply a restraint

Complete appropriate reporting procedures

Ensure Line Manager informed according to WHJI guidance

Inform the Police according to protocol



Whiston J & I School

RISK ASSESSMENT RECORD

Premises:

Work Activity:

Assessor(s):

Date:

Review date:

1. What could go wrong/factors to consider	2. Who might be harmed?	3. Control measures at present	4. Further action required (if any)

Reviewed by Head Teacher: 4.09.2022

Approved by the Full Governing Body: 4.10.2022

Review Date: 4.10.2025

Context Specific Guidance (RMBC)

Staff within the Children and Young People's Service work with children and young people in a variety of different contexts and settings. It is recognised that different strategies may be appropriate to these different settings, whilst being supported by the general principles outlined above. The table below shows the settings covered by the Procedural Guidance.

Name of Context Specific Guidance	Setting Covered
Positive Behaviour Management of Children and Young People in School and Educational Settings	Whiston Junior and Infant School and Educational settings including Pupil Referral Units, and School Governors
Rotherham Young People's Services Positive Behaviour Management Policy	All services provided by the Young People's Service
Positive Behaviour Management of Looked After Children and Young People	All Looked After Children including those in Residential Care and Foster Care

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