[](http://www.escb.co.uk/)****

**Understanding and Supporting Behaviour - Safe Practice for Schools and Educational Settings**

***(Including the use of restrictive / non-restrictive physical intervention, use of reasonable force)***

Appendices

Autumn 2022

**Contents**

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| **Appendices:**  **Appendix A**– Template for recording incidents  **Appendix B**– Template for personalised stress management and adult response planning  **Appendix C** - Explanation of the stress domains  **Appendix D** – Template for recording incidents needing restraint  **Appendix E** – Template letter to inform parents of an incident  **Appendix F-** levels of reporting and recording difficult or harmful behaviour |

**Appendix A – Template for Recording an Incident**

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| **Child name:** | **DoB:** | **Year group:** |

|  |  |
| --- | --- |
| **Date of the incident:**  **Day of the week:** |  |
| **Members of staff** |  |
| **Where it took place** |  |
| **What was the activity?** |  |

|  |
| --- |
| **Outline of event/ What happened?** |
| **Consequences:**  **Protecting (what will now happen to prevent any immediate further harm occurring)**  **Learning/teaching (what needs to be revisited with the child or learnt)** |
| **Was safe holding used? yes/no**  Restraint (Restrictive Physical Intervention) form completed |
| **Parent / carer informed:**  **Time and date:** |

**Appendix B - Personalised Stress Management and Adult Response Planning *(developed from the Essex TPP approach)***

This tool is designed to keep everyone safe by enabling staff to think about, plan and be confident in safely supporting children and young people.

How to use this tool

This tool should be discussed, constructed and agreed through One Planning. It is important that the child/young person and their parent/carer is involved.

* Step 1: Identify the stressors being experienced by the child/young person. There are five domains of stress, which are explained later in this document.
* Step 2: Complete the ‘Warning Signs of Stress’ table below, providing personalised detail of what this looks like and means for the child/young person.
* Step 3: Complete the ‘Stress Mapping’ and ‘Level of Harm’ tables below. The frequency and severity of these provides an indication of whether an Adult Response Plan is necessary.
* Step 4: If the pupil is assessed to ‘always’ or ‘often’ experience stress or the harm is assessed to be of concern, develop both the personalised ‘Adult Response Plan’ and ‘Child’s Self-regulation Plan’ for the child/young person as part of the One Planning process.
* Step 5: Regularly review and update the information in this tool through One Planning.

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| **Name:**  **Year Group:** | **Date:**  **Review Date:** |

**Warning Signs of Stress\*** (see explanations of the stressors below)

|  |  |  |
| --- | --- | --- |
| **Stress Area** | **What is it that generally causes the stress?** | **Indicators of excessive stress- how does the child show this?** |
| **Physiological/sensory** |  |  |
| **Emotional** |  |  |
| **Thinking/learning related** |  |  |
| **Social** |  |  |
| **Prosocial** |  |  |

**Stress Mapping**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Not evident** | **Occasionally** | **Often** | **Always** |
| Stress response is easily triggered |  |  |  |  |
| Stress response is not equal with the stressor |  |  |  |  |
| Individual is extremely restless/volatile |  |  |  |  |
| Hard to co-regulate after ‘alarm’ is triggered |  |  |  |  |

**Harm Mapping**

|  |  |  |  |
| --- | --- | --- | --- |
| **Harm/Behaviour** | **Yes/No** | **Harm/Behaviour** | **Yes/No** |
| **Harm to self** |  | **Damage to property** |  |
| **Harm to peers** |  | **Harm from disruption** |  |
| **Harm to staff** |  | **Harm from running away** |  |
| **Other harm** |  |  |  |

**For Reference:**

One Planning Guidance & Templates, from the Essex Local Offer:

<http://www.essexlocaloffer.org.uk/one-plan-templates/>

**Adult Response Plan**

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| --- | --- |
| **Window of Tolerance**  **What the child is like when regulated, calm and engaged?** | **How best to support and maintain this and support regulation** |
| **Dysregulation**  **What are the first signs that things are becoming too stressful?** | **Strategies to support and to co-regulate** |
| **Where does this stress behaviour lead to next?**  **What we are trying to avoid?** | |
| **Hyperarousal** | **Interventions necessary to support, co-regulate and keep everyone safe** |
| **Hypoarousal** | **Interventions necessary to support, co-regulate and keep everyone safe** |

**Child’s Self-Regulation Plan**

|  |  |
| --- | --- |
| **Stress Level** | **Strategy to Support** |
| **Red emotions**  Feeling afraid, angry, annoyed | How to best soothe myself |
| **Yellow emotions**  Feeling worried, disappointed, silly | How to best to soothe myself |
| **My window of Tolerance /**  **Green emotions**  Feeling calm, happy, proud | How best to maintain |
| **Blue emotions**  Feeling sad, low, sleepy | How best to re-energise and give myself hope |

Notes:

The Adult Response Plan starts with the pupil’s ‘Window of Tolerance’ or ‘Green Zone’ (from Zones of Regulation©), as it has been found that staff find it more useful to have the proactive strategies for promoting co-regulation at the top of the plan.

The Adult Response Plan and the Child’s Self-regulation Plan have been adapted to align with commonly used good practice, such as Zones of Regulation©.

**Appendix C - Explanation of the Stress Areas**

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| --- | --- | --- |
| **Domain and definition** | **A child having difficulty regulating in this area may:** | **Supportive strategies** |
| **Sensory/physiological**  consider many factors such as sleep, exercise, health, nutrition and sensory inputs.   * physical health * hunger * noise | • have challenges remaining calm amidst distracting visual and auditory stimuli  • have difficulty sitting for more than a few minutes  • withdraw (become hypoalert) and need to upregulate  • become over-stimulated and need to down regulate | • less intense lighting – soft white light  • use blinds to block out light  • less bright visual materials  • choice in seating (exercise balls,  beanbag chairs, rocking chair)  • keep clutter to a minimum  • oral input (healthy crunchy snacks, water bottles etc.)  • plants  • removing squeaky chairs  • designating areas for quiet and noisy  activities  • creating comfortable learning areas to down- regulate  • using music to signify transitions  • visual schedules (predictable)  • noise cancelling headphones  • fidget tools (i.e. playdough)  • action breaks |
| **Thinking**  the child’s ability to concentrate and switch attention as well as appropriate task and language demands.   * focus and switch focus as required * plan and executive several steps consecutively * problem-solve * understand cause and effect * time management * ignoring distractions * delaying gratification * sequencing ideas * tolerating frustration and learning from mistakes * switching focus | • have difficulty focusing attention  • give up at the slightest frustration  • daydream during class  • be distracted by impulsive thoughts | • preferential seating  • providing instruction in more than one  mode  • quiet place when feeling overwhelmed  • learning games (simon says, statues, musical chairs etc.…)  • breaking down instructions  • providing collaborative learning  experiences  • allowing child’s choice and to set  own goals  • digital technology  • using the child’s passions to engage  learning (consultation with families)  • teaching time management skills  • visual timer  • self-reflection  • providing consistent routines |
| **Emotional**  the child’s ability to monitor, evaluate and modify their emotions  • managing the big feelings and strong emotions  • ability to recover from adversity  • courage to learn new things  • desire to achieve goals  • healthy and realistic sense of self | • become overly excited when praised  • show intense frustration when trying to solve a problem  • become anxious when dealing with  confrontation  • have difficulty focusing when strong emotions  arise | • holding classroom meetings to check  feelings  • mindfulness  • breathing exercises  • encouraging children to express how  they are feeling verbally  • using strategies and language from the  SMART thinking- There’s always a way back  • teaching calm down techniques  (breathing, counting down)  • playing calm music during learning tasks  • teaching positive self-talk  • journaling feelings and experience   * role playing how to express and cope |
| **Social**  consider the perspective of the child and the impact of their actions on others  • understanding the feelings and intentions of self and others  • monitoring the effects responses and adjusting when necessary (“appropriate responses”)  • the ability to be an effective communicator – as a listener and as a speaker  • the ability to demonstrate a good sense of humour that does not rely on ridicule  • the ability to recover from and repair breakdowns in interactions with others (e.g.  through compromise) | • have difficulty listening to the ideas of others  • have difficulty taking ownership over actions  • respond inappropriately to a situation  • have difficulty reading social cues | • collaborative learning experiences  • music experiences  • demonstrating a good sense of humour  • using books to deepen communication of feelings  • teaching how to read social cues  • using expected and unexpected  behaviour prompts  • teaching social media communication  skills  • reinforcing rules |
| **Prosocial**  the idea that other people’s stress also cause stress for the child. This domain is rooted in the development of empathy and doing the “right” thing.The ability to help regulate others and to co-regulate with others.  • a sense of honesty, both with oneself and with others  • empathy, or the capacity to care about others' feelings and to help them deal with their  emotions  • the ability to put the needs and interests of others ahead of one's own  • the desire to “do the right thing” and the conviction to act on one's conviction | As above | • collaborative learning experiences  • teaching how to read social cues  • using expected and unexpected  behaviour prompts  • teaching social media communication  skills   * reinforcing rules * reassurance |

**Appendix D – Template for recording incident requiring restraint**

**Record of incident Requiring Physical Intervention (RPI)**

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| --- | --- | --- | --- | --- |
| **Child name:** | | **DoB:** | | **Year group:** |
|  | |  | |  |
| **Reporting member of staff:** |  | | | |
| **Date of incident:** |  | | | |
| **Start time of incident:**  **End time of incident:** |  | | | |
| **Location of incident:** |  | | | |
| **Name(s) of additional staff witness:** | | | **Name(s) of additional child witness:** | |
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| **Stressors leading up to the hyperarousal and distress** |
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| --- | --- | --- | --- |
| **Co-regulation prior to the decision to use of RPI** | | | |
| Verbal advice and support |  | Swapping of staff |  |
| Calm talking and Reassurance |  | Distraction/diversion |  |
| Personalised co-regulation script |  | Offering choices and options |  |
| Humour |  | Offering safe space |  |
| Other (specify) |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Why the RPI was deemed absolutely necessary** | To prevent harm to self | |  |
| To prevent harm to another child (children) | |  |
| To prevent harm to adults | |  |
| To prevent damage to property | |  |
| To prevent harm from absconding (in accordance with policy) | |  |
| **The harm predicted to be prevented by the RPI**  (e.g. bruising to peers, lacerations, destruction of computer, climbing over high fence, climbing on roof) | | | |
|  | | | |
| **Unresolved harm/ details of damage to property (costs and details of harm to people including medical intervention or damage to property)** | | | |
|  | | | |
| **Was a medical record completed** | | **Yes / No** | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Specific details of the RPI including sequence of techniques, time and staff involved** | | | | | | | | | |
| Time | Technique | | | | | | | Staff name | |
|  |  | | | | | | |  | |
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|  |  | | | | | | |  | |
| Duration of RPI: | | |  | | | Duration of the incident: | | |  |
| **Was there any physical mark or harm caused by the use of RPI to the child?** | | | | Yes / No | Details | | | | |
| **What action has been taken?** | | | |  | | | | | |
| **Has the incident been reported to the Children Safeguarding Team (Local Authority Designated Officer)?** | | | | Yes / No | Details | | | | |
| **Incident reporting and monitoring** | | | | | | | | | |
|  | | **Name** | | | | | **Time and date** | | |
| Incident reported to Senior staff by: | |  | | | | |  | | |
| Parents / Carer verbally informed by: | |  | | | | |  | | |
| Parents / Carer letter sent: | |  | | | | |  | | |
| Child wellbeing check by: | |  | | | | |  | | |
| Staff wellbeing verified by: | |  | | | | |  | | |
| Restorative conversation with child | |  | | | | |  | | |

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| --- |
| **Care for Child following the RPI** |
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| --- | --- | --- | --- |
| **Verification of account of incident** | | | |
| Staff name | Staff signature | | Date |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Reporting staff name** | | **RPI checker and approver name** | |
| **Signature** | | **Signature** | |
|  | |  | |

**Appendix E – template letter to inform parents of an incident**

Dear *(parent / carer)*

Further to our earlier telephone conversation, I am writing to confirm our discussion about the incident in school today. As discussed, it was deemed necessary to use a physical intervention with *(child or young person)*. You will be aware that such an intervention is used in our school only as a last resort, where other interventions and de-escalation techniques have not been effective in reducing the harmful behaviour. As shared with you, it was felt by staff involved that, on this occasion, it was absolutely a necessary and appropriate response to *(child or young person’s)* behaviour at the time in order to keep them and everyone else safe.

As I explained, the detail of this incident is available in school and forms part of *(child or young person’s)* records. If you would like to discuss this matter further, please feel free to contact me and I would be happy to meet with you.

***Or***

It is important that we continue to work together, going forward. I would like to invite you to a meeting to *write / review* a risk management plan for (child or young person) and I can share more detail about the recent incident with you

Yours sincerely

**Appendix F – levels of reporting and recording difficult or harmful behaviour**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Level 1**  When there was no need for first aid or medical attention, or when there is no long-term anxiety or stress as a result of the incident for a member of staff. | | **Level 2**    When there was a need for first aid or medical attention, or if the staff member experiences long term anxiety or stress as a result.  When there was a need for non-restrictive physical intervention. | | **Level 3**  When it was deemed absolutely necessary to use restrictive physical intervention to co-regulate in order to keep everyone safe and prevent harm.  (when this is an agreed intervention to manage the harm as part of the Adult Response Plan/Behaviour Support/ Management Plan.) | | **Level 4**  When it was deemed absolutely necessary to use restrictive physical intervention in order to keep everyone safe and to prevent harm including the child/young person. (when this has not been an agreed intervention to manage the harm as part of the Adult Response Plan/Behaviour Support/ Management Plan.) | |
| These are behaviours that are likely to be responsive to the usual range of support and / or interventions set out in the school behaviour policy. They will also be monitored and reviewed through personalised ‘One Planning’ when appropriate.  Examples of such behaviours:   * Eating or mouthing non-edible items, such as stones, dirt, pen lids, bedding, metal, faeces * Smearing of faeces * Rocking, repetitive speech and repetitive actions or manipulation of objects * Absconding * removing of clothing items * Self-injury/harming, including head banging, scratching, hitting, kicking, biting and poking * Language-based personal abuse or sexual comments * Racist, sexist, or homophobic behaviour or comments | These are behaviours that have duration, frequency, intensity or persistence and are beyond the typical range for the school. Such behaviour is less likely to be responsive to the usual range of support and / or interventions identified within the school behaviour policy.  These behaviours may also:   * compromise the child or young person’s own and / or other CYPs learning * disrupt the day-to-day functioning of the school, making it a less safe and routine environment. * Language-based persistent personal abuse or persistent sexual comments * Persistent racist, sexist, or homophobic behaviour or comments | | These are behaviours that are harmful in that they compromise the safety and wellbeing of the child/young person or staff:  This will include:   * causing harm towards adults or other children/young people (including pushing, punching, kicking, biting, scratching, spitting, head-butting) * causing harm to the learning environment, including that of property * striking another adult / child or young person with an object | | These are behaviours that are harmful, in that they compromise the safety and wellbeing of the child/young person or staff:  This will include:   * a one-off serious incident involving behaviour not previously observed in the child or young person * causing harm towards adults or other children/young people (including pushing, punching, kicking, biting, scratching, spitting, head-butting) * causing harm to the learning environment, including that of property * striking another adult / child or young person with an object | |
| **Expected Reporting and Recording** | | | | | | | |
| Systematic reporting and recording at the school/setting level in accordance with policy. | | Systematic reporting and recording at the school level in accordance with policy.  In all cases of RIDDOR and when Headteacher deems appropriate, these incidents may also be reported to ECC via MySafety. | | Systematic reporting and recording at the school level in accordance with policy.  These incidents must be reported to ECC via MySafety. | | Systematic reporting and recording at the school level in accordance with policy.  These incidents must be reported to ECC via MySafety. | |