

Positive Behaviour and Anti-Bullying Policy

Whitefield School



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1. Introduction

This policy aims to establish a clear statement of understanding and intent in relation to positive behaviour support with a focus on pupil centred education and a relationship-based approach. The Department for Education guidance for Headteachers and School Staff of maintained schools outlines the statutory duty of schools.

At Whitefield School we utilise attachment and trauma informed behaviour support principles with the intention of providing the young people with reliable, attuned, trusted adults, who will support them in improving their quality of life, as well as reducing behaviours of concern. “We expect adults to support children by understanding the impact of a child’s history on their behaviour, including any past trauma or special educational needs, and seeking specialist help when necessary. We expect adults to be skilled and confident in finding the best ways to keep children safe: ways that promote their rights, respect their dignity and help equip them for the future.” Ofsted, (October 2021).

This policy outlines what we expect from all young people, staff and visitors in terms of their behaviour. It extends to all members of our community and is written in line with current legislation, guidance, and best practice principles. Positive behaviour and self - discipline have strong links to effective learning and are vital for young people to carry with them both during and after their school years.

At Whitefield School we aim to provide non-aversive, least restrictive behaviour support strategies at all times. Positive Behavioural Support (PBS) is an evidence-based practice model, and Whitefield School agrees to follow this model and implement trauma informed PBS practices to support all young people.

At Whitefield School we are committed to providing a safe workplace and will empower staff to offer the highest quality of services to young people, including adequate training in trauma-informed behaviour support.

When young people are cared for, in well-managed, emotionally attuned and responsive environments that have a clear sense of purpose and direction, and by trusted adults who are aware of what is expected of them and understand the needs of the young people they are supporting, behaviours of concern are less likely to happen. However, there will be occasions when young people’s distress results in actions that can challenge boundaries, including putting their safety or the safety of others at risk. Staff are trained to respond by taking appropriate measures to keep everyone safe, to encourage self-control and positive behaviour, and to safeguard the welfare of the young person. This includes the use of restrictive physical interventions when necessary and as a last resort.

It is important that young people are treated with understanding, dignity, kindness and respect and that staff build and protect positive and attuned relationships with children. This will enable them to pre-empt stressful situations and distress, where trauma responses can be triggered, providing scaffolding and emotional co-regulation, allowing the best chance of self-management.

The school trains all staff in +Proactive Approaches. This approach meets the criteria set out in the Government guidance issued in June 2019 “Reducing the Need for Restraint and Restrictive intervention” as well as the RRN (Restraint Reduction Network) Training Standards.

This includes:

- Training is tailored to take account of the needs of the children and young people being taught and/or cared for and the role and specific tasks that staff will be undertaking.
- Programmes which promote the need to meeting children and young people’s individual needs and promotes positive relationships and behaviour.



- Is trauma and attachment Informed and therefore promotes understanding of children and young people's needs and the causes of behaviour, anticipating situations that may cause distress and taking steps to address them, assessing, managing and reducing risk, thereby reducing the likelihood of restraint.
- Informed by the law and relevant guidance and directs clear governance and accountability arrangements for supporting children and young people who present behaviours of concern and for any use of restraint, including arrangements for working across settings and services.
- Promotes the involvement of children, young people and their parents/carers as appropriate in decisions relating to behaviour and use of restraint, and in discussing restrictive interventions and their impact, including through the development of behaviour support plans.
- Uses an evidence-based Human Rights approach to Positive Behaviour Support (PBS) and trauma and attachment informed practice to promote positive behaviour and support individual children and young people with behaviours of concern.
- Have clear guidance for training and developing staff, including training in understanding children and young people who present behaviours of concern, developing the skills to respond to their needs and understanding when expert help is required.
- Promotes a system for continually improving assessment and management of risk.
- Promotes a system for recording and reporting incidents (distinguishing between planned and unplanned interventions) which enables children and young people who have been restrained to express their feelings about their experience as soon as is practicable, to add their views and comments to the record of restraint and offers them the opportunity to access advocacy support to help them with this.
- Strongly recommends a system be in place for reviewing how restraint is used in individual cases and patterns or trends in its use to inform changes in approach where necessary.
- Promotes the recognition of the impact of environment on individuals, and advises the critical review of the environment and practices, better to support children and young people and the reduction of restraint in line with best practice.
- All restraint techniques promoted by the training have been independently medically risk assessed and have been deemed safe for use with children who are still developing, both physically and emotionally.
- Training includes formal assessment of physical techniques the staff have been trained in. It is clear that they should only use restraint techniques for which they have received training and have demonstrated competence.
- Training meets the quality standards for training providers delivering training with a restrictive intervention component as set out by The Restraint Reduction Network (RRN) – a charity and subsidiary of BILD and Health Education England.

1.1. Positive Behaviour Support

Whitefield School works within the principles of 'Positive Behaviour Support'.

Positive Behaviour Support is based on an understanding that children and young people's behaviour has a communicative intent. It involves understanding the reasons for the behaviour and considering the child or young person's individual life circumstances and potential adverse experiences they may have had, to implement ways of supporting that person to develop alternative strategies.

Communication may take the form of speech, sounds, actions or body language. Withdrawn or passive behaviour is also a form of communication. Adults learn through observation to understand what children



and young people are communicating and must use their knowledge to respond so that children and young people learn that they have a 'voice' and that they can exercise control.

1.2. Celebrating achievement

Our children and young people work hard to maintain positive behaviour for learning and we recognise their achievements; in assemblies, with certificates and good work stickers, by informing parents and commenting regularly on children who are employing successful strategies and achieving goals. We reinforce clear expectations in ways which our children understand and respond to, and model appropriate behaviour in our own interactions.

Children and young people are encouraged to identify their own needs and employ helpful strategies through structured and supportive systems such as Zones of Regulation and "Traffic Light" systems.

2. Understanding Children's Behaviour

At Whitefield School we believe it can be helpful to replace the word 'behaviour' with the word 'response'. A child's 'behaviour' is a 'response' to something – it's the adults' jobs to find out what they are responding to and how best to support them. It is our key aim to lower stress and anxiety in order for the thinking brain to be able to engage and the child to learn. Thinking of behaviour this way helps us to stay curious.

At Whitefield School we define behaviour of concern as any behaviour (passive or active) which:

- Reduces the quality of an individual's life
- Reduces access to learning and other life experiences within school and the wider community
- Puts a child or young person at risk (physically or emotionally)
- Puts the people around a child or young person at risk (physically or emotionally)
- Leads to responses from other people which restrict opportunities for social contact and enjoyment
- May lead to responses that are restrictive or result in exclusion

Adults will consider the child or young person's age and stage of development when judging whether a particular behaviour is a cause for concern, as well as when planning the best strategies to support them.

Many of the young people who are educated by Whitefield School may have experienced childhood trauma, known as Adverse Childhood Experiences (ACEs) and some young people have experienced multiple and frightening medical traumas which may have involved separation from family and trusted adults. As a result, they are likely to find the forming and sustaining of relationships very challenging. This low self-perception may have been re-enforced from the initial separation and loss from their birth family and subsequent breakdowns of foster placements, home and school placements. These early life experiences are likely to lead to feelings of rejection, shame, failure and inadequacy which is likely to be reflected in their expressed behaviours.

Research has shown that young people who have warm, affectionate relationships with parents or carers have higher self-esteem. This, in turn provides them with the confidence to attempt new things without a great fear of failure (such as learning new things). Conversely, a young person with low self-esteem finds it difficult to try new activities or concepts. They will seek to protect what little self-esteem they have and continue to respond in a manner consistent with their low view of themselves. If a young person feels rejected and views themselves as unacceptable and valueless, they will not regard disapproval as a reaction to their behaviour, but as a rejection of him or herself.



In understanding and responding to young people's behaviour, adults should be mindful of the following -

- If a young person has poor self-esteem and thinks negatively about themselves, there will be fewer constraints on their behaviour. A young person may believe that staff expect them to behave badly, and they in turn will care little whether staff value them because they do not value themselves. An improved sense of self can reduce instances of dysregulation. When a young person thinks more highly of themselves, then old patterns of behaviour may become incompatible with their improved view of self. When a young person starts to really believe that they have value then change can occur.
- If a young person has poor self-esteem and is reluctant to face the possibility of failure, then they will avoid situations which might expose them to further failure e.g. trying something new or trying a known activity but in a different way. Improved self-esteem will give a young person the security to try and learn something new. They may not succeed but they are secure enough not to feel a failure.

A young person with low self-esteem needs support, encouragement and protection. Some strategies that staff might use are:

- Remove the threat of failure, 'Don't worry if you find this difficult'
- Take some of the blame for failure, 'I'm sorry I should have explained that better'
- Offer help early and whilst the young person is still on task. Intervene before they have started to struggle or fail.

Non-verbal interactions are a very powerful part of a teacher's repertoire. A pat on the back, a 'thumbs up', or a smile can convey to a young person that you have recognised them as an individual and that you are taking an interest in them.

In talking with young people about behaviours of concern, it is important that the discussion allows them to maintain self-respect so that self-esteem can be improved.

- When we ask questions, do we give them a genuine chance to process the question and find the answer?
- Do we listen to their point of view?
- Do we check that the young person really understands what has been discussed and the implications that may stem from that discussion?

Have the adult and the young person:

- Agreed on a definition of the problem, the issue may not be a problem for the young person;
- Agreed a strategy to alleviate, or address, the problem;
- Arranged to meet again to review the situation and to see if the strategy has worked?

There is a danger that sometimes, if more and more things appear to go wrong for a young person, our interactions with them could become very negative. We could fall into the trap of only speaking about the trouble they are in and our only contacts are to try and correct problems. When a young person is going through a 'good patch' we might tend to ignore them because we are interacting with another young person who is going through a 'bad patch'. Try to remember two things:

- Even when a young person is going through a 'bad patch' remember to refer to and make significant comments about something, however small, that is going well; and
- When the young person is going through a 'good patch' remember to find the time to comment on how well they are doing.



If the adults around them have a good self-concept, then it is likely that the young people in their classrooms will too. If staff have high expectations / aspirations of themselves then the young people will see this as a positive role model. It is important that staff also have high aspirations for children, and this is recognised in the Trust's values: we are ambitious and have high expectations of ourselves and for others.

3. Supporting Behaviour for Learning

3.1. Creating and maintaining a supportive ethos

Children and young people are most likely to develop a positive attitude to learning and to behave in an adaptive way in school when they experience:

- Trusting relationships with the adults that support them
- Respect for their ethnicity, culture, gender, sexual orientation and for themselves as unique individuals
- Positive models of behaviour from the adults around them
- Opportunities for real choices and control
- Consistent routines and structure
- Clear guidance as to what is expected of them, communicated in a way which they understand
- Appreciation for their achievements and self-esteem is nurtured

3.2. Active Support

As part of each pupil or young person's educational programme the teacher and class team, including PBS leads and leadership will include key skills which will support the development of positive behaviour and/or help the pupil to cope in situations which they find difficult. These strategies will be implemented when the pupil is at their 'baseline'/prepared for learning. Key strategies may include:

- Developing techniques to reduce anxiety e.g. Relaxation, exploring sensory objects, communicating about feelings, using social stories, 'time away'
- Developing communication skills, e.g. Use of signs/symbols, scripts
- Developing social interaction skills e.g. Intensive interaction, social groups
- Developing skills that will fulfil the function of the behaviour of concern e.g. Learning to 'high five' as a greeting rather than pulling at another person's arm developing a wider range of skills, including leisure activities to increase access to more opportunities thus increasing personal fulfilment and self-esteem.

3.3. Recognising and supporting when difficulties may arise

There are times when our pupils and young people find some situations more difficult to cope with and at these times, they may begin to show signs that they are becoming less able to regulate their behaviour.

Recognising that the experiences a person has can affect how they are feeling that day, and subsequently affect their behaviour, is key to managing our own reactions to that behaviour. Positive and meaningful interactions from adults at the early stages can significantly change the outcome for a pupil. For example, a pupil who has arrived late and missed the morning session may be anxious and frustrated, but having time to go through his usual morning routine with a familiar member of staff before being asked to start his next lesson may allow him to regain a calm state and a readiness for learning.



3.4. Responding to signs of concern

Adults supporting a child or young person need to know potential 'triggers' for the individual and the warning signs/behaviour which show that they are becoming anxious or uncertain. This is part of the ongoing observation and understanding of the behaviour's function.

Adults observe children and young people closely for any signs that may indicate a concern, both related to change in behaviour that may indicate a safeguarding issue, as well as warning signs that indicate that the student is becoming frustrated, overexcited, dysregulated etc. that may escalate into a crisis.

Adults will consider their own behaviour, language and body language when responding to these warning signs, remaining calm and avoiding raised voices or potentially confrontational positions, facial expressions and words.

In all situations adults will seek to de-escalate and distract as their first response.

As with techniques to support positive behaviour, it is important in responding to behaviours of concern that staff identify 'what works' with individual young people and develop 'whole class team approaches' so that young people receive a consistent message and that the work of one group of staff is not inadvertently undermined by the actions of others.

Each child or young person will have an PCBP (Pupil Centred Behaviour Plan) that sets out what works and what doesn't. This document is informed by discussion (where possible) with the child or young person.

The principles of responding to behaviours of concern include:

- Set and maintain clear boundaries; Do not avoid the issue and do not delay; work together; be truthful, consistent and reliable;
- Make time to listen, talk and take a real interest in pupils; take the young person seriously;
- Encourage and reward positive behaviour; Involve young people in decision making; Communicate clearly;
- Explain what is wrong and the impact on the young person/others; Always know where your colleagues and young people are;
- Think and plan ahead;
- Do not say "yes" when you mean "maybe". Do not say "maybe" when you mean "no"; Do not make promises you cannot keep;
- Anger is not the same as aggression, and aggression is not the same as violence; Do not abdicate your responsibilities to the young people;
- Do not save face at the expense of the young people; back down gracefully and apologise when necessary; humour defuses; making fun frustrates;
- Body language, volume and tone of voice can give important clues to what you want; Be calm, be assertive, be confident; share your calm, don't join their chaos.
- Be aware and acknowledge your own feelings.

We are committed to the DfE Statutory Guidance for Designated Teachers 2018 states that one of their roles is to "ensure that they, and other school staff, have the skills to:

Understand the impact trauma, attachment disorder and other mental health issues can have on looked-after and previously looked-after children and their ability to engage in learning. It is also important that the designated teacher, officer with responsibility for links with mental health services, where the school has one, and other school staff are aware that these issues will continue to affect



previously looked-after children, and that the school will need to continue to respond appropriately to their needs.

Being “attachment aware”, i.e. ensuring that the school understands attachment theory and the impact of attachment disorders on a child’s emotional development and learning and adopts a whole school approach to identifying and supporting pupils with attachment difficulties.”

4. Developing Pupil Centred Behaviour Plans

In order to support our pupils effectively when the student is calm, and to avoid the warning signs of a pupil escalating, Pupil Centred Behaviour Plan (PCBP) will be written. PCBPs are essential written records of the child or young person’s needs and the strategies that will be used to support them to learn more appropriate ways of communicating and strategies for coping in situations they find stressful. They are written by the class team with oversight from a trained PBS coach and approved by the pupil’s family and the school’s Principal. They are based on the knowledge and observations of all adults who work with the child or young person in school and the child or young person’s parents/carers.

Where appropriate a member of staff trained in functional behaviour assessment will provide support.

Advice from other professionals such as OTs (Occupational Therapists), SALTs (Speech and Language Therapists) or CAMHs (Children and Adolescent Mental Health Services) will inform the discussion where appropriate.

Where a child or young person is able to express their views on PCBPs these views will also be considered and their participation noted. If they are not able to participate then adults will make decisions in the child or young person’s best interests and this will be noted on the document.

The Pupil Centred Behaviour Plan will include:

- A profile of the child or young person, including their sensory and learning needs and their likes and dislikes how they act when in their ‘baseline’.
- A description of the warning signs and behaviours of concern and the current consensus on their function
- A clear description of the proactive strategies to be used to develop new skills as well as preventing the triggers.
- Responsive strategies to be used, once the warning signs have escalated.
- Any restrictive physical intervention that is likely to be used if the incident has escalated to crisis and is posing a risk to safety
- A description of the needs of staff involved including training, support and staff ratios
- Details of the monitoring and review process
- Authorisation from parents/carers

It will cover all activities in which the child or young person is likely to take part whether on or off site.

Pupil Centred Behaviour Plans are ‘live’ documents and should be updated as often as necessary. After each update the changes must be discussed with parents and their agreement indicated by a signature on the revised plan.

4.1. Time away

Time away for us means guiding a child or young person away from a situation which they may find difficult into a ‘preferred place’ and giving them time to calm. Preferred spaces will be identified for individual children and young people as part of their Pupil Centred Behaviour Plan. They may be indoors or outdoors.



The adult may offer a calming or distracting activity such as going for a walk, running around the playground or playing with a favourite toy or comforter. However, it may also be in the best interest of the child to reduce interactions to a minimum and step away from him/her when in the preferred place, allowing some supervised space. It may be necessary to use a physical intervention to move the child or young person away from the immediate situation where their behaviour is likely to harm others.

Children and young people may also make their own choice to withdraw to a preferred space for a short period of time, and adults will respect this as well as support the communication skills needed to express this need.

A member of staff will be present in the designated space for e.g. Tree room with the child or young person to observe them and help them calm. If they indicate that they do not want an adult with them, this choice will be respected. However, an adult/s will continue to observe them from a short distance and be always within sight to interact with them as soon as this seems appropriate.

4.2. Restrictive physical intervention

Whitefield School aims to reduce restrictive practice. However, as a way to ensure that all staff and students are safe in the situations in which all proactive and responsive strategies have not been successful, classroom staff will be trained to use +ProActive Approaches that support the use of minimum force for the least amount of time.

See Restrictive Physical Intervention Guidance Document

4.3. The Last Resort Principle

At Whitefield School we only use physical restraint when there is no realistic alternative. This does not mean that we always expect people to methodically work their way through a series of failing strategies before attempting an intervention in which they have some confidence. Nor does it mean always waiting until the danger is imminent, by which time the prospect of safely managing it may be significantly reduced.

Reducing the Need for restraint and restrictive intervention (2019) states:

'Staff should have reasonable grounds for believing that restraint is necessary to justify its use. They should only use restraint where they consider it is 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. This will involve assessing the risks Reducing the Need for Restraint and Restrictive Intervention 16 involved, taking account of the needs of the child or young person (including as set out in any relevant behaviour support plans drawn up for them) and the circumstances of each case, including the availability of alternative approaches to restraint'.

It does mean that we expect staff to follow the guidance in a child's PCBP (Pupil Centred Behaviour Plan). Where they are presented with new behaviour, not previously seen, they will conduct a risk assessment and choose the safest alternative within the framework of their training. It also means that we expect staff to experiment and think creatively about any alternatives to physical intervention which may be effective.

Once a new behaviour has been demonstrated and it has required physical intervention, it must be immediately or as soon as is practicable, be recorded on the behaviour support plan.



4.4. Proactive Approaches

4.4.1. Primary Prevention

Primary prevention is about having strategies in place that will lessen the likelihood of children becoming dysregulated in the first place and reducing exposure to known risk factors. This requires adults to have an understanding of a young person's needs and how these are likely to impact on their ability to function (i.e. understanding any speech and language or sensory processing issues, past trauma, mental health etc.)

Examples of primary prevention (Proactive Strategies) can include:

- Changing features of a person's physical environment - Sensory triggers?
- Altering programmatic environment - Reviewing routines/timetable and support available
- Introducing total communication - aims to make use of a number of modes of communication such as oral, auditory, written and visual aids
- Addressing internal setting events - (mental & physical health)
- Improving carer confidence & competence
- Eliminating or modifying specific triggers for responses (behaviour)
- Increasing rates of access to preferred reinforcers
- Increasing or reducing the density of social contact
- Increasing rates of engagement
- Modifying demands
- Providing additional help
- Embedding Teaching skills

4.5. Secondary Prevention

Secondary prevention (de-escalation & defusing) strategies are how to respond to early warning signs that behaviours of concern are imminent. These should be used with a therapeutic lens to ensure the strategy we are using is appropriate.

Examples of secondary prevention (Early Intervention Strategies) can include:

- Stimulus change
- Stimulus removal
- Prompting to coping skills
- Not ignoring
- Strategic capitulation (losing a battle to win a war!)
- Diversion to reinforcing activities
- Diversion to compelling activities

4.6. Proactive Physical Interventions

It is sometimes reasonable to use physical controls to prevent extreme behaviour from becoming dangerous, provided that it is an agreed part of the PCBP (Pupil Centred Behaviour Plan). Examples of this are where a young person has shown ritual patterns of behaviour, which in the past have led to them becoming more dysregulated, distressed and even violent.

In such circumstances, it may be reasonable to withdraw the young person to a safer place when the pattern of behaviour begins, rather than wait until they are too distressed and out of control. The paramount consideration is that the action is taken in the interest of the child (or those around them and that it reduces, rather than increases risk.



4.7. Reasonable and Proportionate

Any responses to extreme behaviour should be planned, reasonable and proportionate to the danger it is intended to prevent. People should not react in anger. If they feel they are becoming angry they should consider withdrawing to allow someone else to deal with the situation.

When physical controls are considered, staff should give thought to the following:

- Is this in the best interest of the young person?
- Is a less intrusive intervention possible?
- Do we have to act now?
- Am I the best person to be doing this?
- Is this necessary?

If staff can answer these questions, it is more likely that a physical intervention will be judged to be reasonable and proportionate.

4.8. Unreasonable use of Force

It is not reasonable to use force simply to force compliance in circumstances where there is no risk. Nor is it reasonable to use any more force than is necessary to achieve a reduction in risk. Under no circumstances should pain be deliberately inflicted or should young people be deliberately subjected to undignified or humiliating treatment.

Other than as a one-off emergency measure to protect health and safety and until appropriate support to contain the situation arrives, force should never be used to keep a young person secluded (forced to spend time alone against their will). Seclusion is only lawful by specific court order, other than in an emergency, and cannot become part of a planned strategy.

4.9. Appropriate Touch

By 'Appropriate Touch' we mean touch that is not invasive, humiliating or could possibly be considered as eroticising / flirtatious. This touch is the kind of physical support associated with care and concern. We agree that 'appropriate' places to touch are: on shoulders, arms, back.

See Use of Reasonable Force in Schools (2013,2015) for more information:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf

See Restrictive Physical Intervention Guidance Document

5. Recording, monitoring and evaluation

5.1. Individual children and young people

- Pupil Centred Behaviour Plans are kept on class files and are shown to any adult working with an individual



- PCBP's will be written by the classroom teams with the support of a PBS coach/behaviour lead.
- Pupil Centred Behaviour Plans are reviewed and amended regularly and discussed with parents at Annual Reviews and Interim Reviews.
- All behaviour incidents are recorded on the IRIS school database on the same day the incident takes place and monitored by the behaviour lead or Assistant/Vice Principal.
- Those incidents that have involved restrictive physical intervention, will be reviewed and signed off by the behaviour lead, a member of SLT and the Principal for each school.
- The leadership team will review the frequency, duration and type of intervention used for individuals and whether there is evidence that the strategies being used are effective.
- Consistent data analysis will be prepared for each student to enable PCBP's to be effectively reviewed.
- Where possible, children and young people will be involved in discussion of their behaviour and Pupil Centred Behaviour Plans.

If a child or young person's behaviour continues to cause significant concerns and has a measurable impact on the safety and wellbeing of the child/young person or others, a multi-disciplinary approach involving parents and external agencies will be required and an emergency PCR will be called. This meeting will review the way forward and discuss additional strategies and resources which may help the situation. It will also consider whether Whitefield School remains the most appropriate placement to meet the child or young person's needs.

Children should be encouraged to add their views and comments to the record of physical intervention. Children should be offered the opportunity to access advocacy support to help them with this.

Children and young people must be actively encouraged to read and sign the record.

5.2. Whole school evaluation

- Whole school data is used to analyse the general impact of PBS across the school settings.
- Families/carers are asked for their views and input on their child's behaviour at Person Centred Reviews
- Pupil and parent questionnaires include questions about behaviour across the school.
- Information about behaviour for learning is recorded during lesson observations and collated at the end of each term.
- Each term the Senior Leadership Team review the evidence above and use it as a basis for evaluating the success of this policy and ensuring that staff are appropriately trained. Following their discussion, a report is written for the Trustees and Safeguarding Committee. Termly reports will be shared with the CEO and COO.

The policy should be reviewed and updated wherever necessary and at a minimum every 12 months by the school and Safeguarding Committee.

6. Supporting and Training Staff

All staff receive regular behaviour support training led by trained fully accredited instructors.

- Induction training for permanent staff covers the principles of PBS. New MDAs attend the next induction session on PBS after they are appointed.



- Supply staff are briefed on PBS as part of their induction session and offered the opportunity to attend an introduction to PBS and to attend other training sessions as appropriate.
- Further training in PBS takes place during the first year of service and following this there will be refresher training on a rolling programme and linked to staff appraisal.
- The Principal/Vice Principal will ensure that appropriately trained staff are deployed to the class team in the light of the Pupil Centred Behaviour Plans for the class. Training may be arranged for the team where a particular physical intervention is needed.
- Each class will be assigned to a trained PBS coach who will oversee support for children, young people and adults in the team.
- Regular meetings to support teams take place and all members of the team are aware of whom they should approach with any concerns. These include behaviour meetings to proactively manage and support behaviours of concern or a 'Team Around the Class' (TAC) meeting is convened to review class groupings, pupil compatibility or other factors that are key to maintaining our approach to PBS and welfare support for pupils and staff debriefs.
- To support implementation and subject specialism, staff work with teams at other schools to moderate assessment, attend training and/or share resources
- Meetings will be data-driven as a way to implement adequate and effective strategies.
- The Trust offers training to staff from outside agencies – kitchen and transport staff - who are involved with the children and young people in our care.

If a member of staff feels that they need additional training or emotional support it is important that they seek help at an early stage, particularly if they are experiencing stress or anxiety when working with children or young people. The ability to seek help and support is seen as a sign of professional strength.

7. Responding to concerns and complaints

The Trust encourages families to share any concerns so that we can work together to agree a resolution. Where it is not possible to agree a resolution informally, complaints should be made to the Principal in the first instance within the normal complaints process.

7.1. Responding to Unforeseen Emergencies

Even the best planning systems cannot cover every eventuality and we recognise that there are unforeseen or emergency situations in which staff have to think on their feet. It is not enough to thoughtlessly apply rules without thinking through the likely consequences.

The key principles are that any physical intervention should be:

- In the best interest of the child
- Reasonable and proportionate
- Intended to reduce risk
- The least intrusive and restrictive of those options available which are likely to be effective.

Whenever a physical intervention has to be made, where possible, there should be a clear verbal warning. Where possible, staff should always attempt to use diversion, distraction or defusion in preference to physical interventions.

In all cases the child should be given a clear instruction to STOP.

Staff should only use the techniques and methods approved for use at Whitefield School.



Following an incident where an unforeseen or emergency situation has occurred. This must be added to the Pupil Centred Behaviour Plan or Risk Assessment as soon as is practicable.

Staff are charged with a duty to protect children by taking all reasonable steps to prevent them from harming themselves, others, or from damaging property.

Staff must not use any intentional application of physical force upon children as a punishment or to force compliance with instructions. Where staff have reasonable cause to believe it is necessary to prevent the risk of injury to any person or serious damage to property, staff are permitted to use restrictive physical intervention.

Reducing the Need for Restraint and Restrictive Intervention states:

a decision to restrain a child or young person is taken to assure their safety and dignity and that of all concerned, including other children, young people or adults present.

All use of physical interventions must meet the thresholds stated in the Reasonable Use of Force in Schools guidance which is:

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; and
- 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.

All department leaders and PBS lead at Whitefield School who work with children are trained in +Proactive Approaches.

The +Proactive Approaches 'Code of Ethics' are as follows:

1. Always promote teamwork, consistency and a commitment to developing effective Individual Support Plans.
2. Hold a child centred approach which is underpinned by trauma & attachment informed practice.
3. Be passionate about the development of 'Attuned' relationships and always strive to re-attune following incidents.
4. Recognise the inherent responsibilities in your Duty of Care.
5. Don't use 'Restrictive Physical Intervention' if 'Guiding' would work, don't use 'Guiding' if 'Touch' would work, don't use 'Touch' if your 'Presence' would work.
6. Only consider physical intervention as a '*last resort*' with a focus on safety and positive outcomes.
7. No use of holds against joints, infliction of pain or use of either prone or supine holds.
8. Always use minimum force for minimum duration.

The principles of +Proactive Approaches are as follows:



1. It emphasises proactive strategies and child-centred planning whilst working with young people that present behaviours of concern.
2. Restrictive Physical Intervention (RPI) is a last resort. This is a small part of the comprehensive strategy for supporting and encouraging behaviour.
3. Each service takes all possible and reasonable steps to keep people safe and free from harm.
4. An overall aim of improving the quality of life for the young person.
5. All restrictive practice interventions use the minimum amount of force and last for the minimum duration possible with the maximum care and attention given.
6. All participants and young people are treated with compassion, dignity and kindness. People's human rights are upheld at all times.
7. The least intrusive intervention will always be used first. Our response will give young people an opportunity to take ownership over their behaviour and choose a more positive coping strategy.

The key principles of +Proactive Approaches are that we emphasis primary and secondary prevention as forms of intervention. All staff are trained in de-escalation strategies, intervention approaches and active listening skills as ways of managing conflict and episodes of dysregulation. Restrictive Physical Intervention (RPI) is only used as part of a wider strategy with a young person. There is a clear framework that places RPI as a last resort (#AimingForZero) and only to be used to ensure the safety of the young person, safety of others or significant damage to property with the consequence of harm.

Each child has an PCBP (Pupil Centred Behaviour Plan). The joint consultation document with DfE and DoH Nov 2017 defines behaviour support plans and their use:

Pupil Centred Behaviour Plans – to describe how the child or young person is to be supported, addressing aspects of their environment which they find challenging and support to help them develop strategies to better meet their own needs.

Pupil Centred Behaviour Plans will typically detail the responses used by staff when a young person starts to become anxious, aroused or distressed and which aim to prevent the situation escalating into a crisis, for example, distraction or diversion. They will also include guidance on how people should react when a young person becomes dysregulated to a point where they place themselves and/or others at significant risk of harm. Plans should be kept under review as the young person grows and develops.

Along with this, each PCBP will also include the details of a positive way of working with a young person. It highlights the child's likes, dislikes, potential triggers and behaviour support strategies to use with each child. Young People are involved in creating this plan and agree to the targets as a way of encouraging positive behaviour. PCBP's are regularly reviewed and updated.

Where young people are placed in an emergency, an PCBP must be created as soon as is practicable. This will need to be reviewed daily to ensure that any new information is updated as information becomes available or behaviours or strategies used are assessed as successful.

Each member of staff receives this training within their probationary period and are assessed as being competent through this training programme. Each member of staff then attends a refresher course every 12 months to refresh knowledge, practice key skills and to maintain their certification.

7.2. Making the Decision to Use a Physical Intervention

Staff must be trained to be able to make dynamic risk assessments of a situation before acting, in order to ensure the use of physical intervention will be **lawful**.



During physical interventions staff should focus on the “phasing up and down” of techniques as a response to the level of incident. The onus is on the staff to determine the degree of intervention appropriate, and when it should be used.

The degree and duration of any force must be proportional to the circumstances.

In situations where a young person’s dysregulation requires intervention, communication is the essential response. However, staff may reinforce communication with physical intervention where it is necessary to protect the child or others, or in protection of property from serious damage, but never as a form of punishment, oppression or as a means of forcing compliance with instruction.

7.2.1. Planned and Unplanned Interventions

Planned interventions are interventions where staff follow the guidance in each child’s PCBP. Action to restrain a child or young person will be based on a careful risk assessment, including an understanding of their needs and evidence about the risks faced.

Where children present new behaviours, not previously seen or in cases where children and young people are placed in an emergency and little or no information is available in advance, it may be necessary to provide support without planning. In these instances, the unplanned intervention requires professional judgement to be exercised in line with the values and attitudes of the organisation and with this policy.

It is recognised that these judgements are made in difficult situations, often requiring split-second decisions in response to unforeseen events or incidents where not all staff are trained. Such decisions, known as dynamic risk assessments, will include a judgement about the capacity of the child or young person at that moment to make a safe choice. Staff training and supervision of practice should support dynamic risk assessment. Unless the situation is urgent, staff should seek assistance from appropriately trained staff. If such assistance is not available, any response must be reasonable, proportionate and use the minimum force necessary in order to prevent injury and maintain safety and in line with the values and attitudes of the organisation and with this policy.

Once a new behaviour has been identified it must be added to the PCBP as soon as is practicable.

It is not possible to set out here the circumstances which warrant physical intervention because situations change by the minute and may demand different responses. However, all use of restraint must be proportionate and no more force than necessary should be used. This will be the minimum amount of force necessary to avert injury or serious damage to property applied for the shortest possible time.

If, for example, a child is kicking a door, it may not automatically be a cause for physical intervention. If, on the other hand, it is a serious effort to gain entry to attack another person, physical intervention could be justifiable if there was nothing else that could be done to prevent the attack.

In all cases, the use of restrictive physical intervention is based upon an assessment of risk. This should be achieved with colleagues, but it is accepted that sometimes immediate action may be necessary to avert injury or serious damage to property. Any attempt to physically hold a child or young person carries risks. These include causing serious physical injury, psychological trauma or emotional disturbance.

Staff will need to take into account:

- the age and understanding of the child; the size of the child;
- the relevance of any disability, health problem or medication to the behaviour in question and the action which might be taken as a result;
- the relative risks of not intervening;



- the child's previously sought views on strategies that they considered might de-escalate or calm a situation;
- the method of restraint which would be appropriate in the specific circumstances;
- the impact of the restraint on the carer's future relationship with the child.

It must be possible to demonstrate that, unless immediate physical intervention is taken, there are strong indicators that injury or damage to property would follow. In deciding whether to use physical intervention, staff should ask themselves the following questions:

Is it necessary to act immediately to prevent a child from injuring themselves, others or from seriously damaging property (with a consequence of harm)?

If "yes":

- a. Have all other non-physical methods of persuasion or control been tried and have failed?
Or:
- a. Do you honestly, reasonably and instinctively believe other non-physical methods would not work in the circumstances?

If the answer to (a) and (b) is "yes", it may be reasonable to use physical intervention.

7.3. Monitoring of the Young Person following the use of restrictive physical intervention

The young person's Individual Support Plan must address how they will be supported, and their safety and welfare monitored, following a physical intervention, in the aftermath of the immediate de-escalation process. For example, through further discussion about their feelings, distraction with an activity, some quiet time on their own, or a phone call to a family member.

Whatever a young person's outward demeanour following a physical intervention, the experience will have been emotive in some way and, although appearing outwardly calm, they may be continuing to experience a range of feelings such as shame, anger, rejection, loss or hopelessness.

For a young person at risk of self-harm, the period following a physical intervention may be a particularly vulnerable one. The Royal College of Psychiatrists has identified that an argument with a parent or close friend is the most common trigger for a young person to commit an act of self-harm. For some of our young people, whose primary relationships may be with teaching staff, the experience of being held by these staff might also trigger an incident of self-harm.

Particular consideration should be given to how a young person will be supported following an incident of physical intervention just before the end of a lesson, or before a breaktime or at the end of the school day, so that they are not left alone to manage the feelings following the incident. In these circumstances regular visual checks must be made and good communication with colleagues and parents/carers are crucial to ensure the child's welfare is everybody's priority.

The senior member of staff on site, in consultation with colleagues, will undertake an assessment of the risk of the likelihood of self-harm and agree at what frequency checks of the young person will be undertaken. These checks must be recorded on IRIS.



8. Restriction of Liberty and Deprivation of Liberty

[Behaviour in Schools](#) February 2024 states:

8.1. Removal from classrooms

Removal is where a pupil, for serious disciplinary reasons, is required to spend a limited time out of the classroom at the instruction of a member of staff. This is to be differentiated from circumstances in which a pupil is asked to step outside of the classroom briefly for a conversation with a staff member and asked to return following this. The use of removal should allow for continuation of the pupil's education in a supervised setting. The continuous education provided may differ to the mainstream curriculum but should still be meaningful for the pupil.

Removal can be used for the following reasons:

- a. To maintain the safety of all pupils and to restore stability following an unreasonably high level of disruption
- a. To enable disruptive pupils to be taken to a place where education can be continued in a managed environment and
- b. To allow the pupil to regain calm in a safe space

9. Bullying and Child-on-Child Abuse

Our **school** may be the only stable, secure, and safe element in the lives of children at risk of, or who have suffered harm. We believe that all children have a right to attend school and learn in a safe environment. Children should be free from harm, both from adults and other students in the school.

Nevertheless, whilst at school, their behaviour may be challenging and appear defiant, or they may instead be withdrawn, or display abusive behaviours towards other children: research suggests that 30% of child abuse is perpetrated by those under 18. Our school recognises that children can abuse their peers and staff are trained to understand and implement the school's policy and procedures regarding child-on-child abuse. All child-on-child abuse is unacceptable, will be taken seriously and follow the same procedures as any other safeguarding concern. Advice and guidance has been produced [Preventing and Tackling Bullying](#)

Child-on-child abuse can manifest itself in many ways and can include, but is not limited to: It is most likely to include, but is not limited to:

- bullying (including cyberbullying).
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexual violence/harm, such as rape, assault by penetration and sexual assault;
- sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party;
- consensual and non-consensual sharing of nude and semi-nude images and/or videos (also known as sexting or youth produced sexual imagery);
- Up skirting is where someone takes a picture under a person's clothing (not necessarily a skirt) without their permission and or knowledge, with the intention of viewing their genitals or buttocks



(with or without underwear) to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is a criminal offence, which comes under The Voyeurism (Offences) Act 2019. Anyone of any gender, can be a victim;

- teenage relationship abuse - defined as a pattern of actual or threatened acts of physical, sexual or emotional abuse, perpetrated against a current or former partner;
- initiation/hazing - used to induct newcomers into an organisation such as sports team or school groups by subjecting them to a series of potentially humiliating, embarrassing or abusing trials which promote a bond between them; and
- prejudiced behaviour - a range of behaviours which causes someone to feel powerless, worthless or excluded and which relates to prejudices around belonging, identity and equality, prejudices linked to disabilities, special educational needs, ethnic, cultural and religious backgrounds, gender and sexual identity.

Bullying is a very serious issue that can cause children considerable anxiety and distress. At its most serious level, bullying can have a disastrous effect on a child's well-being and in very rare cases has been a feature in the suicide of some young people. All incidences of bullying, including cyber-bullying and prejudice-based bullying should be reported and will be managed through the school's anti-bullying procedures.

The subject of bullying is addressed at regular intervals in PSHE education. All members of staff receive a copy of the school's behaviour and anti-bullying policies as part of their induction and are trained to be aware of the harm caused by bullying and to respond to all incidents of bullying and child on child abuse proactively. All parents/carers can also access the policies by requesting from the school.

We do not tolerate any harmful behaviour in school and will take swift action to intervene where this occurs. Abuse is abuse and will not be tolerated, minimised or dismissed as 'banter'; 'just having a laugh'; 'part of growing up'; 'boys being boys'; or 'girls being girls'. It is important for us to consider the wider environmental factors and context within which child on child abuse occurs. We will also consider the potential for the impact of the incident to extend further than the school's local community (e.g. for images or content to be shared around neighbouring schools/colleges) and for a victim (or alleged perpetrator) to become marginalised and excluded by both online and offline communities.

There is also the strong potential for repeat victimisation in the future if abusive content continues to exist somewhere online. Online concerns can be especially complicated. Support is available from The UK Safer Internet Centre at 0344 381 4772 and helpline@saferinternet.org.uk and the Internet Watch Foundation at <https://www.iwf.org.uk/>

We use lessons and assemblies to help children understand, in an age and developmentally appropriate way, what abuse is, and we encourage them to tell a trusted adult if someone is behaving in a way that makes them feel uncomfortable. This includes using online resources which highlight the risks associated with sharing nude images – <https://www.lgfl.net/online-safety/resource-centre?s=1>. We also have a stand-alone Anti-bullying and child-on-child abuse policy to address this issue in more depth.

Our school understands the different gender issues that can be prevalent when dealing with child-on-child abuse. Children who are lesbian, gay, bisexual, or gender questioning can be targeted by other children. In some cases, a child who is perceived by other children to be lesbian, gay, bisexual or gender questioning (whether they are or not) **can be just as vulnerable as children who identify as such.**

When supporting a gender questioning child, we will consider the broad range of their individual needs, in partnership with the child's parents (other than in the exceptionally rare circumstances where involving parents would constitute a significant risk of harm to the child), including any clinical advice that is available and how to address wider vulnerabilities such as the risk of bullying. We will refer to the



Guidance for Schools and Colleges in relation to Gender Questioning Children, when deciding how to proceed.

Inclusion is part of the statutory Relationships Education, Relationship and Sex Education and Health Education curriculum and there is a range of support available to support our school/ college counter homophobic, bi-phobic and transphobic bullying and abuse.

10. Sanctions and Consequences

A sanction can be defined as any negative consequence applied to an individual in response to behaviours that may be challenging to support. At Whitefield School we believe that an approach based on the use of sanctions or aversive consequences in the management of behaviour would be both unethical and ineffective.

Our emphasis is, therefore, on the development of person-centred, proactive, and positive support, based upon a comprehensive understanding of the individual's emotional, behavioural, and educational needs. A distinction however, must be made between sanctions and natural consequences. Natural consequences represent the outcomes, positive or negative, resulting from a person's actions. We recognise the importance of allowing children and young people in our care to experience the natural consequences of their behaviour. Natural consequences provide a valuable learning experience, enabling the person to establish links between their actions and outcomes. However, where there has been serious incidents suspension or permanent exclusion may be used - These behaviours are detailed in the following paragraphs.

10.1. Suspension

At Whitefield School, we recognise that the learning and support needs of our students is complex. Our aim is to understand why behaviours that challenge occur and to use a person-centred approach to support students to get their needs met using safer and more appropriate means. Although we have the right to use formal suspension, we endeavour to exhaust all other possibilities and support mechanisms first.

Suspension is available when behavioural choices or actions become a matter of health and safety or when learning is compromised to an unacceptable level by persistent and extreme disruption. Suspension of any kind, however, will only be used when sanctioned by the principal (or the Vice Principal in their absence) as outlined in our Suspension and Exclusions policy which outlines the procedures for suspending a pupil, either as a fixed-term or permanent exclusion.

10.2. Serious Incidents which merit consideration of Suspension, or permanent exclusion:

- violent and aggressive behaviour, even a one-off incident, endangering the health and safety of the students and/or staff, or, putting their own safety at risk
- sexual assault of staff or other adults
- child-on-child sexual violence and/or sexual harassment
- inappropriate online behaviour, including language and/or sharing inappropriate material, images, or video
- Acts of bullying which are defined as repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. Bullying can be physical, verbal or psychological. It can happen face-to-face or online



- damage to property
- possession, use or distribution of alcohol, cigarettes, illegal drugs or substances
- possession or use of an offensive weapon
- arson
- serious or repeated theft
- incidents of racist behaviour or discrimination
- repetition of behaviour for which the student has already received a suspension for a fixed-term

10.3. Searching for prohibited items

Staff at Whitefield School are authorised to search students or their possessions, with or without consent, if there are reasonable grounds to suspect the pupil may be in possession of prohibited items:

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

11. Exclusions

At Whitefield School, we recognise that the learning and support needs of our students is complex. Our aim is to understand why behaviours that challenge occur and to use a person-centred approach to support students to get their needs met using safer and more appropriate means. Although we have the right to use formal exclusion, it is improbable that we would reach this stage, as we would have exhausted every other possibility first ensuring that all relevant stakeholders and additional expertise (where required) is explored. In the circumstance that Joseph Clarke School is not able to meet the needs of a young person, we will always aim to work with the young person's family and local authority to identify a suitable alternative placement.

Where the school has a specific concern about a child being at risk of exclusion then the relevant support will be sought from external agencies and follow local authority processes.

12. Recording

All records of any measure of control, discipline or restraint, hard copy and electronic records, should be recorded in a timely manner to inform reviews to ISPs.

Record the incident on the Physical Intervention record form held on IRIS.

Complete the 'Re-attunement' process with the child.



Children should be encouraged to add their views and comments to the record of physical intervention. Children should be offered the opportunity to access advocacy support to help them with this.

Children and young people must be actively encouraged to read and sign the record.

In reviewing the incident, reading the reports and discussing the incident with all those involved the manager or person delegated the task by the manager should consider the following:

- Has anyone sustained any injuries? If so, arrange medical attention.
- Are the appropriate records complete?
- Do the staff or young people require any immediate support?
- Does the young person (or do the staff) wish to make any representation or complaint?
- Does the young person require an advocate to help them complete their comments?
- Are there any other immediate actions which should be taken?
- Are there any Child Protection or Disciplinary matters which require immediate attention?

If so:

- Has the LADO been informed?
- Social Worker been informed?
- Does Ofsted need to be notified?
- Does the host authority need to be informed?
- Is it necessary to inform the Police?

All such decisions/actions must be made in consultation with the Principal or most senior member of the senior leadership team. All staff involved in or witnessing a restrictive physical intervention must also be fully debriefed. This debrief will be recorded on IRIS.