



# MacIntyre Academies

## **MacIntyre Academies Trust Compassionate Schools Policy**

<b>Person Responsible:</b>	Head of Academies Support and Development
<b>Date of first draft:</b>	July 2016
<b>Date adopted by the Trust Board:</b>	September 2016
<b>Date of implementation:</b>	October 2016
<b>Date of next review:</b>	October 2017

## 1. Purpose

This policy sets out the procedures governing the action to be taken in respect of children and young people and staff from MacIntyre Academies Trust.

The purpose of this policy is to support the achievement of our mission statement:

We will teach young people to develop positive behaviours in a way that makes sense to them. Our staff will be the best role models, showing unwavering compassion for each other, young people and their families. Our schools will have positive cultures where reflection and enquiry are actively pursued, practice is evidence based and young people's plans are coproduced.

## 2. Scope

This policy applies to all MacIntyre Academies Trust employees, including volunteers, Local Advisory Board and Trust Board Members.

## 3. Introduction

MacIntyre Academies Trust Behaviour Policy has been developed by representatives from all schools, also with external support from CALM training, who deliver training and consultation to a variety of human service settings including schools, across the UK, Europe and the USA.

For practice to be in line with this policy, each school must have a completed a local 'Compassionate Schools' Procedure.

This policy is written in accordance with:

- Education Act 1996 and the Schools Regulations 2012
- Children and Families Act, 2014
- SEN Code of Practice from January 2015
- Exclusion from maintained schools, academies and young person referral units in England, DfE, 2015
- Behaviour and discipline in schools, DfE, 2014
- Use of reasonable force: Advice for head teachers, staff and governing bodies, 2013
- Section 93 of the Education and Inspections Act 2006
- Children's Home Regulations, Regulations 2015 (2, 19, 20, 32 and 35)
- Guide to the Children's Home Regulations 2015 (sections 9.33 – 9.63)
- BILD Code of Practise for minimising the use of restrictive physical interventions: planning, developing and delivering training, 2014 (4th edition).
- NICE Guideline: Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, April 2015.

**We have also been guided by:**

- Our Charity Sponsor MacIntyre's mission, heritage, experience and proven expertise in positively supporting people with concerning behaviours. MacIntyre Charity's philosophy and ethos (DNA) including a focus on person centred approaches and the quality of the relationships (interactions) between staff and the people they support.
- New Economics Foundations – 5 Ways to Wellbeing 2008
- Framework for reducing restrictive practices. Sharon Paley-Wakefield 2013.
- [NICE Guidelines: Violence and Aggression](#), April 2015.
- [Helping traumatised children learn: Creating and advocating for trauma-sensitive schools. Cole, Eisner, Gregory & Ristuccia, \(2013\).](#) Massachusetts Advocates for Children, Harvard Law School.
- [Helping traumatised children learn: A report and policy agenda. Cole, O'Brien, Gadd, Ristuccia, Wallace, & Gregory \(2005\).](#) Massachusetts Advocates for Children Trauma and Learning Policy Initiative, The Hale and Dorr Legal Services Centre of Harvard Law School, Task Force on Children Affected by Domestic Violence
- [Calmer, safer classrooms \(2007\)](#) Child Safety Commissioner, Melbourne, Victoria, Australia
- [Compassionate schools: A Washington State Initiative](#) (2015). Hertel and Johnson. (Washington State Initiative)

The policy should be read alongside:

- MacIntyre Academies Trust Health and Safety Policy and Procedures
- MacIntyre Academies Trust Whistleblowing Policy
- Best Practice Guidance on Reducing Restrictive Interventions
- Academy/Free School 'Using Compassionate Principles to Support Positive Behaviour' Procedures
- Academy/Free School Safeguarding and Child Protection Policies
- Academy/Free School Anti-bullying Policies
- Academy/Free School Curriculum

## Definitions

### Young people

In this document the term 'young people' refers to both children and young people.

### School

In this document the term 'school' refers to both academies and free schools.

### Compassion

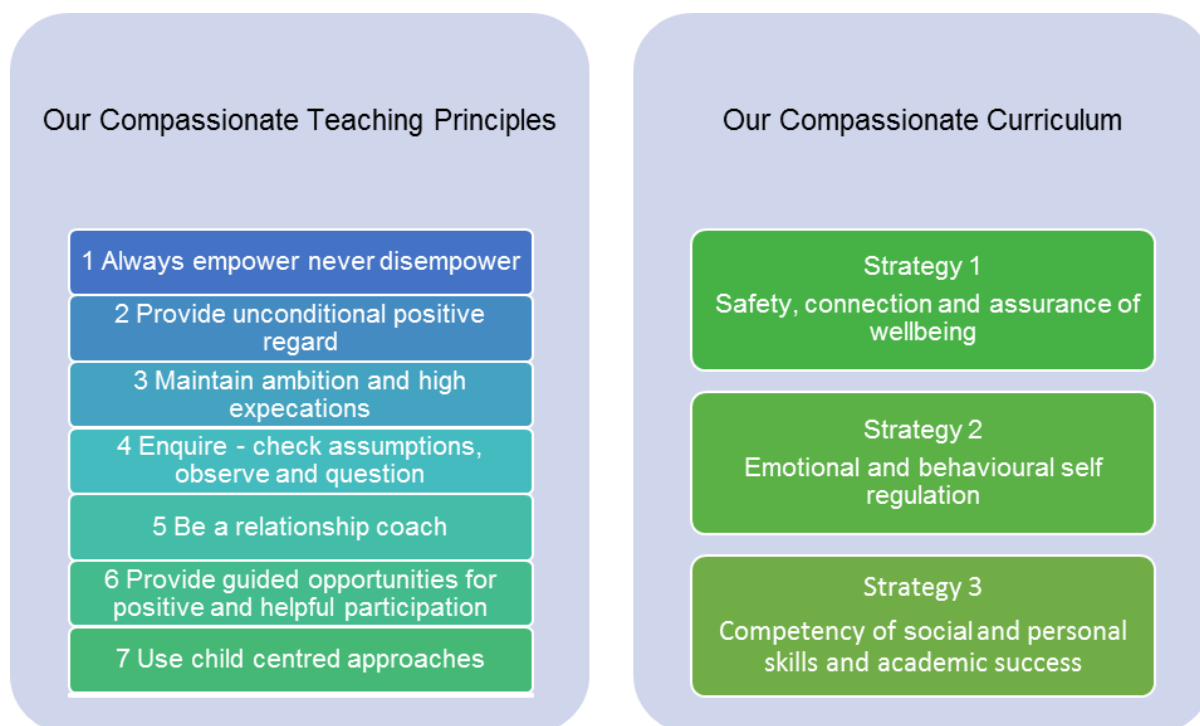
Compassion is to show understanding, care, love and pride for ourselves and other people. We want to support young people and staff to develop and maintain self-awareness be mindful of their own thoughts and feelings, empathise with and care for others.

### Unconditional Positive Regard

The acceptance and support of a person regardless of what the person says or does.

### Compassionate Teaching Principles

To succeed young people need our compassion which we need to maintain. Our compassion model is outlined below:



These principles foster positive relationships between young people and staff, and support young people to become more resilient. The principles act as a reminder of the big picture, which can be lost in challenging environments, and when staff focus solely on subjects, facts and techniques.

Our compassionate curriculum allows us to provide all three teaching strategies, however for some young people (e.g. those requiring [tier 3 support](#)) the focus will firstly be on strategy 1 before progressing onto other strategies.

### Child Centred Approaches



Our schools offer holistic curriculum models. At the centre of the model is child centred practice that enables young people to overcome multiple barriers to learning. We place the child at the centre of everything we do.

This diagram identifies the essential components of a child centred curriculum. All of these elements promote improved wellbeing and understanding of self, and in turn decrease behaviours of concern and increase [positive behaviours](#). Some schools might call this pastoral support, for us it is central to our practice, it is an integral part of learning.

### Wellbeing

The state of being happy, comfortable or healthy, how well the person's life is going. Wellbeing is subjective and relates to peoples experiences, feelings and perceptions of how their lives are going. High wellbeing is positive whereas low wellbeing is associated with poor life outcomes.

There are several types of defined wellbeing; physical, social, economic and psychological. The impact of all four is referred to as general wellbeing. General wellbeing can be improved through 5 ways: Connect, Be Active, Take Notice, Keep Learning and Give (NEF 2008).

### Quality of Life

The impact of general wellbeing on the person and their ability to enjoy life is their quality of life. This is judged by the gap between what should or is aspired to in a person's life and their current condition/situation. For a good quality of life there would be little or no gap, for a poor quality of life there would be a large gap.

### Behaviour of Concern

Throughout this policy we use the term behaviour of concern to describe behaviours which have a negative impact on a person's quality of life. The term behaviour of concern has been chosen as an alternative to challenging behaviour, behaviour that challenges, or harmful behaviour which are frequently used in our sector. We have chosen to use behaviour of concern to make it clear that this includes self-injurious and self-harming behaviours that may not pose such an obvious challenge to others, and to support staff to develop empathy for the person exhibiting the behaviour of concern as opposed to viewing them as a challenge.

### Positive Behaviour

We want young people to experience improved [wellbeing](#) and [quality of life](#), which will lead to them exhibiting more positive behaviours, this will be a key part of many Individual Education Plans (IEP's). Support to promote staff behaviour will feature in schools workforce development plans. We define positive behaviour as having the following qualities:

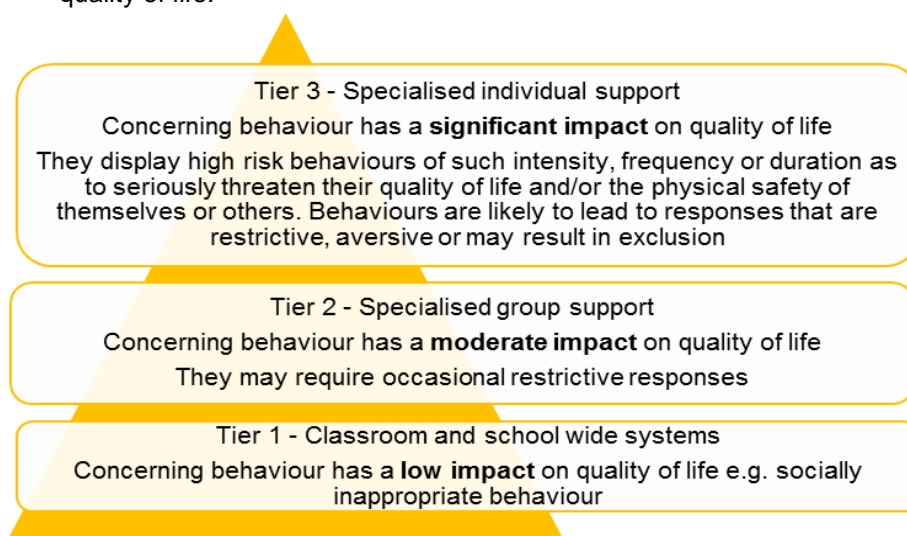
- Compassion - to show understanding, care, love and pride for ourselves and other people.
- Respect – to respect ourselves and others regardless of differences. To be considerate of others feelings. To be tolerant of others.
- Ambition – to want to do the best we can, even if it means putting ourselves outside of our comfort zone.

- Determination – to strive to do our best, giving time and effort to our endeavours. To try even though we may fail.
- Resilience – to recognise that failure is an opportunity to learn. To bounce back when things get tough.

Positive behaviour will look different for different young people. For some these will be longer term goal with a significant amount of support required to help them on this journey, however we will not lose sight of this aim.

### Behaviour Support

Our schools use [child centred approaches](#) so that support is targeted to need. The diagram below is our tiered model that applies to all support/intervention. In this case it defines the level of support required dependant on the impact that concerning behaviour has on young people's quality of life.



### Positive Behaviour Support Plans

Young people who require tier 2 and 3 support will have Positive Behaviour Support Plans (PBSPs). These are an essential element of Individual Education Plans (IEPs), they identify strategies required to support young people to develop positive behaviours that are more socially acceptable and less harmful behaviour. They identify proactive and reactive support including any restrictive interventions.

### Team around the Young Person

A small individualised team is established around each young person and their family. The team is more effective, creative, knowledgeable and powerful than the individual people in it. Typically members might include, parents/carers, extended family, therapist, teacher, school senior leader, social worker. Membership is kept low so that it is young person and family-friendly and not intimidating.

The purpose of the team is to prevent fragmented and disjointed work. The benefits are that we:

- View the young person as a whole
- See the young person within the bigger systems of close and wider family and community
- Bring together the people closely involved into a whole intervention/support system around the young person and family
- Integrate, as appropriate, separate treatments, therapies and educational programmes into a whole approach

### Proactive Strategies

Strategies which aim to reduce the likelihood of behaviours of concern occurring. Examples are given in the objectives section of this policy.

### Reactive Strategies

Any strategy used to make a situation or a person safe when they behave in a way that is of concern. This includes procedures for increasing personal space, disengagement from grabs and holds, P.R.N. (as-needed) medicine and more [restrictive interventions](#).

### Functional Assessment

A functional assessment looks beyond the behaviour itself, it considers a broader perspective on the function/purpose behind the behaviour i.e. **why** the young person behaves in the way that they do. The assessment includes functional analysis and other methods of assessing behavioural functions.

Functional analysis identifies the antecedents/factors that prompt the concerning behaviours and the consequences that reinforce the behaviour. Factors impacting on behaviour can be social, affective (emotional), cognitive, and/or environmental. Functional analysis does not punish or sanction the behaviour, rather it encourages interventions that aim support understanding and to teach more appropriate alternatives.

### Non-Restrictive Interventions / Strategies (First Resort / De-escalation strategies)

Strategies used during an incident, including when the incident has reached crisis level, to de-escalate that are not restrictive (see below for restrictive interventions). As the alternative name 'first resort strategies' suggests, these strategies are used before restrictive interventions are considered. These Include:

- Active listening – feedback what you understand the problem is and respond e.g. 'you want to go somewhere quiet.'
- Stimulus change – do something dramatically different e.g. change of activity or support.
- Redirection to preferred items or activities.
- Redirection from obsessive / compulsive behaviours.
- Strategic capitulation - Give them what they want.

### Restrictive Interventions / Practices (Last Resort Strategies)

Interventions that may infringe a person's human rights and freedom of movement. These may include:

- Physical intervention - Any direct physical contact where the intervener's intention is to prevent, restrict or subdue movement of the body, or part of the body, of another person.
- Time Out - a specific behavioural intervention where positive reinforcements are restricted as part of a behavioural programme.
- Seclusion - The supervised containment of a person in a room. Its sole aim is to contain severely disturbed behaviour which is likely to cause harm to others. (DH, 2008)
- Environmental Restraint - Where individuals or groups of people are prevented from moving freely by placing obstacles, barriers or locks in their way. Where this containment is within one room without access to basic needs (toilet, drink etc.) then this is defined as seclusion (see above).
- Chemical Restraint - The use of medicine which is prescribed and administered for the purpose of controlling or subduing aggressive/disturbed behaviour.
- Mechanical Restraint - The use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control. This includes the use of arm splints and protective headgear to prevent severe self-injury.

We specifically prohibit the use of seclusion or face down restraints as we regard these as unacceptable interventions.

### Rewards

The positive promotion of behaviours is central to this policy. Rewards offer a clear system of rewarding positive social behaviour and behaviours that support learning.



### **Sanctions**

A penalty for disobeying a rule or law, also known as punishment. E.g. a letter home, detention, a telling off, prevention from doing an activity as a form of punishment.

Our schools will not have sanctions bases systems, or a one-size fits all set of consequences for concerning behaviour. Rather individuals PBSPs will identify the most appropriate responses to concerning behaviour, and actions that will be taken to safeguard the pupil and others from such behaviour.

### **Self-injury**

Frequently repeated self-inflicted behaviour such as people hitting their head or biting themselves, which can lead to tissue damage. This behaviour is usually shown by people with a severe learning disability. It may indicate pain or distress, or it may have another purpose, such as the person using it to communicate.

### **Self-harm**

When a person intentionally harms themselves, which can include cutting and self-poisoning. It may be an attempt at suicide.

### **Deprivation of Liberty**

Deprivation of Liberty Safeguards (DoLS) apply to anyone over 16 who lives in a care home (or is in hospital), however the ethical principles apply in any setting. A person is defined as being deprived of their liberty if the number, duration and intensity of the restrictions placed upon them mean that the person is under the constant control and supervision of staff, and is not free to leave.

Under the Mental Capacity Act (2005) it is illegal to deprive a person who lacks the capacity to consent to these restrictions unless the deprivation has been legally authorised (in care homes and hospitals, through the Deprivation of Liberty Safeguards; in other settings, through an order of the Court of Protection).

### **Personal Protective Clothing (PPC)**

Clothing including hats, thick clothing and arm protectors worn by staff to minimise damage from invasive behaviours such as bites. PPC will be discrete and look like normal wear or be worn under clothing. There is a balance to be drawn between maximum staff safety and a 'normal living environment.'

### **Clinically Qualified Professional**

In this context the clinically qualified professional must have training in, or be able to evidence good knowledge of appropriate and positive behaviour support strategies. Professionals who are likely to be able to evidence this are: psychologists, behaviour analysts and CAMHS nurses. It should not be assumed that one of these qualifications in themselves equates to an ability to advise on behaviour support and there may be other professionals who could be considered to have this expertise. If in doubt about whether someone qualifies as a clinically qualified professional, please discuss with your Lead Coach.

### **Duty of Care**

A moral or legal obligation to ensure the safety or well-being of others.

### **SEN**

Children have special educational needs (SEN) if they have a difficulty or disability which calls for special educational provision to be made for them. Special educational needs and disabilities (SEND) can affect a child or young person's ability to learn. They can affect their:

- behaviour or ability to socialise



- reading and writing
- ability to understand things e.g. maps, sequences of instructions, implied meaning (jokes) etc.
- concentration levels
- physical ability

### **ASC**

Autistic spectrum condition is a lifelong condition that affects social interaction, communication, interests and behaviour.

### **SEMH Difficulties**

SEMH difficulties is an overarching term for children who demonstrate difficulties with emotional regulation and/or social interaction and/or are experiencing mental health problems. These difficulties may affect their wellbeing, self-worth, social skills, and ability to build or sustain relationships.

### **Trauma**

Trauma is caused by an external event in which there has been an actual or perceived threat to the life or personal integrity of self or others. This may be as a result of mistreatment e.g. physical abuse, neglect, witness of domestic violence. Pre-birth trauma can be as a result of drug or alcohol abuse. Such events elicit a response e.g. fear, horror and helplessness which traumatises the victim.

### **Attachment Difficulties**

Attachment difficulties relates to specific disorders of mood or behaviour, and the inability to form social relationships due to a failure to form attachments to parents or caregivers at a young age. Attachment difficulties fall on a spectrum from mild to more serious. The term 'attachment disorder' is used by clinicians. The more severe forms of attachment difficulty are termed 'reactive attachment disorders' which often occur when children are neglected or abused. There are two types of reactive attachment disorder - inhibited and disinhibited.

### **Neuroscience**

Cognitive and Behavioral Neuroscience is the study of the biological bases of behavior: how the brains neural mechanisms affect behaviour.

### **Reflective Supervision**

The purpose of reflective supervision is to; unpack what has happened during the difficult time, come to terms with it and move on, provide perspective, increase staff skills and professional development, and avoid burn-out/compassion fatigue. It provides a way for our staff to reach a greater understanding of young people and their families. It relies on skilled facilitators and open participants who enter into a process of open questioning. Reflective supervision allows individuals or groups of staff to step back from the issue, focus on data and young persons' measurable behaviour, reflect on contributing factors, and brainstorm possible solutions. Thus the integrating knowledge, skills, and experience that they need to perform well.

Reflective supervision is provided in several ways; post incident debrief, group reflective supervision, clinical supervision and 1:1 reflective supervision. This is supported by skilled leaders and Child & Adolescent Consultants.

### **Post Incident Debrief**

Debrief as part of reflective supervision has two parts that we refer to these as the 'heart' and the 'head' stages. The 'heart debrief' allows the staff member to acknowledge what has happened,

what they did and how they felt. It allows them to vent their frustrations or distress. Our staff are only human and need to be given a safe and appropriate space to share their feelings.

The heart debrief would not be constructive without the second stage, which can happen immediately after the first or later as appropriate. The 'head debrief' allows the staff member to make sense of the young person's behaviour and reflect on their own behaviour and emotional reactions. They can plan how they will act in future.

### Compassion fatigue

The effect of significant daily challenges, trauma and distress caused by concerning behaviours. This can result in staff feeling ineffective and mentally and emotionally overwhelmed, impacting on their relationships with and behaviour towards young people. Compassion fatigue is combatted through support and [reflective supervision](#) allowing staff to start each day fresh with positivity.

## 4. Underlying Principles

Our policy is founded on these underlying principles:

- We are compassionate towards young people and their families, and each other. We are committed to [compassionate teaching principles](#).
- We are non-judgemental and have [unconditional positive regard](#) for young people and their families. We believe that you 'get more of what you focus on' so we always build on positives and reward positive behaviour.
- We focus on building young people's [wellbeing](#) and [quality of life](#) as our primary goal.
- We believe that a young person who is motivated, encouraged and made to feel worthwhile, and given the appropriate specialist support will thrive.
- Our approaches are [child centred](#) and individualised.
- We endeavour to never exclude young people.
- Every young person should have a strong sense of belonging. Positive contributions to the school community are widely celebrated.
- We believe in a '[team around the young person](#)' approach, where partnership with families and professionals and coproduced plans are key.
- We recognise that young people with; SEN, SEMH or ASC can find it very difficult to trust, develop relations, understand and process what is going on around them, or understand their emotions, all of which can lead to significant anxiety and stress.
- We also recognise that mental or physical health difficulties, or sensory needs, can all be possible reasons for [behaviours of concern](#).
- We believe that all behaviour has a function (or meaning) for the child expressing the behaviour – behaviours of concern are often a way of communicating. We use a scientific approach to understanding why the young person behaves in the way that they do (function).

- [Restrictive practice](#) often escalates behaviour, non-restrictive responses are likely to be more effective in a crisis, even when behaviour is high risk.
- We believe that any interventions that punish or [sanction](#) in any way are ineffective, unlikely to be understood or seen as fair by the child, and are unethical.
- We believe in the importance of [reflective practice](#) and learning from all incidents. We recognise that [behaviours of concern](#) can be stressful.
- We recognise that young people who show behaviours of concern can be increasingly vulnerable to intentional or unintentional abuse. We seek to achieve an open and reflective culture where abuse is less likely to exist.

## 5. Aims

To achieve our [mission statement](#) we aim to ensure that:

- Schools have the necessary support and resources that they need to implement the policy.
- Our staff have a good understanding of [compassionate teaching principles](#). They are supported to develop their own self-awareness, well-being and personal resilience.
- We have a strong focus on learning, development and reflection and a values-based recruitment process.
- Our staff have a good understanding of the needs of young people e.g. [SEN](#), [ASC](#), [SEMH](#) difficulties (specifically a significant understanding of [attachment](#) and [neuro-science](#)), and the implications of [trauma](#) and loss on child development.
- We embrace [reflective practice](#) and learning from all incidents. We provide good debriefing for everyone, including the young person and onlookers, to help people deal positively with their emotional response and learn to do something different next time.
- We seek external support and expertise to understand and provide support for all possible co-existing problems that the young person faces. As well as developing good internal expertise.
- We use a '[team around the young person](#)' approach, to ensure that support is well planned, implemented and monitored.
- We use data and other information so that decisions about support including proactive and reactive interventions are evidenced based.
- We focus on and prioritise learning targets that maximise young person's [well-being](#) and [quality of life](#), rather than those that aim to reduce behaviours of concern.
- We focus our approach on [proactive](#) strategies which reduce behaviours of concern. These include:
  - Preventative strategies such as reducing sources of stress, or positively reinforcing a less harmful behaviour.
  - Environmental strategies which result in developing a more enabling environment for the young person.

- Teaching skills which include: general skills which increase independence and wellbeing, skills which specifically replace the function of the behaviour of concern, supporting skills like making a choice and coping and tolerance skills.
- [Reactive interventions](#) are a last resort and will be minimally restrictive, for the shortest time possible, and will maintain the safety and dignity of all involved. They are agreed with the 'team around the young person' as being in the person's best interests and will be accompanied by plans to reduce or eliminate the restriction over time. Where they include restrictive practice they will be part of a plan to prevent:
  - Significant self-harm.
  - Injury to others.
  - Committing a criminal offence.
  - Severe damage to property that is likely to cause harm.
- Our policy and practice safeguards young persons, staff and the wider community from harm
- We seek feedback from others on our success.

## 6. Objectives

Our aims will be achieved by:

- Each school Principal producing a [Local Compassionate School Procedure](#).
- The identification of key roles and [responsibilities](#). Providing additional training and support to people in key roles, ensuring that they have the skills required to ensure best practice in their schools.
- The implementation of an effective and meaningful system for debrief and [reflective supervision](#).
- [Appropriate assessment](#) of young people's needs.
- The development of coproduced IEPs and [PBSPs](#), coordinated by skilled Coaches.
- Quality monitoring to ensure that PBSPs that include [proactive](#) and [reactive](#) strategies/interventions and are an integral part of IEPs.
- Ensuring that any restrictions on a person age 16 or over will be agreed with the person (if they have the capacity to agree them) and this agreement will be documented. If the person lacks the mental capacity to agree the restrictions, they will be agreed in the person's best interests and in accordance with the Mental Capacity Act 2005.
- The collation, analysis and use of data, and valid research, as evidence to inform decisions about interventions that form part of [PBSPs](#).
- Providing training and support to staff so that they understand why young people might show concerning behaviour e.g. ASC, SEMH, attachment, trauma, compassionate teaching.
- Providing regular training and support that will support staff to understand this policy and local procedure.

- Ensuring that Team Teach physical intervention training is provided by school based trainers. This training must complement this policy and focus on non-restrictive first resort strategies.
- Having a clear and well communicated procedure for raising concerns about behaviour support and interventions, that is available to young persons, their families, staff, professionals and community members.

## 7. Responsibilities

To ensure the effective implementation of this policy key roles have been identified, some of which are new and will be commissioned by Principals. [Coaches](#) and [Lead Coaches](#) and will be provided with the training and support that they need to develop the skills they need. The table below identifies these key roles and provides a summary of their responsibilities:

Trust Board and LAB	•Ratify policy
CEO and MAT Executive Team	•Support policy implementation
Principal	•Responsible for policy implementation
Lead Coach	•Support school wide policy implementation
Coach	•Support policy implementation in class/house

Some staff have dual roles, so their responsibilities will be described under more than one heading.

### Trust Board

- Reviews the annual [Compassionate Schools Reports](#) produced by Principals, providing challenge and scrutiny.
- Have strategic responsibility for ratifying the Compassion Schools Policy, ensuring that it is non-discriminatory and is reviewed annually.

### Local Advisory Board

- Monitor and evaluate the effectiveness of the policy and provision, in line with the Scheme of Delegation and Terms of Reference.
- Ratify the Compassion Schools Policy and Local Procedure.
- Ensure that the Compassionate Schools Policy and Local Procedure is communicated to parents.

### CEO

- Holds Principals to account for the implementation of this policy.
- Holds the Head of Academy Support and Development to account for the quality of this policy.
- Promotes and role models best practice and supports other staff to develop their practice.

## Head of Academies Support and Development

- Keeps this policy and the associated good practice guidance up-to-date and benchmarked to external best practice.
- Develops a strategic plan for the implementation of this policy and support people to enact their [Local Procedures](#).
- Promotes and role models best practice and supports other staff to develop their practice.

## Principal

- Writes and implements a Local Compassionate Schools Procedure, that meets the actions identified in the compassionate schools self-assessment and includes:
  - The training, support and development needs of staff and how these are met
  - What reflective supervision and debrief looks like and how it is delivered
  - The roles and responsibilities and named personnel, including external expertise
  - Methods of data collection including monitoring of behaviours of concern, and reporting on interventions used
  - How practice will be monitored and challenged where necessary
  - How feedback will be sought from young people and their families, individually and collectively
  - Methods for monitoring, evaluating and reporting on policy implementation
- Self-assesses against the Compassionate Schools Self-Assessment, producing an ambitious but achievable action plan.
- Produces an annual Compassionate Schools Report to the TLG, LAB and Trust Board. To include:
  - Analysis and celebration of what's working well
  - Lessons learnt from critical incidents
  - Summary incident and restriction data with commentary
  - Summary self-assessment audit and action plan
  - Review of effectiveness of learning and development actions
  - Progress report against the restriction reduction plan
  - Outcomes of spot practice observations
  - Safeguarding alerts related to behaviours of concern
  - Child and family carer/friend/advocate satisfaction report with commentary
  - Staff turnover, sickness, stress and morale
  - Feedback from the workforce re; compassion for staff
  - A copy of the Local Compassionate Schools Procedure
- Ensures that young peoples' assessment prior to enrolment and support to transition out of school is thorough. Appropriate pre-entry assessment of young person's needs will include include:
  - Current EHC planning or previous Statement of Educational Needs.
  - Life history.
  - What motivates the child/young person and an understanding of what support works well.
  - Previous school placement(s) and experience(s).
  - Academic ability, including in relation to national curriculum and skills that the child/young person has developed.
  - Behaviour in different environments and behaviour strategies that have worked well.
  - Whether the child is looked after and if so the name of the contact person and key personnel in the placing authority.
  - Family organisation and an understanding of significant people in the young person's life. The young person's and their parent/carers' expectations of what the school can do. The young person's and their parent/carers' aspirations for the future.

- An understanding of religious and cultural needs.
- Current multi agency involvement, feedback and outcomes of any assessments including a CAF if in place.
- Information regarding any particular needs or vulnerabilities, physical, mental, social, communication and sensory.
- Information regarding attendance, any fixed term exclusions.
- Ensure appropriate IEPs are in place including PBSPs for young people who require [tier 2 or 3 support](#).
- Ensures that [seclusion](#) or face down ground restraints are not used or included in any plan.
- Designs and implements a school training and development plan based on the assessed needs of the young people and of the specific risks posed by behaviours of concern. Ensures that the Lead Coach and Coaches have a professional development plan that supports them to develop the skills they need to lead best practice.
- Ensures that the school keeps up to date records on restrictive interventions.
- Analyses and review data and, planning restriction reduction actions.
- Liaises with outside agencies such as the educational psychology services, health, social care etc.
- Ensures that the school has appropriate external support.
- Makes the implementation of this policy and restriction reduction a standing agenda item at SLT and staff meetings.
- Ensures that any staff training relating to concerning behaviour:
  - Reflects the values identified in this policy
  - Is specific to the needs of the young people
  - Includes an assessment of competency of participants
  - Is refreshed annually, or where this is not required there are short refresher session e.g. during twilight training.
  - For physical interventions is delivered by a team teach trainer
- Ensures all staff, including agency, do not work unsupervised until they have had an adequate induction to be able to comply with the relevant sections of this policy for their role. This should include reading and discussing the relevant sections.
- Ensures that all staff have access to support from a named Coach and Lead Coach, and manage the latter's workload, to enable them to provide appropriate support to their colleagues.
- Promotes and role models best practice and supports other staff to develop their practice.

#### Senior Leadership Team:

- Supports the implementation of this policy.
- Supports Teachers/Line Managers, Advanced Practitioners and Policy Implementation Leads to meet their responsibilities.
- Promotes and role models best practice and supports other staff to develop their practice.

**Lead Coach** (could be anyone in senior leadership appointed by the Principal e.g. Assistant Principal, Deputy Principal, Head of Care or Assistant)

- Supports the process of self assessment, committing to support the completion of the resulting action plan.



- Engages with their professional development plan to meet the requirements of the role.
- Works with staff teams to carry out functional analysis of the meaning behind key behaviours of concern and formulate PBSPs together.
- Ensures that [seclusion](#) or face down ground restraints are not used or included in any plan.
- Seeks legal authorisation where restrictions may amount to a deprivation of liberty (under the MCA which applies for young people over the age of 16 in children's care homes).
- Maintains a data base of children and adults we support whose behaviour is of concern, including the level of concern and details of authorised restrictions.
- For children with high impact behaviours of concern makes and maintains arrangements for the involvement of a [clinically qualified professional](#) in the development of their school practice. Detail these arrangements in the Local Procedures.
- Ensures there is a named designated co-ordinator for the 'team around the young person' group for any person with a PBSP (this may be someone external to the school).
- Ensures that all PBSPs are of a high quality, advocate the least restrictive interventions possible. Check that staff practice is in line with the PBSP.
- Where agreed as part of a PBSP, provides discrete [personal protective clothing](#) (PPC) to support staff safety and resilience.
- Where relevant arrange rotas/timetables to ensure that staff who have not been trained to use planned [physical interventions](#) are never in a foreseeable position where they may have no option but to escort or hold a person to keep themselves or others safe.
- Delivers staff training relating to this policy. If qualified this may also include PI training.
- Co-ordinates the development and sharing of up-to-date learning resources and training course content.
- Arranges regular practice supervision for all direct contact staff. This will also include running reflective supervision sessions.
- Analyses data and produce, or contribute to reports proactively and as directed.
- Co-ordinates the production of reports, including analysis of data, to inform decision making and before key multi-disciplinary or other local authority meetings.
- Annually, carries out a review of support for young with moderate, or high impact behaviours of concern and report findings to the Principal. This review must consider:
  - The quality of PBS plans based on audit of all plans
  - Audit of attainment of specific objectives identified in IEPs for individuals as above
  - Frequency and severity of concerning behaviour
  - Restrictive practice use and reduction
  - Significant injuries sustained
  - Changes in the abilities and general health of the children supported
- Co-ordinates with other Lead Coaches and Physical Intervention (PI) trainers including arranging opportunities for cross school training, continuing professional development, reflective supervision and mentoring.
- Contribute to the Quality Assurance and Standards forum (QuAS), attending meetings where required.
- Promotes and role models best practice and supports other staff to develop their practice.

### **Coach (can be teacher, HLTA, TA, Team Leader, Assistant Head of Care)**

- Supports the process of self assessment, committing to support the completion of the resulting action plan.
- Works with their Lead Coach and Line Manager during Supervision and Appraisal to agree and engages with a professional development plan.
- Supports staff in their class/house to meet their responsibilities through coaching, mentoring and training.
- Is trained and supervised by a more experienced and qualified person and seeks support from people with more expertise or experience when required.
- Jointly authorises (with the Lead Coach) all restrictive interventions in their allocated class/house.
- Ensures that [seclusion](#) or face down ground restraints are not used or included in any plan.
- Promotes and role models best practice and supports other staff to develop their practice.

### **Front Line Managers (Teachers, Head of Care)**

#### **Staff Development**

- Co-ordinate regular monitoring of the effectiveness of their team's implementation of PBSP's.
- Promotes and role models best practice and supports other staff to develop their practice.

#### **Planning**

- Ensures that all young persons have an IEP that identifies relevant targets to develop positive behaviour.
- Ensures that all young people who require tier 2 and 3 support have a PBSP that also identifies proactive and reactive strategies to concerning behaviour. Note that there should be a clear link between the PBSP and the IEP.
- Assesses the risks of behaviours of concern, with the support of a Coach/Lead Coach as required, and, where the risk is significant, record this on a current risk assessment form. Communicating the key points (including hazards and risks) and required actions by staff through the PBSP.

#### **Authorising and Reducing Restrictive Interventions**

- Ensures that any PBSPs which include [restrictive interventions](#) are jointly authorised by them the Lead Coach and Coach.
- Ensures that any intervention authorised and agreed by the 'team around the young person' as is in the person's best interests, and that any best interests decisions are recorded.
- Ensures that [time out](#), which can be considered to be a punishment/sanction based approach, is only ever part of a PBSP under the guidance of the Lead Coach.
- Ensures that [seclusion](#) or face down ground restraints are not used or included in any plan.
- Where restrictions may amount to a [deprivation of liberty \(relevant in care homes\)](#), seeks legal authorisation for the deprivation with the support of the Lead Coach.
- Provides all young people and/or their representatives with information about all proposed interventions, including restrictive interventions and prescribed [antipsychotic medicine](#).
- Supports young people to be aware of their right to complain if they feel that any aspect of their support is not in their best interest.
- Supports young people and their families to know how to access independent advocacy, and support families to take part in interventions positively where possible.

### Recording, Reporting and Learning

- With the support of a Coach/Lead Coach as appropriate, agrees and oversees the implementation of systems for [functional assessment](#) of the meaning behind behaviours of concern.
- Ensures that PBSPs are live documents, reviewed:
  - in response to observed changes
  - as part of planning for external changes such as staff changes or moving home
  - when specific targets are set to be reviewed
  - following any use of a restrictive practice, or other incident where learning is identified
  - following any use of an emergency response that was not within the plan
- Maintains a log of reviews and changes to PBSPs over time. Reviews should be regular, particularly if behaviour of concern or use of restrictive interventions increases, or quality of life decreases.
- As standard practice (unless it has been requested otherwise by the young person (over 16), their family, or their local authority) inform parents/carers and commissioners (where appropriate) of any use of a restrictive practice and the process for restriction review as soon as is reasonably practicable but within 24 hours.
- Arranges for multidisciplinary review by appropriate medical professionals of any antipsychotic medicine prescribed to support young people to manage their behaviours of concern 12 weeks after starting treatment, then at least every 6 months (only for care homes).

### Post-incident Support

- Develops a culture of honesty and learning where staff can talk about and report behaviours of concern and incidents without feeling judged and in a way which leads to learning.
- Ensures that if staff have been hurt they receive the treatment necessary for their injury and further emotional and practical support if necessary.
- Arranges staff debriefing following any restrictive intervention and otherwise where required.

### Higher Level Teaching Assistant's and Team Leaders

- Promotes and role models best practice and supports other staff to develop their practice.
- Supports their Teacher/Line Manager, Coach and Lead Coach to meet their responsibilities as requested.

### All Staff who provide direct support, including agency/supply staff and volunteers:

- Ensure that all of their practice shows an understanding of the policy.
- Promotes and role models best practice and supports other staff to develop their practice.
- Reads and follow all PBSPs for young people.
- Fully participate in induction, training, reflective discussions and other opportunities to develop the values, knowledge and skills required to support all young people.
- Are able to recognise [restrictive practices](#) and that these interventions are last resort, not routine, strategies. Knows the procedure for recording and reporting these.
- Except in exceptional circumstances, only use restrictive interventions that have been approved in the person's plan and that they are trained to use safely. Always try [the non-restrictive / first resort strategies](#) in the plan first, unless unsafe to do so, for example to stop a person running in front of a car.

- Ensure that they never use restrictive interventions in place of a non-restrictive intervention because of concerns that they may be rewarding the concerning behaviour. Instead they discuss these concerns with their Line Manager or Coach, who will help plan how to reduce the risk of reinforcing harmful behaviour through the rest of the person's IEP/PBSP.
- Are aware of their [Duty of Care](#), and your legal power, to intervene in the least restrictive way (no more force than needed) to prevent harm in an unforeseen exceptional circumstance.
- Ensure reports and reflections capture positive experiences as well as concerns. Understanding what is happening when the child is calm, happy and engaged, and planning how to build on this, is at least as valuable as focusing on why behaviour of concern happens.
- Record high frequency, but low level, behaviours of concern using agreed logging systems (functional analysis tool e.g. an ABC chart, or a daily / learning log) as detailed in the young person's PBSP or as directed by their line manager.
- Complete an incident form and any behaviour logs (see Local Procedure for where to find these) within 24 hours of any incident where any one of these applies:
  - A restrictive intervention was used in response to a behaviour of concern.
  - Injury or harm to a person occurred as a result of the behaviour of concern
  - Where it was lucky that no injury resulted from the behaviour of concern, otherwise known as a 'near miss incident'

NB Where more than one staff member was involved, it should be agreed who will complete the form.

- Contribute to review meetings and the development of PBSPs.
- Seek the support, which may include emotional, medical or practical support, following any distressing incident. Being honest about how they feel
- Engage with [debriefing](#). This is a requirement following any incidents where they have been involved in the use of restrictive interventions, but may be optional following other incidents
- Use any [Personal Protective Clothing](#) defined in a person's PBSP in the circumstances where this is specified as a requirement
- Engage with regular (ideally at least half termly) group [practice supervision](#) with a Coach.

#### **Support and non-contact staff**

- Have a clear understanding of this policy and of what 'good' support looks like in practice
- Raises any concerns about practice or young people's wellbeing to line manager, escalating concerns where necessary.

## **8. Monitoring Compliance and Impact**

Monitoring of practice against this policy will be carried out by the Trust, Principal and Local Advisory Board and will include:

- Self-assessment undertaken by the schools on the quality of their Compassionate Schools Procedure and practice.
- Annual reporting by the Lead Coach in each school presented to the CEO, HASD and Principal.
- Annual reporting by the Principal to the TLG, LAB and TB.

## **Complaints**

Complaints about this policy can be made through our complaints procedure, available on our website.

## **Appendices**

1. Compassionate Schools Self-Assessment