



The **GALLERY TRUST**

A community of special schools

Positive Behaviour and Physical Intervention

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Author	Senior Leadership Team
Role	Senior Leadership Team

Aims and Values:

At Springfield, we want everyone in our community to have a good quality of life. To experience positive emotions, to be engaged in learning, have strong relationships, develop a sense of meaning and to be proud of their achievements. We want to see happy and confident young people, who show respect for themselves and others, uphold British values, have a positive self-image and attitude towards learning and the wider community. This will be evident through positive learning behaviours; politeness, calmness, engagement in learning, good communication, tolerance, concern for others and the ability to adapt to a range of situations and environments.

The aim of this policy is to promote positive behaviour from all members of the Springfield community. All stakeholders at Springfield are working within the same whole School aims and values. These values include the commitment to providing support that promotes inclusion, choice, participation and equality of opportunity.

We recognise that all behaviour happens for a reason and may be the person's only way to communicate a given need. We aim to understand the function of that behaviour so we can better meet the young person's needs, teach the young person how to meet their own needs, or teach coping strategies if their needs cannot be met immediately. By doing this we aim to enhance the young person's quality of life and therefore reduce the likelihood that concerning behaviours will occur. Young People are encouraged to take responsibility for their own behaviour and have an awareness of its impact on others and their own quality of life.

We aim to teach young people the skills they need to become more independent, better communicators and more able to cope. This Behaviour Policy is part of a range of policies that contribute towards developing these skills,

Everyone has a responsibility in supporting positive behaviour across the school. Staff model appropriate behaviour towards pupils, staff and visitors. Visiting professionals have their own standards and policies to which they have to adhere. There is an expectation that they will also take note of Springfield's Aims and Values, and the emphasis on positive interactions in school. The behaviour policy informs induction for new staff and volunteers.

Section 1 – Positive behaviour Support (PBS).

How to support a young person to develop positive behaviours:

- All staff should follow the principles of Positive Behaviour Support [PBS](#). (Appendix 1). They should make every effort to get to know the young person well and follow the guidance included in their Pupil Profile, Communication Passport, Positive Behaviour Support Plan (PBSP) and individual Risk Assessment (RA).
- Proactive preventative strategies: Wherever possible the needs of the young person should be met before any behaviours of concern are displayed.
- Proactive developmental: Young people should be actively taught strategies to independently meet their own needs, strategies to get their needs met in an appropriate way and coping strategies if their needs cannot be met immediately.
- Where reactive strategies are necessary, they should be appropriate and in proportion to the behaviour displayed. These should include therapeutic approaches as well as non-restrictive interventions and as a last resort, restrictive physical intervention where absolutely necessary.
- All strategies should be person centred and least restrictive.
- All planned strategies should be co-produced.

Involving Parents / carers

- Parents / carers will be actively involved in all aspects of their children's well-being in school.
- Parents / carers will be encouraged to work in partnership with the school to encourage and promote positive behaviour.
- Home/ school partnership is an integral part of all young people's learning.
- Where appropriate, and with parental consent, PBSPs will be shared with Respite carers, After School Clubs and Short Break providers.

Springfield Positive Behaviour Support procedures

- Staff should complete a PERMA assessment three times a year in line with schools' assessments to track changes in a young person's quality of life.
- Staff should ensure that all young people have a Pupil Profile outlining their preferences, method of communication and support needs.
- Where a young person displays concerning behaviour, this should be recorded on the school's behaviour tracking system
- When concerning behaviours occur the function of these behaviours should be analysed using a range of data. (For example, Behaviour Tracking, ABC Charts, MAS, SWOT see Appendix 4)
- Where staff/professionals/families require additional support to understand a pupil's behaviours a Communication Passport should be put in place. (Appendix 2)
- Where pupils require additional support a behaviour support plan should be put in place, support strategies should address the function of the behaviour. (Appendix 2).
- Staff update and review PBSP's three times a year in line with the school reporting system and start a new plan following an annual review,
- Where pupils have PBS IEP's these should be reviewed three times a year on the termly report. Data from behaviour tracking reports should be included to show average days and trends in behaviours.
- Where pupil's individual behaviours or the support strategies identified on the PBSP pose risks to the young person or others an individual Risk Assessment should be completed as part of the PBSP.
- Where a young person has a PBSP they should also have proactive developmental targets that address the function of their behaviour included in their outcomes planning
- Where Restrictive Physical Intervention (RPI) is used an incident record form within the young person's bound book should be completed.
- Where RPI is planned for on a young person's PBSP they should have a folder including their, up to date PBSP and bound book.
- Class line managers review and sign all incident record forms within a young person's bound book.

Support for staff

- Every member of staff will be involved in actively supporting their colleagues through regular class meetings and debriefs.
- Where staff teams / individual staff members require additional support, they should speak to their class line manager (Appendix 3).
- Class line managers may make a referral to the Positive Behaviour Support Learning and Teaching Team (PBSLTT) or seek support from other agencies.
- The school acknowledges that some behaviours have a detrimental impact on staff members well-being. The school will make a conscious effort to share the skills and expertise of the whole school community to overcome this difficulty and offer support to staff.
- The school will facilitate staff learning opportunities in Positive Behaviour Support and Physical Intervention through Team Teach.

Equality of Educational Opportunity

- Equality of educational opportunity will be ensured for all pupils as far as is practicable who require alternative arrangements because of their behaviour.
- Sometimes it is necessary to exclude pupils from lessons or school and this has serious implications for their entitlement to the curriculum.
- Schools also need to be aware of gender differences and, where appropriate cultural and ethnic differences, all of which have implications for equality of educational opportunity.

Section 2 – Physical Intervention

Statement

Our school has a duty to safeguard and promote the well-being of the pupils. All forms of physical contact, not just restrictive Physical Intervention, must be justifiable as reasonable, proportionate and necessary, and in the interests of:

- a) the child's learning and development
- b) the child's well being
- c) the wellbeing of others

Springfield School will follow the guidance set out in the joint publication by the DfE and the Department of Health – 'Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders' and Use of Reasonable Force advice for head teachers, staff and governing bodies.

Any form of physical contact should be conscious, self-aware, reasonable, proportionate, necessary and justifiable.

There are occasions when physical contact, other than reasonable force, with a pupil is appropriate and necessary. School staff follow the school guidance on positive touch. Examples of where positive touch might be appropriate or necessary:

- Holding the hand of the child when walking together around the school.
- When comforting a distressed pupil.
- When supporting with personal care
- When a pupil is being congratulated or praised.
- To demonstrate how to complete a learning task hand over hand.
- To demonstrate exercises or techniques during PE lessons
- To complete physio program
- On Body signing TaSSeLs.
- To give first aid.

The use of Restrictive Physical Intervention (RPI) is considered as a last resort when supporting a young person displaying concerning behaviours and should form part of a range of strategies detailed on an individual Positive Behaviour Support Plan. At no time should any Mechanical form of restraint be used (e.g. ties or straps) unless they are an integral part of equipment designed for the individual. The use of Environmental restraint such as coded doors and high handles are used in school in order to keep pupils safe and have been risk assessed.

In exercising restraint, only such force as is necessary and reasonable in the circumstance may be used. The scale and nature of any Physical Intervention must be proportionate to both the behaviour and the individual to be controlled and the nature of harm they may cause.

Springfield School will train staff in the use of a set of Team Teach techniques for when physical Intervention is necessary. Team Teach Training is an ICM, Bild and CDP certified training provider. The

Team Teach vision is to provide advance awareness and understanding of the power of positive behavioural strategies to transform outcomes for both children and adults and foster positive relationships. The Team Teach mission is to equip everyone with the tools they need to understand and support behaviour as a form of communication, at work or in daily life, in a positive and respectful manner. School will have a qualified Team Teach instructor to support staff training. Within the annual training schedule staff will be made aware of legislation and guidance and restraint related risks. Risks of each technique will be shared with staff to include on individual PBSP's.

At Springfield we recognise that it is important to distinguish between:

- Planned intervention, as outlined in a pupil's PBSP in which staff employ, where necessary, pre-arranged strategies and methods which are based upon a risk assessment and recorded appropriately.
- Emergency or unplanned use of restrictive physical intervention which occurs in response to unforeseen events.

Planned Physical Intervention will only be used when it is required to prevent:

- Self-harming
- Injury to other pupils or staff
- Damage to property.
- An offence being committed.
- In the school setting, any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils

(DfE/Department of Health – 'Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders')

When an emergency situation occurs and Restrictive Physical Intervention is required to maintain the safety of a pupil, staff will use behaviour tracking and record any restrictive physical intervention in a bound book. Following an unplanned incident behaviour should be reviewed and strategies put in place to support the young person in future.

Recording

It is important to record incidents of concerning behaviour in order to identify the function of that behaviour serves for the young person and to monitor the impact of the strategies on their quality of life and frequency of these behaviours. All school forms should be filled in as clearly and succinctly as possible – so that staff and visitors to the class can follow them.

Scenario	Recording
Behaviour incident	Behaviour tracking
Behaviour incident resulting in RPI being used.	Behaviour tracking Behaviour incident form (bound book)
Behaviour incident resulting in RPI being used. Someone hurt or near miss.	Behaviour tracking Behaviour incident form (bound book) Class incident book
Behaviour incident resulting in someone hurt or near miss.	Behaviour tracking Class incident book
Behaviour incident resulting in RPI being used. Member of staff or adult hurt or near miss.	Behaviour tracking Behaviour incident form (bound book) Class incident book Physical and verbal abuse (PVA) form.
Behaviour incident resulting in a member of staff or adult hurt or near miss.	Behaviour tracking Class incident book Physical and verbal abuse (PVA) form.

Recording will be used for a number of purposes:

- compliance with statutory requirements
- monitoring of pupils' well-being
- functional analysis of behaviour.
- identifying training needs or outcomes
- monitoring the appropriateness of staffing levels
- updating medical records
- the planning of future pupil placement and class organisation
- monitoring the success of an individual's Positive Behaviour Support Plans

DfE guidance states that these must be in a bound book with numbered pages. The form must be completed after incidents of concerning behaviour involving Restrictive Physical Intervention within 24 hours of the incident. Restrictive Physical intervention includes any physical technique that restricts or controls a person's movement. It does not include breakaway techniques or wipe-aways. All techniques used should be included in the pupils PBSP and tracked on the school's behaviour tracking system.



Appendix 1 – Principles of Positive Behaviour Support

10 Key Components

Values	Prevention and reduction of challenging behaviour occurs within the context of increased quality of life, inclusion, participation, and the defence and support of valued social roles
	Constructional approaches to intervention design build stakeholder skills and opportunities and eschew aversive and restrictive practices
	Stakeholder participation informs, implements and validates assessment and intervention practices
Theory and Evidence Base	An understanding that challenging behaviour develops to serve important functions for people
	The primary use of Applied Behaviour Analysis to assess and support behaviour change
	The secondary use of other complementary, evidence-based approaches to support behaviour change at multiple levels of a system
Process	A data-driven approach to decision making at every stage
	Functional assessment to inform function-based intervention
	Multicomponent interventions to change behaviour (proactively) and manage behaviour (reactively)
	Implementation support, monitoring and evaluation of interventions over the long term

PBS Competence Framework 2015

1.1, 1.2, 1.3, 1.10, 2.5, 2.6, 2.7, 3.2



Springfield
School



Appendix 2 – Positive Behaviour Support Plan



Springfield School Positive Behaviour Support Plan Student name month year



Behaviours / Typical incident	Strategies
<ul style="list-style-type: none"> What I might do when my needs have not been met. 	<ul style="list-style-type: none"> What reactive strategies help me. What reactive strategies keep me and others safe
<p>Medium arousal:</p> <p>High arousal:</p> <p>Very high arousal:</p> <p>Post incident:</p>	<p>Secondary strategies:</p> <p>Non-restrictive Tertiary strategies:</p> <p>Restrictive Tertiary strategies:</p> <p>Recovery Strategies:</p>

Function What I need / why I am doing this	Antecedents/triggers What happens in my environment or internally that causes me to display concerning behaviours	Form of behaviour What my behaviour looks like / what I do / how long it last.	Primary Prevention Proactive environmental strategies / What needs to be in place before I arrive	Proactive developmental strategies/Learning target (IEP) What am I learning to help me improve my quality of life
Sensory <i>e.g. I am finding it uncomfortable here.</i>				
Escape <i>e.g. There is too much demand on me.</i>				
Attention <i>e.g. I want to be sociable.</i>				
Tangible <i>e.g. I want something or someone specific.</i>				
Pain/D <i>e.g. I'm in pain or I am uncomfortable</i>				



Appendix 3 – Additional PBS Support



SPRINGFIELD SCHOOL

WHAT TO DO IF YOU NEED PBS SUPPORT.

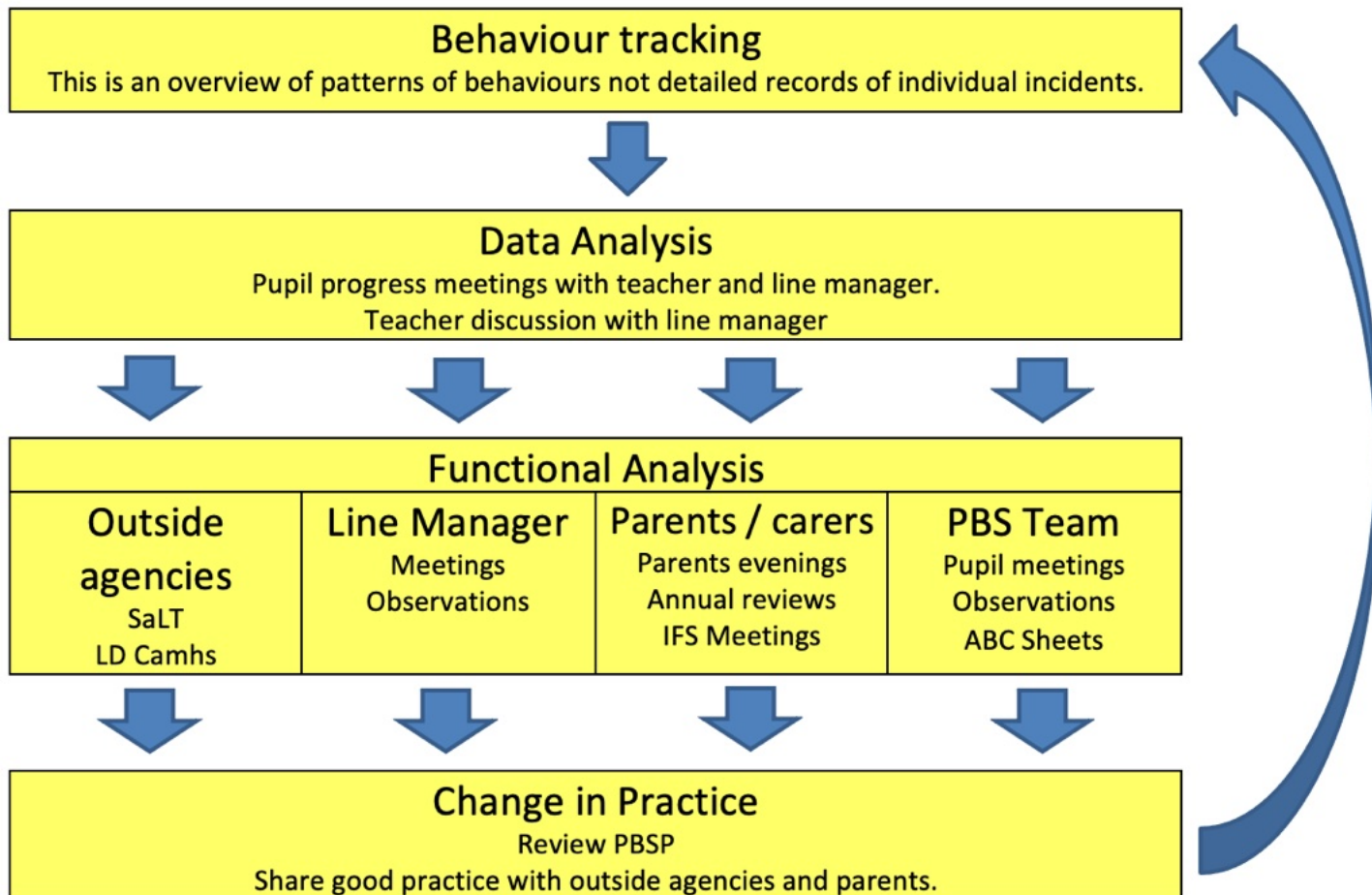


- Speak to your line manager, this may be part of pupil progress meetings or arrange a time to meet as needed.
- Your line manager will discuss the behaviour with you this may include:
 1. Looking at data (behaviour tracking, bound book entries, register, ABC sheets, etc.)
 2. Reviewing the PBSP
 3. Reviewing risks
 4. Joining a class meeting
 5. Lesson / pupil observations
 6. Meetings e.g. with parents, annual reviews, pupil progress, IFS, TAF, CIN
 7. SWOT Analysis
- Your line manager will decide with you what further support may help; this may include:
 1. Referral to the PBS Team for
 - a. Functional assessment
 - b. Review primary prevention strategies on the PBSP
 - c. Review primary developmental strategies and how to teach these on the PBSP (IEP's)
 - d. Review reactive strategies on the PBSP.
 - e. Review restrictive practices on the PBSP.
 - f. Review Risks on the PBSP.
 - g. Support whole team consistent approach.
 - h. Review communication passport and communication strategies on PBSP.
 - i. Assess the pupil's quality of life (PERMA)

2. Referral to SaLT
3. Referral to LDCAMH's
4. Other as appropriate

- Agree change in the way we support the pupil. Over time this should lead to an increase in their quality of life and may lead to a reduction in their behaviours of concern.
- Update the PBSP and ensure that everyone has seen a copy of the updated PBSP.
- Continue to record behaviours of concern on the tracking system.
- Review effectiveness of changes in practice over time.

Behaviour Review Cycle





Appendix 4 - Behaviour Tracking, ABC Charts, MAS and SWOT

Location	Behaviour	Outcome	contact			
1. 1-1 room 2. Cast room 3. Classroom 4. Community visit 5. Food tech 6. Garden 7. Hall 8. Horse riding 9. Hydro pool 10. Leisure centre 11. Library 12. Playground 13. School car park 14. Sensory room 15. Soft play 16. Other	A – Absconding B – Biting D – Damage H – Hair pulling Hit – Hitting K – Kicking N – Non compliance O – Ongoing disruption P – Pinching Push – Pushing S – Scratching SH – Self Harm SP - Spitting	1. Calm talking 2. Distraction 3. Diversion 4. Firm clear directions 5. Limited choices 6. Non BILD accredited RPI 7. Planned ignoring 8. Positive touch 9. TT - Friendly hold 10. TT - Bite release 11. TT - Bite Jaw release 12. TT - Clothing grab release 13. TT - Help Hug 14. TT - Hair pull release 15. TT - Hair pull rescue - Thumb 16. TT - 2 Person friendly hold 17. TT - 1 Person double elbow 18. TT Redirect 19. Reassurance 20. Reminder of reward / consequences 21. Room evacuation 22. Staff swap 23. Withdrawal - Pupil choice 24. Withdrawal - directed 25. Hair (pony tail) release 26. TT - Single elbow (2 Person) 27. TT - Double elbow (2 Person) 28. TT - Figure of four (2 person) 29. TT - Half shield 30. TT - Other (specify)	D – Diary E –Email P – In person N – No contact C – Phone call			
Pupil name	Staff	Location	Time	Behaviour	Outcome	Contact with parents



Appendix 4 - Behaviour Tracking, ABC Charts, MAS and SWOT

Date Time Location	Antecedents For example: Changes to routine? Staffing? Arousal level? Environmental factors? Personal factors? – sleep, hunger, pain, hormones All elements pertinent to the situation	Behaviour <ul style="list-style-type: none">• Be factual and specific• Describe the specific behaviours and words used – by staff and young person• Give a clear description of what was said and done to support the person at the time with their behaviour of concern	Consequences / staff response <ul style="list-style-type: none">• To the pupil – was the behaviour reinforced or rewarded? Were sanctions used? Did the behaviour achieve the young person's goal?• To the other pupils / class – how may they have been affected?• To the staff member supporting the young person at the time and the team as a whole.



Appendix 4 - Behaviour Tracking, ABC Charts, MAS and SWOT

MOTIVATION ASSESSMENT SCALE

Name: _____ Rater: _____ Date: _____

Description of Behavior (be specific): _____

Instructors: The MAS is a questionnaire designed to identify those situations where an individual is likely to behave in specific ways. From this information, more informed decisions can be made about the selections of appropriate replacement behaviors. To complete the MAS, select one behavior of specific interest. Be specific about the behavior. For example "is aggressive" is not as good a description as "hits other people." Once you have specified the behavior to be rated, read each question carefully and circle the one number that best describes your observations of this behavior.

Questions	Never 0	Almost Never 1	Seldom 2	Half the Time 3	Usually 4	Almost Always 5	Always 6
1. Would the behavior occur continuously if this person was left alone for long periods of time?							
2. Does the behavior occur following a request to perform a difficult task?							
3. Does the behavior seem to occur in response to your talking to other persons in the room/area?							
4. Does the behavior ever occur to get a toy, food, or an activity that this person has been told he/she can't have?							
5. Would the behavior occur repeatedly, in the same way, for long periods of time if the person was alone? (e.g. rocking back and forth for over an hour.)							
6. Does the behavior occur when any request is made of this person?							
7. Does the behavior occur whenever you stop attending to this person?							
8. Does the behavior occur when you take away a favorite food, toy or activity?							
9. Does it appear to you that the person enjoys doing the behavior? (It feels, tastes, looks, smells, sounds pleasing).							
10. Does this person seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask?							
<i>Go to next page</i>							

11. Does this person seem to do the behavior to upset or annoy you when you are not paying attention to him/her? (e.g. you are in another room or interacting with another person)							
12. Does the behavior stop occurring shortly after you give the person food, toy, or requested activity?							
13. When the behavior is occurring does this person seem calm and unaware of anything else going on around her/him?							
14. Does the behavior stop occurring shortly after (one to five minutes) you stop working with or making demands of this person?							
15. Does this person seem to do the behavior to get you to spend some time with her/him?							
16. Does the behavior seem to occur when this person has been told that he/she can't do something he/she had wanted to do?							

	Sensory	Escape	Attention	Tangible
	1.	2.	3.	4.
	5.	6.	7.	8.
	9.	10.	11.	12.
	13.	14.	15.	16.
Total Score =				
Mean Score =				
Relative Ranking =				

Motivation Assessment Scale: Functions for usage

- To direct our understanding of the behavior challenge to the intent of the challenge versus the way it appears or makes us feel.
- To understand the correlation between the frequency of the challenging behavior and its potential for multiple intents.
- To identify those situations in which an individual is likely to behave in certain ways (e.g., requests for change in routine or environment lead to biting).

Outcomes:

- To assist in the identification of the motivation(s) of a specified behavior.
- To make more informed decisions concerning the selection of appropriate reinforcers and supports for a specified behavior.

Note: Like any assessment tool, the MAS should be used in an on-going continually developing mode.



Appendix 4 - Behaviour Tracking, ABC Charts, MAS and SWOT

STRENGTHS: <i>What are the pupil's strengths / likes? What makes them happy?</i>	WEAKNESSES: <i>What are the pupil's weaknesses, what don't they like, which situations cause them distress?</i>
OPPORTUNITIES: <i>What opportunities do they have to do the things that make them happy, relaxed, contented (quality of life)</i>	THREATS: <i>What barriers are there that restrict their opportunities and prevent them accessing the things that they enjoy. What threatens to impoverish their quality of life.</i>