

Clifton Hill School

Document	Management of Behaviour Policy
Content	Guidelines for staff on student behaviour
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Author	Sophie O'Rourke-Walker
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1	July 2015	Periodic review
2	February 2019	Periodic review
3	November 2020	Additional information: Acceptable forms of touch and restrictive intervention policy included.

Setting

Clifton Hill is a Surrey County Council funded community school for students aged 11-19 years who have severe or profound multiple learning difficulties, autistic spectrum disorder, challenging behavior and complex health needs.

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

Rationale

This policy outlines the underlying philosophy, nature, organisation and management of student behaviour. It is a document designed to enhance the development of positive relationships between students and adults working in the school, parents and other members of the wider school community. At Clifton Hill we believe that by managing behaviour that challenges in a consistent, dignified and positive way this will enhance and reflect our values.

The policy is the result of consultation with staff, students, parents and governors. It reflects current practice within the school. Its fair and consistent implementation is the responsibility of all staff. Students have contributed to the behaviour policy through their involvement in the development of the whole school rules and the individual class rules.

GUIDANCE

How we encourage acceptable behaviour

At Clifton Hill we expect students and staff to behave in a manner that reflects the principles of the policy, in ways that support everyone's right to learn, be safe and be treated with respect in school. Students are expected to understand and keep the school rules, which have been developed in consultation with them and contribute to the positive ethos of the school. It is the responsibility of everyone in school to adopt and promote a positive approach towards students; the students to be helped to make positive choices about their

behaviour, learn to take some responsibility for their own actions, and promote the development of positive self esteem and well being.

Young people with learning difficulties often do not gain an understanding of socially acceptable behaviour as quickly and/or as incidentally as others. Therefore, at Clifton Hill we consider this to be an area of extreme importance. It impacts on the student's school career, their present and future well-being and that of their families, carers, peers and friends. Learning how to behave appropriately is highlighted and encouraged, and, for some, their behaviour is their curriculum.¹

There is an expectation that all members of the school community will endeavour to support and promote these principles and values.

SCHOOL SYSTEMS FOR PROMOTING POSITIVE BEHAVIOUR

Positive behaviour is consistently reinforced and the staff model appropriate behaviour in their interactions with each other and with the students, developing the concept of critical friends. The curriculum supports students to develop their skills in self-awareness, motivation, empathy and social skills. Through the PSHE curriculum the fundamental rights of all those in school are also reinforced.

Rewards are used consistently and we celebrate student achievement by the student sharing his/her work or new skills to peers and staff in class or assembly. More formal recognition of achievement is by the award of stars in the Lower and Upper school or certificates in the Sensory school. Stars can accumulate and lead to a merit. Merits are acknowledged by the Head teacher and they can be spent or saved by the students to purchase prizes displayed on display in the hall.

Every student has a Record of Achievement, (R.O.A.), which allows for recording success.

Sanctions are used only in a measured way and as part of an agreed management strategy involving parents /carers and the wider multi professional team where applicable. Our ethos is about teaching and guiding rather than punishment.

At Clifton Hill School we promote positive behaviour by:

- Following the County Behaviour Management Guidelines.
- Managing the physical and social environment effectively.
- Having regular class team meetings to review Proactive Intervention Plans and identify systems to manage the behaviour positively avoiding confrontations and teaching the students to communicate in acceptable ways.
- Ensuring new staff are familiar with our policy and procedures (a copy of which is referenced in the staff handbook).
- Regular training through staff meetings, class discussion and other formal and informal training.
- Having open relationships with parents. Offering termly opportunities for parents to discuss student's Individual Education Plans with a member of the senior leadership team and class teacher, to promote continuity.
- Having general guidelines for staff.
- Having written programmes for behaviour management that also addresses the student's positive behaviours, Proactive Intervention Plans (PIP's).
- Setting achievable goals working with the student's strengths and likes to develop the habit of behaving appropriately and encouraging them to take responsibility for their own behaviour whenever possible.
- Consulting supporting professionals as appropriate.
- By setting up home/school agreements.
- Ensuring staff are appropriately trained to manage behaviour through MAPA Positive Options.

Programmes for managing behaviour that challenges

Sometimes students may engage in behaviour which is inappropriate in a learning situation as it 'challenges' the service which we provide.³ It may range from low-key and non-disruptive self-stimulatory activities, for instance, to more extreme, even violent, outbursts. Reasons for these behaviours are diverse and include communication difficulties, the implications of autistic spectrum disorder, temporal lobe epilepsy and undiagnosed pain.²

Any risk assessment and management plan for challenging behaviours, must be in writing in consultation with parents. It may include an agreed method of recording.

We seek to manage such behaviour as follows:

- ensuring safety is a major priority for all, according to the Health and Safety at Work Act, 1974³;
- using positive and consistent approaches;
- involving parents/guardians/carers in discussions about behaviours causing concern;
- requesting multi-agency collaboration where solutions, such as pharmaceutical possibilities, advice on behavior strategies from MAPA or Occupational Therapy may need to be pursued;
- seeking reasons for the behaviour in question with an emphasis on the function it serves for the individual^{4,5} – often it is a reaction to and an expression of their 'state', a communication which he/she has a right to have understood;^{6,7}
- teaching the student methods of managing his/her behaviour, and where appropriate, providing him/her with an alternative, more acceptable, behaviour;
- helping the student to understand the consequences of his/her actions and ultimately, where possible, to take responsibility for them.⁹

Criteria for Behaviour Programmes

All students will have a Proactive Intervention Plan (App 1) which serves to identify:

- systems which support the students positive behaviours;
- strategies for maintaining the students in this state;
- strategies to adopt to respond to low level disruptive behaviours that impact on the teaching and learning of the student or other students;
- any critical behaviours or behaviours that have raised concerns which need to be addressed through Expression of Concern(App 2) and Risk Assessment and Management Plan (App 3).

The criteria for whether a student is on a written Behaviour Management Programme is as follows:

- The student is exhibiting specific behaviours causing concern, which puts their ability to access full time education at risk.

REWARDS AND SANCTIONS

The following sanctions are prohibited:

- **corporal punishment;**
- **deprivation of food and drink;**
- **withholding medical treatment;**
- **any sanction with intent to humiliate or ridicule.**

Teaching strategies include learning new skills, providing alternative stimulation, encouraging independence, avoidance of 'triggers', and relaxation techniques. The more unusual and extreme the behaviour, the more thoroughly the student requires consideration of his/her needs and provision of highly individualised planning to meet them. Outside agencies, such as members of the Child and Adolescent Mental Health Services, (CAMHS), MAPA, OT services or the County Educational Psychologist may be called upon to give advice.

Behaviour at Clifton Hill is managed primarily by promoting a positive ethos and rewarding appropriate behaviour. The school star, merit and prize system and sharing achievements in assemblies are used to promote a positive ethos and build up both individual and group self esteem throughout the school.

Sanctions

Use of sanctions should be administered in a calm and controlled manner and be part of an agreed Behaviour Management Plan. Staff should give a measured response and not through an emotional reaction. The staff should ensure that sanctions are seen as inevitable and consistent (students should know that when a sanction is mentioned it will be used). The use of sanctions should be immediate in order to aid the comprehension of the students.

The concept of sanctions should be linked to the concept of choice, so that students see the connection between their own behaviour and its impact on themselves and others.

Touch and use of Restrictive Physical Intervention

Definition of restrictive physical intervention

The Law allows for teachers and other persons authorised by the Head Teacher to use Restrictive Physical Intervention to prevent a student from doing or continuing to do any of the following:

- Committing a criminal offence (subject to mental capacity)
- Injuring themselves or others
- Causing damage to property
- Engaging in any behaviour that is prejudicial to maintain the good order and discipline of the school.

Restrictive Physical Intervention is the term used by the DFE to include interventions where bodily contact using force is used. It refers to any instance in which a teacher or other adult authorised by the Head Teacher has to, in specific circumstances, use "reasonable force" to control or restrain students. There is no legal definition of "reasonable force". However, there are two relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of an incident warrant it.
- The degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent.

The definition of physical force also includes the use of mechanical devices (e.g. splints on the student prescribed by medical colleagues to prevent self-injury). It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention.

At Clifton Hill school we believe that students need to be safe, know how to behave, and that the adults around them are able to manage them safely and confidently. For a very

small minority of students the use of restrictive physical intervention may be needed, and, on such occasions, acceptable forms of intervention will be used.

Acceptable forms of touch at Clifton Hill School

There are many occasions when staff will have cause to have physical contact with children or young persons for a variety of reasons, for example:

- For communication - from handshakes and high fives to responding to another person's use of physical contact as communication - Intensive Interaction techniques (including age appropriate tickling and interaction which helps develop understanding that communication with others is worthwhile.)
- For education – gentle guiding to a schedule / supporting a child to sit in Attention Autism sessions or helping them to complete an educational or life skill activity either using fine motor at the table or gross motor in PE or Vocational activities. Where staff would be likely to be using MAPA positive touch techniques.
- In play – play naturally includes touch especially when people are in the early levels of social development.
- In Therapy – helping a child appreciate deep pressure, be bounced on a physio ball accessing sensory circuits or requesting a head squeeze, etc.
- For emotional reasons – communicating affection, warmth, reassurance, comfort
- First Aid or care – where children and young people need help with personal care or medical care
- In an emergency to protect the child themselves or others around them. Where staff may be using and applying MAPA Physical Intervention techniques.

In an emergency incident staff may take into account the use of reasonable force and their responsibilities under duty of care.

In all situations where physical contact between staff and children or young person's takes place, staff must consider the following:

- the child or young person's age, and level of understanding
- the child or young person's individual characteristics and history
- the location where the contact takes place (it should not take place in private without others present)

If a child or young person requires physical support on a regular basis this information will be documented on an individual plan such as a moving and handling plan, toileting plan, proactive intervention plan or behaviour risk assessment.

When working with children and young people with severe or profound multiple learning difficulties, autistic spectrum disorder and complex health needs, touch is often vital to promote learning and well-being. Within Clifton Hill School, there are more frequent occasions when it is entirely appropriate and proper for staff to have physical contact with pupils, but it is crucial that they only do so in ways appropriate to their professional role and in accordance with this policy, Intensive Interaction principles and MAPA advice and techniques.

When touch is used with pupils it should be in response to their needs at that time, and appropriate to their age, stage of development, gender, ethnicity and background. However, we also need to give equal consideration to the emotional and communication needs of the individual concerned.

Staff should be clear and open about why they use touch and explain their practice, and touch should be discussed openly and regularly between staff.

Consideration will need to be given to helping children who are touch sensitive to be de-sensitised – which will involve increasing touch at times when most relaxed to allow them to become more used to it.

Where feasible, staff should seek the child's permission before initiating positive touch. Staff should listen, observe and take note of the child's reaction or feelings and, so far as is possible, use a level of contact which is acceptable to the child for the minimum time necessary (unless during a programme of de-sensitisation).

In case of pupils who initiate inappropriate physical contact, it is the staff's responsibility to correct that approach and model an appropriate response, e.g. if secondary age pupils seek a hug from a member of staff this can become a handshake, high five or professional side on hug.

Some pupils who we support occasionally either inadvertently, (or intentionally but usually for non-sexual reasons) touch / grab intimate parts of a member of staff's body – when there is no sexual understanding or intent. The standard staff member response should be to withdraw without significant negative feedback and the incident recorded. This should be immediately discussed with the class teacher to look at a plan for the individual.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child in one set of circumstances may be inappropriate in another, or with a different child. Staff should, therefore, use their professional judgement at all times.

Staff should never touch a child in a way which may be considered indecent, except where this is necessary as part of intimate or medical care. Any child with intimate care needs will have these detailed in their personal care plan. Always be prepared to explain actions and accept that all physical contact be open to scrutiny.

Extra caution should be exercised where a child is known to have suffered previous abuse or neglect. Such experiences may sometimes make a child exceptionally needy and demanding of physical contact and staff should respond sensitively by deterring the child through helping them to understand the importance of personal boundaries.

Physical contact must never be secretive, for the gratification of the adult or represent a misuse of authority.

If a member of staff believes that an action could be misinterpreted, the incident and circumstances should be reported to your line manager, recorded and, if appropriate, recorded under the child's name on Safeguard. Similarly, if any staff are in any doubt about issues concerning appropriate touch or observe any practice which causes them concern, they should speak to the Designated Safeguarding Lead.

Physical contact is never made as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the child or young person's neck, breasts, abdomen, genital area, other sensitive body parts, or to put pressure on joints. It will not become a habit between a member of staff and a particular child or young person.

Clifton Hill School Restrictive Intervention Policy

There are legal and statutory regulations related to the use of Restrictive Physical Intervention alongside some useful recent guidance. These are identified at the end of the policy.

Restrictive Interventions:

At Clifton Hill the way in which restrictive intervention can be deployed are:

- As planned or reactive acts that restrict an individual's movement, liberty and/or freedom to act independently. They will be used in accordance with the schools values and rules, specifically regarding respect and safety and staff will always reflect calm and consistent adult behaviour.

This policy will cover all forms or restrictive intervention used at Clifton Hill including:

- Physical restraint: a restrictive intervention involving direct physical contact where the interveners intention is to prevent, restrict or subdue movement of the body, or part of the body of another person.
- Mechanical Restraint: the enforced use of mechanical aids. At Clifton Hill this is typically through the use of handling belts to provide additional support when a student is on a community visit helping them stay with the group.
- Imposed Withdrawal: removing a child or young person involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves.
- Seclusion: Supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the purpose of the containment of a seriously disturbed behaviour which poses a risk of harm to others.

Physical Restraint

Clifton Hill school promotes good working practices to reduce the need for restrictive physical interventions

Staff have experience, knowledge and training in a range of approaches including Positive Behaviour Support, Early Intervention and Early Prevention. Each of these terms is expanded upon in Appendix 1.

These approaches all involve staff using calm consistent adult behaviour and communicating appropriately for the individual concerned and staff will give appropriate processing time.

The school offers parents and families support in the understanding of emotional wellbeing, positive behaviour support, early prevention and the use of positive touch, whilst also seeking advice from parents on what they have found to be effective in the home setting, so that we can work in partnership.

At Clifton Hill all pupils have a Proactive Interventions Plan. This plan replicates the Pivotal Management of Actual and Potential Aggression (MAPA) crisis development model identifying the ways in which a pupil's behaviour may look during each of the four stages (anxiety, defensive, risk behaviour, tension reduction) and what staff can do in each of these situations to support the child to get back to when they are composed.

If there is any expectation that despite early planning and prevention strategies a child or young person's behaviour may escalate to the point at which they present a significant risk to themselves or others, a restrictive physical intervention plan may be required. This plan at Clifton Hill is a Behaviour Risk Assessment. This should be discussed and agreed with the individual (where possible) and their family.

The Behaviour Risk Assessment will set out the circumstances where a Restrictive Physical Intervention may be required, in line with MAPA- Restrictive Physical Interventions at Clifton Hill would be used:

- Only when there is imminent or immediate harm to self or others
- To maximise safety, minimise harm
- In exceptional circumstances to protect the dignity of an individual and safeguard those around them
- In extreme circumstances to prevent serious damage to expensive equipment.

Staff **would not** be able to use any form of RPI for:

- any form of punishment or in any punitive way
- to force compliance with an educational activity (as opposed to compliance for any of the reasons given above)

Again, the Risk Assessment format is linked to the MAPA training model staff access considering the severity and the likelihood of the risks being assessed and should include all forms of restrictive intervention that the staff may plan to use when the child is in distress.

This gives staff a grounding in approaches to avoid physical intervention as well as the disengagement and holding skills that may be needed as a last resort.

All Clifton Hill staff are trained in MAPA Positive Touch and Restrictive intervention techniques, usually within their first term at the school. As class staff have the best relationships with pupils and are usually very much on the scene, all those who are trained are authorised to use restrictive physical intervention. All staff are refreshed in their training each year.

At all initial training and updates physical skills are practiced and competence assessed in order to pass the training.

The Pivotal MAPA training, received by all classroom staff, is clear that RPI should only be used:

- As a result of the Duty of Care
- In the best interests of the child / other children
- As a last resort
- In the least restrictive hold
- For the least period of time possible.

This school policy adheres to these principles. The use of restrictive physical interventions will be reduced as far as possible through positive behaviour support, promoting school wide wellbeing, effective early planning and early prevention strategies.

Mechanical Restraint

If staff at Clifton Hill feel that any form of mechanical restraint would be beneficial to a pupil at the school this would need to be discussed with parents, a senior leader and usually an Occupational Therapist. Mechanical restraints would again only be used when absolutely necessary and where self-harming behaviours have become extreme and we are aiming to prevent further significant damage. The use of mechanical restraints will be regularly up for review and monitoring of use with SLT.

*Specialist OT chairs or wheelchairs which have straps and are provided to help pupils with good posture are not a form of mechanical restraint and if pupils indicate a desire to be out of these chairs this needs to be facilitated immediately.

Withdrawal

This section refers to withdrawal and isolation as a method of removing a child or young person from a situation causing them anxiety or distress and taking them to a safer place where they have a better chance of composing themselves. It does not refer to actions which are intended as a disciplinary penalty. We need to be aware that if this approach is perceived as being a disciplinary penalty, we may need to take a different approach or consider how we help the pupil understand our intent.

Autonomous Withdrawal (self-withdrawal): Where a child actively chooses to move to a quiet space for a period to self-regulate, the staff should always monitor and support. It is essential that staff can see the pupil in this situation, however the way in which monitoring happens and how it feels for the child should be considered. As long as the child is free to leave the quiet space this would not constitute restraint. This only needs to be recorded if it is preceded by Seclusion. As this is the child learning to self-regulate, whilst we would encourage staff to attempt engaging with the child when they perceive the child to be ready there would be no time limit to the child using the approach. However staff will need to be aware if a child is beginning to use this excessively and will need to construct a plan to work against this.

Imposed Withdrawal: Is against an individual's will carried out under Clifton Hill duty of care to protect the child from risk of harm to themselves or others. Use of force to achieve this must be reasonable and for this to remain withdrawal, staff will remain in the quiet space with the child, whilst they self-regulate.

Seclusion: refers to the supervised containment and isolation of a child or young person away from all others, in a room or area they are prevented from leaving. It is only used to contain severely disturbed distressed behaviour which is likely to cause harm to others if they remained in the space with them and should be for the minimum time necessary. The approach would be used for individuals at Clifton Hill who benefit from the quiet time and space completely alone to compose themselves once more. Staff should plan approaches, based on their knowledge of the child, to attempt to work back in alongside the child as soon as possible, but be aware that their safety is important too, so if it is clear the approach is not going to work- re-plan and re-think. **This approach is not appropriate for pupils who avoid supervision or attempt to self-harm. This approach is used as a very last resort as part of an individual seclusion plan with the permission of the parents.**

Tension Reduction/ Therapeutic Rapport

The final part of the Pivotal MAPA crisis development model focuses on the end of any cycle of distressed behaviour which they term as tension reduction. The approach that we ask staff to take at this point is therapeutic rapport. We recognise that repairing the relationship with the child is the crucial first step following any challenging incident.

Staff are also required to take time out following an incident to compose themselves in a quiet place before they return to normal duties.

Where possible, and when pupil's well-being has been re-established, we use restorative conversations, often through deploying the Comic Strip Conversation approach so that we can avoid the need for eye contact and build in processing time. This is aimed at helping the pupil and staff to learn from the incident and to avoid any recurrence. Learning may often lead to changes to the risk assessment.

More serious incidents should be followed up with debriefs with the staff. The debrief meeting will, as appropriate, question whether actions taken were reasonable and proportionate to the risk.

Medical Emergency

Using any form of restrictive intervention in a crisis situation will pose risk of medical injuries to both pupils and staff. Staff need to be aware of these risks and be watching the physical well-being of all involved and, if necessary, seek and follow the advice from a First Aider. In this case all staff will react immediately to support the person at risk.

Recording

All negative behaviour incidents, including those that require the use of restrictive intervention, are recorded online in the SLEUTH software.

Occasionally where a pupil has become increasingly anxious and behaviours are happening extremely frequently, in order to make recording feasible and manageable we will move to paper-based records for each week. This helps the staff to analyse whether the approaches they are trying are being effective more quickly.

Parents should be informed of all incidents of Behaviour and Physical Intervention. The school aims to build strong relationships with parents and recognises the huge value in these being effective alongside the negative impact of receiving frequent reports of issues. Therefore, each teacher agrees a protocol with parents about how they are best informed about their child's behaviour and any interventions that we have to undertake. Whichever way parents and teachers agree that this information is shared, all reported incidents need to be recorded for the school's records.

Whenever a pupil is in seclusion a staff member is allocated to record at the time the seclusion starts and should record all attempts to engage with the pupil. This recording should continue throughout the seclusion episode.

Recording of Accidents and Injuries

An incident involving injury or accident to a student is recorded on an accident/incident slip and kept in the school Office - see Handbook. This must be signed by the person witnessing the incident (usually the class teacher and a senior member of staff.) Staff who have been involved in an accident or have suffered an injury will record this on the accident form and report this to the Assistant Headteacher or the Headteacher. The information is uploaded to OSHENS on line recording system which is then sent to County.

Monitoring

Senior Staff and the behaviour lead monitor the use of all forms of restrictive intervention.

Staff will be reminded of protocols and best practice as required. Individual class teams can seek advice and support on specific difficulties which will either be provided by the behaviour lead, SLT or through advanced trained external staff.

The data collected and collated by SLEUTH enables us to:

- identify places where incidents are more likely so we can take action

- identify classes where we may need to give additional proactive / physical training
- identify pupils who struggle with specific lessons and adapt timetables
- identify pupils whose anxieties mean they are struggling in class at present, allowing us to make adaptations to their curriculum offer

The data in Sleuth is also used to report the use of RPI and the use of Seclusion to Surrey County Council and Governors. Governors and the community are also given feedback on the analysis of the total numbers of behaviour incidents and use of RPI.

Complaints

It is intended that by adopting this policy and keeping parents and governors informed we could avoid the need for complaints. All disputes that arise about the use of physical intervention by a member of staff will be dealt with according to Surrey's Child Protection and Safeguarding policies.

ROLES AND RESPONSIBILITIES

The Behaviour Management Co-ordinator has responsibility for appraising, agreeing and holding the copies of any programme that is written to deal with behaviour that challenges before it is implemented. The Behaviour Management Co-ordinator has responsibility for monitoring incidents and sanctions and following up any issues that arise. Teachers, Welfares/STA's and teaching assistants, have responsibility to write Proactive Intervention Plans when the need arises, taking into account the individual student. The Proactive Intervention Plans should have a regular review cycle, usually on a termly basis or when there is a significant change in the students' behaviour.

All staff have a responsibility to be aware of and follow Proactive Intervention Plans as they are written. All staff have the responsibility of recording incidents, accidents and injuries to students and themselves.

It is the responsibility of the governing body

- to assess the risks to staff and students arising from the use of physical interventions;
- to monitor safe systems of work;
- to ensure staff are adequately trained;
- to ensure staff have access to appropriate information about the students with whom they are working;
- to have a current behaviour policy, including reference to physical intervention;
- on a termly basis to examine the (anonymized) Behaviour Report presented to the Full Governing Body meeting;
- to carry out an annual behavior walk;
- to ensure that the climate of the school encourages a peaceful, calm and non-physically threatening atmosphere/ethos;
- to make appropriate resources available for the policy to be fully implemented.

It is the responsibility of all staff

- to be aware of the contents of the behaviour policy and follow the guidance it contains;
- to follow the Proactive Intervention Plan of a particular student and, given adequate training, to carry out physical intervention as required under their duty of care towards that student. (A duty of care requires that reasonable measures are taken to prevent harm to students);

- to record the behaviour(s) of a particular student as required, especially where physical intervention is involved;
- to act as good, positive role models;
- to ensure that they contribute to the creation of a safe working environment for all.

Parent / Carer Involvement

Full and open discussion of their child's education is offered to parents and guardians and their contributions are valued. If parents have any particular concerns regarding behaviour, (or any other matter), they are encouraged to make an appointment to discuss this at the earliest opportunity with any of the senior staff or their child's class teacher. Learning new skills can often be very difficult for our students and learning new ways to behave is no different. The longer a child practises a behaviour, the more entrenched it becomes and the harder it is to replace. At Clifton Hill we endeavour to work as a team together with parents, in order to help the young person to learn.

Parents are kept informed of their child's progress in the following ways which are standard for all students:

- Annual Reviews of their child's Education, Health & Care Plan;
- parents/teacher meetings;
- evaluations of their child's Individual Education Plans (IEP's)

As well as being encouraged to phone school, parents are welcome to use any of the above as a means to voice any concerns regarding their child's behaviour.

It is the responsibility of parents and carers

- to ensure they support the creation of a safe, non-oppressive working environment in school;
- to support the school behaviour policy;
- to act as good, positive role models;
- and, as far as it is possible, to encourage attitudes in their children which avoid the use of physical intervention.

Consultation with the whole school community is sought in formulating the behaviour policy. Generating collective responsibility both within and outside school will promote its effectiveness.⁸

The Governing Body has overall responsibility for the policy.

The Headteacher has overall responsibility for the management of the policy.

The behavior co-ordinator, has responsibility within the school for the management of behaviour in conjunction with and supporting teachers in drawing up and monitoring Risk Assessment/ Management Plans. The Headteacher and Behaviour co-ordinator has responsibility for formulating and reviewing the policy annually.

Line Managers have responsibility for discussing, formulating, monitoring and reviewing behaviour programmes with class teachers in their departments and supporting class teachers in their work on behaviour.

Class teachers have responsibility for initial team discussions on behaviour, formulating behaviour programmes / management plans and sharing these with class staff; also the primary management, assessment and recording of behaviour programmes / management guidelines.

All staff are responsible for encouraging high standards of behaviour and upholding good, fair practice in behaviour management throughout the school and for supporting each other, as well as students, in times of stress.^{9,10}

Success criteria

Clifton Hill School will provide a safe environment for all students to learn.

Links to other policies:

Anti-bullying Policy
Policy for Managing of Incidents and Accidents
Policy on Health and Safety
Child Protection and Safeguarding
Equal Opportunities

Associated Documents used to support the writing of this document

Previous Clifton Hill School policy
Surrey County Council Policy on 'Touch and the use of Restrictive Interventions'
Surrey Physical Intervention Policy – November 2018
https://www.surreycc.gov.uk/_data/assets/pdf_file/0019/101854/Touch-and-the-use-of-restrictive-physical-intervention-when-working-with-children-and-young-people.pdf
Reducing the need for Restraint and Restrictive Intervention – June 2019
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812435/reducing-the-need-for-restraint-and-restrictive-intervention.pdf

Commented [MOU1]: Insert links to open these directly

Legal Duties and relevant guidance

Human Rights Act 1998
Equality Act 2010
Deprivation of Liberty
Education and Inspections Act 2006 (section 93)
Use of Reasonable force: Advice for headteachers, staff and governing bodies (DoE 2013)
Mental Health and Behaviour in Schools (November 2018)

Appendix 1

Positive Behaviour Support (proactive activities to maintain positive emotional wellbeing) at Clifton Hill will include:

- developing trusting relationships between children and young people and staff
- developing strong relationships and clear communication expectations with parents to ensure that we are informed of key information regarding the home environment
- living the school values and rules including respect for everyone and safety
- creating a well-planned, calm, orderly and supportive school environment
- ensuring that the number of staff deployed and their experience corresponds to the needs of children and young people
- ensuring staff have comprehensive and effective.
- creating opportunities for children and young people to engage in meaningful activities which include opportunities for choice and a sense of achievement
- ensuring staff understand that we consistently aim for calm consistent adult behaviour.

Effective Early Planning (recognition of anxiety escalation and how it can be addressed)at Clifton Hill will include

- developing staff expertise in working with children and young people who present distressed behaviours

- Ensuring staff are refreshed in both the proactive theory and practise of MAPA
- Train staff to recognise the early signs of increasing anxiety and distress and ways to distract or decelerate any escalations to return to a better emotional state
- Help staff consider and understand the levels of behaviour that C&YP can display and the appropriate ways for staff to react at each stage.
- ensuring staff are able to work in a restorative way with young people, enabling the young person to communicate their thoughts and feelings where possible, so they are heard and understood.
- make choices about the way to manage their behaviour e.g. some children and young people prefer withdrawal to a quiet area rather than a physical intervention which involves bodily contact.
- setting up and maintaining person-centred Proactive Intervention Plans, which reflect an understanding of the function of the behaviour for the child, and alternative ways for the child to get their needs met. This may include teaching alternative communication strategies and giving the child acceptable ways to get out of situations they may find too difficult. These plans need to be responsive to individual needs as they change, and include current information on likely triggers and resulting behaviour
- avoiding or adapting known trigger situations and where possible precipitating factors which are likely to provoke distressed behaviour
- carrying out individual behaviour risk assessments where there is a likelihood that distressed behaviour may present a risk to self or others

Proactive Intervention Plans and behaviour risk assessments will be person- centred; including and engaging the children and young people, their families and advocates when writing these documents. This enables children and young people where possible, to express how they could be supported to avoid behaviour incidents, and how they prefer to be managed when they pose a significant risk to themselves or others.

Early Prevention

- Staff should always display calm, consistent adult behaviour.
- It is important to communicate calmly with the child/young person, using non-threatening verbal and body language and ensuring the child can see a way out of the situation.
- Strategies might include, for example, going with the staff member to a calm space, so that the staff member can listen to concerns; being joined by a particular member of staff well known to the child; or any of the other strategies named in the individual's plan
- The solution should seek to be a win-win situation

All prevention strategies should be carefully selected and regularly reviewed to ensure that they are impacting positively on the child or young person.