Trinity School

Behaviour and Wellbeing Policy

Date of Document: July 2025
Review date: July 2026

Trinity School Vision

Our vision is to create a joyful, inclusive learning environment where every child is supported to thrive. We are committed to high aspirations, celebrating individual progress, and ensuring all children are empowered to achieve beyond expectations and build bright, fulfilling futures.

Purpose

To make clear the systems and procedures for supporting and responding to complex behaviour

- To provide all stakeholders with an understanding of how we interpret and support behaviour at Trinity School
- To provide staff with the knowledge and skills to respond to emerging behaviours of concern and support pupils to return to their baseline presentation at the earliest possible stage
- To empower all staff to raise concerns transparently and in the best interests of all pupils
- To ensure that all staff have received the appropriate training around Positive Behaviour Support and Team Teach

Guiding Principles/Ethos

- Trinity School is committed to providing positive and proactive behavioural support to all pupils, at all times.
- We understand that all behaviour is a form of functional communication.
- We support pupils who are demonstrating behaviours of concern with compassion and understanding.
- Person-centered approaches are embedded; the curriculum is rewarding and stimulating; everyone accesses motivational programmes based on well-matched communication systems, curriculum, pedagogy, reward systems and behaviour management plans, which come together to minimize anxiety and/or distress.
- All pupils have access to a wealth of primary strategies in order to support their regulation and wellbeing, and teach the skills required to manage their own behaviour as appropriate.
- We provide all pupils with unconditional positive regard, regardless of the level of risk or challenge associated with their behaviour.
- We seek to understand the function of, and triggers for, behaviours of concern, so that they can be addressed at the earliest possible stage.
- We understand that behaviour can be impacted by a wealth of factors, including biological as well as psychological factors. We understand that behaviour can impact a pupil's quality of life.
- We prioritise the teaching of de-escalation strategies to minimise the risk of crisis-level behaviour, ensuring pupils are safeguarded.
- We use consistent strategies to support pupils, never punitive or coercive, outlined in clear behaviour support plans and risk assessments.
- We maintain attractive, supportive environments to support pupils at all times, including classrooms, calming rooms and personalised learning rooms.
- We understand that sometimes behaviour will escalate and become an emergency. At this point, tertiary strategies will be paramount to ensure the safety of the pupil, other pupils and staff/visitors. It may be reasonable, proportionate and necessary to use restrictive practices to support a pupil. Any restrictive practice is used as a last resort, will be reported transparently and followed up to improve outcomes as swiftly as possible.

- We work closely with families, carers, and multidisciplinary partners to ensure that pupils' wellbeing is appropriately supported.
- We have a clear Behaviour Support Structure to support pupils and staff at all levels.
- We have a clear Emotional and Sexual Development referral system and support structures shared with all.
- We ensure that staff are well-trained in behaviour approaches and that there are expert staff who can advise and train others.
- Staff demonstrate respectful relationships with all pupils and colleagues.
- Staff are held to account where they have not adhered to the Behaviour, Physical Intervention and Safeguarding policies.
- We expect staff to be transparent in their reporting of challenging behaviour, physical interventions and use of emergency secure spaces. Staff should not collude with poor practice.
- Our success in managing pupils' behaviour cannot be judged by the absence of problems but by the way we deal with them.

- This Policy acknowledges the school's legal duties under the Equality Act 2010, in respect of safeguarding and in respect of pupils with special educational needs (SEN). Please also read our Safeguarding and Child Protection Policy.

Aims

- To support all pupils who are experiencing wellbeing issues which may lead to behaviours of concern.
- To keep pupils and staff members as safe as possible where behaviours of concern are occurring.
- To enable pupils to access the appropriate wellbeing support that is available to them from all local agencies, including health and social care.
- To help pupils who are experiencing difficulties to return to a place of safety, calm and regulation at the earliest possible stage.
- To support pupils to develop skills to manage their own behaviour at the appropriate level.

Agreed Procedures/Guidelines

We recognise that preventing behaviour that challenges is more effective, compassionate and dignified for our pupils than frequent de-escalation. Our primary focus when promoting positive behaviour is to create a school wide environment that meets pupils' complex needs and reduces the likelihood of pupils experiencing anxiety, confusion and anger.

- All pupils have access to an agreed set of primary strategies to support their development:
- The Trinity Behaviour and Wellbeing Universal Offer – a set of minimum standards to be offered to all pupils that support positive behaviour and wellbeing.
- Unconditional positive regard, understanding and compassion.
- Active supervision at all times
- Consistent and all-day use of structure, including purposeful leisure opportunities
- Consistent communication of what is happening e.g., objects of reference, now/next, part or full day schedules
- Opportunities for pupil to make choices and express wants/needs appropriately
- Access to motivating leisure activities – class team should know what these are
- Positive attention provided for all pupils including praise and rewards for good work
- Opportunities for supported sensory regulation including physical activity

- Opportunities for pupil to learn to self-regulate appropriately and manage own behaviour

When a pupil is demonstrating behaviours of concern, our priority is to safeguard the pupil and those around them and prevent further escalation. In these situations, we will use a variety of secondary strategies to support the pupil to communicate their needs and return to their baseline behaviour. These may include:

- Providing opportunities to communicate needs, wants or choices
- Distracting with a known motivating/engaging activity
- Offering space
- Offering a change of activity
- Guiding pupil away from the source of their distress
- Using sensory regulation activities in line with pupils' preferences
- Reducing verbal language and an overload of instructions, sensory input and demands.
- Using visual instructions including now/next, gestural prompting or objects of reference as necessary

This list is not exhaustive and will be tailored to meet the needs of each individual pupil.

However, the following strategies are unacceptable at Trinity School:

- Shouting, scolding, personal remarks, any response made in anger.
- Coercive or punitive measures including withdrawal of breaktime, food, drink or preferred activities.
- Any verbal language that is not being used in an appropriate, supportive and professional manner.
- Any physical or restrictive intervention that is not reasonable, proportionate and necessary. Physical intervention is never used as a punishment.

We do understand that sometimes, behaviour will escalate despite the proactive and supportive measures put in place. In these situations, staff may need to employ emergency strategies which may include:

- Using an Emergency Secure Space
- Using a Physical Intervention
- Using an Emergency Manual Handling manoeuvre

<u>Key Definitions</u>

A behaviour of concern is defined as any behaviour that:

- Creates a barrier to pupil learning and engagement
- Compromises pupil safety, privacy or dignity – including any sexualised behaviours.
- Impacts on the wellbeing and safety of other pupils and staff
- Creates a barrier to the effective order or running of a classroom
- Does not respect the personal boundaries of others or could be considered by the wider community as anti-social, possibly placing the pupil at risk of the reactions of others

A crisis is defined as:

- A pupil in a heightened and prolonged state of distress, anxiety, fear or anger.
- They are unable to manage or regulate their own feelings and responses. They require significant adult supervision and support to remain safe and to progressively calm.

- In some cases, the pupil's response may present a risk of harm to themselves, other pupils and members of staff. Staff have to take immediate action to ensure everyone's safety.

Restrictive Interventions

Trinity School follows the Use of reasonable force and other restrictive interventions in schools guidance, first published February 2025.

According to this guidance, restrictive Interventions are defined as any planned or reactive action which limits a pupil's movement, liberty or freedom to act independently. Restrictive interventions may include the use of seclusion, medication or equipment. It may also include the use of reasonable force.

Reasonable force is defined in this guidance as physical contact by a member of staff on a pupil to control or restrain their actions or movements. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances. Although no strict legal definition exists, Trinity School considers the following with regard to reasonable force:

- All physical interventions must be reasonable, necessary and proportionate.
- We recognise that all physical intervention carries risk, no matter how experienced and well trained the staff involved.
- Restrictive physical interventions must use the minimum degree of force necessary for the shortest period to prevent a student harming himself, herself, others or property.
- The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual, and the nature of the harm they might cause.
- Staff would be expected to follow the student's Personalised Risk Assessment and Behaviour Plan in the first instance to manage any incident/challenging behaviour.
- If this was unsuccessful or there is not yet a Personalised Risk Assessment and Behaviour Plan in place, or it needs reviewing, then a referral should be made for the support of the Emergency Response Team immediately.

At Trinity School, we recognise that although sometimes it is reasonable, proportionate and necessary to use restrictive interventions, these should only be used as a last resort. Staff must consider reasonable alternative ways to manage a situation and achieve the desired outcome.

At Trinity there is a whole school approach to developing shared values which promote the attitudes, skills and knowledge of our whole staff. We achieve this through a rolling programme of training in which staff learn positive handling skills in behaviour management. This includes verbal and nonverbal communication, diversion, de-escalation and safe, and humane physical interventions. We follow the Team Teach model and train our staff via in-house Team Teach accredited trainers. The school ethos recognises that there is a broad spectrum of risk reduction strategies which support an incident in de-escalating and proactively being resolved without the need to use **restrictive practices**. We are committed to minimising the use of reasonable force, in line with the Department for Education guidance **(DfE, February 2025)**

DfE Circular 10/98 - 'Section 550A of the Education Act 1996: The Use of Force to Control or Restrain Pupils' allows teachers, and other persons who are authorised by the headteacher to have control or charge of pupils, to use such force as is reasonable in all circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- committing a criminal offence (including behaving in a way that would be an offence if the child or young person were not under the age of criminal responsibility);
- injuring themselves or others;
- causing damage to property (including the child or young person's own property)

The Education and Inspections Act 2006 does not require schools to record and report instances of restrictive interventions where force was not used. However, at Trinity School we believe that it is important for all uses of restrictive interventions to be reported openly and transparently. As such, all restrictive practices must be reported in the same way.

Any use of reasonable force or restrictive intervention must be recorded transparently, using a Restrictive Practice Report. The incident must also be recorded via CPOMS. Parents/Carers must be informed on the day of the incident, along with social workers and Virtual Schools Headteacher where appropriate.

Restrictive Interventions are categorised in the following ways at Trinity School:

- **Physical (including use of physical interventions and emergency manual handling manoeuvres)**
- **Seclusion (referred to as Emergency Secure Space)**
- **Chemical (including use of medication only as prescribed for specific individual pupils)**
- **Mechanical (including use of equipment to reduce risks from physical behaviours)**

Using a Physical Intervention

- Agreed restrictive physical interventions that are taught through Team Teach training include:
- a one-person double elbow
- a two-person double elbow
- a two-person single elbow
- a figure of four (two person)
- A single incident may involve one or more of the physical interventions listed above, in order to support a child or young person in crisis. As a crisis is calming down staff are taught how to move into less restrictive and then non-restrictive interventions. This enables staff to reduce the level of force and physical contact that they are using to support child or young person as soon as they can. Non-restrictive physical contact includes:
- a caring C guide
- a help hug
- a friendly hold
- a turn, gather, guide
- If at any time, it is believed that a pupil may have been hurt by a physical intervention, a first aider must be called to assess the pupil, and any further medical support sort as necessary.

Using an Emergency Manual Handling Manoeuvre

There may be occasions where it is reasonable, proportionate and necessary to lift or physically support a pupil to get them to a place of safety. Further information is available in the school's Manual Handling policy. Pupils who experience consistent difficulties with mobilising themselves to move to a place of safety will have a Moving and Handling Plan, or a Personal Emergency Evacuation Plan. The school has in-house manual handling trainers who will assist with this assessment and will advise on strategies to minimise the need to handle pupils.

Seclusion (Using an Emergency Secure Space)

An emergency secure space (ESS) is defined as the removal of staff and other pupils from the vicinity of a pupil in crisis, so they are not able to reach others when presenting with physically challenging behaviour. It will involve the restriction of a pupil's movement, so they are not able to leave the space. Staff may hold door handles or block a door with their body to prevent a pupil from leaving.

An ESS can be created in a classroom, a corridor, a calming space, or any other room in the school. It can also involve a pupil being in an outside area, with staff retreating inside.

The school has several spaces specifically designated for this, called calming rooms, which offer an immediate, safe and dignified space for pupils in significant or prolonged crisis.

It is deemed appropriate to do so to prevent a significant risk of harm, for example:

- to prevent a pupil from harming themselves
- to prevent a pupil from injuring another person
- to prevent a pupil from committing an offence

The use of an ESS is acceptable where the pupil is consistently supervised and is used as a last resort in an emergency situation of high risk. e.g. to prevent injury and to maintain safety for staff and pupils.

The right to liberty and personal freedom is enshrined in Article 5(1) of the European Convention on Human Rights (ECHR) and is protected by criminal and civil law. For these reasons, the use of an ESS outside the Mental Health Act 2005 should only be used in exceptional circumstances and should always be proportional to the risk presented by the pupil. Under the Children's Act 1989 any practice or measure which involves placing a pupil in an ESS which prevents a pupil from leaving a room or building may be deemed a 'restriction of liberty'. Under this act 'restriction of liberty' is only permissible in very specific circumstances.

Our duty of care requires that reasonable measures are taken to prevent harm. Therefore, the use of high door handles that are beyond the reach of a pupil and the use of locks is permissible if the pupil is supervised by an adult with clear sight lines in urgent situations e.g. to prevent a pupil from banging their head against glass in distress, to prevent a pupil from hurting another repeatedly.

- There is a hierarchy of **seclusion** at Trinity, with the expectation that staff use the level of restriction that most proportionate to the risk. Points 3-5 would be considered an ESS.
- Removal of all adults from immediate/personal space of pupil
- Removal of all adults from the room/space and door is left open
- Removal of all adults from the space/room and closing of the door
- Removal of all adults from the space/room and holding of the door
- Removal of all adults from the space/room and locking of the door
- Point 4 would be used in circumstances where a pupil is trying to leave the emergency secure space, and they present with a high risk of injury to themselves or others. Point 5 would be used in circumstances where a pupil is trying to leave the emergency secure space, they present with a high risk of injury to themselves or others, and they have the physical strength to pull a door open even if it is being held by an adult. We would therefore not expect point 5 to be used to support a small child from the primary phase.

Chemical Intervention:

- **There are a small number of pupils at Trinity who have a medication prescribed to support them to calm during periods of extreme or prolonged crisis level behaviour. This medication can be only be administered by staff who are trained to do so, under the guidance of the Specialist School Nursing team. These medications are only administered as PRN (pro ne rata – "as required"). Any pupil with a prescription for PRN medication of this nature will have a management plan which will detail the arrangements for the medication being given. The information will also be recorded on a pupil's Behaviour Support Plan. Any use of PRN medication to support behaviours of concern must be recorded on a Restrictive Practice Report. Under no circumstances will Trinity School staff administer medication that has not been prescribed.**

Mechanical Intervention

At Trinity School there are a small number of pupils who have severe cognitive impairments whereby mechanical supports such as arm splints, or a chair belt or harness may be required to safeguard them from hurting themselves and other pupils.

Such support will also be considered for pupils at early stages of development who need mechanical support to help them attend to their learning. For example: pupils who lean over in chairs for behavioural and/or cognitive reasons which are **not related to physical disabilities.** These supports will only be authorised for use by the school's Therapy Assistant after advice and guidance has been sought from relevant parties including parents, senior leaders, physiotherapists, and occupational therapists (as appropriate to each pupil).

Each student who requires such support will have this information documented in a Mechanical Support Plan. This will be drafted by the Therapy Assistant and the plan will need to be agreed by parents/carers, the class teacher, the relevant health professionals (OT/Physiotherapist) and the Assistant Headteacher for Safeguarding. This plan will then be reviewed half termly by the Therapy Assistant to make sure it is still necessary and effective. Any plans that are no longer needed will be discontinued.

The amount of time that a mechanical support is used must be logged by the class team on a weekly tracking sheet and share it with the Head of School. The reason this is important is because mechanical supports in the wrong hands could be seen as means to control a child to comply with adults' requests. It is unacceptable to use a mechanical support to make it easier to manage any escalating behaviour issues. All decisions to use a mechanical support must be made in the best interests of the child or young person and it is therefore essential that there is good reason to believe the child is disadvantaged in their access to learning or wellbeing without the use of the mechanical support in question.

Occasionally, an emergency may occur whereby equipment that is not ordinarily used to support a pupil is required in order to safeguard them and others. Examples may include the use of a Raizer chair to support a pupil from the floor, or a slide sheet to assist with a fire evacuation. Any use of mechanical supports that is not prescribed or documented in a Mechanical Support Plan, must be recorded on a Restrictive Practice Report.

Disengagements

Team Teach training explores ways in which staff can safely remove themselves from an incident whereby a child or young person has attached themselves to someone. A range of disengagements are explored and practiced in training to enable staff to safely create distance between themselves and a child or young person who is experiencing increased distress and anxiety and as a result displaying behaviours that challenge. In these instances, staff are trained in arm, neck, hair and bite disengagements. These are not restrictive physical interventions and are not required to be recorded on a physical intervention form. Each disengagement uses body biomechanics to enable staff to remove themselves from situations whereby they face the prospect of being injured.

It is recognised that some of these disengagement techniques may cause children and young people to encounter some minimal discomfort when appropriate techniques are used. However, this is very brief, transient and poses less of a risk than the behaviour that staff are responding to for example biting and headbutts.

Disengagements that are taught through training are listed below:

- Arm: sidestep in, cross step in, drop elbow, pump, conductor, clock
- Neck: elbow swing, snake, windmill, steer, neck brace, elbow guide, headlock, spin
- Clothing grab, bite, hair pull: tube grip, open the oyster, knuckle slide, elbow lever

<u>Recording and Reporting to Parents/Carers and External Agencies</u>
Staff are expected to record any situation where a pupil has been involved in an incident where **restrictive practice** has been used. An agreed Trinity form has been created for this and is collected, analysed and stored by the **Head of Additional Resource Provision**. The deputy headteacher for behaviour and the Assistant Head for Safeguarding will also read and sign. A manager is also expected to log this on CPOMS.

Staff must also record if any injuries were sustained by the pupil, or if they believe that this was likely or possible given the nature of the incident.

It will be reported to parents via telephone before the pupil leaves school to go home. If the pupil is known to any other external agencies who are working to support the family they will also be informed for example: Social Care, Specialist School Nurses, Early Help Workers etc.

<u>Trinity Behaviour Support Structures</u>
Our Behaviour Support Structures document describes the steps to be taken by all members of pupil facing staff to support situations where complex behaviour is observed (appendix 1 & appendix 8 (HSBT)).

The Behaviour and Wellbeing Team lead on behaviour matters. This team meets weekly and is made up of the Heads of School, identified TLR1 teachers from each phase, Speech and Language Therapy Team, Structured Teaching Lead and the Deputy Head for Behaviour. This team is led by the **Head of Additional Resource Provision**. Each phase is expected to gather and share behaviour information for their pupils and identify next steps to support pupils who are demonstrating behaviours of concern.

The **Head of Additional Resource Provision** also reviews data concerning accidents, injuries, physical interventions and emergency secure spaces, to identify areas of escalation or concern.

Matters that require a multi-disciplinary response are actioned within these meetings, with meeting records being shared with relevant members of staff to coordinate a response in an efficient way. Professionals involved a may include school nurses, therapists, social workers, paediatricians, psychiatrists, educational physi ologists etc.

Parents and carers are included in each multidisciplinary response as necessary and appropriate.

Where required Social Care colleagues are kept updated regarding any issues relating to complex behaviour, distress and anxiety which is likely to impact the safety and wellbeing of a wider family and/or care and respite settings.

The Deputy Headteacher for behaviour reports to the Headteacher and Governors to share outcomes and progress towards supporting a reduction of complex behaviour, a whole school overview is updated each half term and shared with the Senior Leadership Team.

A Personalised Risk Assessment and Behaviour Plan will be written for students who reach Stage Two of the whole school Behaviour Support Structures. Guidance for the 'Procedures for Writing a Personalised Risk Assessment and Behaviour Plan' is explained in appendix 2.

Behaviour Support Plans are written and developed in conjunction with professionals currently working with children and young people and/or are involved in their care. Strategies to support escalating behaviours that challenge are included in the "What you should do" column in order to support a pupil to regulate their behaviour to return to baseline level (green) behaviour. An example of an anonymised plan is included in this policy (appendix three). Considerations to which physical interventions are likely to be required, and use of emergency secure spaces will be explored through a child or young person's Individual Risk Assessment and Behaviour Plan on a case-by-case basis. These documents will be altered to reflect changes to an individual's behaviour as necessary. Personalised Risk Assessments and Behaviour Plans must be signed by a parent or carer and either the Headteacher, Deputy Headteachers or Assistant Headteacher for the Highly Specialist Behaviour Team. These documents are then displayed in the pupil's classroom. A copy of the finalised signed plan is also sent home. Individual Risk Assessments are reviewed annually by Heads of School and Phase Managers in conjunction with class teams and families - changes are made when they are required.

If a pupil reaches stage two of the school's behaviour structures the class team are responsible for completing behaviour tracking document, using the agreed codes and colour coding. This document must be handed to the Phase Management team at the end of each week. An example of the behaviour tracking document is included in the appendices (appendix 4).

In situations where complex behaviours continue to remain at a consistent heightened level the Behaviour and Wellbeing Team will decide on the best course of action. A "Team Around the Child" will be formed and the Phase will use the internal expertise of excellent practitioners to problem solve and agree strategies to proactively support the pupil overcome their current levels of distress and anxiety.

At stage three of the Behaviour Structures an internal alternative space will be considered for the pupil. The Deputy Headteacher for behaviour will review the case and consider:

- The availability of a personalised learning room within the **Additional Resource Provision (ARP)**
- Allocating a member of staff from the **ARP** to support a child or young person within the main school environment
- Consider calming room spaces available to use as an alternative learning space in conjunction with Heads of Provision
- An interim annual review will be convened, and all professionals invited to explore the most appropriate next steps.

Pupils who remain at stage three of the behaviour structures for prolonged periods of time, who do not show signs of returning to baseline behaviour after support, will be considered for a placement within the schools Living and Learning Centre through liaison and discussion with the Local Authority.

If a pupil is at risk of a placement breakdown, the school will consult with the local authority and the chair of governors, on the same day, to seek consultation prior to any form of suspension. If a pupil requires a suspension, an emergency annual review will also be called, to ensure that the pupils EHCP reflects their acute behaviour needs and that all key partners are working together to secure positive outcomes for the pupil and their family.

Incidents which have involved a restrictive physical intervention and/or the use of an emergency secure space are shared with the Head of Provision or Phase Manager and the Deputy Headteacher for behaviour. Details regarding the incident are then logged onto a monitoring spreadsheet. Data concerning these incidents is shared termly with the Governing Body.

<u>Emergency Response Team</u>

The steps that need to be followed in an incident of escalating behaviour are stated on our Emergency Response Protocol (appendix 5). The Emergency Response Protocol is in place to ensure that:

- A large number of staff can attend urgently to help de-escalate the situation
- Any injured staff or pupils can be given support and first aid
- Incidents that pose a significant health and safety risk are overseen by a member of the Senior Leadership Team, who will take the lead on decision making.

There will be a debrief following an incident whereby a **restrictive intervention** has been necessary. The staff involved will be given time to process the incident and then meet within twenty-four hours, once they have had time to recover from the incident.

- All members of staff have been provided with an aide memoire containing the key behaviour principles that we follow here art Trinity School, it is displayed in each classroom and included in staff induction training.

<u>Sexualised Behaviours of Concern</u>

Our pupils may engage in sexualised behaviours of concern, **particularly in the lead up to, and during puberty.**

Behaviours of a sexual nature are supported by the Behaviour and Wellbeing team. A referral is made to the **Head of Additional Resource Provision**, who will assess the behaviours and develop a personalised plan of support. This may also involve support from SALT team to

support the pupil in understanding key concepts, such as puberty, boundaries, safe and unsafe, etc. It may also involve the family support team to help families implement strategies in the home.

Our extensive Relationships and Sex Education curriculum, for all ages and abilities across the school, helps pupils to proactively develop the understanding and skills needed to develop healthy relationships, safety skills and self-advocacy.

Mental Health and Wellbeing

Staff are encouraged to share concerns for their own wellbeing and mental health with Mental Health First Aiders or another member of the management team whom they feel comfortable talking to, this will ensure that employees also have a source of support. There is also a confidential wellbeing assistance helpline that staff have access to.

As a school we acknowledge that working with children and young people who are experiencing distress and anxiety can impact the wellbeing and mental health of staff supporting them.

If staff have a mental health concern and it is also a safeguarding concern, immediate action will take place following the School's Child Protection Policy and speaking to the Designated Safeguarding Leads.

Staff Training

All pupil facing staff receive the following in-house training related to positive behaviour:

- Basics of Positive Behaviour at Induction
- Team Teach Level 2 – safe physical intervention
- Ongoing refreshers and updates across the year

The Behaviour and Wellbeing team also attend in-house training opportunities with the aim of developing their leadership skills around the promotion of positive behaviour.

Monitoring/How do we know this approach is working?

- Termly behaviour data will show that pupils who require the support of a Behaviour Plan will be effectively supported by it, evidenced by reductions in accidents and injuries to staff and pupils
- Annual behaviour data will show that for pupils who have reached stages 3 and 4 of the Behaviour Structures, there has been a measurable improvement in their wellbeing evidenced in detailed behaviour tracking
- Staff adhere to the Behaviour Policy and the advice and training they are given. They are held accountable for its delivery.

This policy should be read in conjunction with

- DfE Guidance – Use of Reasonable Force in Schools, 2013
- **DfE Guidance – Use of reasonable force and other restrictive interventions, 2025**
- Reasonable force, restraint & restrictive practices in alternative provision and special schools – research report (DfE, March 2024)
- DfE Advice and guidance – Behaviour and Discipline in Schools, January 2016
- Guidance in the use of Restrictive Physical Interventions for Staff working with children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders
- Section 550A of the Education Act 1998: The Use of Force to Control or Restrain Pupils
- HM Government - Reducing the Need for Restraint and Restrictive Intervention, June 2019

This policy connects to, and is consistent with other whole school policies including:

- Health and Safety Policy
- Child Protection Policy
- Administration of Medication Policy
- Manual Handling Policy

Appendices:

1. Behaviour Support Structures document
2. Procedures for Developing a Behaviour Plan document
3. Individual **Behaviour Support Plan** example
4. Behaviour tracking example
5. Emergency Response Protocol document
6. Behaviour policy summary points (Appendix 6)
7. Physical Intervention summary points (Appendix 7)
8. Highly Specialist Behaviour Team (HSBT Behaviour) Support Structures document
9. Universal Offer for Behaviour and Wellbeing

The Behaviour Policy is shared and understood by staff across whole school via induction and whole staff updates.