



## POSITIVE BEHAVIOUR SUPPORT POLICY

### POLICY STATEMENT

**Truro and Penwith College is committed to providing a positive and purposeful learning environment where all learners and staff are safe. This is predominantly achieved through high quality teaching, effective learner support, student code of conduct, the disciplinary policy and positive behaviour support strategies. This policy applies to all learners but also reflects our understanding of SEND and learners with High Needs and how this can sometimes affect learners' ability to regulate and independently manage their behaviour positively in order to engage with their learning and navigate the college environment safely. This policy provides guidance to staff on the use of physical contact, non-restrictive and restrictive practice. In exceptional circumstances, a situation that may be potentially harmful or violent to its learners or members of staff that requires the use of restrictive physical intervention.**

In order to achieve this Truro and Penwith College adopt the good practice set out in the following Department for Education Guidance. While not always specific to Further Education Colleges the principles that underpin them are applicable:

- DfE Use of Reasonable Force – Advice for Head teachers, Staff and Governing Bodies, July 2013
- DfE reducing the need for restraint and restrictive intervention, 2019
- DfE Behaviour and Discipline in Schools – Guidance for Governing Bodies, July 2013
- DfE Behaviour in Schools – Advice for Head teachers and School Staff, January 2022
- Creating a Culture: How school leaders can optimise behaviour, March 2017
- DfE Screening, Searching and Confiscation – Advice for Head teachers, School Staff and Governing Bodies, January 2022
- SEND Code of practice
- Suspension and Permanent Exclusion from maintained schools, academies and pupil referral units in England including pupil movement, September 2023
- DfE Statutory Framework for Early Years Foundation Stage, 2017
- DfE Keeping Children Safe in Education, September 2023
- DfE Working Together to Safeguard Children, July 2018
- DfE Mental Health and Behaviour in Schools, March 2018
- Guidance for Safer Working Practice for those working with Children and Young People in Education Settings– February 2022

Within this statutory guidance the focus is on 'keeping young people safe', 'promoting personal wellbeing' and 'ensuring good behaviour' in college. With this in mind, Truro and Penwith College aims to take a holistic approach to behaviour that encompasses sensory processing, trauma informed approaches, positive behaviour strategies, and appropriate environments.

## **GUIDANCE FOR THE USE OF PHYSICAL CONTACT**

At Truro & Penwith College we believe that the use of touch is a vital aspect of our integrated approach to SEND Education and that for some learners, adult physical contact is not only inevitable but beneficial.

Physical contact can promote social and emotional development, is an effective means of communication and is the key to the development of healthy relationships. We recognise that there are a variety of reasons why college staff would be required to make physical contact with a student as it can be used to:

- Show acceptance
- Provide reassurance
- Calm and provide comfort
- Support verbal communication
- Implement the curriculum
- Engage in Personal Care routines (See intimate care policy)
- Provide Medical Intervention (See policy for management and administration of medication)
- Deliver therapeutic programmes
- Communicate non-verbally
- To guide learners when navigating campus
- Remove student from harmful/risky situations

Without exception staff need to be clear and open about the use of physical contact, how it supports the development and wellbeing of our students and be able to explain the rationale of its use. There must be clarity and transparency in all activities which involve contact.

## **CONSENT**

It is important that, as far as possible, the students give consent to any physical contact. All staff should be sensitive to any verbal or non-verbal communication from students indicating that they do not want to be touched. It must always be considered that for touch to be positive it must first be consensual.

Staff should be aware of changes in students' behaviour which may indicate the need to reduce or withdraw touch. All changes in behaviour as a result of touch should be recorded in the appropriate documentation.

At Truro and Penwith College excellent relationships between staff and learners are vital. It must be recognised that due to the nature of the learning needs and differences presented by some of the learners who attend that the use of physical contact can be an integral element of the teaching and learning process. However, no physical contact

is used unless it considers the welfare of the learner, is in their best interest, is proportionate and balances the rights of both staff and learners.

We believe there is a clear distinction between physical contact, restrictive and non-restrictive physical intervention. None of these methods are used as sanctions or punishment or as a response to staff shortages.

## **TYPES OF PHYSICAL CONTACT**

Where appropriate and consented to, physical contact may include:

- Prompting – e.g tapping on the arm/shoulder.
- Guiding – e.g. sighted guiding, redirecting to safe route
- Escort – e.g. moving with a person from point A to point B to keep them safe e.g. linking arms or hand holding.
- Reassuring – e.g. wiping tears away, pat on the back
- Links to physical learning – e.g. touching hands when moulding clay or balancing when surfing
- Supporting with sensory needs – e.g putting ear defenders on for a learner, guiding a learner with sensory strategies, support with providing contact, weight or pressure.

These forms of physical contact are supported by SEND research and stated within the needs and provision of EHCPs and as such support a culture of:

### **Building Relationships**

Research has shown that positive touch is beneficial in building trust, stress reduction and state regulation (Harrison, 2001). For students with SEND, positive touch has been used successfully to enhance staff-student interactions and increase learners' comfort (Pardew & Bunse, 2005 and Field, 2010) and socioemotional and physical wellbeing.

### **Communication**

Members of staff in the college recognise physical contact as an important part of development and guidance. They understand that physical contact may be communication and they recognise the importance and significance of non-verbal communication and respond appropriately. This should always be done in a developmentally appropriate way and if a student refuses physical contact the staff member will respect their wishes and find alternative methodologies. There are a number of excellent developmental communication programmes such as Tac Pac that have physical contact at their heart.

### **Emotional Wellbeing**

Therapeutic touch is used in situations of distress. In these situations, research has shown that distress can increase when touch (reassurance) is sought but not received. Students who are very heightened often ignore information provided by their senses, for example they may no longer hear or see. In these circumstances touch may be the only means of connecting with the individual. Therapeutic touch is also used as integral part of sensory based curriculums.

## BEHAVIOURS OF CONCERN

In order to support learners to manage their behaviours safely we offer a range of support to learners. We recognise that on occasion, even with support in place, learners will become dysregulated, unsettled, emotional, distressed, unhappy or anxious, and they may communicate this with behaviours that are challenging or present risk.

At Truro and Penwith College we define behaviours of concern as any behaviour which:

- reduces the quality of an individual's life.
- reduces access to learning.
- puts a learner at risk (physically or emotionally).
- puts the people around a learner at risk (physically or emotionally).

Behaviours of concern may show that the young person:

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

In judging whether a particular behaviour is a cause for concern staff consider the learner's needs, level of development and positive behaviour support plan to determine whether this behaviour is expected. Staff are required to ensure they have exhausted other appropriate strategies before implementing restrictive physical intervention.

## GUIDANCE FOR THE USE OF PHYSICAL INTERVENTION

The Department for Education (DfE) have set out the legal powers and duties that govern behaviour which includes the use of reasonable force and provides staff with the power to use reasonable force to prevent students injuring themselves or others. In order to maintain the safety and welfare of our students, staff and visitors, it may sometimes be necessary to use reasonable force on a student, as permitted by law.

The Governing Body have taken account of advice provided by the 'DfE - Use of reasonable force - advice for Head teachers, staff and governing bodies' and the school's public sector equality duty set out in section 149 of the Equality Act 2010.

Truro and Penwith College acknowledge the guidance set out in DfE 'Reducing the need for restraint and restrictive intervention' and as such will limit restrictive practise wherever possible. With this in mind, **Truro and Penwith College expect staff to use non-restrictive physical intervention wherever possible e.g., 'block and move' and only to use restrictive practise e.g., holds where absolutely necessary.**

The Education Act 1996 and the Education and Inspections Act 2006 describes where necessary reasonable force can be used to physically intervene with learners. The law protects individuals who take action to save/protect the welfare of others and states that actions taken to avert imminent danger or physical injury are not corporal punishment (since 1986 corporal punishment has been unlawful in the UK).

Reasonable force is used in physical safety intervention on an individual to prevent them from causing damage/harm to themselves or others and may be used by a member of staff to stop their actions. All learners at the College, including under 16s, could be subject to physical safety intervention by members of staff. Where a member of staff has applied necessary reasonable force appropriately and attempted to first use non-restrictive strategies, the College would support their actions. If a learner or member of staff chose to complain or take legal action against a member of staff in relation to the reasonable use of physical safety intervention where it had prevented harm to others, the College would support the member of staff.

Members of staff should also be aware if force was used against learners or members of staff that was not considered necessary and/or reasonable this may be viewed as a disciplinary offence and may result in dismissal.

If staff are identified as requiring additional training due to greater levels of risk e.g., those supporting certain learners with High Needs, they will undertake safety intervention training and will be bound by Truro and Penwith Policy on CPI - Safety Intervention.

## **1. AUTHORISATION TO USE RESTRICTIVE PHYSICAL INTERVENTION (RESTRAIN)**

All members of staff are authorised by the Principal and the Board of Governors to use necessary and reasonable force to prevent or stop a potentially harmful/violent or dangerous act taking place where the well-being of learners or another member of staff is at risk. The decision to use physical safety intervention on another individual is to be made by the member of staff and they do so under their own instruction/volition. There is no expectation for staff to intervene in a harmful/violent or dangerous situation where they feel their own well-being/health would be at risk.

## **2. GUIDELINES: PREVENTION AND MANAGEMENT OF EMERGENCY SITUATIONS**

The first step in the College's response to emergency situations is prevention. All staff are expected to be vigilant in the monitoring of others behaviour and act to prevent a harmful/violent and dangerous situation arising. For learning areas, students should be engaged in purposeful learning activities and in leisure or service areas all members of staff should be proactive in approaching students who are not following the College's standards of behaviour. Members of staff should be alert to changes in the climate of the learning environments and/or learner group's dynamics and act to prevent negative tensions building. Members of staff are expected to reinforce the high standards of behaviour expected of learners through consistent engagement with learners acting outside of those standards.

Despite the College's proactive, preventative approach to managing the learning environment, a harmful/violent or dangerous situation may arise. In this event, members of staff are advised to:

- I. Take ownership of the incident and join with other members of staff in managing the situation, contact Reception and indicate if Ambulance, Fire and/or \*Police services should be contacted or obtain management intervention/guidance during the incident, if at all possible.
- II. Ensure other learners or members of staff in the area are moved to safety.
- III. Prevent others from entering the area, wherever possible.
- IV. If the learner is about to injure themselves or others and the member of staff feels they can use necessary reasonable force to prevent harm/physical injury, they can decide to intervene using physical safety intervention practices.
- V. Use CPOMS to report the incident and complete an incident report log-detailing the incident. Reports assigned to Designated Safeguarding Lead (DSL), Director of Operations, Safeguarding Officer.
- VI. Line manager/DTL/PTL to debrief with staff member, student, parent/carer within 24 hours to check in on welfare and advise of support available. These to be logged on CPOMS (for students) and HR informed (for staff).

***\* Where possible, all contact with the Police should be made by the Director of Operations, a member of the Senior Management Team or the Duty Manager. The above steps should be applied in the order most appropriate for the situation in hand.***

### **3. PREPARATION FOR PHYSICAL INTERVENTION FOR PROGRESSION PATHWAYS LEARNERS**

All staff within Progression Pathways are trained in the use of CPI safety intervention as there are some learners who have physical intervention stated within the needs and provision of their EHCP. In these instances, the use of force to physically intervene against an individual should only be taken when the member of staff is acting to prevent harm/physical injury to the individual or others and all other preventative and non-restrictive techniques as stated in learners' Positive Behaviour Support Plans and risk assessments have been explored.

For example, if a learner has struck another learner, or is inflicting injury on themselves, the member of staff may use physical safety intervention techniques to prevent harm/physical injury or further harm/physical injury occurring.

Physical intervention should only be used where staff perceive that failure to do so would result in harm or physical injury to others or the individual and that the harm being caused was more significant than the potential harm of the restrictive intervention. For example, where a learner was damaging College property but not harming others, the member of staff should follow the guidelines 1-3 above, including contacting the Premises Supervisor, but not use physical safety intervention as this may put them or the learner at risk of harm/physical injury where previously this did not exist.

All behaviour incidents are logged and recorded on the behaviour support log. These logs are monitored to ensure interventions are appropriate, safe and inline with positive behaviour support plans and risk assessments and then referred for debrief where required.

For further advice or guidance on the management of emergency situations, please contact the Director of Operations.

### **3.1 PROGRESSION PATHWAYS DEBRIEF**

Following a restrictive physical intervention incident staff and learners will meet with a behaviour lead, campus coordinator and DTL or PTL within 24 hours, for a debrief.

1. A record of the debrief will be kept in the behaviour support log. It may not be appropriate for the learner to be involved in the debrief process, post incident. If this is the case a member of staff who knows the learner well, or the parent/carer can complete the form with a member of the behaviour support team.
2. If a member of staff has been hurt, they will be supported, away from the classroom/area, for as long as necessary. All injuries, staff, or learner, requiring hospital/GP attention are logged on CPOMS and HR.
3. If a learner/s have been hurt they will be supported, away from the classroom, for as long as necessary. All injuries are supported with first aid trained staff and are logged on CPOMS
4. Staff who are harmed or have observed harm are able to access counselling via Student Services at their own request.
5. Learner Risk Assessments and Positive Behaviour Support plans are reviewed, and updated if necessary, following an incident.
6. All restrictive physical interventions are notified to the weekly safeguarding list by the person completing debrief. They are then reviewed and discussed at weekly safeguarding meetings. These behaviours are reported to governors, via the DSL report, on a termly basis.
7. Where a member of staff believes proper process has not been followed or believe a safeguarding concern exists they should contact the DSL.

Debriefs are available to staff for incidents that do not involve restrictive physical intervention, where required/requested, particularly those where harm has occurred or been witnessed.

### **4. POTENTIAL OUTCOMES**

- Staff must be sensitive to the danger of touch triggering feelings of past trauma and be alert to any signs of distress.
- Staff must be aware that in some instances the act of preventing physical harm could cause emotional harm.
- Students may inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. If this occurs the member of staff should report this to their line manager and record the incident in detail.
- It is never appropriate for a member of staff to touch a student's intimate body areas except as part of **agreed** intimate or medical care.

- Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all signals from students they are supporting.
- If staff are in any doubt about issues concerning appropriate touch or observe any practice they consider is a cause for concern they should follow the agreed protocol for safeguarding as laid down in the college's Safeguarding Policy.

## **STAFF TRAINING**

Leaders and managers ensure that staff receive regular training and refreshers in the following areas as required by their roles:

- Safeguarding
- Supporting positive behaviour
- Communication methods
- CPI safety intervention
- Trauma informed practice
- Manual Handling
- Medication administration
- First-Aid
- Enteral feeding (where appropriate).
- Identified staff are trained in health care competences which are specific to individual students.

## **EQUAL OPPORTUNITES**

Whilst respecting that gender, cultural and disability factors have relevance in the issue of touch, the emotional and communication needs of the individual should be given equal consideration.

Individuals of any age can want or need physical support that requires touch. This can raise the issue of age-appropriateness and the maintenance of dignity for our students. However, the developmental age, emotional and communication needs of individuals are of greater importance than their chronological age.

## **COMPLAINTS AND ALLEGATIONS**

The availability of a clear policy about the use of reasonable force, should reduce the likelihood of complaints but may not eliminate them. If any staff have a low-level concern regarding another member of staff this must be recorded with HRES.

If any staff experienced another member of staff using 'unacceptable use of force' and banned techniques they must report this to the Head of HRES, the Designated Safeguarding Governor, or a Designated Safeguarding Lead as soon as possible.



## **ANNEXE**

### **PROGRESSION PATHWAYS BEHAVIOUR SUPPORT FORM**

[Behaviour Support form](#)

### **PROGRESSION PATHWAYS DEBRIEF FORM**

[Post Incident Debrief Following Behaviour Incident form](#)

Level 1 Minor Disruption	Level 2 Moderate: aggressive but little evidence of injury caused	Level 3 Severe: injury caused/possible severe injury with intent
<ul style="list-style-type: none"> <li>Task avoidance</li> <li>Refusal to work</li> <li>Not following instructions</li> <li>Walking away from learning</li> <li>Shouting out to learners/staff</li> <li>Swearing at learners/staff</li> <li>Going to ground</li> <li>Destroying own work</li> <li>Throwing items away from others</li> <li>Self-harm – not leaving a mark</li> <li>Pulling down displays</li> <li>Purposefully invading others personal space – staff or learner</li> <li>Screaming</li> <li>Hair Pulling – sensory/attention seeking</li> <li>Climbing on furniture</li> </ul>	<ul style="list-style-type: none"> <li>Destroying work of others</li> <li>Throwing items at others</li> <li>Grabbing</li> <li>Hitting/punching</li> <li>Spitting</li> <li>Slapping</li> <li>Biting</li> <li>Kicking</li> <li>Hair pulling</li> <li>Barging/pushing</li> <li>Purposefully invading others personal space continually – staff or learner</li> <li>Self-harm – leaving a mark</li> <li>Vandalism: breaking/flooding/defacing</li> <li>Running away: on school site</li> <li>Aiming wheelchair into others</li> <li>Scratching</li> <li>Pinching</li> <li>Refusal to transition</li> <li>Repeatedly going to ground</li> <li>Attempted acquisition of items that are fixated upon</li> </ul>	<ul style="list-style-type: none"> <li><b>ANY PHYSICAL INTERVENTION</b></li> <li>Throwing items at others with intent</li> <li>Continuous Slapping</li> <li>Twisting skin to deliberately cause harm</li> <li>Biting with intent to hurt</li> <li>Kicking continuous and with intent</li> <li>Punching repeatedly</li> <li>Hair pulling to the ground</li> <li>Running off school site</li> <li>Suffocating – prolonged and with intent</li> <li>Attempting to drown</li> <li>Hitting others with wheelchair or any other heavy M&amp;H equipment</li> <li>Refusal/Unable to transition – RPI to support</li> <li>Climbing on furniture – RPI needed to keep safe</li> </ul> <p>Many of these behaviours are classed as level 2 and level 3. Level 3 behaviours are sustained, prolonged or repeated. It may require several staff members to address. It may disrupt learning for a longer period of time. It may require medical attention.</p> <p><b>If you are listing a behaviour on level 3 you must also speak to a member of the Behaviour Team (Jo H, Heidi Bright, Phil) to complete a debrief.</b></p>

**Learner name:** \_\_\_\_\_

This well-being profile supports the holistic approach to the social, emotional and mental health needs of students. It provides the guidance/information to enable all adults to work in a consistent way within the agreed behavioural approach during times of escalation and challenge.

**Areas of Additional Support (Please Tick)**

S&T Recommendation:	OT Recommendation:	CAMHS Recommendation:
Outcome/IEP target:	Outcome/IEP target:	Outcome/IEP target:

Medical/ additional information derived from the care plan received from the school nurse details: \_\_\_\_\_

Reasons for support plan (brief overview): \_\_\_\_\_

Agreement of Plan:

Student (if applicable): \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_

Class teacher: \_\_\_\_\_

Behaviour Support Team: \_\_\_\_\_ Date Plan to be reviewed: \_\_\_\_\_

**Behaviour Profile**

Positive Behaviours displayed – what I can do, enjoy doing when I am settled:	
Rewards/activities I enjoy:	
Possible Triggers which affect my wellbeing:	

**Individual Support and Wellbeing  
Early Intervention Support Plan**

Behaviours I may display: Level 1	
Early Intervention Level	
Behaviours I may display: Level 2	

**Individual Support and Wellbeing  
Positive Behaviour Support Plan**

Behaviours I may display: Level 3	
Preferred Handling Strategies: Level 3 As a parent/teacher/assistant and to keep themselves/others safe	