



### **Policy Review and Monitoring**

This policy is due to be reviewed at the time stated, unless circumstances determine that this policy needs to be reviewed at an earlier time.

**Signed:**            **Chair of Governors**  
Mr J. Orchard

**Headteacher**  
Mr K. Stroud

### **Introduction**

Maes yr Haul Primary School has a Behaviour and Relationships policy which describes how the school community acts in order to ensure that all individuals feel valued and respected, and that pupils and adults are treated fairly. We aim to build a caring and orderly community based on mutual trust and respect, where there is co-operation and reciprocal support and where courtesy and self-discipline are the norm.

Despite these expectations, we recognise that there may be exceptional occasions where a pupil may behave in a manner which, despite prior de-escalation strategies, continues to present an imminent risk of harm, either to themselves or others. In these instances, it may be necessary for staff to use positive handling (“physical restraint”) in order to ensure their safety and/or that of others.

The BCBC document; *‘Guidance on the Use of Physical Intervention, Time-out and Seclusion in Schools’ (April 2016)* details the guidelines and basic principles for the application and recording of positive handling. This constitutes the school policy for Positive Handling. However, there are a few key points not covered within the LA guidance which all staff need to be aware of.

### **Legal Context**

*All* members of a school staff have a duty of care to ensure the safety of the pupils in their care.

Any citizen has the common law power to intervene in an emergency to use reasonable force in self-defence, to prevent another person from being injured or committing a criminal offence.

Section 93 of the Education and Inspections Act 2006 gives all school staff (or other people authorised by the Headteacher) the power to use such force as is reasonable to prevent a pupil from doing or continuing to do any of the following:

- Committing an offence.
- Causing injury, or damage, to a person or the property of any person (including the person themselves).
- Prejudicing the maintenance of good order and discipline in the school or among pupils receiving education in the school, whether during lessons or elsewhere.

## **Underpinning Principles**

- The use of force should, wherever possible, be avoided.
- There are occasions when the use of force is appropriate.
- When force is necessary, it must be used in ways that maintain the safety and dignity of all concerned.

## **Alternatives to Physical Controls**

Staff are aware that they cannot be *required* to make a physical intervention and are not expected to put themselves at risk. However, they should consider the potential for conflict between their own rights and whether a failure to act is in neglect of their duty of care.

Staff are reminded that whilst the matter of whether they have 'current' Team Teach training may influence someone's decision upon whether to intervene (dependent upon the specifics of the situation), this is generally not a valid reason in itself not to take action in order to safeguard either themselves or pupils (see legal context above).

A member of staff who chooses not to make a physical intervention can still take effective action to reduce risk. They can:

- Show care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiation and reason.
- Give clear directions for pupils to stop.
- Remind them about rules and likely outcomes.
- Remove an audience or take vulnerable pupils to a safer place.
- Make the environment safer by moving furniture and removing objects which could be used as weapons.
- Use positive touch to guide or escort pupils to somewhere less pressured.
- Ensure that colleagues know what is happening and get help.

## **Reasonable and Proportionate**

Any response to extreme behaviour should be reasonable and proportionate. People should not react in anger. If they feel they are becoming angry they should consider withdrawing to allow someone else to deal with the situation. Where staff act in good faith, and their actions are reasonable and proportionate, they will be supported.

When physical controls are considered staff should think about the answers to the following questions:

- How is this in the best interest of the pupil?
- Why is a less intrusive intervention not preferable?
- Why do we have to act now?
- Why am I the best person to be doing this?
- Why is this absolutely necessary?

If staff can answer these questions it is more likely that a physical intervention will be judged to be reasonable and proportionate.

## **Staff Training**

In Bridgend local authority, 'Team Teach' is the preferred method for physical intervention in nearly all schools. At Maes yr Haul Primary, we seldom have *any* pupils who exhibit behaviours which are likely to require a physical intervention. For this reason, it is not reasonable or practical to maintain current training with this methodology for all staff. The school will however, ensure that all school staff act appropriately and proportionately and that any staff who support a pupil with a care plan that includes the likely prospect of physical intervention would be trained for restraining proportionately.

## **Time-out / Withdrawal and Seclusion**

At the time of writing, Maes yr Haul Primary School does not operate practices of time-out or seclusion as described within the following document.

Some activities, such as interventions, ELSA support take place outside of the classroom, either in other rooms or corridor spaces (as other rooms are limited). Our classrooms are generally quite cramped, so these alternative settings are used to improve the quality of support provided to small groups or individuals in spaces. They offer space which may be quieter, provide greater privacy and dignity, or help to achieve calm and ensure pupils safety whilst a matter is dealt with. However, these do not fall under the category of time-out or withdrawal rooms.

**END OF DOCUMENT**

Cyngor Bwrdeistref Sirol



# **Guidance on the Use of Physical Intervention, Time Out and Seclusion in Schools**

## **FOREWORD**

Ensuring the safety and wellbeing of the children and young people is of paramount importance for the Local Authority, our schools and all settings.

Regrettably it has to be acknowledged that whilst the majority of children are able to control themselves appropriately there are very rare occasions when a child may be so overwhelmed by their emotions that they place themselves and others at risk by their uncontrolled and challenging behaviours. This guidance provides advice to head teachers and school staff on how to manage these situations most effectively.

It is important that parents and carers can be confident that schools are prepared for management of extreme behaviours should they occur and that at all times protect the rights of their children. Adults who may be called upon to manage difficult and challenging situations need to be well informed and clear about what is or isn't acceptable and protected from any challenge around their actions.

Throughout this document it is emphasised repeatedly that the use of both restrictive physical intervention and seclusion is only appropriate in exceptional and very rare situations: neither are a substitute for good behavioural management practice where children and young people are respected and supported positively.

It is hoped and expected that all those who work closely with children in Bridgend will adopt and implement this guidance.

**This work has been the product of a task and finish group involving school practitioners as well as local authority staff.**

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## **1. The Legal Context**

1.1 **Section 93 of the Education and Inspections Act 2006**, replaced Section 550A of the Education Act 1996, and enables school staff to use such force as is reasonable in the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- causing personal injury to, or damage to the property of, any person (including the pupil himself); or
- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

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

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

1.3 The key documents guiding practice in this area are:

- Framework for Restrictive Physical Intervention Policy and Practice (Welsh Assembly Government March 2005)
- Safe and effective intervention – use of reasonable force and searching for weapons (Welsh Government circular 097/2013)
- Education and Inspections Act 2006 - Section 93
- Education Act 1996 Section 550A : The use of force to restrain children (DfEE circular 10/98 and Welsh Office circular 37/98)
- Guidance on the Use of Restrictive Physical Intervention for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic spectrum Disorders (DfES & Department of Health joint guidance July 2002)

## **2. Aims**

2.1 The aims of this guidance are to:

- support schools in developing appropriate behaviour management and reduce exclusions;
- provide schools / EOTAS provisions with the necessary guidance to implement a whole school / provision approach to the use of seclusion/ time out areas;
- support the development of good practice;
- support schools in using seclusion/time out areas appropriately;
- develop efficient and effective early intervention and support strategies for the more vulnerable pupils;

- recognise the importance of supporting young people to manage their own behaviour;
- encourage schools/EOTAS provisions to work collaboratively with a range of partners to support and promote the welfare and well being of children and young people.

### **3. Terminology**

#### 3.1 Time Out

#### 3.2 ***“Restriction of pupil access to all positive reinforcements as part of a behavioural programme.”***

*Joint guidance from the Department of Health and DFES (July 2002)*

3.3 Time out can be used as a **strategy** for example to give a child some space away from demands and interactions with others or as a **sanction** such as temporary withdrawal from an enjoyable or favourable activity.

### **4. Time Out/Chill Out/ Withdrawal Rooms**

4.1 Also known as:

- Quiet space
- Safe Haven
- Withdrawal rooms
- Low arousal rooms
- ‘In- school’ exclusion rooms

4.2 Essentially they are places where children spend time away from other pupils supervised by a member of staff and are either allowed time to talk or given appropriate activities to complete.

4.3 Generally this is used as a **positive strategy** to help more vulnerable pupils identify their own systems for calming themselves and managing their emotions effectively through encouraging use of the facility as and when necessary.

4.4 Alternatively in some settings, withdrawal rooms are utilised as a **sanction** for a number of reasons such as avoidance of fixed term exclusion; to reduce the risk of escalation of incidents or as a response to unacceptable behaviour.

## **5. Physical Intervention**

5.1 The Department of Health Circular 1993 (3) outlines 3 levels of physical intervention.

- i. By simple physical presence, involving no contact e.g. standing in front of an exit
- ii Holding. Touching a child to persuade him/her to comply e.g. taking a child by the arm, touch support to lead away from a situation
- iii Physical Restraint/Restrictive physical intervention. When a child is held, probably against his/her will. The intention is to overpower the child (see below).

### **5.2 Restrictive Physical Intervention**

5.3 ***“Direct physical contact between persons where reasonable force is positively applied against resistance either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual”.***

5.4 The Welsh Assembly Government has published a guidance note around this practice which serves as a framework for policy development. Within this the emphasis is for organisations to:

- reduce the need for the use of restrictive physical intervention through the development of preventative strategies;
- working with the individual towards reducing the level of response needed;
- when unavoidable, ensuring that there is prior planning and training to ensure safe outcomes for all concerned.

## **6. Seclusion**

6.1 ***“Seclusion involves separating an adult or child against their will, restricting freedom of movement and forcing them to spend time alone.”***

*Joint guidance from the Department of Health and DFES (July 2002)*

6.2 Seclusion is viewed as a behavioural management tool to assist in the short term management of specific behaviour. Within the school setting seclusion represents time away from peers but supervised at all times.

6.3 **Seclusion is only implemented to eliminate high risk behaviour.**

6.4 There is confusion between seclusion and withdrawal rooms.

6.5 The key distinguishing factors between the two forms of practice are:

<b>Withdrawal Room</b>	<b>Seclusion</b>
Voluntary or directed access	Involuntary access to the room
Unaccompanied/regularly monitored	Accompanied / Supervised
Able to leave the room independently	Unable to leave the room independently
	People watch or monitor from outside the room.

## **7. Principles**

7.1 Except for unanticipated situations that pose an immediate concern for the physical safety of a child/young person or others, the use of a seclusion/time out area should only be used in conjunction with the local authority guidance, school Behaviour Policy, Individual Action Plans (IAP's) and a positive handling plan. Each school should have their own policy which outlines key factors as follows:

- a child or young person must not be locked in a room/area;
- a child or young person must be in a area where they can be observed and supervised;

- use of seclusion/time out/time out area should be time limited and appropriate to the age and risk posed and in the best interest of the child/young person;
- staff must be trained on and clear about the use of the area;
- any seclusion must be recorded.

## **8. Practice Guidance**

8.1 **All guidance emphasises that neither restrictive physical intervention or seclusion are a substitute for good behavioural management practice where a variety of approaches, techniques and support systems are put in place to manage children and young people positively.**

## **9. Restrictive Physical Intervention**

9.1 *Within Bridgend the principles of Team Teach are being adopted across most schools as the basis for any strategies of restrictive physical intervention that are employed. Heronsbridge Special School will continue to use the PRO-ACT SCIPr-uk® model on which staff have undergone training.*

9.2 The WAG Guidance 'A Framework for Restrictive Physical Intervention Policy and Practice' (2005) is the current document governing use of physical intervention in schools in Wales. The main points made within this are as follows:

9.3 As stated previously, it is most important to ensure that physically restrictive methods and techniques are only part of the continuum of strategies that are needed to manage challenging behaviour.

9.4 All services should be provided within the context of constructive relationships that engage and empower individuals as far as possible and promote their care and welfare. However, children, young people and vulnerable adults can sometimes present challenging behaviour that places themselves and others at risk of serious harm. Responding to this behaviour requires a range of strategies that may involve the need to intervene physically.

9.5 Where the potential exists for the use of restrictive physical intervention, a number of important factors have to be balanced. These factors include:

- *knowledge of the individual and their history;*
- *staff competence, gained through training and knowledge of limitations;*
- *knowledge of the impact and effects of physical intervention techniques and methods;*
- *ensuring the welfare and safety of all those involved;*
- *ensuring professional transparency and accountability; and*
- *ensuring that all actions are appropriate and acceptable within recognised professional practice, civil law and criminal law.*

9.6 Physical interventions cover a range of professional actions and behaviours. The appropriateness of such action should always be contingent upon the specific needs of an individual and others whose actions may impact upon them.

9.7 Threatening or reckless behaviour needs to be managed to minimise harm to all concerned. Any action that involves the restriction of choice and movement must be commensurate with a professional duty of care and proportionate to the level of risk presented.

9.8 The appropriateness of the physical intervention must always be related to the age, maturity, understanding and capacity of the individual. It should be consistent with their education, care or treatment plan and the role of the service setting.

9.9 Examples of harmful behaviour which may result in a need for physical intervention include:

- *significant destruction of property;*
- *violence directed towards others;*
- *violence that arises from panic, distress or confusion;*
- *self-directed violence of self-injury.*

- 9.10 Integral to any physical intervention is the duty of care that is exercised by a professional toward an individual.
- 9.11 Where there are issues of cross gender situations (particularly male staff and female pupils) the need for two staff to be involved becomes paramount.
- 9.12 Professional's duty of care extends to ensuring that an individual is monitored and cared for throughout any incident. Autonomy, commensurate with their age and understanding, is returned to them as soon as it is safe to do so.
- 9.13 Whilst exercising their duty of care, individual members of staff must use their professional judgement. Professional judgement is the process of informed decision making which draws on relevant experience and accredited knowledge within an understanding of existing professional guidance.

## **10. Training of Staff**

- 10.1 Staff must have had adequate and appropriate training which is provided by a qualified trainer and regularly updated.
- 10.2 They must only use the restrictive physical intervention methods and techniques in which they have received training and in which they have demonstrated competence in use and application. The only exception to this is where it is imperative to use other methods/techniques to avoid greater, imminent harm than the harm that is likely to be caused to the individual.
- 10.3 Training needs to emphasise that this is absolutely the final stage of an intervention process and that other strategies to defuse and manage a situation more positively should be put in place first (**Appendix 1**).
- 10.4 In Bridgend 'Team Teach' is the system that is being adopted across most schools. Training in techniques and underlying principles can be provided by the Behaviour Support Service.

10.5 Staff must have access to relevant professional supervision and support.

## **11. Planning**

11.1 Forward consideration of the potential use of restrictive physical intervention should take place following assessment as part of the individual planning process.

11.2 This should take account of personal history and a broad range of relevant contextual factors.

**Appendix 2** provides a template positive handling plan.

## **12. Action Following Incidents**

12.1 All incidents should:

- deal with any injuries that have occurred;
- be subject to a post incident de- brief;
- be recorded (an example for recording can be found at **Appendix 3**);
- be followed up as necessary e.g. parents are informed;
- consider need for a multi agency response;
- take account of the views of all concerned;
- consider need for a wider audit of child's needs;
- be included in an annual summary and analysis of the use of restraint.

12.2 **Restrictive physical intervention is only to be used to prevent serious harm and when it is consistent with the promotion of an individual's welfare. The application of restrictive physical intervention must always be an option of last resort and must always be the minimum action necessary to manage the situation as safely as possible and taking account of any known health problems.**

### **13. Use of time out/withdrawal**

- 13.1 Time out lies within a continuum of behavioural interventions to assist pupils to self-regulate and/or control their behaviour. Importantly, the implementation of time out is not contingent on the pupil being placed in a specific room. Time-out strategies include isolation in the pupil's classroom, another teacher's room or with a member of the senior management team or, at the most restrictive end of the continuum, the use of a dedicated time out room.
- 13.2 Time out should not be used as a punishment, to threaten pupils, to humiliate them or make them feel afraid.
- 13.3 Good practice would suggest that staff are available to monitor the pupil in a time out room.
- 13.4 Time out may not be effective for all children. Each child is unique and may require alternative strategies to deal with inappropriate behaviours.
- 13.5 Children, particularly those who are at risk, should not be placed away from direct adult supervision as part of any behaviour management strategy.
- 13.6 Time-out strategies are included by some schools in their school behaviour policies for use when a pupil is behaving inappropriately and a temporary separation from that particular environment may assist in supporting the pupil to demonstrate appropriate behaviour.
- 13.7 Time-out strategies are not to be used as punishment or as a means of removing pupils indefinitely from the classroom. Time-out may be teacher directed, or pupil selected, as a means of calming during a stressful situation within a safe and predictable environment.
- 13.8 A time-out strategy should be used only for the minimum period of time necessary for the pupil to regain enough composure to be able to return safely to class.

- 13.9 Procedures for the use of time-out strategies should be communicated to all pupils, parents/carers and school staff and must include information for parents/carers about the process to be used when they may have concerns or complaints about the use of a time out-strategy.
- 13.10 Any use of a time-out strategy must take into account factors such as the age, cultural background, individual needs, any disability and the developmental level of the pupil.
- 13.11 The choice of time-out strategy will depend upon:
- the seriousness or frequency of the behaviour;
  - level of disruption to learning;
  - risk of harm to the pupil or others;
  - risk of damage to property.
- 13.12 Procedures for the use of time-out strategies should include clearly articulated steps to be followed if a pupil does not comply with the time-out strategy, or if the use of the time-out strategy has not been successful in managing the behaviour of the pupil.

## **14. Dedicated Time-out Room**

- 14.1 The use of a dedicated time out room should only be implemented within the context of the school's behaviour policy and following full consultation with the school community.
- 14.2 A dedicated time out room should only be used with a pupil after less intrusive interventions, which have been implemented and documented, have not been successful in managing the behaviour.
- 14.3 A time out room is an area for a pupil to safely de-escalate, regain control and prepare to meet expectations to return to his or her class. Time out rooms are to be used in conjunction with an Individual action plan (IAP) in which a pupil is removed to a supervised area in order to facilitate self-control or to remove a pupil from a potentially dangerous situation.

- 14.4 Communication with parents on the use of the time-out room will be discussed with parents in the behaviour planning meeting.
- 14.5 A referral or re-referral to the Behaviour Support Team for the development or refinement of a plan to support the pupil's behaviour should be considered following the frequent use of the dedicated time out room for a particular pupil. This plan should be developed or refined in consultation with the parents/carers and documented.
- 14.6 A dedicated time out room must:
- be risk assessed in relation to pupil and staff safety;
  - allow for meaningful educational activity to be provided for pupils and have adequate ventilation, lighting and heat;
  - have adequate space for pupils and staff;
  - allow arrangements for the pupil to have lunch and toilet breaks when appropriate if time-out occurs across these periods;
  - be conducive to de-escalating inappropriate behaviour;
  - not be locked, latched or secured in any way that would, in case of an emergency, prevent staff or the pupil from exiting the room;
  - be monitored.
- 14.7 **Appendix 4** provides a suggested checklist for the organisation of a dedicated time out room.

## **15. Seclusion**

- 15.1 It is recognised in Bridgend that seclusion will rarely be used in most settings whereas time out/withdrawal may well be used as part of a continuum of behavioural interventions.
- 15.2 However, it is important to lay out the basis for any use of seclusion in any of the local authority's educational settings.

### 15.3 Seclusion

- 15.4 Must be subject to the same considerations as for Restrictive Physical Intervention.
- 15.5 Should only be viewed as an option when there is no other viable alternative to ensure the safety of those involved. Again it must be emphasised that this is the end phase of an intervention process where de-escalation strategies are the starting point.
- 15.6 It's use will be infrequent and the circumstances will be exceptional.
- 15.7 Seclusion should not be included in a school's behaviour management policy as a strategy that is routinely used with pupils.
- 15.8 It is expected that schools will complete a Risk Assessment for those pupils whose history behaviourally and emotionally indicates that presentations of exceptionally challenging behaviour may be likely. Additionally prior to use, any potential seclusion room needs to be subject to a dynamic health and safety assessment and all risks eliminated e.g. dangerous materials, points of ligature.

## **16. Parents/Carers**

- 16.1 Must be fully informed of the risk assessment outcomes and the school's views about the possible need for seclusion as a protective measure. Their informed and written consent must be given.
- 16.2 Must be notified of each and every occasion where seclusion has been necessary with full details of the incident. This could be achieved through sending them a copy of a completed record form or done separately. The information given should include the date and time of the incident, behaviour that necessitated the seclusion and brief details about how long it lasted and who was involved. Where there is CCTV footage parents should be informed of this.

- 16.3 Should be closely involved and consulted about the planning, monitoring and review of their child's progress and management in school.

## **17. Management of Seclusion**

- 17.1 Seclusion must only be implemented when at least two members of the staff team have agreed it is necessary to ensure the safety of the:
- pupil
  - other pupils
  - staff
- 17.2 Any decision will need to take account of relevant contextual factors such as the child's ability level, previous history behaviourally and emotional circumstances.
- 17.3 At all times steps should be taken to avoid the possibility of cross gender management conflicts i.e. two male members of staff with a female pupil.
- 17.4 Care must be taken in the movement of the child into a place of seclusion, should restrictive physical intervention be required then all necessary procedures in accordance with the principles of Team Teach must be followed (*exception – Heronsbridge*).
- 17.5 It is the professional responsibility of staff to ensure that an individual is monitored and cared for throughout an incident. The best option is the use of CCTV with an audio facility as this will support a full retrospective analysis of incidents as well as allowing agencies and parents or carers to monitor practice. In the absence of CCTV equipment then as a minimum a sizeable viewing window is necessary to facilitate close observation of the child throughout.
- 17.6 Under no circumstances should children and young people be left in seclusion beyond the point where it is absolutely necessary and in the best interests of the individual. At least two members should remain involved at all times and work together on making decisions about the ending of the seclusion period. It is recognised that decisions are dependent on professional judgements but as a general rule this should not go beyond **15** minutes. If it is necessary to exceed this then a member of the Senior Management Team of the school or setting should become involved and give their authorisation to the seclusion. Staff need

to be aware that for some pupils extended periods of seclusion can be counter productive in trying to de-escalate situations and calm children.

- 17.7 **Appendix 5** provides a template for recording incidents on an individual pupil basis on the use of seclusion.
- 17.8 Pupils should leave seclusion when it is evident through their behaviour that they have calmed and no longer present a risk. Throughout the period of seclusion the adults involved need to remind the pupil of this.
- 17.9 An important element of the planning for identified pupils is work to ensure their understanding of the above and support in the development of more appropriate strategies of emotional regulation. This will be best done at times when the child is calm and emotionally secure.

## **18. Staff Training and Support**

- 18.1 Those who are involved, or likely to be, in the implementation of seclusion need to be fully aware of the implications of its use in terms of the emotional consequences for those involved, as well as the advice and information contained in this guidance.
- 18.2 Training needs to emphasise that this is only the final stage of an intervention process and that other strategies to defuse and manage a situation more positively should be put in place first.
- 18.3 Additionally wherever possible all should have appropriate training which typically would be the additional module of the Team Teach training programme. Where this is not the case, for example where someone is employed on a supply basis, as a minimum at least one member of staff should be fully trained.
- 18.4 All team members must have access to relevant professional supervision and support.

## **19. Action Following Incidents**

- 19.1 It must be recognised that an incident that results in the need for seclusion will be distressing for all concerned. Once the situation has calmed then it is important that appropriate actions are taken.
- 19.2 First and most importantly should there have been an injury then basic first aid or if necessary medical help must be sought. Schools should take action to report injuries to staff &/or pupils to the Corporate Health and Safety Unit (CHSU) in accordance BCBC Protocol for the management of INCIDENT RECORDING, REPORTING AND INVESTIGATION  
<http://www.bridgenders.net/healthandsafety/Documents/Guidance/Incident%20and%20Accident%20Reporting%20Protocol.pdf>
- 19.3 Secondly attention needs to be given to emotional needs that may arise. All those involved (including the child) should be offered emotional support and/or an incident debrief following an incident. Support may be provided by a number of colleagues: the classroom support team; a mentor on the school staff; a member of the Senior Management Team or if required by a representative from the LA Behaviour Support Service.
- 19.4 All incidents must be recorded using the serious incident form.
- 19.5 Finally parents and carers should be informed as soon as possible after the incident.
- 19.6 Given the seriousness around the use of seclusion, and the need to minimise its use to the fullest degree possible, a longer term response is for schools to review the individual plans for the pupil to ensure that their needs are being met fully and steps are in place to support them in developing alternative strategies and ways of behaving.

## **20. Recording/Review and Monitoring**

- 20.1 The Sims system offers a useful tool for recording and monitoring any interventions or incidents regarding behaviour and behaviour management. The Senior Management team should be using the data from Sims to regularly review the number and nature of incidents and to identify any patterns, places and pupils that commonly come up in the behaviour report in order to plan and manage problem areas.
- 20.2 As a minimum, schools should produce an annual summary and analysis of the use of restraint and seclusion. This should be shared with the Senior management team in School, Governing Body and representatives of the LA Behaviour Support Service to plan future support, training or interventions.

## **21. Child Protection**

- 21.1 Wherever there is any indication of possible contentious issues around Child Protection matters then guidance needs to be sought from the LA Child Protection Team for Education and Youth Service. In particular where there are specific child protection concerns the Assessment team should be contacted in accordance with procedures and guidelines.

## **Appendix 1 - Approaches to de-escalation of incidents**

### **A ) General strategies**

*It is important to remember that the manner in which a situation is approached might make the use of physical intervention unnecessary.*

*It may help to:*

- *move calmly and confidently;*
- *relate to the age, language levels and understanding of the child or young person;*
- *offer the individual a chance to communicate and listen carefully;*
- *make simple clear statements to the child or young person;*
- *maintain a quiet, firm and assured tone of voice;*
- *reduce the threat of physical presence by sitting down or allowing the child or young person space, e.g. backing off;*
- *be aware of body language and posturing that could be seen as being provocative;*
- *offer a constructive alternative activity;*
- *explain the consequences of refusing to stop;*
- *talk to the child or young person all the time;*
- *offer comfort, reassurance and security;*
- *try to calm using reassurance, empathy, redirection, incentives and rewards;*
- *maintain eye contact;*
- *allow the child or young person to save face;*
- *seek adult assistance;*
- *judge the risk of potentially increasing disruption as a consequence of physical intervention;*
- *change the personnel involved;*
- *remove others away from the child or young person.*

Once the situation is moving towards being out of control, your anxiety may also start to rise. Learn to recognise and respond to this by trying to calm yourself.

- Breathe deeply.
- Take time to react.
- Control/monitor your verbal responses (use simple language).
- Control/monitor your non-verbal responses (tone of voice, posture, facial expression).

*It may not be helpful to:*

- *give complex advice or instructions;*
- *speak quickly and loudly;*
- *trap a child or young person or stand too close;*
- *attempt to reason by asking questions;*
- *consider physical intervention to enforce compliance of an older or physically large child or young person, or when others present may be at risk of injury.*

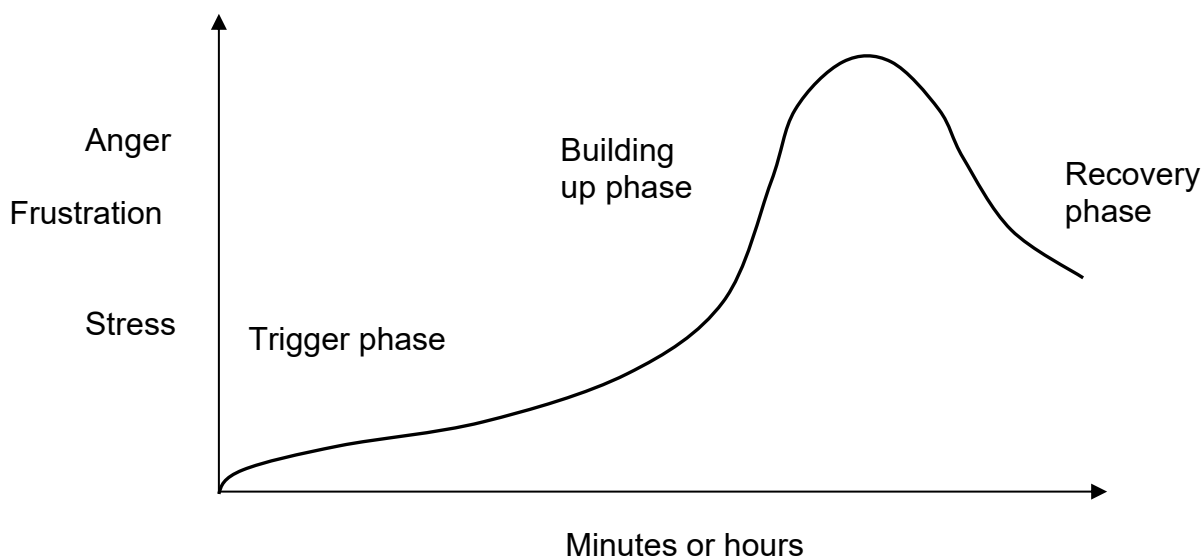
*Also:*

- *remind yourself of your plan for management;*
- *always have plan B at the ready.*

Other children or young people should never be involved in intervention.

### **B) The typical pattern of an uncontrolled emotional incident outburst**

Most major incidents do follow a similar pattern of three phases which, if understood and responded to appropriately can be helpful in avoiding an escalation.



The critical point for averting the explosion is the trigger phase. Beyond this as the child's level of anxiety, anger and frustration increases attempts to avert the incident will be less and less successful.

## Appendix 2 - Positive Handling Plan

Name of Child \_\_\_\_\_ Name of School \_\_\_\_\_

Positives- What is the pupil good at and what do they like doing?	Triggers- What situations have led to problems in the past?	Signs of agitation/aggression/anxiety? Early warning signals?
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

Describe any modifications to the environment or pupil routines that can be implemented to prevent anxieties rising?

1.
2.
3.

De-escalation-Describe any strategies that have worked in the past or should be avoided.

Strategy	Description of Impact	Try	Avoid
Verbal advice and support			
Firm clear directions			
Negotiation			
Limited Choices			
Distraction			
Diversion			
Reassurance			
Planned ignoring			
Contingent touch			
C.A.L.M. talking/stance			
Take up time			
Withdrawal offered			
Withdrawal directed			
Change of face			
Reminders of consequences			
Humour			
Success reminders			
Others			

From your risk assessment what is the likelihood of a child harming himself or herself, another child or adult in the event of an incident. Is it:-

Improbable	YES	NO
Possible	YES	NO
Probable	YES	NO

Please indicate whether this behaviour is likely to be directed towards a pupil or member of staff.

Type of incident	Towards other pupil	Towards member of staff
Verbal abuse		
Severe disruption of lesson		
Slapping		
Pinching		
Biting		
Punching		
Spitting		
Hair grabbing		
Neck grabbing		
Clothing grabbing		
Arm grabbing		
Body holds		
Weapons/missiles being thrown		

Preferred strategy for dealing with above incidents

Type of Incident	Approach									
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Verbal abuse										
Severe disruption of lesson										
Slapping										
Pinching										
Biting										
Punching										
Spitting										
Hair grabbing										
Neck grabbing										
Clothing grabbing										
Arm grabbing										
Body holds										
Weapons/missiles being thrown										
Self Harm										

1=Defusion/de-escalation strats from previous page, 2=verbal request made for behaviour to stop, 3= Summoning external assistance, 4= Wrap, 5= Single Elbow, 6= Double Elbow, 7= Figure of 4, 8= Separate fights, 9= Shield.

Follow up- Debrief and repair following the incident

Where	Staff member with whom the child has a good relationship

Notification

Agency	Parent/ Guardian	Social Worker	LEA Officer	GP/ CAHMS	Educational Psychologist	Child Protection Officer	Other
Name							
Signature							
Date							

Name of person completing this form \_\_\_\_\_

## Appendix 3 - Record of Serious Incident Involving Positive Physical Intervention of Pupils

This report should normally be completed as soon as practically possible after the incident.

Name of Pupil: \_\_\_\_\_ Year/Group: \_\_\_\_\_

Gender: Male  Female  Is the pupil a Looked After Child? Yes  No

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Place: \_\_\_\_\_

Reporting Staff: \_\_\_\_\_ Staff Involved: \_\_\_\_\_

Staff Witness: \_\_\_\_\_

Pupil Witness: \_\_\_\_\_

Behaviour	x	Reason for Physical Intervention	x	Management	x
Assault		Child Liable to Injury		Talk Through	
Vandalism		Other Child Liable to Injury		Sanction	
Bullying		Staff Liable to Injury		Reparation	
Abuse		Property Liable to Damage		Internal Suspension	
Serious Disruption		Good Order Prejudiced		Exclusion by Headteacher	P/Ft

Details of how the incident began and nature of pupil behaviour.

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De-escalation techniques used prior to physical intervention.

- |   |                          |                               |                          |
|---|--------------------------|-------------------------------|--------------------------|
| Verbal advice and support                   | <input type="checkbox"/> | Reassurance                   | <input type="checkbox"/> |
| Calm Talking                                | <input type="checkbox"/> | Humour                        | <input type="checkbox"/> |
| Distraction                                 | <input type="checkbox"/> | Options Offered               | <input type="checkbox"/> |
| Step Away                                   | <input type="checkbox"/> | Support Systems               | <input type="checkbox"/> |
| Negotiation                                 | <input type="checkbox"/> | Non-threatening Body Language | <input type="checkbox"/> |
| Physical Intervention (Excluding Restraint) | <input type="checkbox"/> | Instruction                   | <input type="checkbox"/> |
| Warning                                     | <input type="checkbox"/> | Other (Please Specify)        | <input type="checkbox"/> |

Positive Physical Intervention technique (s) used. Enter sequence number and number of staff.

Technique	Standing		Sitting/ Chairs		Kneeling		Ground	
Single Elbow hold								
Figure of Four								
Double Elbow hold								
Wrap								
Shield								

Length of Time of Positive Physical Intervention: \_\_\_\_\_

Brief Description of Positive Physical Intervention: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Details of any Injury      Staff       Pupils       Both

Medical Treatment      Yes  No

Accident Form completed      Yes  No

Give brief details of injury and treatment: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Damage to Property      Yes  No

Give brief details: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Incident Reported to (Name): \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Report Compiler: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of other staff involved: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**NB. Copy to be kept in school & copy kept by person/persons who undertook intervention**

## ***Appendix 4 - Sample Checklist***

### **The Use of a Dedicated Time-Out Room:**

- has been endorsed by the school community and incorporated as part of a continuum of behavioural interventions in the school behaviour policy;
- has been risk assessed in relation to pupil and staff safety;
- allows for meaningful educational activity to be provided for pupils;
- has adequate ventilation, lighting and heat;
- has adequate space for pupils and staff;
- allows arrangements for the pupil to have lunch and toilet breaks when time out occurs across those periods;
- is conducive to de-escalating inappropriate behaviours;
- is not to be locked, latched or secured in any way that would, in case of an emergency, prevent staff or the pupil from exiting the room;
- is monitored.

## **Communication and Evaluation:**

- procedures for the use of time out have been communicated to all pupils, parents and carers and school staff;
- training has been conducted for school staff in procedures for the use of the dedicated time out room;
- a record of the use of the dedicated time out room with each individual pupil and for each occasion is maintained;
- procedures for notifying parents or carers of the use of the time out room with their child have been considered;
- procedures for referral or re-referral to the Behaviour Support Team have been developed;
- procedures to be followed if a pupil does not comply with the use of the time out room or if the use of the use of the time out room is not successful in managing the behaviour of the pupil have been developed;
- data on the use of the time-out room is used to assess its effectiveness in supporting an individual pupil;
- data on the use of the time out room is used to assess the effectiveness of the strategy within the context of the regular review of the school's behaviour policy.



