

CHESHIRE EAST
SPECIAL SCHOOLS' CONSORTIUM
BEHAVIOUR SUPPORT POLICY

SPRINGFIELD SCHOOL

PARK LANE SCHOOL

JANUARY 2013

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GUIDANCE FOR USING THIS POLICY

This policy is intended to give a rationale of Park Lane School's approach to supporting pupils who present behavioural challenges, and also to provide guidance to staff on the procedures to follow.

Section 1 (pages 6-12) should be read by all staff

Section 2 (pages 13-20) gives specific guidance in relation to physical contact and physical intervention. All staff should be made aware (through general induction or staff training processes) of the distinction between these two and of their responsibilities in ensuring any day to day contact with pupils remains within these guidelines.

This section should be read by:

- Governors
- Members of the school's Leadership Team
- The school's behaviour coordinator/s
- Any staff working with pupils who have formal Individual Behaviour Plans which have been written in liaison with the school's behaviour coordinator
- Any staff who use any physical intervention with a pupil as a planned reactive response

Section 3 (pages 21-23) gives details of factors to consider in the wider implementation of this policy and should be read by:

- Governors
- Members of the school's Leadership Team
- The school's behaviour coordinator/s

Section 4 (pages 24-37) contains appendices 1-9 which behaviour coordinators may wish to use to assist them in the formulation of support plans for individual pupils.

Governors and members of the school's Leadership Team may wish to familiarise themselves with Appendix 6 (a risk assessment pro forma) and Appendix 7 (the agreed pro forma to be used by all consortium special schools to record incidents in which physical intervention is used).

GLOSSARY

Active strategies	Those used to respond to known behaviour pre-cursors (ie warm-up signs) to change or de-escalate the situation and so avoid the target behaviour occurring
Aversive strategy	One which uses consequences which the pupil would find unpleasant and wish to avoid (eg punishment)
Baseline data	Recording of the behaviour (its frequency, severity and duration) as it is now, without any new strategies being implemented
Behavioural assessment	Full assessment carried out by a trained consultant, to identify all the factors which impact upon and contribute to, the pupil's behaviour
BILD	British Institute for Learning Difficulties
Brief Functional Assessment	Document used by behaviour coordinators to identify mismatches in a child's environment and to hypothesise reasons why behaviour is occurring and the messages being communicated through it
Counter-intuitive strategies	Involves using highly reinforcing activities or objects as distracters during a moment of crisis
Course and cycle of behaviour	How the behaviour progresses, from the first warm-up signs, through to its full occurrence, escalation, de-escalation and ultimate cessation
Direct treatment strategies	Written programmes intended to bring about rapid and safe control whilst the longer term plans are taking effect. These direct treatment strategies may include the use of schedules of reinforcement, stimulus satiation, stimulus control or instructional control techniques
Ecological changes	Changes made to the pupil's physical environment
Emergency management	Responding to a potential crisis situation to keep people safe
Frequency recording chart	Simple tally chart which records the occurrence of each identified behaviour, on a daily basis
Functional analysis	Part of a behavioural assessment, which seeks to form a hypothesis about why a behaviour is occurring
Functionally-equivalent skills	New skills that need to be taught, which will produce the same outcome as the target behaviour, for the pupil (eg to touch an "escape" symbol rather than hit somebody)
Functionally-related skills	New skills that need to be taught, that are related to the target behaviour eg communication, increased tolerance, relaxation, independence skills
Gradient response	Using the least restrictive intervention first, and gradually increasing contact only as it is required
IABA	Institute for Applied Behaviour Analysis (Los Angeles)
Individual Behaviour Plan	Detailed document provided for an individual pupil, incorporating ecological changes to make, IEPs to teach replacement, related and coping skills, details of reward schedules and a list of reactive strategies to employ when target behaviour occurs
Instructional control	Involves using a pre-potent instruction to interrupt a behaviour eg blowing a whistle, saying "fold your arms!"
Interim Support Plan	An interim report produced by the school's behaviour coordinator, giving a list of suggested ecological and programmatic changes, and possible active and reactive strategies, for staff to follow immediately, to keep people safe, whilst more detailed guidance is being prepared

Interpersonal changes	Changes made to the way staff and peers interact with the pupil
Non-aversive strategy	One which uses only positive responses, and consequently does not use punishment and response costs
Physical contact	Contact made between one adult and a pupil, to assist with learning (eg manual guidance), ensure safety (eg provide first aid, hold hand to cross road, block a pupil's attempted aggression aimed at self or another), provide basic needs (eg assist with feeding and toileting), or to offer empathic support when assisting a pupil to calm/regain self-control (eg an arm around a shoulder, a hug as a planned strategy)
Physical intervention	The interruption of a behaviour by two adults making simultaneous physical contact with a pupil (eg each placing a hand on a forearm, shoulder blade etc)
Programmatical changes	Changes made to the pupil's work environment (eg content, delivery)
Reactive strategies	If active strategies have been unsuccessful and behaviour has continued to escalate, those strategies used to interrupt the behaviour cycle to reduce its possible impact or severity, and so keep people safe
Recommended support plan	Support plan produced by a trained consultant (following a full behavioural assessment) containing ecological, interpersonal and programmatical changes required, detailed programmes for teaching functionally-related and functionally-equivalent skills, direct treatment strategies and specific situational management strategies
Redirection	Distracting a child from continuing with a behaviour by presenting an alternative activity or moving to another place
Schedule of reinforcement	Reward system planned using a powerful reinforcer provided at specific intervals during the day, usually contingent upon a target behaviour not having occurred during that set period of time
STAR recording sheet	Detailed recording sheet, which requires information about Settings, Triggers, Action and Results
Stimulus change	Powerful emergency management strategy to momentarily interrupt a behaviour, which involves introducing a sudden and novel stimulus into the environment eg pretending to answer an imaginary telephone call
Stimulus control	Involves establishing artificial control over a behaviour so that it only occurs in certain environments and under certain conditions
Stimulus satiation	Involves knowing what the reinforcer is that is maintaining a behaviour, and making it freely available, thus removing the need for the behaviour to occur
Target behaviour	The behaviour which has been identified to be recorded/changed

SECTION 1

This Section should be read by all staff

CHESHIRE SPECIAL SCHOOLS' CONSORTIUM BEHAVIOUR SUPPORT POLICY

A consortium of 8 Cheshire special schools has developed this policy: Dee Banks, Dorin Park, Greenbank, Rosebank, Hinderton, Russett, Park Lane and Springfield. Representatives from each school regularly attend development training days led by an external IABA-trained consultant.

PURPOSE

This document is in line with Park Lane School's policy and embraces the ethos set out in the school's mission statement and the national "Every Child Matters" framework. It follows guidelines set out in the following documents:

- "Physical Interventions: A Policy Framework" (BILD, 1999)
- "Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder" (DES/DOH, July 2002)
- Section 550ZA of the Education Act 1996
- Section 89 of the Education and Inspections Act 2006
- Section 93 of the Education and Inspections Act 2006
- "Guidance on the Use of Force" (Cheshire LA, Spring 2008)
- Equality Act 2010
- "Use of Reasonable Force: Advice for Head Teachers, Staff and Governing Bodies" (DfE, September 2012)
- "Behaviour and Discipline in Schools: A Guide for Head Teachers and School Staff" (DfE, April 2012)
- "Behaviour and Discipline in Schools: Guidance for Governing Bodies" (DfE, September 2012)
- "Ensuring Good Behaviour in Schools: A Summary for Head Teachers, Governing Bodies, Teachers, Parents and Pupils" (DfE, September 2012)
- "Screening, Searching and Confiscation: Advice for Head Teachers, Staff and Governing Bodies" (DfE, November 2012)

INTRODUCTION

The impact of an Individual Behaviour Plan should be that:

".. as a result of what we have done, we can show that the person has a better quality of life; the person is happier, has greater access, greater opportunity, greater control. That is, we have achieved our *valued outcomes*." (LaVigna and Willis, 2002)

At Park Lane School all staff share common values, which include a commitment to operate within the law and promote services to assist our pupils to fulfil the following aims:

- To encourage age appropriate and valued involvement within our school and wider community
- To develop skills necessary to make informed choices, which others will respect
- To develop independence skills for use beyond school life
- To foster the development of social relationships and friendships
- To support the individual in the continuous process of self-discovery
- To reduce incidences of behaviour which adversely impact on any pupil's own physical or emotional wellbeing, or on the emotional or physical wellbeing of others

At Park Lane School we embrace this philosophy and acknowledge the importance that behaviour plays in allowing a pupil access to continuing social and personal development. In line with the Equality Act 2010, we acknowledge that challenging behaviour is often the result of an unmet need and/or difficulties in communicating those needs to others, and as such we aim to respond to such individual challenges at the individual level. By identifying inappropriate and challenging behaviours, addressing mismatches and unmet needs, and designing programmes to teach more effective and acceptable means of interaction, we aim to enhance the life experiences of all of our pupils so that no-one is unfairly disadvantaged as a result of their differing needs. In order to fulfil this aim, we adopt the principles and practices of the Institute of Applied Behaviour Analysis (IABA), using positive approaches to solve behaviour challenges.

RATIONALE

Many pupils with severe, profound or complex learning difficulties experience difficulties in monitoring and regulating their own behaviour, and staff who work in these environments require a range of skills in order to meet these everyday challenges. Park Lane School recognises the importance of continuing professional development and provides induction and INSET training to all staff to support them to fulfil their professional duties effectively. Specific training in using the IABA model to support pupils to overcome behaviour difficulties is made available to staff at several points during the year. In addition, the school has identified particular staff (who have trained to a higher level in the IABA approach) to act as coordinators within school. Coordinators have their own ongoing programme of training throughout the year, and are able to provide in-house training and support to all staff within school to respond to the behavioural needs of their pupils.

With their own professional training, and additional support offered by coordinators, most staff in schools will be able to meet the everyday behavioural challenges of their pupils, without needing to produce prescriptive behavioural programmes. Where more specific actions and responses are needed, this may be accomplished by including guidance within a pupil's pen portrait or profile, individual education plan or similar documentation.

For a small number of children within any classroom, the teacher may produce a more formalised behaviour programme, such as an LRT (Listen, Respond, Teach) Plan, which will include information on the messages behind the behaviour, responses to make when behaviour does occur to de-escalate a situation, and details of new or replacement skills which need to become the focus of a teaching programme.

At Park Lane School, it is envisaged that the above measures will be sufficient in meeting the behavioural needs of most pupils. However, we acknowledge that for a very small number of children, the challenge which their behaviour presents can be significantly greater. Emerson (1995) defines such "challenging behaviour" as:

“...behaviour of such intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities, or impair a pupil's personal growth, development or family life.”

(Emerson, 1995)

For those pupils whose behaviour has the potential to challenge at this level, it may be necessary for coordinators to support staff to produce a more formal Individual Behaviour Plan (based on the IABA multi-element model) by following the stages as set out in subsequent sections of this policy.

SAFEGUARDING CHILDREN

The available evidence on the extent of abuse among disabled children suggests that they are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.

Staff need to be aware that changes in presenting behaviours could be an indication that a child has been subject to abuse.

Where a disabled child has communication impairments or learning disabilities, attention should be paid to communication needs and to ascertaining the child's perception of events and his or her wishes and feelings. Staff should be aware of non-verbal communication systems and should know how to contact suitable interpreters or facilitators. Professionals should not make assumptions about the inability of a disabled child to share their information about their concerns.

If staff believe that presenting behaviours might indicate that a child has been subject to abuse then they should follow the Local Safeguarding Children Procedures which are essentially the same as for non-disabled children. Particular attention should be paid to promoting high standards of practice and a high level of awareness of the risks of harm and strengthening the capacity of children and their families to help themselves.

SCHOOL RULES

In line with Government requirements, Park Lane School has devised the following school rules, which are communicated to all parents and pupils via Home-School Agreements and publication in this policy document. These rules focus on promoting a culture of care, cooperation, respect of oneself and others, and developing self-awareness and self-control in order to keep people safe. Our school's Golden Rule is therefore "Show you care for yourself and others" and pupils will be expected, and where necessary, taught how to:

- Be helpful and kind
- Care for each other
- Always do your best and let others do the same.
- Be sensible around school and on the playground.
- Always follow any classroom rules.
- Be proud of yourself and your work.
- Learn from your mistakes.
- Always be safe.

SEARCHING PUPILS FOR PROHIBITED ITEMS

As for all schools, the Head Teacher and staff authorised by the Head Teacher have a statutory power to search pupils or their possessions, without their consent, if they have reasonable grounds to suspect they may be in possession of any of the following prohibited items:

- knives or weapons
- alcohol
- illegal drugs
- stolen items
- tobacco and cigarette papers
- fireworks
- pornographic images
- any article that the member of staff reasonably suspects has been, or is likely to be used to commit an offence, or to cause personal injury to, or damage to the property of, any person (including the pupil)

For the safety of all pupils and staff, the above items must not be brought into school and parents and pupils are made aware of these restrictions via the publication of this information in this policy and in the Home-School Agreements.

GUIDANCE FOR COORDINATORS AND CLASSROOM STAFF FOR PRODUCING A MORE FORMAL INDIVIDUAL BEHAVIOUR PLAN

STAGE 1: MAKING AN INTERNAL REFERRAL AND COLLECTING DATA

- In consultation with members of the support staff team, the class teacher should identify aspects of a child's behaviour which may be causing concern and make a referral to the school's IABA behaviour coordinator for advice and support
- The coordinator may find that s/he is able to give advice which precludes the need for further action. However, if s/he feels the child's behavioural needs are significant, s/he should ask the class teacher to gather baseline data using agreed pro formas (eg the STAR recording chart [appendix 1], and individually designed frequency or severity charts, to determine the frequency, duration, severity, course and cycle of the behaviour). Recording on these charts should continue for the duration of an agreed time period (eg 1 - 2 weeks)
- During this data collection stage, the coordinator should arrange to make several short observations of the child in different settings/activities where behaviour is known to be problematic. In addition, the coordinator may also need time to look at pertinent documents which have been written about the child and which may give clues as to the behaviour function. Useful documents for the coordinator to review are likely to include incident forms, home-school diaries, the child's most recent annual review report, and any reports written by external professionals (eg speech therapist, educational psychologist, clinical psychologist, social worker or Learning Disability CAMHS team)
- After gathering information through classroom observation and reading reports etc, the coordinator may wish to use the Brief Functional Assessment document (appendix 3) to assist in organising the data and formulating hypotheses regarding behaviour function

STAGE 2: REFLECTING ON DATA AND WRITING AN INTERIM BEHAVIOUR PLAN

- After baseline data have been collected, the behaviour coordinator should meet with the class team to discuss the data collected, observations made, and reports read
- A member of the school's SMT should be present at this meeting, if the coordinator is not already part of the leadership team.
- The coordinator may ask staff for more details about the data eg to describe particular instances in detail
- During this meeting, the behaviour coordinator may be able to propose a hypothesis as to the function of the behaviour, and may be able to identify some of the functionally-equivalent and functionally-related skills which the child will need to learn so that this behaviour no longer needs to occur
- During the meeting (or shortly afterwards, if more time is needed), an Interim Support Plan (appendix 4) should be produced to give the staff some written guidance on how to proceed in the short-term, whilst Individual Educational Programmes (IEPs) are being formulated for the teaching of new skills. The Interim Support Plan should give staff information about how to avoid or reduce triggers which are associated with the target behaviour, and how to respond if the target behaviour does occur, to de-escalate the situation and help keep everyone safe.

STAGE 3: PRODUCING A MORE FORMALISED IBP (INDIVIDUAL BEHAVIOUR PLAN)

- The Interim Support Plan should continue to be followed, whilst the class teacher, with the support of the behaviour coordinator, develops a more detailed Individual Behaviour Plan (IBP) which is likely to include:
 - More detailed guidance on changes to be made to the child's environment whilst skills teaching is taking place
 - Specific IEPs to teach absent "functionally-related" or "functionally-equivalent" skills, and coping skills. The teaching of these new skills should become a priority, and it may be necessary to amend the pupil's annual review targets (with parental agreement) to reflect this shift in emphasis
 - Specific reward programmes (schedules of reinforcement) or alternative direct treatment strategies which may be used to encourage the child to develop and exert self-control over the target behaviour
 - More detailed guidance on reactive responses which can be made when behaviour does occur, to rapidly de-escalate the situation and so keep everyone safe
- Coordinators may wish to make use of the Summary Individual Behaviour Plan document (appendix 5) to plan out the content of the IBP. Each section of the Summary IBP should be expanded upon so that classroom staff have clear and detailed intervention/implementation guidance. Once all of these pieces of documentation have been prepared, they should collectively form the pupil's Individual Behaviour Plan (IBP), which in turn should form part of the child's overall Individual Educational Plan. The class teacher and a member of the school's SMT should at some point plan to share the contents of the IBP with parents and obtain their approval

STAGE 4: MONITORING AND REVIEWING THE IBP

- The behaviour coordinator should establish a monitoring programme, which may involve class staff continuing to record the target behaviour/s on a daily or weekly basis, using Frequency and/or STAR charts. In addition, the behaviour coordinator should oversee the implementation of the IBP, perhaps meeting regularly with all class staff to review its progress
- The behaviour coordinator should continue to support the class staff, and may make recommendations to the school's CPD coordinator in relation to any specific INSET needs

SPECIALIST SUPPORT FOR PRODUCING AN IBP

For most pupils who display challenging behaviour, the above measures should be successful in bringing about positive behaviour change. However, if the challenges are so severe that either the child him/herself, or others who share the child's environment, are at significant risk, Park Lane School may request support from external professionals (eg Educational Psychology Services, Learning Disabilities CAMHS Teams, or an IABA-trained behaviour consultant), who may carry out a more comprehensive behavioural assessment and produce a more prescriptive IBP if it is required. The school also acknowledges that if the pupil is at risk of exclusion, Local Authority involvement should also be sought.

SECTION 2

This section should be read by:

- Governors
- Members of the school's Leadership Team
- The school's behaviour coordinator/s
- Staff working with pupils who have formal, written Individual Behaviour Plans (IBPs) in place, which have been produced in liaison with the school's behaviour coordinator/s

RESPONDING TO SEVERE BEHAVIOUR CHALLENGES: REACTIVE STRATEGIES

“The best emergency management is to NOT have an emergency in the first place” (IABA)

The IABA non-aversive framework moves away from the traditional reactive or emergency management responses to challenging behaviour such as planned ignoring, using response costs, natural consequences, sanctions or other punishments, as these strategies often lead to an escalation, rather than a de-escalation in the process. The sole purpose of a reactive strategy is to keep people safe, therefore the aim should be to help the pupil who is in crisis to calm as quickly as possible. IABA recommends using a range of alternative reactive strategies (which include redirection, active listening, stimulus change, stimulus satiation, instructional control, positive physical contact and the use of counter-intuitive strategies) which all aim to de-escalate a situation quickly. If these are used correctly (ie the right response, in the right way, at the right time), they can preclude the need for more “reactionary” responses which have the potential to escalate the situation further (for example, using a physical intervention to move a child to another area to promote calming).

Moving a child from one area to another can be problematical for a number of reasons, and IABA therefore recommends using responses such as those listed above, at an earlier point (eg when warm-up behaviours are observed) so that a child can be enabled to leave an area of their own accord before a situation deteriorates.

“**Time Out**” (the removal of a pupil away from a reinforcing event or activity, eg to another area of the room) will often escalate a situation and is therefore not recommended as a behavioural response. It is also difficult to use as a planned response when out in the community, as it lacks social validity.

“**Seclusion**” (the removal of a pupil to an area of isolation, without direct adult supervision, eg in a separate room) contravenes Human Rights legislation and is an unacceptable practice.

It is therefore recommended that if it becomes necessary for a pupil to move away from an over-stimulating environment, the term “**withdrawal**” (the accompanied moving away from a situation to enable a pupil to calm) be used, as this is a planned, positive strategy designed to support a child to de-escalate and regain self-control. If staff feel that it is necessary to “withdraw” a child from one environment to another, more calming one, then IABA recommends this is done earlier rather than later, so that the child is able to leave an area without potentially unwanted physical contact being necessary.

PHYSICAL INTERVENTION AND THE REASONABLE USE OF FORCE

“Physical intervention refers to direct physical contact between one person and another or to physical contact mediated by an instrument or device.....
Restrictive physical interventions involve the use of force to restrict movement or mobility or the use of force to disengage from dangerous or harmful physical contact initiated by pupils.....”
 (“Guidance for Restrictive Physical Interventions” DOH/DfES: July 2002)

Section 93 of The Education and Inspections Act 2006 empowers 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:

- a. committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- b. causing personal injury to, or damage to the property of, any person (including the person himself); or
- c. 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.

However, for many pupils, restrictive physical intervention which involves the use of force as described above is unwanted and perceived as aversive. Under these circumstances, making such contact is likely to lead to an escalation in the behaviour (which is the opposite of the intended effect). This escalation increases the likelihood that either the pupil, or the adult who is intervening, will get hurt. For these reasons, physical intervention would only be recommended as a planned response for a pupil at Park Lane School, as a last resort and in exceptional circumstances.

DEFINITIONS OF PHYSICAL INTERVENTION AND PHYSICAL CONTACT

There are different levels of physical intervention (restrictive and non-restrictive), and in order to clarify the situation, we propose the following distinctions:

USING PHYSICAL CONTACT TO INTERRUPT BEHAVIOUR AS A PLANNED RESPONSE

“It is not illegal to touch a pupil. There are occasions when physical contact, other than reasonable force, with a pupil is proper and necessary...”

...Examples of where touching a pupil might be proper or necessary (include):

- Holding the hand of the child at the front/back of the line when going to assembly or when walking together around the school;
- When comforting a distressed pupil;
- When a pupil is being congratulated or praised;
- To demonstrate how to use a musical instrument;
- To demonstrate exercises or techniques during PE lessons or sports coaching; and
- To give first aid”

(“Use of Reasonable Force” guidance, DfE, 2012, pp 5-6)

Physical contact is an important part of teaching in a special educational setting, where it is necessary to prompt, guide, support, comfort or reassure a pupil. However, there may also be times when physical contact may be needed to interrupt behaviour. Under these circumstances, the Cheshire Special Schools’ Consortium has defined “**Physical Contact**” as:

the interruption of a behaviour by means of 1 member of staff making physical contact with a pupil.

Any contact made in this way must adhere to the statutory requirements detailed in Section 93 of the Education and Inspections Act 2006 and the guidance in the DfE (2012) publication “The Use of Reasonable Force.”

Examples of physical contact which may be necessary under these circumstances include:

- Holding a pupil’s hand
- Leading a pupil to another area of the room by hand
- Forearm contact – placing one/two hands on a pupil’s forearm/s to block an assaultive or self-injurious action

Under some exceptional circumstances, and with due consideration given to child protection, age-appropriateness and gender issues, physical contact might also involve:

- Placing an arm around a pupil’s shoulder
- Embracing a pupil to give empathy, comfort or an opportunity to calm

If physical contact is to be used with a pupil as a planned strategy to interrupt a behaviour (and is therefore listed as part of an IBP), signed parental consent should be obtained.

USING PHYSICAL CONTACT TO INTERRUPT BEHAVIOUR AS AN UNPLANNED RESPONSE

Although it is preferable to have consent, in an emergency situation, physical contact can also be used with pupils for whom signed parental consent has not been obtained. Under these circumstances, use of physical contact in this way is permissible within the Education and Inspections Act 2006, providing it fulfils the set criteria and can be shown to be a gradient response.

Park Lane School adheres to Cheshire LA's principles of child and adult protection and recognises that it has a duty to act in the interests of pupils' and staff safety. If a member of staff makes any physical contact with a pupil to interrupt behaviour, it is better to do so with a second member of staff being present as a witness. However, a teacher could be held to be negligent if s/he did not intervene to stop an incident, because there was no second adult nearby. Equally, if a teacher chose not to intervene simply because written parental consent was not on the child's file, it might be argued that s/he was in breach of their duty of care, as detailed in the School Teachers' Pay and Conditions Document 2011 which states that teachers' professional duties include to:

- “61.8 Promote the safety and well-being of pupils
 - 61.9 Maintain good order and discipline among pupils”
- (DfE 2011, pg 108)

At Park Lane School, we recognise that it is not just teachers but all school staff who have a responsibility for the safety of pupils, and the issue of “duty of care” therefore applies to all employees of the school.

USING PHYSICAL INTERVENTION TO INTERRUPT BEHAVIOUR AS AN UNPLANNED RESPONSE

At Park Lane School, “**Physical Intervention**” is defined as:

the interruption of a behaviour by means of 2 members of staff making simultaneous physical contact with a pupil.

Any contact made in this way must adhere to the statutory requirements detailed in Section 93 of the Education and Inspections Act 2006 and the non-statutory guidance in the DfE (2012) publication “The Use of Reasonable Force.”

Physical intervention involving 2 members of staff as described above may be used on an emergency (unplanned) basis under the terms of the Education Act 2006 (which enables staff to use force to interrupt a pupil’s behaviour providing the circumstances warrant force being used and the degree of force used is in proportion to the incident and the behaviour it is designed to interrupt or prevent).

Examples of physical intervention which may be necessary under these circumstances include two staff simultaneously making physical contact with a pupil in order to:

- Move the pupil to a less crowded, less dangerous or less stimulating environment to enable them to calm down
- Prevent or interrupt a serious physical assault on another pupil or member of staff
- Prevent or interrupt an action which would cause serious harm to the pupil him/herself, either intentionally or unintentionally
- Prevent or interrupt serious damage being done to a physical environment or piece of equipment or property within it

When using physical intervention on an emergency (unplanned) basis as described above, staff should adhere to the basic principles of physical intervention in ensuring that any contact made:

- Does not cause pain
- Does not use excessive force
- Does not restrict breathing
- Does not involve holding joints
- Does not involve holding limbs out of body alignment
- Does not involve holding a pupil face down

If physical intervention has been used as an emergency response with any pupil, staff should carry out a risk assessment of the situation and consider what measures can be put in place to prevent the emergency situation recurring in the future. If an emergency physical intervention is used more than once with a pupil, the school should follow the procedures as detailed on page 18.

USING PHYSICAL INTERVENTION TO INTERRUPT BEHAVIOUR AS A PLANNED RESPONSE

Physical Intervention involving 2 members of staff would not normally be used as a 'planned response' in a pupil's Individual Behaviour Plan. However, if Park Lane School considered that a pupil did need this level of support on an occasional or regular basis, the following procedures should be followed:

- 1) A risk assessment should be completed in relation to the pupil, to identify the level of risk and a range of control measures that may be introduced to reduce the risks. An example of a risk assessment document which coordinators have received training on, is included in Appendix 6
- 2) If the risk assessment indicates that, even with some control measures in place, there may still be a need to use physical intervention, they should arrange for a Brief Functional Assessment to be carried out, and an Individual Behaviour Plan produced in relation to this pupil. This may be done by the school's coordinator (who may wish to liaise with an IABA-trained consultant for additional support with this process), or perhaps by a member of the county's Educational Psychology Service or the Learning Disabilities' CAMHS Team
- 3) If, once a Brief Functional Assessment has taken place, the recommendations conclude that physical intervention needs to be included as a possible reactive strategy, then the school should strongly consider arranging for all relevant staff to receive appropriate needs-based training in the use of physical intervention. This training should be provided by a BILD-accredited organisation.

RECORDING AND REPORTING OF PHYSICAL INTERVENTION

Behaviour incidents in which **Physical Contact** is used with a pupil as a planned response, should be recorded within the pupil's Individual Behaviour Plan documentation, and therefore will not normally need to be recorded elsewhere, or reported to parents, since these incidents are minor and parental consent for physical contact of this nature has already been given. However, if a severe behavioural incident occurs whereby Physical Contact is used for a prolonged period of time (for example, when only one person is available to intervene when normally two people would be involved in assisting the pupil to regain composure; or the pupil is particularly agitated and takes longer than usual to calm down), the school may, at their own discretion, decide to also record this incident in the Physical Intervention log book and inform parents accordingly.

If Physical Contact is used as an emergency strategy with a pupil who does not have a written Individual Behaviour Plan, staff should consider formalising such a plan and seeking written parental consent for future planned Physical Contact.

Any **Physical Intervention** involving 2 members of staff making simultaneous contact with a pupil should be recorded in the school's Physical Intervention Log Book (which should be a bound book with numbered pages), using an agreed format (appendix 7). Depending upon the severity of the incident, the pupil may need to be checked by a member of the school's health team/senior member of staff, a body map of any injury may need to be filled in, and the pupil and staff may need to be offered a post-incident supportive interview.

RESPONDING TO ACCUSATIONS

In line with Government and County policy, any staff or pupils who are involved in an incident where force is used will be given whatever appropriate medical and pastoral support is required. Where an accusation of the use of excessive force is made against a member of staff, this will be investigated without prejudice. Suspension of the member of staff while the investigation is undertaken is not automatic, and pastoral support will be provided as required. If any allegations are proven to be false, disciplinary procedures against the person bringing the complaint may be instigated if considered appropriate.

SECTION 3

This section should be read by:

- Governors
- Members of the school's Leadership Team
- The school's behaviour coordinator/s

IMPLEMENTATION OF THE POLICY: STAFF TRAINING AND DEVELOPMENT

- A named coordinator/s should be appointed in each school and receive appropriate training at local and national level
- All coordinators should be part of the consortium network to support practices in schools and maintain an overview reflecting current initiatives
- Consortium meetings should continue to have a multi-disciplinary focus, with representatives of Cheshire's Behaviour Support Services and the Learning Disabilities' CAMHS Team attending on a regular basis
- Consortium meetings should be held on a half-termly basis, with training for staff presented within these meetings by an IABA-trained behaviour consultant
- Additional training, support and guidance may be given to schools and individual pupils on request, by the IABA-trained behaviour consultant
- 2- day, 1-day, half day and twilight courses should be provided to staff from the consortium schools, as required throughout the year, by either the IABA-trained behaviour consultant or an individual school's own behaviour coordinator/s
- Individual schools' behaviour coordinators, in liaison with their SMT, should provide induction training in the IABA approach, to new staff

IMPLEMENTATION OF THE POLICY: MEASURING SUCCESS

The success of the principles and practices set out in this policy will be measured against the following seven valued outcomes, as proposed by LaVigna and Willis:

- Durability: when behaviour decreases, is this change maintained long term?
- Generalisation: has behaviour change in one setting transferred to all other settings in which it was a problem?
- Speed and degree of effects: has the behaviour decreased quickly enough and to an acceptable level?
- Reduction of episodic severity: does intervention reduce the impact of the behaviour when it does occur, so that there is less damage to the environment, less injury to the pupil and others, and less disruption to the daily routines and activities?
- Reduction of negative side effects: can we be sure that the process used to reduce the behaviour, has not inadvertently created other problems/side effects?
- Social validity: are the techniques being used viewed as acceptable to society at large, and to the family of the individual? Does the pupil him/herself agree to the intervention practices, or if they were able to speak, would they give consent?
- Clinical validity: do the techniques being used ultimately increase the pupil's access to enriching experiences and interaction within the school and wider community: do they bring about lifestyle enhancement?

IMPLEMENTATION OF THE POLICY: REVIEW

- The Head Teacher will monitor practice and policy in the school, and share this information with the school's Safeguarding Governor. Any concerns will be raised either through the IABA consortium or with the school's Children's Services contact
- This policy will be reviewed on an annual basis by members of the Special Schools' consortium, as part of a scheduled coordinators' training day
- The policy will be reviewed by the school's Governors on a regular basis

CONCLUSION

Carr (2007) argues that:

“...problem behavior can reduce opportunities for social, emotional, and material well-being, as well as having a negative impact on health, safety, leisure, and autonomy... Therefore....the focus of intervention cannot simply be on reducing the occurrence of problem behavior. Instead, intervention must focus on enhancing relevant skills and creating systems that help support personal satisfaction and happiness”

By using the positive approaches advocated by IABA, it is our intention to assist all of our pupils to gain these enhanced lifestyle outcomes.

REFERENCES

- Carr, E (2007). The Expanding Vision of Positive Behavior Support: Research Perspectives on Happiness, Helpfulness, Hopefulness. *Journal of Positive Behavior Interventions, Volume 9, Number 1, Winter 2007*
- Cheshire Local Authority (2008). *Guidance on the Use of Force.*
- DfE (2011). *School Teachers' Pay and Conditions Document 2011 and Guidance on School Teachers' Pay and Conditions.* (Downloaded from DfE website)
- DfE (2012). *Behaviour and Discipline in Schools: A Guide for Head Teachers and School Staff* (Downloaded from DfE website)
- DfE (2012). *Behaviour and Discipline in Schools: Guidance for Governing Bodies* (Downloaded from DfE website)
- DfE (2012). *Ensuring Good Behaviour in Schools: A Summary for Head Teachers, Governing Bodies, Teachers, Parents and Pupils* (Downloaded from DfE website)
- DfE (2012). *Screening, Searching and Confiscation: Advice for Head Teachers, Staff and Governing Bodies* (Downloaded from DfE website)
- DfE (2012). *The Use of Reasonable Force: Advice for Head Teachers, Staff and Governing Bodies* (Downloaded from DfE website)
- DOH/DES (2002). *Guidance for Restrictive Physical Interventions: How to Provide Safe Services for People with Learning Disabilities and Autistic Spectrum Disorder.* DOH/DfES.
- Emerson E (1995). *Challenging Behaviour: Analysis and Intervention in People with Learning Disabilities.* Cambridge University Press.: Cambridge
- GEO (2010). Equality Act.2010.
- Harris J, Allen D, Cornick M, Jefferson A, and Mills R (1999). *Physical Interventions: A Policy Framework.* BILD/NAS: UK
- HMSO (1996). *Education Act 1996.*
- HMSO (2006). *Education and Inspections Act 2006.*
- LaVigna GW and Willis TJ (2002). Counter-intuitive strategies for crisis management within a non-aversive framework, in Allen, D (ed). *Ethical Approaches to Physical Intervention.* BILD: Kidderminster.
- Zarkowska E and Clements J (1994). *Problem Behaviour and People with Severe Learning Disabilities: The STAR Approach.* Stanley Thornes Ltd: Cheltenham

SECTION 4

These appendices are intended for use by the school's behaviour coordinator/s

APPENDICES

1. STAR recording chart
2. LRT (Listen, Respond, Teach) Plan
3. Brief Functional Assessment document
4. Interim Support Plan
5. Behaviour Intervention Programme (BIP) Summary document
6. Risk Assessment document
7. Recording pro formas for Physical Intervention log book
8. The IABA Multi-Element Model
9. Example of parents' letter following the use of Physical Intervention in school

Appendix 1: STAR recording chart (Zarkowska and Clements)

Name of pupil:	Date:	Time:
<p>Setting: describe what was going on around the child at the time/what was the general mood/had anything happened at home/earlier in the day/earlier in the lesson that might have “set the mood”?</p>		
<p>Trigger: describe what happened just before the behaviour occurred. Was there a sequence of events, however short?</p>		
<p>Action: describe what the child did as they engaged in the behaviour – chart the sequence if possible</p>		

Result: describe how everyone reacted when the behaviour occurred – staff and other students; how did the child look/appear as each of these responses occurred? (eg frightened, surprised, pleased, relieved etc)

What was the ultimate result of the behaviour (ie how did the incident end)? (eg activity stopped and changed, child calmed down and returned to do work, child sent out of lesson for set time, child cried and was cuddled etc)

Function: what do you think might have been the function of the behaviour on this occasion? Choose one or more of the following categories and add any explanatory notes you feel would be helpful in understanding your judgement:

Sensory (feels good/reduces stress/express emotion)

Gain interaction (initiating and/or sustaining social contact/means of communication)

Escape (avoid doing something/avoid unpleasant stimuli/gain space)

Tangible (gain something else/predictable alternative)

<p>LISTEN, RESPOND, TEACH: BEHAVIOUR SUPPORT PLAN FOR:</p> <p>.....</p>	
<p>When things are going well,</p>	<p>..... sometimes has difficulties with...</p>
<p>What can we do to make life easier for him/her?</p>	<p>What will we teach him/her to do?</p>
<p>What sometimes does...</p>	<p>What this means...</p>
<p>What we can do to help him/her when he does this...</p>	
<p>Support plan developed by:..... On:</p>	

Appendix 3: Brief Functional Assessment document



BRIEF FUNCTIONAL ASSESSMENT 2011

page 1 of 3

Name _____ D.O.B. _____

Completed by _____ Date _____

Reason for Referral

What is the problem?

Background Information

What do we know about the person's abilities and disabilities, cognitive levels, communication and social skills, home circumstances, general health and personal characteristics (including medical conditions/diagnoses)?

BRIEF FUNCTIONAL ASSESSMENT: page 2 of 3

<p>Target Behaviour What does this person do from start to finish of a significant incident?</p>	<p>Antecedent Analysis When, where and with whom, and doing what activities, or under what demands, is the behaviour MORE LIKELY to occur:</p>
<p>How often does the behaviour occur? Major incident: Minor incident:</p>	<p>What are the things that might have happened earlier in a day that make it more likely this person will react badly to any of the above?</p>
<p>How long does the behaviour last? Major incident: Minor incident:</p>	<p>When, where and with whom, and doing what activities, or under what demands, is the behaviour LESS LIKELY to occur:</p>
<p>How much disruption/injury/damage occurs? Major incident: Minor incident</p>	
<p>History of Problem How long has this behaviour been a problem? Is this behaviour something the person used to do in the past and has reappeared or is it new? Has it recently got better or worse in any way? Are you aware of any changes/upsets that have happened in this person's life recently?</p>	<p>What are the things that might have happened earlier in a day that make it more likely this person will react well to any of the above?</p>

BRIEF FUNCTIONAL ASSESSMENT: page 3 of 3

<p>Consequence Analysis What is the usual end result of this behaviour? What does the person get given or have taken away, or what are they given to do afterwards?</p> <p>How do adults react during and after the behaviour?</p> <p>How do other pupils react during and after the behaviour?</p>	<p>Motivational Analysis What objects, activities etc does the child most enjoy? How much of a favourite item would they want in a day, given free access?</p>
<p>Ecological Analysis List possible mismatches between the child and the following environments</p> <p>Physical surroundings (space, layout, furniture, lighting, equipment etc)</p> <p>Timetable and activities done in a day (length of sessions, too easy/hard, pace, variety etc)</p> <p>The people who work with them/share their space (adults and peers)</p>	<p>Mediator Analysis Will staff be motivated to carry out a support plan? Do they have the necessary skills? What training/support will be required?</p>
<p>Conclusion: meaning of behaviour <i>Possible functions/messages</i></p>	<p>Triangulation Check Have data been collected through more than one source? For example:</p> <ul style="list-style-type: none"> • Interview • direct observation of child • records review • review of recording charts • interaction with the child <p>Have all adults who may hold pertinent information been consulted?</p>

Appendix 4: Interim Support Plan

INTERIM SUPPORT PLAN

Ecological Manipulation: short-term changes which should be made to reduce triggers and provide a better fit with the pupil's current needs

Physical environment (room layout etc):

Interpersonal environment (language used, tone, style etc):

Programmatical environment (tasks being done etc):

Reactive strategies: responses to make when the behaviour occurs, to avoid a crisis occurring/bring the behaviour under quick control and keep everyone safe

Appendix 5: Summary of Individual Behaviour Programme

SUMMARY OF INDIVIDUAL BEHAVIOUR PROGRAMME

Ecological Strategies: summarise changes to be made under each heading:		
<i>Physical</i>	<i>Interpersonal</i>	<i>Programmatical</i>

Positive Programming: summarise the key skills to be taught to the child against each heading			
<i>General/academic skills</i>	<i>Functionally equivalent skills</i>	<i>Functionally-related skills</i>	<i>Coping and tolerance skills</i>

Direct Treatment Strategies: summarise types of rewards and alternative strategies to be used			
<i>Antecedent control strategies</i>	<i>Schedules of reinforcement</i>	<i>Stimulus/instructional control</i>	<i>Stimulus satiation</i>

Reactive Strategies: summarise which non-aversive strategies will be used when problem behaviour occurs

Appendix 6: Risk Assessment document

Dynamic Risk Assessment for Individual Pupils

Pupil's name:		Date of birth:			Date of risk assessment:		
I	II	III	IV	V	VI	VII	
Nature of risk <i>List all risks eg</i> <ul style="list-style-type: none"> physical assault verbal assault self-harm sexual assault or harassment damage to property or equipment 	Who could be affected by the behaviour? <i>Tick all those likely to be affected by this behaviour</i>	Control measures currently in place <i>List all control measures currently in place (A-J)</i>	Likelihood of behaviour occurring, with controls in place <i>Score likelihood as:</i> (1) - unlikely (2) - possible (3) - likely	Potential level of injury to people, if behaviour occurs <i>Score injury as:</i> (1) - minor personal injury (no first aid) or upset (2) - personal injury requiring first aid or notification to others (3) - severe injury requiring medical attention, time off work/school	Dynamic calculation of risk (IV x V) <i>Multiply number in column IV by numbers in column V, check these totals against guide below</i>	Additional control measures required <i>List all additional control measures which need to be put in place to reduce this risk to acceptable levels (A-J)</i>	
	Pupil him/herself () Other pupils () Staff () Public ()		()		() () () ()		
	Pupil him/herself () Other pupils () Staff () Public ()		()		() () () ()		
	Pupil him/herself () Other pupils () Staff () Public ()		()		() () () ()		
Possible control measures: A: 1:1 staff support B: individual timetable C: specific activities avoided D: peer groupings controlled E: equipment use/location controlled		F: staff attended 2 day IABA course G: assessment and support plan done by coordinator H: IEPs for replacement skills teaching in place I: behavioural assessment and support plan done by external IABA consultant J: Physical Intervention training given by BILD-accredited training provider				Dynamic risk assessment calculation: 1 - 3: low risk (acceptable - no action required) 4-5: mid risk (raising concerns - consider additional control measures) 6-9: high risk (unacceptable - implement additional control measures immediately)	
Risk Assessment outcome: Action required					By whom		

Appendix 7: Recording incidences of Physical Intervention in a log book

Incident Form Part A

Date and time of PI:	Name of pupil:
Staff involved in PI:	
Sequence of events leading to PI being used <i>Describe how the behaviour began and progressed, and the responses made by staff at each point along the way</i>	
Reason for using PI <i>Describe why you felt PI was necessary eg to protect child/others from injury, prevent serious damage to property etc</i>	
Description of PI used <i>Describe how staff made physical contact with the pupil</i>	
Duration of PI <i>How long did the PI last?</i>	
<p>Impact of PI</p> <p>Was the PI effective in keeping people safe?</p> <p>Was the PI effective in helping the pupil to calm down and regain composure?</p> <p>Were there any injuries as a result of the PI being used?</p>	
Additional comments	
Signed:	Witnesses to PI:
Report seen by: SMT <input type="checkbox"/> Head teacher <input type="checkbox"/> Behaviour Coordinator <input type="checkbox"/> Parents <input type="checkbox"/>	

**ACTION PLAN
Incident Form Part B**

To Be filled in by SMT/ Head Teacher in liaison with the school's Behaviour Coordinator following Physical Intervention being used with a pupil

Does this pupil currently have a written Behaviour Support Plan?	Yes / No
Was PI used with this pupil on an emergency or planned basis?	Emergency / Planned
Was distress or physical injury caused to either the pupil or staff?	Yes / No
Was the pupil checked after the PI for possible injuries?	Yes / No
Who by?
Was a body map completed?	Yes / No
Was the pupil offered a post-incident supportive interview after the incident?	Yes / No / Not Appropriate
Were staff debriefed after the incident?	Yes / No
Were parents informed after the incident?	Yes / No
Were the 6 principles of physical intervention adhered to when staff used the PI?	Yes / No
Any contact made:	
• must not cause pain	
• must not use excessive force	
• must not restrict breathing	
• must not hold joints	
• must not hold limbs out of body alignment	
• must not hold pupil face down	
How many other times has PI been used with this pupil in the last 6 months?

Are any of the following actions required to reduce the likelihood of PI being used again with this pupil? (tick all required)

If a Behaviour Support Plan is currently in place:

- Does the Behaviour coordinator need to review the pupil's BSP?
- Does the Behaviour coordinator need to liaise with an external IABA consultant to review the pupil's BSP?

If a Behaviour Support Plan is not currently in place:

- Does the Behaviour Coordinator need to carry out an assessment and produce a support plan for the pupil?
- Does an external IABA behaviour consultant need to carry out an assessment and produce a support plan for the pupil?

Staff support issues

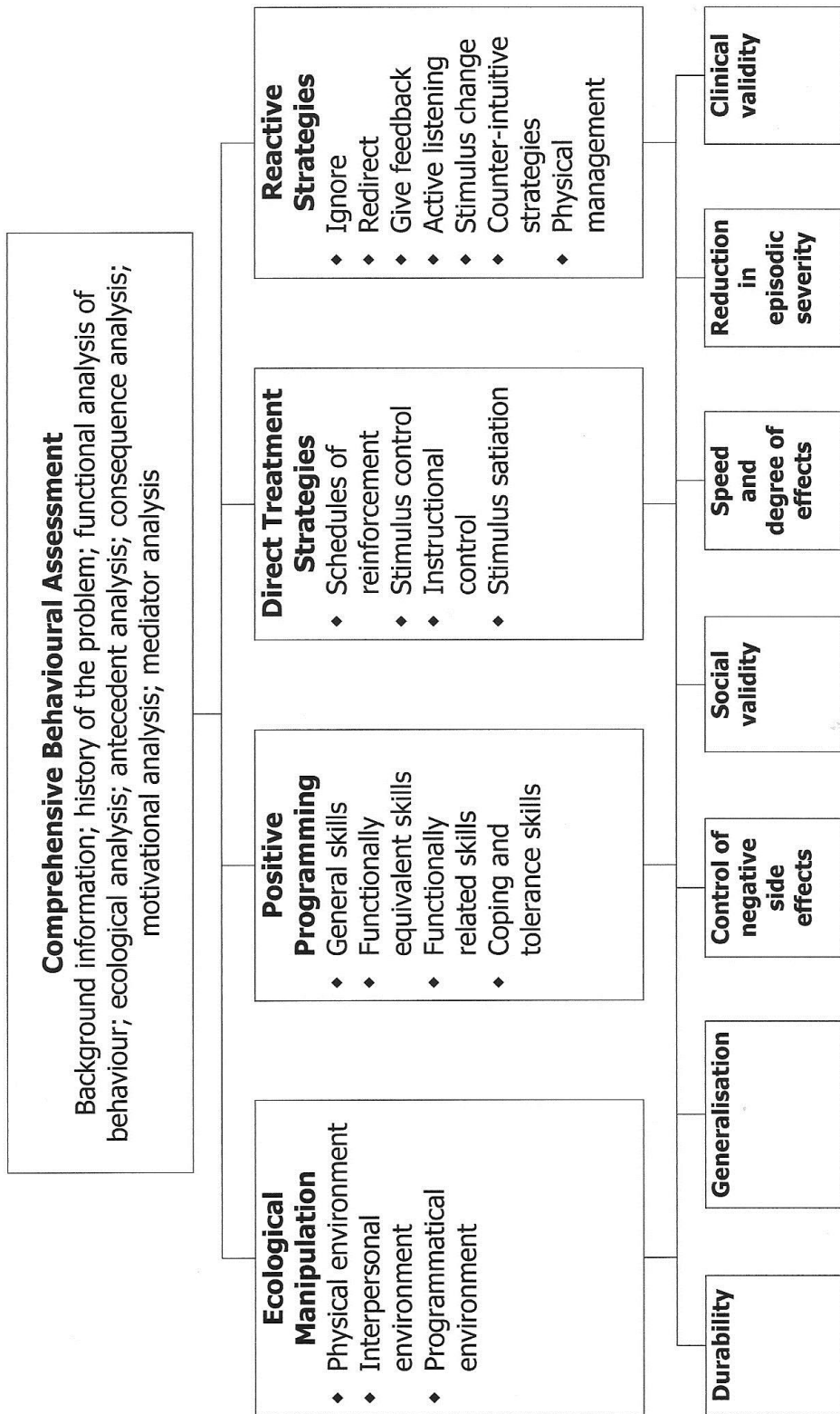
- Do staff need to attend a 2 day IABA course?
- Do staff need to attend a 1 day IABA refresher course?
- Do staff need to be given a twilight IABA refresher course?
- Do staff need in-house training on adhering to the 6 principles when using physical intervention?
- Do staff need specialised BILD-accredited training around using physical intervention with a specific pupil?

Other action required:

Signed:

Date:

Components of the IABA Multi-Element Model



Appendix 8: Example of parents' letter following use of physical intervention

(Date)

Dear

It is not normally our policy to intervene physically with our pupils who are displaying challenging behaviour. Our procedures are based upon the Institute of Applied Behaviour Analysis (IABA)'s principles which seek to create calm and space around a young person who might be displaying challenging behaviour, to give him or her the opportunity to express their anger and frustration differently. However, on very rare occasions, it will be necessary and permissible in law to physically intervene if the young person is either a danger to themselves or others or to minimise damage to property.

On (date) at (time) and for (how long) such an incident occurred and a copy of the recording sheet is attached. Should you wish to discuss any aspects of this incident further please telephone to speak to (named senior member of staff).

A copy of the school's behaviour support policy is available for parents, carers, and professionals. A behaviour log is maintained and reported on termly to governors by our child protection governor who is presently (name of governor).

It would be helpful to us if you could return the slip so that it can be attached to our behaviour log in school.

Thank you.

Yours Sincerely,

.....

PLEASE SIGN AND RETURN TO SCHOOL IN THE ENVELOPE PROVIDED.

I have received and read the physical intervention log recording an incident concerning

..... dated.....

Signed.....