



Behaviour Policy

Policy developed by:	Behaviour Team
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COVID-19 Addendum - January 2021

Health and Safety

Special education settings like Red Gates, face some specific challenges with social distancing and the use of consistent groups (bubbles) - and this is the case with the behaviour team responding to call-outs. However, the behaviour team will continue being on-call, as we have been during the pandemic so far, as behaviour support is a core aspect of the provision our pupils are afforded. Behaviour team members will continue with robust hand-washing practices, ensuring they wash their hands after each and every call-out. Radio's and other behaviour resources will be sanitised between uses.

Classes should request assistance from their own class in the first instance and where it is possible. If it is not possible, then behaviour should be called. Please do not offer to help with a behaviour incident that is outside of your class, unless you can see it is a genuine emergency.

Well-being and mental health

Many of our pupils found covid restrictions exceptionally difficult socially and emotionally' - classes should be aware of changes to behaviour that might indicate a pupil is struggling with anxiety, stress, low mood or other mental health challenges. All staff should be mindful of this when setting expectations in the classroom. There should be an emphasis on building strong trusting relationships, giving choice and control to the pupil in as many areas as possible, and creating a safe space to express themselves. Where possible, identify coping strategies that pupils can learn to regulate their feelings and moods and practice these frequently.

If face coverings are causing distress to a pupil, you may remove the face covering for a short period of time. Please let Holly know if there is a pupil in your class that absolutely doesn't tolerate staff wearing masks to the point that it is causing concerning behaviours. Be aware that some pupils may tolerate staff wearing face masks most of the time, but if they are in 'active' or 'reactive/crisis' phase, then they may no longer tolerate it.

Communication

Classes should consider the use of communication aids and Social Stories to help with the transition back to school.

Teachers must ensure appropriate visual aids are available and utilised; and all staff must use Makaton as much as possible, remembering that their mouth will be covered with a mask making communication that much harder.

Please call or email the behaviour team if you have any questions/comments about this addendum:

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Behaviour at Red Gates

1. Introduction

At Red Gates School we maintain a safe and secure learning environment and aim to create an atmosphere promoting effective communication to allow each pupil to reach their full potential. By acknowledging that a pupil's behaviour serves to communicate their needs, desires and wishes, we seek to understand behaviour in this context.

Behaviours of concern, or challenging behaviours, can be defined as a behaviour that is 'of such an intensity, frequency or duration as to threaten the quality of life / physical safety of the person or others, and is likely to lead to responses that are restrictive, aversive or result in exclusion' (Royal College of Psychiatrists, 2007). This definition allows us to produce thresholds for reporting and monitoring such behaviours.

At Red Gates, we investigate and analyse behaviour using the PROACT-SCIPr-UK framework. This stands for Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Interventions and Preventions. This framework ensures that interventions are devised in a person-centred way, specific to the meaning of each specific behaviour. The system was first developed in New York and has been revised by the Loddon School and is now nationally recognised and implemented throughout the UK. It is specifically promoted and accredited by the British Institute of Learning Disabilities (BILD).

Red Gates has a dedicated behaviour team, comprised of three Teachers who are PROACT-SCIPr-UK trained, and a Behaviour and Learning Support Practitioner. The behaviour team is committed to identifying the functions of a pupil's behaviour, understanding the context that influence the behaviour (setting events, triggers) and identifying early warning signs and appropriate de-escalation methods.

2. A Proactive Approach: Positive Behaviour Support

Staff at Red Gates adopt a positive and proactive approach to supporting and improving behaviour. The school works in partnership with parents/carers, multi-disciplinary health professionals and other external agencies.

i. PROACT-SCIPr-UK

PROACT-SCIPr-UK emphasises proactive and preventative strategies which integrates entirely with the individualised person-centred planning and visual communication advocated by Red Gates. Staff are expected to tailor the environment, language and communication, and learning resources in an attempt to prevent challenging behaviour or a pupil reaching a behavioural crisis.

Should a crisis occur, Red Gates staff should only use PROACT-SCIPr-UK physical intervention techniques. The behaviour team are trained Instructors and they train all other teachers, teaching assistants, lunch-time support assistants, long term agency staff and caretakers in several core common techniques. More specialist interventions are taught to some staff where we look at the needs of an individual pupil or class

ii. Environment

The school environment is a key starting point to enable staff to anticipate pupil's needs and where pupils can learn and explore at their own pace. Staff are expected to make use of strategic areas of the school to promote positive behaviour, such as chill-out rooms, outside learning environments and sensory spaces. In addition, each classroom has its own outside area to use as and when needed. Where necessary, pupils can work to tailored timetables to enable them to access as much learning as possible. This may include taking lessons out of the usual classroom context. Each teacher will adapt the learning environment of their class to the needs of their students.

iii. Communication

As effective communication can have a positive impact on behaviour, staff should use a wide variety of different communication aids and strategies. such as: objects of reference, Makaton signing, symbols and photos. These all help pupils to learn and predict what will happen next and what is expected of them. All staff will be aware through training of these communication methods and standardised systems are used throughout the school.

iv. Sensory Needs

Sensory strategies are incorporated as necessary to meet pupil's needs. These may be discussed with an Occupational Therapist and can include sensory trays, use of sensory areas, use of sensory toys etc. Staff are expected to take each pupils sensory needs into account when planning to avoid crisis.

v. Celebrating positive behaviour

At Red Gates, we believe in celebrating and rewarding positive behaviour at every opportunity. We do this in a number of ways; social praise from staff; writing to parents/carers in the home/school books; presenting special certificates in a weekly assembly; giving stickers or motivating items out to the child in class; and by the annual 'Celebration of Achievements' ceremony. By celebrating positive behaviour, we set behavioural expectations of our pupils, and teach them that positive behaviour gets rewarded.

vi. Multi-disciplinary team

In consultation with parents/carers, a member of the broader multi-disciplinary team (MDT) at Red Gates, (e.g. clinical or educational psychologist or speech and language therapist), may work alongside the behaviour team and with the family to devise strategies to support the child at home. Occupational therapists work with the class teacher to devise appropriate sensory strategies for each child on an individual

basis.

These collaborative proactive approaches help ensure that early and preventative intervention is the standard for behaviour management. We aim to reduce the occurrence of challenging behaviours and ensure that the use of physical force is rare and last resort only.

3. Parents/carers involvement

We recognise that parents and carers are the best source of knowledge about their children. Therefore, staff are open and transparent with parents/carers in regards to their child's behaviour at school, and seek their input at every available opportunity.

When there are incidents or changes to their child's behaviour, parents/carers are informed through phone calls made by the class teacher, notes written in the home school book, or face-to face discussions. Parents/carers are invited to discuss their child's behaviour, whether positive or negative, and to put forward ideas, concerns or strategies relevant to their child. Discussions and input will be facilitated at Personalised Plan (PP) meetings, annual reviews, behaviour clinics, phone calls, or meetings set up specifically with the behaviour team. The behaviour practitioner can also visit the home to observe behaviour and support families where necessary.

It is important to emphasize that we value and listen to the advice and ideas that the Parents/Carers want to share.

4. Functional assessments

When a pupil's behaviour becomes challenging, a functional assessment may be undertaken by the behaviour team if staff are unable to figure out the function of a pupil's behaviour and/or needs additional support to devise and implement strategies for certain behaviours of concern. The staff team will make a referral outlining all the strategies they have tried so far and the outcomes of each. The behaviour team will take data and do in-situ observations in order to identify the function, and to devise appropriate strategies. These are discussed with the class teams and parents where possible. The result of the functional assessments will inform the Behaviour Support Plans (BSP) or Behaviour Support Needs (BSN)

5. Behaviour Support Plans

Both BSPs and BSNs are a two-sided, single page document and serve to provide consistent strategies and act as guidance on how to deal with the identified behaviour/s or the behaviours which are causing concern. BSP and BSNs set out the action taken to:

- Meet the pupil's needs
- Encourage the pupil to make positive choices and develop self-control
- Support the pupil in difficult situations
- Safely manage crises if and when they occur.
- Ensure adequate recovery from a crisis and return to lessons.

Behaviour Support Plans (BSP) will be implemented for:

- Behaviours which may put the pupil, their peers or adults at risk of serious injury, (e.g. biting which breaks the skin, hitting with full force, strangulation).
- Behaviours which may result in restrictive practices being used (time away from lessons/peers or physical intervention).
- A behaviour that poses significant health and safety risks and that need consistent management strategies (e.g. absconding or smearing of faeces).

Behaviour support needs (BSN) will be implemented for pupils who need specific behaviour support to ensure consistency, but whose behaviours don't have as severe consequences as those with a BSP. Examples of this include behaviours that impact the teaching and learning of the pupil or others, (e.g. frequent disrobing, low to mid-level disruptions).

All BSP and BSNs will have input from, parents/carers, class teacher, the behaviour team and where appropriate the pupil themselves, who will then all agree and sign the plan along with the head teacher. Signed copies of each document will be displayed in classrooms and Teachers and TAs will ensure that staff new to the classroom are told about pupil's behaviour and where to find the behaviour support plans.

Plans should be formally written in accordance with school procedures and set out the action to be taken using the following headings:

- Aim.
- Setting Event(s).
- Trigger(s).
- Message/Function(s).
- What Does My Behaviour Look Like in the Proactive/Active/Reactive Phases?
- Proactive Strategies Employed during Proactive (Environmental and Skills Teaching)/Active and Reactive Phases.
- Post Crisis Strategies.

i. Monitoring, reporting and recording use of behaviour support plans.

It is the responsibility of class teachers, supported by the behaviour team, to ensure behaviour support plan strategies are carried out consistently in the classroom. Any discrepancies, queries or comments should be directed to the behaviour team. BSPs and BSNs are reviewed termly by the class teacher and the behaviour team. Small amendments to the plan may be made and written on, signed and dated by the class teacher, and must be shared with parents and relevant staff. It is the responsibility of class teachers to ensure that any behavioural incident which reaches the threshold for reporting, including all restrictive interventions that are either planned on the BSP, or unplanned, are recorded on Behaviour Watch. This should be written by the staff member that was involved. The behaviour team keep records of which pupils have a BSP or BSN and regularly review these.

Recording concerning behaviour data is undertaken when necessary and/or as part of a functional assessment, i.e. when a new behaviour of concern is shown, or a behaviour seems to serve a new function. This data will inform every review of the BSP/BSN.

Restrictive Physical Interventions

6. Introduction

We acknowledge that some pupils that can exhibit severely concerning behaviours, which may necessitate the use of restrictive interventions as part of their behaviour support plan, to prevent injury or damage to property.

The term 'Restrictive Intervention' comprises of the following:

- Physical (restraint, guides and holds)
- Pharmaceutical (PRN medication)
- Seclusion (time-out alone)
- Mechanical (e.g. harness)

PROACT-SCIPr-UK is used in the management of challenging behaviours by providing a structure of support that minimises the use of physical intervention. However, where absolutely necessary, PROACT-SCIPr-UK physical interventions strictly adhere to the code of practice outlined in the Department for Education and Skills 'Valuing People', (July 2002), and the BILD 'Code of Practice (2001).

This policy will refer to 'significant physical interventions' which denotes the following PROACT-SCIPr-UK techniques:

Two-person escort, adapted physical intervention, back choke release, front choke release, front choke windmill release, touch support with resistance, two-person arm support, unplanned physical intervention. Closed door seclusion intervention is also grouped here.

We do not use any techniques which can restrict breathing or inflict pain or pressure on joints. All staff that successfully complete the PROACT-SCIPr-UK training and are assessed as competent by the Instructors are authorised to use restrictive physical interventions.

7. School Expectations

All staff must be aware of the distinction between physical contact and touch in everyday situations to support, encourage, guide or comfort a pupil compared to the use of physical intervention to restrict movement or to disengage from pupils whose behaviour presents a clear risk of injury.

The use of restrictive physical interventions must always be considered within the wider context of other measures. Proactive and preventative measures such as establishing and maintaining good relationships with pupils, having knowledge and understanding of their individual needs and environment should already be in place.

First resort strategies should have also been attempted, such as distraction, diversion and negotiation to try to de-escalate a potential crisis. When all this has not worked, physical intervention should be the last resort. Use of any restrictive physical intervention must be reasonable and proportionate taking into account the pupils best interests. Any use of physical force that is unwarranted, excessive or punitive is not acceptable. Failure to comply with this principle, when using physical force, will be dealt with under school disciplinary procedures.

Instances where physical interventions are unwarranted, excessive or punitive and therefore should not be practiced in school include:

- Significant physical interventions for low-level concerning behaviour. E.g. two-person escort for a child who is slapping with minimal force, or pulling or dragging a pupil if they are refusing to move or have dropped to the floor.
- Holding or restraining a pupil because of something you think they might do. E.g. touch support throughout a transition as 'last time they hit me'

8. Risk assessments

i. Planning for use of restrictive physical interventions

a. Pupil-specific Risk Assessments

A formal risk assessment will be completed when there is a likelihood that an identified behaviour will necessitate the use of physical intervention. This may be when a pupil joins Red Gates, or when staff refer a pupil to the behaviour team because a new behaviour is shown that poses a severe risk of injury or restrictive practice. The process will assess the risk of any concerning behaviours that could serious harm the pupil or other people, and / or put the pupil at risk of restrictive intervention. It will highlight what the hazards are and who may be at risk. The risk assessment is then shared with the class team, and dependent on the outcome, a functional assessment and / or a BSP or BSN may be conducted/written. Any further actions that need to be taken in order to reduce the risks are also decided and agreed upon. Planned use of physical intervention must be clearly shown to be in keeping with the pupil's Education and Health Care Plan and the pupil's Individual Education Plan and documented properly.

b. Physical Intervention (PROACT-SCIPr-UK) Risk Assessments

Techniques and methods for restraining pupils using restrictive interventions are all risk assessed by Loddon, who accredit our PROACT-SCIPr-UK training. These can be found in the 'audit-based interventions' booklet. Additionally, the behaviour team will assess that each restrictive intervention is safe, suitable and appropriate for use with the named pupil taking into account any medical or cultural needs they may have. All techniques will also be agreed in partnership with the pupil's Parent/Carer. In the event of disputes over, or concerns about, techniques and methods being considered, the Head Teacher or Behaviour Support Practitioner would liaise with the educational psychologist, clinical psychologist or the LEA.

Instances where physical interventions may be deemed as reasonable include:

- Preventing injury to the pupil, other pupils or adults due to aggressive

- behaviour (hitting/biting/kicking/strangling)
- Preventing destruction of property (e.g. smashing windows)
- Prevent absconding and the risks associated with this (tram lines/getting lost)
- Preventing pupils from ingesting inedible objects (including sharp objects or faeces)

9. Use of restrictive physical interventions in unforeseen and emergency situations

We acknowledge that on occasions staff may find themselves in unforeseen or emergency situations where they have no option but to use reasonable force to manage a crisis. Staff are expected to:

- Complete a quick dynamic risk assessment of the situation and call for help if required.
- Attempt to use first resort, distraction and diversion techniques to de-escalate the situation. Only use physical intervention when as a last resort where all other strategies have failed.
- Only use PROACT-SCIPr-UK techniques and methods with which they have been trained in, are familiar, confident with, and are permitted by the school.
- In exceptional circumstances (where permitted techniques are ineffective or staff are unfamiliar with the action they should take) – staff to manage the situation in compliance with the Education and Inspection Act 2006 (Part 7, chapter 1, point 93):

Power of members of staff to use force:

A person to whom this section applies may use such force as is reasonable in the circumstances for the purpose of preventing a pupil from doing (or continuing to do) any of the following, namely—

- *committing any offence,*
- *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.*

Unforeseen or emergency situations staff may find themselves include:

- Fire / medical / terrorist / weather emergencies
- Event or situation unforeseen whilst out in the community, such as a demonstration/rally or disruption to planned travel routes.
- Novel behaviours of concern not displayed before by a pupil.

Techniques that are acknowledge as *acceptable physical force* in the instances above may include:

- Picking up and carrying a pupil that is refusing to move (in an emergency).
- Using a two-person escort to move away from a dangerous situation.
- Using a soft object or cushion to block hits or to give space.

10. Reporting and recording the use of restrictive physical interventions

i. In-house recording and reporting

All instances of physical intervention or force will be recorded on Behaviour Watch, and in cases of physical force, a member of the Leadership and Management Team (LMT) will be informed immediately.

ii. Reporting to parents/carers and external agencies

All significant physical intervention uses must be reported to the pupil's parents as soon as possible after the incident and definitely the same day. They should be told when and where the incident took place, why it was decided that the physical intervention should be used, whether there were any injuries and what follow up action was taken in relation to their child.

The school will take action to ensure that parents and the local authority are informed about these incidents in accordance with agreed local procedures and times scales.

iii. Recording Injuries

All injuries sustained to staff and/or pupils that happened in school or on an outing will be recorded on Behaviour Watch.

The behaviour team and LMT will monitor the frequency and severity of injuries to staff and pupils (through using Restrictive Intervention or otherwise) and report on a termly basis to school governors.

11. Monitoring Restrictive Physical Interventions

Use of physical intervention in school will be monitored in order to help staff learn from past incidents, promote the well-being of pupils in their care, and provide a basis for appropriate support. Information on trends and emerging problems will be shared with the school using local procedures. For example, the frequency and duration of restrictive interventions will be monitored and measured by the behaviour support practitioner weekly and reported to the LMT half-termly.

12. Reducing Restrictive Interventions

Red Gates School is committed to reduce restrictive interventions and aims to accomplish this by utilising a range of prevention tools, such as:

- Behaviour Team available to train and support staff using PROACT-SCIPr-UK (see below)
- Behaviour Support Plans to support pupils in proactive ways.
- Behaviour Policy to inform staff of the School's expectations.
- Use of behaviour data and debrief data to inform future practice.
- Creation of appropriate environments in the classroom and around the school.
- A multi-disciplinary and person-centred approach.

i. Staff training.

Staff use training by the Loddon Foundation (Ltd) in PROACT-SCIPr-UK®. The

behaviour team instructors train all other school staff using an induction process which consists of introductory and foundation training courses. This training is designed to help staff link meeting pupil's needs with positive behaviour support in an attempt to be proactive rather than reactive.

Staff are taught a range of interventions and techniques to be used in their day-to-day work. Training will be updated annually and each staff member completes 6 hours of refresher training each year. Staff involved in implementing planned use of physical intervention will be trained individually by the Behaviour Lead in their Pathway for the specific strategies they will need.

Assessment consists of quizzes and observations conducted on the day of training and once passes, staff are signed off as competent to use the skills they have learnt.

ii. Behaviour Data reports and trends

Using the data from Behaviour Watch, reports will be created to show frequency, duration and severity of behavioural incidents and can be customised to show data from each pathway, or from those with a BSP for example. LMT will be notified of any causes of concern in relation to behavioural incidents, and governors will receive an overview report each term.

The behaviour team will keep an eye on trends and patterns of behaviours and will review pupils BSP/Ns where necessary.

13. Post-incident support

Incidents that require use of restrictive physical interventions can be upsetting for those involved and may result in injuries to the pupil or staff. After incidents have subsided, it is important to ensure that staff and pupils are given emotional support and basic first aid treatment for any injuries. Paediatric first aiders are clearly displayed in all classrooms. Immediate action will be taken to ensure that medical help is accessed for any serious injuries. All injuries will be reported and recorded in accordance with school procedures. The school will take action to report any injuries to staff or pupils in accordance with RIDDOR.

All staff and pupils will have access to a debrief by a member of the Behaviour Team. This may range from an informal chat to a more structured debrief interview. The purpose of a debrief is to provide emotional support to those involved, as well as contributing to positive change in practice and procedures by analysing past incidents of challenging behaviour.

14. Responding to complaints

The use of restrictive intervention can lead to allegations of inappropriate or excessive use of force. In the event of a complaint being received by the school in relation to use of unwarranted, excessive or punitive force by staff, the matter will be dealt with in accordance with the agreed procedures for handling allegations against members of staff. The school will only take action to suspend staff subject to such allegations after careful consideration of whether this is the appropriate course of action.

15. Additional Information and guidance in relation to supporting challenging behaviour

Other documents to be used in tandem with this policy are:

- Joint DfES/DH guidance, “The use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning difficulties and / or autistic spectrum disorder” (July 2002)
- Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder (2002, DfES and DH)
- DfES guidance issued September 2003, “Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties”
- The Education and Inspection Act 2006, which clarifies the position about use of restrictive physical interventions by teachers, teaching assistants (TAs) and other staff authorised by the Head Teacher.
- Education Act 2011
- Behaviour and discipline in schools. Advice for head teachers and staff 2013.
- Use of reasonable force. Advice for head teachers, staff and governors. Department of Education July 2013
- Reducing the need for restraint and restrictive intervention – November 2017

These documents can be found on Teacher Share for staff and can be printed for any parents / other non-staff to read.

This policy will be reviewed annually.

16. Signatures

Chair of Governors

Date

Head Teacher

Date