

Positive Behaviour Management

Guidance for Schools and Settings

(including Plans & the use of Physical Intervention)

Contents

[1. Introduction 4](#_Toc529883466)

[2 Guiding Principles 7](#_Toc529883467)

[3 Scope of Guidance 7](#_Toc529883468)

[3.1 Legal Framework 7](#_Toc529883469)

[4. The Positive Behaviour Plan (incorporating Risk Assessment) 7](#_Toc529883470)

[4.1 Assessing Behaviour Risks 8](#_Toc529883471)

[4.2 Dynamic Risk Assessment 9](#_Toc529883472)

[4.3 Reducing the Risks 9](#_Toc529883473)

[4.4 Selecting Strategies 11](#_Toc529883474)

[4.5 Timeout, Withdrawal and Seclusion, 12](#_Toc529883475)

[4.6 Communicating Strategies 12](#_Toc529883476)

[4.8 Monitoring and Review of PBPs 14](#_Toc529883477)

[5. Restrictive Physical Intervention 14](#_Toc529883478)

[5.1 Common Law and Statutory Law Power 15](#_Toc529883479)

[5.2 Duty of Care 15](#_Toc529883480)

[5.3 What is Reasonable Force? 16](#_Toc529883481)

[5.4 Who Can use Reasonable Force? 16](#_Toc529883482)

[5.5 When Can Reasonable Force be used? 16](#_Toc529883483)

[5.6 Inappropriate Restrictive Physical Intervention Techniques 17](#_Toc529883484)

[5.7 Power to Search Pupils without Consent 17](#_Toc529883485)

[5.8 Communicating the School’s Approach to the Use of Reasonable Force 18](#_Toc529883486)

[6. Incident Recording and Reporting Requirements 18](#_Toc529883487)

[7. When to Involve the Police 19](#_Toc529883488)

[8. Absconding 19](#_Toc529883489)

[9. Dealing with Concerns and Complaints 21](#_Toc529883490)

[10. Medication 21](#_Toc529883491)

[11. Home-to-School Transport 21](#_Toc529883492)

[12. Vulnerable Pupils 21](#_Toc529883493)

[13. Pupils displaying Sexual or Sexually Abusive Behaviours 24](#_Toc529883494)

[References and Useful Links 25](#_Toc529883495)

[Appendix 1 – Guidance on completing Positive Behaviour Plan and a template for the plan 26](#_Toc529883496)

[How to complete a Positive Behaviour Plan (PBP) 26](#_Toc529883497)

[Appendix 2 – County Council Accident Incident Form (template example) 36](#_Toc529883498)

[Appendix 3 – Guidance and Checklists for Evaluating Sexual Behaviour (Primary/Nursery) 37](#_Toc529883499)

[Appendix 4 – Risk Matrix 53](#_Toc529883500)

[Appendix 5 – Record Physical Intervention (Restrictive) 54](#_Toc529883501)

1. Introduction

Schools and settings try to teach children to develop appropriate behaviour, through creating a positive environment where people consider each other’s needs and work within a shared set of expectations and rules. For most children and young people this works well, and they seldom need ‘behaviour management’ to become a more intensive or formal process. However, there are times when negative behaviour has to be actively managed, in order to ensure the safety of all pupils and the opportunity for them to learn. It is important that school staff, parents and pupils are clear about what strategies might be used to manage behaviour, as well as the approach which the school is taking to the building of a positive environment. For that reason, all schools should have a Behaviour Policy, which sets out the school’s approach. For guidance on formulating a school behaviour policy, see the DfE website:

<https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>

It is important, however, to think about behaviour in the context of the individual pupil’s whole development, thinking and emotional state. Behaviour is a form of communication: when staff are concerned about behaviour, they should always ask themselves what it is communicating: is the child panicking? Is the child confused? Is the child desperate for help or nurturing? The child may not be able to explain or fully understand their own need, but their behaviour is a signal which staff need to interpret sensitively. If staff are able to get in early and offer support which alleviates distress and teaches coping strategies, the unwanted behaviour will reduce and be replaced by more appropriate responses**.**

Following the school or setting’s behaviour policy, and revising it in the light of new developments, will usually work well in teaching the desired behaviour. However, some children/young people will require even more individualised and intensive approaches. They may lack experience of working within behavioural limits, may be undergoing emotional stress which disrupts their behaviour, or may have a disability which gives rise to their extreme behaviour. Usually, such challenging behaviour has multiple causes and takes considerable time and support to resolve it. Staff will need to reflect on the causes of the behaviour and consider the need to work with other people or agencies in order to give the child all the necessary support. People to consider involving include:

* Internal staff groups which you may have, which can jointly problem-solve
* Multi-agency team, which can be school-based and which can look at locally available support strategies using the Early Help approach and resources. (This should include any involved Specialist Advisory Teachers.)
* Educational Psychologists (for ages 0 to 25 years)
* Behaviour and Emotional Wellbeing Officers (primary aged pupils)
* Children’s Centres, who may have support available for parents or children
* Cumbria County Council Safeguarding Hub (0333 240 1727)
* Other locally-available groups or facilities (which will be described in the Local Officer)

Challenging behaviour worries school staff a lot, because it can present risks to the pupil and other people, and because it can prevent others from learning, by disrupting the classroom environment. Staff need to deal with it, but they can feel vulnerable because they have to act outside of the normal school behaviour policy. They may even sometimes need to use restrictive physical intervention, and they have to be sure that they are doing this within a clear and agreed framework. This guidance will suggest a framework, procedures and documentation which can be used to plan and implement an individualised approach to a pupil’s challenging behaviour. The emphasis will be on using preventative and de-escalating strategies, so that the behaviour becomes progressively less frequent and less extreme. There will also be guidance on how to plan for the use of restrictive physical intervention, but it is expected that this will only rarely need to be used. (The Team Teach challenging behaviour materials suggest that 95% of challenging behaviour can be managed without needing to use restrictive physical intervention.)

The whole process is summarised in the following flow chart.



# **Guiding Principles**

Cumbria County Council in Cumbria:

* Recognises children’s rights, including the right to an appropriate education.
* Recognises that all pupils at school have the right to be properly supported to enable access to the full range of educational experiences.
* Recognises the right of every person to be protected from harm.
* Will seek to protect all pupils against any form of intervention which is unlawful, unnecessary, excessive or inappropriate.

3 Scope of Guidance

This guidance applies to all Local Authority-maintained schools and settings, and to employees and volunteers who work in those settings.

The guidance provides information and advice in relation to managing the behaviour of children and young people in schools and settings. It covers the legal requirements and necessary actions when managing behaviour, so that schools and other settings can ensure, as far as is reasonably practicable, the health, safety and welfare of pupils in their care and of adults working with those pupils.

It is expected that all schools and settings will have their own policies on Behaviour Management and on the use of Restrictive Physical Intervention. Restrictive Physical Intervention might be a separate policy or a section within the broader Behaviour Management policy. In either case, the policy must be clear about internal practice and procedures and be well communicated.

**3.1** **Legal Framework**

This Guidance incorporates law and guidance from:

Health & Safety at Work Act 1974

Manual Handling Operations Regulations 1992
Management of Health & Safety at Work Regulations 1999
Equality Act 2010
Use of Reasonable Force Guidance April 2013 (England)

Children & Families Act 2014

The Children Act 2004

Mental Health Act – Code of practice

For links to the above see [references and useful links section](#Links)

# 4. The Positive Behaviour Plan (incorporating Risk Assessment)

Under health and safety legislation, employers have duties to ensure the health and safety of both employees and persons not in their employ. In schools non-employees includes pupils and visitors. Legislation also requires employers to assess significant risks to both employees and non-employees arising from work activities. This would include any significant risks which could arise when managing behaviour.

Whenever it is foreseeable that a pupil with behavioural issues might require a more intensive approach including positive handling or restrictive physical intervention, a ‘risk assessment’ should be carried out which identifies the benefits and risks associated with the application of different intervention techniques with the pupil. This risk assessment can be undertaken and incorporated into a Positive Behaviour Plan (PBP). Challenging behaviours are often foreseeable, even though it may be difficult to predict exactly when they will occur or the degree of challenge they will pose. As a general rule, schools should:

* explore why the child behaves in ways that pose a risk: what are they trying to communicate through their behaviour?
* recognise the early warning signs that indicate that the child’s behaviour is beginning to change;
* ensure their staff develop skills to manage difficult situations competently and sensitively;
* teach the child appropriate positive behaviours
* adopt control strategies to reduce risks

An individual PBP template can be found at Appendix 1. This Positive Behaviour Plan can incorporate, where required, a plan for the possible use of restrictive physical intervention. The plan must be signed and dated with review arrangements included.

## 4.1 Assessing Behaviour Risks

Following a risk assessment process helps to determine a behaviour plan which is **beneficial**, **reasonable** and **proportionate** to the individual and considers both the benefits and risks of any proposed intervention for all concerned. A hierarchy of control strategies should be implemented. These can be outlined as;

* Primary strategies: strategies that are positive and aim to prevent challenging/risky behaviours
* Secondary strategies: defusion and distraction strategies
* Reactive strategies: which may include sanctions, environmental change and direct restrictive physical intervention

The entire approach should ensure the need for the use of physical intervention will always be taken **as a last resort**.

The Positive Behaviour Plan must be undertaken by a competent person or persons, i.e. who understand the process of risk assessment and who have sufficient knowledge about the pupil and his/her behaviour to enable them to make objective decisions on the appropriate and required control strategies.

Risk assessment involves the consideration of potential or actual risks to both the individual and others likely to be affected. Key steps are:

* **Identifying the risks –** trying to predict situations in which risks do/may occur. Examples of risk situations may include: running into the road, self-harm, confrontation, work in higher risk areas of the curriculum or locations, e.g. design technology, science, being transported etc.;
* **Assessing the likelihood –** trying to estimate how likely it is that the risk situation will occur and whether any injury or harm is: very likely to occur; likely to occur; or unlikely to occur;
* **Determining the level of potential severity/harm** – trying to gauge the kind of injury or harm that could result. For example: Damage, physical injuries, both minor and more serious, and also psychological effects both short and long term, e.g. Upset, anxiety, stress. The Health and Safety Executive suggests using a risk matrix to determine risk levels - Low/Medium/High [(See Appendix 4)](#Appendix4)

## 4.2 Dynamic Risk Assessment

Sometimes, however well we plan for foreseeable situations, we may be faced with taking an immediate decision to respond to an emergency situation. Such a situation could occur when a pupil who has never displayed certain behaviour before suddenly does. E.g. A pupil puts themselves in a dangerous situation.

In this event staff may have to react quickly to physically prevent harm as best they can. The approach should always be reasonable and proportionate in each particular circumstance.

## 4.3 Reducing the Risks

Risk reduction involves an examination of all the possible options for reducing risks (risk control strategies) and consideration of the benefits and drawbacks of each option for the pupil, staff and others concerned. Examples of possible strategies are;

Verbal advice and support

Firm clear directions

Negotiation

Limited choices

Distraction

Diversion

Reassurance

Planned “ignoring”

Contingent touch

C.A.L.M talking/stance

Take up time

Withdrawal offered

Withdrawal directed

Transfer adult

Reminders about consequences

Humour

Success reminders

Some options may be unsuitable for the pupil concerned or for use within particular circumstances both because they have been tried in the past and have failed or because they could merely inflame a situation. It is important, however, that all possible control measures considered are recorded on the Positive Behaviour Plan. This will help build a history of tried and tested control measures that have either been successful or have failed. This information will be invaluable as the child moves through the educational system.

Control strategies should include:

* + positive and proactive measures to support the pupil effectively in order to prevent difficulties emerging; e.g. Goal setting/ Rewards
	+ early interventions to help the pupil overcome difficult situations and avert problems; Distraction or diffusion techniques
	+ planned measures to manage the pupil and others safely, when difficulties arise. e.g. known de-escalation techniques.

Where there are concerns about the possible implications of any control measures being considered, staff should seek advice or assistance from other agencies, e.g. Specialist Advisory Teachers (SEND Teaching Support Team - TST), Educational Psychologist, Behaviour and Emotional Wellbeing Officers, Legal Services or Health and Safety Team

When the use of a restrictive physical intervention is planned, it is important that appropriate steps are taken to minimise the risk to both employees/volunteers and pupils. Restrictive physical intervention should be an act of care and control, not punishment and involve the minimum degree of force and the minimum amount of time necessary.

Among the main risks to pupils are that a restrictive physical intervention technique could:

* + be used unnecessarily, that is when other less intrusive methods could achieve the desired outcome;
	+ cause injury; pain, distress or psychological trauma
	+ become routine, rather than an exceptional method of management
	+ undermine the dignity of pupils or otherwise humiliate or degrade those involved
	+ create distrust and undermine personal relationships

The main risks to employees/volunteers could include the following: (These risks can be minimised by following de-escalation approaches and gradual and graded intervention techniques as incorporated in the Team Teach approach).

* Physical injury - as a result of applying physical intervention techniques
* Psychological trauma as a result of applying a restrictive physical intervention technique.
* disciplinary action;
* allegations against employees/volunteers;
* the legal justification for the use of restrictive physical intervention is challenged in the courts.

## 4.4 Selecting Strategies

The strategies selected to reduce and prevent risks should be based on a full assessment and appraisal of all possible strategies. In agreeing a positive management plan for an individual pupil, it is important to be explicit about any risks that may continue to exist, even when the plan is fully implemented;

These agreed strategies should form the basis of the pupil’s Positive Behaviour Plan (PBP). The physical environment and availability of resources will clearly influence any strategies introduced and it is important to communicate via the PBP any problems associated with the lack of either of these, particularly if it results in risks becoming or continuing to be unacceptably high.

When selecting strategies and/or planned physical interventions to be included in the pupil’s Positive Behaviour Plan, it is vital to involve the right people. These may be professionals from other agencies, a multidisciplinary or school team in consultation with the young person, parents or those with parental responsibility.

Both the school staff and the parents can benefit from this since it allows parents to examine their own support for the pupil within the home setting and may allow the school staff to determine whether there are issues which may have been overlooked. This also helps to ensure that strategies in both settings have some element of consistency, e.g. sanctions and rewards systems can be agreed which can be followed through in either setting.

It is very important to have a coherent, agreed intervention plan for a child’s challenging behaviour.

The main risks of not using some form of intervention include:

* employees/volunteers may be in breach of the duty of care;
* pupils, employees/volunteers or other people will be injured or abused;
* serious damage to property will occur;
* the possibility of litigation in respect of these matters.

## 4.5 Timeout, Withdrawal and Seclusion,

**Timeout and withdrawal** are measures sometimes used to separate a child from an activity, situation or environment where unacceptable behaviour has occurred. The main intention behind these measures is not to punish but to remove the child from any aspects which may be maintaining the behaviour.

The child should be observed/ supported until they are ready to resume their usual activities

Where time out or withdrawal are used as control strategies, it is important that the use of any of these is fully explained in the PBP along with details of the exact circumstances under which the measures will be used. Such measures must only be used for the minimum amount of time.

Unless the use of the above strategies is considered and explored carefully, there may be increased risks to both the staff undertaking the removal and the pupil e.g. manual handling injuries, physical risk to the pupil during the removal, and distress of the pupil involved. The location of any time-out room or withdrawal area in relation to the pupil’s classroom is also a crucial consideration as is the layout and contents of the space to be used. For example it may not be appropriate for a room to contain items of furniture or equipment that could cause injury if a pupil were to become highly agitated.

**The right to liberty and personal freedom is enshrined in Article 5 of the Human Rights Act 1998 and is protected by the criminal and civil law.** [See references and useful links](#Links)

**Seclusion** refers to the involuntary confinement of a child alone in a room or isolated area from which the child is prevented from leaving. Seclusion includes having a door locked or blocked with the child being alone, or having a child placed away from peers and caregivers for a period of time with no access to social interaction or social activities.

Seclusion is only covered under the Mental Health Act and therefore should only be considered in exceptional circumstances and should always be proportionate to the risk presented by the pupil.

Under the Children’s Act any practice or measure, such as ‘time out’ or ‘seclusion’, which prevents a child from leaving a room or building of his own free will, may be deemed a ‘restriction of liberty’.

## 4.6 Communicating Strategies

As with general risk assessment procedures, it is important that once selected, and agreed by the parents/carers and multi-disciplinary team, strategies are communicated to all those involved with the pupil’s education, support and welfare. This will ensure that all those concerned know how the individual pupil is to be supported and why. They will also understand which behaviours are to be managed, the strategies to be used and under what circumstances.

Early discussions with receiving schools as a pupil moves through the educational system are vital so that accommodation needs, resources and training in particular strategies can be anticipated and undertaken prior to transfer. Where this has not taken place, transfer should not go ahead. Good practice would suggest that any behaviour plans or risk assessments about a pupil should be transferred when a pupil transfers school.

Those who should be fully informed include:

* The pupil
* Parents or those with parental responsibility
* Class teacher and classroom support staff
* Lunchtime support staff
* Other professionals involved with the pupil
* Escorts on home/school transport - Where pupils are escorted on transport to and from school it is important that school staff share strategies (on a need to know basis) with the escort. Again, this will result in consistency in the way in which the pupil’s behaviour is managed.

**4.7** **Staff Training**

Once the Positive Behaviour Plan has been agreed and communicated to those who work with and support the pupil, consideration should be given to the ability of staff to implement the strategies. Schools need to take their own decisions about staff training. Successful implementation will be dependent upon staff competence and expertise. It is important to determine what level of training may be required and by whom. The head teacher should consider whether members of staff require any additional training to enable them to carry out their responsibilities and should consider the needs of the pupils when doing so.

Where a PBP incorporates the use of restrictive physical intervention this should only be carried out by appropriately trained staff. Head teachers are also responsible for keeping a record of who has been trained and who is authorised to use physical intervention.

Where it is apparent that there are staff with significant training needs, implementation of the control measures required should be modified until the relevant training has been provided. In some circumstances, staff training may well be required as a matter of urgency so that implementation can take place without delay.

Cumbria County Council has an accredited programme of physical intervention training, Team Teach, which is delivered by trained and qualified tutors. Further information about course details dates etc. can be obtained by contacting **Michelle Gate on (01900) 706090 or Amy Hoodless (01900) 706083.**

It is good practice that schools should use accredited methods of restrictive physical intervention for which they have received training.

## 4.8 Monitoring and Review of PBPs

As with all other risk assessments undertaken within the school setting, schools should regularly monitor and review strategies required for pupils with Positive Behaviour Plans. All evaluations of measures and strategies should be reported and recorded. Periodic monitoring and review will determine the continuing effectiveness of the strategies introduced and whether or not changes need to be made. In any case, the plan should be reviewed at least annually.

It is good practice for schools to nominate a member of staff to work with a member of the governing body to monitor, analyse and take appropriate action in response to the use of restrictive physical intervention. Such analysis should consider equality issues including, age, gender, disability, culture and religion in order to make sure that there is no potential discrimination; the analysis should also have regard to potential child protection issues.

Analysis should also consider trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. This analysis should be reported back to the Governing Body so that appropriate further action can be taken and monitored.

The Human Rights Act 1998 sets out important principles regarding protection of individuals from abuse by state, organisations or people working for those institutions. Implementation of this guidance will help to ensure that practice within services is consistent with this Act.

5. Restrictive Physical Intervention

This section offers guidance to schools and other educational establishments on the circumstances in which restrictive physical intervention may be used and the procedures that should be in place around such use.

Cumbria County Council acknowledges that there may be times when restrictive physical intervention is an appropriate response to the risks present in a given situation. The intervention must be **reasonable** and **proportionate** in relation to the situation. Although there is no legal definition of when it is reasonable to use force, to be judged lawful the force used needs to be in proportion to the risks present and the minimum needed to achieve the desired result. It is inappropriate to use force as a punishment. The overriding principle relating to restrictive physical intervention is that the best interests of the child take precedence over every other consideration. United Nations Convention on the rights of the child states that the welfare of the child shall be the paramount consideration. Safety is always a paramount concern and as such staff are not required or advised to use restrictive physical intervention if it is likely to put their own safety or the safety of others at risk.

Staff involved in restrictive physical intervention should be monitored closely since continuous support of pupils with extreme and/or unpredictable behavioural difficulties can lead to increased stress.

The PBP should give details of staff involvement and expectations required of individuals. After incidents have subsided, it is important to ensure recording of the incident, effective de-briefing and that both staff and pupils are given appropriate emotional support.

## 5.1  Common Law and Statutory Law Power

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

**All school staff who are in charge of pupils also have statutory power, in addition to common law power. Section 93 of the Education and Inspections Act 2006 enables school staff to use such force as is reasonable and proportionate to prevent a pupil from doing or continuing to do any of the following:**

* committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
* causing personal injury to, or damage to the property of, any person (including the pupil himself)
* 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.
* Section 45 of the Violent Crime Reduction Act 2006, provides for staff to use reasonable force if they have reasonable grounds for suspecting a pupil has a weapon. They may, if authorised by the Head Teacher, conduct a search without consent. However, staff are strongly advised to consider the risks carefully and call the police if resistance is expected.

## 5.2 Duty of Care

We all have duty of care for the children in our setting. This duty of care applies as much to what we *don’t* do as to what we *do* do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to “Stop!” along with a warning of what might happen next. However, if we judge that it is necessary, we may use physical intervention.

## 5.3 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 pupils.
* Force is usually used either to control or restrain. This can range from guiding a pupil 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.
* ‘Reasonable in the circumstances’ means using no more force than is needed.
* As mentioned above, schools generally use force to control pupils and to restrain them. Control means either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom.
* Restraint means to hold back physically or to bring a pupil under control. It is typically used in more extreme circumstances, for example when two pupils 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 pupil.

## 5.4 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 head teacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying students on a school organised visit.

## 5.5 When Can Reasonable Force be used?

Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property or from causing disorder.

In a school, force is used for two main purposes – to control pupils 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.

The following list is not exhaustive but provides some examples of situations where reasonable force can and cannot be used.

Under Section 93, Education and Inspections Act 2006 Schools can use reasonable force to:

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

Schools cannot use force as a punishment – **it is always unlawful to use force as a punishment.**

## 5.6 Inappropriate Restrictive Physical Intervention Techniques

Supportive equipment, which has been provided to meet a physical or medical need, should never be used for the purpose of preventing a problem behaviour. General classroom equipment should never be used for this purpose either.

A panel of experts identified that certain restraint techniques presented an **unacceptable risk** when used on children and young people. **The following techniques are not recognised techniques from Team Teach, these techniques are**:

* the **‘seated double embrace’** which involves two members of staff forcing a person into a sitting position and leaning them forward, while a third monitors breathing;
* the **‘double basket-hold’** which involves holding a person’s arms across their chest;
* the **‘nose distraction technique’** which involves a sharp upward jab under the nose.

## 5.7 Power to Search Pupils without Consent

In addition to the general power to use reasonable force described above, head teachers and authorised staff can use such force as is reasonable given the circumstances to conduct a search for the following “prohibited items”:

* knives and weapons
* alcohol
* illegal drugs
* stolen items
* tobacco and cigarette papers
* fireworks
* pornographic images
* any article that has been or is likely to be used to commit an offence, cause personal injury or damage to property.

Force **cannot** be used to search for items banned under the school rules. Separate guidance is available on the power to search without consent ([See References and useful links](#Links))

## 5.8 Communicating the School’s Approach to the Use of Reasonable Force

Every school is required by law to have a behaviour policy and to make this policy known to staff, parents and pupils. The governing body should notify the head teacher that it expects the school behaviour policy to include the power to use reasonable force.

There is no legal requirement to have a policy on the use of force but it is good practice to set out, in the behaviour policy, the circumstances in which force in the form of reasonable force might be used.

Any policy on the use of reasonable force should acknowledge their legal duty to make reasonable adjustments for disabled children and children with special educational needs. Schools do not require parental consent to use reasonable force.

Schools should **not** have a ‘no physical contact’ policy. There is a real risk that such a policy might may hinder staff members use of statutory power and right to use reasonable force if deemed necessary. It may also place a member of staff in breach of their statutory duty of care towards a pupil, or prevent them taking action needed to prevent a pupil causing harm.

By taking steps to ensure that staff, pupils and parents are clear about when force might be used, the school will reduce the likelihood of complaints being made when force has been used properly.

# 6. Incident Recording and Reporting Requirements

As with any incident it is important to ensure effective records and reports both for physical interventions and any incidents which result in harm or injury. Cumbria County Council expects that all anyone involved in an incident or restrictive physical intervention, including the pupils themselves are effectively followed up and that they have the opportunity to debrief following the incident. It is distressing to be involved in a physical intervention whether as the student being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the intervention should be offered an opportunity to talk about and record their feelings.

Restrictive physical interventions must be recorded in writing. It is no longer necessary to keep these record sheets in **a bound and consecutively numbered book**. However they should be held securely and confidentially. To help schools we have included a record form as [appendix 5](#_Appendix_4_–_1).

It is good practice for Governing bodies to ensure that effective procedures are in place for recording significant incidents and reporting these as soon as possible to the Head Teacher and pupil’s parents.

For incidents of injury or harm to staff, pupils or others, there is an official County Council Accident/ Incident Form – (see Appendix 2) that should be used for recording purposes. This form is supported by Safety Advice Note SAN(G)3 Reporting, Recording and Investigation of Adverse Events (Accidents and Incidents) and County Council Safety Procedure No. 14. Once completed a copy should be retained with the original being sent to the County Council Health and Safety Team for inclusion onto a central accident database. ([See References](#Links))

County Council Accident/Incident Form is not intended to record details of any actual intervention or physical control: this should be recorded as described above. The accident/incident form should be completed if an injury or harm has been sustained as a result of a physical intervention, either to the member of staff or the pupil. You should ensure that details of any follow-up action, where relevant, are included.

# 7. When to Involve the Police

Schools are advised to clarify within their behaviour policy the circumstances that would warrant police involvement.

It is a criminal offence to use physical force, or to threaten to use force (for example, by raising a fist or issuing a verbal threat), unless the circumstances give rise to a ‘lawful excuse’ or justification for the use of force. Similarly, it is an offence to lock an adult or child in a room without recourse to the law (even if they are not aware that they locked in) except in an emergency when for example the use of a locked room as a temporary measure while seeking assistance would provide legal justification.

# 8. Absconding

A pupil may decide, for whatever reason, to leave the school whilst it is still in session. Staff should not let pupils go without trying to reason with them and it is reasonable to stand in their way when they attempt to leave the building. However, if the pupil insists, restrictive physical intervention is not an option except in special circumstances. Instead, contact carers and consideration may be given to contacting police if it is suspected that criminal activity may be taking place. Police should also be contacted if the pupil is thought to be at risk e.g. a young pupil or one whose lack of skills and understanding make them vulnerable when out of school or an older pupil whose understanding of road safety is poor.

School staff should never pursue an absconding pupil, since this may lead to the young person running into the road and into the path of a vehicle simply because they were concentrating on how close the staff member was to reaching them and not on the potential road risks. Staff should follow at a safe distance to monitor the progress of the young person whilst other staff are calling parents/carers and/or Police.

However, in extreme cases where it is thought that the pupil may be an immediate threat to himself or others it is reasonable to use restrictive physical intervention techniques to prevent them leaving. The age and understanding of the pupil has to be taken into account, as it is age and competence that will determine how far control should be enforced.

The younger the pupil is the more reasonable it is to intervene to physically prevent harm. This is because one cannot assume that lesser interventions such as verbal instructions or gestures would be understood or be effective. The same can be said for pupils of all ages with learning difficulties and/or behavioural problems resulting in reduced levels of understanding and/or reasoning. A younger pupil who may be in real danger due to lack of road sense or not being able to find their way home can be physically restrained from leaving.

If restrictive physical intervention has to be used in order to maintain the safety of the pupil, and the restraint is prolonged, ensure that someone contacts and, if necessary, requests the parent/carer to attend the school in order that they may assume responsibility and the pupil handed over to their care.

In the case of an older pupil i.e. KS3 and above, it would be reasonable to block his or her way for a period of time but not to restrain and to step out of the way if the young person is attempting to push past the adult or there is an increased risk of physical assault. Clearly, however, those older pupils with learning difficulties and/or behavioural problems may need positive physical handling or intervention in accordance with the previously agreed Positive Behaviour Plan.

It is always appropriate to involve parents/carers in the care of their children particularly when their child is distressed and/or is attempting to abscond or where there is a history of attempts to leave the premises.

All of the above must be put in the context of:

* creating a positive ethos in the school;
* involving young people themselves in proactive measures to reduce risk and discussing the issues of control
* diffusing aggression by using all possible non-contact strategies
* managing violence
* reviewing the Positive Behaviour Plan regularly to ensure the best strategies are being employed for individual pupils.

#

# 9. Dealing with Concerns and Complaints

All complaints about the use of force should be thoroughly, speedily and appropriately investigated.

* Cumbria County Council has established procedures to deal with allegations and complaints. For information about this contact your Local Authority Designated Officer (LADO)*. ‘*
* Members of staff and other authorised persons who act in good faith, within the policy and guidelines laid down by Cumbria County Council, will receive the full support of the Council in any disputes arising from the use of restrictive physical intervention.

# 10. Medication

Certain individuals may be prescribed medication to help with behavioural control. Medication must only be administered upon medical advice and must only be used as in the individual’s health care plan and agreed by a qualified medical practitioner. The use of medication should comply with regulations or national minimum standards issued under the Care Standards Act.

For further information on managing medication in schools please see: SAN(G) SAN(M1) - Supporting Pupils with Medical Conditions and Medication in Schools

# 11. Home-to-School Transport

Although the responsibility for home-to-school transport for pupils who have an entitlement to this service is the responsibility of the Local Authority, it is important that consideration is given to this period in the school day within the overall Positive Behaviour Plan. To ensure continuity of effort particularly in the promotion of positive behaviour, it is vital that any strategies, be they proactive or early interventions, are communicated to the driver and/or escort (where one is employed).

It may be that the behaviour risks on the home-to-school transport are known to the school staff but have not been raised with the County Council’s Transport Team. The Positive Behaviour Plan must include reference to any strategies required or suggested for the reduction of risk on home-to-school transport.

# 12. Vulnerable Pupils

There are some pupils where a higher degree of intervention may be required:

* Pupils with challenging behaviour
* Pupils on the code of Practice - Special Educational Needs & Disability Discrimination Act
* Pupils who are physically dependent

With such pupils the setting will wish to:

* take appropriate action when the first signs of difficulty develop;
* record detailed observations;
* explore the nature and possible reasons for the difficulties in partnership with those who know the child;
* understand the factors that influence this pupil’s behaviour
* undertake an appropriate assessment of risk (whether actual or perceived) ;
* identify agreed strategies.

The school should determine the course of action needed e.g. SEN support, Individual Education Plan (IEP), Pupil Support Plan (PSP) and/or Positive Behaviour Plan (PBP). It is vital that any plans are made collaboratively with the parent and pupil, wherever possible. If planned physical intervention is required, then parental consent should be sought. It is also essential that monitoring and review arrangements are clearly stated and that all concerned have access to those records.

Wherever possible, Head teachers should not require staff to work in isolated situations with young people whose behaviour is such that the likelihood of confrontation is increased.

The following are examples of necessary physical intervention techniques that provide curriculum access or promote physical development for pupils. When using these techniques it is not necessary to describe them in a PBP.

**Pupils who are physically dependent:**

* Pupils with physical disabilities may be dependent on adult intervention to change their position from lying to sitting to standing to weight bearing, therefore positive physical handling is necessary;
* Employees/volunteers in schools may be required to reinforce physiotherapy programmes, which depends on physical handling of pupils;
* Some pupils are dependent on adults for basic care routines such as toileting, feeding and dressing, therefore positive physical handling is necessary;
* Supportive equipment such as specially built chairs, standing frames and walkers may be needed to maintain a pupil’s optimum position. To keep a pupil safe in the equipment it may be necessary to use straps or harnesses, which have been supplied with the equipment. Such equipment should **never** be provided for the purpose of preventing problem behaviour.

**Pupils who have severe or profound multiple learning difficulties:**

* A pupil with severe or profound multiple learning difficulties is likely to have problems in communicating their wishes. As such this behaviour may need to be analysed as a communication and this analysis should be a feature of its management. He/she may have some difficulty in accessing experiences because they are unaware of what is happening next; they are concerned about the experiences offered or for many reasons may resist guidance or support in gaining access to the curriculum. This may include challenging behaviour e.g. sitting on the floor, standing still and resisting any attempts to move, sitting in a chair, hiding under tables, lashing out at the nearest person in frustration, or self-abuse e.g. head banging, hand biting, pulling own hair, etc.
* Devices that are designed specifically to prevent problem behaviour should be considered a form of restrictive physical intervention, even if the pupil does not resist the use of such devices. For example, arm splints or protective garments might be used to prevent self-injury. They should only be introduced after a multi-disciplinary assessment that includes consultation with those with parental responsibility for the child concerned. If used, they should be selected carefully to impose the least restriction of movement required to prevent harm while attempts should continue to be made to achieve the desired outcomes with less restrictive interventions. Such devices should only be used by teachers and carers who have received specific training in their use. The rationale for using such devices and the circumstances in which they may be used must be clearly recorded in the individual’s Positive Behaviour Plan.

**Where a pupil has a sensory or physical disability or a learning difficulty, particular care will be required to ensure that the pupil understands what is happening and to ensure that actions taken are not discriminatory. Aspects that should be reviewed**:

* Length of time in chairs, standers, walking frames, wheelchairs etc.;
* Success of a programme which attempts to de-sensitise a pupil with severe or profound multiple learning difficulties who resists guidance and support to access the curriculum;
* Moves towards promoting some independence in care routines;
* Moves towards developing independent mobility.

Occasionally, it may be considered in the best interest of the pupil to accept the possible use of a positive handling strategy as part of a therapeutic or educational strategy that could not be introduced without accepting that reasonable force might be required. For example, the best way of helping a pupil to tolerate other pupils without becoming aggressive might be for an adult to ‘shadow’ the child and to adjust the level of any positive handling strategy needed according to the pupil’s behaviour. Similarly, employees/volunteers might be sanctioned to use a positive handling strategy, if necessary, as part of an agreed strategy to help a person who is gradually learning to control their aggressive behaviour in public places.

Where this approach is employed it is important to establish in writing a clear rationale for the anticipated use of the positive handling strategy and to have this endorsed by a multi-disciplinary meeting that includes, wherever possible, family members and an independent advocate. In schools, the possible use of positive handling strategies and techniques, as part of a broader educational or therapeutic strategy, will be included within the pupil’s Positive Behaviour Plan.

It is important that all staff are aware of the distinction between physical contact or touch, used appropriately in everyday situations to support, encourage, guide or comfort a pupil, and the use of force to restrict movement or to disengage from pupils whose behaviour presents a clear risk of injury.

# 13. Pupils displaying Sexual or Sexually Abusive Behaviours

On occasions, a school may find that they have a pupil who is displaying sexual problematic and abusive behaviours towards themselves, other pupils and/or adults.

Schools should ensure that they already have an awareness of the issues about dealing with pupils with sexually problematic and abusive behaviours. The School Behaviour Policy should include general strategies for dealing with pupils displaying sexually problematic and abusive behaviours. It will be necessary to ensure that Safeguarding Policy and procedures are adhered to in relation to any concerns that may arise from this type of behaviour of individual pupils.

For some reason, staff who work effectively with behavioural problems can find themselves uncertain of the appropriate behaviours and response to behaviours of a sexual nature. It is important that the risk assessment is based on a realistic perception to the individual and their situation as opposed to an emotional response.

Schools and other educational establishments need to ensure that the risk assessment/ PBP includes the protection of other children/young people by managing the risks the behaviour poses, and the need to support the individuals who are presenting the problematic/abusive behaviour.

This dual role can present a number of challenges, but in most cases, pupils with sexually problematic/abusive behaviours can be safely maintained in educational establishments. In order to do this, a good risk assessment is required to be undertaken either internally or by the educational establishment or externally by another agency such as Social Care.

Checklists for evaluating sexual behaviour are provided in [Appendix 3](#Appendix3).

# References and Useful Links

*Health and Safety at Work Act 1974*

<http://www.hse.gov.uk/legislation/hswa.htm>

[*Manual Handling Operations Regulations 1992 - Guidance on Regulations - L23*](http://www.hse.gov.uk/pubns/books/l23.htm)

[*http://www.hse.gov.uk/pubns/books/l23.htm*](http://www.hse.gov.uk/pubns/books/l23.htm)

*Management of Health & Safety at Work Regulations 1999*

<http://www.hse.gov.uk/pubns/books/l21.htm>

*Equality Act 2010*

<https://www.gov.uk/guidance/equality-act-2010-guidance>

*Use of reasonable force in Schools- Gov.uk Guidance*

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

*Children & Families Act 2014*

<http://www.legislation.gov.uk/ukpga/2014/6/contents>

*The Children Act 2004*

<http://www.legislation.gov.uk/ukpga/2004/31/contents/enacted>

*Mental Health Act- January 2015*

<https://www.gov.uk/government/news/new-mental-health-act-code-of-practice>
*Gov.uk Guidance*

<https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>

*Article 5 Human Rights Act 1998*

<http://www.legislation.gov.uk/ukpga/1998/42/schedule/1/part/I/chapter/4>

*Education Act 2011*

<http://www.legislation.gov.uk/ukpga/2011/21/contents>

*Education and Inspections Act 2006*

<http://www.legislation.gov.uk/ukpga/2006/40/contents>

*BILD*

<http://www.bild.org.uk/>

*Keeping Children Safe in Education*

*<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>*

[*Violent Crime Reduction Act 2006 http://www.legislation.gov.uk/ukpga/2006/38/contents*](http://www.legislation.gov.uk/ukpga/2006/38/contents)

# Appendix 1 – Guidance on completing Positive Behaviour Plan and a template for the plan

## How to complete a Positive Behaviour Plan (PBP)

The PBP should record, concisely but in sufficient detail to be practically useful, the agreed strategies for managing the behaviours which are causing concern.

The process of creating the PBP is intended to be collaborative between staff in the setting, the parents/carers, and if possible the young person.

The PBP will be used to inform all staff who work with the young person, and to help when planning for transitions.

The plan should be reviewed and updated regularly: at least annually, but more often if circumstances change or the plan is not being obviously successful in improving behaviour. When updating the plan, the previous versions should be kept for reference.

The PBP has three parts: Part 1 gives the young person’s details and a brief list of the behaviours causing concern. Part 2 is the heart of the plan: it involves assessing the risks associated with the behaviours, and planning strategies to reduce the unwanted behaviours and replace them with more positive ones. Part 3 is only used where the plan involves the use of Restrictive Physical Interventions, and gives details of when and how it is anticipated that these may be used.

**Part 1**

This is largely self-explanatory.

The date for review should be a maximum of one year from the date of plan.

The list of Behaviours of Concern: this is intended just to give the behaviours a name/title and a number, so that they can be described in more detail in Part 2.

**Part 2**

In order to complete this, the setting will need to collaborate with parents/carers and with the young person if appropriate. There should be a lead member of staff, who knows the young person and has experience with behaviour and emotional issues, who is responsible for pulling the plan together. Advice should be sought from external agencies as appropriate, and such agencies may well be involved in a meeting to formulate the plan.

There is helpful advice about selecting strategies for Part 2 in Section 4 of “Positive Behaviour Management Guidance for Schools and Settings (including Plans and the use of Physical Intervention)” this being Appendix 1 of that document. Section 4.3 is particularly useful in giving pointers towards strategies which may be useful.

In the (rare) instances where the plan includes the use of Restrictive Physical Intervention strategies, Part 2 should list those but not give details: these will be given in Part 3.

Please ensure that the Part 2 is signed by all involved, and that you do tick a box to indicate whether or not there is a Part 3 for the plan.

**Part 3**

This part is to be completed only when the Part 2 plan indicates that one or more strategies involving Restrictive Physical Intervention are planned.

This part of the plan must be completed in collaboration with a member of staff who is appropriately trained in the use of Restrictive Physical Intervention. It must be completed in enough detail to give guidance to staff about what techniques they may and may not use with the pupil, and in what circumstances. It should give guidance to staff who are not trained in the use of Restrictive Physical Intervention, about what they should do if the behaviour escalates beyond the level they can manage using the strategies in Part 2.

This part of the plan must be signed and dated, with a review date, in addition to Part 2.

After every incident where Restrictive Physical Intervention is used, the setting must record this (e.g. on the form shown in Appendix 3) and make sure that appropriate debriefing and follow-up actions (including possible review of the PBP) are carried out promptly.

**Blank copies of the Positive Behaviour Plan can be downloaded from the School Portal.**

**POSITIVE BEHAVIOUR PLAN**

**PART 1: The Student and the Behaviour**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of student: |  | Name of School: |  |
| Date of Birth: |  | Class/year group: |  |
| Plan coordinator: |  | Class teacher/tutor: |  |
| Date of plan: |  | Date for review:  |  |

**Background Information:** (e.g. include current levels of and arrangements for support, relevant medical information, relevant family information, communication needs, learning skills/difficulties).

|  |
| --- |
| Please type here: |

**Strategies which usually prevent the negative behaviour from happening:** (e.g. particular activities or times when behaviour is reliably good, particular people with whom the student behaves well, classroom arrangements which usually prevent the behaviour….)

|  |
| --- |
| Please type here: |

**What are the behaviours to be addressed?** (Please give numbered list.)

|  |  |
| --- | --- |
|  | *Behaviour (brief phrase: details will be in part 2)* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**POSITIVE BEHAVIOUR PLAN Name of Student:**

**PART 2: Strategies and Control Measures**

**Planned strategies to manage the behaviour:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Strategies to overcome the behaviour:** include personnel & resources  |
|  | Behaviour: concise description | What is the likely trigger? | Who or what is target/likely to be harmed? | RiskSeverity (1 - 5)\*Likelihood (1 – 5)\*Overall Risk (L/M/H) | Proactive: to prevent it from starting: | Strategies to distract/defuse early stages of the behaviour: | Strategies to use with more severe instances of the behaviour.***Where Restrictive Physical Intervention is listed, you MUST also fill in Part 3.***  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\* NB Severity - 1 is least severe, 5 is most severe. Likelihood - 1 is least likely, 5 is most likely. See Appendix 4 for calculation and significance of overall risk.

**POSITIVE BEHAVIOUR PLAN (Part 2 cont’d) Name of Student:**

**Additional control measures required:** (Include here any additional control measure to be considered in order to reduce or eliminate the risk of injury or distress: e.g. staff training, additional staffing, changes to staff roles or routines, gates/barriers/locks or other adaptations to the environment.)

|  |
| --- |
| Please type here: |

**What we will do after an incident:** (Include the care to be provided to the student and to others involved, the process for recording each incident, how parents will be notified. NB all injuries must be recorded on the CCC Accident Incident form, details of which are in Appendix 2. All incidents of Restrictive Physical Intervention must be recorded, as described in Section 6 above.)

|  |
| --- |
| Please type here:  |

**Agreement & review date:**

Pupil comments:

|  |
| --- |
| Please type here: |

Parental comments:

|  |
| --- |
| Please type here: |

Plan agreed by:

|  |  |  |
| --- | --- | --- |
| *Role & name* | *Signature* | *date* |
| Parents/carers |  |  |
| Pupil (where appropriate) |  |  |
| Head Teacher |  |  |
| Other school staff(please state role): |  |  |
| External advisers, e.g. LA staff |  |  |

Date Plan Completed : Date plan to be reviewed:

If there is a Part 3 for this plan, please type Y in this box:

If there is no Part 3 for this plan, please type N in this box:

**POSITIVE BEHAVIOUR PLAN Name of Student:**

**CONFIDENTIAL**

**PART 3: Plan for possible use of Restrictive Physical Intervention**

**Planned use of Restrictive Physical Intervention:**

Restrictive Physical Intervention will only be used as an option of last resort, when the risk assessment in the Positive Behaviour Plan shows it is a reasonable course of action. The following behaviours are those where the use of restrictive Physical Intervention could be considered, after a range of other de-escalation options (as in Part 2 above) have been tried, or have been considered and have been thought to be unsafe:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Restrictive Physical Intervention will **NOT** be used as a response to the following behaviours:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

The following physical interventions have been agreed for use with this student in appropriate circumstances within the context of Team Teach practice. (The minimum appropriate force will always be used, and applied for the shortest possible period of time. Each instance of the use of Restrictive Physical Intervention will be recorded in the system which the school keeps for that purpose.)

|  |
| --- |
| Please type here: |

**Emergency use of Restrictive Physical Intervention:**

Emergency use of physical intervention may be required when a student behaves in a way that has not been foreseen by risk assessment. Ideally the use of physical interventions in this situation will be agreed by two members of staff.

**Contra-indications to the use of Restrictive Physical Intervention:** (Note here any particular issues which must be borne in mind when using physical intervention with this student: e.g. physical vulnerabilities of the student, or sensitivities about where & how they are touched.)

|  |
| --- |
| Please type here: |

**Part 3 agreed by:**

|  |  |  |
| --- | --- | --- |
| *Role & name* | *signature* | *date* |
| Parents/carers |  |  |
| Pupil (where appropriate) |  |  |
| Head Teacher |  |  |
| Other school staff(please state role): |  |  |
| External advisers, e.g. LA staff |  |  |

|  |  |
| --- | --- |
| Date plan completed: |  |

|  |  |
| --- | --- |
| Date plan to be reviewed: |  |

# Appendix 2 – County Council Accident Incident Form (template example)

The front page of the form is shown below as an example. The latest versions (both electronic and print and complete) can be accessed via the School Portal. Reference Library (All documents) – Health and Safety – Accident Reporting and Recording.

V5

# Appendix 3 – Guidance and Checklists for Evaluating Sexual Behaviour (Primary/Nursery)

It must be stressed the following checklists are only a guide for decision making about the level of concern, therefore further discussion either within School/Nursery with those with a child protection responsibility or with the LEA Designated Officer for Child Protection may also be required.

The checklist is broken down into seven main areas, which need to be considered. Each area has three possible categories into which the behaviour can fall; they are healthy, problematic or abusive. The sexual behaviour that is causing concern needs to be checked against **all** of the areas to provide an overall picture. The behaviour will then either clearly fall within one particular category or predominantly in one category with aspects of a second. It is unlikely to cover all three categories.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Healthy** | **Problematic** | **Abusive** |
| 1. Type of sexual behaviour
 | Age appropriate, mutual and exploratory | Not age appropriate or has some adult knowledge or language | Adult sexual activity e.g. intercourse, oral sex, etc. |
| 1. Context of behaviour
 | Open, light hearted, spontaneous | No secrecy or force, but children involved seem uncomfortable | Behaviour is planned, secretive; there are elements of threat, force, coercion. The children targeted seem anxious, fearful, uncomfortable |
| 1. Response of other children
 | Engaging freely, happy | Uncomfortable, unhappy with behaviour but not fearful or anxious. If directed at adults they feel uncomfortable | Uncomfortable, unhappy, fearful, anxious. Could be physically hurt. Could be trying to avoid the other child |
| 1. Relationship between the children
 | Similar age and ability, would normally play together. There are no factors to suggest a power imbalance | Children would not normally play together or there may be some factors which suggest one child is more in control than the other  | Children would not normally play together or there are clear power differences e.g. due to age, size, status, ability, strength |
| 1. Frequency of the behaviour
 | Behaviour is age appropriate, adhoc and not the main focus for the child. The child is interested in other things | Some inappropriate sexual behaviour for age, however child also has interest in other things, behaviour is intermittent | Frequent incidents and child seems focused on behaviour. It is disproportionate to other aspects of their life. They seem to seek comfort/reassurance/or control from the behaviour |
| 1. Persistence of the behaviour
 | Behaviour is age appropriate, adhoc and not the main focus for the child. The child is interested in other things | Behaviour is recurring and there are some difficulties in distracting and redirecting behaviour. Child however, is responsive to some intervention | Child cannot be distracted from the behaviour easily and returns to the behaviour. Focus on the behaviour is disproportionate to other aspects of their life.It appears to be the main way they seek comfort/attention and control |
| 1. Child’s emotional response
 | Happy, embarrassed, able to take responsibility for their behaviour and its effects on others (dependent on their age and understanding) | Child unresponsive, ashamed, struggles to take responsibility for their behaviour or to show empathy | Child angry, fearful, aggressive, distressed or conversely passive, lacking in understanding why anyone would be worried.Cannot take responsibility for their behaviour, not shows any empathy for others. |

**Checklist Outcomes**

**1. Talking with parents and carers**

Most outcomes will involve talking with parents and carers to seek a resolution in partnership with them. However, if the behaviour is problematic or abusive and it was felt that discussing the concerns with the parents first was likely to put the child at risk of significant harm, the Social Services should be informed first and the parents second. If the child is not at risk of significant harm, then parents should be informed of any decision to discuss/refer to Social Services. This is in line with the National Guidelines on Child Protection “Working Together” 1999, Section 5.6 p40.

**2. Single Category Outcomes**

The following outcomes are where the behaviour clearly fits one category

**Healthy** – If it appears all areas are healthy, then there is no cause for concern

**Problematic** – If it appears all areas are problematic, work is required. (Within this outcome there may be sexually reactive children or children with mutual sexual behaviours.

Not all problematic behaviours will require a serious level of intervention or even a referral to Social Services. For some, discussions with parents or direction of the behaviour and boundary setting may be all that is required. For others, discussion with Social Services will be important either to gain further information and understanding about the child and family, or to discuss the level of risks posed and how these and the child’s needs will be met in the school/nursery setting.

**Abusive** – If it appears all areas are abusive, then discussion and referral to Social Services is a priority.

**3. Double Category Outcomes**

The overall picture may show the behaviour is borderline or has characteristics of more than one category. For example:

**Healthy/Problematic** – If it appears the areas are predominantly healthy but there are a few areas in the problematic, then some intervention is required, it may be relatively low key and will probably involve parents/carers.

**Problematic/Healthy** – If it appears the areas are predominantly problematic but with some healthy areas, this will require some intervention, discussion with parents and Social Services for any relevant information.

**Problematic/Abusive** – If it appears the areas are predominantly problematic but with some abusive areas, this requires discussion with Social Services and thought about when parents are informed.

**Abusive/Healthy** – If it appears the areas are predominantly abusive, it is unlikely to have healthy areas.

**Abusive/Problematic** – If it appears predominantly abusive with some problematic aspects this behaviour needs to be referred to Social Services, probably without discussion with parents.

**4. Managing Sexual Behaviour in a Nursery or Primary School Setting**

Although dealing with sexual behaviour in young children can make staff feel anxious and disempowered, most behaviours can be appropriately managed in a Nursery or School setting. The main aim is to change or modify the behaviour to make the child and other pupils safer. This work should be appropriate to the School or Nursery setting and there are no expectations that it would involve therapeutic work.

In order to do this, several factors should be in place on a Whole School Level

**(a**) The ethos and culture of the School/Nursery should reinforce positive behaviours and respect for others and give permission for children to tell if someone is making them feel uncomfortable or hurting them.

**(b)** Policies in School/Nursery on Bullying/Child Protection, Equal Opportunities, Behaviour and Positive Behaviour should have information on sexually problematic/abusive behaviour incorporated into them, so this aspect of behaviour is not seen as something separate to other work in the school.

**(c)** Training for staff on sexual behaviours so they feel confident in managing these behaviours. Training should include Governors with a Child Protection responsibility, as they may be involved in discussions about exclusions.

**(d)** Staff group discussions about what are acceptable and unacceptable sexual behaviours for children. Views may vary as they will be based on cultural, family, life and work experience, but there should be an agreed baseline for everyone.

**(e)** Contact points for advice and support are available. These may include the LEA Designated Officer for Child Protection, Education Welfare Service, Social Services or other local specialist agencies.

**(f)** The physical structure of the School/Nursery should be reviewed to identify areas where sexual behaviour may occur and strategies put in place to make them safer.

**5. Problematic/Abusive Sexual Behaviours – Secondary Schools**

Not all sexually problematic behaviours require specialist intervention. Adolescent experimentation in a range of anti-social (sexual and non-sexual) behaviours is not uncommon. It is known from research that most do not continue such behaviours into adulthood. However, there are some young people who present with worrying sexual behaviours that do require intervention.

Because there are a wider variety of sexual behaviours within adolescence it is more difficult to determine what the ‘norm’ would be. However, a useful checklist of sexual behaviours increasing in seriousness, by O’Callaghan and Print is included below.

**6. Normal Behaviours**

* Explicit sexual discussion amongst peers, use of sexual swear words, obscene jokes
* Interest in erotic material and its use in masturbation
* Expression through sexual innuendo, flirtations and courtship behaviours
* Mutual consenting non-coital sexual behaviour (kissing, fondling etc.)
* Mutual consenting masturbation
* Mutual consenting sexual intercourse

**7. Behaviours that suggest monitoring, limited responses or assessment**

* Sexual preoccupation/anxiety
* Use of hard-core pornography
* Indiscriminate sexual activity/intercourse
* Twinning of sexuality and aggression
* Sexual graffiti relating to individuals or having disturbing content
* Single occurrences of exposure, peeping, frottage or obscene telephone calls

**8. Behaviours that suggest assessment/intervention**

* Compulsive masturbation if chronic or public
* Persistent or aggressive attempts to expose other’s genitals
* Chronic use of pornography with sadistic or violent themes
* Sexually explicit conversations with significantly younger children
* Touching another’s genitals without permission
* Sexually explicit threats

**9. Behaviours that require a legal response, assessment and treatment**

* Persistent obscene telephone calls, voyeurism, exhibitionism and frottage
* Sexual contact with significantly younger children
* Forced sexual assault or rape
* Inflicting genital injury
* Sexual contact with animals

**Checklist for Evaluating Sexual Behaviour – Secondary Schools**

**It must be stressed the following checklist is only a guide for decision making about the level of concern, therefore further discussion either within School with those with a child protection responsibility or with the LEA Designated Officer for Child Protection may also be required.**

The checklist is broken down into eight areas, which need to be considered, based on the above research and work by Print, Morrison, Henniker 2002. Each area has three possible categories into which the behaviour can fall, they are healthy, problematic, and abusive/offence. The sexual behaviour that is causing concern needs to be checked against **all** of the areas to provide an overall picture. The behaviour will then clearly fall within one particular category or predominantly in one category with aspects of a second. It is unlikely to cover all three.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Healthy | Problematic | Abusive |
| Type of sexual activity (use checklist above)  | Normal sexual behaviours | Behaviours which suggest monitoring, limited responses or assessment | Behaviours that suggest assessment/ interventionBehaviours that require a legal response, assessment/treatmentAny use of aggression or violence is of high concern |
| Context of behaviour | Mutual, informed consent given | Behaviour appears influenced by peers.Touching behaviours (non-penetrative)Isolated incident | Behaviour is planned, secretive; there are elements of threat, force, coercionPrevious concerns or convictions for sexual behaviour |
| Young person’s response | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Embarrassed, ashamed, anxious. Demonstrates remorse and empathy | Lack of empathy, denies responsibility, blames the victim, anger, aggression, defensive. Little concern about being caught |
| Response of others | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Uncomfortable or irritated, but not fearful or anxiousFeel able to tell someone  | Uncomfortable, fearful, anxious, avoidant of the young person |
| Relationship between the young people | Within the same peer group and ability group. Would normally socialise together. There are no factors to suggest a power imbalance | Young people may not socialise togetherMay be some factors which suggest one young person is more in control than the otherMay be naïve attempt at developing a relationship | Young people would not normally socialise with each other or there are clear power differences in the relationshipYoung person has very poor social skills/deficits in intimacy skills |
| Persistence of the behaviour | Healthy interest in sexual behaviour but not the sole focus of interest in the young person’s life | Interest in sexual behaviour is out of balance with other aspects of the young person’s life | Young person is obsessed or preoccupied with sexual thoughts/pornography, which may be sadistic and aggressiveThe focus on sex is out of balance with other aspects of their lifeThe behaviour is a way for them to cope with negative emotions |
| Other behavioural problems | No other behavioural problems, healthy peer relationships | Young person has poor sexual boundaries and may have difficulties coping with difficult emotions | Young person has a diagnosis of depression or other significant mental health problemsFormal diagnosis of conduct disorderHistory of cruelty to animalsSelf-reported sexual interest in children |

|  |  |  |  |
| --- | --- | --- | --- |
| Background information known | No significant family history | Parents are angry or show no concern for the victimFamily members include Schedule 1 offenders | Pattern of discontinuity of care/poor attachmentsHigh levels of trauma, e.g. physical, emotional, sexual abuse, neglect, witnessing domestic violence |

**Problematic/Abusive Sexual Behaviours – Children and Young People with Special Needs**

**1. Information from Research**

**1.1 Children and Young People with Emotional and Behavioural Difficulties**

This group of children and young people may also display sexually problematic/abusive behaviours. In some cases, their sexualised behaviour may be minimised as their other behaviours may be prevalent and take up time and resources.

The development paths into their problematic/abusive sexual behaviour are similar to those in the mainstream population and relevant information from research is presented in Appendix C(i), Nurseries and Primary Schools and Appendix C(ii), Secondary Schools. For these children and young people, their behaviour may be a way of coping with difficult feelings, a response to their own trauma or abuse, or due to deficits in their self-esteem, life, social, relationship and communication skills.

The information on checklists for evaluating sexual behaviour and managing sexual behaviour given in Appendix C(i) and C(ii) can be applied to this group of children as well.

* 1. **Young People with Learning Difficulties**

There is little specific information on young children who have learning difficulties with sexually problematic/abusive behaviours and even the information from research on young people with learning difficulties who have sexually problematic/abusive behaviour is limited. Consequently the information in this Appendix concentrates on young people rather than children.

Young people with learning difficulties are generally over represented in surveys of young abusers, for example, recent research of 38 sex offenders known to Youth Offending teams in the Greater Manchester area showed 37% of the sample had learning disabilities. This does not mean they are more abusive than other young people, but more likely to be caught or admit to offending because of “features such as lack of privacy, more impulsive offending – often in public settings – and possible naïveté when challenged”.

 **1.3 Routes into Sexually Problematic/Abusive Behaviours**

The factors most commonly associated with heightened risk of engaging in these types of behaviours also apply to this group of young people. They are traumatic sexualisation due to their own experiences of sexual abuse (research indicates that young people with disabilities are at an increased risk of all forms of abuse); exposure to violence in the some setting, between parents/carers as well as directed at the young person; poor attachments and patterns of disruption in their care (some young people may have had several periods of respite or substitute care); and difficulties with intimacy and empathy.

As with other young people, the sexual behaviour may be a way of meeting other non-sexual needs, such as attention seeking, distress, avoidance, control, stimulation and general arousal or aggression.

There are some factors that are specific to this group of young people:

* Chromosomal disorders e.g. Klinefelters Syndrome, which is believed to be a potential contributory factor to the development of sexually problematic behaviours and sexual aggression.
* They may relate on a psychosocial level with children of a similar developmental are rather than chronological age.
* They may not understand the concept of consent or the impact of their behaviour on others.
* It may be a learned behaviour from their own experience of sexual victimisation, therefore they do not realise it is unacceptable, or it may be a way of making sense of what has happened to them by repeating behaviours but with no intention of harming anyone.
* They may not have mainstream concepts about social mores and sexual boundaries e.g. re openly self-masturbating.
* The impact of denying an adolescent with learning difficulties evolving sexuality, which can lead to restrictions on their behaviour and a lack of access to the provision of appropriate sex education. This is particularly important as they have fewer opportunities to fain this knowledge from other sources.
* Their lives are more restricted generally in terms of social contacts and therefore their opportunity for acceptable sexual expression may be compromised.

**2. Evaluating Sexually Problematic/Abusive Behaviours**

**2.1 Healthy Sexual Behaviours**

These are more complex to define than the healthy sexual behaviours of pre-adolescents and adolescents, because a young person’s chronological are and developmental stage may be different; therefore they may be acting at a developmentally appropriate level but the behaviour is seen as problematic because of their age e.g. young people who attempt even low key sexual behaviours with children who are chronologically much younger than them.

Also societal attitudes to the sexuality of young people with learning difficulties can be influential in interpretation of acceptable and unacceptable sexual behaviour. The presumption that they either are asexual or should be denied a sexual life could mean any sexual behaviour is seen as inappropriate which may lead to overreaction. The presumption that they are exempt from the sexual boundaries and mores of general society, on the basis of a lack of understanding e.g., issues like public masturbation, can lead to the minimisation of their sexual behaviours and fewer consequences for them.

The information given for Primary and Secondary school pupils can be used as a guide for healthy sexual behaviours. In summary, the behaviour should be part of a developmental process for the young person and as such exploratory, mutual, fun, and the young people can choose to engage in the behaviour or disengage when they want. There should be no elements of force, secrecy, fear, manipulation or harm.

**2.2 Problematic/Abusive Behaviours**

The following continuum of problematic/abusive behaviours is taken from O’Calaghan 2002.

 **(a) Low concern/requires some intervention**

* First example of reported behaviour or behaviour infrequent/isolated examples
* Behaviour appears to be self-directed e.g. self-stimulation; compulsive masturbation; indiscriminate arousal

**(b) Low to medium concern/seek advice re referral**

* Behaviour is restricted to a specific setting
* Behaviour involves non-penetrative physical contact with young person targeted

 **(c) Medium to high concern/referral to other agencies**

* Offence involved digital penetration only
* Problematic sexual behaviours displayed in two or more settings
* Appears to engage in evident victim selection due to perceived vulnerability and/or apparent arousal to specific characteristics e.g. age and gender
* Evidence of a high level of sexual compulsivity e.g. fetish behaviours; compulsive masturbation; hoarding of sexually explicit images (or images with an apparent sexual interest); frequent use of the internet to obtain sexual images or use of pornography

 **2.3 High concern/referral to other agencies**

* Young person has one or more previous convictions/final warning/reprimand, for a sexual offence (excluding current offence) *or* a clearly demonstrable pattern or prior sexually aggressive behaviour
* Young person has two or more identified targets
* Offence involved actual or attempted penile penetrative assault (anal, vaginal; oral)
* Young person has offended against strangers (adult or child) in a public setting
* Use of violence or threats of violence (including display or use of weapon)
* Young person has made significant efforts to gain access to targeted child\*
* Self-reported sexual interest in children\*
* Self-reported predatory sexual fantasies concerning peers or adults\*
* Pattern of problematic sexual behaviours, which emerged in early childhood and continued into adolescence
* Young person has one or more examples of sexual contact with animals
* Young person has a history of cruelty to animals

\****Please note that considerable caution should be used in concluding that these factors are present***

**Checklist for Evaluating Sexual Behaviours – Pupils with Special Needs**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Healthy** | **Problematic** | **Abusive** |
| Type of sexual activity (use continuum above)  | Normal sexual behaviours | Low concern behaviours and some Low to Medium concern behaviours | Some Low to Medium concern behaviours.Medium to High concern behaviours and High concern behaviours |
| Context of behaviour | Mutual, both parties free to engage and disengage | Behaviour infrequent/isolated incident Behaviour self-directedBehaviour restricted to a specific setting | Behaviour is planned, secretive; there are elements of threat, force, or coercionPrevious concerns or convictions for sexual behaviour |
| Young person’s response | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Embarrassment or shame related to the behaviourIs able to understand/retain the reasons why others feel the behaviour is problematic/abusiveExperiences consequences as significant or has some degree or awareness of consequencesAppears highly anxious or confused as to sexual development and/or sexual boundaries  | Unclear as to the consequences of sexual behaviour or they appear to have little meaning for themRejecting of concerns expressed |
| Response of others | Happy, comfortable, perhaps curious, may be embarrassed if found by adults | Uncomfortable or irritated, but not fearful or anxiousFeel able to tell someone | Uncomfortable, fearful, anxious, avoidant of the young person |
| Relationship between the young people | There should be no significant differences in age or development which would suggest there is a power imbalance | One or two particular young people targetedYoung person predominantly associates with children 3 or more years younger | Evidence of targeting on the basis or perceived vulnerabilityClear power differences in the relationshipYoung person has poor social skills/deficits in intimacy skills |
| Persistence of the behaviour | Healthy interest in sexual behaviour but not the sole focus of interest in the young person’s life | Responds to complaints by stopping or changing behaviourIntervention has some impact but behaviours may continue | Evidence of a high level of sexual compulsivityBehaviours have persisted despite significant negative consequences |
| Other behavioural problems | No other behavioural problems, healthy peer relationships | No significant history of behavioural problems, generally positive relationships with peersAccess to others is well supervisedOrYoung person isolated in the community or has a very restricted lifestyleAccess to others is poorly supervised | Concurrent diagnosis of significant mental health problemsPattern or problematic sexual behaviours emerging in early childhood and continuing into adolescenceViewed negatively in community due to sexual behavioursHistory of fire settingLong standing history of severely problematic or challenging behaviours |
| Background information known | No significant family history. Parents have a positive view of young person’s developing sexualityPositive attachments with parents and carersYoung person has at least one positive friendshipYoung person has access to social and leisure pursuitsYoung person has access to appropriate sex education | Family anxious about young person’s developing sexuality and have inappropriate concernsFamily experiencing high levels of stressSiblings have experienced sexual abuse | Young person has experienced abuse, sexual, physical, emotional or neglectViolence in the householdMembers of the family including siblings have a history of sexual offendingPoor or distorted sexual boundaries in the familyPatterns of discontinuity of care/poor attachments |

**Checklist Outcomes**

**1. Talking to Parents and Carers**

Most outcomes will involve talking with parents and carers to seek a resolution in partnership with them. However, if the behaviour is problematic and it was felt that discussing the concerns with parents first was likely to put the young person at risk of significant harm, then Social Services should be informed first and the parents second. If the young person is not at risk of significant harm, then parents should be informed of any decision to discuss/refer to Social Services. If the behaviour is in the abusive/offence category then Social Services should be informed first, as the young person is likely to be at risk of significant harm. This is in line with the national Guidelines on Child Protection “Working Together”, 1999, Section 5.6 p40.

**2. Single Category Outcomes**

The following outcomes are where the behaviour clearly fits one category.

**Healthy –** If it appears all areas are healthy, then there is no cause for concern

**Problematic** – If it appears all areas are problematic, work is required. Not all problematic behaviours will require a serious level of intervention or even a referral to Social Services. For some, discussions with the young person and parents/carers, re-direction of the behaviour and boundary setting may be all that is required. For others, discussion with Social Services will be important, either to gain further information and understanding about the child and family, or to discuss the level of risks posed and how these and the young person’s needs will be met in the school setting. With this category, advice should be sought from LEA Child Protection Officer, or Social Services.

**Abusive** – If it appears all areas are abusive, then discussion and referral to Social Services is a priority.

**3. Double Category Outcomes**

The overall picture may show the behaviour is border-line or has characteristics of more than one category. For example:

**Healthy/Problematic** – If it appears the areas are predominantly healthy but there are a few areas in the problematic, then some intervention is required, it may be relatively low key and will probably involve parents.

**Problematic/Healthy** – If it appears the areas are predominantly problematic but with some healthy areas, this will require some intervention, discussion with parents and Social Services for any relevant information.

**Problematic/Abusive** – If it appears the areas are predominantly problematic but with some abusive areas, this requires discussion with Social Services and thought about when parents are informed.

**Abusive/Problematic** – If it appears predominantly abusive with some problematic areas this behaviour needs to be referred to Social Services first prior to discussion with parents.

# Appendix 4 – Risk Matrix

A risk matrix can be used to help you work out the level of risk associated with a particular issue.

You can categorise the likelihood of harm and the potential severity of the harm and plot this on the matrix. The risk level determines which risks should be tackled first. E.g. High/ Medium/ Low.

It is accepted that different individuals will have their own perceptions of risk and may allocate different scores to hazards. Minor variations are not problematic, what is important is that priority is given to the highest risks first. Assessors can use the matrix to gauge both the current risk rating and also any residual risk rating after control strategies have been implemented.

If you have any questions about risk assessments in general please contact the Health and Safety Team for assistance on 01228 221616 or email healthandsafety@cumbria.gov.uk

|  |  |
| --- | --- |
|  | **Potential Severity** |
| **Likelihood** |  | **1****Insignificant** | **2****Minor** | **3****Moderate** | **4****Major** | **5****Most Severe** |
| **5****Very Likely** | 5Low Risk | 10Medium Risk | 15High Risk | 20High Risk | 25High Risk |
| **4****Likely** | 4Low Risk | 8Medium Risk | 12Medium Risk | 16High Risk | 20High Risk |
| **3****Possible** | 3Low Risk | 6Medium Risk | 9Medium Risk | 12Medium Risk | 15High Risk |
| **2****Unlikely** | 2Low Risk | 4Low Risk | 6Medium Risk | 8Medium Risk | 10Medium Risk |
| **1****Very Unlikely** | 1Low Risk | 2Low Risk | 3Low Risk | 4Low Risk | 5Low Risk |

# Appendix 5 – Record Physical Intervention (Restrictive)

Incident No.

**To be completed in all cases as soon as possible i.e. within 24hrs of an incident) You must ensure that the County Council’s Accident/Incident form is completed where harm/ injury has resulted.**

**Name of Pupil D.O.B. CLASS**

**Incident date Incident Time Location**

**Is a Positive Behaviour Plan in place for the above pupil? YES/ NO** (circle as appropriate)

**Staff involved and role taken**

**Pupils Involved**

**Witnesses**

**Reported by**

**About the Incident (1)** (Describe the sequence of events **leading up to** the physical intervention. Include precipitating events, pupil behaviour, de-escalation techniques and staff responses. **(Please attach additional pages as necessary)**

**Nature of Incident – please tick or describe as appropriate**

|  |  |
| --- | --- |
| Type of Behaviour | Reason for Physical Intervention |
| Physical Assault |  | Pupil at risk of injury to self |  |
| Vandalism |  | Others at risk of injury (Staff, Pupils, Others) |  |
| Bullying |  | Good order prejudiced |  |
| Serious Disruption |  | Property liable to damage |  |
| Verbal Abuse or Threat |  | An offence being committed |  |
| Other (please describe |  |

**Approved physical intervention technique used**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Friendly Escort |  | Single Elbow |  | Figure of Four |  |
| Single Elbow Seated |  | Double elbow |  | Single elbow to ground |  |
| T Wrap |  | T Wrap to seated |  | Seated to T Wrap |  |
| T Wrap to ground |  | Clothing disengage |  | Bite disengage |  |
| Cradle |  | Other (Specify) |  |

**About the incident (2) (**Please describe the sequence of events **from when the physical intervention was used**. Include the order techniques were used, who used which, pupil response. **(Please attach additional pages as needed)**

|  |  |
| --- | --- |
| TOTAL TIME OF RESTRICTIVE PHYSICAL INTERVENTION (in minutes) |  |

**Ground Holds (Where used)** Please indicate, where ground holds were used.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Comments |
| Did the pupil go to ground independently?  |  YES | NO |  |
| Was the pupil taken to ground by staff? |  YES | NO |  |
| Were airways and circulation monitored? |  YES | NO |  |
| Were staff trained in the holds used? (Physical intervention may have to be used in an emergency situation even if not trained) |  YES  | NO |  |

**Injuries or Harm Reporting**

Did any harm occur during the incident e.g. injuries or damage **YES/ NO** (circle as appropriate)

**If ‘yes’ has an accident/ incident form been completed and submitted to the H&S Team? YES/ NO** (circle as appropriate)

**Post incident Action** (Post incident actions should be completed as soon as possible after an incident)

**Post incident discussion with pupil**

**Date Time Who By/ Where?**

**Brief Outline of outcome**

Please enter name

**Positive Behaviour Plan Review**

|  |  |
| --- | --- |
| Were Techniques used within the plan  |  YES/ NO (circle as appropriate) |
| Does the plan need to be reviewed?  |  YES/ NO (circle as appropriate) |

**Follow up action by Head teacher or nominated deputy**

**Name of Senior Person notified Date**

**Follow up letter to parents YES/ NO** (circle as appropriate)

**Planned date for PBP Review**

**Planned date for Staff Debrief**

**Head teacher Comments**

**Headteacher Signature Date**