

POSITIVE HANDLING POLICY

Strategies designed to reduce behaviours that challenge

All pupils have an individual behaviour plan which outlines preventative and reactive strategies to support them with behaviours that challenge.

Strategies within the behaviour support plan will involve antecedent based interventions, reinforcement-based interventions and skills teaching all based on a functional assessment of the behaviour.

Data will be taken on behaviours that challenge and updates made to individual behaviour plans if progress is not being made, or if there is a change or an increase in behaviours that challenge.

Use of extinction

Extinction is defined as no longer reinforcing a previously reinforced behaviour.

While extinction can be a successfully behaviour support strategy there are risk factors to consider, for example, a temporary increase in behaviours that challenge, potential for increases in the intensity or changes to the topography of the behaviour, and impact on the rapport between the pupil and staff member.

BeyondAutism operates a safety-first policy and therefore extinction will never be used where this has the potential to increase risk of harm to the pupil or others to a significant level during behaviours that challenge. In these cases, behaviours that challenge will be reinforced at lower levels and will be supported through teaching when the pupil is engaged and not in crisis.

Extinction will only be used as a behaviour support strategy if agreed by the Consultant Behaviour Analyst who will consider whether it is the best fit for the pupil. Extinction will only be used alongside reinforcement-based strategies and data will be monitored and analysed.

Consequence strategies designed to directly reduce behaviours that challenge:

These strategies would only be considered if all other strategies have been unsuccessful.

The strategies designed to directly reduce BTC can include:

- Response Cost – loss of a specific amount of reinforcement e.g. a token being removed
- Bonus response cost – additional reinforcement is made available that can be removed if inappropriate behaviour occurs e.g. losing your extra computer time
- Time out from reinforcement –the opportunity to access reinforcement is withdrawn or access to reinforcers is lost for a specific period of time
- Reprimand – a verbal reprimand is given after an inappropriate behaviour
- Response blocking – physically intervening as soon as the person begins to emit the behaviour to prevent them from completing the response

Monitoring strategies designed to directly reduce behaviours that challenge

Alongside in class monitoring by the Behaviour Analyst, data for these interventions is monitored fortnightly by the Consultant Behaviour Analyst, who will flag up any changes over a two-week period that are of concern. Behaviour Analysts will be asked to investigate the changes and feedback. If the data continues to be of concern the Consultant Behaviour Analyst should follow up on this matter.

Guidelines for use

- All plans should be discussed with and approved by the Consultant Behaviour Analyst. Initial implementation should be overseen by the Consultant Behaviour Analyst or a BCBA as directed by the Consultant Behaviour Analyst.
- A verbal discussion should be had with parents when an intervention is being considered and verbal consent to analyse the effectiveness of a potential intervention should be obtained. Behaviour data must be taken and analysed.
- Written consent should be sought from parents before the intervention is formally introduced and training provided to staff
- Baseline data should be taken
- Anyone implementing the procedure should be specifically trained and observed implementing it themselves
- Data for the intervention should be monitored by the Behaviour Analyst and the Consultant Behaviour Analyst. Upon initial implementation, a reduction in the target behaviour should be observed quickly (if no or little change within 2 weeks then terminate the intervention)
- If appropriate, parents should be shown how to implement the intervention safely to mitigate the risks of the behaviour increasing at home whilst reducing at school (behavioural contrast)

Associated risks:

There is a risk these interventions could:

- Be used unnecessarily, that is when other less intrusive methods could achieve the desired outcome
- Become routine, rather than exceptional methods of management

To mitigate these risks, it should be communicated to all involved that interventions designed to directly reduce behaviours that challenge should only be used where other more positive strategies have failed or when the behaviour presents a serious risk to the individual or those around them. Least restrictive options should always be considered first.

Behaviour Analysts should plan for and aim to mitigate the possible side effects which include: Potential to evoke an aggressive or emotional reaction

- may result in escape and avoidance
- may result in an increased rate of the behaviours that challenge in other settings (behavioural contrast)
- may cause a negative effect due to the modelling of undesirable behavior to the pupil

Self-injurious Behaviour

Pupils may engage in forms of behaviour that cause harm to themselves (e.g. biting, hitting, and scratching). When this occurs, the function of these behaviours will be analysed as described above. These forms of behaviour should be monitored specifically to ensure that interventions are not increasing those behaviours. Extra consideration will be made surrounding the use of extinction due to the greater risks associated with a temporary increase in behaviour.

Policy on the use of Withdrawal

Definitions

Withdrawal: removing the pupil from a situation which causes them anxiety or distress and actively monitoring and supporting them to help recover and re-engage successfully as soon as is reasonably possible.

Imposed withdrawal: where withdrawal is used against the pupil's will. It is a form of restraint carried out under our duty of care to protect the pupil from harm, or risk of harm, to themselves and/or others. Any use of force by staff in those circumstances must be reasonable, proportionate and necessary.

Autonomous withdrawal: where a pupil actively chooses to be in a quiet space for a period in order to self-regulate, averting the need for restraint. Staff should take steps to support them and monitor their progress. Where this is the case, appropriate provision should be made for this in pupil's support plan and kept under review with the pupil, and/or parents. This would not constitute restraint as the pupil is free to leave the quiet space.

Seclusion: supervised containment and isolation of a pupil away from others, in a room/area from which they are prevented from leaving. It should only be used to keep the pupil and others safe during severe BTC, including that which is likely to cause harm to others, and for the minimum time necessary. The pupil is always in view of staff and staff make every effort to support them and monitor their progress until they are ready to resume their usual activities.

Within room seclusion: supervised containment of a pupil during which they are prevented from leaving a room. Staff will be present in the same room and supporting the pupil until they are ready to resume their usual activities. Staff may be giving space

to the pupil and may use furniture to reduce the risk of physical aggression towards staff in the room. It should only be used to keep the pupil and others safe during severe behaviours that challenge, including that which is likely to cause harm to others, and for the minimum time necessary.

Any pupil who has imposed withdrawal and/or seclusion in their individual behaviour plan must also have an accompanying restraint reduction plan.

These definitions are informed by 'Reducing the need for restraint and restrictive intervention' 2019.

Imposed withdrawal and seclusion are not long-term behaviour strategies.

If there is immediate and significant risk of harm to the pupil in question, other pupils or staff that cannot be mitigated through behavioural strategies, team teach de-escalation techniques or restrictive physical intervention, then a dynamic risk assessment may suggest emergency imposed withdrawal and/or seclusion. This should be considered as a last resort. The pupil should be supervised at all times. A member of the school leadership team should be informed as soon as possible.

At times it may be necessary to lock the doors to classrooms while pupils are inside to maintain their safety when another pupil is in crisis, please see the school guidelines to using thumb locks Appendix 1

If imposed withdrawal/seclusion has been used with any pupil in crisis, they will have a risk assessment based on any anticipated risks when in imposed withdrawal/seclusion and this will be on their individual risk assessment document.

Policy on the Use of Restrictive Physical Interventions

When the behaviour warranting intervention has occurred before, the use of a physical intervention will be described in a pupil's Individual Behaviour Plan. Pupils' individual behaviour plans are sent home to parents alongside a consent letter in which parents need to give their consent to the behaviour plan. This includes consent to the detailed proactive strategies, reactive strategies and the following statement "The use of Team Teach procedures, if necessary, to be used if my child is at immediate risk of causing harm to themselves or others".

The use of physical intervention at BeyondAutism Schools is based on these underpinning principles:

- The use of force should be avoided wherever possible.
- There are occasions when the use of force is necessary.
- When force is necessary, it must be used in ways that maintain the safety and dignity of all concerned.
- The use of force must be reasonable, proportionate and necessary.

Where the use of physical intervention is a foreseeable risk, a risk assessment of the techniques to be used should be conducted and form part of a reviewable positive handling plan documented in a pupils risk assessment, overseen by a suitably trained Team Teach Tutor and signed off by a Senior Leadership Team member.

Reasonable Force is defined as:

- The minimum force required to prevent injury or damage to others, or property, or to prevent a breakdown of discipline applied for the shortest period of time necessary.

According to Section 5550A of the Education Act 1996, the use of reasonable force is likely to be defensible in the following circumstances:

- To prevent a child/young person from committing an offence.
- To prevent a child/young person from causing personal injury or damage to property.
- To prevent a child/young person from engaging in any behaviour which is considered prejudicial to the maintenance of good order and discipline in a school or among any of its pupils.

BeyondAutism Schools defines damage to property as warranting reasonable force when:

- It is likely to result in a significant risk to others i.e. broken glass, pushing cupboards or computers over etc.
- It is likely to result in damage to valuable school property e.g. large items of furniture, electrical items such as televisions, computers, windows.

BeyondAutism Schools defines behaviour prejudicial to the maintenance of good order and discipline in a school as:

- Behaviour that prevents other pupils from participating in learning activities and the pupil persistently refuses to leave the classroom when requested to do so verbally and using less intrusive measures such as guiding with a hand in the centre of the back.

Physical intervention should only be used for this reason as a part of an Individual Behaviour Plan and should not be considered an emergency.

Specific Guidelines for situations involving restrictive physical intervention:

- Only staff who have received **Team Teach training** are allowed to be involved in the use of restrictive physical interventions. Team Teach provides training in the management of behaviours that challenge.
- A **second member of staff** should be present during the use of physical intervention.
- A **record** must be kept of any incident resulting in restrictive physical intervention on Schoolpod. It is important that these records are accurate and dated. They should include the type of techniques used and the duration. Parents should be informed of these incidents via a behaviour log which is sent home at the end of each week.
- All members of staff need to understand that restrictive physical intervention should be seen as a **last resort** and not as a matter of routine.
- Physical intervention should only be used when it is considered that the **risks involved** in not intervening outweigh the risks involved in using physical intervention. Physical intervention should be avoided in situations where it is likely to increase the risks involved for either the staff or the pupil.
- Physical intervention may be used as part of a behaviour management plan or in **unplanned situations** in which unexpected behaviour is seen to pose a **significant**

risk by running toward a busy road, engaging in self-injury, or sustained aggression toward others or likely to commit an offence. Staff should act within their duty of care to the child/young person.

- The scale and nature of any physical intervention must be **proportionate** to both the behaviour of the child/young person to be controlled and the nature of the harm that they might cause. These judgements have to be made at the time, taking due account of all the circumstances, including any known history of other events involving the pupil.
- Physical intervention may be used as a **secondary prevention technique** where there is clear, documented evidence that particular sequences of behaviour are likely to escalate rapidly into serious violence. Secondary prevention involves recognising the early stages of behaviours that challenge and employing techniques aimed at averting further escalation. This would be incorporated into a pupil's behaviour plan if primary prevention and non-restrictive techniques have been unsuccessful.

Only techniques that have been taught and approved by Team Teach are used. Examples of good and unacceptable practice are covered in the Team Teach training and workbooks provided during Team Teach training and refreshers.

Post Incident Support:

- During an incident requiring physical intervention, two members of staff should be present at all times.
- If the second member of staff is not directly involved, they may act as a witness or offer to step in, if the first member of staff is starting to take strain. using a phrase such as 'Can you swap me out?' or another appropriate phrase to communicate needing support.
- Once the pupil has calmed sufficiently for staff to disengage, the pupil should be offered a drink. They may also need support in removing items of clothing such as jumpers as they are likely to be hot at this stage.
- Depending on the circumstances that led to the incident, the pupil may need to be engaged in an activity to give them something to focus on or create a reasonable time gap between the behaviour and other activities or consequences that may be reinforcing for that pupil. In some cases, where the behaviour is foreseeable, these will be specified in the pupil's Individual Behaviour Plan.
- If the situation is safe, the staff involved should be allowed to have a break. Depending on the intensity of the incident, the member of staff may need to have some non-contact time following this.
- If not possible directly following the incident, the line manager for that member of staff should give them an opportunity to de-brief at the end of the day.
- During a de-brief, the member of staff involved should be allowed to discuss the incident and how they feel subsequent to the incident. This may also be a good time to complete the required records together.
- In the event, that a pupil or member of staff is injured, the nearest First Aider should be notified. In the event of any form of injury or knock to the head, parents should be informed. The child/young person or member of staff should be closely observed for a period of 24 hours for any changes in behaviour. If any changes are observed, medical attention should be sought.

If a child/young person has the appropriate skills i.e. the ability to recall and talk about events in the recent past, the incident should be discussed with them using simple language and where appropriate a social story using visual aids. This can be used to talk about what the child/young person did, what the results were and what can be learned from the event. This should be a positive conversation and avoid the use of language such as 'bad' or 'naughty.' Instead, concrete reasons should be given for why the behaviour was inappropriate e.g. 'hurt someone.' Zones of regulation can also be used to help this discussion. Going forward, discussions should be had with the pupil about their Individual Behaviour Plan.

Specific Guidelines for Biting:

- When a member of staff has been bitten they should be seen by a first aider as soon as possible.
- If the bite has broken the skin then that staff member should seek professional medical advice, for example a GP appointment or go to a local walk-in centre
- Staff should have a follow up and de-brief with a middle or senior manager.
- Some pupils who bite others may have specific guidelines in their behaviour plan such as staff to wear protective arm/leg guards.
- If a jaw release is used to release a bite, the pupil needs to have a follow up and be seen by a first aider once they are calm and able to do so. Pupils that are able to communicate if their jaw is in pain should see a qualified healthcare professional (not a first aider). For pupils who cannot communicate whether they are in pain, a discussion should be had with parents to discuss if they should see a qualified health care professional.

Risk Assessment and Physical Intervention:

There are inherent risks involved in any physical intervention. It is our responsibility to be aware of these risks and minimise them wherever possible. Some of the possible risks to the pupil involved in the use of restrictive physical intervention are that a physical intervention could:

- Be used unnecessarily, that is when other less intrusive methods could achieve the desired outcome.
- Cause injury, pain or distress.
- Increase the risk of abuse.
- Become routine, rather than exceptional methods of management.
- Undermine the dignity of those involved.
- Create distrust and undermine personal relationships.

Measures taken to prevent these risks:

- Behaviour management undertaken by teaching staff is monitored by observation and written records to ensure that the appropriate strategies are being employed.
- Staff receive comprehensive training in handling techniques (which is refreshed every two years.) They are also closely supervised at all times to ensure proper use of physical intervention techniques.

- The Team Teach approach places a strong emphasis on treating pupils with respect, understanding and dignity.
- Two members of staff are present at all times to confirm that the child/young person is treated properly at all times.
- Behaviour plans are reviewed on an ongoing basis and discussed with the parents or carers in order to obtain consent.

The main risks to staff include the following:

- Physical injury, distress or psychological trauma
- The legal justification for the use of a physical intervention is challenged in the courts.
- Disciplinary action.

Measures taken to prevent these risks:

- Comprehensive training and refresher training to ensure that staff are aware of how to properly apply techniques.
- Regular team meetings and debriefings following behaviour incidents to discuss incidents.
- All staff are to read and be aware of the behaviour policy and the legal implications of physical intervention. Team Teach training also covers these issues.
- Behaviour plans are reviewed on a yearly basis to ensure that staff are aware of the agreed behaviour plans. However, all changes to behaviour plans are written up immediately and all staff working with a pupil including covering pupils must read behaviour plans before working with a pupil.
- Team meetings are held at least every two weeks to give staff the opportunity to ask questions or discuss behaviour management issues.

Whenever it is foreseeable that a pupil might require a restrictive physical intervention, a risk assessment should be carried out which identifies the risks and benefits associated with the application of different techniques with the person concerned.

The main risks involved in not intervening include:

- Staff may be in breach of duty of care.
- Children, staff or other people will be injured or abused.
- Serious damage to property will occur.
- The possibility of litigation in respect to these matters.

Physical interventions that might generally be considered low risk include:

- Members of staff taking reasonable measures to hold or disengage from a child/young person to prevent them from serious physical aggression towards themselves or others.
- A specially designed 'arm cuff' to prevent someone from self-injuring.
- Autonomous seclusion: accompanying a person to a separate room where they can be alone for a few minutes while being continuously observed and supported.

Elevated levels of risk are associated with:

- The use of belts or clothing to restrict movement.
- Holding someone on the floor or forcing them to the floor.
- Any procedure which restricts breathing or impedes airways.
- Seclusion, where an adult or child/young person is forced to spend time alone in a room against their will.
- Extending or flexing the joints or putting pressure on the joints.
- Pressure on the neck, chest, abdomen or groin areas.

Techniques involving elevated levels of risk are not employed at BeyondAutism Schools.

Date of last review: September 2022

Date of next review: September 2024

Review group: Full Governing Body

Appendix 1

Guidelines for Thumb Locks in classrooms

We would like to embed a culture where pupils and staff feel safe at all times. We do not want to create an environment or school ethos in which staff and pupils only feel safe when they are locked behind closed doors. Our schools encourage choice and open classrooms, and our schools are very safe. However, we recognise that when a pupil is at a point of crisis, we may need to lock doors from the inside to keep pupils, themselves and others safe.

Reasons that classrooms should be locked immediately:

- If there is a Code Red – Crisis management lockdown of the school.

Rooms should never be locked from the inside because:

- Staff are pre-empting a pupil entering the classroom
- Staff do not want a particular pupil to enter
- As a reaction to a pupil displaying initial precursor behaviour: de-escalation strategies should always be the first approach used, then if behaviour escalates try to remove the other pupils first
- Staff are scared

The protocol for locking doors from the inside:

- A radio call from a Senior or Middle Leader has requested for doors to be locked, the radio call/message will be 'lock doors ground floor' or 'first floor' and so on.

- If locked doors are used due to particular pupils' behaviour, then it must be written and explained in their behaviour plans
- Doors are to be immediately unlocked when the radio call says 'unlock doors'
- The message should always be given in a calm manner
- Messages over the radio or in person should not use words like lockdown/unsafe etc
- A debrief should be carried out with all pupils who have been locked in a room
- A debrief should happen at the end of the day for staff to gather feedback and discuss more proactive strategies.