

# Ysgol Greenfield School

CYNGOR BWRDEISTREF SIROL MERTHYR TYDFIL

MERTHYR TYDFIL COUNTY BOROUGH COUNCIL



## GREENFIELD SCHOOL

"Opening doors to the future"

### POSITIVE BEHAVIOUR MANAGEMENT GUIDANCE

Wayne Murphy, Head Teacher.  
Rachel Faulkner, Deputy Head - Standards  
Carol Conway, Deputy Head - Wellbeing  
Gwyn Daniels - Assistant Head



**' Opening Doors To The Future '**

**' Agor drysau i'r dyfodol '**

**Original Completion Date**

**Author**

Carol Conway, Deputy Head- Wellbeing

Mair Bevan-Williams, School Nurse

## **MONITORING THE POLICY**

This policy will be reviewed bi-annually unless change of circumstances or legislation requires it to be amended earlier.

Signed: ..... Date:  
.....

Headteacher

Signed: ..... Date:  
.....

Chair of Governors

**Review Date**

**Author**

## **Our Vision**

'To open doors to the future'

## **Our Mission Statement**

That children, staff, parents, carers and all stakeholders work actively in partnership to enable all pupils to realise and reach their full potential.

## **Aims**

- For pupils to operate as independent learners and thinkers
- To inspire a love for learning
- To provide a relevant curriculum for all
- For pupils to value themselves
- To foster a sense of belonging to a community

## **Our Values**

- We create
- We respect each other
- We try our best
- We are a team
- We learn from mistakes
- We celebrate each other's success
- We are polite and considerate
- We produce magic moments

We want every child to be safe and happy in our school. We believe that the key to this is for us all to have self-respect, respect for others and respect for property.

### **Everyone has the right to:**

- Feel safe, cared for and respected.
- Be able to learn to the best of his/her ability and to develop whatever skills he/she possesses.

- Be treated equally irrespective of gender, race, physical characteristics or any other factors.
- Learn and play without disruption.

Everyone is expected to:

- Be responsible for their own behaviour
- Respect the rights of others
- Share our values

**This policy should be read in conjunction with the current guidance on the use of sanctions and the current transport policy.**

This policy should also be read in conjunction with current guidance; the following guidance has been either used or referred to in its inception:

*The joint guidance –Guidance for Restrictive Physical Interventions 2002, 2003 and ‘The Positive Handling Strategies for Pupils with Severe Behavioural Difficulties’ (DFEE 2001)*

*Safe and effective intervention – use of reasonable force and searching for weapons (Welsh Government 2010)*

*Framework for Restrictive Physical Intervention Policy and Practice (Welsh Government 2010)*

*Greenfield School Progress Map*

*Greenfield School Self Evaluation*

*Greenfield School Wellbeing Policy*

*Greenfield School Child Protection Policy*

**Policy Statement:**

Greenfield School is committed to providing opportunities for every young person to thrive and develop through excellent quality education and focus on each individual’s quality of life.

Individual quality of life is seen as an intervention and also an outcome. By focussing on quality of life no individual, whatever, or despite the level of challenge is stigmatised, marginalised or discriminated against because their behaviour causes a challenge to the service.

Greenfield School has an expectation that each young person is a full and valued member of the community with the same rights as everyone else, it will ensure respect for their culture, ethnic origin, religion or gender, and seek to maintain and develop their self-esteem, confidence and give a sense of well-being by ensuring all young people:

- Have the means to communicate and are supported by staff who are effective communication partners;
- Are encouraged to make real and realistic choices and exert control over their own lives;
- Are listened to;
- Have even their smallest achievements recognised and celebrated;
- Are exposed to appropriately pitched expectations and effective behaviour modelling and;
- Are taught skills and compensation strategies which increase their ability to manage their own behaviour.

**Purpose:**

The purpose of this policy is to ensure that Greenfield School:

- Focuses on both excellent education and quality of life;
- Keeps the young person at the centre of their planning;
- Creates a community where each individual is cared for and educated in an environment which positively promotes socially acceptable standards of behaviour;
- Delivers approaches and responses to behaviour that challenge are non-punitive, non-restrictive and socially enabling;
- Trains and supports the staff team to carry out their roles provide ethical, effective and skilled support for all and;

- Works within current legislative standards and adopts current best practice and evidenced based approaches at all times.

### Definition

*“Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and / physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion”*

*(Challenging Behaviour: A unified approach. Royal College of Psychiatrists, British Psychological Society and Royal College of Speech therapists, College Report CR144, June 2007)*

There are also wider issues relating to children and the definition can be extended to encompass:

*“Behaviour which is likely to impair a child’s personal growth, development and family life and which represents a challenge to families and to the children themselves however caused”*

At Greenfield School, challenging behaviour is defined in terms of outcomes for young people and for those with whom they interact. It is behaviour which:

- Prevents the young person from participating in everyday educational and social activities;
- Has a detrimental effect on the learning and social environment of other young people within the school;
- Is considered inappropriate to the young person’s age and developmental level;
- Results in social isolation or exclusion;
- Restricts the development of independence and skills;
- Reinforces negative self-concepts and low self-esteem;
- Creates hazards which increase the risks within the environment; and
- Places extreme demands on resources, drawing resources away from other young people.
- **Procedures:**

Not all pupils who attend Greenfield School exhibit behaviours that challenge, however, where they do, Positive Behaviour Support will be an integral part of the young person’s overall plan, integrated into their education planning and underpinning all aspects of their school life.

Support will be tailored to individual's needs and based on multidisciplinary assessments taking into account each individual's cognitive levels and communication needs and including effective functional assessment. It will be based within a person centred approach which focusses on the individual's quality of life.

### Key Points:

Greenfield School is committed to:

Environmental manipulation, early intervention, prevention and positive approaches to understanding challenging behaviour, and an investment in appropriate training and resources to support the often intensive work required.

A focus on early intervention, prevention and developing adaptive behaviours to access reinforcers, rather than on reactive strategies in response to maladaptive behaviour when it occurs.

Recognising that challenging behaviour does not occur within a vacuum i.e. it occurs within the environment, not within the individual pupil and that the behaviour is reasonable from the individual's perspective.

Creating supportive environments and implementing individual multi-component Positive Behaviour Support Plans, aims to avoid the need for the child to exhibit the "problem" behaviour in the first place. This equips the child with the skills and personal resources to meet their needs and to cope with the demands of daily life.

Recognising that needs vary from child to child. The support plans implemented by the school are individual to each child to ensure their particular needs are met. Critically these plans include the personal and environmental setting conditions which make the child more or less likely to engage in their problem, or challenging behaviours.

Creating an awareness of each child's personal setting conditions enables the school to effectively plan the relevant and most appropriate environmental conditions. For example, we would need to be aware that a child becomes agitated or anxious during transitions or when there is a change in routine. Then support can be implemented to decrease the child's anxiety at these times i.e. "smoothing the fit" between the child and their environment to prevent the challenging behaviour being exhibited. Incidents of challenging behaviour can be avoided by the effective implementation of support plans individually designed to avoid or modify the specific events or conditions which 'trigger such behaviour for the child.

Ensuring it is clear that when a child's needs and the support available to them are 'badly matched' then difficulties arise often because they do not feel safe. At best the child may be bored, or frustrated, and at worst, could become excitable, agitated, distressed, aggressive and destructive.

The belief that behaviours that challenge can be reduced and often prevented by careful management of the environment and the consideration understanding of each child's personal setting conditions. The more positive interactions and opportunities that we are able to provide to meet the needs of the child, the less likely it will then be that the challenging behaviour will occur.

### Greenfield School further believes:-

The term 'challenging behaviour' should be reserved for behaviours which are dangerous or significantly interfere with the pupils' or carer' lifestyles.

Challenging behaviour is more common where there are communication difficulties.

It often serves one or more functions (i.e. escape, to gain tangibles, to gain attention or sensory feedback), helping the pupil to control some aspects of their environment more successfully.

Challenging behaviour is often accompanied by care/staff distress and reactions which may actively maintain and reinforce the behaviour over time.

Models for understanding challenging behaviour can be used to assess (i.e. functional analysis) and to plan effective and positive intervention programmes to reduce the frequency and duration of the problem behaviour.

Interventions are more effective if they are based on the assessment of the functions of the behaviour, and instigate effective changes to the support given and within the immediate environment of the pupil.

There should be a commitment to early intervention, prevention and positive approaches to understanding challenging behaviour, and an investment in appropriate training and resources to support the often intensive work required.

There should be a focus on early intervention, prevention and developing adaptive alternative behaviours to access reinforcers, rather than on reactive strategies in response to maladaptive behaviour when it occurs.

There should be recognition that challenging behaviour does not occur within a vacuum i.e. it occurs within the environment, not within the individual pupil and that the behaviour is reasonable from the individual's perspective.

Notwithstanding the ethical dilemma of using punishment as a consequence, if that punishment involves the use of force then it is unlawful. This is because it would fall within the definition of corporal punishment, abolished by section 548 of the Education Act 1996.

The practice of using punishment for a pupil who is essentially attempting to communicate a message or access legitimate reinforcers e.g. to escape a situation or have interaction from staff, is ethically non-viable. Non-aversive approaches should be applied to teach/develop more adaptive or appropriate means of communication to achieve the same reinforcers. If the function of the behaviour is understood by staff (however severe the problem) it will be more effective for staff to implement strategies to help the pupil self-manage or change their own behaviour.

Because of the comprehension difficulties associated with individuals who have autism and communication difficulties punishment is generally not ethically viable. All pupils whose behaviour is having such an impact on their ability to engage with their school work should have a full functional analysis completed. This in turn will lead to an individual Positive Behaviour Support Plan outlining the interventions including positive programming, developing alternative communication

systems, manipulating the environment to support the pupil and other non-aversive procedures in place.

### **Training and Professional Development at Greenfield.**

At Greenfield School our Positive Behaviour support Programme is run with the support and guidance of J. Hull and his BILD accredited company PROSPECT. Greenfield School is currently striving to become BILD accredited in its own right.

At present the school is in the process of gaining one Principle Trainer - Carol Conway and four In-service Trainers. The In-service trainers are gaining their accreditation by training all staff in the first level of training cover at the school.

The structure will eventually give the school

Principle Trainer

In-service Trainers

Advanced Practitioner

Practitioner

Initial orientation

### **Intervention**

Although Greenfield School is designed around the needs of young people who may challenge, and through that provides an environment that reduces the need for individuals to exhibit challenging behaviour, it is recognised that for some young people there may be times when they find it difficult to cope with the demands that their lives are placing on them. At these times intervention may be necessary.

These responses or intervention strategies are progressive, increasing in level and nature commensurate with the level and nature of the behaviour.

The risks associated with the behaviour are also taken into account when designing and prescribing the response. These risks and requisite control measures will be outlined within the individual's behavioural risk assessment.

The progressive nature of these interventions allows the staff team to have a variety of responses, which in turn allows the response to be individualised to the pupil and situation.

Examples of progressive responses include at the most basic level the kind of responses that are available in most school such as verbal praise, class merits, weekly merits, written comments in home/school books. There are also sanctions that can be taken such as verbal reprimand, changing seats, withdrawal from a particular activity, referral to a member of the senior management team, exclusion either fixed term or permanent.

These approaches will be effective in most cases, however where they are not effective it may be necessary to investigate the reasons and causes of the behaviour further. This could include Functional Analysis to ensure that the full reasons for the use of a particular behaviour are understood so that effective responses can be developed.

These responses will usually fall into three key areas which will be outlined within the individuals Positive Behaviour Support Plan and loosely fall into the three areas as follows:

- Primary prevention
- Secondary prevention
- Reactive strategies

**Primary prevention includes:**

- Adapting the physical environment;
- Adapting the individual programme;
- Addressing communication needs and styles;
- Addressing internal setting events (mental & physical health);
- Meeting sensory needs;
- Eliminating specific targets for behaviour;
- Reducing demands;
- Increasing access to preferred reinforcers;
- Managing social contact and increasing opportunities;
- Modifying demands;
- Embedding skills;
- Teaching discrete and general skills;
- Teaching functionally equivalent skills;
- Teaching coping strategies; and,
- Improving staff confidence and competence.

**Secondary prevention includes:**

- Stimulus change;
- Stimulus removal;
- Sensory intervention;
- Prompt coping skills and alternative strategies;

- Not ignoring;
- Redirecting to reinforcing activities;
- Redirecting to compelling activities;
- Change of setting; and,
- Change of staff.

### **Reactive Strategies:**

Reactive strategies will be determined by both planned and dynamic risk assessment and should be considered in the following order:

- Change proximity;
- Protect self and others; and,
- Minimal physical intervention.

Positive Behaviour Support Plans that include restrictive practices will have a Restrictive Practice Reduction Plan outlined within them. This plan will set out the targets for reduction, recording and monitoring processes, and actions to take following the use of any intervention of this nature, these plans should always involve the individual, their parents and other key individuals.

All staff who are expected to implement restrictive physical interventions on a planned basis will be given appropriate training and support.

This policy should be read in conjunction with the Welsh Assembly Government Guidance: “Safe and effective intervention – use of reasonable force and searching for weapons.”

### **Restrictive Physical Intervention:**

The Welsh Assembly Government guidance “Framework for Restrictive Physical Intervention Policy and Practice” defines Restrictive Physical Intervention as:

*“Direct physical contact between persons where reasonable force is applied against resistance, either to restrict movement or mobility or to disengage from harmful behaviour displayed by an individual”*

The guidance suggests organisations have a threefold focus as follows:

- Preventing the necessity for physically restrictive intervention through the development of preventative strategies;
- Working with the individual towards reducing the level of response needed where a potential need for restrictive physical intervention is identified as part of the individual planning and service delivery process; and,

- Where situations requiring restrictive physical intervention are identified as unavoidable, ensuring that there is prior planning and training to achieve safer outcomes for all concerned.

Where possible the use of Restrictive Physical Interventions will always be part of a multi element planned approach. It is accepted that there may be situations that could not be reasonably predicted or planned for and these situations rely on staff using their professional judgement and decision making alongside dynamic risk assessment skills to ensure that any intervention is the least restrictive and maintained for the shortest possible time to reach the desired outcome.

Restrictive Physical Interventions must never be used as punishment, but only ever as a way of keeping individuals safe.

The guidance “Safe and effective intervention – use of reasonable force and searching for weapons.” Suggests the following judgements that should be considered when making the decision to use Restrictive Physical Interventions they are as follows:

- *The seriousness of the incident, assessed by the effect of the injury, damage or disorder which is likely to result if force is not used. The greater the potential for injury, damage or serious disorder, the more likely it is that using force may be justified;*
- *The chances of achieving the desired result by other means. The lower the probability of achieving the desired result by other means, the more likely it is that using force may be justified; and,*
- *The relative risks associated with physical intervention compared with using other strategies. The smaller the risks associated with physical intervention compared with other strategies, the more likely it is that using force may be justified.*

“Force should be used as a protective measure and never as a disciplinary penalty”. (Education Act 1996 Section 548)

Physical interventions are only to be used:

- In the best interests of the child;
- For the shortest period of time;
- Using the minimal reasonable force;
- Where they do not cause pain;
- With respect to the child’s personal dignity;
- With respect to age, gender and cultural background;

- With consistency of approach from staff;
- Where staff support each other in managing crisis situations;
- When they are based on gradient support; and,
- When other strategies have failed, i.e. when other less intrusive methods have failed.

Physical interventions should not:

- Cause injury;
- Punish;
- Cause pain;
- Create distrust and undermine personal relationships;
- Become routine;
- Force compliance;
- Be used in anger;
- Humiliate a child;
- Deprive;
- Frighten;
- Cause cultural offence;
- Arouse sexual expectation;
- Take the child's body out of natural alignment;
- Hold joints; or,
- Restrict breathing or impact upon the pupil's airways.

Examples of situations where a judgement about the use of force may be necessary:

- A pupil attacks a member of staff, or another pupil;
- Pupils are fighting, causing risk of injury to themselves or others;
- A pupil is committing, or on the verge of committing, deliberate and serious damage to property;

- A pupil is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials or objects;
- A pupil absconds from a class or tries to leave school other than at an authorised time;
- A refusal of a pupil to remain in a particular place is not enough on its own to justify use of force. It would be justifiable where allowing a pupil to leave would;
- Entail serious risks to the pupil's safety (taking into account age and understanding), to the safety of other pupils or staff, or of damage to property; or lead to behaviour that prejudices good order and discipline, such as disrupting other classes;
- A pupil persistently refuses to follow an instruction to leave a classroom; and,
- A pupil is behaving in a way that seriously disrupts a lesson; or a pupil is behaving in a way that seriously disrupts a school sporting event or school visit.

In these examples use of force would be reasonable (and therefore lawful) if it was clear that the behaviour was sufficiently dangerous or disruptive to warrant physical intervention of the degree applied and could not realistically be dealt with by any other means. A record of the incident should be made as soon as practically possible, while the incident is still easy to recall.

Wherever possible, these judgements should take account of the particular characteristics of the pupil, including his or her age, understanding and any SEN or disability that he or she may have. This would include the outcomes of any risk assessment and, as appropriate, any specific strategies and techniques set out in the pupil's Positive Behaviour Support Plan.

### **Post Incident support**

Serious incidents that require the use of physical intervention can be upsetting to all concerned and may result in injuries to the pupil or to staff. Immediate action should be taken to provide first aid for all injuries and to access medical help for any injuries that go beyond first aid. It is also important to ensure that staff and pupils are given emotional support. The school can arrange professional support for pupils and staff whenever necessary.

All pupils who have Positive Behaviour Support Plan will have this information shared and agreed with parents and where pupils are able to understand pupils, for those less able the One Page Profile can be used to promote an understanding of how the child needs to be supported at school.

### **Recording and Reporting:**

All staff have a legal duty and obligation to report and record incidents of physical intervention must do so using the appropriate procedures and forms. Where this is the first

or “emergency” use of a physical intervention there will be a critical incident analysis which reviews the individual’s risk assessment and positive behaviour support plan.

### **Conclusion:**

It is envisaged that the use of restrictive physical interventions are minimised by the development of a supportive and functional environment where individuals are able to develop the skills necessary to control their own behaviours and consequently take control of their lives. This emphasis on skill building enables individual’s to interact appropriately with their environment and those within it, it is based on the premise that individuals who exhibit behaviours that challenge are interacting with their environment in a way that reinforces the behaviours that they exhibit. This places a responsibility on the staff team to understand those factors within the environment that are supporting and maintaining the challenging behaviour. This may include examining both their environment and also their own behaviour. This approach moves away from the idea that the reason for the challenging behaviour is based within the child themselves, and shares the responsibility with the environment and those within it.

### **Notes:**

This policy should be read in conjunction with the current guidance on the use of sanctions and the current transport policy.

This policy should also be read in conjunction with current guidance, the following guidance has been either used or referred to in its inception:

*The joint guidance – Guidance for Restrictive Physical Interventions 2002, 2003 and ‘Positive Handling Strategies for Pupils with Severe Behavioural Difficulties’ (DfEE 2001)*

*Safe and effective intervention – use of reasonable force and searching for weapons (Welsh Assembly Government 2010)*

*Framework for Restrictive Physical Intervention Policy and Practice (Welsh assembly Governemnt 2005)*

# PBS- Reporting and Recording Plan

## 1. Incident forms

If the behaviours become regular once 1 incident form has been completed put child onto a Scatter Plot

## 2. Scatter Plots

These are done for 4 weeks.

## 3. Graphs

Compile a graph using the data collected from graphs.

4. **Can you see a simple solution?** If so make a note of it and keep the previous data collected as evidence in class PBS file.

If your still unsure of the bigger picture surrounding the behaviour you need to write an intervention plan.

5. **Intervention plan:-** what you are going to do?

## 6. STAR Analysis charts alongside the Scatter Plots

## 7. Half termly Graphs

## 8. Hypothesis

**Once your hypothesis of the behaviour has been confirmed you can then move on, if it hasn't continue steps 6-8.**

**9. Skill building**

**10. PBS plan written**

**11. Regular review of plan**

**BEHAVIOURAL RISK ASSESSMENT MATRIX**

		Assessment No.	
Name of individual.			
Behaviour exhibited.			
Who is the risk to (self/other/environment).			
Behaviour Support Plan No.			

**A) How likely is behaviour to occur?**

	Description	Tick
Rare	This event may occur again but only in exceptional circumstances e.g. less than once per year.	
Unlikely	There is a slight chance of this event occurring again e.g. one to twelve times per year.	
Possible	It is quite possible that this event will occur again e.g. one or more sessions per month up to weekly.	
Likely	This event will occur again at some time e.g. one or more sessions per week up to daily.	
Almost certain	This event will occur again on a regular basis e.g. one or more sessions per day.	

**B) What are the likely consequences 1). If the risk actuates (potential)? 2). Based on data (current).**

	Description	Tick (1.)	Tick (2.)
Negligible	No injury/ damage to persons or property, may impact on quality of life.		
Minor	Minor injury/ damage to persons or property, consequences can be managed internally. May significantly impact on quality of life.		
Moderate	Serious (or potential) injury or damage to persons or property, consequences may not be managed internally.		
High	Serious (or potential) injury or damage to persons or property, incident needs reporting to authorities and assessment of placement is needed.		

Very High	Death or immediate cessation of placement.		
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**RISK ANALYSIS MATRIX**

Please underline potential risk (1.) and circle current risk (2.)

Likelihood	Consequence				
	Negligible	Minor	Moderate	High	Very High
Rare	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Unlikely	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>
Possible	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>
Likely	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>
Almost certain	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>

**Key (enter score)**

1.	2.	Risk score	Action
12-25	12-25	<b>12-25</b>	<i>High risks.</i> Emergency guidelines must be written to reduce risk to acceptable level.
5-10	5-10	<b>5-10</b>	<i>Medium risks.</i> Review and amend existing control measures to determine effectiveness.
1-4	1-4	<b>1-4</b>	<i>Low risks.</i> Ensure behaviour support plan is in place.

Date completed/assessed						
Completed by						

**Incident Record 1**  
*Please complete all parts of this report*

Date of Incident:
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**This form should be completed, by each adult directly involved, if one or more of the following has occurred:**

A pupil has exhibited a challenging behaviour with a risk attached to it.

**If anyone has been hurt, you must also complete the accident book.**

Name(s) pupil(s) involved		
Time of Incident	am/pm	
Location of Incident		
Subject / Class Teacher		
Report completed by (print name)		
Staff Signature		
Date	/	/
SMT Signature		
Date	/	/

**The Incident**

**a. What was the pupil doing at the time?**


**b. What happened immediately before the incident?**

(E.g. A loud noise, someone barged past the pupil, the telephone rang, someone left the room, demand/request made)

**c. Describe the incident**

What time did the incident start?		
What time did the incident finish?		
Where did the incident occur?		
Who else was present? (Staff, service users, members of the public)		
Behaviours towards self	Behaviours towards others	Behaviours towards the environment
Describe the behaviour: (Exactly what happened during the incident?)		

**d. Consequences.**

(What did the pupil get as a result of this behaviour? Interaction from anyone?, To avoid something ?, to get access to a preferred activity or item?)

**e. Recovery phase.**

How did you support the pupil to recover from this incident?

How long did it take in minutes: 0-20 / 20-40 / 40-60 / over 60

**f. What did you do?**

How did you try to avoid having to use a Reactive Intervention?

- g.**
- 1. What do you think the pupil wanted?**
  - 2. Why do you think the incident happened?**
  - 3. Was there any setting events such as illness etc?**

1.

2.

3.

- h. What might be done in the future to prevent the incident occurring / escalating?**

**Was a Physical Intervention used? Y/N**

**If Yes complete section 2**

## **Incident Record 2**

*Please complete all parts of this report*

Date of Incident:

**This form should be completed, by each adult directly involved, if one or more of the following has occurred:**

- A pupil has exhibited a challenging behaviour with a risk attached to it.
- Where a physical intervention has been used.
- A pupil and or member of staff has been injured as a result of incident.
- An incident of challenging behaviour and or use of physical intervention has occurred  
in public.

**If anyone has been hurt, you must also complete the accident book.**

Name(s) pupil(s) involved		
Time of Incident	am/pm	
Location of Incident		
Subject / Class Teacher		
Report completed by (print name)		
Staff Signature		
Date	/	/
SMT Signature		
Date	/	/

**The Incident**

**a. What was the pupil doing at the time?**


**b. What happened immediately before the incident?**

(E.g. A loud noise, someone barged past the pupil, the telephone rang, someone left the room, demand/request made)


**c. Describe the incident**

What time did the incident start?	
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What time did the incident finish?		
Where did the incident occur?		
Who else was present? (Staff, service users, members of the public)		
Behaviours towards self	Behaviours towards others	Behaviours towards the environment
Describe the behaviour: (Exactly what happened during the incident?)		

**d. Consequences.**

(What did the pupil get as a result of this behaviour? Interaction from anyone?, To avoid something ?, to get access to a preferred activity or item?)

**e. Recovery phase.**

How did you support the pupil to recover from this incident?
How long did it take in minutes: 0-20 / 20-40 / 40-60 / over 60

**f. What did you do?**

How did you try to avoid having to use a Reactive Intervention?

- g.**
- 1. What do you think the pupil wanted?**
  - 2. Why do you think the incident happened?**
  - 3. Were there any setting events such as illness etc?**

1.
----

2.

3.

**h. What might be done in the future to prevent the incident occurring / escalating?**


**2. Physical Intervention**

**a. Tick Physical Intervention(s) used? (✓)**

Physical Redirection / Reassurance	
Two Person Physical Redirection	
One Person Move	
Two Person Move	
Stabilisation (State Which)	
Release (State Which)	
One Person Emergency Standing Hold	
One Person Emergency Side Move	
Two Person Backwards Move	

**b. Duration of Physical Intervention**

How long did the Physical Intervention last?	
Is this intervention prescribed within the pupils Behaviour Management Support programme? Yes or No	

Have all of the staff involved received formal training in how to carry out this intervention? If no list the names of those staff not trained.	
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**c. Modifications**

There may be specific situations when Physical Interventions may need to be adapted. If this was required in this situation, please give details of any changes made.

**d. Names of all staff involved in the Intervention (Print names)**

Name	Position in Intervention (e.g. Head, right arm, legs etc)

**e. Were staff involved offered post incident Staff Support? Tick what kind (✓)**

Type of Support	✓	Notes
1. Medical attention if needed?		
2. A break?		
3. Change of pupil allocation		
4. Extra support? (Specify)		
5. Other (Specify)		

**Were there any injuries? Y/N If no go to section 4**

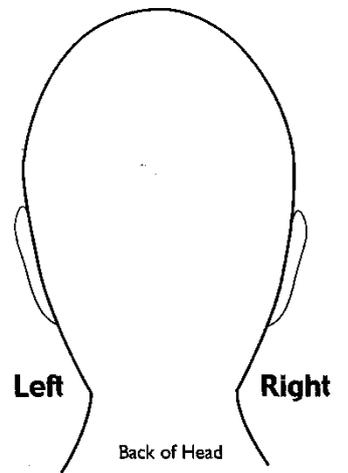
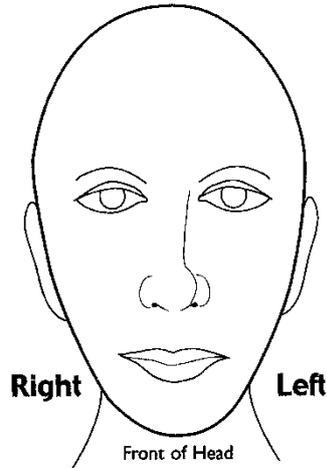
**Injuries (Complete only if pupil or staff injured)**

**Pupil Injuries**

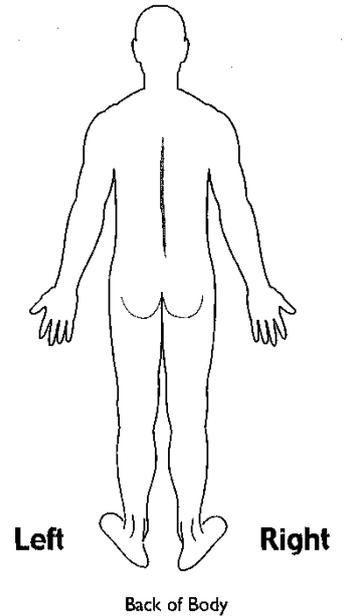
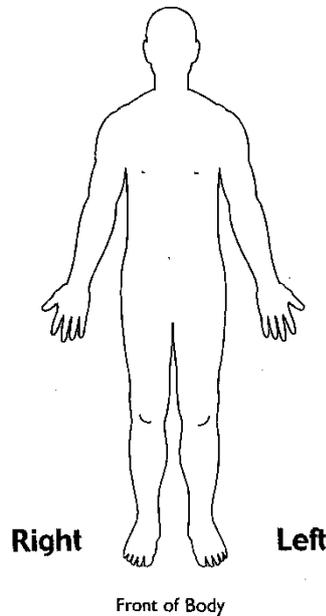
**a. Monitoring of Well Being:**

✓ During    ✓ After

Breathing		
Movement		
Vocalisations		
Skin Colour		



**b. Pupil Injuries** (Describe / draw on body map (Remember to also make an entry in the **Accident Book**))

**c. Was Medical Attention required?**

**If so, describe what was provided**



**d. Staff Injuries** (Remember to also make an entry in the **Accident Book**)

Write a description of any staff injuries in the boxes below (If more than 2 staff were injured, write the details in this section of an Incident Report Form and staple it to this one.)

Staff Name:	Staff Name:
Description of Injury	Description of Injury
Medical Attention Received	Medical Attention Received

**4. Staff Signatures** - Please read the information contained in this report carefully as by signing it, you are agreeing to what has been recorded. All staff involved in any reactive intervention must sign this section.

Name:	Signature:	Date:

**Senior Staff Comments:**

Name:	
Signature:	Date:

**Head Teacher**

Name:	
Signature:	Date:

**Basic Scatter Plot**

**Name:**



Opening doors to the future

**Date – Week ending:**

Day/Date	Mon	Tue	Wed	Thu	Fri
Time					
8.50					
9.00					
9.30					
10.00					
10.30					
11.00					
11.30					
11.45					
12.45					
1.00					
1.30					
2.00					
2.30					
3.00					
3.30					

Letter	Area/classroom	Code
A		A
B		B
C		C
D		D
E		E
F		F
G		G
H		h
Number	Behaviour	Code
1		1
2		2
3		3
4		4
5		5
6		6

**STAR Analysis Tool**



"Opening doors to the future"

Name:

Week ending:

Behaviour exhibited:

**A STAR Analysis is a helpful way of assessing what happens before, during and after an episode of unacceptable behaviour.**

<b><u>Date</u></b>	<b><u>Time</u></b>	<b><u>Staff involved</u></b>	<b><u>Setting Conditions</u></b>	<b><u>Trigger</u></b>	<b><u>Action</u></b>	<b><u>Results</u></b>

