



The Sunflower Federation

Behaviour Policy

**Including restrictive intervention and exclusion
guidance**

FGB 11th February 2025

(Due to be reviewed 2027)

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1. Purpose of the policy

To engender mutual respect, positive relationships and clear consistent expectations thus creating and fostering learning and achievement.

To promote an accessible and inclusive learning environment in which all pupils can actively participate and where positive emotional wellbeing is understood, valued and can flourish within our school.

This policy seeks to maintain, support and be used in order to achieve high standards of behaviour.

2. Principles

Staff at The Sunflower Federation School believe:

- All pupils have the right to learn in a calm, safe and purposeful environment.
- That every child and young person has a right to be treated with respect and dignity
- All pupils deserve to have their needs recognized and be given the right support.
- That securing positive relationships with and between pupils is key to them developing into secure, happy young people who are interested in their own learning.
- That effective behaviour support can only be achieved through partnership with parents and other agencies.
- The students are able to learn and demonstrate appropriate valued behaviour.

The Sunflower Federation's core principles that support management of behaviour are;

- Understanding of each individual
- Caring for students' needs and showing empathy for their feelings
- Using the same, consistent and positive behaviour support approaches
- Building a sense of enjoyment and fun into the daily school life of everyone, so that they are motivated to learn and achieve
- Building trust and respect
- Accepting mistakes as opportunities for learning
- Creating a positive and peaceful school environment so that all children feel safe and want to learn
- Enabling children to build friendships, incorporating time for them to play with their peers
- For all staff to be able to safely manage behaviour and understand what a child (or young person) is seeking to communicate through difficult or dangerous behaviours.

Parents need to:

- know that their children are safe at school;
- be properly informed if their child is the subject of a restrictive intervention (including the nature of the intervention); and
- know why a restrictive intervention has been used.

This policy should be read in conjunction with:

- the staff code of conduct
- the child protection policy;
- the safeguarding response to children who go missing from education; and

- the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

This policy is designed to reduce the incidents of, and the risks associated with restrictive interventions - and to eliminate unnecessary and inappropriate use of restraint. This policy will embrace the principles of the Teaching and Learning Policy, Equality Policy and Special Needs Education Policy. It is also supported by Code of Conduct and Whistleblowing Policies.

3. National and LA Guidance

The principal legislation to which this policy relates is:

- the Education Act 2002, as amended by the Education Act 2011;
- the School Discipline (Pupil Exclusions and Reviews) (England) Regulations 2012;
- the Education and Inspections Act 2006;
- the Education Act 1996; and 7
- the Education (Provision of Full-Time Education for Excluded Pupils) (England) Regulations 2007, as amended by the Education (Provision of Full-Time Education for Excluded Pupils) (England) (Amendment) Regulations 2014

This policy is based on the principles set out in, and is prepared to supplement, Government guidance and the LA guidance:

For Behaviour

DfE: Guidance on Use of Reasonable Force July 2013:

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

DfE and DHSC: Reducing the need for restraint and restrictive intervention, July 2019:

<https://www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention>

DfE: Keeping Children safe in Education, September 2022:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101454/Keeping_children_safe_in_education_2022.pdf

DfE: mental health and behaviour in schools November 2018:

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

DfE: Further guidance and resources for supporting behaviour in schools October 2022

<https://www.gov.uk/government/publications/behaviour-in-schools--2/further-guidance-and-resources-for-supporting-behaviour-in-schools>

DfE: Behaviour in Schools. Advice for head teachers and school staff, *September 2022*:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101597/Behaviour_in_schools_guidance_sept_22.pdf

HCC - Hertfordshire County Council: Emotional Wellbeing and Behaviour Strategy 2020 – 2023 (Version 2 January 2022)

[hertfordshire-emotional-wellbeing-and-behaviour-strategy-2020-2023-v2](https://www.hertfordshire.gov.uk/emotional-wellbeing-and-behaviour-strategy-2020-2023-v2)

HCC - Hertfordshire County Council: Implementation Guide - Emotional Wellbeing and Behaviour Strategy January 2022
<https://thegrid.org.uk/assets/ewb-strategy-implementation-guide-jan2022.pdf>

For Suspensions and permanent exclusions

DfE: Statutory guidance on School suspensions and permanent exclusions September 2022

<https://www.gov.uk/government/publications/school-exclusion>

HCC - Hertfordshire County Council: Exclusion-guidance-HCC

The use of restrictive intervention will only be needed for a very small minority of children or young people. We know that the use of restraint and restrictive interventions are traumatising and this particularly so for children, who are still developing both physically and emotionally. We know that the use of restraint and restrictive interventions can be traumatic - and have long-term consequences on the health and wellbeing of children and young people. It can also have a negative impact on staff who carry out such interventions.

Children and young people with learning disabilities, autistic spectrum conditions or mental health difficulties may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others and are at a heightened risk of restrictive interventions. Wherever possible, restrictive interventions should be avoided and proactive, preventative, non-restrictive approaches adopted.

Whenever considering restrictive interventions, the key question for everyone involved with children and young people whose behaviour is difficult or dangerous should be: -

“What is in the best interest of the child and/or those around them in view of the risks presented?”

4. Practice

A positive and proactive approach to behaviour:

We operate a clear behaviour policy for meeting children and young people’s individual needs, promoting positive relationships and emotional wellbeing.

Behavioural difficulties may signal a need for support and it is essential to understand what the underlying causes are and what the function of the behaviour is. For example, a child or young person may exhibit such behaviours as a result of a medical condition or sensory impairment, previous trauma or neglect, or be exacerbated by an unmet need or undiagnosed medical condition. Behavioural difficulties may also reflect the challenges of communication, or the frustrations faced by children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties - who may have little choice and control over their lives. Children and young people with Behavioural difficulties need to be regarded as vulnerable rather than troublesome and schools have a duty to explore this vulnerability and provide appropriate support.

Behaviour that escalates and becomes difficult or dangerous may result from the impact of a child or young person being exposed to challenging or overwhelming environments, which they do not understand, where positive social interactions are lacking, and / or personal choices are limited. Children and young people exhibiting difficult or dangerous behaviours need support and differentiation of teaching and learning to have their needs met and to develop alternative ways of expressing themselves that achieve the same purpose but are more appropriate.

We use behaviour analysis to understand children and young people's needs and the causes of poor emotional wellbeing.

By anticipating situations that may cause distress, and agreeing the steps to address them, whilst assessing, managing and reducing risk it is possible to reduce the use of restraint or restrictive intervention.

We aim to reduce restrictive practices by the proactive use of Therapeutic plans drawn up with the involvement of the child (ren) (or young person) and their parents. Co-produced Therapeutic plans aim to better understand the experiences of parents and children as well as agree the steps that should be taken to avoid escalation and promote emotional wellbeing.

Our Behaviour policy sets out the steps we will take as a school to ensure that we comply with the provisions of the Equality Act 2010.

All Pupils are supported to behave with respect for each other and themselves through effective classroom management and a curriculum which promotes values of tolerance, empathy and independence. They are encouraged to understand how to behave in order to develop relationships and be effective participants within their community.

We believe that there is a difference between behaviours that are planned and conscious and behaviours which are an unconscious reaction to stress, organic conditions and/or environment. The School environment is designed to support valued behaviours and reduce arousal and stress. Staff work in a multi-disciplinary team in order to underpin a holistic approach to each pupil.

Agreed responses outside of the reasonable adjustments

Some pupils require specific support because of the barriers that their behaviour presents. These barriers are assessed according to the following criteria:

- Threats to safety to the pupil or to others
- Disruption to the learning of the pupil and their ability to make positive relationships
- That general good classroom management and curriculum delivery is not enough to support this pupil effectively. They require further changes to pedagogy and environment in order to succeed.
- There is evidence that the emotional wellbeing and ability to learn of other pupils in the class is seriously and regularly compromised.

We teach valued behaviours through:

- Relationships
- Role modelling
- Consistency
- Scripts and routines
- Positive phrasing
- Planning individual behaviour support in the way of behaviour strategy sheets.

- Reward and positive reinforcement
- Comfort and forgiveness- a chance to *restore, repair and reflect*

Further information about our Curriculum can be found in the Breakspeare and Meadow Wood Schools' Teaching and Learning Policy

In the event of further specific support being needed the following procedures are in place:

- Recording behaviour incidents on CPOMS, which are monitored and actioned by the Therapeutic Thinking Team; see Appendix 1.
- Staff follow the behaviour of concern guidelines; see Appendix 2, which sets out the steps in which to seek further advice and support through behaviour analysis and planning tools.
- Immediate analysis of the function of behaviour and short-term behaviour strategies using the Early Prognosis Tool, see Appendix 5.
- Observation and recording of triggers and consequences for behaviour; see Appendix 3- Behaviour monitoring sheet.
- Risk assessment of the frequency and severity of behaviour and its effects; see Appendix 6- Risk Assessment Calculator
- Multidisciplinary approach to behaviour analysis between the class staff team and the Therapeutic Thinking team, using behaviour analysis tools in Appendices: 7, 8, 9.
- Behaviour planning for difficult behaviours without direct harm, in Appendix 10.
- Behaviour planning for dangerous behaviours with evidenced harm in Appendix 11.
- Communication of behaviour support techniques and principles to all staff involved with the pupil and then shared with parents/carers.
- Consistent monitoring and reviewing cycle of behaviour plans to ensure its effectiveness and value.

5. Definitions

The term **child** refers to all children and young people under the age of 18.

The term **physical intervention** is used to describe contact between staff and a child (or children) where no force is involved. (E.g. comfort, affirmation, facilitation)

The terms **restrictive intervention** and **restraint** are used interchangeably in this policy to refer to:

- planned or reactive acts that restrict an individual's movement, liberty and/or freedom to act independently; and
- the sub-categories of restrictive intervention using force or restricting liberty of movement (or threatening to do so).

In this policy restrictive interventions and restraint can include, depending on the circumstances:

- Physical restraint: a restrictive intervention involving direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.
- Restricting a child or young person's independent actions, including removing auxiliary aids, such as a walking stick, or coercion, including threats involving the use of restraint to curtail a child or young person's independent actions.

- Mechanical restraint: the enforced use of mechanical aids such as belts, cuffs and restraints forcibly to control a child or young person’s individual movement.
- Withdrawal: removing a child or young person involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves. We also refer to this concept below as Imposed Withdrawal.
- Faceable seclusion: supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely dangerous behaviour which poses a risk of harm to others.
- Use of “overpowering force”.

Although it may not be necessary to make physical contact in cases of Withdrawal (Impose Withdrawal) or Faceable seclusion, these are still regarded as forms of restrictive intervention.

The term, **difficult** used throughout this policy refers to behaviour that a child or young person displays that does not cause harm or injury. Staff may find these behaviours challenging.

The term, **dangerous** used throughout this policy refers to behaviours that cause evidenced injury to self or others, damage to property, or committing a criminal offence.

The term ‘**parent**’ used throughout this policy refers to all those with parental responsibility, including parents and those who care for the child (as defined in section 576 of the Education Act 1996). Where there is a Care Order in force (within the meaning of section 31 of the Children Act 1989), the local authority has the power to restrict the exercise by the child’s parents of parental responsibility, if the welfare of the child so requires.

6. Acceptable forms of physical interventions

Not all children feel comfortable with certain types of physical contact; this should be recognised and, wherever possible, adults should seek the child’s permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed.

Staff should acknowledge that some children are more comfortable with touch than others and/or may be more comfortable with touch from some adults than others. Staff should listen, observe and take note of the child's reaction or feelings and, so far as is possible, use a level of contact and/or form of communication which is acceptable to the child.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with a child, in one set of circumstances, may be inappropriate in another, or with a different child. In all situations where physical contact between staff and children takes place, staff must consider the following:

- The child’s age and level of understanding.
- The child’s individual characteristics and history.
- The duration of contact.
- The location where the contact takes place (it should not take place in private without others present).

- The purpose of the physical contact.
- Complying with the Sunflower Federations touch and intimate care policy

Physical intervention must not become a habit between a member of staff and a child. Physical intervention should always be in the child's best interest and staff must have an awareness of children and young people who may not have secure primary attachments. Staff must have an awareness of the need to differentiate physical intervention to ensure that children or young people are able to distinguish and separate the attachment to staff (who are transient adults in their life) from the primary attachment to key adults such as parents and siblings.

Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact **must not** be made with the child or young person's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints.

Within the Sunflower Federation we support and encourage the following as acceptable forms of physical interventions:

Offering an arm

to support, guide or escort

- Stance
- Hip to hip
- Arm is offered – explicit teaching
- Student accepts the invite
- Communicate intention
- Draw elbow in for extra security



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Supportive hug

To support, guide or escort or to communicate comfort or reward:

- Stance
- Hip to hip
- Closed mittens around each shoulder
- Communicate intention, consider de-escalation script



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Supportive arm

To support, guide or escort

- Stance
- Maintain penguin shape
- Hip to hip
- Closed mittens above or around each elbow
- Communicate intention, consider de-escalation script



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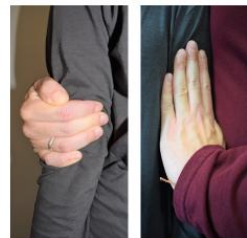
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Supportive arm

To support, guide or escort

- Stance
- Hip to hip
- Closed mittens above or around each elbow
- Communicate intention, consider de-escalation script



If staff are required to guide a child or young person the Sunflower Federation support and encourage the use of elbow control and the following;

Open mitten

to support, guide or escort, used to move a student away

- Fingers together
- Thumb away from fingers
- Palms parallel to floor

The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice



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Open mitten guide

To support, guide, escort, or protect, used to move a student away

- Stance L shape
- Maintain penguin shape
- Palm parallel to the floor
- Staff positioned behind with extended arm to protect
- Communicate intention, consider de-escalation script



7. Safer working practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook / school code of conduct / staff behaviour policy and Safer Recruitment Consortium document, Guidance for safer working practice for those working with children and young people in education settings (September 2019)

http://www.thegrid.org.uk/info/welfare/child_protection/allegations/safe.shtml

8. Restraint or restrictive interventions

Restraint or restrictive interventions may be used when all other strategies have failed, and therefore only as a **last resort**. All staff should focus on promoting a positive and proactive approach to behaviour and emotional wellbeing, including de-escalation techniques (appropriate to the child), to minimise the likelihood of, and avoid the need to use, restraint.

Before implementing a planned restraint or restrictive intervention it is necessary to undertake a full analysis of behaviour. This will need to include a record of the child's needs (including their vulnerabilities, learning disabilities, medical conditions and impairments), evidence of the risks to self and others (Appendix 12 – Audit of need) and the extent to which a restrictive intervention would be in the child's best interests.

If it is necessary to undertake a restrictive intervention, then staff should employ the planned and agreed approaches/techniques as set out in the child's individualised Therapeutic plan (Appendix 11 – Therapeutic Plan).

The planned intervention will be based on the following principles: -

- The assessment of risk to safeguard the individual or others i.e. restraint will only be used where it is necessary to prevent the risk of serious harm, including injury to the child, other children, staff or the or the school community (as opposed to if no intervention or a less restrictive intervention was undertaken).

- An intervention will be in the best interests of the child - balanced against respecting the safety and dignity of all concerned.
- Restraint will never be used to force compliance or with the intention of inflicting pain, suffering or humiliation.
- If restraint is appropriate then techniques used will be reasonable and proportionate to the specific circumstances and risk of seriousness of harm; they will be applied with the minimum force needed, for no longer than necessary, by appropriately trained staff.
- When planning support and reviewing any type of planning document that references restraint or restrictive interventions (such as Therapeutic plans) children, parents and where appropriate (for example, where the child or parent/carer wants it) advocates should be involved.

Use of force can be regarded as reasonable only if the circumstances of an incident warrant it and the force is deemed reasonable, proportionate and necessary e.g. in an emergency such as a child running into a road, or a child attacking a member of staff and refusing to stop when asked, then reasonable force may be necessary. This would be an unplanned intervention which: -

- requires professional judgement to be exercised in difficult situations, often requiring split-second decisions in response to unforeseen events or incidents where trained staff may not be on hand.
- will include judgements about the capacity of the child at that moment to make themselves safe.
- requires responses which are reasonable and proportionate and use the minimum force necessary to achieve the aim of the decision to restrain.

An unplanned intervention should trigger a multidisciplinary discussion to look at what support is needed to reduce the risk of future incidents. Staff should update and/or the relevant behaviour documents depending on the circumstances of the unplanned incident.

Staff should not be expected to put themselves in danger and that removing other children and themselves from escalating situations may be the right thing to do. We value staff efforts to rectify what can be very difficult situations in which they exercise their duty of care for all children or young persons.

The circumstances when reasonable force may be used will need to meet the following criteria:

- To prevent a child from committing a criminal offence (this applies even if they are below the age of criminal responsibility)
- To prevent a child from injuring themselves or others
- To prevent or stop a child or young person from causing serious damage to property (including their own property)

Legal defense for the use of force is based on evidence that the action taken was:

- Reasonable, proportionate and necessary

Staff should have reasonable grounds for believing that restraint is necessary to justify its use. They should only use restraint where they consider it necessary to prevent serious harm, including risk of injury to the child or young person or others. Staff should use their professional judgement to decide if restraint is necessary, reasonable and proportionate.

Since children are developing both physically and psychologically this makes them particularly vulnerable to harm. The potentially serious impact of restraint on their development requires that the child's best interest is the paramount consideration when reaching a decision on whether to, and how to restrain a child. However, this does not mean that the child's best interests automatically take precedence over other considerations such as other people's rights, but they must be given due weight in the decision.

9. Deprivation of liberty or segregation

Deprivation of liberty is unlawful – unless sanctioned by process of law (Mental Health Act 1983, Mental Capacity Act 2005 – Deprivation of Liberty Safeguards) and / or by way of court order (inherent jurisdiction – or s16 Mental Capacity Act Order).

Mental Capacity Act Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

10. Assessing and managing risks

Staff will use the minimum force needed to gain safe outcomes.

Restrictive intervention which has any of the following 3 effects is wholly inappropriate:

- If there is a negative impact on the process of breathing
- The child feels pain as a direct result of the technique
- The child feels a sense of violation.

Clearly the use of a restraint technique that negatively impacts on a child's breathing presents a real risk of causing serious harm

The following interventions have elevated risks and can result in a sense of violation, pain or restricted breathing and must be avoided:

- The use of clothing or belts to restrict movement
- Holding a person lying on their chest or back
- Pushing on the neck, chest or abdomen
- Hyper flexion or basket type holds
- Extending or flexing of joints (pulling and dragging)

The following can result in significant injury and must also be avoided:

- Forcing a child or young person up or down stairs
- Dragging a child or young person from a confined space

- Lifting and carrying
- Seclusion, where a person is forced to spend time alone against their will (requires a court order except in an emergency)

The principles relating to Restrictive Intervention are as follows: -

- Restrictive intervention will only be used in circumstances when one or more of the legal criteria for its use are met.
- Restraint or restrictive intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions.
- Staff will take steps in advance to avoid the need for restrictive Intervention through dialogue and diversion.
- The child will be warned, at their level of understanding, that restrictive intervention will be used unless they stop the dangerous behaviour.
- Staff will use the minimum force necessary to ensure safe outcomes.
- Staff will only use force when there are good grounds for believing that immediate action is necessary and that it is in the child's and/or other children's best interests for staff to intervene physically.
- Staff will be able to evidence that the intervention used was a reasonable response to the incident.
- Every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses.
- As soon as it is safe, the restrictive intervention will be relaxed to allow the child to regain self-control.
- Escalation will be avoided at all costs.
- The age, understanding, and competence of the individual child will always be considered.
- In developing a Therapeutic plan, consideration will be given to approaches appropriate to each child or young person's circumstance.
- Procedures are in place, through the pastoral system of the school, for supporting and debriefing children or young persons and staff after every incident of restrictive intervention, as it is essential to safeguard the emotional well-being of all involved at these times.

11. Developing a Therapeutic plan in the Sunflower Federation Schools

If a child is identified as presenting a risk that restraint or restrictive intervention may be required, a Therapeutic plan will be completed. This plan will help the child and staff to avoid situations that escalate through understanding the factors that influence the behaviour and identifying the early warning signs in an effort to manage and reduce risk.

The plan can include: -

- "Therapeutic Tree" to explore the link between experiences, feeling and behaviours (Appendix 9)

- Anxiety mapping to understand the factors that underline or influence the behaviour as well as the triggers for it (e.g. staff, peers, activity, location etc. Appendix 8)
- Analysis of both conscious and subconscious behaviour with solutions and differentiation of environment or teaching and learning (Appendix 7)
- An understanding of the wider causes of behaviours - such as those that stem from medical conditions, sensory issues and unmet need or undiagnosed conditions. (Early prognosis Tool Appendix 5)
- Recognition of the early warning signs that indicate that poor emotional wellbeing is beginning to emerge.
- Alternatives to restraint, including effective techniques to de-escalate a situation and avoid restrictive interventions.
- Details of the safe implementation of restraint, including how to minimise associated risks, particularly taking into account the growth and development of children and young people.
- Details of a communication plan with the children including for those who are non-verbal (including those with speech, language and communication needs).
- Co-produced with parents/carers and the child to ensure their views and experiences are considered.
- A dynamic risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens.
- Explanation of how to record any planned or unplanned interventions.
- Considered how to find the record of Therapeutic options that have been examined and discounted, as well as those used
- A Clear description stating at which point a restrictive intervention will be used
- Identification of key staff who know exactly what is expected and how to build positive relationships
- A system to summon additional support if needed
- Identification of training needs or unresolved risk factors

*[*We may also need to take medical advice about the safest way to hold a child or young person with specific medical needs.]*

Please refer to the Appendix for a Therapeutic plan format.

12. Training and development for staff

In the Sunflower Federation we believe that guidance and training are essential in this area and so adopt the best possible practice and provide training for all staff, at all levels:

- Positive behaviour management - all staff

- Emotional well-being and trauma-informed practices - all staff
- Managing conflict in difficult situations - all staff
- Awareness of issues via monitoring and evaluation report - governors

Training and development play a crucial role in promoting positive behaviour and supporting those whose poor emotional wellbeing has the risk of becoming difficult or dangerous. Settings have a statutory responsibility to enable staff to develop understanding and skills to support children and young people and help parents to secure consistent approaches.

Therapeutic Thinking is the foundation of our thinking and the umbrella that all other training sits within. Hertfordshire Steps training covers two distinct developmental areas:

“Therapeutic Thinking training” – (De-escalation training) It is considered best practice that all teachers, Teaching Assistants and Midday Supervisory Assistants complete this de-escalation training. ‘Step On’ is a therapeutic approach to behaviour management, with an emphasis on consistency, on teaching internal discipline rather than imposing external discipline and on care and control, not punishment. It uses techniques to de-escalate a situation before a crisis occurs and, where a crisis does occur, it adopts techniques to reduce the risk of harm

“Step Up” – (Restrictive intervention training) This provides training on elements of restrictive intervention (restraint) and personal safety. This training can only be provided within services where staff have already completed ‘Therapeutic Thinking’ training and are still within certification. ‘Step Up’ training is only delivered where there is an identified need for an individual child who displays dangerous behaviour.

Additional training should be tailored to take account of the needs of the children and young people being taught and/or cared for and the role of the specific tasks that staff will be undertaking.

13. Monitoring, recording and reporting

Behaviour documents for individuals are evaluated by teachers and updates are written/ reviewed termly and / or after a significant/series of incidents.

The behaviour and Therapeutic Thinking Team lead for the Sunflower Federation is Charmaine Bromfield.

The team consists of Caitlin Filby who oversees HolyWell School and Paula Wilson who oversees Meadowood School and Charmaine Bromfield who oversees Breakspeare School.

Behaviour incidents are recorded on CPOMS and monitored by Therapeutic Thinking Lead. The Therapeutic Thinking lead reviews and actions incidents on a weekly basis. The Therapeutic Thinking Lead will meet with teachers to discuss further steps to support pupils, such as suggesting monitoring, analysis or planning, or the addition of protective or educational consequences. Data is collected termly to track the number of incidents for students and highlights those students who require extra interventions.

The Deputy heads will monitor behaviour planning, through Predict, Prevent and Progress or Therapeutic plans, when they are submitted with the annual review and interim reports.

The use of a restraint or restrictive intervention, whether planned or unplanned (emergency), must always be recorded as quickly as practicable (and in any event within 24 hours of the incident) by

the person(s) involved in the incident, in the Restrictive intervention record form. The written record should include:

- the names of the staff and child or young persons involved;
- the type of restrictive intervention employed.
- the reason for using restrictive intervention (rather than non-restrictive strategies).
- how the incident began and progressed, including details of the child 's behaviour, what was said by all those involved, and the steps taken to defuse or calm the situation.
- the degree of force used, how that was applied, and for how long.
- the date and the duration of the whole intervention.
- Whether the child or young person or anyone else experienced injury or distress and, if they did, what action was taken.

All records should be open and transparent and enable consideration to be given to the appropriateness of the use of restraint.

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools or colleges are always effective and comply with the law.

Governing bodies and proprietors should have a senior board level (or equivalent) lead to take **leadership** responsibility for their schools or college's restraint arrangement.

The nominated governor is Jane Rogers

13. Complaints

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school or education setting's safeguarding arrangements.

Appropriate whistleblowing procedures, which are suitably reflected in staff training and staff behaviour policies, should be in place for such concerns to be raised with the school or college's senior leadership team.

If staff members have concerns about another staff member, then this should be referred to the Head Teacher or Principal. Where there are concerns about the Head Teacher or Principal, this should be referred to the Chair of Governors/ Chair of the Management Committee/Proprietor as appropriate. Where the head teacher is also the sole proprietor of an independent school, allegations should be reported directly to the designated officer(s) at the local authority. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.

14. Reward and consequence

The Therapeutic Thinking philosophy focuses on increasing the positive experiences of the child to build on helpful feelings leading to valued behaviours. The school curriculum is individually tailored to foster engagement and motivation to learn. Staff use positive language and praise to maintain a positive ethos enabling valued behaviours. It is recognised that for some pupils, particularly those on the autism spectrum, social praise may not be rewarding. It is important for

the pupils have time for their motivators, and this is built into their personal schedules, e.g. through 'now and next' books, part day or whole day timetables. These motivators are used to promote positive experiences throughout the school day and provide pupils with the security and predictability of knowing when they will receive them. These motivators are never removed as a form of punishment. If a child experiences distress or frustration and their behaviour escalates, then it is important that either educational or protective consequences result, which are logical and reasonable. Reflect, repair and restore are the core principles when resolving a crisis.

For pupils who are conscious of their behaviour and plan to behave in certain inappropriate ways, we strive to link educational or protective consequences to these behaviours. Staff ensure through careful explanation, modeling and visual support, such as social stories, that pupils learn to understand the link between inappropriate behaviour and the logical and reasonable consequence. We are committed to teaching children how to behave we do not use punishment as a method for teaching them.

15. Roles and responsibilities

Staff (teachers and learning support assistants) should support pupils to:

- Access and engage in positive relationships
- Demonstrate respect for themselves and others
- Be motivated to learn and achieve
- Communicate their needs, emotions and aspirations.

Staff should apply the school principles, ethos and specific training regarding difficult and dangerous behaviour in order to:

- Set clear expectations and boundaries
- Be consistent and fair
- Intervene early to prevent deterioration of behaviour and well being
- Support each other to secure and maintain the respect of pupils by intervening only when asked or when they are aware there may be a safeguarding issue.
- Make learning and school fun in order to promote intrinsic motivation
- Identify motivators that are individual for the pupil and provide these on a regular, planned basis.
- Promote dignity and independence through carefully planned activities for individuals and groups
- Seeking support from other professionals such as the school nurse, social workers, Educational Psychologist to secure robust, holistic support for pupils.
- Work in partnership with parents to provide consistent support for positive behaviours.
- School responsibility (Senior leadership team)
- To provide a safe, stimulating and supportive learning environment.
- To plan and provide staff development opportunities for all staff so that they have a deep understanding of the issues surrounding challenging behaviour and are skilled at responding to it.
- To be clear in its expectations of positive attitudes and respect. It should be quick to deal with any deviation from this on the part of staff.
- To support class teams or individuals who are identified as struggling with particular issues regarding difficult or dangerous behaviour
- To monitor and support communication with parents – see appendix home school

- To provide opportunities for parents to learn how to support their child's behaviour at home.

16. Parent partnership

We seek dialogue at all times with parents. Behaviour documents are sent to parents with EHCP reports annually. Any changes to these plans during the year are communicated to parents. Parents' views and ideas should be sought and incorporated into any programmes for the pupil.

If pupils need restrictive physical intervention, by law parents must be informed on the day that it happens. (Please see Policy for Restrictive Physical Intervention)

We will make contact with parents/ carers preferably by telephone or in person but when contact has not been possible using these methods, we will contact by using written methods such as a message in the child's / young person home/ school book or via email / letter.

17. Suspensions and exclusions

Use of the term suspend in this policy is a reference to what is described in the legislation as an exclusion for a fixed period. A suspension can also be for parts of the school day. A pupil may be suspended for one or more fixed periods¹⁴ (up to a maximum of 45 school days in a single academic year). A suspension does not have to be for a continuous period.

A suspension may be used to provide a clear signal of what is unacceptable behaviour as part of the school's behaviour policy and show a pupil that their current behaviour is putting them at risk of permanent exclusion.

It is important that during a suspension, pupils still receive their education.

A decision to exclude a pupil permanently should only be taken:

- In response to a serious breach or persistent breaches of the school's behaviour policy; and
- Where allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school.

There may be very unusual and specific occasions where pupils have to be permanently excluded after an extreme and unforeseen event which causes them and other pupils to be at serious risk of harm if they remain at the school. The schools of the Sunflower Federation reserve the right to exclude pupils where significant and sustained efforts have been made to support pupils and enable them to be educated within the school.

The reasons below are examples of the types of circumstances that may warrant a suspension or permanent exclusion.

- Physical assault against a pupil
- Physical assault against an adult
- Verbal abuse or threatening behaviour against a pupil
- Verbal abuse or threatening behaviour against an adult
- Use, or threat of use, of an offensive weapon or prohibited item that has been prohibited by a school's behaviour policy
- Bullying
- Racist abuse

- Abuse against sexual orientation or gender reassignment
- Abuse relating to disability

All students of the Sunflower Federation have EHC plan and many of them additional needs. Therefore, it is essential that when the school of The Sunflower Federation has concerns about the behaviour, or risk of suspension or exclusion, of their students or a looked after child, it should, in partnership with others (including the local authority as necessary), consider what additional support or alternative placement may be required. This should involve assessing the suitability of provision for a pupil's SEN. As appropriate our schools should consider requesting an early annual review or interim/emergency review. We work collaboratively with external specialists as appropriate, whether the current support arrangements are appropriate and what changes may be required. This may provide a point for schools to request an EHC assessment or a review of the pupils' current package of support.

Whilst a suspension or an exclusion may be an appropriate sanction, the head teacher of the Sunflower Federation should take account of any contributing factors that are identified after an incident of poor behaviour has occurred. Early intervention to address the underlying causes of disruptive behaviour should include an assessment of whether appropriate provision is in place to support any SEN or disability that a pupil may have. The head teacher considers the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. Disruptive behaviour can be an indication of unmet needs. Where a school of the Sunflower Federation has concerns about a pupil's behaviour, we will use the Herts Step behaviour management and support tools to identify whether there are any causal factors and intervene early in order to reduce the need for a subsequent suspension or exclusion by liaising with external agencies and providing additional support and early interventions as early as possible.

The decision on whether to suspend is for the head teacher of the Sunflower Federation to take. However, where practical, the head teacher should give the pupil an opportunity to present their case before taking the decision to exclude. The head teacher of the Sunflower Federation will follow fully the statutory exclusion guidance of DfE as well as the local authority's guidance of HCC in all aspects of the suspension or exclusion process before taking the decision to suspend or exclude, during suspension and exclusion and also afterwards.

Good discipline in schools is essential to ensure that all pupils can benefit from the opportunities provided by education. The Government supports head teachers in using suspension or exclusion as a sanction where it is warranted. However, permanent exclusion should only be used as a last resort, in response to a serious breach or persistent breaches of the school's behaviour policy; and where allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school.

The decision to suspend or exclude a pupil must be lawful, reasonable and fair. Schools of the Sunflower Federation have a statutory duty not to discriminate against pupils on the basis of protected characteristics, such as disability or race.

The head teacher of the Sunflower Federation should, as far as possible, avoid permanently excluding any pupil or a looked after child. The schools of the Sunflower Federation engage proactively with parents in supporting the behaviour of pupils with their additional needs. In relation to looked after children, our schools co-operate proactively with foster carers or children's home workers, 0-25 team, the local authority that looks after the child and the local authority's virtual school head.

Schools of the Sunflower Federation will design an individual strategy for reintegrating a pupil who returns to school following a fixed-period suspension and for managing their future behaviour.

All children have a right to education: therefore, schools of the Sunflower Federation will take reasonable steps to set and mark work for pupils during the first five school days of a suspension; and alternative provision must be arranged from the sixth day.

When the decision to suspend or permanently exclude a pupil is made the headteacher will, without delay, notify parents. Legislative changes in 2022 mean that if a pupil has a social worker, or if a pupil is looked-after, the headteacher must now, also without delay after their decision, notify the social worker and/or VSH, as applicable.

When headteacher suspends or permanently exclude a pupil, they must also notify the local authority, without delay. Legislative changes in 2022 mean that this must be done regardless of the length of a suspension.

Important additional documents:

Behaviour in Schools – A Guide for Head teachers and School Staff (2022)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101597/Behaviour_in_schools_guidance_sept_22.pdf

Suspension and Permanent Exclusion from maintained schools, academies and pupil referral units in England, including pupil movement Guidance for maintained schools, academies, and pupil referral units in England (August 2024) DfE

https://assets.publishing.service.gov.uk/media/66be0d92c32366481ca4918a/Suspensions_and_permanent_exclusions_guidance.pdf

DfE: Searching, screening and confiscations July 2022

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1091132/Searching_Screening_and_Confiscation_guidance_July_2022.pdf

Appendix 1: CPOMS for behaviour incidents

When recording an incident;

- **The person who witnessed the incident must use their own login to record the incident.**
- **Student:** name
- **Incident:** description must include
 - What happened before – potential trigger
 - What happened during the incident – describe the behaviours and any injuries.
 - What happened after the incident – strategies used to de-escalate and calm.
 - Location of incident
 - Who was informed of the incident, e.g. class teacher, parents, SLT etc.
 - Any immediate actions taken as a result of the incident.
- **Categories:**
 - Tick behaviour
 - Then tick relevant subcategories that may apply to the behaviour incident
 - ❖ Harm to self
 - ❖ Harm to peers
 - ❖ Harm to staff
 - ❖ Damage to property
 - ❖ Harm from disruption
 - ❖ RPI
 - **ONLY** tick RPI if a **restrictive** physical intervention is used. Remember this must be already agreed in a student's Therapeutic plan and always as a last resort. This **MUST** be recorded in the RPI book located in Merja's office and SLT immediately informed.
 - All accidents must be recorded separately in the accident book located in Merja's office.
- **Linked students:** Include other students involved in the behaviour incident.
- **Maps:** Only use if physical harm has been caused to a student.
- **Date and time:** of the incident
- **Status:** leave as active
- **Assign to:** leave blank
- **Files:** not relevant
- **Alert staff members:** Herts Steps Team.
- **Agency involved:** leave for SLT to complete.
- **Submit incident.**

Appendix 2: Behaviours of concern guidelines

When a pupil is displaying behaviours of concern that are difficult or dangerous and require individualised strategies, in addition to your usual classroom practice, please follow these steps:

Inform: Email the Herts Steps Lead: Charmaine Bromfield OR relevant lead for your school

Record:

- ✚ Any behaviour incidents that involve difficult or dangerous behaviours to be recorded on CPOMS (see CPOMS for behaviour guidance sheet).

Immediate action:

- ✚ Identify behaviours and begin a behaviour strategy sheet (to be shared with all staff team).
- ✚ In some situations, complete the Early Prognosis Tool, which provides a quick on the spot analysis of the presenting behaviour. It assesses the function of the behaviour, home and school contexts, cultural factors, diagnostic factors, and sets short term strategies for the behaviour.

Monitor:

- ✚ Complete daily behaviour monitoring sheets for 2 weeks. There are 2 formats, please choose the most appropriate to meet your pupils' needs:
 - Behaviour monitoring sheet to observe general emotional dysregulation
 - ABC monitoring sheet to monitor one specific behaviour.

Analyse:

- ✚ Analyse the 2 weeks of behaviour monitoring sheets to look for any patterns: it may be times of day, days of the week, locations, activities, peers, staff etc. Use this information to complete the online toolkit.

Online toolkit for analysis:

- ✚ The analysis documents within the online toolkit to be completed: ** if required*
 - Risk calculator
 - *Conscious and subconscious checklist
 - *Anxiety mapping
 - Therapeutic Tree

Online toolkit for planning:

- ✚ When a pupil has behaviours that score 6 or above on the risk calculator, they need further analysis of their behaviour. Please inform the Therapeutic Thinking Team.
- ✚ If there is frequent and/or significant harm arising from a pupils' dangerous behaviours, inform the Therapeutic Thinking team and SLT via email immediately and additional support will be provided. The Therapeutic Thinking team can give advice in regard to reviewing behaviour analysis and planning documents, use of protective and educational consequences, personal safety, physical intervention, and in the last resort Restrictive intervention via student specific step up training.
- ✚ If additional support is needed, the Therapeutic Thinking team have access to specialist advice and support from the Behaviour Advisor and County lead for Therapeutic Thinking, Hertfordshire County Council.

Appendix 3: Behaviour monitoring sheet.

TIME	√ Dangerous behaviour/ crisis √√ Difficult/ Disengaged / unsettled / over stimulated √√√ Calm / engaged in learning	Comments	Incident Bk Accident Bk RPI Physical Restraint
9.00-9.30 ARRIVAL			
9.30-10.30			
10.30- 11.00 BREAK			
11.00-11.30			
11.30- 12.00			
12.00-12.45 LUNCH 1ST DUTY			
12.45 – 1.30 LUNCH 2ND DUTY			
1.30 – 2.30			
2.30 – 3.00			
3.00 – 3.30 END OF DAY			

Appendix 4: Graduated Response



Therapeutic Thinking Graduated Response

<p style="text-align: center;">Universal Behaviour Curriculum</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Establish routines and identify valued behaviours. <input type="checkbox"/> Include the above within pupil induction. <input type="checkbox"/> Create and monitor staff code of conduct. <input type="checkbox"/> Identify content of behaviour curriculum. <input type="checkbox"/> Identify opportunities for learning and create supporting plans. <input type="checkbox"/> Identify children not making expected progress and refer to Behaviour Policy.
<p style="text-align: center;">Targeted Behaviour Policy</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Policy reflects DfE guidance. <input type="checkbox"/> Policy communicates agreed valued and detrimental behaviours and the agreed responses for the majority. <input type="checkbox"/> Check if the identified behaviour is covered in policy. <input type="checkbox"/> Follow the policy. <input type="checkbox"/> Record the impact of policy on pupil's behaviour. <input type="checkbox"/> Where policy is not progressing the behaviour of most children, review the policy. <input type="checkbox"/> Where policy is not progressing the behaviour of an individual, implement further analysis and planning within Early Prognosis.
<p style="text-align: center;">Targeted Plus Early Prognosis</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Describe the behaviour factually and unemotionally. <input type="checkbox"/> Gather appropriate and authentic pupil voice. <input type="checkbox"/> Gather information from all relevant parties, including multi-agency colleagues. <input type="checkbox"/> Use the collated information to Assess, Plan, Do, Review. <input type="checkbox"/> Consider involvement of multi-agency colleagues. <input type="checkbox"/> Where further intervention is needed, move to the analysis and planning within Predict, Prevent & Progress.
<p style="text-align: center;">Specialist Predict, Prevent & Progress</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Review all information within Early Prognosis document. <input type="checkbox"/> Complete Risk Calculator. <input type="checkbox"/> Identify protective and educational consequences. <input type="checkbox"/> Complete Subconscious and Conscious checklists. <input type="checkbox"/> Complete Anxiety Analysis for relevant variables. <input type="checkbox"/> Use all analysis to create a Predict, Prevent & Progress plan. <input type="checkbox"/> Use the collated information to Assess, Plan, Do, Review. <input type="checkbox"/> Consider involvement of multi-agency colleagues. <input type="checkbox"/> Where further intervention is needed move to the analysis and planning within Therapeutic Plan.
<p style="text-align: center;">Specialist Plus Therapeutic Plan</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure all preceding analysis documents are reviewed. <input type="checkbox"/> Complete the Therapeutic Tree for the individual pupil, including information from all the preceding analysis. <input type="checkbox"/> Complete a detailed Therapeutic Plan to micromanage staff responses to identified behaviours. <input type="checkbox"/> Use the collated information to Assess, Plan, Do, Review. <input type="checkbox"/> Consider involvement of multi-agency colleagues. <input type="checkbox"/> Consider group dynamic options. <input type="checkbox"/> Involve multi-agency colleagues in a review of the effectiveness of meeting need.

Appendix 5: Early Prognosis Tool

Early Prognosis

Date:

Staff member:

**The
behaviour**

Unemotional, non-judgemental, factual description, including severity and frequency.

•

Pupil voice

•

Do we still need more information? ↓

Function

Sensory

Escape or
Avoidance

Attention

Tangible gain

**Health &
wellbeing**

Including diagnoses, diagnostic pathways being explored, physiological responses, mental health factors, additional medical needs, barriers etc.

•

Do we still need more information? ↓

Context

Home

School

Community

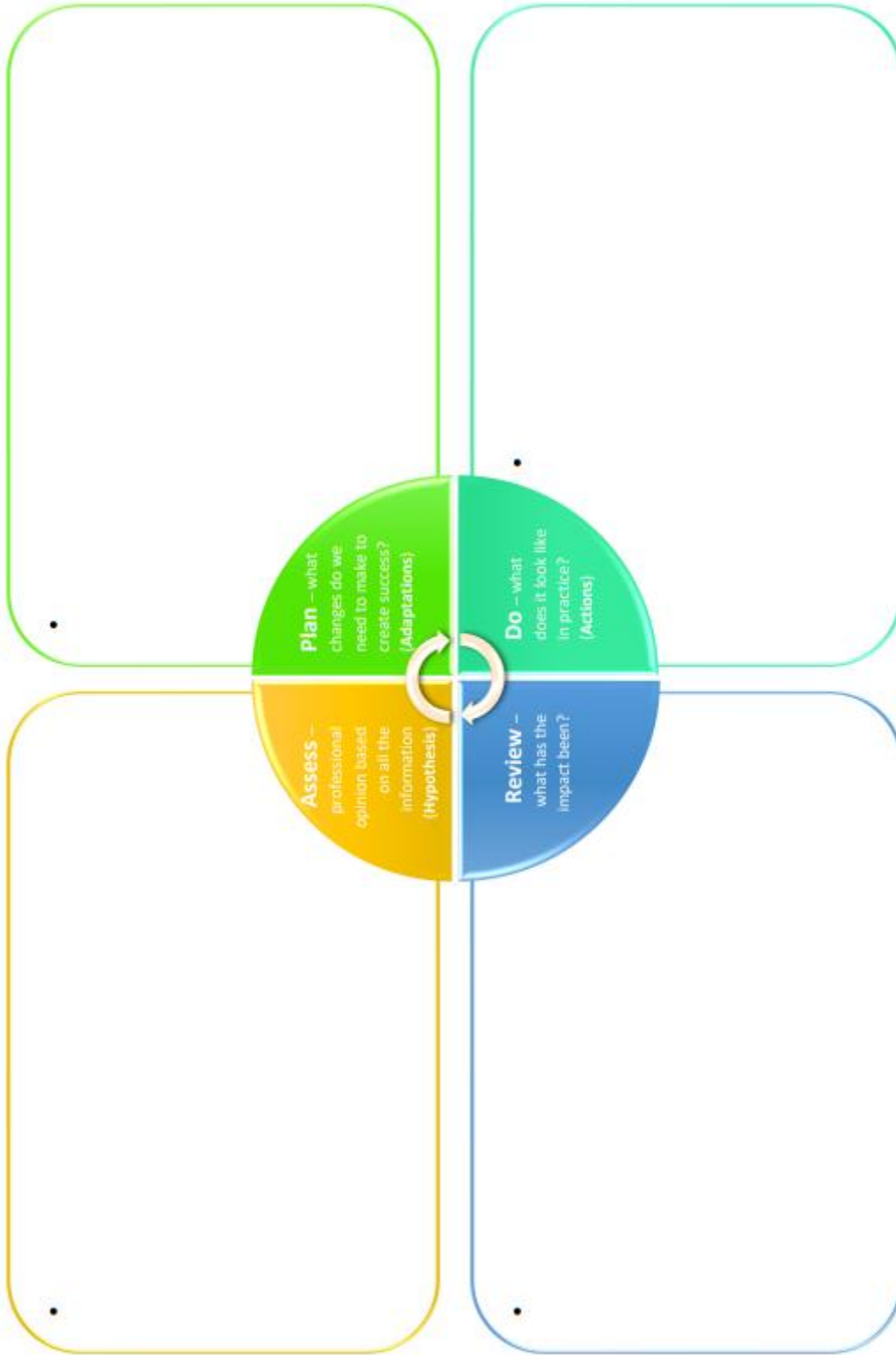
Do we still need more information? ↓

**Cultural
relevance**

•

Do we still need more information? ↓

Early Prognosis



Therapeutic Thinking September 2023

Appendix 6: Risk calculator

Risk Calculator

Name	
Date of birth	00/01/1900
Date of assessment	

Harm / Behaviour	Opinion or Evidenced O / E	Conscious or Subconscious C / S	Seriousness of harm (A) 1/2/3/4	Probability of harm (B) 1/2/3/4	Severity Risk Score A x B
Harm to self					
Harm to peers					
Harm to staff					
Damage to property					
Harm from disruption					
Criminal Offence					
Harm from absconding					

Risks which score 6 or more (probability x seriousness) should have strategies listed on the risk reduction plan

Seriousness	
1	Evidence of upset or disruption
2	Evidence of needing support internally from our school resources – e.g first aid, nurture, budget allocation
3	Evidence of needing intervention from external agencies outside of school resources – e.g. hospital, professional counselling or group work, insurance claim
4	Evidence of harm that cannot be resolved e.g. disability, sectioned mental health, loss through arson
Probability	
1	Yearly or less. No identified triggers remain. There is evidence of historical risk and no evidence of current risk
2	Monthly or less. The risk is reducing but remains relevant, the context has changed to make a reoccurrence less likely
3	Weekly or less. The risk of harm is more likely than not to occur again
4	Daily or constantly. The risk of harm is persistent

Risks which score 6 or more (probability x seriousness) should have strategies listed on a RISK MANAGEMENT PLAN.

Appendix 7: Subconscious and conscious checklists

Subconscious behaviour analysis checklist

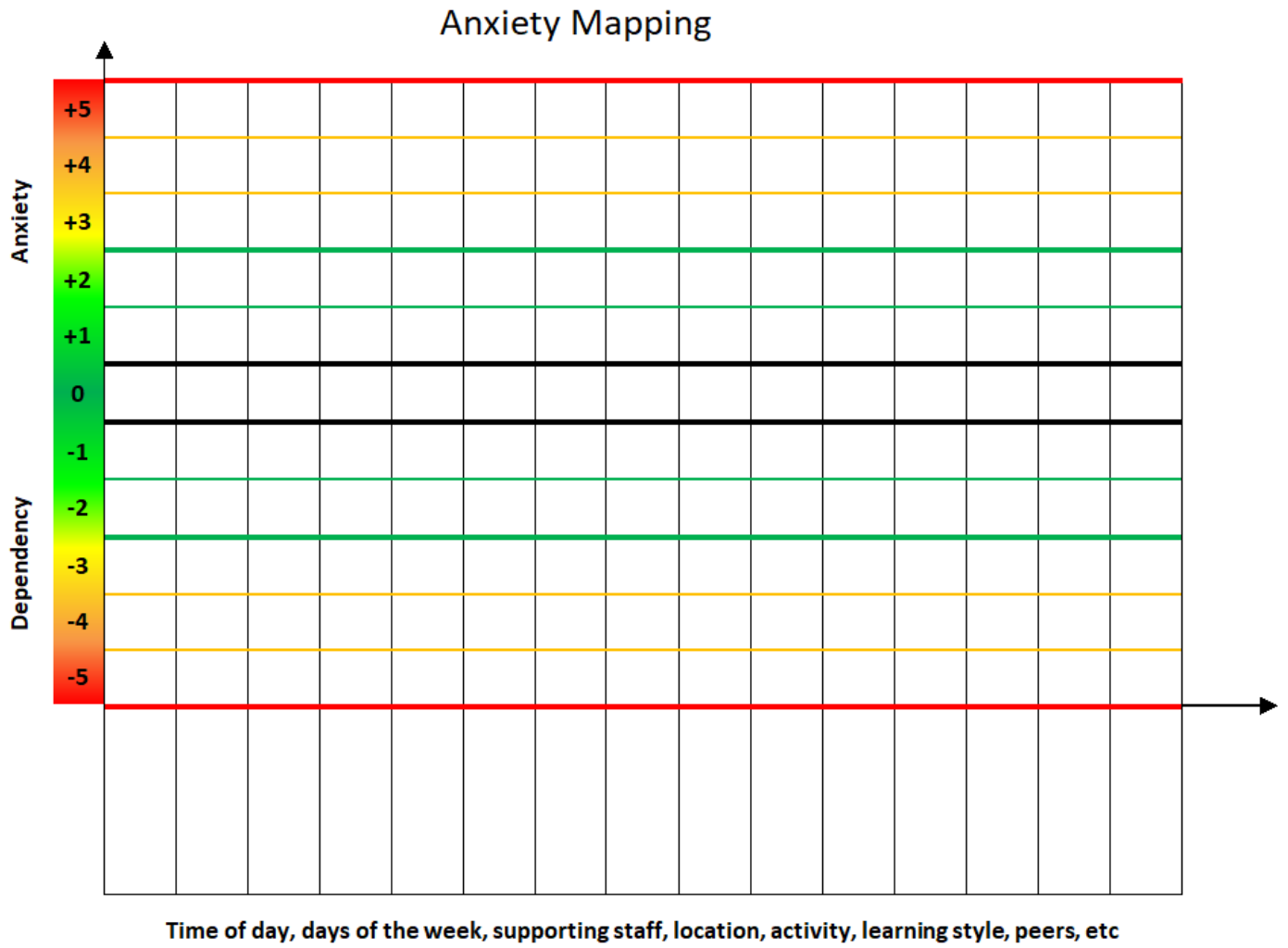
Question	Response	Solutions or differentiation through Anxiety Mapping. Predict and prevent escalation
Is the behaviour medical or habitual?		Have we considered diagnosed or undiagnosed needs or diagnosis? Have we sought advice on the best way to support them?
What is causing the anxiety? (topic, adult, time, activity, peers, transition, noise etc.)		Anxiety Mapping. How do we lower their anxiety? (topic, adult, time, activity, peers, transition, noise etc.)
What is causing the fear? (topic, adult, time, activity, peers, transition, noise etc.)		How do we support them to feel less fearful?
What is causing the anger? (topic, adult, time, activity, peers, transition, noise etc.)		How do we support them to feel less angry/manage their anger? (Roots and Fruits)
What is causing the confusion? (topic, adult, time, activity, peers, transition, noise etc.)		How do we provide support/structure so they feel less confused?
What is causing the embarrassment? (topic, adult, time, activity, peers, transition, noise etc.)		How do we support them to feel less embarrassed/manage these feelings?
What is stimulating/overwhelming them?		How do we manage this stimulus ? (topic, adult, time, activity, peers, transition, noise etc. Anxiety Mapping)



Conscious behaviour checklist

Question	Response	Solution or differentiation
What is their desired outcome of their behaviour?		Is there any other way they could get their desired outcome using pro-social behaviours, such as asking, negotiating etc.?
What is the motivation to behave anti-socially?		What gains or benefits practically or emotionally are achieved through the behaviour?
What is the motivation to behave pro-socially?		Is there any practical or emotional benefit or incentive to behaving pro-socially?
What are the expected consequences?		Is there certainty established through protective consequences? Are these used without time limitation? Do they prefer the consequence to the experience they have attempted to avoid?
How can I impact on the child's beliefs or values?		What pro-social experiences have you identified on their Roots and Fruits that will impact positively on their understanding, motivation, beliefs and values resulting in pro-social conscious behaviour?

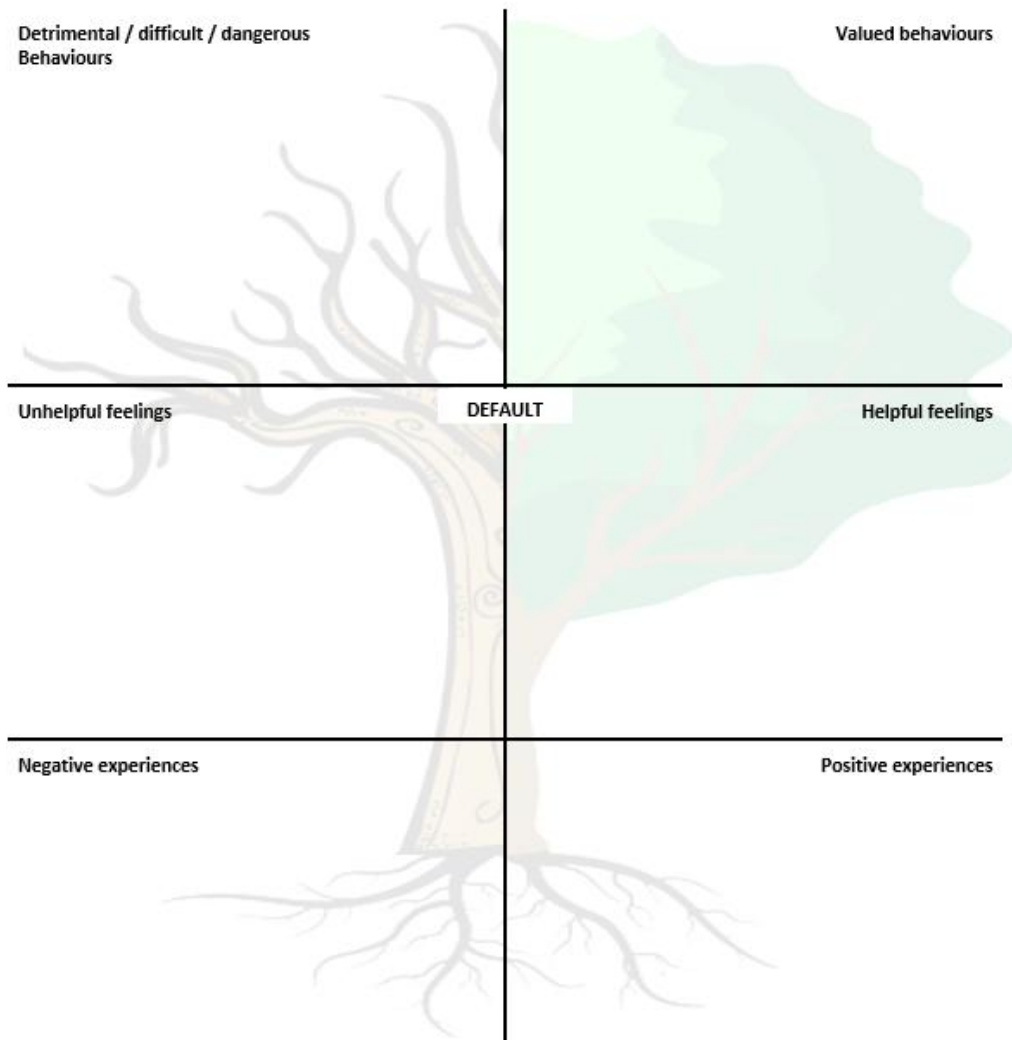
Appendix 8: Anxiety mapping analysis



Appendix 9: Therapeutic Tree

Therapeutic Tree

Name	
Supporting Staff	
Date	
Review Date	



Appendix 10: Predict, Prevent and Progress Plan

Predict, Prevent and Progress Plan

Child name: Date of plan:
 Year group: Date for review:

Score	Predict Staff/Location/Activity/Peers/Time Unable to cope with: 1. 2. 3. 4. 5.	Prevent Adaptations (including protective consequences) What will manage the over-anxiety: 1. 2. 3. 4. 5.	Progress Adaptations (including educational consequences) How will we teach and monitor the management of over-anxiety: 1. 2. 3. 4. 5.
+3			
-			
+5			
	Vulnerable to being unable to cope with: 1. 2. 3.	Monitoring needed: 1. 2. 3.	Adaptation or contingency needed: 1. 2. 3.
+2			
0			
	Vulnerable to being unable to cope without: 1. 2. 3.	Monitoring needed: 1. 2. 3.	Adaptation or contingency needed: 1. 2. 3.
-2			
	Unable to cope without: 1. 2. 3. 4.	What will manage the over-dependency: 1. 2. 3. 4.	How will we teach and monitor the reduction of over-dependency: 1. 2. 3. 4.
-3			
-			
-5			

Each individual factor in column 1 should have a linked response in columns 2 and 3.

Appendix 11: Therapeutic Plan

Therapeutic Plan

Name:	DOB:	Date:	Review Date:
Photo	Risk reduction measures and differentiated measures (to respond to triggers)		

Valued behaviours	Strategies to respond
Detrimental / DIFFICULT behaviours	Strategies to respond
Detrimental / DANGEROUS behaviours	Strategies to respond
Post incident recovery and debrief measures	

Signature of Plan Co-ordinator: Date:

Signature of Parent / Carer: Date:

Signature of Young Person: Date:

Appendix 12: Audited Need for identifying Restrictive Physical Intervention or Restraint needs

Name	DOB	Age
How well equipped is the school/setting to manage the inclusion of this pupil (position in circles)?		
Is the pupil's 'Therapeutic Tree' updated?		
Experiences effecting the pupil		
Feelings effecting the pupil		
Physical characteristics (height, weight, physical differences)		
Additional risk factors (medical or emotional diagnosis or needs, substance misuse etc.)		
Communication differences (visual or hearing impairment, adaptive communication)		
Is the pupils 'Individual Therapeutic Plan' updated?		
Context or Triggers (high risk times, places, people, activities etc.)		
De-escalation options to use (unusual strategies that are effective		
De-escalation options to avoid (common strategies that have proved ineffective)		
Principle of 'last resort' why may de-escalation be ineffective (triggers are hidden, difficulty in communicating)		
Staff matching (who is best to de-escalate, who is safest for involvement with RPI)?		
Training needs (does anybody require additional training in de-escalation, RPI, Communication)?		
JUSTIFICATION (what harm will be prevented at what level)?		
Environmental Risk Assessment (necessary changes chairs etc., limited access)		
Student Shape (standing, seated on chairs, seated on the floor)		
Adult shape (standing, kneeling, seated in chairs)		
Destination technique (elbow tuck lone worker, elbow tuck figure 4, shield etc.)		
Transitions (describe the 'messy' bits, taking hold, letting go etc.)		
What makes it safe (reminders of detail)?		
What makes it effective (reminders of detail)?		
Social validity (how will it feel for the child, how will it look to others)?		
Protective consequences (limits to freedom to CONTROL risk of harm)		
Educational consequences (how are we going to TEACH internal discipline)		
Unresolved risk factors (issues for management)		