East Lothian Council

Included, Engaged & Involved

Managing Distressed and Challenging Behaviour

Policy: November 2018

getting it right for every child

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1 Introduction

East Lothian Council is committed to providing the best education service in Scotland through a relentless focus on inclusion, achievement, ambition and progress for all. We are committed to creating and sustaining a safe, positive and inclusive environment where respect is shown to and is given by all its children, young people, staff and parents and carers.

This policy will support our school communities to keep learners included, engaged and involved in their education and will improve outcomes for all East Lothian children and young people by;

- Supporting schools to focus on developing positive relationships and a whole school ethos where children and young people feel included, respected, safe and secure;

- Supporting staff to deploy effective strategies which support pupils who may be exhibiting distressed or challenging behaviour;

- Clarifying the position for all staff working in schools regarding the use of approved strategies for managing challenging or distressed behaviour.

This guidance should be read in conjunction with the following East Lothian Council documents:

- A Positive Approach to Preventing and Managing School Exclusions policy (2018)

- Identifying, Assessing and Providing for Additional Support Needs of Children and Young People policy (2018)

- Child's Planning Framework guidance (2017)

2 Guiding Principles

It is important to recognise that all behaviour is a form of communication. Staff and schools should always seek to use their knowledge of the child or young person to plan strategies and approaches to meet their learning, health and wellbeing needs. This may be in collaboration with or supported by other agencies. The following principles should be upheld:

- A consistent and well maintained commitment to a whole school ethos of prevention, early intervention and support as the context for the promotion of positive relationships;

- Key stakeholders including children, young people and parents will be involved in the development of policies, approaches and strategies to create and promote a school culture and ethos underpinned by positive relationships and behaviour;

- Everyone in a school or learning establishment should feel they are in a safe and nurturing environment;

- All children and young people need to be included, engaged and involved in their learning;

- All children and young people have the right to get the support they need to benefit fully from their education and fulfil their potential;

- Planning should take account of potential triggers, the use of strategies which have previously proven effective and de-escalation strategies;

- The use of physical intervention methods should be restricted to those rare situations where there is immediate danger of personal injury to staff or pupils, including self-injury;

- Any use of restrictive physical intervention should be used **as a last resort** and should be the least intrusive for the shortest time.

This guidance has been developed in line with the following:

Education (Scotland) Act(s) (2016)
http://www.legislation.gov.uk/asp/2016/8/pdfs/asp_20160008_en.pdf

Standards in Scotland's Schools etc. Act 2000
http://www.gov.scot/Resource/0051/00515736.pdf

Additional Support for Learning Acts
http://www.gov.scot/Publications/2009/11/03140104/0

Getting it Right for Every Child
http://www.gov.scot/Topics/People/Young-People/gettingitright

Children and Young People (Scotland) Act (2014)
http://www.gov.scot/Topics/People/Young-People/gettingitright

We Can and Must Do Better
http://www.wecanandmustdobetter.org/

Building the Ambition
https://education.gov.scot/improvement/Pages/elc1buildingtheambition.aspx

United Nations Convention on the Rights of a Child
https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

How Good is Our School 4 (HGIOS 4)
https://education.gov.scot/improvement/Pages/frwk2hgios.aspx

How Good is Our Early Learning and Childcare
https://education.gov.scot/improvement/Pages/frwk1hgioearlyyears.aspx

Included Engaged and Involved Part 2 2017
http://www.gov.scot/Publications/2017/06/8877

Developing a positive whole-school ethos and culture – Relationships, Learning and Behaviour (2018)
http://www.gov.scot/publications/2018

3 Legislative Context

Legislation and Scottish Government guidance governing the Health & Safety responsibilities with regard to managing distressed and challenging behaviour is outlined below. Taken together these documents ensure that employers must assess risks to employees and make arrangements for their health and safety by **effective planning, organisation, control, monitoring and review**. This includes protecting employees from the risk of violence and ensuring staff understand their responsibilities in terms of planning to meet needs and the use of inclusive practice, de-escalation and physical intervention.

- The **Health & Safety at Work Act 1974** requires "every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees" and "the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees".

- The **Management of Health & Safety at Work Regulations 1999** requires employers to make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work.

- **The Education (Scotland) Act 1980** recognises that there may be occasions when staff may have to use "such force as is reasonable" to prevent a pupil causing injury to themselves or others. Despite using preventative strategies, it is recognised that in certain situations pupils may continue to exhibit distressed or challenging behaviour to a degree where restrictive physical intervention becomes necessary as a last resort to prevent a pupil injuring themselves or others. These provisions apply not only to school premises but to any other place where a teacher has responsibility for a pupil concerned e.g. a field trip, or other approved out of school excursion. There is no legal definition of "reasonable force". It will always depend on the circumstances of the case.

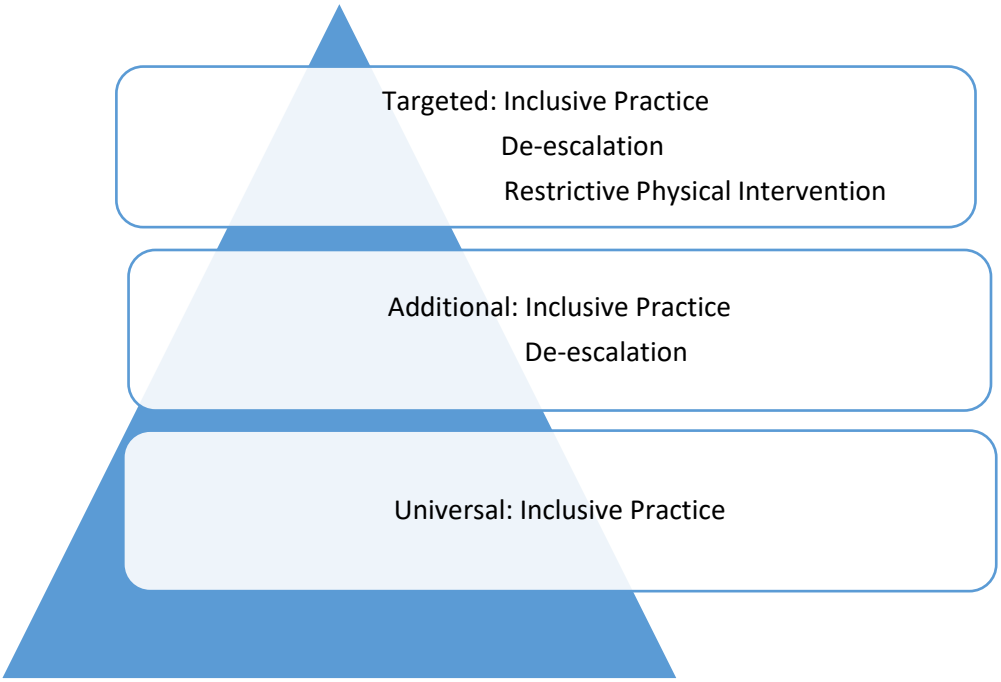
- **The Standards in Scotland's Schools etc. (Scotland) Act 2000 Act** states that teachers or other people working in a school may not use corporal punishment on pupils. Section 16 states that actions taken to prevent immediate danger of injury to self or others is not corporal punishment.

- **Included, Engaged and Involved, Part 2: A Positive Approach to Preventing and Managing School Exclusions (2017)** states that "it is only acceptable to physically intervene where the member of staff reasonably believes that if they do not physically intervene, the child or young person's actions are likely to cause physical damage or harm to that pupil or to another person".

4 Approaches to Managing Distressed and Challenging Behaviour

There are three levels of meeting children and young people's needs: universal, additional and targeted. Distressed and challenging behaviour can be a presenting feature in any of these levels. The additional support needs of children and young people at universal and additional will generally be met in mainstream schools. Headteachers have responsibility for the relevant deployment of staff and resources to meet the needs of children and young people in their schools. Ongoing guidance, support and training can be provided by East Lothian Council's Additional Support Needs Service, Educational Psychology Service and the Health and Safety Officer.

It is expected that the provision to meet the needs of children and young people will be made in line with East Lothian Council's Child's Planning Framework and progression to the next level will only take place when all planned interventions and outcomes have been reviewed. In accordance, it is expected that children and young people for whom targeted support and intervention is required will have exhausted the supports on offer at the lower levels.



Level	Approaches	Resources
Universal	Additional support needs are met in the classroom by the class teacher. Differentiation/modification to the curriculum/environment may be required. Advice and support can be provided by Support for Learning staff or school nurse.	Inclusive Practice CIRCLE Resources Education Scotland Inclusion Hub Autism Toolkit Applying Nurture Principles
Additional	A higher level of intervention required over a sustained period. Often requiring support from other agencies out-with Education Services. Detailed planning required and may be recorded in a positive support plan. As and when coordination of support is required a child's planning meeting will be held and the outcome recorded on a Child's Plan.	De-escalation strategies Positive Support Plan Individualised Education Plan Child's Plan Educational Psychology Service
Targeted	Children and young people with significant and continuing level of need requiring multi-agency support e.g. Exceptional Needs funding in place; educated within a specialist provision or enhanced support base.	Exceptional Needs Specialist Provision Multi-agency Co-ordinated Support Plan considered

4.1 Universal: Inclusive Practice

All schools must have a positive relationship and behaviour policy. This must be known and implemented by all staff and regularly reviewed and discussed. The policy should be easily understood and shared with learners and their parents/carers. The policy should promote inclusion and a whole school ethos based on positive relationships and behaviour and the development of clear classroom support and positive role modelling.

An inclusive classroom environment is the starting point for positive relationships and behaviour. The inclusive practice CIRCLE resource, CIRCLE Inclusive Classroom Scale, can be used to review, reflect on and develop a positive learning environment for all.

The following strategies should always be considered:

Physical Environment

- Ensure the classroom is well organised with everything consistently and well labelled.
- Arrange the class to promote good interaction. Consider learners who have additional support needs - do they need to sit close to the door to enable them to leave quickly; do they need to

sit away from the window to reduce distractions; do they need to sit near the teacher to maximise attention and concentration or to ensure they can hear or access resources?

- Some learners find elements of the physical environment overwhelmingly distracting e.g. lighting, noise levels, visual stimulation, and proximity to peers. Sometimes further adaptations over and above seating arrangements may be required e.g. individual work station, "safe space", and alternative learning environment.
- Where visual supports are in place, ensure that these support, are consistent and don't add to the distraction.
- Some learners may require the use of agreed sensory supports e.g. fidget supports or move and sit cushions. Others may require specialist equipment. Further guidance and support can be provided by East Lothian Council's Access Officer.

Social Environment

- Aim to develop a classroom culture where everyone feels valued and secure and individual differences are respected.
- Be aware that some learners can feel anxious about performing in front of the class. Take this into consideration.
- Be aware of peer relationships and take these into consideration when planning seating and groupings.
- Be aware of how language is being used and consider differentiating language and instructions as a routine part of your practice.
- All behaviour is communication so reflect on what message might lie behind the behaviour.
- Teach learners how to recognise, understand their emotions.
- Model appropriate social and emotional skills during interactions.
- Teach social skills through providing specific interaction activities.

Structures and Routines

- Consider structures and routines in terms of how the lesson/day/week is structured.
- Approaches such as consistent seating plans can help reduce anxiety or distraction for learner.
- Where possible advise of any changes to the routine or environment in advance.
- The regular use of active learning and multi-sensory learning should help ensure that learners know that their particular learning style is likely to be met during the lesson.
- Use a consistent approach to behaviour and set clear and specific class rules and routines in collaboration with class members.
- Assign positive roles to class members to promote positive views of themselves.
- Preparing individual children and whole classes for changes – big or small - can be crucial in supporting them to feel safe and lower anxiety levels.

Motivation

- A learner-centred approach is crucial to engaging learners.
- Values, abilities and interests are useful themes for encouraging motivation.

Values

- Listen to and value learners' views, thoughts and ideas.
- Involve learners in target setting and self-assessment.
- Model respectful relationships and restorative approaches.

Abilities

- Differentiate work so that goals are realistic and achievable whilst still providing enjoyment and challenge.

Interests

- Utilise learners' interests or experiences when designing lessons.
- Allow learners an element of personalisation and choice.
- Use experiential learning, multi- sensory approaches and/or technology to motivate.

Staff should recognise that all behaviour is communication and endeavour to identify, as far as possible, the triggers that may lead to a child or young person acting in a distressed or challenging way.

It is important to gain a clearer understanding of the factors underlying behaviour and the following may help:

- The inclusive practice CIRCLE pupil participation scale can be used to look at pupil engagement within the classroom and consider if there are any individual unmet needs requiring targeted supports and strategies.

- Using a tool such as Antecedent, Behaviour, Consequence (ABC) or Setting, Trigger, Action, Result (STAR) charts can be helpful in identifying patterns or triggers.

- Partner agencies such as Educational Psychology Service can provide support and advice in the use of approaches to behavioural analysis and identification of additional support needs.

4.2 Additional: De-escalation

In every situation, staff should use the positive relationships they have developed with children and young people to help to de-escalate the situation.

Staff should always use their professional judgement and knowledge of individual children to seek the least intrusive and most effective measures to de-escalate a situation - one size doesn't fit all – the following de-escalation techniques should be considered:

- Self-monitoring – when dealing with a situation that may escalate, staff should self-monitor with a focus on how they can present in a calm and controlled way.

- Proximal praise –praise /positive feedback is given to a neighbouring pupil who is modelling the desired behaviour or reference is made to a time when they were demonstrating the desired behaviour e.g. “remember yesterday when you showed me the work you completed”.
- Use non-threatening verbal and body language – side stance, open palmed hands held low and visible.
- Facial expressions - non-threatening.
- Personal space – staff should be aware of when they might be entering into the inner or outer circle of danger i.e. getting so close to a pupil that the pupil may find this threatening or invasive and as such, the member of staff could be placing themselves at risk of injury.
- Distraction- the use of unconnected topics of conversation or a different focus of attention to distract the pupil from whatever may be triggering distress or challenge.
- Redirection- to change the direction or focus of. He redirected the children's energies toward building a sand castle instead of throwing sand at each other.
- Partial agreement- e.g. if a pupil is asked to stop talking but they say they weren’t the only person talking, a response such as “that may be so but I need everyone to stop talking now, thank you.”
- Keep verbal communication calm, minimal and clear.
- Withdrawal –allowing or assisting a person to move away from a situation, with which they are struggling to cope, to a safer, quieter or more comfortable space where they have a better chance of regulating their emotions or behaviour.
- Change adult.
- Use of a help script e.g. “I can see something has happened, I’m here to help, Talk and I’ll listen.”

There is recognition that, on occasions, a teacher or other members of staff, in the course of his or her duty, may need to use restrictive physical intervention in order to fulfil their duty of care. Staff who intervene physically to avert an immediate danger will be supported by East Lothian Council provided the response is proportionate, they use reasonable force and follow the guidance in this policy.

Advice, support and training on strategies and approaches for de-escalation can be provided by the Educational Psychology Service and the Additional Support Needs Service.

4.3 Targeted: Restrictive Physical Intervention

East Lothian Council defines restrictive physical intervention as an intervention which is used with the intention of preventing a child or young person causing harm to themselves or others by holding or physically intervening to restrict their movement. This includes:

- TEAM TEACH physical intervention techniques;
- The use of ‘reasonable force’ to prevent injury to self or others;
- Hand-holding or other physical guidance **if the intention is to restrict movement;**
- Mechanical restraints (e.g. wheelchair straps) except those used during the course of normal activities or transportation (e.g. seatbelts or wheelchair harnesses).

It is the responsibility of Headteachers to ensure that staff have access to required training and are following the correct procedures in regards to de-escalation strategies and appropriate use and recording of restrictive physical intervention. The following points should always be considered:

- Restrictive physical intervention of any kind **must always be seen as a last resort.**

- The use of restrictive physical intervention can be regarded as reasonable **only** if the circumstances of the particular incident warrant it.

- While the use of restrictive physical intervention may be appropriate in order to prevent a pupil causing an injury to themselves or others, it is expected that other appropriate strategies will have been attempted first.

- The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent.

- The child or young person's individual circumstances must be taken into consideration and it should be recognised that for some children and young people, physical intervention can escalate their emotional state and prove counterproductive.

- The law requires that restrictive physical intervention should be used only when every other approach has been tried and all practical methods to de-escalate the situation, including retreat, have been attempted. Where the use of restrictive physical intervention was unreasonable or excessive, the adult may leave themselves liable to disciplinary, civil or criminal proceedings.

- The rights of all children and young people must be a key consideration where restrictive physical intervention is being considered.

- Damage to property must only be considered as relevant justification for the use of restrictive physical intervention when such damage to property could endanger people's lives or result in serious injury.

- Parents and carers are more likely to support the actions of staff in restrictive physical intervention when staff can demonstrate that they acted in a professional, considerate and informed manner and their actions can be seen as being reasonable, justifiable and in a pupil's best interest.

All incidences of restrictive physical intervention must be recorded using the **Sphera** (previously known as RIVO) recording system. Parents and carers must be informed of all incidents of restrictive physical intervention and the strategies which were used prior to the use of this without delay. Parents and carers should be given the opportunity to engage in a discussion following the incident to put in place plans to reduce the subsequent use of physical intervention. See section 9 for more details.

Every effort should be made to ensure that the child or young person's safety or the safety of others can be restored in another practicable way (e.g. by the removal of other children or young people to a safe place). These provisions apply not only to school premises but to any other place where a teacher has responsibility for the pupil concerned e.g. a field trip, or other approved out-of-school excursion.

Staff must not act in a way that might reasonably be expected to cause injury, in particular by:

- Dragging a child or young person
- Holding a child or young person by the hair or ear
- Holding a child or young person face down (prone) on the ground
- Holding a pupil around the neck or collar, or in any other way that might restrict the child or young person's ability to breathe
- Slapping, punching or kicking a child or young person
- Twisting or forcing limbs against a joint
- Tripping a child or young person

East Lothian Council uses the TEAM-TEACH approach which provides a framework to equip services and individuals with the attitudes, skills, and knowledge to facilitate environments that are safe from harm. TEAM-TEACH promotes a broad range of positive behaviour support approaches and strategies to address the needs of children and young people who present distressed and challenging behaviour. It provides a continuum of support and guidance designed to intervene in the least intrusive way and in the best interest of the child or young person.

East Lothian Council will provide TEAM-TEACH training for staff supporting children and young people with significant and continuing level of need requiring multi-agency support. This will include key staff in specialist provisions and enhanced support bases and some staff who work closely with children and young people who have Exceptional Needs. This training would not typically be available to staff in mainstream schools other than those working in enhanced support bases and specialist provisions.

Headteachers should maintain a record of staff trained in TEAM-TEACH within their establishment.

Only staff who have undertaken training provided by TEAM-TEACH, and are within their period of accreditation, are permitted to employ TEAM-TEACH techniques of restrictive physical intervention.

Staff must consider the following points when dealing with a crisis situation:

- Staff will communicate calmly with the child or young person.
- Use non-threatening verbal and body language – side stance, open palmed hands held low and visible.
- Use of a help script e.g. "I can see something has happened, I'm here to help, talk and I'll listen".
- Keep dialogue to a minimum.
- Encourage the child or young person to accompany a staff member to a quiet space away from bystanders or other children to provide a calm focus and an opportunity to listen.
- Children and young people in distress pick up on body language. Look as confident as you can, keep your head up and speak slowly.

- Take care not to block an exit – this can further upset a distressed child or young person.
- Take deep breaths and use pauses to organise your thoughts.
- Use diversion or distraction strategies.
- If assistance has been requested, until further staff arrive, continue to attempt to defuse the situation engaging calmly but meaningfully with the child to try to prevent the situation from escalating. Sometimes being able to contain the situation in silence can help.
- Do not compromise your own safety by engaging in escalated physical contact if the use of presence or de-escalation methods is not working.

5 Planning

Staff's knowledge and detailed assessment of a child or young person should be used to predict and plan for the type of situation which may cause or contribute to that child or young person experiencing severe stress or frustration that can lead to distressed and challenging behaviour.

Planning for individual learners is not just about writing a document. It offers opportunities for everyone involved to develop increased knowledge and understanding of the child or young person, by learning about how they cope across contexts. It encourages parents, professionals and the child or young person to develop joint commitments to achieving shared and agreed aims and targets. It enables parents to develop their understanding of how staff in school are working with their child. It enables children and young people to have a better understanding of the purposes and outcomes of the activities they do in school. It ensures that members of the school team identify and own their responsibilities to the child or young person.

The key partners involved in planning are school staff, the parents/carers, any other professionals involved and - wherever possible - the child or young person. All should be involved in identifying and agreeing the targets and engaged in a cycle of implementing, monitoring and regularly reviewing and adapting the plan. It is essential that everybody involved in contributing to and/or reviewing a plan has access to a shared information and knowledge base. Designated time for education staff to meet and share information with other professionals and with families also is key to achieving this.

Every plan should build on the outcomes of targets/goals identified previously. Have targets been achieved? If not, why not? Are the targets previously identified still relevant and/or appropriate? Are there other targets that have a greater priority/relevance? What assessment is required to support the identification of new targets?

Monitoring and evaluation of the achievement of targets should be 'built in' and ongoing and should involve the child or young person at all stages. A child or young person's 'failure' to achieve targets is primarily the responsibility of the adults involved in identifying targets and in carrying out the intervention aimed at helping them achieve the targets agreed. It is important that <u>all</u> those involved have ownership of the plan and evaluate, on an ongoing basis, the appropriateness of targets agreed and adapt/change strategies and resources identified as necessary.

There are a range of planning formats that are used to support children and young people and it is important that they are integrated with each other and cross-refer. They may include:

- Child's Plan – a document where the 'team around the child' records the interventions and outcomes to improve a child's wellbeing, including meeting their additional support needs. Using the wellbeing indicators, it should outline the agreed actions that professionals will take to meet the additional support needs and/or improve the child's wellbeing. For further details see East Lothian Council Child's Planning Framework guidance (2017).

- Individualised Education Plan - for children who require extensive modifications to the curriculum to allow them to access appropriate learning activities. An IEP describes in detail the nature of the child's or young person's additional support needs, the ways in which these are met, the learning outcomes to be achieved and specifies what additional support is required. For further details see East Lothian Council Assessing, Planning and Meeting the Needs of Children with Additional Support Needs policy (2018).

- School Health Care Plan - for children and young people with a medical condition that may require medical treatment in school. Support of Pupils with Healthcare Needs in Educational Establishments guidance (2017).

- Positive Support Plan – for children and young people who have previously exhibited distressed or challenging behaviour. This plan identifies potential triggers, preferred de-escalation and support strategies and key information on how best to positively engage the pupil. For further details see Section 7.

- Risk Assessment – for children and young people who may engage in behaviour that has the potential to cause injury to themselves or others. For further details see Section 8.

6 Positive Support Plan

A Positive Support Plan aims to provide all staff, including supply or new staff working with a child or young person with sufficient knowledge to assist them in reducing the risk of a child or young person's behaviour escalating to crisis point. It is the responsibility of the School Leadership Team to ensure that the necessary information is shared with new staff and/or supply staff.

A Positive Support Plan is developed to support all staff working with the child or young person to be aware of:

- bridge builders e.g. strengths, interests which may help the member of staff engage the child or young person positively;
- potential triggers;
- early warning signs of anxiety or distress;
- de-escalation strategies and;
- strategies/key tasks/language which should be avoided.
- any agreed restrictive physical intervention (TEAM TEACH) techniques.
-

Examples are provided in Appendix 1 and 2.

6.1 Criteria for Initiating a Positive Support Plan

Putting in place a Positive Support Plan should be considered when a child or young person has previously exhibited distressed or challenging behaviours which require to be carefully managed by staff.

In all situations, where an incident with a child or young person has required the use of physical intervention, school staff have duty to plan for the possibility of the behaviour recurring and should in all circumstances develop or update a Positive Support Plan.

See flowchart in Appendix 4.

6.2 How to Complete a Positive Support Plan

A Positive Support Plan should be developed in consultation with involved partnership agencies, parents/carers and child or young person where possible. It should take into account the combined knowledge of the child or young person and any specific factors which may need to be considered e.g. sensory issues, medical diagnoses.

Parents/carers should also be fully involved in discussions, give their agreement to the plan and receive a copy of the Positive Support Plan. **This is particularly important when there is any element of restrictive physical intervention contained within the plan.**

Following any incident where restrictive physical intervention has been used, the Positive Support Plan should be reviewed to identify whether there are any further strategies which could have been tried to prevent the escalation.

7 Risk Assessments

An individual risk assessment should be used in all cases where individual children and young people may engage in behaviour that has the **potential to cause injury to themselves or others**. It involves careful consideration and assessment of behaviours that could cause harm and identifies interventions and strategies that should be put in place to reduce the likelihood of harm.

The use of a risk assessment does not replace the application of preventative positive behaviour approaches, de-escalation techniques and where appropriate should sit alongside a Positive Support Plan.

Risk assessments should be completed which may involve input from a wide range of people including:

- Parents/Carers
- Children and young people
- School Staff
- Medical Professionals

- Educational Psychologists
- Education Support Officers
- Health and Safety Officer
- Other specialists as appropriate

Headteachers or their designated member of staff are responsible for completing risk assessments.

They must have:

- Knowledge of the context and those involved
- Sufficient authority to ensure required control measures are implemented
- Training in risk assessment and knowledge of health and safety requirements

7.1 Criteria for Initiating a Risk Assessment

A risk assessment should be put in place in the following situations:

- Where there is evidence that a pupil's future behaviour may endanger their safety or the safety of others e.g. bringing weapons or drugs into school or causing injury to staff, pupils or themselves;
- Where there is evidence that a learner's future behaviour may involve a risk of subjecting staff or pupils to sexually offensive behaviour;
- Where a child or young person has been charged with a crime and pending the charge there may be a risk to staff or pupil safety.

In all circumstances the decision to undertake a risk assessment must be based on evidence and individual circumstances.

7.2 How to Carry Out a Risk Assessment

Risk assessments must be recorded and signed off using the East Lothian Council system **Sphera** recording system (previously known as RIVO). Training and support in this process can be provided by East Lothian Council's Health and Safety Officer.

Where it is agreed that it would be beneficial and appropriate to have a risk assessment the following steps should be taken:

➢ Step 1 - Identify the Hazards

The first step is to identify the hazards e.g. behaviours which may cause harm or vulnerabilities to staff or pupils e.g. spitting, kicking, biting, undressing etc.

These can be identified using a number of sources of information:

- Talking to staff who work with the young person
- Talking to staff who have previously worked with the young person

- Previous incident reports
- Information from professionals
- Monitoring sheets
- Critical Incident Protocols

➢ Step 2 - Assess the Risk and Level of Risk

Once hazards and behaviours have been identified, staff must assess the risk which they may present taking into account the likelihood and potential severity of an incident. Some behaviours may be frequent but not cause injury or only minor injury - these would be classed as low risk. Others may only happen occasionally but have the potential to cause severe injury, and would therefore be judged as high risk.

➢ Step 3 - Identify Control Measure

Control measures are actions or interventions that should be put in place to reduce either the likelihood of the behaviour occurring or the severity of injury resulting, and should be compiled with all staff involved following identification of behaviours and associated risks.

These may take the form of:

- De-escalation strategies
- Positive Support Plan
- Individual Education Plan
- Changes to the environment
- Accessibility to curriculum/alternative curriculum
- Staffing
- Protective clothing such as bite proof sleeves
- Strategies such as ensuring child has short nails, wears slippers etc.

Control measures should be based on an analysis of behaviour which is causing concern and should be personal to each individual child or young person and context.

➢ Step 4 - Implement Control Measures

Once control measures have been identified and agreed, they should be implemented ***effectively and consistently*** by all staff.

Some of the things to consider are:

- Information is shared with all relevant parties
- Ensuring staff have a clear understanding of the control measures, strategies and approaches
- Training in regard to this may be required e.g. De-Escalation Training, TEAM TEACH
- Make any necessary physical changes to the environment

➢ Step 5 – Monitor and Review

Risk assessments should be kept under constant review to ensure they are still appropriate. As a minimum they should be reviewed annually.

The following may prompt a review:

- The occurrence of a serious incident (or a series of minor incidences)
- If the child or young person's behaviour changes
- If staff/location etc. change
- Any other reason to think that the assessment is no longer valid

See flowchart in Appendix 4.

8 Dealing with Incidents

The risk assessment and planning processes should mean that staff are generally well prepared to deal with situations which arise.

Occasionally an unpredicted incident may occur and staff may need to call on additional assistance. Schools must put in place systems to enable this to happen quickly and effectively. This may involve calling for assistance from a member of the Senior Leadership Team or Additional Support Staff.

Staff should reflect on the potential emotional impact on children, young people and staff during any incidents of distressed or challenging behaviour. In the light of this, consideration should always be given to the individual circumstances of the child or young person.

8.1 De-Escalation Phase

The first phase of dealing with any incident will be the de-escalation phase. Where any risk assessments or Positive Support Plans are already in place, these must be followed.

Successful de-escalation will depend on the positive relationships which have been established with the child or young person and the adult's knowledge of the child or young person.

On occasion, it may be necessary to either direct the child or young person to a suitable quiet space or remove the rest of the children/young people to another space in order to create the conditions necessary for the child or young person to be helped to regulate the distressed or challenging behaviour.

8.2 Crisis Phase

If a child or young person's distress has escalated to such a point that they are at risk of harming themselves or others, then **only as a last resort**, physical intervention may need to be considered. The purpose of any physical intervention would be to ensure the safety of the child/young person or others. Any physical intervention or restraint must be the least intrusive, using the minimum force for

the shortest time and must only be carried out by staff trained and accredited in the use of TEAM TEACH unless in an emergency situation.

Where an incident has been a first incident and unpredicted, staff have a duty of care to manage the situation and may use “reasonable force” to respond. However, plans must then be developed to address the future de-escalation of and support of possible repeat incidents.

It is important to consider and plan low level activities for the child or young person following the crisis phase, as it has been widely recognised that it can take up to 90 minutes for a child or young person to ‘cool off’ following an incident.

8.3 Following an Incident

There are two key elements to consider during debriefing; the emotional impact that the incident has had on the individual involved and the learning in regard to future risk reduction.

Following any incident, a member of the Senior Leadership Team must take time to debrief staff, and offer support. If there has been a severe or prolonged incident, it is important that staff involved should have the opportunity to have a break from the classroom.

Depending on the age and capacity of the child or young person, the opportunity to meet with staff to have a restorative meeting should be offered. Similarly, when parents or carers are informed of the incident, the opportunity to participate in a discussion with staff should also be offered.

Once staff have had the opportunity to recover from the immediate emotional impact of the incident, there should be a review of the antecedents to the incident, consider whether plans have been followed and make any adjustments required to the plan in the light of the incident.

9 Recording of Incidents

All incidents of restrictive physical intervention or incidents of a violent nature (e.g. where intentionally, or whilst in a distressed state, a child or young person has attempted to, or actually cause physical harm to themselves, other pupils or a member of staff) should be recorded on Sphera (previously known as RIVO) recording system.

Incident reports must clearly indicate that:

- A real danger was perceived by the staff involved
- Means other than force, were attempted or were found to be insufficient
- When restrictive physical intervention was used, it was the minimum necessary to address the danger and used for the shortest amount of time
- In every case, the record should demonstrate how children’s rights have been taken into account in reaching the decision to physically intervene

Incident reports should include information on:

- Any information in regard to the pupil/pupils which may be relevant *e.g. Pupil X has recently been diagnosed with Autism.*
- The antecedents to the incident. This is to allow for the identification of possible triggers *e.g. Prior to the incident, Pupil X was excited and expressed that his team were going to win the game.*
- Factual information on where the incident occurred, who was involved, control measures in place and de-escalation strategies employed *e.g. the incident took place in the gym hall, Mr Y was leading the lesson and Mrs Z was there to support Pupil X. Pupil X has a Positive Support Plan in place which indicates early warning signs of distress. Visuals are provided to prompt Pupil X to exit the gym hall if it is becoming too much for him however when Pupil X 's team lost the game, his behaviour escalated rapidly and he began to hit out at members of the opposing team causing injury.*
- If any form of restrictive physical intervention was used, the physical intervention technique employed should be recorded along with length of time for which this was used and the reason for use *e.g. To ensure that Pupil X was unable to continue hitting other pupils and to allow Mr Y to gather the class in an area away from Pupil X, Pupil X was held in a T wrap for 5 minutes whilst calm talking and previous success reminders continued.*
- What happened immediately following the incident? *e.g. Mrs Z accompanied Pupil X to his safe area, where he spent 15 minutes listening to his calming music through the headphones.*
- De briefing and information sharing regarding the incident i.e. parents/lead professional informed *e.g. Mrs Z, Mr Y and Mrs V, class teacher met to review the incident. Mrs Z was concerned that she felt she had no option but to restrain Pupil X in the circumstances as he did not respond to his usual visual prompts on this occasion. Mr Y confirmed that the escalation had been rapid. It was agreed that Mrs V and Mrs Z would carry out some work using a Social Story with Pupil X on winning and losing and what was OK and not OK to do. Mrs V informed the parents of Pupil X that physical intervention had been used, gave details of the antecedents to the incident and the steps to be taken to reduce the likelihood of recurrence.*

In addition, the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (as amended) (RIDDOR) requires employers to notify, to the Health and Safety Executive, any act of violence which leads to incapacity of staff for more than 7 consecutive days.

Any notifications to the Health & Safety Executive under RIDDOR will be done by the Health & Safety Team. If an incident results in or is likely to result in either an absence of 7 days or over, or a fracture, amputation or loss of consciousness please notify the Health & Safety Team H&S@eastlothian.gov.uk

10 Seclusion and Withdrawal

Seclusion is defined as "the confinement of a child, without their consent, by shutting them alone in a room or other area which they are prevented from leaving" (*Children and Young People's Commissioner Scotland, March 2018*). Seclusion is regarded as a punitive approach. Seclusion should not be used in East Lothian Council educational establishments.

Withdrawal involves allowing or assisting a person to move away from a situation which they are struggling to cope with to a safer, quieter or more comfortable place where they have a better chance of regulating their emotions and behaviour. Withdrawal may be used for a child or young person who has requested time out with their environment whilst in a high state of anxiety or who is presenting a very high level of physical threat or danger to themselves or others. **Withdrawal should never be used as a punishment.**

Unless requested by the child or young person, withdrawal should only be used when other less intrusive strategies detailed within the Positive Support Plan have been attempted and escalation is still continuing. **Withdrawal spaces should be seen as areas which are designed to keep pupils safe in a supportive and reassuring way.**

As a general rule, the most effective way to monitor and support a person is to be in the same room with them. There are however exceptions to general rules. For example if a child or young person asks to be left alone or the proximity of another person is clearly distressing them, it might be more effective to allow them some space. It is important to consider that some people with Autism Spectrum Disorders may find the close proximity of other people to be an additional and unnecessary cause of stress.

Even if not physically in the room with the individual, the adult(s) responsible must remain close enough to monitor the situation and offer immediate assistance if required.

Examples of effective withdrawal:

- Where the child or young person l accesses a low stimulation environment which the individual uses to support self- regulation as part of an agreed plan.
- Where an child or young is removed with their agreement in a planned way from a difficult situation that has caused distress; accompanied to a place where they can be continuously monitored until they are ready to resume their usual activities. This may be in order to help to reduce the incident of crisis behaviour situations arising.
- To assist children or young people who are able to articulate that they are becoming overwhelmed by, for example, noise and would benefit from somewhere to get away or quieten down for a short period.
- If a crisis situation occurs, withdrawal may provide a less restrictive option than physical intervention to prevent physical injury to others from a distressed child.

Any planned use of withdrawal for children or young people must be fully documented as an integrated part of the child's plan describing the reasons and likely situations arising for use.

The level and form of help should always be determined by an assessment of the child or young person's needs.

Good practice emphasises the involvement of the child or young person and their family in the consideration of and planning for the use of withdrawal.

Withdrawal must not be used with any intent to punish a child or young person. It must be seen as a planned responsive or proactive strategy to support his or her self- regulation.

If the use of withdrawal is considered, it is important to review the effectiveness of this on a regular basis.

- Does this approach offer a lower level of intrusion?
- Does it help the child or young person to calm more effectively than other strategies?
- Does it offer improved safety for those around?

11 Contact with Police Scotland

Generally, although not exclusively, the Headteacher or a member of the Senior Leadership Team may consider contacting Police Scotland where the school staff are unable to de-escalate or implement strategies to manage a situation. This may relate to a criminal act taking place or having taken place. It may relate to a situation where significant harm is being caused or has been caused to an individual. In some situations Police Scotland may be contacted where there is a significant risk of harm to one or more individuals.

The Headteacher will make a judgement whether to call the police based on the presenting factors and the circumstances. Part of this judgement will be based on whether the matter can be dealt with using internal and available strategies.

All schools have a Youth Community Officer who can be a useful source of support.

Following an incident, an individual staff member may wish to report an incident to Police Scotland directly and independently of the Headteacher or local authority.

12 Managing Incidents Involving Weapons

A knife or offensive weapons incident would be any incident in which East Lothian Council staff become aware of a pupil or pupils who have or are believed to have on their possession an article which meets the following definition, without lawful authority:

"An article which has a blade or is sharply pointed" which covers the standard understanding of a knife. Whilst the same act similarly defines an offensive weapon as "Any article (a) made or adapted for use for causing injury to a person, or (b) intended, by the person having the article, for use for causing injury to a person by (i) the person having it, or (ii) some other person"

Criminal Law (Consolidation) (Scotland) Act, 1995

Where school staff suspect that a child or young person is in possession of a weapon in school, such as a knife, this should be referred to the Head Teacher or a senior member of staff immediately. Staff should not directly challenge the child or young person.

Staff should use their judgement on what would constitute a knife or weapon incident, **although in the event of any doubt police should be informed, rather than not,** given that even minor incidents can inform a pattern of behaviour which may prove more concerning.

A member of school staff, in the presence of another member of senior staff, where possible, may, if they believe it is safe to do so, ask the child or young person to disclose and display the contents of pockets or bags, to ascertain if there is a weapon. This is a voluntary process where the pupil is given the opportunity to co-operate with staff to resolve concerns.

Before approaching a child or young person the following points should be considered:

- The evidence that is suggesting they may have a weapon
- The wider context and previous behaviour pattern
- The arousal level of the pupil
- The current level of co-operation from the pupil
- Knowledge of any threats made to members of the school community
- The quality of relationship between key staff and the pupil

If the child or young person will not co-operate, the child or young person should be asked to remain where they are and the police should be called immediately.

In situations where staff have judged that they are responding to a knife or other offensive weapon incident within school, it is expected that **in each and every incident** they will report this to police via the following appropriate channels:

1) Utilising the 999 emergency call service in the event of an ongoing emergency
2) Utilising the police non-emergency number 101 if there is no immediate danger
3) Reporting to a Youth Community Officer if such an individual is on site and this is deemed more expedient or appropriate than either of the above two methods

These methods are highlighted in order to clarify that it is up to the professional judgement of staff to identify the seriousness of the incident and therefore utilise the most appropriate method of reporting accordingly.

If the school has had to request a voluntary search or involve police due to a suspected weapon, parents should be alerted at the earliest opportunity. This should only be delayed if it is felt that early communication may in some way increase risk to the school community e.g. a distressed parent suddenly arriving at school, concerns regarding use of social media, there is not an appropriate member of staff available who can communicate the situation sensitively to the parent. In all situations the parent must be fully informed **by the end of the school day.**

Any incident where a decision is made to undertake a search of a child or young person and/or where a weapon is suspected or found, must be recorded on **Sphera** (previously known as RIVO**)**. Information that would be considered relevant would be the details of the child or young person involved in carrying a knife: name, date of birth, address, corresponding parent/carer's details, as well as full circumstances of the specific incident.

Please see Flowcharts in Appendix 3.

13 Using Information and Statistics

Recording and Monitoring of Incidents is primarily the responsibility of the Headteacher and their Senior Leadership Team. They should use records of incidents to inform the planning for and support of children and young people.

Statistics can be collated from the **Sphera** (previously known as RIVO) recording system and patterns identified together with the information on what interventions and strategies work and what does not.

At authority level, Quality Improvement Officers, Education Officers and Health and Safety Officers will meet on a monthly basis to monitor and review incidents, identify and provide support to schools to address any highlighted patterns or concerns in regard to their compliance with this guidance.

Appendix 1: School Positive Support Plan (Blank)

Child's Name: **Date of Birth:**

Date of Plan: **Created By:**

Positive Support Plan – Proactive strategies

Cues that I am calm and relaxed	**Green Support Strategies** Proactive strategies that help to keep me within my environment and a system that meets my needs
What do I look and sound like when I am calm and relaxed?	**Likes/ Interests/ Bridge Builders** *i.e. what adults can talk to me about or distract me with?* **Communication Needs** *i.e. use of visuals or objects, understanding and use of verbal language, how I make my needs known and how adults should communicate with me.* **Sensory Needs** *i.e. my preferences and needs in terms of my environment, light, sound, and touch.* **Developmental Level** *i.e. what level am I working at within class? Where am I developmentally, as well as chronologically?* **Support of known Triggers** *i.e. what proactive strategies are in place to keep me calm and relaxed?*

Positive Support Plan – Intervention Strategies

Green	Amber – Signs of Escalation	Red – Peak of Behaviour /Crisis	Blue – Signs of Calming Down
	Adult's Response at Amber	Adult's Response at Red	Adult's Response at Blue

At all levels and before any restrictive physical intervention, involved staff must have made every effort to manage the situation using agreed de-escalation approaches and strategies appropriate to the individual. Only if these have proven to be unsuccessful and there is a clear risk of harm to the individual or others should restrictive physical intervention be considered at red level. The child or young person's individual circumstances must also be taken into consideration as for some children and young people, restrictive physical intervention can escalate their emotional state and prove counterproductive. Only staff who have undertaken Training provided by TEAM TEACH and are within their period of accreditation are permitted to employ TEAM TEACH techniques of Physical Intervention.

Please indicate which, if any, physical intervention strategies have been included in this Positive Support Plan

Friendly Hold	☐	**Double Elbow Hold (Kneeling)**	☐	**Single Elbow Hold (Kneeling)**	☐	**Wrap (Standing)**	☐
Small Child Escort	☐	**Double Elbow Hold (Standing)**	☐	**Single Elbow Hold (Sitting/Chairs)**	☐		
Help Hug	☐	**Figure of Four (Kneeling)**	☐	**Single Elbow Hold (Standing)**	☐		
Cradle Hug	☐	**Figure of Four (Sitting/Chairs)**	☐	**Wrap (Kneeling)**	☐		
Shield (fight separation)	☐	**Figure of Four (Standing)**	☐	**Wrap (Sitting/Chairs)**	☐		

Appendix 2: School Positive Support Plan (Worked Example)

Child's Name: Child A **Date of Birth:**

Date of Plan: **Created By:** Class Teacher and ASNA

Positive Support Plan – Proactive strategies

Cues that I am calm and relaxed	**Green Support Strategies** Proactive strategies that help to keep me within my environment and a system that meets my needs
I am happy, smiling and laughing. I will talk about football, ask what about you and take an interest in what others are doing. I am having fun. My voice is level and calm. I am taking part in all of the class activities with minimal support.	Likes/ Interests/ Bridge Builders i.e. what adults can talk to me about or distract me with? - I love football and support Hearts. I like to talk about recent games I have attended or watched. - I enjoy hearing about what staff have been doing outside school and asking lots of questions about this - I enjoy being outside and working on practical tasks like building - I work well when I am given responsibilities, including supporting younger children and carrying out jobs around the school **Communication Needs** *i.e. use of visuals or objects, understanding and use of verbal language, how I make my needs known and how adults should communicate with me.* *Child A uses* Individual visual timetable, use of first and next board (task then motivator, whereby he chooses motivator to work towards before task begins), use of Choice Board to make requests during special time, use of speech and gesture to chat and interact with adults and children. *Adults should use* visuals to support language, reduced language using key words and familiar phrases, a calm, supportive and quiet tone of voice, one voice when communicating and minimal distraction. **Sensory Needs** *i.e. my preferences and needs in terms of my environment, light, sound, and touch.* - Movement breaks built into timetable at key times of day, including outdoor walk first thing and before home time. - As quiet and calm an environment as possible (Child A will become over stimulated by 'the feeling' in the room whether it is very excitable in a positive or negative way)

	- Access to 'Chill Basket' freely throughout day, including ear defenders squeeze ball and calming/distraction items personally chosen by Child A. **Developmental Level** *i.e. what level am I working at within class? Where am I developmentally, as well as chronologically?* Child A is working at early and aspects of first level within all areas of the curriculum. He is 9 years old but operates developmentally as a much younger child. **Support of known Triggers** *i.e. what proactive strategies are in place to keep me calm and relaxed?* - Child A should be well prepared for any changes by the use of social stories, supportive transitions, a lot of reassurance and the support of a familiar adult. - Staff need to ensure that they pick their battles with Child A. He needs to know that staff are on 'his side' and benefits from a supportive key adult. - Child A should use a visual timetable every day in order to understand what is expected, what is coming next and to reduce his anxiety. - Staff should use minimal language with the support of visuals when giving instructions. Avoid getting into 'confrontation' with Child A. - Child A needs access to regular movement breaks that are built into his timetable, and to have lots of planned and structured choices built into his day to give an element of control.

Positive Support Plan- Intervention Strategies

Green	**Amber – Signs of Escalation** I will seek the one to one attention of an adult, will usually cling onto the adult. I will seek extra reassurance by asking lots of questions in quick succession. I become a little red in my face and look a little panicked. I might drop down to the floor I might start to nip or bite a little while being reassured. I might run towards other children and grab, nip or bite them. I might shout at the person or try to throw the thing that is making me anxious.	**Red – Peak of Behaviour /Crisis** My tone of voice will change to being quite high pitched. I will scream/cry. I will become very red and hot. I will nip and bite. I will bite my hands. I will pull my own hair. I will bang my head against the ground. I will be very over stimulated by any noise or demands placed on me. I will run towards other children and nip/bite or grab them. I will continue to seek reassurance for different things which are not necessarily related to the situation.	**Blue – Signs of Calming Down** I am beginning to look visibly calmer. I am not trying to hurt myself or others. I will want to get up and walk around. I will begin to engage with you My voice will be quieter, although I might still be upset/emotional. I may still nip a little to relieve a sensory need.
	Adult's Response at Amber Use reduced language and visuals at all times. Give me the attention that I need at the time. Reassure me that I am okay and tell me what is happening first and next. Answer my questions and calmly and positively tell me what is happening. Give me time to process what is happening. Use a calm and comforting tone. Hold hands and allow close physical contact. Give me a cuddle or some deep pressure. Try to move me on to the next thing. Ask me about football or distract me by talking about something you have been doing at home. Ask me if I would like to help me with a job or do something outside the room.	**Adult's Response at Red** Reduce language to a very minimum of responding to my questions only. Reassure me at all times. Stay very calm and keep a calm and quiet tone. Reduce all stimulus in the environment, where possible remove other children, switch off any smartboards, music, extra noise and lights if possible. Allow me to leave the room. Give me space and monitor from a distance. Alert other staff but discourage people from approaching me as long as I am safe.	**Adult's Response at Blue** Allow me space to move around the room. Offer me some juice or my favourite sensory items – you are distracting and calming me by doing this, this should not be seen as 'rewarding' challenging behaviour. If possible allow me 15-30 minutes on my own before other children returning to the class or before introducing any more stimulation. Give me a cuddle if I would like one. Continue to reassure me if I am asking questions. After 15-30 minutes, show me my timetable/Now and Next and tell me what is happening next. If you feel next activity will be challenging, please change it to something with minimal demands

	Try to make me laugh. Try not to respond to any nipping or biting directly, just reassure me that I'm okay and tell me what is happening. If I am anxious about an event/visitor or new situation, use a timer to tell me how long this will be happening and use my first and next timetable to show me what I will be moving onto next. Make the next activity a highly preferred activity such as Smartboard, sensory, bubbles, playtime or PE. Stay with me and distract me until I feel more calm and ready to carry on with the rest of my day.	Move away from me if I am hitting or biting, give me space whilst staying within supportive reach. If I am hurting myself (biting, hair pulling, head banging hold my hands firmly and give me deep pressure in my arms. Do not put yourself at risk and move away if I begin to target you. In the event of physical intervention, as a last resort following risk of real harm to myself or others, indicate which TEAM TEACH Technique is likely to be used e.g. T Wrap. Give me lots of time. Do not ask me any questions or offer any distractions at this stage.	Have reduced expectations of what I will be able to do or participate in after the event as I will be very tired and may still feel anxious.

At all levels and before any restrictive physical intervention, involved staff must have made every effort to manage the situation using agreed de-escalation approaches and strategies appropriate to the individual. Only if these have proven to be unsuccessful and there is a clear risk of harm to the individual or others should restrictive physical intervention be considered at red level. The child or young person's individual circumstances must also be taken into consideration as for some children and young people, physical intervention can escalate their emotional state and prove counterproductive. Only staff who have undertaken Training provided by TEAM TEACH and are within their period of accreditation are permitted to employ TEAM TEACH techniques of Physical Intervention.

Please indicate which physical intervention strategies, if any, have been included in this Positive Support Plan

Friendly Hold	☐	**Double Elbow Hold (Kneeling)**	☐	**Single Elbow Hold (Kneeling)**	☐	**Wrap (Standing)**	☐
Small Child Escort	☐	**Double Elbow Hold (Standing)**	☐	**Single Elbow Hold (Sitting/Chairs)**	☐		
Help Hug	☐	**Figure of Four (Kneeling)**	☐	**Single Elbow Hold (Standing)**	☐		
					☐		
					☐		

Cradle Hug	☐	**Figure of Four (Sitting/Chairs)**	☐	**Wrap (Kneeling)**	
Shield (fight separation)	☐	**Figure of Four (Standing)**	☐	**Wrap (Sitting/Chairs)**	

Appendix 3: Weapon in School Flowchart

Pupil suspected to have a weapon in school
Or
Pupil has used a dangerous object purposefully as a weapon

Before approaching a child or young person the following points should be considered:

- The evidence that is suggesting they may have a weapon
- The wider context and previous behaviour pattern
- The arousal level of the pupil
- The current level of co-operation from the pupil
- Knowledge of any threats made to members of the school community
- The quality of relationship between key staff and the pupil

Seek Assistance
Report to Head Teacher or Senior Leadership Team immediately

Request advice and support from Police Scotland

Whilst awaiting Support

- Aim to involve a member of staff who has a good relationship with the pupil
- Monitor the pupil
- Allow the pupil privacy from others who are not involved
- Where possible separate them temporarily from the wider school
- If necessary remove other pupils to reduce the risk of harm
- Consider the environment to avoid a situation where staff could be blocked from leaving

On Police arrival, Headteacher or Senior Leader and any other relevant staff liaise with Police to support the investigation of the incident

Police will advise on whether progressing to a charge or noted as an incident

Following immediate response incident to be noted within Pastoral Notes. (Full details should be recorded and stored securely on the school server)
Refer to '*Assessing Risk and Support Planning in Schools*' flowchart and procedure APPENDIX 4

Appendix 4: Assessing Risk and Support Planning in Schools

Event causing or likely to cause risk of harm to self or others

e.g. physical assault, threat with a weapon, sexual assault,

Action
Immediate measures taken to ensure safety.
Refer to A Positive Approach to Preventing and Managing School Exclusions policy (2018)

Communication

- Discuss incident and immediate action with parent/carer
- Discuss pupil's views of incident once calm
- Alert any involved agencies

School should also discuss with partners whether a safety plan and/or CPM is required.

Recording

- **Sphera** (previously known as RIVO)
- **Pastoral Notes**

Planning

- Draft risk assessment and Positive Support Plan
- Arrange Child's Planning Meeting
- Review Wellbeing Indicators
- Share risk assessment/Positive Support Plan
- **Is further assessment required?**

No

Yes

Further assessment required

- School based assessment e.g. CIRCLE Resource,
- Multi-agency assessment e.g. CAMHS, Educational Psychologist
- Discuss with Education Support Officer (ASN)