



SPRINGWOOD PRIMARY SCHOOL

Behaviour and Physical Intervention Policy

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Introduction

This policy incorporates the Royal College of Nursing Guidance (2014): Positive and Proactive Care; Salford's Safeguarding Children's Board Managing Challenging Behaviour Policy (2014) and the DFE policy 'Use of Reasonable Force' (July 2013). It supports the school statement of intent that we strive to provide a caring, structured learning environment in which all students can develop academically, socially and emotionally to their full potential and in which pupils and staff feel safe, secure and valued. The policy is supported by the aims and methodology of approaches described as "Management of Actual and Potential Aggression (MAPA)" and Positive Behaviour Support (PBS).

Rationale

The school acknowledges that our pupils may from time to time exhibit challenging behaviours that vary both in intensity and duration. Challenging behaviour is defined as

'Behaviour can be described as challenging when it is of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion'

(Royal College of Physicians, 2007)

In developing appropriate behaviour in our pupils, the school promotes the use of a range of techniques. It also acknowledges that some pupils' behaviour may be so severe as to require the use of reasonable force (see Section 550A of the Education Act 1996 and July 2002 Guidance on the Use of Restrictive Physical Interventions) to ensure both his/hers and others' physical well being. It is crucial to the successful management of these behaviours that staff work closely with parents /carers, other interested parties and the pupils themselves to ensure a consistent approach to behaviour management is implemented which actively develops each pupil's own ability to take responsibility for and control of his/her own behaviour. The approach used draws from school's own experience of "best practice" combined with the principles and practices of MAPA, British Medical Association (BMA) approved Moving and Handling principles and the Department for Education 'Use of Reasonable Force' guidance July 2013.

Springwood Primary School has an Approved Training Centre (ATC) agreement through the Crisis Prevention Institute (CPI) for the delivery of the MAPA® model. The physical interventions skills within the MAPA® model have been independently risk assessed and are compliant with BILD's UK National Physical Interventions Accreditation Scheme (PIAS). The MAPA® programme is a behaviour management system designed as a safe, non-harmful approach to assist staff in the management of a wide range of disruptive, challenging, aggressive, and violent behaviours, including the most acute behavioural disturbances and risk behaviour.

The MAPA® model consists of the following physical interventions 'physical holding and disengagement/ emergency responses':

- MAPA® Physical Holding skills form a hierarchy of restriction (low, medium and high). This hierarchy ranges from the least restrictive intervention that allows staff intervening to prompt and guide pupils; to an intermediate

restriction that allows movement whilst being held; to the most restrictive intervention whereby all movements are limited.

- MAPA® Disengagements/ Emergency Responses: The use of a physical intervention to gain a release from any holding situation whilst minimising pain or injury in situations in which the behaviour has been assessed as a low, medium, high or extreme risk to self and others

Aims

The aims of the policy are to:

- ensure a consistent, positive, person-centred approach for supporting pupils in modifying their own behaviour;
- ensure safe, effective practice in giving pupils physical support
- ensure safe, effective practice in the use of Restrictive Physical Interventions (RPIs)
- ensure that staff have appropriate training, support and reference to relevant theoretical frameworks, enabling their safe and ethical professional judgments around the use of supportive and restrictive physical interventions
- ensure that the use of supportive and restrictive physical interventions are appropriately planned, accurately recorded, transparent and consistent with the best interests of pupils
- ensure that the notions of positive behaviour and behaviour for learning are integral to the individual curriculum offer and educational experience of all pupils

Objectives

The objectives of the policy are to:

- promote a shared understanding of what constitutes good practice in responding to behaviour difficulties
- promote the highest possible standard of pupil behaviour
- ensure staff use consistent approaches which encourage pupils to develop their ability to manage their own behaviour, using Behaviour Support Plans that are regularly reviewed
- ensure that reinforcement of appropriate behaviour supports learning
- provide a clear overview of the school's approach to the physical management of pupils
- promote the positive encouragement of individual pupils by all relevant parties
- reassure young people and their families that the school is well informed regarding good practice with regard to the use of restrictive physical intervention
- ensure that when, as a demonstrable last resort, such interventions are required, that they are used and recorded in a transparent, legally valid and ethically stringent manner
- continuously assess and review all risks associated with the use of restrictive physical interventions
- highlight the training needs of staff in the use of restrictive physical intervention

Philosophy

In seeking to achieve these objectives the school recognises the importance of a commitment to promoting the spiritual, cultural, moral, academic, social and emotional development of the pupils in an atmosphere of mutual trust and respect. Springwood Primary School is committed to supporting all of our pupils to achieve the best possible outcomes that they can.

The philosophy and ethos of the school reflects respect for all pupils irrespective of their age, sex, religion or ethnicity and includes a clear set of values that are seen as important both within the school and the wider community. These include respect for all, for property and for honesty, trust and fairness. The school recognises that pupils are entitled to feel safe, cared for and free to learn and to know that they will receive appropriate praise, reward and encouragement to achieve their potential. However, if they or other pupils impinge upon this process, they need to be made aware that fair and proportionate consequences will follow. Within such an environment the school aims to ensure the growth of each pupil's self-respect, self-discipline and skills for self-regulation.

It is crucial to the maintenance of this ethos that all the staff recognise the importance of their leadership role and present positive models to pupils. They should not act in any way that is likely to destroy trust and/or respect. Therefore, staff should never act or comment in a way that lessens a child. Rather, they should set clear, appropriate and attainable goals for which pupils can be rewarded when they are achieved. Pupils should be helped to learn with the best possible knowledge of their rights and be encouraged to recognise and respond to their responsibilities. They should be assisted to show tolerance, empathy and understanding and to demonstrate, through their daily actions, a clear understanding of what is right and wrong.

In all of the above staff must collaborate with parents / carers for support and regular dialogue, to ensure consistent approaches, transparency and supportive methods are employed for the benefit of the pupils.

Contextualising behaviour, Bullying

Bullying is the wilful, conscious desire to hurt, frighten or threaten someone else. One essential prerequisite is that there is a perception from the bully about their imbalance of social / physical power over another.

Children with autism or other special educational needs can present challenging behaviour. This can be displayed to a range of people around them, including peers. There may be many different reasons for such behaviour including illness, anxiety and frustration. Some children with autism and other special educational needs may mimic physical acts they see from others or may view on television or social media but may not understand that such behaviour is unacceptable. Here, they are simply acting out what they have viewed.

Children with autism and other special educational needs can often seek reactions from others. Pupils at Springwood Primary School may do this in a number of ways: they may make noises, move items or hit/kick out. In such situations the child who is seeking a reaction will not necessarily have the perception of an imbalance of social

or physical power over their peer. School would not see this as bullying, more that the child is trying to gain a desired reaction.

Strategies used to promote positive behaviour

Generic classroom rules – these may be displayed in classrooms where they are meaningful; this may be in order for whole or small groups of pupils, or on a more individualised basis where appropriate.

Any person who comes into contact with a pupil or group of pupils for the first time, e.g. supply staff, is informed of what can happen and what strategies are in place to de-escalate situations that may occur for the pupils in the class they have been assigned to.

Supportive and Directive Strategies are those which are used when a pupil is displaying signs of challenging behaviour and consists of strategies used to defuse or de-escalate situations. Supportive Strategies are “an empathetic, non-judgment approach”; Directive Strategies are for “decelerating an escalating behaviour”.

Both Supportive and Directive Strategies are likely to be personalised and what constitutes “Supportive” for one individual may very well be regarded as “Directive” for another. Nonetheless, the Venn diagram in Appendix 1 gives examples of what may be typically be expected in either category.

A well-chosen word can sometimes avert an escalating crisis. When pupils are becoming angry, there is no point in getting into an argument. Telling people to calm down can actually cause more anxiety. Pointing out what the pupil has done wrong can make things worse. The only purpose in communicating with an angry person is to prevent further escalation. It is better to say nothing and take time to choose your words carefully than to say the wrong thing and provoke a further escalation.

Reactive Interventions may involve the use of **Supportive interventions (non-restrictive)** and/or the use of **Restrictive Physical Interventions (RPIs)**. These are the strategies that will be used if a pupil’s behaviour escalates into a crisis situation, and could include the following:

- Make the environment safe.
- Move furniture.
- Remove objects that can be used as weapons.
- Guide (with or without compliance)
- Hold or restrain as a last resort and ideally only when identified as an appropriate strategy on the pupil’s Positive Handling Plan (PHP).
- Change member of staff as needed.
- Remove pupils to a quiet space/safe area.
- Planned ignoring (for example, if accompanying a pupil to/in a quiet space/safe area).
- In a firm tone, repeat instructions (if appropriate to pupil)
- Complete cessation of verbal interactions (if appropriate to pupil)

The physical interventions that may be used with an individual pupil are listed within the Positive Handling Plan (PHP).

Behaviour Support Plans are discussed with parents / carers, at Parents’ Evening and Annual Review meetings, and some strategies may require parental support.

The Use of a Seclusion Room

The use of the seclusion room is only ever a last resort when there are no other safe options available; it therefore needs to be planned carefully around the needs of the young person. It should not be seen as a negative sanction but as a place of safety that allows the pupil to manage their own behaviour in a quiet place. Staff will be observing the pupil at all times. A seclusion room will only be used in exceptional circumstances to ensure the health and safety of pupils and staff, and must be agreed by both the SLT and the pupil's parents/carers. The use of the seclusion room for any individual young person is reviewed regularly to ensure that its use does not actually lead to further negative responses but helps the young person manage their own emotions in a safe manner. All seclusions are recorded on agreed paperwork and authorised by a member of the Senior Leadership Team.

Behaviour Support Plans (BSPs)

The majority of our pupils, respond well to specialist approaches related to their education. In the main, addressing how a child learns, communicates and interacts whilst giving consideration to their environment and allowing for consistency of approach, for most of our pupils it is sufficient enough to address any potential difficulties if challenging behaviour is exhibited.

There are however, occasions where even though these considerations are addressed, a child may require other elements of support. With this it may be deemed necessary for a child to have a Behaviour Support Plan (BSP). Within our school's suite of Behaviour Support Planning documentation, there are several layers of additional planning and support which are means-tested by the completion of a RAG colour coded Behaviour Risk Assessment (Appendix 2), one per pupil and at least once a year. These identify the level of risk in relation to our accepted definition of challenging behaviour. A copy of the RAG colour coded Behaviour Risk Assessment proforma can be found in Appendix 2.

The varying levels of support documentation likely to be required for individual pupils are broadly described in the table below:

All pupils	Pupils scored as presenting a moderate level of risk	Pupils scored as presenting a high level of risk	Pupils scored as presenting an extreme level of risk
Colour coded Behaviour Risk Assessment, specifying whether the pupil presents a risk	As all pupils and an additional Generic Risk Assessment (appendix 3)	As all pupils, including those presenting a moderate level of risk, plus a Positive Behaviour Support Plan (PBSP) (appendix 4)	As all pupils, including those presenting a moderate or high level of risk, plus a Positive Handling Plan (appendix 5)
IEP objective to support Positive Behaviour for Learning ; this is derived from the EHCP , the Annual Review process and the school's Holistic Audit of Need completed for each pupil			

The completion of a RAG colour coded Behaviour Risk Assessment should be regarded as an **indicator** of the level of Behaviour Support Planning that is required for a pupil. It should act as a starting point for discussion with colleagues, rather than as a hard-and-fast prescription. There may be pupils whose risk is scored as relatively low due to their identified behaviour not being likely to lead to **physical injury**; however, the risk may be greater in terms of their **personal dignity**, for example where the challenging behaviour may be the removal of clothing.

Risk assessments

Pupils who may present a **moderate** level of risk arising from their challenging behaviour have a risk assessment which highlights hazards, risks, control measures and, if required, further action. This document also draws attention to a **Positive Behaviour for Learning** objective which may also be found on their Individual Education Plan (IEP). A copy of the Risk Assessment proforma can be found in Appendix 3.

Positive Behaviour Support Plans (PBSPs)

Pupils who may present a **high** level of risk arising from their challenging behaviour have a PBSP. With this type of plan, the challenging behaviour being displayed by a pupil is such that further **consideration** needs to be made over and above those already in place for the general school population due to the frequency, intensity and sometimes the unpredictability of the behaviour. Set out clearly on this plan will be **Primary Preventative Interventions (Proactive Strategies)**, **Secondary Preventative Interventions (Supportive/Non-restrictive Strategies)** and **Risk Behaviour and Intervention (Reactive Strategies)**. Plans are written holistically so that staff gain an understanding of pupils' strengths, a **hypothesis** of the **function** of their challenging behaviour and the **Positive Behaviour for Learning** objective which may also be found on their IEP. A copy of the PBSP proforma can be found in Appendix 4.

Positive Handling Plans (PHPs)

Pupils who may present an **extreme** level of risk arising from their challenging behaviour have a **Positive Handling Plan**. This document specifies how a child's level of **arousal** may alter during incidents of behaviour and outlines clear strategies to use at each stage of their incident. This includes the use of any **Restrictive Physical Interventions (RPIs)** which may be necessary given the **duty of care** to the child held by each member of staff. A copy of the PHP proforma can be found in Appendix 5.

All levels of Behaviour Support Planning are:

- Read, understood and signed by all members of staff working with the child
- Shared with, read, understood, negotiated where necessary and signed by all parents/carers
- Reviewed regularly
- Kept in the classroom where they are easily accessible to staff but stored discretely in accordance with their sensitive nature

Incident recording

Springwood Primary School has chosen CPOMS as a programme to assist in the recording of behaviour across school. Due to the flexibility of this programme, we have been able to tailor it to the particular needs of the school so that behaviour can be viewed and reviewed in a way that is both clear and useful. When recording behaviour, staff do so from a selection of categories before being prompted to complete a proforma. In setting up CPOMS Springwood Primary School had selected the following behaviours as important to record

Behaviour towards self	Behaviour towards other	Behaviour towards objects
Bite self	Bite another	Bite object
	Dig nails in another	
	Headbutt another	Headbutt object
Hit self	Hit another	Hit object
	Kick another	Kick object
Pinch self	Pinch another	
	Push another	Push object
Scratch self	Scratch another	
	Throw at another	

Also included are the following;-

Removing clothes

Soiling

Urinating

Throw without clear direction

It is recognised that whilst the current list of behaviour are being monitored, this list is not exhaustive and new behaviour may be added in the future.

CPOMS differentiates between incidents of behaviour that occur at school from those at home and on transport (if reported) as well as indicating whether an incident involving behaviour is serious or non-serious.

This part of the incident report asks specific questions about what occurred during the behaviour. When completing this it is essential that the behaviour is described clearly. When completing an incident report relating to behaviour it is imperative that we **do not** make judgements and that we only describe.

- **Description** is recording precisely what you observed and/or heard, without giving an opinion about it
- **Judgement** is recording what you thought about what you observed and/or heard

Physical Touch: Supportive Guidance and RPIs

It is important to consider the use of physical interventions within the broader context of the use of physical touch.

“Physical touch” is an essential part of human relationships. School staff may well use touch to prompt, to give reassurance, to provide support in a curriculum activity, e.g. PE or in the provision of a care service.

In recent years, however, the subject of physical touch, and in particular the use of restrictive physical interventions, has become a focus of concern and staff understandably feel uncertain. This guidance is put in place to allow staff to provide interventions and/or support confidently and safely.

The main factor which distinguishes touch from physical intervention is the degree of force applied, the intention of the action and how the action is perceived by the person receiving it.

It is unrealistic to suggest that staff should touch a pupil only in emergencies. For some people touch can provide welcome reassurance or comfort in challenging or distressing circumstances. Equally, touching may also be appropriate when congratulating or giving praise.

Staff must, however, bear in mind that even perfectly innocent actions can sometimes be misconstrued and must, therefore, conduct themselves accordingly, using their professional judgement.

Staff will also need to bear in mind that there may be some people for whom touching is particularly unwelcome. This may be due to their cultural background, individual sensitivities or as a consequence of Adverse Childhood Experiences (ACEs), for example, having been abused. At Springwood, we have a system to ensure that staff are aware of these issues and that they have been informed on a 'need to know' basis. Practitioners are encouraged to constantly reflect on their practice and whether this is age, ability and gender appropriate and sensitive to religious and culture backgrounds.

Physical intervention is therefore not the only circumstance when there is physical contact between staff and children or young people. Staff should respond to people in a way that gives expression to appropriate levels of care and to provide comfort to ease distress.

Springwood endorses the appropriate and professional use of physical touch and support. However, it does not support inappropriate physical contact between staff and pupils. Staff need to ensure that any physical contact is not misinterpreted. To use touch/physical support successfully, staff will need to adhere to the following. It must:

- Be non-abusive, with no intention to cause pain or injury;
- Be in the best interests of the person;
- Reflect the educational, individual and social care needs of the person
- Be sensitive to an individual's personal history (including, if relevant, abuse or neglect) or preferences;
- Take account of a range of diversity issues such as gender and disability, culture, religion;
- Be consistent with the **Supportive** and **Directive** Strategies as described in the MAPA training programme (for example, to physically prompt a pupil to support a transition)
- Not respond or lead to expectations or anxieties of any form and should not become habitual
- Enable staff to respond sensitively to pupils seeking physical comfort, taking into account the pupil's age, emotional needs and any potential hazards that might be associated through close proximity, e.g. biting
- Be documented in an appropriate level of Behaviour Support Planning, **including where frequent physical prompting or guiding is likely to be needed**

- Be recorded using the CPOMS system, **including where physical prompting or guiding has been necessary**. Where this is likely to be required frequently for individual pupils, staff will be provided with a clicker counter in order to ensure records are accurate, transparent and prompt appropriate professional reflection

Furthermore, staff should not allow their own emotions to compromise a professional response. Where staff may be required to give some form of physical comfort to a pupil, they should take all reasonable steps to ensure transparency, for example, by alerting colleagues at the earliest available opportunity

Physical Interventions

Physical intervention is a very broad term that covers a whole range of actions. They can be generally categorised into two types:

Restrictive forms of interventions

Restrictive Physical Interventions (RPIs) involve the use of force to control a person's behaviour or to disengage from dangerous or harmful physical contact and can be employed using bodily contact, equipment or changes to a person's environment. The use of force increases the risks to the person and staff concerned and inevitably affects personal freedom and choice and so should always be a last resort.

Non-restrictive methods

The different forms of physical intervention are summarised below:

	Body contact	Equipment	Environmental change
Non restrictive	Manual guidance to assist a person walking Disengagements, e.g. deflect hit/kick; release grap/hold	Use of a protective helmet to prevent self injury	Removal of the cause of distress, for example adjusting temperature, light or background noise
Restrictive	Holding a person's hand to prevent them hitting someone	Use of arm cuffs or splints to prevent self-injury	Time out in another area

As well as defining physical interventions with the two categories above it is important to define that these interventions can be required in two distinct situations.

Emergency/unplanned	Use of force which occurs in response to unforeseen events. Examples may include preventing a person running off a pavement into a busy road or preventing a pupil hitting another. Following the use of an emergency/unplanned physical intervention, a record must be completed and staff must reflect on their previous completion of the colour coded Behaviour Risk Assessment and re-consider whether the level of risk has changed, leading to further Behaviour Support planning.
Planned intervention	Planned Intervention in which staff employ, where necessary, pre-arranged strategies and methods which are based upon a risk assessment and recorded in an appropriate level of Behaviour Support Planning. A record of the intervention must be completed.

The Restrictive Physical Management of pupils

The school ensures that all stakeholders are made aware of the school's policy on the restrictive physical management of pupils. This is discussed with parents / carers where the reasons for and the methods used to physically manage behaviour should be demonstrated where applicable. This should ensure that all concerned have a clear understanding of the school's approaches.

The school recognises that a pupil may on occasions be unable to control his/her own actions to such an extent that his/her behaviour meets the agreed criteria for a restrictive physical intervention to be implemented.

Restrictive physical intervention should never be used as a punishment and must only be used in line with agreed criteria and procedures.

"Restrictive Physical Intervention" is defined, in accordance with Section 550A of the Education Act 1996 as the application by a member of staff of a school of some degree of reasonable force in relation to a pupil for the purpose of preventing him/her from doing any of the following:

- The committing of an offence.
- Causing personal injury to or damage to the property of, any person (including the pupil himself / herself).

The school recognises that the use of force is only lawful if the circumstances of the particular incident warrant it. Further, it recognises that the degree of force used must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any force used should always be the minimum needed to achieve the desired result.

Clearly, it is important that when staff are dealing with potentially dangerous situations involving pupils, they should be mindful of their own safety and that of all the pupils for whom they are responsible.

Normally, only those members of staff who have been trained in the use of agreed techniques, i.e. for the academic year 2021-22 Team-Teach or MAPA, will carry out the restrictive physical management of pupils. The school has qualified trainers and a

full programme of relevant training, including MAPA and Moving and Handling. In addition, any techniques used should be in line with information contained in the pupil's Behaviour Support Planning documentation. The school has planned to train all staff to the appropriate level as soon as it reasonably can. Any member of staff who has not had the updated training is advised not to use restrictive physical intervention unsupported by a trained member of staff. However, there may be the necessity for any untrained member of staff to intervene on their own if there is a serious health and safety risk for the pupil him/herself, another young person or a member of staff involved.

A range of guides, prompts, disengagements and Restrictive Physical Interventions (RPIs) ranging from least intrusive to most intrusive

These provide a graded and gradual response aimed at intervening with the appropriate amount of reasonable force, including RPIs trained through the MAPA curriculum which range through low, medium and high levels of restriction. Restrictive physical interventions where 2 people are used will actually be deemed as a more restrictive hold. As the amount of restriction / number of people increases, so does the risk. Staff need to make a dynamic risk assessment based on the situation as to the level at which they are going to intervene and communicate with colleagues verbally and non-verbally as taught during their Team Teach or MAPA Training.

Before using restrictive physical intervention, the following key points should be considered in relation to any given situation:

- It is essential that the use of restrictive physical interventions is a last resort. Every effort must be made to look for effective ways of working with pupils which do not involve using them.
- Pupils' Behaviour Support Plans should set out clear strategies which should be followed.
- The circumstances in which the use of force is appropriate can include those where it is imperative that pupils comply with instructions for example to stop hitting another pupil or damaging property, or not leaving the room when repeatedly asked to do so and if there is a risk of injury to the pupil.
- In the overwhelming majority of cases, staff should first give pupils the opportunity to comply through the application of appropriate Supportive and Directive strategies. The issue is not about whether staff can ever enforce compliance but rather in which circumstances it would be reasonable to do so.
- In most cases, force will not be justified in order to obtain compliance because other strategies will work or the issue is not serious enough to demand it.
- In summary, any physical intervention needs to be reasonable, necessary, proportionate and recorded

Once the risk of harm has dissipated, any restriction must reduce until such time that the intervention can end. It is not necessary for a pupil to return to a point of calm before an intervention can cease. Using a risk analysis approach, staff should continually assess the risks associated with continuing the application of a restriction against the risk of ending the intervention. There may be occasions where it is reasonable to end an intervention whilst a pupil remains angry or agitated where the

risks can be managed by non-restrictive means. Continuing to hold a pupil until they reach a point of calm may prolong the period of time that the pupil is held to an unreasonable level or agitate the pupil and, therefore, prevent the pupil from regaining self-control.

Whilst the use of restrictive physical intervention is generally deemed to be the last resort, there are circumstances where this will not apply. Records of incidents involving particular pupils will sometimes show that there are set patterns to their behaviour which, if unchecked, will lead to it becoming dangerous to themselves or others. In these circumstances, it could be reasonable to exercise a restrictive physical intervention at a relatively early stage. However, in such cases Behaviour Support Planning will describe the learning aims that have been devised for the pupil, in order to circumvent this need for early physical intervention over the longer term. Such planning will always be discussed with, supported by and monitored by the school's Senior Leadership Team (SLT) in their capacity as Designated Safeguarding Leads (DSLs).

To ensure that the planned early use of intervention is only ever used when justified, records of incidents are regularly reviewed and used to inform the support and management strategies for the pupils concerned. Such a use of force may include staff physically preventing a young or an upset child from running out onto a busy road.

School, in line with the requirements laid out in Salford's Safeguarding Children's Board's Policy on Managing Challenging Behaviour, maintains a register of young people whose behaviour support plans indicate that restrictive physical management may be used. This register is available for inspection by any regulatory body and can be scrutinised by governors at any time.

All incidents requiring any level of physical intervention are recorded and monitored. The school keeps detailed, written reports of all incidents where any form of physical management is used. Where frequent low level of interventions are required with identified pupils, staff are supported to use clicker counters to ensure records are accurate and transparent.

The Assistant Head Teacher with responsibility for Behaviour and Welfare maintains records of all restrictive physical interventions used. These are available for scrutiny by Governors and other stakeholders from the Local Authority, should they be required. The LADO is responsible for investigating any safeguarding concerns relating to the use of restrictive physical intervention as outlined in Salford's Positive Behaviour Support Policy 2011.

Over the course of the 2021-2022 academic year, the school's use of CPOMS as a recording tool for incidents is to be adjusted so that the monitoring, analyses and reporting of interventions can be undertaken more succinctly. The data gleaned from this, in addition to informing whole school approaches to CPD and training, will also be shared with Governors and other Local Authority stakeholders to scrutinise.

Help Protocols

The expectation at school is that staff should support one another. This means that staff offer help and accept it, as needed. Help does not always mean taking over. It may mean just staying around in case you are needed, getting somebody else or looking after somebody else's group. Help scripts are in place so that there is no confusion when help is offered and accepted.

Offer: "Help is available"

Response: "You can help by"

Offer: "More help is available!" (*This indicates that the colleague will now take over the support of the pupil who is struggling*)

Staff Training/Authorisation of Staff

Continuous Professional Development (CPD) in the pro-active management of challenging behaviour is offered to all staff on a continuous basis. School will always work towards a reduction in the use of restrictive physical management, keeping up to date with the newest pedagogical research.

Staff will be authorised to use restrictive physical interventions when they have been fully trained and have valid certification, latterly in the Team Teach approach and, as we move through 2021-22, in the use of MAPA. The school provides training for all authorised staff and the Assistant Head Teacher retains a list of all those staff trained and authorised. The list is reviewed on an annual basis (or more frequently if the context requires it).

Authorisation is not given to volunteers, students or parents. Supply staff will not appear on the list of authorised persons unless they can offer valid certification in the Team Teach or MAPA approach and are familiar with the school's policy. Support services will have their own policies for handling pupils, but they need to be aware of school policy and practice while working within school.

Training in the use of restrictive physical interventions will be made available for all staff as part of an on-going programme of MAPA training. This training will include sections on the current legal framework, background, theory and rationale behind the Team Teach / MAPA approach, as well as an understanding of key MAPA principles, before any physical techniques are taught, for example:

- Care, Welfare, Safety and Security
- Position, Posture and Proximity
- Proxemics, Kinesics and Haptics

Refresher training will be provided for staff as needed (at least annually).

MAPA techniques seek to avoid injury to the pupils but it is possible that bruising or scratching may occur accidentally. These are not to be seen necessarily as a failure of professional technique, but as a regrettable and infrequent side effect of ensuring that the pupil remains safe. All forms of restrictive interventions involve a degree of risk. However, it is essential that all staff discharge their duty of care so that no action or omission on their behalf knowingly or negligently causes harm to others and so far as reasonably practicable, the safety of everyone involved is maintained. If an injury does occur, it is essential that appropriate medical attention is sought immediately and that the nature and the cause of the injury is clearly documented.

If there are concerns as to the nature, cause or frequency of injuries to a pupil or staff, a specific review of events may be required. If staff have concerns regarding the welfare of pupils, staff should follow the School's Safeguarding Policy.

Post Physical Intervention Procedures

As soon as is reasonably possible after an incident, staff need to complete a record using CPOMS, (normally prior to leaving school for the day but definitely within 24 hrs). **Parents must be informed on the same day.**

The record of the restrictive physical management of the young person will indicate:

- The names of the staff and the pupil involved
- Where applicable, the reason for using the specific type of restrictive practice (rather than an alternative less restrictive strategy)
- The type of intervention employed
- The date and the duration of the intervention
- Whether the pupil or a member of staff experienced injury or distress, and if they did, what action was taken
- The outcome of the debrief session, including any changes which need to be made to the pupil's Behaviour Support Planning

When both the staff member and the pupil are ready, they can discuss the incident and future strategies, where appropriate. It may be decided that the Behaviour Support Plan needs to be reviewed to cover additional behaviours or to include alternative strategies. MAPA training supports school staff to effectively undertake Recovery work with pupils using appropriate Restorative Approaches, including Restorative Conversations where appropriate. Springwood is committed to exploring alternative models of supporting Recovery and Debrief for our pupils, for whom there are specific challenges arising from their complex additional needs.

When a restrictive physical intervention has been used, it must be reported to the pupil's parents / carers before the pupil goes home. Where possible, parents / carers should be contacted by telephone as soon as possible after the incident, before confirming details in writing. The written report should tell them when and where the incident took place, why it was decided that a physical intervention had to be used, the strategies used to try to avoid having to use a restrictive physical intervention, what physical interventions were used, whether there were any injuries and what follow up action (support and/or disciplinary) was being taken in relation to their child. The proforma for recording is laid out within the CPOMS form for behavioural incidents.

The Assistant Head will ensure that each incident is reviewed and investigated further as required. If further action is required in relation to a member of staff or a pupil, this will be pursued through the appropriate procedure:

- Review of Behaviour Support Planning documentation.
- Child Protection Procedure.
- Staff or Pupil Disciplinary Procedure.
- Exclusions Procedure.

The member of staff will be kept informed of any action taken. In the case of any action concerning a member of staff, he/she will be advised to seek advice from his/her professional association / union.

Complaints

The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them. Any complaints about staff will be investigated through the school's complaints policy. If necessary, the complaint will be dealt with by the School's Complaints Procedure, Staff Disciplinary Procedures and/or Child Protection Procedures.

Evaluation

This policy shall be reviewed annually and revised in accordance with changing need and local / national initiatives.

Appendix 1 – Venn Diagram of typical Supportive and Directive Strategies



Appendix 2 RAG RA



Risk Assessment: Behaviour

Name of Pupil:

Class Group:

Date of Assessment:

Areas of Risk			
Risk Behaviour	Likelihood Score	Impact of Harm Score	Overall level of risk.

Likelihood Score X Impact of Harm Score = Overall level of Risk

Likelihood	Impact of Harm				
	1	2	3	4	5
1					
2					
3					
4					
5					

	Low Risk (1-3)
	Moderate Risk (4-6)
	High Risk (8-12)
	Extreme Risk (15-25)

Is a Risk Assessment needed (Moderate)?
 Is a Positive Behaviour Support Plan needed (High)?
 Is a Positive Handling Plan needed (Extreme)?

Guidance for filling in scores:

Score	Likelihood
1	Happens very infrequently (once a year)
2	Happens infrequently (once every few months)
3	Happens approximately every month
4	Happens every week
5	Happens every day



Score	Impact
1	Negligible
2	Basic first aid required
3	Child or adult would require several days off as a result.
4	Child or adult would require <u>hospitalisation</u> .
5	Death



Appendix 3 Behaviour RA



FORM RA6
RISK ASSESSMENT
 GENERAL WORK ACTIVITIES



Directorate: Children's Services

Risk Assessor:

Premises: Springwood School

Date: Review Date:

Name:

Manager:

Individual behaviour objective (also on IEP): I am learning to...



1 List HAZARDS	2 Who may be HARMED	Potential RISK	3 List existing CONTROL MEASURES	4 What FURTHER ACTION is necessary

Signed Staff Members:

Date:

Signed Health and Safety Coordinator:

Appendix 5 PHP

**Springwood School Positive Handling Plan – to be read in
conjunction with Positive Behaviour Support Plan (PBSP)**



Name: _____ DOB: _____ Date: _____

Risk/ Crisis Behaviour and context in which it may occur:

Supportive interventions (non-restrictive)	RPI	Recovery	Debrief
If my <u>behaviour</u> looks like this...	If my <u>behaviour</u> looks like this...	If my <u>behaviour</u> looks like this...	Tension Reduction:
Then you will need to help me by...	Then you will need to help me by...	Then you will need to help me by...	Therapeutic rapport:
You can <u>minimise</u> trauma and stress by...	You can <u>minimise</u> trauma and stress by...	You can <u>minimise</u> trauma and stress by...	
Reporting and Notification:- Have parents and <u>carers</u> been informed? Has a CPOMS entry been completed? Have interventions been recorded as RPIs where necessary?			
Review			