Title: PROMOTING POSITIVE BEHAVIOUR POLICY OF BERE CLINIC SCHOOL

Policy Number: **1.2**	Version Number: **1**
Date of Issue: **November 2021**	Date of Review: **November 2022**
Author: **Sarah Taylor**	Ratified by: **Kath Murphy & Nick Rose**
Headteacher	**Chair of the Management Committee**

Bere Clinic School is committed to promoting equality in all its activities. We aim to provide an environment free from discrimination and unfair treatment.

Introduction
The policy has been prepared for the support of all staff who come into contact with young people and for volunteers working at the school to explain the arrangements for care and control in relation to young people's behaviour.
This policy is to be used in conjunction with the Bere Clinic School Admissions, Discipline and Exclusions Policy, Child Protection and Safeguarding Policy, and the Preventing Bullying Policy.

Objectives
Good personal and professional relationships between staff and young people are vital to ensure good order and a safe and secure ethos. It is recognised that the majority of young people respond positively to the discipline and control practised by staff as described in this policy. This ensures the well-being and safety of all at the school. It is also acknowledged that in exceptional circumstances, staff may need to take action in situations where the use of reasonable, proportionate and necessary force may be required. Bere Clinic School acknowledges that physical techniques are only a small part of a whole setting approach to behaviour management and will be used only when the safety of people at the school is at risk.

Every effort will be made to ensure that all staff:

(i) Clearly understand this policy and their responsibilities in the context of their duty of care in taking appropriate measures where use of force is necessary and
(ii) Are provided with appropriate training to deal with these difficult situations.

Responsibilities
Staff members will:

- Implement the school's Positive Behaviour Policy at all times.
- Maintain a positive and well-managed learning environment.
- Be positive ambassadors of the school at all times through their professional behaviour and conduct.
- Treat all young people fairly and equally, seeking to raise their self-esteem and develop to their full potential.
- Undertake comprehensive planning to provide challenging, interesting and relevant lessons, which are appropriate to the age, ability and individual needs of young people.
- Raise any concerns regarding a young person's behaviour with the senior leadership team (SLT) and Key Teacher and record all behaviour events on the Behaviour Log.
- Support other members of staff with behavioural issues involving individuals or groups of young people.
- Liaise with other members of staff and the senior leadership team (SLT) in order to implement effective behaviour management.
- Immediately contact the Headteacher and SLT when there has been a serious breach of the school's Code of Conduct.
- Continuously keep parents/carers informed of any behavioural management issues concerning their child.
- Ensure that all records relating to a young person's behaviour and attitude are kept up-to-date, such as the behaviour logs, PCPs, CPAs and Assessment Tracking Sheets.
- Consistently develop their understanding of behaviour for learning and relevant techniques as part of their CPD.

Young people are expected to:
- Abide by the Bere Clinic School's Expectations agreement and the school's Positive Behaviour Policy at all times.
- Co-operate with other young people and members of staff in order to create a positive learning environment that demonstrates good team spirit.
- Engage with strategies put in place by staff to support them through school.
- Respect and value the environment and their surroundings, as well as each other.
- Not act in a manner which is disruptive to the learning of others.
- Under no circumstances put the health and safety of others at risk.

- Avoid behaviour that will be harmful for themselves, other young people, and staff in school.
- Dress appropriately for school and be ready to learn.
- Follow reasonable requests given by the teaching and support staff to enable learning to take place.
- Make decisions that will respect the school's property and other young people's possessions.

Praise and Rewards

Praise plays an important part in improving behaviour. Bere Clinic School recognises that young people should be rewarded for displaying consistently good behaviour, progress and effort in school. Praise will be used to help celebrate a young person's achievement and will be given for progress, not simply for high quality work.

Praise will:

- Be given in relation to a specific task or action.
- Be given in the form of formative feedback through marking, classroom interaction, and reports.
- Be earned, ensuring that the recipient is clear about what they are being praised for.
- Reinforce Bere Clinic School's core values and ethos.
- Not be awarded for vague accomplishments or be given too easily and spread too widely.
- Not be in a manner which is selective, exclusive or causes the recipient embarrassment.
- Always have a positive effect upon others as well as the recipient.
- Be used to motivate young people and help them to feel valued.
- Be recognised for young people facing a challenge which they previously were not able to face, demonstrating resilience.

Bere Clinic School has a reward system in place which rewards young people for displaying good behaviour and progressing their learning, through the following methods:

- Attendance Certificates
- Verbal praise
- Written praise
- Postcards home
- Comments to parents at CPA meeting
- Small prizes, such as stationery or stickers (as permitted safe)
- Feedback in Ward Rounds
- Feedback to Responsible Clinicians

Sanctions

All staff will attempt to avoid confrontation and defuse situations wherever possible by talking to young people in a calm, but fair manner.

Sanctions will be applied fairly and consistently. None of the school's punishments will be disproportionate, degrading or humiliating. If a pupil behaves unacceptably, the teacher should criticise the action and not the child. At all times the child should be treated with respect.

In light of our school values and the nature of our students attending school, every effort will be made to discuss and resolve difficulties by understanding and working out strategies without imposing sanctions. Sanctions are only applied when rewards have failed, or where it is necessary in the circumstances to show appropriate disapproval. All staff must seek to ensure that punishments (sanctions) are proportionate to the offence, and should enable pupils to make reparation where appropriate. Wherever possible, the sanction applied should be a constructive one. Non-trivial sanctions will be recorded in the school's behaviour log.

Expectations for behaviour which is conducive to learning is displayed in the school, and is signed by each young person when they are admitted to the clinic and begin engaging in education. It sets out the basic expectations required from all young people.

If these strategies do not restore the correct learning behaviour and standards remain below expectation, then a series of sanctions will be applied. It is the responsibility of the member of staff who is involved, witnesses, or experiences the break in our standards to issue the sanction and ensure that it is logged on the **Behaviour Log.**

Examples of when the standards are broken:

- Non-engagement in lesson activities
- Challenging or disruptive behaviour that disrupts others or the lesson
- Leaving the classroom without authorisation
- Not following instructions given by the teacher
- Not being ready to learn or not wearing appropriate clothing and footwear

Examples of sanctions may include:

1. **Reminders** (saying name, reminding of expectations, highlighting positive behaviour)
2. **Verbal warning** (saying name, reason why, reminder of next consequence)
3. **Young person withdrawn** (saying name, stating reason and final consequence)

Persistent Disruption to Learning
If a young person persistently disrupts learning or there has been no improvement in their behaviour following on from the sanctions given, further steps will be taken by the Key Teacher.

Steps taken by the Key Teacher

1. Meet with the young person at the next key teacher meeting to discuss their choices, set actions for improvement, and inform them of the sanctions
2. Inform parents of the young person's behaviour, the sanctions, and the agreed actions for improvement
3. Inform the Headteacher

Examples of further sanctions

- Further sanctions can include, but are not limited to:
- Putting the young person on a behaviour intervention support plan
- Completing schoolwork during free-time
- Missing an activity within the school day

The Key Teacher will also record outcomes of actions on the **Key Teacher log** and will monitor and review the behaviour of the young person weekly.
It will be at the discretion of staff to take any further steps if they feel the incident warrants it, but an explanation must be given to the young person if this is the case.

Severe behaviour clause
Severe behavioural issues will be dealt with by the Headteacher, or the Deputy Headteacher and all staff must ensure this is logged and brought to their attention.

Severe behaviour can include, but is not limited to:

- Inappropriate/dangerous items being brought onto school
- Racist abuse
- Bullying
- Verbal abuse/threatening behaviour including spitting
- Derogatory speech and behaviour
- Homophobic abuse
- Sexual misconduct

- Theft
- Damage to property
- Persistent disruption to learning

In the case of **severe** misbehaviour any or all of the sanction stages may be missed out. The following examples of actions may be taken:

Action taken by the subject teacher

- Inform the Headteacher or the Deputy Headteacher of the incident as soon as possible and by the end of the school day at the latest
- Complete a 'Serious Incident Form' (**Appendix A**) and give to the Headteacher or the Deputy Headteacher

Examples of action that may be taken by the Headteacher

- Meeting with parents and the multi-disciplinary team
- Involvement of external stakeholders
- Temporary internal exclusion
- External exclusion

Serious Incidents

An incident during a session could cause serious disruption and distress and may result in injury or damage to property. Serious incidents include for example:

- Physical assault of young person or staff member
- Young person requiring physical intervention
- Behaviour which results in the environment becoming unsafe
- Young person being asked to leave an area but refusing to comply with request
- Serious or sustained verbal assault of young person or staff member
- Young person seeking to take, not give back or misuse items
- Damage caused deliberately to property or equipment
- Inappropriate use of IT/access to internet

Managing Serious Incidents

Bere Clinic School strives to create a calm and safe environment in order to minimise the risk of challenging behaviour and serious incidents. All staff are trained in skills to help them to defuse situations before behaviour becomes challenging and will attempt to de-escalate situations before an incident can arise. However, it is acknowledged that some forms of challenging behaviour, such as those listed above as serious incidents, will arise from time to time and when they do, appropriate and considered action will be taken to resolve the situation (see Bere Clinic School Admissions, Exclusion and Discipline Policy).

Procedures for dealing with serious incidents

In the event that de-escalation techniques to attempt to diffuse the situation prior to the incident occurring have been unsuccessful, staff may take the following action:

- Raise the alarm to alert the nursing team/ healthcare assistant in school of the incident
- If safe to do so, direct the young person from the classroom into a low stimulus environment such as another classroom in order to minimise distress and help the young person de-escalate
- Inform SLT of the incident
- Complete a **Serious Incident Form** (**Appendix A**) and the record the incident on the **Behaviour Log**

Records of incidents must be given to the Headteacher as soon as possible, and by the end of the school day at the latest.

Physical Interventions
In the first instance, any physical interventions are led by members of the nursing team who have received training in this area however, it may be necessary for school staff to use physical intervention in exceptional circumstances such as to prevent a young person from attacking a member of staff or another young person or to protect them from harming themselves.
It is also acknowledged that a serious incident could take place off-school, such as on an educational outing. The same processes and procedures will apply and, if necessary, the help of the emergency services may be sought.

Reporting/Recording Serious Incidents and Physical Interventions

All serious incidents and physical interventions that occur during school time will be properly documented and investigated in order to increase safety and to improve procedures and practice whenever possible.
All serious incidents will be analysed to identify antecedents and whether anything could be done differently in similar circumstances in the future, including updating/ refining school policies and procedures.

Recording incidents
Where physical control or restraint has been used during school time a record of the incident will be kept.

All incidents will be recorded on the appropriate form, entered into the behaviour log and will be reported to parents. This may be by telephone or face to face, depending on the nature of the incident and the procedure agreed with parents when their young person's risk assessment is devised/reviewed.

Records of incidents must be given to the Headteacher as soon as possible, and by the end of the school day at the latest. After the review of the incident, a copy of the details will be placed on the young person's file as part of their educational record.

Reporting incidents
Where there are any concerns over the appropriateness of the response to the incident, the Headteacher may refer the incident to the relevant Local Authorities Safeguarding Board and the hospital for clarification and/or investigation. If the incident involves the Headteacher then the Chair of the Management Committee may seek advice as described in this paragraph.

Monitoring incidents
Whenever a member of staff has occasion to use reasonable force, this will always be recorded and documented following agreed procedures. Monitoring of incidents will help to ensure that staff are following the correct procedures and will alert the Headteacher to the needs of any young person whose behaviour may require the use of reasonable force.

The monitoring of incidents will take place on a regular basis (at least half-termly) and the results will be used to inform planning to meet a young person's needs.

To support the Headteacher and to ensure objectivity, the Headteacher and a representative from the Management Committee will be involved in the monitoring process.

The Headteacher will present an annual summary of incidents that have involved the use of force to the Management Committee.

Exclusions

Bere Clinic School reserves the right to exclude students from the school who consistently do not adhere to Bere Clinic School's expectations.

Action after an incident
The school will have a debrief procedure which should be utilised if staff need to debrief after an incident. Where staff have been involved in an incident involving reasonable force, they should have access to counselling and support. Within the school, this will be made available/supported through the Headteacher.

Young people who may be distressed by events can be offered the following support:

- Quiet time taking part in a calming activity
- Quiet time away from the incident/trigger
- Resuming their usual routine/previous activity as soon as possible, especially for young people with Autistic Spectrum Disorder
- Time with a member of staff to debrief the incident

The Headteacher will ensure that each incident is reviewed and investigated further as required. If further action is required in relation to a member of staff or a young person, this will be pursued through the appropriate procedure:

- Review of risk assessment
- Child Protection Procedure (this may involve investigations by Police and/or Social Services)
- Staff or young person disciplinary procedure
- Exclusions procedure; in the case of violence or assault against a member of staff this may be considered
- The member of staff will be kept informed of any action taken.
    - In the case of any action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.
    - In some circumstances it may be appropriate to provide additional training or professional support for particular staff in relation to the management of incidents where although the criteria for the application of the above procedures were not met, it is decided that the incident could have been managed more effectively.

Implications of the policy

The Education and Inspections Act 2006 and DFE 2010 guidance stipulates that reasonable force may be used to prevent a young person (including those from another school) from doing, or continuing to do any of the following:

- To prevent a young person injuring themselves
- To prevent a young person attacking a member of staff, another young person or to stop a fight between two or more young people
- To prevent a young person causing deliberate damage to property
- To prevent a young person causing injury or damage by accident, by rough play or by misuse of dangerous materials or objects
- To ensure that a young person leaves a classroom or area when the young person has persistently refused instructions to do so
- To prevent a young person behaving in a way that seriously disrupts a lesson or;
- To prevent a young person behaving in a way that seriously disrupts a school sporting event or school visit

As teaching and non-teaching staff work 'in loco parentis' and have a 'Duty of Care' towards their young people, they could be liable for a claim of negligence if they fail to follow the guidance within this policy.

The application of any form of physical control inevitably carries an attached risk of unintended harm and this places staff and the school at risk of potential litigation. It can only be justified according to the circumstances described in this policy. Staff, therefore, have a responsibility to follow this policy and to seek alternative strategies wherever possible in order to prevent the need for physical intervention.

Staff need to be aware that they are responsible for:

- assessing risks (individual risk assessments) related to individual circumstances which may arise in the course of their day-to-day duties and
- making judgements about when the use of force is necessary and the degree of force which may be regarded as necessary to manage a situation.

Staff need to be aware that they are required to justify their decisions in writing through the recording and reporting procedures outlined later in this document.

The Violent Crime Reduction Act 2006 effective from September 2007, gives schools powers to screen or search young people for weapons. The Headteacher will refer to the relevant guidance in this area.

Definitions

Positive Handling

Positive Handling describes a broad spectrum of risk reduction strategies. Positive handling is a holistic approach involving policy, guidance, management of the environment, and deployment of staff. It also involves personal behaviour, diversion, diffusion, and de-escalation.

Positive Handling at the school (defined as the full range of strategies used to manage behaviour including where necessary physical intervention) is seen as a proactive response to meet individual young people 's needs.

Any such measures will be most effective in the context of the overall ethos of the school, the way that staff exercise their responsibilities and the range of behaviour management strategies used.

Risk assessments at the school plan for the positive management of young people 's challenging behaviour. They identify positive prevention strategies and how a young person may need to be supported in a crisis.

Physical Contact:

These are situations in which proper physical contact occurs between staff and young people e.g. in the care of young people and in order to support their access to a broad and balanced curriculum.

Physical Intervention (PI):

This is considered as **passive physical contact** i.e. blocking a young person's path or standing between young people to defuse a situation or **active physical contact** i.e. guiding or leading a young person by the arm where the young person is compliant.
These approaches may be used to divert a young person from a destructive or disruptive action.
This technique cannot be emphasised enough and in the hands of a skilful practitioner many young people can be deflected from a potentially volatile situation into a less confrontational situation i.e. it may be possible to "defuse" a situation by a timely intervention.

Physical Control/Restraint/Restrictive Physical Intervention (RPI):

When members of staff use 'restraint' they physically prevent a young person from continuing what they were doing after they have been told to stop and it is only applied in exceptional circumstances where physical intervention reduces the risk of immediate harm to the young person, to others (including adults) or to property.

N.B. Restraint is defined as the positive application of force by staff, in order to overcome rigorous resistance, completely directing, deciding and controlling a person's free movement.

Planned and emergency physical interventions:

Planned and emergency physical interventions are led by members of the nursing team.

A planned intervention is one that is described/outlined in the young person's risk assessment.
This should cover most interventions, as possible scenarios will be identified and planned for when the plan is drawn up. These interventions may include the use of physical restraint techniques.

An emergency physical intervention may be necessary if a situation arises that was not foreseen or is uncharacteristic of the young person. Members of the nursing team retain their duty of care to young people and any response, even in an emergency, must be proportionate to the circumstances. The nursing team should use the minimum force necessary to prevent injury and maintain safety, consistent with the training that they have received.

Following any such incident, a risk assessment will be devised (or the existing plan updated) to support effective responses to any such situations which may arise in the future. In addition, the incident will be properly documented and investigated in order to increase safety and to improve procedures and practice whenever possible.

Using Force

No legal definition of reasonable force exists however for the purpose of this policy and the implementation of it in the school by members of the nursing team:

- Positive Handling uses the **minimum** degree of force necessary for the **shortest period of time** to prevent a young person harming himself, herself, others or property.
- The scale and nature of any physical intervention must be **proportionate** to both the behaviour of the individual to be controlled, and the nature of the harm they might cause.
- Staff would be expected to follow the young person's risk assessment in the first instance to manage an incident/challenging behaviour
- If this was unsuccessful and the situation continues to escalate members of the nursing team would then be expected to employ other techniques that they have been trained for.
- Only if all of the above have been tried and are unsuccessful should members of the nursing team even consider any other form of restraint. The overriding consideration should still be the reasonableness and proportionality of the force used.

All the techniques used take account of a young person's;

- age
- gender
- level of physical, emotional and intellectual development
- special needs
- social context

They also provide a gradual, graded system of response.

It is acknowledged that with some disengagement techniques young people may encounter some minimal discomfort when appropriate release techniques are used. However, this is very brief, transient and poses less of a risk than the behaviour they are employed in response to, e.g. biting.

There are identified First Aiders in our school. Any of these may be called upon to implement First Aid or seek further guidance in the event of an injury or physical distress arising as a result of a physical intervention.

Time out:

This involves restricting the young person's access to positive reinforcements as part of the behavioural programme in a room or area which they may freely leave. It is a specific behaviour management technique and does not necessarily mean time spent out of the class/group, but rather refers to a withdrawal of attention and/or things they find rewarding (it could be as simple as turning away from a young person who is attention seeking, or positioning a young person away from the class/group). This withdrawal of attention could also be achieved by sending a young person to another class/group or a quiet area. Time out should be used as part of a plan to defuse a situation not as a sanction or 'punishment'.

Withdrawal:
Involves removing the person from a situation which causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities. This can mean removing a young person from the class/group to allow them time to calm down or to prevent a situation from escalating. They may need time away from staff and young people (either on their own or in another class/group) in order to break the cycle/pattern of their behaviour or to reduce their level of anxiety/distress. This "quiet time" could be time outside, a quiet room, or another supervised part of the school.

Underpinning values

Everyone attending or working in this school has a right to:

- recognition of their unique identity;
- be treated with respect and dignity;
- learn and work in a safe environment;
- be protected from harm, violence, assault and acts of verbal abuse.

Young people attending Bere Clinic School and their parents have a right to:

- individual consideration of the young person's needs by the staff who have responsibility for their care and protection;
- expect staff to undertake their duties and responsibilities in accordance with the school's policies;
- be informed about school rules, relevant policies and the expected conduct of all young people and staff working in school;
- expect a risk assessment to be designed to achieve outcomes that reflect the best interests of the young person whose behaviour is of immediate concern and others affected by the behaviour requiring intervention;
- be informed about the school's complaints procedure.

We will ensure that young people understand the need for and respond to clearly defined limits, which govern behaviour in the school.

Prevention

Primary Prevention is achieved by:

- The deployment of appropriate staffing numbers and young person group sizes;
- The deployment of appropriately trained and competent staff;
- Avoiding situations and triggers known to provoke challenging behaviour;
- Creating opportunities for choice and achievement and praising this;
- Developing staff expertise through a programme of Continuous Professional Development;
- Exploring young people 's preferences relating to the way/s in which they are managed.

Secondary Prevention
This involves the recognition of the early stages of a behavioural sequence that is likely to develop into violence or aggression and employing 'diffusion' techniques to avert any further escalation.

Where there is clear documented evidence that particular sequences of behaviour escalate rapidly into violence, the use of a restrictive physical intervention (RPI) by a member of the nursing team at an early stage in the sequence may be justified if it is clear that:

- Primary prevention has not been effective, and
- The risks associated with **NOT** using a RPI are greater than the risks of using a RPI, and
- Other appropriate methods, which do not involve RPI, have been tried without success.

Judgements
It may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours compared with the impact on the young person's overall quality of life if such activities are not allowed.

Therapeutic Devices
A decision to use therapeutic devices to prevent problem behaviour **MUST** be agreed by other professionals in consultation with young people, their families, those with parental responsibility and advocates, and recorded within the school's documentation.

Risk Assessments
Both challenging behaviour and restrictive physical interventions will involve a risk – to both staff and young people. A risk assessment aims to balance these risks. The aim of the individual young person's risk assessment and of this policy is to reduce the risks associated with young people's challenging behaviour as far as is reasonably practicable – the risks that are associated with the behaviour itself and the risk of managing that behaviour. The risks of employing an intervention should be lower than the risks of not doing so.

Where behavioural records and/or risk assessment identifies a need for a planned approach, risk assessments are written for individual young people and where possible, these will be designed through multi-agency collaboration (where available) and, with parental consent, shared with other agencies/services supporting the young person to facilitate consistency of approach so far as is possible.

All members of staff are reminded that all young people who have challenging behaviour will have a risk assessment, which should be strictly adhered to. These plans are reviewed regularly and all staff are encouraged to make a contribution to the plans. A young person's risk assessment constitutes a Safe System of Work under Health and Safety Regulations. If any member of staff believes that a risk assessment is no longer effective/suitable for any reason they MUST discuss this with the Headteacher BEFORE making any adjustments to it, ensuring amendments are shared with all staff.

Staff Training
Training at varying levels will be available for **all** staff at the school. It is the responsibility of the Head of School to ensure relevant training is kept up to date. No member of staff will be expected to use restraint techniques without appropriate training. Prior to the provision of training, guidance will be given on action to be taken. Arrangements will be made clear as part of the induction of staff and training will be provided as part of on-going staff development.

Bere Clinic School is committed to using recognised physical intervention techniques from an approved and regulated provider in this area. We acknowledge that physical techniques are only a part of a whole setting approach to behaviour management.

All staff working directly with young people who exhibit challenging behaviours receive as a minimum the basic "breakaway" training as the schools are considered to be a low risk setting. This level of training is required for most staff as they are expected to be able to actively support each other, and young people, if an incident occurs and a young person needs physical intervention to keep themselves and/or others safe, enlisting the assistance of further trained staff if required.

Support Following Incidents
Physical techniques are not used in isolation and the school is committed to ensuring that as a result of incidents learning opportunities are created for young people that allow them to 'own' and take responsibility for their behaviour at a level appropriate to their stage of development.

Whilst the physical techniques are intended to reduce risk, there is always risk when two or more people engage to use force to protect, release or restrain. The techniques seek to avoid injury to the young person, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the young person remains safe. Any such injury

will be reported using the appropriate form. Any injuries to young people as a result of incidents involving restraint will be reported in line with agreed LADO procedures.

In addition, procedures are in place to ensure that appropriate support is provided for staff and that following an incident young person/staff relationships are rebuilt and repaired to ensure that a positive environment is maintained.

Any member of staff or young person at the school involved in or witnessing a serious incident involving the use of RPI may require additional support following the incident.

Visits off site

Health and Safety remains a priority when young people are invited to participate in an offsite visit and staff should carry out risk assessments for any child who has a Support and intervention plan / risk assessment. Due consideration should be given to the following:

- Is the child able to cope with the demands of the proposed visit?
- Are there sufficient, suitably trained staff - particularly if there should be an incident?
- How will you contact the site to get extra help if necessary and how will you get back?

Authorised staff

All teachers and staff whom the Headteacher has authorised to have control or charge of young people, automatically have the statutory power to use reasonable force within the context of The Education and Inspections Act 2006 and the subsequent guidance 'The Use of Reasonable Force to Control and Restrain Young people'.

Authorisation is not given to volunteers, young persons on placement, visitors or parents as they will not have control of young people who may present with challenging behaviour, but will be supervised at all times.

The Headteacher is responsible for making clear to whom such authorisation has been given, in what circumstances and settings they may use force and for what duration of time this authorisation will last. The Headteacher will ensure that those authorised are aware of, and understand, what the authorisation entails.

Those whom the Headteacher has not authorised will be told what steps to take in the case of an incident where control or restraint is needed. All staff will receive training in Managing Behaviour as part of their Induction Training.

Complaints

The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them.

Where the nature of any complaint made by a young person, parent or other person in relation to the use of RPI within the school indicates that an allegation of mishandling by a member of staff is being made; which complies with the criteria contained in LA guidance, the matter will be reported to the Local Authority Designated Officer (LADO) in accordance with LA procedures.

In such circumstances the investigation of the complaint/allegation and any resulting action in respect of young person protection, disciplinary or other procedures will be carried out in accordance with the guidance received from the LA or within Bere Clinic School.

Whistleblowing

Whilst the training in restraint, at varying levels, is provided to all staff, it is acknowledged that under some circumstances, physical intervention can be misapplied. Staff are reminded that part of their duty of care to young people includes the requirement to report any such matters which cause them concern in relation to young person management and welfare. Any such concerns, (short of immediate Child Protection concerns which should of course be passed to the Headteacher who is the Designated Lead), should be raised with the Headteacher, or with the Chair of the Management Committee if the concern is about the Headteacher, in order to allow concerns to be addressed and practice improved.

Strategies for dealing with challenging behaviour
Every effort will be made to resolve conflicts positively and without harm to young people or staff, property, buildings or the environment. See **Appendix C** for examples. Where unacceptable behaviour threatens good order and discipline and provokes intervention, some or all of the following approaches should be taken according to the circumstances of the incident and in association with the Education and Inspections Act 2006 Section 93.

- Verbal acknowledgement of unacceptable behaviour with request for the young person to refrain using clear unambiguous language e.g. 'NAME, Place the scissors on the table now please' (this includes negotiation, care and concern)
- Further verbal reprimand stating:
    - that this is the second request for compliance;
    - an explanation of why observed behaviour is unacceptable;
    - an explanation of what will happen if the unacceptable behaviour continues.
- Warning of intention to intervene physically and that this will cease when the young person complies, if possible summon assistance from other staff – use "staff help" protocol.
- Physical intervention. Reasonable force being used to prevent a young person harming him or herself, others or property.

Types of Incident
The incidents described in The Education and Inspections Act 2006 The Use of Reasonable Force to Control and Restrain Young people fall into three broad categories: -

- Where action is necessary in self-defence or because there is an imminent risk of injury.
- Where there is a developing risk of injury, or significant damage to property.
- Where a young person is behaving in a way that is compromising good order or discipline.

Examples of situations which fall within one of the first two categories, are:

- A young person attacks a member of staff, or another young person;
- Young people fighting;
- A young person is engaged in, or is on the verge of committing, deliberate damage or vandalism to property;
- A young person is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials or objects;
- A young person is running in a corridor or on a stairway in a way which he or she might have or cause an accident likely to injure him or herself or others;
- A young person absconds from a class or tries to leave the school

Examples of situations which fall into the third category are:

- A young person persistently refuses to obey an order to leave a classroom;
- A young person is behaving in a way that is seriously disrupting a lesson.

Acceptable measures of physical intervention (PI)
The use of physical intervention techniques can only be deemed reasonable if:

(a) it is warranted by the particular circumstances of the incident;
(b) it is delivered in accordance with the seriousness of the incident and the consequences which it is desired to prevent;
(c) it is carried out as the minimum needed to achieve the desired result;
(d) the age, understanding and gender of the young person are taken into account;
(e) it is likely to achieve the desired result.

Wherever possible assistance should be sought from another member of staff before intervening.

This form of physical intervention may involve staff:

- escorting a young person;
- shepherding a young person away;
- supportively holding a young person to keep them or others safe until they have regained control of themselves or can be supported to an area to calm down

Collaboration with the Hospital

The School work in collaboration with the hospital and feedback incidents and/or concerns on a daily basis. Any behaviour concerns are communicated to hospital staff and/or discussed in MDT meetings to act upon. This allows all professional to discuss and act on the information of each student accordingly.

Monitoring for impact and quality assurance.

Parents/carers will:

- support their child in order to fulfil their responsibilities as a student, including through attendance at relevant parental meetings
- communicate politely with the school through telephone, email, or letter
- fulfil their commitment as a parent/carer to the Home-School agreement, including supporting decisions made by the school in relation to promoting high expectations and good behaviour.

Senior Leadership Team:

- A member of the Senior Leadership Team will have oversight of 'Promoting Positive Behaviour' and is responsible for all related matters at an operational and strategic level. The SLT member is responsible for reporting the impact of the policy to the Management Committee on all related matters.
- Senior Leaders will share good practice in all matters related to personal development, behaviour and welfare.

Head teacher:

- The Head teacher is responsible for reviewing and approving this behaviour policy.
- The Head teachers will ensure that the school environment encourages positive behaviour and that staff deal effectively with poor behaviour, and will monitor how staff implement this policy to ensure rewards and sanctions are applied consistently.
- It is the responsibility of the Head teacher to bring their school's Behaviour policy to the attention of pupils, parents and staff at least once a year. Trustees:

Management Committee;

- The Management Committee is responsible for monitoring this behaviour policy's effectiveness and holding the Head teacher to account for its implementation.
- The Management Committee must take a close and regular interest in behaviour issues and should ensure that responsible staff are taking appropriate and timely action to tackle poor behaviour and are supported in their roles to do so.

Appendix A – Serious Incident Form

Serious Incident Form				
PART A (to be completed for all incidents including unacceptable behaviour by young people)				
Name of School:				
Young Person's Name:				
Staff Name and Job Role:				
Incident Date/Time/Place:				
Vandalism		**Physical Control**		
Bullying		**Absconding**		
Assault		**Substance Abuse**		
Diversion		**Non-Compliance**		
Safety		**Serious Disruption**		
Time Out		**Other (please state)**		
Type of Serious Incident and Level of Impact according to Severity Matrix:				
Antecedents: (events leading up to the incident)				
Summary of Incident: (describe what happened and include: times, location, staff and young people involved)				
Immediate Action Taken: (how did staff intervene, how did the young person respond)				
Outcome: (how was the situation resolved, what happened next)				
Names of those involved: (staff and young people)				
Names of witnesses: (staff and young people)				
Signature of Report Compiler:		**Date:**		

Serious Incident Form			
PART B (to be completed if the use of "restraining" physical controls has occurred)			
What de-escalation techniques were used prior to physical controls: (tick appropriate box below)			
Defusing		**Time out**	
Deflection		**Changes of task**	
Distraction		**Choices**	
Humour		**Limits**	

Proximity control		**Consequences**	
Planned ignoring		**Another member of staff**	
Other (please state)			
Justification for use of physical controls: (tick the appropriate box below)			
To prevent/interrupt:			
A criminal offence			
Injury to student/staff/others			
Serious damage to property			
Disruptive behaviour			
Young Person absconding			
Other (please state)			
Nature of physical controls used: (include estimate of duration of physical controls) (please tick)			
Standing			
Sitting			
Kneeling			
Prone			
Duration			
Response and view of the student: (this field **must** be completed)			
Details of any resulting injury: (injury to whom and action taken as a result, e.g. first aid, medical treatment)			
Names of those involved in Physical Intervention: (staff and young people)			
Names of witnesses: (staff and young people)			
Any other relevant information:			
Name of senior person notified:			
Name of staff member email forwarded information to:			
Time/Date:			
Head Teacher comments:			
Signature of Head Teacher:			
Date:			

Serious Incident Form
PART C (to be completed within 5 days of the incident occurring by a member of SLT and sent to Management Committee or in the event of a "Near Miss" occuring)
Date:

Description of incident: (include location, those involved, witnesses)
Notification of incident: (e.g. meeting, email, verbal, cause for concern form)
Immediate actions taken:
Subsequent actions taken: •
Summary of incident and actions: (was the response appropriate, timely, dealt with efficiently, could the event have been prevented) •
Actions to prevent incident occurring again / lessons learnt •
Dissemination of information / record keeping: (who have you informed and how, where are associated records stored) •
Name of SLT Member:
Signature of SLT member:
Date:

Appendix B - Elysium Healthcare Severity Matrix

1. **Aggression & Violence**

Impact: / Nature or	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
		Potential to cause harm, damage or loss, with none resulting. Includes: impact prevented - e.g. attempted events, intervening actions prevented harm occurring impact not prevented - e.g. event ran to completion but no harm caused	Minimal harm, damage or loss, i.e. may require first aid. Damage to an individual's or team's reputation; possible local media interest	Moderate harm i.e. requiring medical attention or precautionary visit to GP / general hospital (e.g. for stitches); non-emergency hospital admission that may be care planned. Moderate damage or loss. Damage to Service's reputation; possible local media interest	Severe or permanent injury or harm i.e. requires emergency medical treatment in A&E or hospitalisation which is unpredicted/not care planned. High level of damage or loss. Damage to Elysium's reputation; local media interest	Serious events resulting in life threatening harm or death, substantial service disruption, damage or loss. Damage to Elysium's reputation; national media coverage. Never events.
Aggression & Violence	Abuse/Aggression - Verbal Including sexist, homophobic, racist remarks or harassment, hate crimes, bullying	General verbal abuse.	Verbal abuse / bullying targeted at 1 individual	Verbal abuse of threats to damage or harm. Incidents of bullying involving more than 1 perpetrator	Verbal abuse where the person has demonstrated intent to harm or kill	Verbal abuse with credible threat to seriously harm or kill individuals. There is serious risk to others
	Abuse/Aggression - Physical Including shoving, pinching, slapping, punching, biting, objects thrown; includes hate crimes	Attempted assault but no contact. Attempted assault, contact made but no harm. No treatment required.	Assault causing injury or harm which can be managed on the ward. Minor treatment required.	Injury sustained – Emergency services contacted - 999. RIDDOR reportable.	Injury sustained – emergency treatment off-site	Assault resulting in life threatening injury, harm or death. Homicide (including attempted).
	Abuse - Sexual Including harassment & hate crimes	Inappropriate sexual remarks	Sexual comments targeted at 1 individual	Uninvited physical contact. Indecent exposure	Sexual assault – including allegations of rape	Evidence of rape. Police involvement.
	Abuse - Neglect / Omission			Breach in care and treatment plan resulting in degradation or minor harm	Hospitalisation of patient due to neglect	Patient death / permanent injury due to neglect
	Hostage Taking & Disturbance Includes riots (if 12 persons or more), violent disorder, rooftop protests / incidents at height, barricades, concerted indiscipline, gaining entry	Planned/attempted but prevented	Does not involve violence and is easily defused by staff. Minimal impact on ward	Involves barricading, any violence is low level. Moderate impact on ward. All disorder incidents involving 2 or more people	Resulting in harm - emergency offsite medical treatment. High level damage - Ward/area suspended or severely disrupted. Rooftop protest /incident at height. Police involvement	Life threatening injury, harm or death - emergency treatment off-site. Significant damage not confined to 1 Ward – Service suspended/ major disruption. Rooftop protest / incident at height. Police involvement
	Weapons Includes making and use. Includes conventional, made and adapted	Weapon (or potential weapon) found outside of / before entering ward / secure area. Room/personal search – nothing found	Items with potential for use as weapons found in a secure area, e.g. maintenance or kitchen items. Restricted items found by	Deliberate fashioning of a weapon. Item intended for use as a weapon found in secure area.	Serious injury/harm from a weapon - Attended A&E for treatment then discharged. Firearm or illegal weapon found in a secure area	Life-threatening injury/harm from the weapon – attended A&E additional treatment required in hospital. Firearm or illegal weapon used in secure area.

2. Environmental

Impact: / Nature or	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
		Potential to cause harm, damage or loss, with none resulting. Includes: impact prevented - e.g. attempted events, intervening actions prevented harm occurring impact not prevented - e.g. event ran to completion but no harm caused	Minimal harm, damage or loss, i.e. may require first aid. Damage to an individual's or team's reputation; possible local media interest	Moderate harm i.e. requiring medical attention or precautionary visit to GP / general hospital (e.g. for stitches); non-emergency hospital admission that may be care planned. Moderate damage or loss. Damage to Service's reputation; possible local media interest	Severe or permanent injury or harm i.e. requires emergency medical treatment in A&E or hospitalisation which is unpredicted/not care planned. High level of damage or loss. Damage to Elysium's reputation; local media interest	Serious events resulting in life threatening harm or death, substantial service disruption, damage or loss. Damage to Elysium's reputation; national media coverage. Never events.
Environmental	Loss of Service Includes buildings, fixtures and fittings, exposure to hazardous substances, industrial action, inclement weather, external demonstration	Minimal cost to Organisation or no harm caused	Low cost or loss to Organisation or resulting in minimal injury or harm	Moderate cost to Organisation or resulting in moderate injury or harm requiring medical attention, hospital investigations or assessments. Localised service disruption	Resulting in severe injury. High cost to Organisation, High level service disruption	Resulting in life threatening injury/death, Significant cost to Organisation, Significant service disruption
	Fire Includes attempted ignition	Alarm activated but no fire detected.	Insignificant damage with no loss of service. Not necessitating any action from the Fire Service (even emergency call placed)	That requires action from the Fire Service. May cause some disruption to service provision but not requiring the removal of patients.	Fire resulting in severe or permanent injury, harm requiring emergency offsite medical treatment. Ward requires evacuation off site and allowed to return within 24 hours	Fire resulting in life threatening injury, harm or death, ward requires evacuation off site and cannot return within 24 hours. RIDDOR reportable.
	Property / Equipment Includes accidental and intentional damage	Attempts to damage property but prevented or damage limited	Minor damage to items of Organisation or personal property	Damage which requires maintenance or item to be destroyed but the area is made safe and can continue to be used. Identified fault in item resulting in reportable medical device alert.	Damage which results in severe service disruption (e.g. to a room or area)	Damage which results in significant service disruption (e.g. to a ward)
	Cyber Breaches	fraudulent emails or being directed to a fraudulent websites - emails being deleted straight away no harm caused. Suspicious phone call – external provider trying to access computers but unsuccessful.	fraudulent emails or being directed to a fraudulent website – staff member clicked on link unsure if any harm caused.	Data was targeted. Elysium Device Lost. NHS Email - Elysium email hacked Malicious and insider attacks. This level or above will need investigating further and HO Informed.	Elysium device stolen - password protected.	Elysiums whole online system hacked. Crypto malware aka Randsomware when the computer unusable and is being held to randsom.
	System Outage	individual user unable to log onto system, isolated to individual user as other staff are able to gain access.	Whole ward unable to access electronic systems. Other wards within the site are able to gain access.	Whole Site is affected no systems are accessible at all.	More than one service is unable to access systems within the region.	Whole Elysium Network down. No services are able to connect to the network.

3. Health

Impact: / Nature or	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
		Potential to cause harm, damage or loss, with none resulting. Includes: impact prevented - e.g. attempted events, intervening actions prevented harm occurring impact not prevented - e.g. event ran to completion but no harm caused	Minimal harm, damage or loss, i.e. may require first aid. Damage to an individual's or team's reputation; possible local media interest	Moderate harm i.e. requiring medical attention or precautionary visit to GP / general hospital (e.g. for stitches); non-emergency hospital admission that may be care planned. Moderate damage or loss. Damage to Service's reputation; possible local media interest	Severe or permanent injury or harm i.e. requires emergency medical treatment in A&E or hospitalisation which is unpredicted/not care planned. High level of damage or loss. Damage to Elysium's reputation; local media interest	Serious events resulting in life threatening harm or death, substantial service disruption, damage or loss. Damage to Elysium's reputation; national media coverage. Never events.
Health	Infection Control Includes needle stick / sharps injury, outbreaks of infection	Needlestick injury – near miss resulting from equipment failure or procedure breach - no injury sustained.		An outbreak of infection where 2 or more people are experiencing similar illness single case of Varicella (chickenpox) - cases in HCWs. Influenza; Scabies; Viral diarrhoea / vomiting; C. difficile diarrhoea - 2 or more cases.	A notifiable disease; Suspected bacterial Meningitis, Acute infectious hepatitis, A cluster/outbreak of food poisoning, Infectious bloody diarrhoea, Invasive group A streptococcal disease (IGAS) and scarlet fever, Legionnaires disease, Measles, Meningococcal septicaemia, Rubella, Cluster of cases of Tuberculosis - single case if HCW. Needlestick injury – skin penetrated, emergency treatment administered resulting in no BBV infection.	Death or serious physical illness where the primary cause is: related to a HCAI, an infectious disease. An outbreak of infection resulting from a suspected, anticipated or actual event involving microbial or chemical contamination of food or water. Needlestick injury – skin penetrated resulting in BBV infection
	Medication Includes errors, includes loss/theft, found/hidden	Incorrect medication prescribed / dispensed, but not administered.	Error in administration or omission of medication with few or minimal adverse effects. Medication not stored at correct temperature but not administered.	Error in administration or omission of medication with effect on patient, requiring medical attention. Medication not stored at correct temperature and administered	Error in administration of medication requiring emergency offsite medical attention. Event involves a controlled drug.	Resulting in life threatening injury, harm or death, including incorrect administration of medication
	Physical Health Includes injury sustained during restraint, accidents and falls, choking and poisoning, sudden deterioration in physical health, allergies		Injury/illness that can be managed in the hospital	Injury/illness requiring treatment at A & E - person returns after treatment.	Injury/illness requiring treatment at A & E - person stays in General hospital. Any patient moved to General Hospital without MoJ permission. Pressure ulcer of grade 3 or above	Life-threatening injury/illness resulting in permanent damage or death. Include all incidents of Anaphylactic shock and Neuroleptic Malignant Syndrome (NMS)
	Self-harm Includes attempts or threats to self-harm	Threats or attempts to self-harm, no injury	Injury sustained requiring nursing intervention	Injury sustained – Emergency services contacted - 999	Injury sustained – emergency treatment off-site	Patient death
	Suicide Includes unsuccessful suicide attempts that had the potential to cause death			Evidence that patient intends to take their own life – e.g. letter of intent to commit suicide found, no physical harm.	Patient requires emergency medical treatment due to attempted suicide.	Patient death
	Substance Use Includes alcohol, herbal, legal and illegal drugs and substances, includes possession and supply	Suspected possession or supply of alcohol, drugs or substances, but no evidence. Items found outside of / before entering ward or secure area.	Evidence of alcohol, legal drug or substance consumption, possession or supply on ward or within secure area.	Moderate harm arising from use of alcohol, legal dugs or substances.	Severe or permanent harm requiring emergency offsite medical treatment arising from use of alcohol, drugs or substances. Evidence of illegal drug use, possession or supply.	Use of alcohol, drugs or substances resulting in life threatening injury, harm or death

4. Security

Impact: / Nature or	Security Subsections	Level 1 - No Harm	Level 2 - Low	Level 3 - Moderate	Level 4 - High	Level 5 - Severe
		Potential to cause harm, damage or loss, with none resulting. Includes: impact prevented - e.g. attempted events, intervening actions prevented harm occurring impact not prevented - e.g. event ran to completion but no harm caused	Minimal harm, damage or loss, i.e. may require first aid. Damage to an individual's or team's reputation; possible local media interest	Moderate harm i.e. requiring medical attention or precautionary visit to GP / general hospital (e.g. for stitches); non-emergency hospital admission that may be care planned. Moderate damage or loss. Damage to Service's reputation; possible local media interest	Severe or permanent injury or harm i.e. requires emergency medical treatment in A&E or hospitalisation which is unpredicted/not care planned. High level of damage or loss. Damage to Elysium's reputation; local media interest	Serious events resulting in life threatening harm or death, substantial service disruption, damage or loss. Damage to Elysium's reputation; national media coverage. Never events.
Security	Escape Includes attempted escapes				Evidence that building has been tampered with. No escape.	Perimeter is breached resulting in break out of patient
	Abscond / Failure to Return From Leave Includes attempted absconsions	Failure to return overnight of informal patient.	Attempted absconsion prevented by staff	Detained patient returned of own accord	Patient returned by police or Elysium staff. No media coverage.	Patient returned by police. Media coverage.
	Data - Breach of confidentiality and data loss	No Harm - eg email sent to wrong address but deleted by recipient straight away. Information found in unsecure area which included minimal identifiers.	Breach including patient or staff information affects 1 - 5 people. Confirmed as an IG Breach. Eg - CPA documents found on wards or patient areas, conversations being over heard.	Breach within the service. 5 - 10 staff or patients involved. Staff allowing other staff members use their log in. This incident will need investigating further and HO Informed. Spreadsheet sent via email which include identifiable information not password protect sent outside the company to an unsecure email.	Breach involving 10-15 staff patients. Information leaked to third party,	more than 15 staff or patients Involved. Effecting numourous people and could have adverse effect on the reputation of the company.
	MHA Implementation Includes errors in MHA administration that lead to illegal detention, breaches in S17 reporting etc				Form T2/T3 is incorrect. Breach in S17 leave resulting in internal reporting.	Error in MHA administration resulting in patient being illegally detained. Breach in S17 leave resulting in MoJ reporting.
	Security Compromise or Breach Includes loss of keys	Potential security breach identified – no adverse outcome	Security breach contained within the Ward. Concerns of inappropriate staff/patient relationships	Damage to secure perimeter. Key loss or compromise. Security breach not contained within the ward but contained within the hospital. Security breach resulting in moderate service disruption	Security door or perimeter gate opened. Secure keys lost or compromised. Security breach resulting in severe service disruption	Serious breach of secure perimeter resulting in the potential for high profile media coverage and/or high cost the organisation e.g. keys compromised resulting in changes to locks in a secure area; loss of electronic ID etc. Attempted/breakout of patient
	Loss and Theft Includes both organisational and personal	Organisation - Suspected very low cost or loss	Organisation - Suspected cost or loss £2,000-10,000. Personal - Allegation / suspicion of theft (no hard evidence).	Organisation - Suspected cost or loss £10,000-250,000. Reported loss of a patient's money (whilst in patient's control). Personal - Reported loss of item, item	Organisation - Suspected cost or loss £250,000-£1m. Loss of a patient's money (whilst in Elysium Healthcare control). Personal - Loss of item, not found, no	Organisation - Suspected cost or loss >£1m. Personal - Evidence of stolen item following police investigation.
	Contraband (including alcohol) Includes items found on search or taken whilst on leave	Suspicion of the possession of one or more contraband items but without evidence.	Possession or consumption one or more contraband items with evidence.	Harm to a patient requiring medical treatment or monitoring resulting from the use of one or more contraband items.	Illegal item found. Severe or permanent harm to a patient requiring Offsite Medical Treatment resulting from the use of one or more contraband items.	Death or Life Threatening Harm to a patient resulting from the use of one or more contraband items.

Appendix C- Promoting Positive Behaviour for the Eating Disorder Provision

Examples of strategies (not exhaustive) that staff might use for correcting behaviour.

Strategies	Details
Relaxed Vigilance	Tackles inappropriate behaviour by using the least intrusive approach but does not ignore this behaviour. e.g. Adult sees student talking about their illness opening to others 'We *all know how important your health and well-being is but now is not the appropriate time to about it. Thank you'.* We notice, then describe, then reaffirm the rules (if all staff do this for all situations it lead to consistency)
Focus on the Primary Behaviour	Focus on the primary behaviour and ignore the secondary behaviour that might follow. e.g. Adults asks student to move seats, the student does this but with a negative attitude and mutters. Adults should ignore mutter/negative attitude and thank the student for moving.
Choice **(The dignified 'get out clause)**	Gives student some control over the situation which is less likely to initiate point-blank refusal. Example include: *"Close down that website and sit over here or next to me'*
Take up Time	Allows students not to lose face. As adults we need to be clear and confident about expressing expectations. Follow an instruction with a pause to allow student time to comply: Example: '*Open your book and start work now, Jenny. I'll be back in 2 minutes to see if you need help.'* Watching and waiting could be viewed as a way of issuing a challenge.

Partial Agreement	Deflects confrontation with student by acknowledging their concerns, feelings and actions. Examples include*: 'I can see that you're upset and angry but I would like you to…'* *'Yes it may seem unfair but…'*
Describe and Direct	Avoids using judgements and enables focus on desired behaviour. Describe the behaviour, tell them what you see them do- don't ask. Examples: *'You are talking about things that should not be discuss in this lesson. Stop and focus on your task'* *'You're talking, focus this way now, Thanks'.*
When/Then	Avoids using the negative by expressing the situation positively. Examples: *'When you have finished your work, then you can go out'* rather than *'No you cannot go out because you have not finished you work'*
Privately **Understood** **Non- verbal signals**	Avoids confrontation and interruption to learning by using non-verbal signals, e.g. Clapping your hands, raising your hand for silence. Individual students may recognise a gesture from adults as a reminder to change behaviour. Example: A teacher may just tap fingers on their head, while looking at a student with their hat on to remind them to take off their cap.
Redirect Behaviour	Reminds the student what they should be doing and avoids getting drawn in to discussions about what students have done wrong i.e. on the eating programme to cut into valuable learning time. e.g. Use deferred consequences instead of spending time outside the room with one student.