



# Understanding and Supporting Behaviour - Safe Practice for Schools and Educational Settings

(Including the use of restrictive / non-restrictive physical intervention)

Guidance for Schools
Autumn 2021

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#### Introduction - a whole school approach

There is much in educational literature on the essential best practice requirement for a whole school approach when promoting healthy emotional wellbeing and positive behaviour. Positive behaviour in schools / settings is key to academic achievement, and inseparable from safeguarding, the wellbeing of children and young people / staff and all other aspects of learning. School senior leaders should be active in promoting a positive approach to this and there should be a shared ethos for the school, which emphasises care, respect and responsibility. The cornerstone of such an approach is that it is owned and lived by the whole school community, including staff, children and young people, parents and the school governors.

The Department for Education (DfE) requires every school to have a Behaviour Policy. This should set out a school's approach to behaviour for all children and for those with more difficult or harmful behaviour. It should be clear, well-understood by all children and young people, staff and parents and consistently applied. It should also be transparent about the school's use of day-to-day physical contact with children and young people and should set out very clearly its procedures and supportive and helpful strategies in respect of behaviour management. It should include when a school may use restrictive and non-restrictive physical intervention as a response to difficult and harmful behaviour, how this is recorded and how it will be communicated to parents. The policy must comply with the Equality Act 2010 (schools must ensure their policies and practices do not discriminate against any children and young people by unfairly increasing the risk of exclusion for them).

Settings should always consider behaviour (and responses to it) in the context of keeping children safe. Keeping Children Safe in Education (DfE, 2021) states that safeguarding and promoting the welfare of children is everyone's responsibility. It states that

"everyone who comes into contact with children and their families has a role to play. In order to fulfil this responsibility effectively, all professionals should make sure their approach is child centred. This means that they should consider, at all times, what is in the best interests of the child".

The document 'Positive Environments in which Children can Flourish' (Ofsted, 2018) sets out that staff should work 'positively and confidently' with children and find the least intrusive way possible to support, empower and them safe. It cites good practice as:

- building relationships of trust and understanding
- understanding triggers and finding solutions
- if incidents do occur, defusing the situation and/or distracting the child wherever possible.

Governors / Boards must make, and periodically review, a written statement of principles to help Headteachers and leaders determine the measures that make up the school's behaviour policy. There must be consultation with the Headteacher, other appropriate members of staff, parents and all registered children and young people before making or changing this 'statement of principles' – this supports the expectation that approaches to behaviour are owned by the whole school community.

A whole-school approach to the promotion of positive behaviour and emotional wellbeing enables staff to support each other and involves them in open discussions about behaviour and safeguarding, without individuals feeling their classroom management skills are being questioned.

Because staff support has been identified as one of the major factors in coping effectively with difficult and harmful behaviour, best practice is where they receive appropriate training which is regularly updated. Staff should be supported and empowered through training that supports understanding and identifies interventions to respond appropriately. When this happens effectively it should reduce the number of significant incidents in future.

#### The importance of relationships in supporting wellbeing and mental health

Schools need to be mindful of the impact of any practice or policy that they adopt on the wellbeing and mental health of their children and young people and staff. Good emotional wellbeing and mental health begins within childhood and naturally schools have an integral part to play in this because of the amount of time children and young people spend in school.

It is paramount that schools provide environments which are relationally enriched, safe, predictable, and nurturing. Adults in schools must be good role models; in their interactions with children and young people they need to be attentive, respectful, honest, and caring.

Essex has worked with schools and settings to develop a universal training offer called Trauma Perceptive Practice (TPP) to support understanding behaviour and emotional wellbeing. This has been put together from current research and evidence based practice.

It is being offered to all schools and settings in Essex, by a combination of local authority staff working alongside staff from a range of Essex educational settings who have been trained.

Incorporating Trauma Perceptive Practice will help schools and settings to support children and young people whose emotional wellbeing needs manifest themselves in behaviour. It can be extremely helpful to consider behaviour as a form of communication and therefore understanding it.

- what has happened/ is happening to the child?"
- what is being communicated?
- seeing behaviour as ways of coping- adaptive automatic responses (and therefore resulting from a stressor)

#### Difficult and harmful behaviour

When examining and talking about anti-social behaviour, it is useful to separate it into two types: difficult behaviour and harmful behaviour (sometimes referred to as 'dangerous behaviour').

<u>Difficult behaviour</u>, in the school context, encompasses behaviour that has duration, frequency, intensity or persistence and is beyond the typical range for the school. It generally:

- interferes with the child or young person's own and / or other children and young people' learning; disrupts the day to day functioning of the school, making it a less safe and orderly environment
- is less likely to be responsive to the usual range of interventions identified within the school behaviour policy.

It should be recognised that difficult behaviour may also include withdrawn behaviour, including any reluctance to respond or engage in learning or socialising.

#### **<u>Harmful behaviour</u>** in the school context encompasses behaviour that is generally:

- physically aggressive towards adults or other children and young people (including pushing, punching, kicking, biting, scratching, spitting, head-butting)
- verbally abusive (and may include racist/homophobic/sexist abuse)
- destructive, including destruction of property and the environment
- self-harming, including head banging, scratching, hitting, kicking, biting and poking
- striking another adult / child or young person with an object.

#### Responding to difficult behaviour

Evidence suggests that children and young people will do better where they have strong relationships with staff. It is these staff who will be able to support them at the times of most difficulty. Therefore, developing good relationships with all children and young people is a vital precursor to managing behaviour and supporting emotional wellbeing. Positive relationships are also a reliable strong protective factor in helping children and young people to become resilient.

It is important to remember that some behaviour, which may be deemed 'difficult', may be characteristic of a particular need and particularly prevalent in children and young people with learning disabilities or who are neurodiverse such as those on the autism spectrum. These could include rocking, repetitive vocalisations, ritualistic hand movements and self-stimulation (un-social behaviour). For these children and young people, it will be necessary to adopt a proactive approach to supporting them with these behaviours and to raise awareness of the behaviour with other staff and explain why it is happening. This should be done using the <a href="One Plan">One Plan</a> (assess, plan, do and review) framework and accessing external support if appropriate.

The Behaviour Policy should be a sufficient framework to manage behaviour for the majority of children and young people especially when it values the importance of relationships. However, there are some children and young people who have needs that require a more personalised approach. Schools should seek to understand any difficult behaviour and respond to it with, respect, calmness, and logical consistency.

#### Responding to harmful behaviour

Most children and young people do not become dysregulated to a level where they compromise themselves and or others through harmful behaviour. When such incidents occur, they are deemed serious and can cause a great deal of stress for those involved. Best practice expects that careful and purposeful 'one planning' will have been used to mitigate against such harmful behaviour. This will ensure that effective 'Adult Response Plans' are in place for those children requiring them. The

key to the success of any plan is that it is fully discussed, understood and implemented consistently by all staff, children and young people and parents / carers.

The school Behaviour Policy should set out systems to respond to harmful behaviour. This may include when staff should call for assistance and other supportive and helpful responses, such as those detailed below.

When faced with potentially harmful behaviour, a prepared adult response, using a 'script', may prove useful to support the child or young person. The child or young person always needs to be spoken to calmly and respectfully. Below are some recommended examples of phrases that can be used in a script. For example;

I can see there's something wrong (acknowledge their right to their feelings)

I'm here to help and listen. Tell me what happened

You are safe – I care about you – I am here to keep you safe

I'm here to help (tell them why you are here)

Talk and I'll listen (it may be possible for staff to find out how the situation has developed, or how it may be resolved)

Come with me and we can...... (giving the child or young person an 'out' to withdraw from the situation)

I can see this is difficult – you need to try and use your words to tell me

During this period, the child or young person should be given physical space and time to recover and respond to requests. Where co-regulation has not been possible and difficult or harmful behaviour continues, they should be guided / supported from the classroom to a place of safety, with the assistance of another member of staff. Where this is not possible, an alternative is for the rest of the class to be removed from a potentially dangerous or harmful situation. Staff should always stay with the child or young person, but at a safe distance (this is usually at least an extended arm's length away from them). At this point, it is important not to raise the stress of the child or young person any further. Staff should maintain an open stance, actively guiding them to a place of safety, rather than blocking them or backing them into a corner, as this could increase the level of stress and make the situation worse. As part of safeguarding, following any serious harmful (or potentially harmful) incident, a risk assessment should be completed to inform planning and future practice. The member of staff should also be offered a 'debrief' to look after their wellbeing.

#### The use of consequences

'Consequences' can be a useful response to particular behaviours. Evidence suggests that punishments and sanctions alone have limited long-term effects, so it is important for the child or young person to see a logical link between their behaviour and the response. Consequences should have a clear link to the incident and help the child or young person to learn how to behave more appropriately should a similar situation occur, tailoring this to the needs of the individual.

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It is helpful to view consequences as protective and / or educational.

<u>Protective consequences</u>: required to protect the rights of others and keep a child or young person safe

- · increased staff ratio
- change of school day / timetable
- · arrangements for access to outside space
- child or young person escorted in social situations
- differentiated teaching space
- appropriate use of exclusion (using the time to reflect, amend plans and identify needs and other appropriate interventions to support the child or young person upon return).

Best practice suggests that all protective consequences should run alongside educational consequences, as there is the risk that long-term behavioural change will be limited without this.

<u>Educational consequences</u>: these are often required through intentional teaching, to encourage, support and motivate the child or young person to behave differently next time though better understanding. Examples include

- ensuring the child or young person completes the task they have disrupted
- rehearsing / modelling situations through intentional teaching of prosocial behaviour
- ensure the child or young person assists with repairs where they have caused damage (when possible and practical)
- intentionally provide educational opportunities for the child or young person to learn about the impact of certain actions and behaviours
- providing the child or young person with an opportunity to 'put things right' through a process of reflecting, repairing and restoring relationships (the Restorative Justice approach is one that could be used).

#### Reflect, repair and restore

There is strong research evidence that restorative processes, where reflections and learning take place, are successful in supporting wellbeing and long-term behaviour change.

During any incident the child or young person's behaviour is likely to be influenced by a strong emotion such as a feeling of anger, frustration, or disappointment. It must be remembered that the child or young person will not be ready to engage in anything until they have calmed sufficiently. Equally, the impact of the incident on the staff and others involved should also be recognised. Once it is considered the child or young person is ready for the restorative process, this can take place and should involve all relevant persons (for example, key staff, parents, other children and young people). The purpose of reflect, repair and restore is to re-visit the experience with the child or young person when they are calm, relaxed and receptive to being reflective about the incident.

The discussion, once the situation has been sufficiently calmed may be as follows:

1. Explore what happened (tell the story)

- 2. Explore what people were thinking and feeling at the time
- 3. Explore who has been affected and how
- 4. Explore how relationships can be repaired
- 5. Summarise what has been learnt so there can be different responses next time

Some examples of restorative questions within this discussion may be:

- What would you like to happen next?
- How can we make things better for you and others affected?
- If everything was going to be alright, what would need to happen?
- How can you help to put this right?
- How can we make it OK for you next time something happens?

To be effective, the reflect, repair and restore process should be adjusted according to the age, understanding and other needs of the child or young person.

#### Use of physical contact

There are occasions when staff will have cause to have physical contact with children and young people for a variety of reasons, this may include:

- to comfort a child or young person in distress (appropriate to their age and individual specific needs identified through a risk assessment);
- to direct a child or young person;
- for curricular reasons (for example in PE, Music, Drama etc);
- in an emergency, to avert danger to the child or young person or others;

The guidance produced by the Department for Education <u>Use of Reasonable Force (DfE, 2013)</u> states that:

"Schools **should not** have a 'no contact' policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a child or young person or prevent them taking action needed to prevent a child or young person causing harm."

Where physical contact is used, protective steps must be taken to ensure it is legal and will prevent harm. In all situations where physical contact between staff and children and young people takes place, staff must consider the following:

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

#### When might you use physical contact?

Schools may choose to use touch with children for a variety of reasons but, in general terms, they would normally do so for comfort, reward or guidance. It should be acknowledged that some children will not want to be touched. This should be respected.

#### How might you use physical contact?

<u>Hugging</u>: A sideways on hug, with the adult putting their hands on the child or young person's shoulders is by far the safest way to do this as both hands of the adult can be seen. Hugging can be used either standing or seated. This discourages 'front on' cuddling and placing the adult's hands on the shoulders limits the ability of the child or young person to turn themselves into them.

<u>Hand-Holding</u>: It is natural that young children sometimes enjoy being able to hold hands with adults around them. This is perfectly acceptable when the hand holding is compliant. However, if the handholding is being used by an adult as a method of control to move children and young people, this can become a restraint.

Therefore, the best practice is the use of the 'offering an arm'. This is done by the adult holding their arm out, and the child or young person is encouraged to wrap their hand around the adult's lower arm. The adult's other hand can then be placed over the child or young person for a little extra security if it is required.

In summary, it is generally deemed appropriate to touch others on the upper arm and shoulders.

<u>Lap-Sitting</u>: There are very clear potential risks with this and, as such, lap-sitting should be discouraged, so neither staff nor children and young people are vulnerable. Children and young people should be taught to seek comfort / attention through other means. If a child or young person attempts to sit on an adult's lap there should be immediate active guidance to a more appropriate seating position alongside the adult.

#### The Searching of Children and Young People

The current guidance <u>Searching. screening and confiscation (DfE, 2018)</u> clearly states Headteachers and staff authorised by them have a statutory power to search pupils or their possessions, without consent, where they have reasonable grounds for suspecting that the pupil may have a prohibited item. Staff can seize any prohibited item found as a result of a search. They can also seize any item they consider harmful or detrimental to school discipline.

Any member of staff conducting a search must be the same sex as the child or young person being searched. There must be a witness (also a staff member) and, if possible, they should also be the same sex. There is a limited exception to this rule in that a search of a pupil of the opposite sex and / or without a witness present can be carried out only where it is reasonable to believe there is a risk serious harm to a person unless the search is undertaken immediately, and where it is not reasonably practical to summon another member of staff to support with the search.

Any search without consent can only be carried out on the school premises or, if elsewhere, where the member of staff has lawful control or charge of the pupil, for example on school trips in England or in training settings

Members of staff can use such force as is reasonable given the circumstances when conducting a search for knives or weapons, alcohol, illegal drugs, stolen items, tobacco and cigarette papers, fireworks, pornographic images or articles that have been or could be used to commit an offence or cause harm. Such force cannot be used to search for items banned under the school rules.

A member of staff can use their discretion to confiscate, retain and/or destroy any item found as a result of a 'with consent' search, so long as it is reasonable in the circumstances. Where any article is reasonably suspected to be an offensive weapon, it must be passed to the police.

Staff have a defence to any complaint or other action brought against them. The law protects members of staff from liability in any proceedings brought against them for any loss of, or damage to, any item they have confiscated, provided they acted lawfully.

# The Use of Reasonable Force and Restrictive Physical Intervention (restraint) – the legal position, human rights and procedural safeguards

The Equality and Human Rights Commission (EHRC) 'Human Rights Framework for Restraint' (2019) sets out key principles within the Human Rights Act in relation to restraint in order to 'protect and respect the safety and dignity of people being restrained as well as those around them, including staff'.

The EHRC defines restraint as 'an act carried out with the purpose of restricting an individual's movement, liberty and / or freedom to act independently'.

Keeping Children Safe in Education (DfE, 2021) states:

"When using reasonable force in response to risks presented by incidents involving children with SEN or disabilities or with medical conditions, schools and colleges should in considering the risks carefully recognise the additional vulnerability of these groups. They should also consider their duties under the Equality Act 2010 in relation to making reasonable adjustments, non-discrimination and their <u>Public Sector Equality Duty</u>. By planning positive and proactive behaviour support, for instance through drawing up individual behaviour plans for more vulnerable children, and agreeing them with parents and carers, schools and colleges can reduce the occurrence of challenging behaviour and the need to use reasonable force".

The guidance produced by the Department for Education (July 2013) "Use of Reasonable Force" is helpful and the following section is directly from this guidance.

Within this (in blue), is additional information from the Essex authors.

#### What is reasonable force?

- The term 'reasonable force' covers the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with children and young people.
- Force is usually used either to control or restrain. This can range from guiding
  a child or young person to safety by the arm\* through to more extreme
  circumstances such as breaking up a fight or where a student needs to be
  restrained to prevent violence or injury.

\*This must not involve gripping as it could result in harm to the child. Staff will need training if this is a regular occurrence

- 'Reasonable in the circumstances' means using no more force than is needed.
- Control means either passive physical contact, such as standing between children and young people, redirecting a child or young person's path, or active physical contact such as escorting a child by the arm or arms out of a classroom. This should never involve pulling or dragging.
- Restraint means to hold back physically or to bring a child or young person under control. It is typically used in more extreme circumstances, for example when two children and young people are fighting and refuse to separate without physical intervention.
- School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the child or young person.\*

\*Staff should receive training specific to the identified needs of their school which will significantly reduce the likelihood of this happening

#### Who can use reasonable force?

- All members of school staff have a legal power to use reasonable force
- This power applies to any member of staff at the school. It can also apply to people whom the headteacher has temporarily put in charge of children and young people such as unpaid volunteers or parents accompanying students on a school organised visit.

#### When can reasonable force be used?

- Reasonable force can be used to prevent children and young people from harming themselves or others, from damaging property, or from causing disorder.
- In a school, force is used for two main purposes to control children and young people or to restrain them.
- The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

#### Schools can use reasonable force to:

This list is not exhaustive and provides examples of where reasonable can and cannot be used – this is also taken from DfE guidance

- remove disruptive children from the classroom where they have refused to follow an instruction to do so;
- prevent a child or young person behaving in a way that disrupts a school event or a school trip or visit;
- prevent a child or young person leaving the classroom where allowing the child or young person to leave would risk their safety or lead to behaviour that disrupts the behaviour of others;
- prevent a child or young person from attacking a member of staff or another child or young person, or to stop a fight in the playground; and
- restrain a child or young person at risk of harming themselves through physical outbursts.

Reasonable force should only be used to avoid harm to the child or other and where all other strategies have been considered or attempted

### Key messages

Schools cannot use force as a punishment; 
"it is always unlawful to use force as a punishment"

(Use of Reasonable Force - DfE, 2013)

It must be emphasised that the vast majority of child or young person misbehaviour can be managed without any use of force or restraint. All behaviour can be seen as communication.

Schools should consider whether the behaviour under review gives cause to suspect that a child is suffering, or is likely to suffer, significant harm. Where this may be the case, school staff should follow the schools' safeguarding policy. They should also consider whether continuing disruptive behaviour might be the result of unmet educational or other needs (Behaviour and Discipline in Schools – DfE, 2016)

All members of staff have a 'Duty of Care' towards the children in their care. Therefore, if a child is likely to be at risk from harm in an emergency situation, action must be taken and this may include a physical intervention

The action taken will be dependent on the level of risk and the assessment that is made at that moment in time.

Where children show dangerous or harmful behaviour, identified through a risk assessment, then restrictive physical intervention may be considered as a strategy to manage harm. The necessity to use this should reduce over time. If incidents do not decrease, it is not a successful strategy and risk management plan reviews need to take place regularly (at least termly).

The following principles must be borne in mind when considering any use of physical restraint:

- physical intervention carries the possibility of being interpreted as an assault
- physical intervention may carry the risk of injury to the child or to the adult involved
- any consideration of the use of restraint or containment should only occur, as a last resort, where no other intervention is feasible or effective
- the intention of any physical intervention must be clear.

In short, staff should only intervene physically to restrain or contain a child:

- where there is a clear danger to the child or others (including adults)
- Where all other interventions have failed or are not feasible
- with the clear intention of removing the child from danger
- with the minimum force required to ensure the child's safety.

Settings should ensure that staff are appropriately trained in non-restrictive and restrictive intervention, and that they remain compliant with the recommended refresher updates, as required by the provider. This should be explicit in all related policies and procedures.

#### Withdrawal, isolation and seclusion

The language around withdrawal, isolation and seclusion is often misinterpreted. Helpful ways of understanding these terms in the context of this guidance are set out here:

<u>Withdrawal</u>: the removal of a child or young person from a place of stress to a safe place, where they can be supported and monitored until they are ready to re-engage with learning – the child may need the choice of some time alone to 'recover', according to their needs

**Isolation:** the removal of a child or young person from their peer group. Schools use this in a range of ways, often in what are referred to as 'internal exclusion', 'reflection' 'isolation' or 'inclusion' rooms / booths

<u>Seclusion</u>: when a child or young person is *forced* to spend time *alone* and *against their will* (for example, they are prevented from leaving a room of their own free will (including locking a door, holding a door closed, a handle or exit button placed out of reach of child or young person). Seclusion **must not** be a planned response to behaviour and can only be considered in **exceptional** or **emergency circumstance** (as concluded by the Child C versus Local Authority court case - *Royal Courts of Justice 16<sup>th</sup> June 2011*).

Schools **must always** consider the well-being and mental health of all children and young people and staff. Whilst schools may use withdrawal and isolation as part of their approach to managing behaviour, they must always act reasonably, proportionately and, most importantly, assess the risk of any consequence being considered. Consequences involving withdrawal, isolation and seclusion, are in themselves potentially damaging to well-being, mental health and positive relationships with children and young people. Any practice that promotes repair and restore through

relationships and connection will be extremely beneficial and supportive to wellbeing and mental health.

To reiterate, seclusion may only be used in an exceptional or emergency situation and not as a routine approach to behaviour. On the rare occasion that a school uses seclusion, they must have procedures in place on how to communicate to parents when this has been used with their child.

#### Managing allegations against members of staff / volunteers

Essex data shows that a high number of allegations against the workforce in schools involved allegations of physical abuse. It is frequently the most recorded abuse type for schools, so it is essential all staff members are made aware of the boundaries of appropriate behaviour and conduct. This should form part of staff induction and should be outlined in the Staff Handbook / Code of Conduct. Many allegations against members of school staff involve situations of 'door-blocking', bag / jumper grabbing (particularly where hair has been caught in a hood) and staff should always be aware of their behaviour towards children and young people.

In Essex, every school must work in accordance with statutory guidance and the Essex in respect of allegations against an adult working with children in a paid or voluntary capacity. Essex <u>SET Procedures (ESCB, 2019)</u> require that, where an allegation against a member of staff is received, the Headteacher, senior named person or the Chair of Governors must inform the duty Local Authority Designated Officer (LADO) in the Children's Workforce Allegations Management Team on **03330 139 797** within one working day. However, wherever possible, contact with the LADO should be made immediately as they will then advise on how to proceed and whether the matter requires Police involvement. This will include advice on speaking to children and young people, parents and HR. **The school should not carry out any investigation before speaking to the LADO.** 

All staff members must be aware of the boundaries of appropriate behaviour and conduct. This should form part of staff induction and be clearly outlined in the Staff Behaviour policy / Code of Conduct. Staff must feel safe to report any concerns around inappropriate practice and the school must have a whistleblowing policy in place and ensure all staff are aware of it. Where a concern involves the headteacher, it should be reported direct to the Chair of Governors.

#### Reporting and investigation of accidents and incidents

All community and voluntary controlled schools are required to follow the Essex County Council Accident and Incident Reporting Policy (HSP12.0). Where non-community and voluntary controlled schools purchase a Health and Safety service from the local authority, they are encouraged to adopt this policy or similar.

Non-community and voluntary controlled schools who do not buy a Health and Safety service from Essex County Council should ensure they have a robust reporting procedure that meets all statutory requirements.

The MySafety system is used to record all accidents, violence, work related III Health and near misses. Click here to log an incident (please use the Access Token: ABC123)

For enhanced system access to record investigations, assign tasks and access information on incidents: Click here to access the MySafety System (Login required)

See Accident / Incident page on the Essex Schools Infolink pages for further details: Click here to access the Schools Infolink Health and Safety pages (Login required)

#### **Communication to parents / carers**

Where it has been deemed necessary to use a restrictive physical intervention, the detail of this should be accurately recorded and the incident communicated to parents (see Appendix E on page 25). Parents should be informed of the incident initially by phone and it should then be followed up in writing (this process should be set out in the school Behaviour Policy). Where it is necessary to exclude a child or young person for the incident, there is separate guidance on exclusion and supporting model paperwork for schools to use to ensure they meet statutory requirements relating to this.

#### **Further Guidance**

- 1. Keeping Children Safe (DfE, 2021)
- 2. Reducing the Need for Restraint and Restrictive Intervention (DfE, 2019)
- 3. Use of Reasonable Force (DfE, 2013)
- 4. Behaviour and Discipline in Schools (DfE, 2016)
- 5. Exclusion from maintained schools, academies and PRUs in England (DfE, 2017)
- 6. SET Procedures (2019)
- 7. Searching, screening and confiscation (DfE, 2018)
- 8. Positive environments where children can flourish (Ofsted, 2018)
- 9. Creating a Culture: how school leaders can optimise behaviour (DfE, 2017)
- 10. The Human Rights Framework for Restraint (EHRC, 2019)
- 11. Restraint in schools inquiry: using meaningful data to protect children's rights (EHRC, 2021)

#### Acknowledgements:

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# Appendix A – Template for Recording an Incident

| Child name:                               | DoB:  | Year group: |  |
|---|---|-------------|--|
|   |   |             |  |
| Date of the incident:                     |   |             |  |
| Day of the week:  Members of staff        |   |             |  |
| Wembers of staff                          |   |             |  |
| Where it took place                       |   |             |  |
| What was the activity?                    |   |             |  |
|   |   |             |  |
| Outline of event/ What happened?          |   |             |  |
|   |   |             |  |
|   |   |             |  |
|   |   |             |  |
|   |   |             |  |
|   |   |             |  |
|   |   |             |  |
| Consequences:                             |   |             |  |
|   |   |             |  |
| Protecting (what will now happen to p     | revent any immediate further harm oc                                    | ccurring)   |  |
|   |   |             |  |
|   |   |             |  |
|   |   |             |  |
|   |   |             |  |
| Learning/teaching (what needs to be re    | Learning/teaching (what needs to be revisited with the child or learnt) |             |  |
|   |   |             |  |
|   |   |             |  |
|   |   |             |  |
| 100 m f                                   |   |             |  |
| Was safe holding used? yes/no             |   |             |  |
| Restraint (Restrictive Physical Intervent | ion) form completed   |             |  |
|   |   |             |  |
| Parent / carer informed:                  |   |             |  |
| Time and date:                            |   |             |  |
|   |   |             |  |
|   |   |             |  |
|   |   |             |  |

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# <u>Appendix B</u> - Personalised Stress Management and Adult Response Planning *(developed from the Essex TPP approach)*

This tool is designed to keep everyone safe by enabling staff to think about, plan and be confident in safely supporting children and young people.

#### How to use this tool

This tool should be discussed, constructed and agreed through One Planning. It is important that the child/young person and their parent/carer is involved.

- Step 1: Identify the stressors being experienced by the child/young person. There are five domains of stress, which are explained later in this document.
- Step 2: Complete the 'Warning Signs of Stress' table below, providing personalised detail of what this looks like and means for the child/young person.
- Step 3: Complete the 'Stress Mapping' and 'Level of Harm' tables below. The frequency and severity of these provides an indication of whether an Adult Response Plan is necessary.
- Step 4: If the pupil is assessed to 'always' or 'often' experience stress or the harm is assessed to be of concern, develop both the personalised 'Adult Response Plan' and 'Child's Selfregulation Plan' for the child/young person as part of the One Planning process.
- Step 5: Regularly review and update the information in this tool through One Planning.

| Name:   | Date:        |
|---|--------------|
| Year Group:   | Review Date: |
|   |              |
| Warning Signs of Stress* (see explanations of the stressors | below)       |

| Stress Area               | What is it that generally causes the stress? | Indicators of excessive stress-<br>how does the child show this? |
|---------------------------|--|--|
| Physiological/sensory     |  |  |
| Emotional                 |  |  |
| Thinking/learning related |  |  |
| Social                    |  |  |
| Prosocial                 |  |  |

# **Stress Mapping**

|   | Not evident | Occasionally | Often | Always |
|---|-------------|--------------|-------|--------|
| Stress response is easily triggered       |             |              |       |        |
| Stress response is not equal with the     |             |              |       |        |
| stressor                                  |             |              |       |        |
| Individual is extremely restless/volatile |             |              |       |        |
| Hard to co-regulate after 'alarm' is      |             |              |       |        |
| triggered                                 |             |              |       |        |

#### **Harm Mapping**

| Harm/Behaviour | Yes/No | Harm/Behaviour         | Yes/No |
|----------------|--------|------------------------|--------|
| Harm to self   |        | Damage to property     |        |
| Harm to peers  |        | Harm from disruption   |        |
| Harm to staff  |        | Harm from running away |        |
| Other harm     |        |                        |        |

#### For Reference:

One Planning Guidance & Templates, from the Essex Local Offer: <a href="http://www.essexlocaloffer.org.uk/one-plan-templates/">http://www.essexlocaloffer.org.uk/one-plan-templates/</a>

# **Adult Response Plan**

| Window of Tolerance           | How best to support and maintain this and support regulation      |
|-------------------------------|---|
|                               | Thew best to support and maintain this and support regulation     |
| What the child is like when   |   |
| regulated, calm and           |   |
| engaged?                      |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
| Dyenegydetion                 | Ctuatoniae to accompant and to accumulate                         |
| Dysregulation                 | Strategies to support and to co-regulate                          |
| What are the first signs that |   |
| things are becoming too       |   |
| stressful?                    |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
| Where does this stress beha   | viour lead to next?   |
| What we are trying to avoid?  |   |
| What we are trying to avoid?  |   |
| Hyperarousal                  | Interventions necessary to support, co-regulate and keep everyone |
|                               | safe  |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
| Hypoarousal                   | Interventions necessary to support, co-regulate and keep everyone |
|                               | safe  |
|                               |   |
|                               |   |
|                               |   |
|                               |   |
|                               |   |

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#### **Child's Self-Regulation Plan**

| Stress Level   | Strategy to Support                          |
|--|--|
| Red emotions<br>Feeling afraid,<br>angry, annoyed                              | How to best soothe myself                    |
| Yellow emotions<br>Feeling worried,<br>disappointed, silly                     | How to best to soothe myself                 |
| My window of<br>Tolerance /<br>Green emotions<br>Feeling calm,<br>happy, proud | How best to maintain                         |
| Blue emotions<br>Feeling sad, low,<br>sleepy                                   | How best to re-energise and give myself hope |

#### Notes:

The Adult Response Plan starts with the pupil's 'Window of Tolerance' or 'Green Zone' (from Zones of Regulation©), as it has been found that staff find it more useful to have the proactive strategies for promoting co-regulation at the top of the plan.

The Adult Response Plan and the Child's Self-regulation Plan have been adapted to align with commonly used good practice, such as Zones of Regulation©.

# <u>Appendix C</u> - Explanation of the Stress Areas

| Domain and definition   | A child having difficulty regulating in this area may:  | Supportive strategies   |
|---|---|---|
| Sensory/physiological consider many factors such as sleep, exercise, health, nutrition and sensory inputs.  • physical health • hunger • noise  | have challenges remaining calm amidst distracting visual and auditory stimuli     have difficulty sitting for more than a few minutes     withdraw (become hypoalert) and need to upregulate     become over-stimulated and need to down regulate | <ul> <li>less intense lighting – soft white light</li> <li>use blinds to block out light</li> <li>less bright visual materials</li> <li>choice in seating (exercise balls, beanbag chairs, rocking chair)</li> <li>keep clutter to a minimum</li> <li>oral input (healthy crunchy snacks, water bottles etc.)</li> <li>plants</li> <li>removing squeaky chairs</li> <li>designating areas for quiet and noisy activities</li> <li>creating comfortable learning areas to down- regulate</li> <li>using music to signify transitions</li> <li>visual schedules (predictable)</li> <li>noise cancelling headphones</li> <li>fidget tools (i.e. playdough)</li> <li>action breaks</li> </ul> |
| Thinking the child's ability to concentrate and switch attention as well as appropriate task and language demands.  • focus and switch focus as required • plan and executive several steps consecutively • problem-solve • understand cause and effect • time management • ignoring distractions • delaying gratification • sequencing ideas • tolerating frustration and learning from mistakes • switching focus | <ul> <li>have difficulty focusing attention</li> <li>give up at the slightest frustration</li> <li>daydream during class</li> <li>be distracted by impulsive thoughts</li> </ul>  | preferential seating     providing instruction in more than one mode     quiet place when feeling overwhelmed     learning games (simon says, statues, musical chairs etc)     breaking down instructions     providing collaborative learning experiences     allowing child's choice and to set own goals     digital technology     using the child's passions to engage learning (consultation with families)     teaching time management skills     visual timer     self-reflection     providing consistent routines  |
| Emotional the child's ability to monitor, evaluate and modify their emotions  • managing the big feelings and strong emotions • ability to recover from adversity • courage to learn new things • desire to achieve goals   | <ul> <li>become overly excited when praised</li> <li>show intense frustration when trying to solve a problem</li> <li>become anxious when dealing with confrontation</li> <li>have difficulty focusing when strong emotions arise</li> </ul>      | holding classroom meetings to check feelings     mindfulness     breathing exercises     encouraging children to express how they are feeling verbally     using strategies and language from the     SMART thinking- There's always a way back     teaching calm down techniques   |

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| healthy and realistic sense of self  Social   | have difficulty listening to the ideas of   | <ul> <li>(breathing, counting down)</li> <li>playing calm music during learning tasks</li> <li>teaching positive self-talk</li> <li>journaling feelings and experience</li> <li>role playing how to express and cope</li> <li>collaborative learning experiences</li> </ul>  |
|---|---|--|
| consider the perspective of the child and the impact of their actions on others  • understanding the feelings and intentions of self and others  • monitoring the effects responses and adjusting when necessary ("appropriate responses")  • the ability to be an effective communicator – as a listener and as a speaker  • the ability to demonstrate a good sense of humour that does not rely on ridicule  • the ability to recover from and repair breakdowns in interactions with others (e.g. through compromise)                                     | others • have difficulty taking ownership over actions • respond inappropriately to a situation • have difficulty reading social cues | music experiences     demonstrating a good sense of humour     using books to deepen communication of feelings     teaching how to read social cues     using expected and unexpected behaviour prompts     teaching social media communication skills     reinforcing rules |
| Prosocial the idea that other people's stress also cause stress for the child. This domain is rooted in the development of empathy and doing the "right" thing. The ability to help regulate others and to co- regulate with others. • a sense of honesty, both with oneself and with others • empathy, or the capacity to care about others' feelings and to help them deal with their emotions • the ability to put the needs and interests of others ahead of one's own • the desire to "do the right thing" and the conviction to act on one's conviction | As above  | collaborative learning experiences     teaching how to read social cues     using expected and unexpected behaviour prompts     teaching social media communication skills     reinforcing rules     reassurance   |

#### Appendix D - Template for recording incident requiring restraint

# **Record of incident Requiring Physical Intervention (RPI)**

| Child name:                 |             |             | DoB:                | Year group:            |  |
|-----------------------------|-------------|-------------|---------------------|------------------------|--|
|                             |             |             |                     |                        |  |
| Dan autin a manula a af     |             |             |                     |                        |  |
| Reporting member of staff:  |             |             |                     |                        |  |
| Date of incident:           |             |             |                     |                        |  |
| Start time of incident:     |             |             |                     |                        |  |
| End time of incident:       |             |             |                     |                        |  |
| Location of incident:       |             |             |                     |                        |  |
| Name(s) of additional sta   | ff witness: |             | Name(s) of add      | itional child witness: |  |
|                             |             |             |                     |                        |  |
|                             |             |             |                     |                        |  |
|                             |             |             |                     |                        |  |
|                             |             |             |                     |                        |  |
|                             |             |             |                     |                        |  |
| Stressors leading up to t   | he hyneraro | ousal and   | d distress          |                        |  |
|                             | no nyporane | aoai air    | a diotiooo          |                        |  |
|                             |             |             |                     |                        |  |
|                             |             |             |                     |                        |  |
| Co-regulation prior to the  | decision to | use of      | RPI                 |                        |  |
| Verbal advice and support   |             | S           | wapping of staff    |                        |  |
| Calm talking and Reassura   | ince        |             | istraction/diversio | า                      |  |
| Personalised co-regulation  | script      | C           | Offering choices an | d options              |  |
| Humour                      |             | C           | Offering safe space |                        |  |
| Other (specify)             |             |             |                     |                        |  |
|                             |             |             |                     |                        |  |
| To prevent harm to self     |             |             |                     |                        |  |
| Why the RPI was             | To prevent  | harm to     | another child (chil | dren)                  |  |
| deemed absolutely           | To prevent  | harm to     | adults              |                        |  |
| necessary To provent damage |             | to property |                     |                        |  |

policy)

The harm predicted to be prevented by the RPI

To prevent harm from absconding (in accordance with

| (e.g. bruising to peers, lacerations, destruction climbing on roof)   | n of computer, climbing over high fence, |  |
|---|--|--|
|   |  |  |
| Unresolved harm/ details of damage to property (costs and details of harm to people including medical intervention or damage to property) |  |  |
| Was a medical record completed  | Yes / No                                 |  |

| Specific details of the RPI including sequence of techniques, time and staff involved |                                |               |  |  |  |
|---|--------------------------------|---------------|--|--|--|
| Time  | Technique                      | Staff name    |  |  |  |
|   | •                              |               |  |  |  |
|   |                                |               |  |  |  |
|   |                                |               |  |  |  |
|   |                                |               |  |  |  |
|   |                                |               |  |  |  |
|   |                                |               |  |  |  |
| Duration of RPI:  | Duration of t                  | he incident:  |  |  |  |
|   | ysical Yes Details             | ino inolaoni. |  |  |  |
| mark or harm caused   |                                |               |  |  |  |
| use of RPI to the child   |                                |               |  |  |  |
| use of Ki i to the child  | '                              |               |  |  |  |
| What action has   | been                           |               |  |  |  |
| taken?  | been                           |               |  |  |  |
| Has the incident  | been Yes Details               |               |  |  |  |
| reported to the Ch  | ildren / No                    |               |  |  |  |
| Safeguarding Team   | (Local                         |               |  |  |  |
| Authority Design  | nated                          |               |  |  |  |
| Officer)?   |                                |               |  |  |  |
| •   | Incident reporting and monitor | ring          |  |  |  |
|   | Name Tin                       | ne and date   |  |  |  |
| Incident reported to  |                                |               |  |  |  |
| Senior staff by:  |                                |               |  |  |  |
| Parents / Carer   |                                |               |  |  |  |
| verbally informed by:   |                                |               |  |  |  |
| Parents / Carer letter  |                                |               |  |  |  |
| sent:   |                                |               |  |  |  |
|   |                                |               |  |  |  |
| Child wellbeing check   |                                |               |  |  |  |
| by:   |                                |               |  |  |  |
| Sy.   |                                |               |  |  |  |
| Staff wellbeing   |                                |               |  |  |  |
| verified by:  |                                |               |  |  |  |
|   |                                |               |  |  |  |
| Restorative   |                                |               |  |  |  |
| conversation with   |                                |               |  |  |  |
| child   |                                |               |  |  |  |

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| Care for Child following the RPI |  |
|----------------------------------|--|
|                                  |  |

| Verification of account of incident |                 |                               |      |  |  |  |
|-------------------------------------|-----------------|-------------------------------|------|--|--|--|
| Staff name                          | Staff signature |                               | Date |  |  |  |
|                                     |                 |                               |      |  |  |  |
|                                     |                 |                               |      |  |  |  |
|                                     |                 |                               |      |  |  |  |
|                                     |                 |                               |      |  |  |  |
| Reporting staff name                |                 | RPI checker and approver name |      |  |  |  |
| Signature                           |                 | Signature                     |      |  |  |  |
|                                     |                 |                               |      |  |  |  |

#### Appendix E – template letter to inform parents of an incident

Dear (parent / carer)

Further to our earlier telephone conversation, I am writing to confirm our discussion about the incident in school today. As discussed, it was deemed necessary to use a physical intervention with *(child or young person)*. You will be aware that such an intervention is used in our school only as a last resort, where other interventions and de-escalation techniques have not been effective in reducing the harmful behaviour. As shared with you, it was felt by staff involved that, on this occasion, it was absolutely a necessary and appropriate response to *(child or young person's)* behaviour at the time in order to keep them and everyone else safe.

As I explained, the detail of this incident is available in school and forms part of *(child or young person's)* records. If you would like to discuss this matter further, please feel free to contact me and I would be happy to meet with you.

#### Or

It is important that we continue to work together, going forward. I would like to invite you to a meeting to *write / review* a risk management plan for (child or young person) and I can share more detail about the recent incident with you

Yours sincerely

#### Appendix F – levels of reporting and recording difficult or harmful behaviour

| Level 1   | Level 2  | Level 3   | Level 4  |  |  |  |
|---|--|---|--|--|--|--|
| When there was no need for first aid or medical attention, or when there is no long-term anxiety or stress as a result of the incident for a member of staff  | When there was a need for first aid or medical attention, or if the staff member experiences long term anxiety or stress as a result.  When there was a need for non-restrictive physical intervention   | When it was deemed absolutely necessary to use restrictive physical intervention in order to co-regulate the child/young person and prevent harm (where this is an agreed intervention to manage the harm as part of the Adult Response Plan / Behaviour Support / Management Plan)   | When it was deemed absolutely necessary to use restrictive physical intervention in order to coregulate the child/young person and prevent harm (when this has not been an agreed intervention to manage the harm as part of the Adult Response Plan / Behaviour Support / Management Plan)  |  |  |  |
| These are behaviours that are likely to be responsive to the usual range of support and interventions set out within the school behaviour policy. They will be also be monitored and reviewed through personalised 'One Planning' when appropriate.  Examples of such behaviours:  Eating or mouthing non-edible items, such as stones, dirt, pen lids, bedding, metal, faeces  Smearing of faeces  Rocking, repetitive speech and repetitive actions or manipulation of objects  Absconding  removing of clothing items  Self-injury/harming, including head banging, scratching, hitting, kicking, biting and poking  Language-based personal abuse or sexual comments  Racist, sexist, or homophobic behaviour or comments | These will encompass behaviours that have duration, frequency, intensity or persistence and are beyond the typical range for the school. Such behaviour is less likely to be responsive to the usual range of support and interventions identified within the school behaviour policy.  These behaviours may also:  compromise the child or young person's own and / or other CYPs learning  disrupt the day to day functioning of the school, making it a less safe and routine environment  Language-based persistent personal abuse or persistent sexual comments  Persistent racist, sexist, or homophobic behaviour or comments | These will encompass behaviours that are harmful in that they compromise the safety and wellbeing of the child/young person or staff.  This will include:  • causing harm towards adults or other children/young people (including pushing, punching, kicking, biting, scratching, spitting, head-butting)  • causing harm to the learning environment, including that of property  • striking another adult / child or young person with an object | These will encompass behaviours that are harmful in that they compromise the safety and wellbeing of the child/young person or staff:  This will include:  • a one-off serious incident involving behaviour not previously observed in the child or young person  • causing harm towards adults or other children/young people (including pushing, punching, kicking, biting, scratching, spitting, head-butting)  • causing harm to the learning environment, including that of property  • striking another adult / child or young person with an object |  |  |  |
| Expected Reporting and Recording  |  |   |  |  |  |  |
| Systematic reporting and recording at the school/setting level in accordance with policy.   | Systematic reporting and recording at the school level in accordance with policy.  | Systematic reporting and recording at the school level in accordance with policy.   | Systematic reporting and recording at the school level in accordance with policy.  |  |  |  |
|   | When Headteacher deems appropriate, these incidents may also be reported to ECC via MySafety   | These incidents must be reported to ECC via MySafety  | These incidents must be reported to ECC via MySafety   |  |  |  |

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