



Whitefield
Academy Trust

**Policy
Document**

Positive Behaviour Policy

Category: Leadership

Key Elements

This policy was developed by the Senior Leadership Teams within Whitefield Academy Trust in consultation with staff, parents, members of the Advisory Council and Directors.

This policy has been written to give clear guidance on the Trust's approach to teaching children and young people positive behaviour for learning so that staff are confident in working as a team to support the children and young people in their care.

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17.10.17

Agreed by:
Directors

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Positive Behaviour for Learning Manifesto

- **We are here to improve the quality of children and young people's lives – to help them enjoy life, learn things which are useful to them and feel good about themselves**
- **We see behaviour as a form of communication. It is our responsibility to work out what it is telling us**
- **We talk calmly and positively to children and young people**
- **We use what we know about children and young people to think ahead and avoid reaching a place where they feel anxious, angry or distressed**
- **We celebrate success and help children and young people to do the same**
- **We offer activities which children and young people enjoy and where they will want to learn**
- **We give children and young people real choices which matter to them**
- **We help children and young people to make a contribution to the school and the community**
- **We respect and value all members of the school community equally**
- **We make decisions based on the evidence, not on our feelings or opinions**
- **After a difficult incident we move on and help the child or young person to do the same**
- **We work as a team to support one another and help the children and young people in our care**
- **We are willing to ask for help and to help other people**







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1. Introduction

The schools within the Whitefield Academy Trust educate children and young people between 3 and 19 years old with complex needs; autism, severe to profound learning difficulties, visual impairment and multi-sensory impairment. The nature of their special educational needs means that the environment may be difficult to understand and the social world may be confusing. This may lead to anxiety, distress or withdrawal which will have an impact on their social behaviour and behaviour for learning.

This policy has been written to give clear guidance on the Trust's approach to teaching children and young people positive behaviour for learning. Supporting social behaviour and behaviour for learning is the responsibility of all members of staff.

The Trust's approach to behaviour reflects its mission statement:

Enjoyment, Achievement and Wellbeing for all

Our aims are:

- to help staff work confidently as a team to support their students
- to help children and young people take part in activities which they enjoy
- to help children and young people learn and make the best progress they can
- to help school leaders to support their colleagues
- to help parents work in partnership with the school
- to evaluate practice and constantly improve

This policy should be read in conjunction with the Behaviour Guidance and Procedures Document and the following Whitefield Academy Trust documents.

- Safeguarding Children and Young People
- Moving and Handling
- Code of Ethics
- SEN Policy

2. Behaviour for learning – Key Principles

The schools within the Whitefield Academy Trust work within the principles of 'Positive Behaviour Support.

Positive Behaviour Support is based on an understanding that children and young people's behaviour has meaning and that when adults understand the meaning and causes of their behaviour this can lead to positive change. In some cases, the children and young people are communicating directly and



intentionally through their behaviour (e.g. pointing to something they would like); in other cases, adults who know them well need to interpret the meaning of behaviour (e.g. particular movements which shows that a child is enjoying an activity)

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.

It follows from the above that behaviour of concern must also be seen as a means of communication which adults need to understand and respond to. With guidance from a PBS coach staff carry out a Functional (PBS) Assessment to help them understand when, where and why particular behaviours happen. They use this understanding to develop support which will improve the quality of the child or young person's life, reduce the need to display negative behaviour, teach alternative ways to communicate and safely manage incidents when they occur.

In making this assessment they draw on evidence over time, on whatever the child or young person is able to communicate about their needs and the views of family and staff who know the child or young person well.

Social behaviour and behaviour for learning can only be learnt in real contexts supported by skilled staff who have been well trained and who are able to work as part of a team and to support one another.

Children and young people are best supported when school staff and families work together and communicate openly and positively with one another.

3. What is behaviour of concern?

In the Whitefield Academy Trust we define behaviours of concern as any behaviour (passive or active) which:

- reduces the quality of an individual's life
- reduces access to learning
- 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, enjoyment or learning

Behaviours of concern may show that:

- the child or young person's educational needs are not being met



- the child or young person has needs or wants which they are not able to communicate through other means
- the child or young person's medical needs are not being met – they may feel ill or in pain
- the child or young person is experiencing demands which are too much for them
- the child or young person is experiencing feelings such as frustration, anxiety, depression or anger
- the child or young person is overwhelmed by their environment
- the child or young person needs more help to understand what is expected of them

In judging whether a particular behaviour is a cause for concern adults consider the child or young person's age and level of development.

4. Supporting Behaviour for Learning – proactive strategies

Proactive strategies are used throughout the school day to help a child or young person remain content and engaged and to help them learn positive ways to communicate. Some proactive strategies may be used when a child or young person shows signs that they are becoming less engaged or beginning to be anxious or angry.

4.1. Creating a supportive ethos

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

- high quality teaching of a meaningful relevant, interesting and personalised curriculum
- relationships with adults who genuinely care for them and express that care in the way they behave
- support to develop skills in communication and interaction
- respect for their ethnicity, culture, gender, sexual orientation and for themselves as unique individuals
- positive models of behaviour from the adults around them
- a stimulating and safe environment where they and adults working with them feel secure.
- well planned activities which they enjoy
- opportunities for real choices and control
- consistent routines and structure
- realistic and consistent expectations for learning and behaviour
- clear guidance as to what is expected of them, communicated in a way which they understand



- appreciation for their achievements
- a physical environment adapted to their needs

Everyone is different, but we all should have the same chances. Therefore, all staff working with children and young people have the responsibility to provide the above as the basis of educational programmes. All students regardless of gender, race or religion and including those who are gay, lesbian, bisexual, transgender or intersex students, have the right to feel safe at school and be free from bullying. Everybody has the right to feel physically and psychologically safe.

4.2. Creating the right learning environment

Staff will review the learning environment for each class taking account of:

- safety issues
- age
- sensory needs and response to stimulation
- the nature of the curriculum
- medical and health needs and equipment

School leaders have invested in the environment to provide a range of facilities which support learning and enjoyment and enable children and young people to experience fresh air and exercise. Teachers will plan their timetables to provide a balance between time in the classroom, time outside the classroom and time in the community, based on the needs of the group.

On site facilities may be used for group work or to support individuals – for example, the sensory garden may provide the context for a group to learn outside the classroom or play areas may provide a space for a child or young person to enjoy a ball game after spending a period of time on an adult directed task.

4.3. Reviewing restrictive practices

A restrictive practice is any practice which stops someone doing something they want to do.

All schools need routines, structure and systems and all children and young people need boundaries. It is the responsibility of adults to provide clear guidance and to keep children and young people safe. Equally, it is important to give children and young people as many choices as possible and to give them as much control over their lives as possible.

Therefore, adults will need to put in place some restrictive practices but need to make sure that they are proportionate i.e. they will only be used when there is good reason:

- to keep children, young people and adults safe (e.g. outside gates are locked during the school day)



- to protect their health (e.g. physio programmes need to be followed)
- to balance the interests of different members of the school community (e.g. resources need to be shared)
- to ensure that children and young people have access to a varied curriculum (e.g. there will be a timetable to follow)
- to prevent damage to resources or the environment (e.g. if a child is likely to break a particular toy then he may be given a different one)
- to maintain safeguarding and safety (e.g. young people will be supervised using PCs at leisure time)
- to maintain dignity (e.g. young people will not be allowed to be in public without their clothes)

Adults will always say 'no' calmly and may use an alternative word ('later' or 'first/then')

Where possible, adults will explain the reason for any restrictive practice and will seek to offer a positive alternative which the child or young person can willingly accept. For example, it will not be possible to take a young person swimming every time they ask to go but the adult may be able to explain when swimming is next on the timetable and to offer another favourite activity.

The Trust actively seeks to reduce the use of restrictive practices and to that end keeps them under review.

4.4. Supporting individual needs

All activities will be personalized to individual needs so as to provide positive experiences in which children and young people will want to participate. In planning activities, teachers will take account of:

- effective communication modes
- individual likes and dislikes
- the level of structure and predictability needed
- the support which helps at a time of anxiety or frustration
- how individuals make choices and the choices which are important to them
- how much personal space an individual needs
- attention span
- what individuals find easy or challenging
- friendships and key relationships and any difficulties with specific people
- how they respond to adults and other children
- sensory needs
- health needs including levels of fatigue
- effective communication strategies
- advice from Occupational Therapists, Music Therapists, Educational Psychologists, Physiotherapists and Speech and Language Therapists
- information from families about preferences and favourite activities



All these points need to be personalised to the individual, based on their age, gender, culture, sexual orientation and ability.

4.5. Teaching key skills and coping mechanisms

As part of each child or young person's educational programme the teacher will include key skills which will support the development of positive behaviour and/or help them to cope in situations which they find difficult. Key strategies include:

- identifying and teaching ways to reduce anxiety e.g. relaxation, exploring sensory objects, communicating about feelings
- developing social interaction skills e.g. Intensive Interaction, social groups
- developing approaches in difficult situations e.g. using Social Stories, taking 'time away'

Teachers will also use the principles of precision teaching to help children and young people learn new skills and overcome challenges through;

- task analysis – breaking a task into its component parts and teaching each separately over time
- forward or backward chaining – teaching new skills by building a sequence in small steps
- building skills in small steps e.g. gradually extending the length of time a child or young person is expected to stay seated in a group lesson or the length of time they can manage without direct adult attention
- shaping – accepting successive approximations to a task e.g. building up to colouring in neatly, gradually managing a task with less support
- desensitisation e.g. working up to allowing tooth brushing over time by first looking at a toothbrush then holding it before allowing it into the mouth and then using it.

Behaviours of concern may be replaced over time by functionally equivalent behaviours. Adults should shape or model these behaviours and ensure that they respond quickly so that children and young people learn that these functionally equivalent behaviours have a positive outcome. Examples include:

- learning to 'high five' as a greeting rather than pulling at another person's arm
- using speech to attract attention rather than shouting or throwing items
- saying/ signing 'no' rather than pushing things away or withdrawing

4.6. Responding to signs of concern



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

Adults observe children and young people closely for any signs of concern.

Adults will consider their own behaviour, language and body language, remaining calm and avoiding raised voices or potentially confrontational positions or facial expressions.

The adult will engage with them before the situation escalates, using some of the following strategies as set out in the Positive and Proactive Support Plan:

- Listen to what the child or young person is communicating
- bring in another adult who may be able to identify the problem
- reassure them verbally or through body language
- offer an alternative activity
- use a sensory stimulus which is likely to be calming or distracting
- reduce demands
- simplify or change the specific task
- resolve the situation through problem solving, communication and negotiation
- make changes to the environment if possible e.g. removing distractions, reducing noise
- withdrawal from the group to a 'safe space' – see following section

4.7. Time away

This involves guiding a child or young person away from a situation which they may find difficult into a 'safe space' and giving them time to calm. Safe spaces will be identified for individual children and young people as part of their Positive and Proactive Support Plan. They can be any space where the child or young person is likely to feel safe and comfortable, where they have room to move freely, where there is minimal distraction and minimal risk of injury and where they can be supported or closely observed by an adult. 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. 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 safe space for a short period of time.

A member of staff will be present in the 'safe space' 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 will continue to observe them from a short distance and will encourage



them to interact as soon as this seems appropriate. If the child or young person's behaviour escalates or previous experience suggests this is likely then a second adult must be with the supervising adult or immediately 'on call'. If the child or young person shows behaviour which may put them at risk the adults will intervene.

The use of time away will be recorded and the records kept under review by a senior member of staff.

See section 5.6. for the use of Time away as a reactive strategy.

5. Supporting Behaviour for Learning – reactive strategies

Reactive strategies are used when a child or young person is showing a behaviour of concern in order to help him or her calm and be ready to re-engage and to keep the child or young person and those around him or her safe. When a behaviour of concern occurs, or is likely to occur, staff follow a gradient which is preventative, proactive and supportive, using the strategies which are least restrictive and least likely to cause distress to the child or young person.

The following reactive strategies are permitted within the Trust, provided that they are clearly set out in a Positive and Proactive Support Plan. Positive and Proactive Support Plans are written by the class teacher following discussion with the team, a senior member of staff and parents.

Planned Restrictive physical interventions (as trained via Team Teach) will only be used in accordance with more specific guidance documented in a Positive and Proactive Support Plan. Parents and the Principal/ Headteacher must have signed the document before physical restraint can be used.

An unplanned physical restraint may be used in an emergency situation where there is no alternative. The intervention should be recorded on a behaviour report form. This is when there is an incident that is not covered by the Positive and Proactive Support Plan and a staff member has to act quickly. Such an incident might occur if a child or young person acts in an unexpected way. Parents must be informed the same day and a meeting arranged and to review and amend the Positive and Proactive Support Plan.

5.1. Physical contact

Physical contact is used to support children and young people who need assistance with a task or to provide comfort and reassurance in a stressful situation. See appendix 2 – Guidance on Touch

5.2. Physical support

Physical support involves the minimum of force to guide a child or young person to a different part of the room/ school or to prompt them to take part in an activity by showing them hand-on-hand what they are expected to do.



5.3. **The use of barriers**

Physical barriers may only be used when there is an identified risk – for example double handles may be used on doors to keep children safely inside the building, lessons may be organised so that a child or young person is seated behind a table to reduce the risk of hurting other children or interfering with learning. Cushions or ‘rhino pads’ may be used passively to reduce the risk of injury to staff.

Padded helmets or arm splints may, in exceptional cases, be used to prevent or reduce harm from self-injurious behaviour. They are only used as a last resort when alternatives have not been effective and following a multi-disciplinary assessment of the child or young person’s needs involving school staff, parents and an Occupational Therapist.

Wheelchairs or specialist seating may have straps or supportive harnesses which are designed for safety and support but also prevent children and young people moving freely. The use of such seating for children and young people who have a degree of independent mobility must be fully discussed with parents, school staff and the Physiotherapist or Occupational Therapist to ensure a balance between physically appropriate positioning and freedom of movement. While straps and supportive harnesses may be used to keep children and young people safe (e.g. preventing them from falling out of a chair), they must never be used simply to prevent a child or young person from leaving an activity.

The use of physical barriers must be clearly set out in a Positive and Proactive Support Plan which is subject to regular review by school staff, parents and Occupational Therapists or Physiotherapists as appropriate. They may only use if it is the least restrictive way to meet the presenting need; for the minimum amount of time necessary; and when it can be clearly shown to be in the best interests of the child or young person.

5.4. **Restrictive physical interventions**

Restrictive physical intervention is the use of reasonable force to prevent movement from one place to the next or to prevent part of the body from moving (e.g. stopping a child or young person moving their hand to hit someone).

Under national guidance, Trust staff are allowed to use ‘reasonable force’ if other strategies have not been effective in order to

- prevent children and young people from harming themselves or other people
- prevent damage to the environment
- prevent significant disruption

Disengagement techniques which enable staff to safely avoid or block strikes and/or safely remove themselves from a grab are preferable to techniques which involve limiting a person’s movement.



Restrictive physical intervention is a last resort which can only be used if there is no immediate alternative to prevent harm or when other strategies have been unsuccessful.

Only staff trained in Team Teach may use restrictive physical interventions. They may only use the interventions which they have been taught by an accredited instructor.

Only the *minimum force* necessary to prevent injury or damage should be applied and the intervention must be brought to an end as soon as possible consistent with the safety of all concerned.

Any form of physical intervention must: -

- Only ever be used as a last resort
- Never involve the child or young person being placed in a prone face down position on the floor or any other surface
- Never involve intentionally allowing the individual to fall unsupported to the floor
- Only occur where there is a real possibility of harm to the person or to the staff/other pupils, the public or others if no action is undertaken
- Be proportionate to the risk of harm and the seriousness of that harm
- Be the least restrictive option that will meet the need
- Be used for no longer than absolutely necessary

Incidents of physical intervention must be fully recorded and shared with parents and key professionals and members of the Directors' safeguarding committee. The schools' internal review system will be put into action and a multi-agency meeting will be called to review and amend the Positive and Proactive Support Plan. Physical chastisement and the use of physical pain to distract children and young people are illegal and must never be used.

5.5. Medical intervention

Some children and young people within the Trust are taking medication prescribed by a doctor to assist with mental health conditions. Those medications which need to be taken in school hours will be administered by a member of the school nursing service or by the class team (see policy on medical needs). Trust staff do not administer medication intended to control behavior in an emergency.

Any use of medication must be reviewed regularly, and any side-effects should be noted and discussed urgently with the medical professional.

5.6. Time Away



Time Away may be used as a reactive strategy, where the child or young person is putting themselves or other people at risk of harm and the functional assessment underpinning the Positive and Proactive Support Plan suggests that time in a safe space away from the class group is likely to be effective in helping them to calm.

Restrictive physical intervention may be necessary to move the child or young person to a safe space or to ensure that they remain there in order to end or significantly reduce the risk presented to themselves or other people.

Where Time Away is used as a proactive strategy there must be two adults present at all times and a senior member of staff must be called immediately to review the situation and offer guidance.

The child or young person will never be left without support and supervision and will be given access to food and drink and the opportunity to use the toilet.

The child or young person's freedom to leave the area will be restricted for no longer than is necessary to keep everyone safe.

The use of Time Away as a reactive strategy must be fully recorded and shared with Parents, key professionals and members of the Directors safeguarding committee. The schools' internal review system will be put into action and a multi-agency meeting will be called to review and amend the Positive and Proactive Support Plan

6. Post incident management

6.1. Emotional support – children and young people

After a significant incident, particularly if restrictive physical intervention has been used, a child or young person is likely to be distressed or anxious and need time and space to recover. It may be best for a member of staff who has not been directly involved in the incident but who knows the child or young person well to support them through the recovery period.

The member of staff supporting them will assess their wellbeing, offer them a drink and give them time to calm or engage in a quiet activity before returning to class. If the child or young person wants to talk about the incident the member of staff will respond in a calm way, helping them to understand that the incident is over and encouraging them to move on. This process should not be rushed. The adult will include this process within the incident record. The member of staff should check if the child or young person has any injuries. Treat any injuries and document as required.



The child or young person will be monitored by school and family over the next 48 hours for signs of injury or emotional distress and given the opportunity to talk about the incident if needed.

The class team may follow up the incident with direct teaching – e.g. if the incident was triggered by a difficulty with another young person the team may do some work about friendship or conflict resolution in the next day or two.

As soon as possible, the child or young person will be given the opportunity to repair his or her relationship with the adult(s) involved.

6.2. Emotional support - adults

Adults who have been involved in a significant incident may also need time away from the class to recover and/or talk through what has happened and other members of the team should ensure that this is possible, calling on help from senior colleagues as needed. All staff are responsible for creating a climate where colleagues who need time away or other support feel able to ask for it. A senior member of staff will speak to all adults who have been involved in a significant incident before the end of the day to see how they are and to ascertain whether further support is needed. Staff within the Trust have access to a number of avenues for support – see appendix 5.

6.3. Monitoring and review

Following any use of restrictive physical intervention or any other significant incident, staff will need to review the sequence of events. This discussion will happen within 24 hours of the incident, but not whilst members of staff are distressed in the immediate aftermath. The aims of the process are:

- to talk about what happened without a culture of blame;
- to discuss the underlying causes and issues that led to the incident;
- to review the proactive strategies used and why they were not effective;
- to examine the reactive strategies used and ascertain whether they were appropriate and proportionate;
- to review the Positive and Proactive Support Plan for the child or young person concerned;
- to learn from the incident and put the best possible support in place for the child or young person;
- to review the safety and wellbeing of other children and young people in the class and identify any further action to support them;
- to review the safety and wellbeing of staff involved and identify any further action to support them;
- to identify any way in which the school can improve its practice.

The review will be conducted by a senior member of staff who has been trained as a PBS coach. A record of the meeting, with any actions clearly set out with timescales for their completion, will be



given to the Principal/Headteacher for her signature and copies placed on the child or young person's file and the safeguarding file. These records will be available for members of the Directors safeguarding committee at each meeting. A more regular programme of support to staff should be available where they are working in particularly challenging situations.

See appendix 6 for a pro forma for recording the review.

7. Developing Positive and Proactive Support Plans

All children and young people are individuals and Positive and Proactive Support Plans must be unique to each one.

Positive and Proactive Support Plans are essential written records of the child or young person's needs and the strategies that will be used to support social behaviour and behaviour for learning. They are written by the class teacher with support from a trained PBS coach and 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. Where appropriate a member of staff trained in functional behaviour assessment will provide support. Advice from other professionals such as OTs, SALTs or CAMHS (Children and Adolescent Mental Health Services) will inform the discussion. Where a child or young person is able to express their views on BSPs these views will also be taken into account 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 Positive and Proactive Support Plan will include

- A profile of the child or young person, including their sensory and learning needs and their likes and dislikes
- A description of behaviours of concern and the current consensus on their function
- A clear description of the proactive and reactive strategies to be used, including any restrictive physical intervention
- A description of the needs of staff involved including training, support and staff ratios
- Details of the monitoring and review process

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

As part of the process of developing or reviewing a Positive and Proactive Support Plan it may become apparent that a referral to external services would be helpful. In this case the Head of School/ Deputy Headteacher will follow up.

Positive and Proactive Support 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.

See separate guidance document **(in progress)** on developing Positive and Proactive Support Plans.



8. Recording, monitoring and evaluation

8.1. Individual children and young people

- Positive and Proactive Support Plans are kept on class files and are shown to any adult working with an individual
- Positive and Proactive Support Plans are reviewed and amended at least termly and discussed with parents at Annual Reviews and Interim Reviews. Discussions are recorded on the review paperwork.
- Records specific to individuals – e.g. STAR charts, ABC charts – are kept on class files
- Incidents of concerning behaviour are recorded on the Iris Adapt school database or the appropriate form on the same day the incident takes place
- Accident forms are completed on the same day and given to the Head of School
- Where a restrictive physical intervention has been used or an incident raises significant concerns the Team Teach Report Book must be completed on the same day and parents must be notified. The book is signed by the Principal or Vice Principal, Head of School and Behaviour Lead for the School (Whitefield) and the Head Teacher (Joseph Clarke School) The safeguarding Director checks and signs the books at least half termly and his comments are recorded and followed up by the Senior Leadership Team.
- Each school discusses individuals at their leadership team meetings and considers whether their needs are being met. The behaviour lead for each school will ensure that actions are identified and followed up. The meetings are minuted and the minutes shared with the Principal.
- As part of this process 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.
- Where possible, children and young people will be involved in discussion of their behaviour and Positive and Proactive Support Plans. If this is not possible, adults will make decisions in their best interests.

Exceptionally the situation arises when, despite careful observation of the behaviour policy, an individual child or young person gives grave cause for concern and the Head of School believes that it may not be possible to continue to meet their needs with the Whitefield Academy Trust. In this case, 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 Academy Trust remains the most appropriate placement.

8.2. Whole school evaluation



- Heads of School assess their staff's understanding of PBS and their compliance with the systems set out in this policy and in the associated guidance document.
- Heads of School arrange at least two case studies from their school each year.
- The Vice Principal/ Deputy Head Teacher collates and analyses information from the behaviour database and Team Teach records each term to look for patterns and trends over time and to see whether any key group is making more or less progress than average.
- Parents are asked for their views 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 that staff are appropriately trained. Following their discussion, a report is written for the Directors.

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

9. Supporting and Training Staff

Information on PBS and Team Teach is provided during the recruitment process and interviews include questions and/or tasks designed to ensure that prospective staff are aware of the ethos and are able to work within a positive approach.

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

- Induction training for permanent staff covers the principles of PBS and Team Teach. 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 with the school's Higher Level Teaching Assistants.
- Further training in PBS and Team Teach takes place during the first year of service and following this there will be annual refresher training. All training records are kept on a central register. The register includes instructor qualifications and a record of all staff trained at each level.
- Training in behaviour support is included in the wider staff development programme and can be requested at teacher appraisal or as part of the progression scheme for LSTAs.
- Supply staff will be offered the opportunity to attend an introduction to PBS and to attend other training sessions as appropriate.
- Staff will be formally assessed during training and informally during practice and additional input arranged where necessary.
- All staff should be familiar with a child or young person's Positive and Proactive Behaviour Plan



- Staff should be aware and familiar of training provided by other agencies in relation to positive behaviour support – staff should also ensure that they attend this external training where this has been deemed appropriate
- The Head of School will ensure that appropriately trained staff are deployed to the team in the light of the Positive and Proactive Support 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. It may be appropriate to arrange a regular meeting to support a team or to ensure that all members of the team are aware of whom they should approach with any concerns.
- Heads and deputy heads of school, trained PBS coaches, coaches with additional training in Functional Assessment, the Occupational Therapist assigned to Whitefield Schools and Team Teach instructors are all available to advise and support staff as needed.
- Where further support is needed, the Head of School/ Deputy Head Teacher will make a referral to Speech and Language Therapy, OT, CAMHs or the Educational Psychology Service.
- 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.

Resources for training and assessment are collated by the behaviour focus group and stored on the O Drive.

Staff within the Trust have access to a number of avenues for emotional support – see Appendix 5.

If a member of staff feels that they need additional training or practical 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.

If any member of staff believes that one of their colleagues needs support or guidance they are expected to encourage them to seek help, and to learn from each other's practices where necessary. Alternatively, a concerned colleague should approach a line manager. This is a safeguarding responsibility.

10. Working with Families

Children and young people only achieve the best outcomes where school and family work together. Within Person Centred Reviews and other meetings teachers aim for genuine discussions with parents so that everyone's knowledge of the child or young person can lead to the best plans for education and for behaviour support.

Input from parents is vital in designing a Positive and Proactive Support Plan. Approaches to social behaviour and behaviour for learning are always discussed at PCRs and the discussion is recorded.



Parents are given the opportunity to observe in class and/or to meet with the class teacher to discuss behaviours of concern and to agree shared strategies.

The school asks parents and carers to keep them informed of any situations (such as changes in family circumstances or health issues) that may impact on behaviour or wellbeing and will keep parents informed of relevant situations in school.

The Family Support Team is always willing to discuss behaviour with parents or carers and organise regular workshops covering different strategies and approaches. They will also signpost appropriate courses and resources to parents.

11. Working with other agencies

Staff within the Trust seek to work in partnership with other agencies to teach, support and care for children and young people. The Trust follows the London Borough of Waltham Forest protocol for information sharing by sharing information with those who have a right to know that information in the child or young person's best interests, by storing information safely and by maintaining confidentiality when information does not need to be shared.

Social care – Children who are looked after

School staff work with social workers and carers to ensure that children who are looked after have the best possible education and care. This will include preparing for and supporting reviews and PEP meetings, discussing the best use of pupil premium and working together to design and implement PPSPs. Teachers share information about behaviour on a day to day basis and will call a meeting to discuss any concerns in good time. The Vice Principal is the named teacher for children who are looked after and maintains an overview of their wellbeing.

Social care – Children with named social workers

The safeguarding team maintain contact with social workers for children and young people who are the subject of child protection plans or who are designated 'children in need'. Behaviour is discussed at review meetings and any concerns or significant achievements are shared between meetings.

Social care – other children

Where the behaviour shown by a child or young person causes significant concern it may indicate the need for a referral via MASH (Multi-Agency Safeguarding Hub) either for care and protection or for help and support. Unless there is an immediate risk a member of the safeguarding team, or a senior member of staff who knows the family well, will discuss their concerns before the referral is submitted.



Medical agencies

Where there is a sudden change in behaviour the possibility of significant medical issues should always be considered. The class teacher will speak to the named nurse assigned to the child or young person for advice.

Whitefield Schools hosts CAMHs clinics to make it easier for parents and children to attend and to facilitate multidisciplinary working. A member of staff who knows the child or young person well will attend the clinic if possible.

Occupational Therapy

Occupational Therapy support may be bought in by the school or arranged via the healthcare trust. School staff work with therapists to design and implement sensory programmes or to support the development of self-help skills.

Occupational Therapists will also advise on seating and safety aids as appropriate.

Advice will be provided in writing and school staff must seek advice from the therapist if they feel that any changes are needed

Speech and Language Therapy

Some therapy is provided by the healthcare trust and some is funded via pupil premium. As behaviour is seen as a form of communication it is important to follow consistent approaches to communication and language. In general the therapist will provide advice or a written programme for classroom staff to implement.

Educational Psychology

Educational psychology may be bought in by the school or provided by the local authority as part of the assessment process. School staff work with the educational psychologist to review the function of behaviour and to plan strategies to support positive behaviour.

12. 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/ Headteacher in the first instance within the normal complaints process.







Appendices



Appendix 1 - Context

This policy was written with reference to:

- Training documents provided by Team Teach
- Training documents provided by the British Institute of Learning Difficulties as part of training in Positive Behaviour Support
- The Education Act (1996)
- DOH and DfES Guidance for Restrictive Physical Interventions. How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder (July 2002)
- DCSF (October 2015), Guidance for Safer Working Practice for Adults who work with Children and Young People in Education settings
- DfE Behaviour and Discipline in Schools (January 2016)
- DfE Searching, screening and confiscation. Advice for headteachers, school staff and governing bodies (February 2014)
- DfE Use of Reasonable Force Advice for head teachers, staff and governing bodies (July 2013)
- BILD Code of Practice (2014)



Appendix 2 - Guidelines on touch

Adults need to use touch to communicate with many children and young people at Whitefield Academy Trust. Touch can be used to show them what to do. It can show that adults care for them and understand when they are anxious or unhappy. Adults may use touch to protect a child or young person from danger, when caring for them or to help them to move.

This document has been written to guide adults on using touch safely and appropriately in school.

- Adults touch children or young people when they need to be touched – e.g. if they need to be guided or cared for, or if they need physical support to explore materials
- Adults think about whether children and young people want to be touched and respect their wishes unless touch is essential for safety reasons
- Children and young people are not encouraged to kiss or cuddle adults in school. They should shake hands, 'high five', 'fist bump' or touch them on the arm or shoulder
- Adults show that they care about children and young people by smiles, speech and gesture. Where children and young people need physical communication adults may use a touch on the arm or shoulder or a sideways hug
- Adults must take care that when children and young people make physical contact with them they contact non-sexual body parts e.g. they may rest their head on an adult's shoulder not their breast or lap
- If a child or young person intentionally makes contact with an adult's sexual areas or seeks to bring the adult into contact with their sexual areas the team will agree a strategy to teach the child or young person that this is not appropriate and to shape more appropriate physical contact. The incident will be reported to the safeguarding team.
- Adults hold hands with children and young people only when this is needed to keep the pupil safe. In other circumstances, adults link arms or use a 'sighted guide' technique or encourage children and young people to walk beside them.
- Where adults need to make intimate contact with a child or young person when washing or changing them they must alert them to what is happening and must withdraw contact if the child or young person appears anxious or distressed. Adults take time to complete care tasks and treat the child or young person with respect.
- Restrictive physical intervention is only used by staff who have been Team Teach trained
- If an adult needs to be on their own with a child or young person out of sight of other people, this will be recorded in planning for the session. The adult will always tell another member of staff before they are on their own with a child or young person. They will use a room which is accessible to other people and which has a window in the door.
- Children and young people are not allowed to kiss or cuddle one another. They should link arms, hold hands or put an arm around the shoulder.
- Adults keep an eye on one another. They talk about anything which worries them or which they think could be misunderstood.



- Adults must report any concerns about a colleague to the Principal/Headteacher or CEO.

See also:

DCSF (2009), Guidance for Safer Working Practice for Adults who work with Children and Young People in Education settings (Adapted and updated by the Safer Recruitment Consortium from an original IRSC/ DfE document and with thanks to CAPE (Child Protection in Education) 2015)



Appendix 3 - Legal powers

Restraint and physical intervention

School staff may use proportionate physical restraint to:

- prevent children and young people from harming themselves or other people
- prevent damage to the environment
- prevent significant disorder

Power to Search Pupils without consent

Headteachers and staff can use reasonable force to conduct a search for the following 'prohibited items':

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

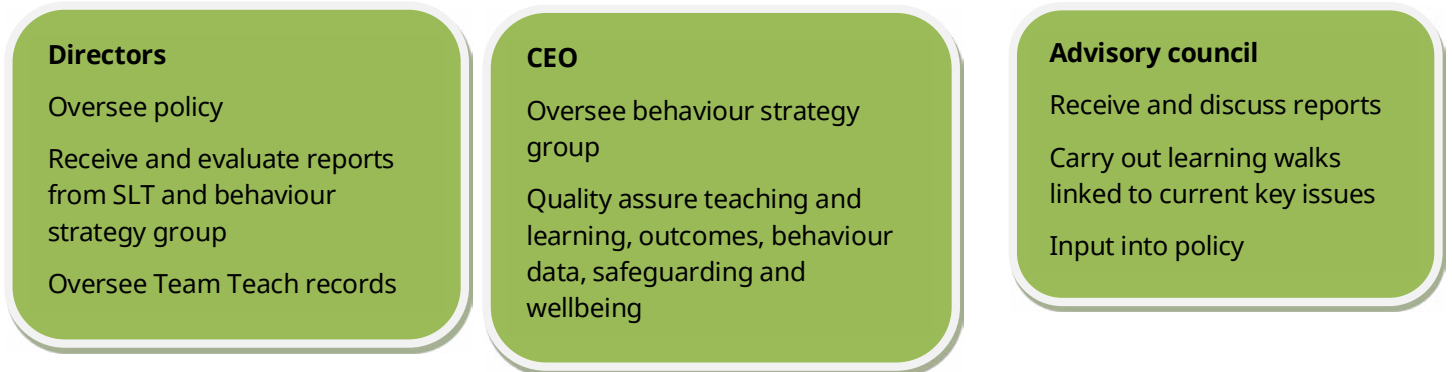
Force cannot be used to search for other items which are banned under school rules.

Corporal punishment is illegal and will never be used.

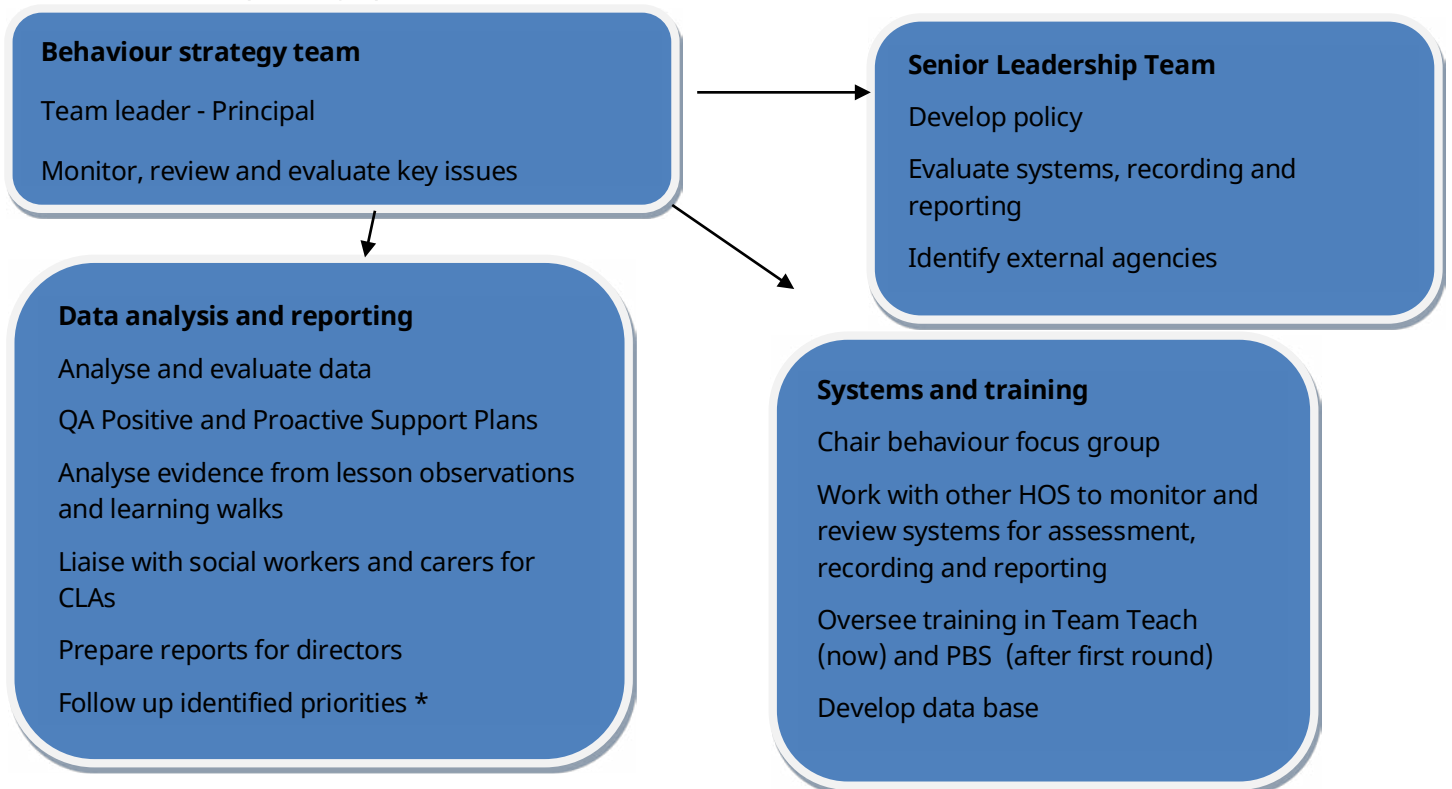


Appendix 4 - Behaviour support roles and responsibilities – Whitefield Schools

Academy/ governance level



Whole school (strategic) level





Individual school (systems and support) level

HOS/ Deputy HOS

- Monitor practice
- Identify and monitor high priority pupils
- Monitor Positive and Proactive Support Plans
- Monitor assessment, recording and reporting
- Monitor staff wellbeing
- Monitor training
- Assign coaches
- Manage on-call systems

Coaches

- Act as role models
- Support individual pupils/ teams as agreed
- Lead training
- Coach and mentor individuals as agreed
- Follow up incidents of restrictive physical interventions

Family Support Team

- Support families to work in partnership with class teams
- Ensure families' views are taken into account
- Lead training for families

All members of staff

Teachers

- Apply principles of PBS in their planning and teaching
- Support colleagues to assess and monitor behaviour
- Keep HOS informed

All classroom staff

- Apply principles of PBS
- Be proactive in designing and monitoring Positive and Proactive Support Plans
- Carry out safeguarding responsibilities

All other staff

- Apply principles of PBS
- Carry out safeguarding responsibilities



Appendix 5 - Sources of Support for staff

There is plenty of support available in school from colleagues and line managers.

Internal sources of support:

- Your Head of School or Deputy Head of School
- Your HLTA
- Laura Pease, Principal, or any member of SLT
- Elaine Colquhoun, CEO
- Gill Wadeson or Lesley Middleton in Family Support
- Patsy Hunter in the Personnel Team

External sources of support:

- Employee Assistance Programme: 0800 243458
- Education Support Partnership: 08000 562561
- Waltham Forest Talking Therapies: 0300 555 1271 www.wftalkingtherapies.co.uk
- Child Bereavement UK: 0800 02 88840
- NSPCC safeguarding helpline: 0808 800 5000



Appendix 6 - Pro-forma for recording reviews after an episode of restrictive physical intervention or other incident causing concern

See Page 35 and 36



Physical Intervention/Incidents of Concern

Pupil Name:	Date:	Team Teach Record book Ref.:	
	Time: to	Database Ref:	
Follow up led by:	Date of meeting with Team/Teacher:	Staff attending meeting:	
Brief description of incident:			
Physical intervention:	✓	Comment:	
• To prevent harm to the pupil			
• To prevent harm to other people			
• To prevent significant damage to property			
• To prevent significant disruption			
• Not needed			
Positive and Proactive Support plan	Proactive	Reactive	What could've been done to support pupil?
Any injury, harm or distress to pupil?			
Accident form ref:			
How was the pupil supported after the incident?			
Any injuries harm or distress to other people?			
Accident form ref:			
How were staff supported after the incident?			



What strategies used was effective? (Proactive/Reactive)			
What strategies used was not effective?			
What could have been done differently?			
What needs to be done to minimise the risk?			
Parents informed:	✓	By whom:	Comments:
By Phone			
Home-School book			
In person			
CLA pupil:	✓		
Social Worker informed? (Via Vice-Principal)			
Action plan:	✓		Completed:
Does the Behaviour support plan need to be changed?			
Are any changes needed to the environment?			
Does any staff need additional guidance or training?			
What have we learned?			
Any other actions?			



**This policy is shared
via the school website:
www.whitefield.org.uk**