



## WELL-BEING RESTRICTIVE PRACTICE POLICY

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Version Number	Review Date	Amendment Details
1.1	31.08.2021	Minor amendments by Anna Richardson to document behaviour recording
1:1	03.12.2021	Reviewed & agreed by Governors & published
1.2	28.02.2022	Amendments by AR to align with changes to other well-being policies
1.3	20.03.2023	Amendments by AR to align with changes to process/training
2.0	01.09.2024	New policy by AR due to the significant number of changes required

# **SHERWOOD FOUNDATION SCHOOL**

## **RESTRICTIVE PRACTICE POLICY**

### **CONTENTS**

<b>Overview</b>	<b>3</b>
Positive Touch / Handling	4
Restrictive Practice (Kelly, 2023)	5
Restrictive Physical Intervention (PI)	5
<b>Our Philosophy</b>	<b>6</b>
<b>Our Principles</b>	<b>6</b>
<b>Procedures</b>	<b>8</b>
Regulation Profiles and Individual Learner Risk Assessments	8
Restrictive Practice Plans (RPP)	10
Recording & Reporting	11
Procedures after an incident	12
<b>Responsibilities</b>	<b>13</b>
Governing Body:	13
Senior Leadership:	13
Well-being Team & Studio 111 Trainers:	14
Teaching and Therapy Staff:	15
All Staff:	15
<b>Performance Monitoring</b>	<b>16</b>
<b>Legal Duties and Relevant Guidance</b>	<b>17</b>
<b>References</b>	<b>17</b>

## Overview

The Restrictive Practice Policy must be published and circulated to parents and staff at least once a year. This policy should be seen in the context of a wider approach regarding safeguarding and well-being and should be read in conjunction with Sherwood Foundation School's:

- Safeguarding Policy
- Well-being - Behaviour Policy
- Well-being - Anti-bullying Policy
- Communication and Literacy Policy
- Staff Code of Conduct Policy.
- Special Educational Needs (SEN) policy
- Ethos, Framework and Pathways for Learning Document

Each learner at Sherwood Foundation School is a young individual with a unique personality and preferences, who also has a diagnosis of severe, profound and multiple learning disabilities (SLD/PMLD) and/or Autism. Sherwood Foundation School prides itself on its individualised, pupil-centred approach to learning. The school recognises that our learners can present with a range of behaviours that limit their ability to learn new skills and that challenge the people working with them. This policy will cover all forms of positive touch and restrictive practice including physical intervention (PI) used to support learning at Sherwood Foundation School. It is important to note that stress and low wellbeing can present in very different ways depending on the individual.

Our school's wellbeing (behaviour) policies are founded on our LEARN ethos and the practice of Self-Reg which upholds the principle of always having unconditional positive regard for every young person within our community. At the core of this approach is the profound belief that each student possesses inherent worth and potential. We are committed to fostering an environment where students feel genuinely seen, respected, and supported, irrespective of their backgrounds or challenges. By embracing a culture of unconditional positive regard, we aim to create a school community that not only prioritises the wellbeing of its members but also recognises and nurtures the unique strengths and qualities each student brings. Through this relational lens, we aspire to cultivate an inclusive and uplifting atmosphere that empowers young individuals to flourish academically, socially, and personally.

The purpose of this policy is to provide a framework for the use of touch and restrictive practices at our school. This, combined with our wellbeing (behaviour) policy not only outlines our principles but also why we believe in them. By adhering to these principles, we aim to create an environment that fosters self-regulation, growth, self-determination, and wellbeing while rejecting traditional methods of behaviourism, and restrictive practices, which are not aligned with our philosophy.

We understand that rewards and punishments appear to motivate some young people to do well, enabling them to comply with school expectations. However, we recognise that this is because they are already able to adhere to these expectations. CYP who are unable to meet these expectations for whatever reason (such as underlying needs, lagging skills, high stress levels) need a different approach. The use of rewards and punishments can often stigmatise and disempower young people, hindering their overall wellbeing. Rewards do not address the underlying needs and motivations driving behaviour, while punishments can lead to physical and emotional harm.

We also reject the use of restrictive practices such as seclusion, restraint, or any form of coercion or aversive intervention (unless there is a risk to life or serious injury). Our school is committed to becoming a restraint free Self Reg Haven School. This ensures we are providing a safe and nurturing environment that respects the autonomy and individuality of every member of our school community.

In the event of an emergency situation that may lead to death or significant harm e.g. fire, disaster, drowning, running into a road, medical emergency, staff need to take action which may mean use of restrictive practice outside of the guidance of this policy.

This policy uses the following terminology and definitions:

### Positive Touch / Handling

There are many occasions when staff will have cause to have physical contact with learners for a variety of reasons. Consent is always sought verbally and using AAC prior to instigating touch and then by closely monitoring the learner's body language and autonomic responses to touch. Acceptable forms of touch (positive touch) that are used at Sherwood Foundation School are for:

- **Emotional support** – in order to effectively communicate affection, warmth, reassurance and comfort e.g. a reassuring hug when distressed.
- **Well-being and/or regulation** - in order to support a child or young person (CYP) to regulate e.g. providing support with yoga positions, during TacPac, use of deep pressure touch (joint compressions, head or hand squeezes, therapressure brushing), facilitating the use of a therapy ball or swing, supporting access to sensory circuit activities etc. Specific consent from parents is sought for more invasive techniques.
- **Manual handling or therapeutic handling** – to support learners with limited mobility to transfer between positions or equipment and to support therapeutic programmes e.g. physiotherapy exercises and stretches, donning and doffing splints, facilitating purposeful movement to support function.
- **Personal care** - where learners need assistance and/or full support to carry out personal care for toileting, dressing, feeding.
- **First aid** – where learners need help with medical care.
- **Communication & engagement** - using positive touch in response to a learner's use of physical contact for the purpose of communication, or to establish and support attention and engagement. This includes handshakes, high fives, Intensive Interaction techniques (including age appropriate tickling or actions to songs which helps the learners to develop an understanding that communication and interaction with others is worthwhile).
- **Play** – play that naturally includes touch, especially when learners are in the early levels of social development and during games or leisure activities e.g. playing tag.
- **Teaching a new skill** – supporting the learner to complete an educational or life skill activity (e.g. when dressing) and to facilitate motor learning e.g. during PE, playground activities (climbing, riding a bike). Please note that hand under hand principles are used not hand over hand.

## Restrictive Practice (Kelly, 2023)

Restrictive practices are those that limit a person's movement, day to day activity or function. Restrictive practices can be difficult to define and even more impossible to list, simply because they are not always obvious or because staff might justify the practice in the context of keeping someone "safe". In some instances restrictive practices are necessary. Here are some examples of restrictive practices:

- physical restraint
- use of equipment like bed rails on changing beds
- prescription of certain medications not designed to restrict, but which have restrictive side effects, like sleeping tablets
- prescription of PRN medication
- no choice on activities

## Restrictive Physical Intervention (PI)

PI can be used to describe:

- **Bodily contact/Physical Restraint.** This is a restrictive intervention involving direct physical contact where the intention of the intervener is to prevent, restrict or subdue movement of the body, or part of the body of another person e.g. holding a learner's hands to prevent them from harming themselves. This includes the removal of a learner from a situation which is causing a high level of risk to themselves or others, and taking them to a safer place where they have a better chance of safety/being supported to regulate.
- **Mechanical Restraint.** This is the use of mechanical aids. At Sherwood Foundation this is rare and it may only be through the use of cushioned helmets to prevent self injury when prescribed by a medical practitioner (with this aim of reducing the need for these over time), or through use of a Houdini harness in transport when risk assessed by a professional. This does not include 24 hour postural management and mobility equipment.
- **Environmental Restraint.** This is the supervised confinement of a learner away from others in an area from which they are prevented from leaving, where it is of immediate necessity to prevent the risk of harm to others. This is primarily through the use of fobbed doors.
- **Chemical Restraint.** Chemical restraint refers to the administration of certain medications to restrain agitated patients from behaviour that is harmful to themselves or others. Examples of chemical restraints include sedatives and antipsychotics. In this setting it has been seen from PRN medications prescribed by CAMHS. A chemical restraint medication is a last resort when less invasive options fail.

## Our Philosophy

We believe that every CYP and adult is entitled to:

- Quality of life; all people should be enabled to be well, live an interesting and meaningful life, surrounded by people they like, who like them and support them well.

- The right not to be subjected to inhuman or degrading treatment
- The right to liberty and security
- The right not to be discriminated against in his/her enjoyment of those rights.
- Respect for his/her private life

(Human Rights Act 1998 and The United Nations Convention on the Rights of the Child, ratified 1991.)

At Sherwood Foundation School we believe that it is important to manage well-being through the use of a range of approaches that are relationship and strength based, individualised, trauma informed, neuroscience aligned and respectful. In doing so we believe that we can increase feelings of safety, increase understanding of stress and the adaptive and mindful co- and self regulation strategies we can all use to manage it. As a result we aim to support and de-escalate stress behaviour and teach skills for adaptive coping strategies therefore reducing the use of maladaptive ones that constrain the possibilities for growth. Through this approach we have significantly reduced the need for use of physical interventions over the last few years and plan to negate the need for these in future.

### **Our Principles**

We have a commitment to becoming a restraint-free school. A range of touch and handling techniques are used positively to support the well-being, teaching and daily care of our CYP (as described above). Our approaches are focused around the well-being and care / welfare of the CYP and are underpinned by robust safeguarding and our use of Shanker Self-Reg, this includes our work to become a Self-Reg Haven school. With regards to well-being, we focus on **reframing** the behaviour, **recognising** the stressors in the 5 domains (biological, emotion, cognitive, social and prosocial), **reducing** the stress/distress, **reflecting** and enhancing stress awareness and **responding** with personalised ways to support restoration and resilience (Shanker 2019). This enables our CYP to recognise a regulated state, as well as recognise stress, seek and accept support from trusted adults and then to develop / learn the skills and strategies they need to face life's challenges through active use of co-regulation and adaptive, mindful self-regulation.

We use the Studio 111 Low Arousal Approach which is a non-confrontational way of recognising and managing signs of stress/behaviours of concern. It has a philosophy of care which is based on valuing people. It is an approach that specifically attempts to avoid aversive interventions and that requires staff to focus on their own responses and behaviour and not just locate the problem in the child or person. During times of stress it prioritises:

- reducing demands, requests & boundaries
- listening to all forms of communication by the individual
- use of distraction & diversion techniques
- reducing stress and considering environmental triggers
- the adults understanding how their reactions can reduce stress for the individual, including their use of body language, gesture, use of space
- post incident support and debrief

We carefully consider:

### **Environmental stressors**

When a young person is stressed, it becomes harder for them to think rationally, and their brain starts struggling to cope with the situation. Stress related behaviour is often caused by environmental

stressors. This can include but is not limited to having too much sensory input, expectations and demands, having too much uncertainty and being around people they do not know and trust or coping with the stress behaviour of others. Identifying the causes of any stresses and working out how to reduce them through the process of Self-Reg is really important. This includes stressors from both the physical and the social environment.

### Having unmet needs

A young person may be struggling because of unmet needs, and this can include needs that are external to school (for example, if they haven't had much sleep). A young person may also struggle because of how they are thinking or feeling (for example, trauma making a young person feel the environment is unsafe). When someone is struggling because needs aren't being met, it is really helpful to identify what these needs are and to put accommodations or adjustments in place to rectify this. We achieve this through our trans-disciplinary assessment and review process

### Not having the skills to deal with a situation

All young people have a range of strengths and areas for development. This means a young person may excel at some things, but find other things that are relatively easy to most people, incredibly difficult. Young people's brains are also still growing and developing, so they will have other skills that are also undeveloped. When it comes to not having the skills for a situation:

- **Some skills can be taught:** If a young person is new to our school, it may be unfamiliar to them so it may take a lot of time for them to 'learn the ropes' and understand how the community works. They may not currently understand how to navigate the space, but they can be supported to understand this. It may also take us time to fully assess their needs and ensure that they have the right support in place.
- **Some skills develop with time, or are not part of a young person's individual skills profile:** No matter the reason for the skill gap, it is always helpful to identify what the skill is, and put support in place so that it does not become a barrier. When there is a skill gap, there is usually a pattern of stress related behaviour. You can then work with the young person and their family to problem solve.

Adults should always remain curious rather than judgemental in their approach to behaviour.

### The skills of our staff

Young people can only thrive if they are supported appropriately by the significant adults in their lives. We will therefore:

- Employ impactful, high quality teaching. Our class staff:
  - o engage in high quality instruction.
  - o create a classroom climate that has high expectations whilst recognising and promoting students' self-worth
  - o are aware of the importance of reducing stress in the school environment and are able to apply de-escalation techniques
  - o have enhanced pedagogical knowledge relating to the learning differences of their pupils
  - o work collaboratively with parents, wellbeing practitioners, therapists and outside agencies in order to effectively support the wellbeing of their pupils

- Our staff promote:
  - o Autonomy: Creating as many opportunities as possible for pupils/learners to exercise the need for autonomy and limiting, as far as possible, practices that undermine autonomy.
  - o They also build pupils/learners capacity and tolerance to manage situations where autonomy is limited.
  - o Competence: Organising the environment and tasks so pupils/learners can be effective in their interactions.
  - o Relatedness: Developing and maintaining strong and supportive emotional bonds between staff and pupils/learners

## **Procedures**

We will manage this through individualised trans-disciplinary assessment, robust individualised Regulation Profiles (including proactive, active and reactive strategies to reduce and manage stress), Individual Pupil Risk Assessments, Care plans and if required a Restrictive Practice Plan (RPP).

### **Regulation Profiles and Individual Learner Risk Assessments**

In all situations where physical contact between staff and learners takes place, staff must consider the following, the learner's:

- Ability to consent through either verbal or non-verbal communication (e.g. body language, facial expression, vocalisations, AAC) to allow / protest against the contact
- Age, and level of understanding / developmental abilities
- Individual characteristics (strengths, differences, capacity to cope with stress in all 5 domains), considering gender, ethnicity and background where relevant

They must also consider:

- The location where the contact takes place (it should not take place in private without others present).
- The skills and capacity of the supporting staff

Once a learner has required or is deemed to require physical support (to address their care, learning or support needs), the above information will be documented in the learner's individual risk assessment, regulation profile, self-care plan, medical care plan, manual handling plan and relevant communication profiles.

The regulation profile and risk assessments are live documents that are regularly updated depending on the CYPs changing needs. The regulation profile is produced by the team around the CYP (teaching staff, speech and language therapist, occupational therapist, well-being practitioner, parents where possible and any other professionals from outside agencies e.g. NHS, CAMHS & Social Care Staff). There is a written protocol to support the writing of a regulation profile and the wellbeing team can support staff who are new in completing this form. Active and proactive co- and self-regulation strategies will form the primary method of preventing / managing stress behaviours through improving wellbeing, however strategically preventative, responsive and recovery strategies are also required and recorded in the plan for use by the team as necessary. The methods used to reduce stress and reduce the use of maladaptive coping strategies must include; use of the process of Self Reg to support the well-being, regulation and communication needs of the learner, teaching lagging skills and developing

problem solving and skills that improve autonomy and independent functional skills. The regulation profile and risk assessment will be formally reviewed on a termly basis, or as required, to ensure the safety of the learner, to monitor their effectiveness and to ensure progress is made / maintained.

When wellbeing difficulties are identified that cannot be resolved by the team around the CYP or concerns are raised following SLEUTH entries. The wellbeing practitioners/leadership team will set up a wellbeing meeting and an ALSUP assessment is completed where appropriate. The aim of this assessment is to find patterns of stress / distress, form strategies and agree on a consistent approach to management and support. As a result the use of PI should, wherever possible, be avoided, however, there are occasions when the use of PI is necessary. When PI is necessary, it must be used in ways that maintain the safety and dignity of all concerned and the PI plan must be written in collaboration with the CYP parents / guardians. The use of physical intervention should only be used as a last resort to prevent:

- Self-injury
- Injury to others

It is important to remember that:

PI can be deployed as planned or be reactive in emergencies that restrict an individual's movement, liberty and/or freedom to act independently. They will always be used following this policy and in accordance with the school's values, specifically regarding respect, well-being and safety. Our LEARN approach will be utilised by staff and staff will always model regulated behaviour, being consistent in their approach.

- Our school does not have a 'no contact/ touch' policy. There is a real risk that such a policy might place a member of staff in breach of their duty of care towards a pupil, or prevent them taking the action needed to prevent a pupil causing harm.
- By taking steps to ensure that staff, pupils and parents are clear about when reasonable physical support might be used to support the safety of pupils
- There is an expectation that staff will respond to protect the safety of the children within their care therefore PI can be used when a restrictive practice plan (RPP) is not in place in an emergency situation for the reasons described above. The child's risk assessment must then be reviewed and appropriate measures put in place to minimise the risks in future.
- Only a minimum amount of physical support must be used, that is the minimum amount needed to avert danger. This should be applied for the shortest period of time. An example of this would be should a child be running into the road, a member of staff using physical support to prevent them entering the road.
- The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances:
  - o The Headteacher and Governors expect all staff employed in the school to act as responsible adults and act to keep children safe whether they have already received PI training or not; the school will provide annual training in Self-Reg and Studio III, including de-escalation and dis-engagement techniques.

- o The risks of using physical intervention are judged to be lower than the risks of not doing so
  - o Physical intervention is an exceptional rather than routine method of management
  - o Any physical intervention should avoid contact that might be misinterpreted as sexual
- A RPP will only be put in place if deemed appropriate by the Well-being Lead Practitioner or a member of the Senior Leadership Team.

### Restrictive Practice Plans (RPP)

If there is any expectation that, despite early planning and prevention strategies, a learner's behaviour may escalate to the point at which they present a significant risk to themselves or others, despite the amendments to the plans described above and adaptations to the environmental/activity/staffing, a RPP is required. This must be discussed and agreed with the individual (where possible) and their family. The RPP will set out the circumstances where restrictive practice may be required, only when there is imminent or immediate harm to self or others, to maximise safety and minimise harm. Staff are not able to use any form of restrictive practice for punishment or to force compliance with an educational activity. RP must only be used as a last resort. The use of restrictive practice will be reduced through promoting school wide training in wellbeing, Self-Reg and the development of communication, effective early planning and the use of proactive strategies through the teaching, therapy and well-being universal, targeted and specialist offer. All RPPs will be signed off by the Well-being Lead Practitioner and a member of the senior leadership team (SLT).

Members of staff can use:

- Therapeutic handling when they have been trained by a therapist
- Use of self - body language, stance and positioning to de-escalate
- Touch support e.g. guiding using caring 'C', help hugs and simple disengagement techniques such as hair pulling, clothes pulling. Body blocking can only be used in incidents where a dynamic risk assessment suggests significant risk to the CYP and / or others as described above.

Those who have training in Studio 111 at a higher level can use the movement skills and the walk around technique.

Those staff who join the school between training times will be given support from trained staff and will be expected to respond as responsible adults (that is to intervene sensibly if someone is about to be hurt) until they are able to attend training. All relevant staff are updated on Studio 111 training every year to ensure certification, and they are kept updated in between by the in-house certified Studio 111 trainers.

At Sherwood Foundation School mechanical restraint (helmets, Houdini harness) is only used when recommended by a professional outside of the school environment. Mechanical restraints are only to be used where self-injurious behaviours have become extreme and where we are aiming to prevent further significant damage or in order to keep the learner safe during essential journeys in a car / transport. School staff should not be responsible for making the decision on the use of a mechanical restraint and the prescribing professional will be responsible for providing a written protocol for the use of this equipment. They will also be jointly responsible for the review and monitoring of its use with the Lead Wellbeing Practitioner and the SLT.

Learners should always have access to equipment that they need to enable their independence. This includes communication systems, visual aids and transactional supports, mobility aids and sensory / regulation equipment. Specialist chairs, wheelchairs and standing frames with straps can be provided by a treating OT or physiotherapist for the purpose of postural management and / or as part of a 24 hour postural management protocol. These are not deemed a form of mechanical restraint as the learner requires this equipment to function to their optimal potential and manage their medical/physical needs. The following situations do however constitute mechanical restraint and should not be used:

- At no point should a mobile learner be strapped into a chair from which they cannot get out of independently. This includes a chair with no straps but that the learner cannot push away from a table to leave an activity. This includes being blocked by a member of staff to move their chair.
- Buggies and wheelchairs should not be used to transition a learner to an activity or location when they are showing / communicating that they are not ready or not choosing to go. Buggies and wheelchairs (apart from when used for postural management, mobility or medical reasons) should be risk assessed and a RPP be drawn up, where appropriate, detailing how the learner is being supported to learn the skills to move away from this form of intervention.

At Sherwood Foundation School the fobbed environment at Sherwood Hill Campus may be used to limit access to an area of the school to a distressed child if their responses in that moment pose a risk to other staff or pupils.

The administration of PRN medication in school prescribed by a medical practitioner will be carefully considered by the team and the impact monitored closely.

### Recording & Reporting

New adaptive, mindful co- and self-regulation strategies (positive behaviours) and all maladaptive regulation strategies and incidents, including those that require the use of restrictive intervention, are recorded online on the SLEUTH software. Occasionally where a pupil has become increasingly anxious and maladaptive behaviours are happening extremely frequently we may move to paper-based records which will then be uploaded onto SLEUTH at the end of the day in order to make recording manageable and reliable. Any safeguarding incidents will also be recorded on My Concern and discussed with the designated safeguarding lead (DSL)

The school aims to build strong relationships with parents. Parents should be informed of their child's presentation and general wellbeing daily in the home school book by teaching staff. Parents will be informed by phone or in person of any significant changes in their child's capacity to cope with stress; notified of any injuries and following any significant incidents; and / or following the use of any form of physical intervention.

### Procedures after an incident

Any incident of restrictive physical intervention must be recorded on SLEUTH and discussed with a member of the Senior Leadership Team or Lead Wellbeing Practitioner. The incident must be reported on the same day as the incident. The SLEUTH record will show:

- The date and time of the incident
- What led up to the incident
- What strategies were used to avoid physical intervention
- The reason for using physical intervention
- A description of the physical intervention

- The duration of the physical intervention
- CYP/s involved
- Staff involved
- How the incident was resolved
- Any student injury
- Any staff injury
- CYP's views (where possible)
- Any follow up / actions and debrief
- How parents / guardians have been informed and by whom

SLEUTH logs are reviewed daily by the Lead Wellbeing Practitioner and are reviewed on a regular basis by the Senior Leadership Team. Incidents are reported to the Head Teacher and Governors on a regular basis. The relevant information will also be shared with a representative from the Local Authority (LEA) following the LA process and using the correct forms.

When staff have been injured, they will actively seek and receive the first aid and treatment necessary for their injury e.g. going home, going to their doctor or going to the hospital.

When staff have been hurt and are able to stay at work, they will have the opportunity for any of the following:

- Their class team takes over so they can have a short break to spend time on their own
- Go to the staff room to have a hot drink etc
- Support from SLT / well-being team so that they can talk about the incident without any judgement

SLT will ensure that all staff involved are debriefed and any ongoing support they will need in the workplace will be identified where necessary and recorded in the incident report on SLEUTH. There will be a follow-up review of the CYP's Regulation Profile, Risk Assessments and / or RPP that are in place to see if they are adequate, led by the teacher and well-being lead and reviewed by a member of the Senior Leadership Team if required.

### Debriefing

Debriefing following incidents is important for both staff and pupils. Debriefing should be prioritised and active listening used to support the process. 'Hot' and 'Cold' debriefs should both be available. Debriefing should:

- always be confidential, unless there is a safeguarding concern.
- be non-judgemental and with someone you feel comfortable with.
- happen as soon after the event as possible and before a formal write up.
- take as long as is needed, however additional support may be required if the debrief continues for an extensive period of time.
- be done by someone that was not involved in the incident.
- consider the facts of the incident.

- involve the person acknowledging and sharing their feelings.
- discuss the learning from the incident.

The learning from a debrief should be used to create prevention strategies and should be used to inform updates to the CYPs risk assessment and regulation profile.

## **Responsibilities**

### Governing Body:

- To ensure that the climate of the school encourages a safe, peaceful, calm and non-physically threatening atmosphere/ethos;
- To have a current Well-being (behaviour) Policy, Anti-bullying Policy and a Positive Handling Policy
- To assess the risks to staff and pupils arising from the stress / maladaptive behaviours used by our students
- To monitor safe systems of work;
- To ensure staff are adequately trained;
- To make appropriate resources available for the policy to be fully implemented.

### Senior Leadership:

- Ensure that the school is providing teaching and learning that aligns with new developments and best practice in the field
- Prioritising and working to ensure the positive well-being of staff and students
- There is a school culture that respects the right of every individual to liberty, safety and security and that reduces the need for restraint unless absolutely necessary - with an aspiration of being a restraint free school.
- Staffing levels are reflective of and adequate for meeting the needs of the learners.
- To ensure staff have access to appropriate information about the pupils with whom they are working;
- Staff are well trained in the teaching and therapeutic support needs of learners, particularly in relation to managing well-being and providing positive support for understanding and dealing with stress behaviours that impact learning and quality of life. This includes Studio 111 low arousal approach
- New staff and volunteers will receive induction training in understanding and managing well-being, regulation and communication. This includes best practice teaching and strategies to support stress reduction including low arousal approaches and de-escalation and dis-engagement techniques.
- The environment is modified to support the well-being and regulation needs and enable the learner to feel safe.
- Review the impact of support through the use of SLEUTH performance monitoring (see section below). The data collected and collated by SLEUTH enables SLT to identify:
  - o places where incidents are more likely to take place so we can take action

- classes / staff with whom we may need to give additional training
- pupils who struggle with specific lessons / activities and adapt timetables
- pupils whose anxieties mean they are struggling in class or in specific environments allowing us to make adaptations to their curriculum / support offer
- Provide oversight, management, support and monitoring in relation to safeguarding, risk assessments, positive handling plans, use of physical intervention and injury to staff and students.
- Ensure that reporting procedures are followed and adhered to by staff and provide support and guidance as necessary.
- Matching staff expertise, experience and personality type to learner needs.
- SLT will also use the data in Sleuth to report the use of restrictive practice and physical interventions to the Local Authority and Governors.

#### Well-being Team & Studio 111 Trainers:

- Keeping up to date with new developments and best practice in the field
- Providing training for staff, parents and outside agencies in the areas of wellbeing, unsolved problems and lagging skills and Self-Reg. This includes training relevant staff in Studio 111 and providing updates and refreshers on a regular basis
- Monitoring effectiveness of interventions and risks. This includes:
  - Setting baseline data at well-being assessment
  - Monitoring the quality of well-being plans and positive handling plans
  - Monitoring interventions and data from SLEUTH
  - Reporting on outcomes
  - Monitoring and analysis of physical intervention (SLEUTH)
- Identifying areas of development / training / concern to the senior leadership team.
- Supporting SLT to match staff expertise, experience and personality type to learner needs.
- The school offers parents and families support in the understanding of well-being, Self-Reg, early prevention and the use of positive touch, whilst also seeking advice from parents on what they have found to be effective in the home setting, so that we can work in partnership.

#### Teaching and Therapy Staff:

Staff will ensure that:

- When touch is used with learners it is always in response to their needs at that time, and appropriate to their age, stage of development, gender, ethnicity and background, giving equal consideration to the regulation and communication needs of the individual concerned.
- They are clear and open about why they use touch and can explain their practice. Consideration will need to be given to helping CYP who are touch sensitive to increase their capacity to cope if required.

- Where feasible they seek the learner's permission before initiating touch. Staff should listen, observe and take note of the learner's reaction or response and, so far as is possible, use a level of contact which is acceptable to the learner for the minimum time necessary.
- Feed into and complete the well-being behaviour recording on a daily basis as required using SLEUTH. Teaching staff and therapists are required to monitor progress and update plans accordingly with oversight of the Well-Being lead practitioner and senior leadership team as required.
- In the case of pupils who initiate socially inappropriate/ immature physical contact, that they correct their approach and model an appropriate response, e.g. if secondary age pupils seek a hug from a member of staff as a greeting this will be re-modelled as a handshake, high five or professional side-on hug.
- Extra caution is exercised where a learner is known to have suffered previous abuse or neglect. Such experiences may sometimes make a learner exceptionally sensitive and demanding of physical contact and staff should respond sensitively, through helping them to understand the importance of personal boundaries and appropriate management plans put in place.

#### All Staff:

Staff will ensure that they:

- Are aware of the content of the Well-being (behaviour) policy and follow the guidance it contains.
- Are committed to respectful, professional working and find constructive ways to tell others if they are not working in such a way.
- Respect the learners and understand and empathise with the stress, anxieties and frustrations they experience, supporting them to try to recognise and overcome them.
- Respond consistently when learners either inadvertently, (or intentionally but usually for non-sexual reasons) touch / grab intimate parts of a member of staff's body – when there is no sexual understanding or intent. The staff member should respond by withdrawing without significant negative feedback and ensure the incident is recorded on SLEUTH and reported to a member of the senior leadership team. This should be immediately discussed with the teacher and / or Well-being Lead Practitioner to update the CYPs regulation profile, as well as a review of the CYP's risk assessment.
- Attend and actively participate in training, coaching and reflective practices in order to support our learners effectively. To raise issues of concern with their line manager and to actively work to increase their own knowledge and best practice.
- Notify senior leadership regarding any serious incidents, including use of restrictive practice and physical intervention and follow the appropriate school procedures concerning incidents and accidents, recording them using SLEUTH.
- Report any injuries to a pupil to a member of the Senior Leadership Team and ensure that appropriate processes are followed relating to first aid and incident reporting
- To notify a member of the Senior Leadership Team if they are injured and seek first aid and medical assessment, even if as a precaution. If they are in receipt of an injury to the head, face or torso they will always seek assessment/ follow up by a medical professional.

- That they never touch a learner in a way which may be considered indecent, except where this is necessary as part of intimate or medical care. Any child with intimate care needs will have these detailed in their personal care plan. All staff should always be prepared to explain their actions and accept that all physical contact be open to scrutiny.
- Physical contact is never secretive, for the gratification of the adult or to represent a misuse of authority. If a member of staff believes that an action could be misinterpreted, the incident and circumstances should be reported to the designated safeguarding lead as soon as is reasonably possible, recorded and, if appropriate, recorded under the learner's name on My Concern.
- If they are in any doubt about issues concerning appropriate touch or observe any practice which causes them concern, they should speak to the Designated Safeguarding Lead.
- Physical contact is never made as a punishment, or to inflict pain. All forms of punishment are prohibited.

### **Performance Monitoring**

The SLT and Wider Leadership Team, with the support of the Well-being Lead Practitioner will:

- Monitor teaching, recording and supporting the effective use of touch and handling across the curriculum using lesson observations, learning walks and SLEUTH.
- Monitor and reflect on incidents and use of restrictive practice and ensure policies are adhered to, ensuring effective safeguarding.
- Analyse, review and report to governors on well-being data, incidents and accidents in order to inform and develop best practice using SLEUTH.
- Monitor and improve staff knowledge and expertise through CPD strategy, training, moderation, coaching, supervision and appraisal.
- Listening to the learner voice and collating views through the school council, lessons and questionnaire responses where possible
- Parent co-production meetings and responses to parent questionnaires
- Staff questionnaires

Sherwood Foundation School  
 Anna Richardson (Senior Leader for Well-being & Transdisciplinary Working)

### **Legal Duties and Relevant Guidance**

This policy is based on legislation and advice from the Department for Education (DfE) on:

- DoE guidance - see details in the references below
- Children's Act (2002, 2011)
- Deprivation of Liberty Education and Inspections Act (section 93) (2006)
- Section 175 of the [Education Act 2002](#), which outlines a school's duty to safeguard and promote the welfare of its pupils

- Sections 88 to 94 of the [Education and Inspections Act 2006](#), which requires schools to regulate pupils' behaviour and publish a behaviour policy and written statement of behaviour principles, and gives schools the authority to confiscate pupils' property
- Equality Act (2010) [The Equality Act 2010](#)
- Human Rights Act (1998)
- Mental Health and Behaviour in Schools (November 2018)

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