



Melrose Education  
SCHOOL



## Behaviour Policy

|                            |                                |
|----------------------------|--------------------------------|
| <b>Reviewed by:</b>        | Jess Wrigley, School Principal |
| <b>Date:</b>               | 1 April 2026                   |
| <b>Last reviewed on:</b>   | 1 September 2025               |
| <b>Next review due by:</b> | 1 September 2026               |
| <b>Version control:</b>    | 2                              |
| <b>Approved by:</b>        | Tracey Storey, CEO             |

### Contents

1. Links with Other Policies
2. Legislation and Statutory Requirements
3. Definition
4. Key Principles to Support Positive Behaviour
5. Expectations
6. Behaviour and Actions
7. Graduated Approach to Support Behaviour
8. Suspensions and Permanent Exclusion
9. Restorative Practices
10. The Team Teach Approach
11. Use of Specialist Support
12. Recording and Reporting
13. Searching of Learners
14. Mobile Phones
15. Parental Involvement

### Appendices

- A. Behaviour and Action Log
- B. Emotional Support Plan (ESP)
- C. ABC
- D. Physical Intervention Form
- E. Post incident Debrief

## Legislation and Statutory Requirements

### 1. Links with Other Policies

This policy should be read alongside:

- Safeguarding and Child Protection Policy
- Anti-Bullying Policy
- SEND Policy
- Suspension and Permanent Exclusion Policy
- Staff Code of Conduct
- Use of Reasonable Force Guidance

### 2. Legislation and Statutory Requirements

This policy takes account of:

- Behaviour and Discipline in Schools
- Searching, Screening and Confiscation at School
- Equality Act 2010
- Supporting Learners with Medical Conditions at School
- SEND Code of Practice
- Schedule 1 of the Education (Independent School Standards) Regulations 2014
- Restrictive Interventions, including the use of reasonable force, in schools (DfE, effective from 1 April 2026)

It ensures compliance with ISS Part 3 (Welfare, health and safety) and Part 8 (Leadership and management).

### 3. Definition

At Brook School, behaviour is understood as a form of communication. We recognise that learners' behaviours are shaped by their experiences, including trauma, attachment needs and unmet needs.

Our approach is grounded in trauma-informed practice, prioritising:

**Protection** – ensuring physical and emotional safety

**Relational** approaches – building consistent, trusting relationships

**Regulation** – supporting learners to manage emotions

**Reflection** – enabling learning from experiences

We provide a predictable, safe environment rooted in nurture and attachment principles. Consistency, co-regulation and positive relationships underpin all interactions.

All learners have the right to feel safe, valued and supported to develop self-regulation and positive relationships. Brook School ensures each learner has an Emotional Support Plan (ESP) **(see Appendix B)**. This document records the typical behaviours staff may expect from each learner, including what can prompt positive/poor behaviour and how the behaviour is managed/key personnel etc. This document is compiled in partnership with the learner, teacher, support staff and the Principal to work together to promote the best possible behaviour. It also documents what to expect when behaviour falls below what is expected and how this is managed effectively. This is a 'live' document open to change throughout the time a learner spends within Brook School but is also reviewed at least once a half term.

#### 4. Key Principles to Support Positive Behaviour

Our approach is underpinned by the following principles:

##### **Protection**

- All adults prioritise emotional and physical safety
- Environments are structured to reduce anxiety and prevent escalation

##### **Relational**

- Strong, consistent relationships are central to behaviour support
- Adults act as safe, trusted and predictable figures

##### **Regulation**

- Staff support co-regulation before expecting independence
- Early intervention is used to prevent escalation

##### **Reflection**

- Reflection takes place when learners are calm and ready
- Behaviour is explored to support learning, not assign blame

Additionally:

- Behaviour is not separated from need
- Consistency creates safety
- Responses are calm, predictable and non-judgemental

#### 5. School Values

At Brook School Staff and Learners are:

**A – Accepting** – we welcome all with kindness, understanding and respect

**R – Reflective** – we take time to learn from experiences and emotions

**C – Courageous** – we take positive steps, even when it is difficult

**H – Honest** – we communicate truthfully and safely

#### 6. Expectations

Learners are supported to:

- Feel safe and ready to learn
- Build positive relationships
- Develop strategies to manage emotions
- Repair relationships when needed

Staff understand:

- Behaviour is communication
- Dysregulation is not deliberate defiance
- Connection comes before correction
- Regulation must be supported before reflection

## 7. Behaviour and Actions

Positive Reinforcement:

Positive behaviour is promoted through consistent, relational reinforcement including:

- Specific praise linked to effort and progress
- Recognition of regulation and positive choices
- Sharing success with families and peers
- Opportunities for responsibility and achievement

When behaviour indicates unmet need:

- Staff pause and assess before responding
- Priority is de-escalation and regulation
- Co-regulation strategies are used (tone, pace, reassurance)
- Underlying needs and triggers are considered

Supportive Responses include:

- Redirection and distraction
- Disengaging from verbal or non-verbal communication (where appropriate)
- Use of safe faces and safe spaces
- Change of face, change of space
- Regulation support (movement, sensory strategies, time out)
- Learners identify trusted adults and spaces to support regulation and emotional safety.

A supportive space used to:

- Reduce anxiety
- Support regulation
- Enable safe withdrawal when needed
- This is not used as a punishment. Reintegration is supported by staff.

Supportive Consequences may include:

- Restorative conversations
- Repairing relationships or situations
- Temporary changes to environment or activity
- Withdrawal of privileges where appropriate
- All responses are proportionate, consistent and focused on learning
- Natural or logical consequences

## 8. Graduated Approach to Support Behaviour

Where concerns arise, a graduated approach is followed:

### **Stage 1** – Early Support

Initial concerns addressed through classroom strategies and communication with home.

### **Stage 2** – Increased Support

Involvement of wider staff team and targeted interventions.

### **Stage 3** – Specialist and Leadership Support

Senior leaders and external agencies may be involved. Individual plans are reviewed.

All stages are:

- Relational and restorative
- Focused on understanding need
- Designed to support positive change

See Appendix A.

## **9. Suspensions and Permanent Exclusion**

Suspension is used only when necessary and as a last resort, in line with statutory guidance.

Where suspension occurs:

- The learner is supported to reflect and reintegrate
- A restorative approach is taken on return
- Strategies are reviewed to prevent recurrence
- Permanent exclusion will only be considered in extreme circumstances and in line with policy.

## **10. Restorative Practices**

Restorative approaches are central to behaviour support.

These include structured conversations to explore:

- What happened
- Feelings and impact
- How to repair relationships
- How to move forward
- Restorative work takes place when the learner is calm and supported.

## **11. The Team Teach Approach**

We strive to create a safe learning environment, promote positive behaviours, and minimise the risk of incidents that may require consequences. The use of Team Teach techniques is our method for reducing the risks presented by challenging behaviours – all staff are trained in skills to support them diffuse and de-escalate potentially challenging situations and promote positive alternatives. Physical intervention is a last resort. All actions are reasonable, proportionate and necessary. The focus is on safety and dignity.

Following any incident:

- Relationships are repaired
- Reflection takes place
- Practice is reviewed

## **12. Use of Specialist Support**

Where required, external professionals may be involved, including:

- Speech and Language Therapy
- Educational Psychology
- CAMHS and other health services

## **13. Recording and Reporting**

All incidents are recorded promptly and accurately.

Data is used to:

- Identify patterns and triggers
- Evaluate effectiveness of strategies
- Inform planning and support
- Reports are reviewed regularly by senior leaders and shared with relevant stakeholders

See all appendices.

## **14. Searching of Learners**

The school reserves the right to search learners prior to entering the school or at appropriate times should the need arise. Any search for weapons or prohibited items must be done in accordance with the DFE guidance "searching, screening and confiscation advice for schools 2022" respecting the lawful rights of the learners. Any refusal to search would see the learner refused entry to the school or sent home. Should any search take place this should always be done with somebody else present, and a note made on the safeguarding file.

## **15. Mobile Phones**

Mobile phones are prohibited on Brook School site. There may be times when learners are found with mobile phones in their possession and if this occurs, they will be required to hand this into school staff where it will be stored safely until the end of school day. If a learner refuses to hand in their phone, then efforts must be made to work on compliance and in worst cases parents will be called to pick up the mobile phone from school. If a learner fails to comply, learners will not be allowed into the learning area, Brook School has not excluded the learner, and the learner's absence should be treated as unauthorised. The learner should comply with the rules and attend.

## **16. Parental Involvement**

Parents can play a significant role in making sure that Brook School principles of behaviour and policy are upheld. Parents will have the ability to contact directly and the lines of communication to Brook School will always be open including 'out of school hours' supported by the senior leadership team.

Parents are encouraged to support Brook School and work in partnership to get the very best outcomes in behaviour.

Parents will be invited into Brook School regularly to discuss learner progress with their child's teacher.

Use of single assessment/early intervention – school will take a lead role in supporting parents with issues outside of Brook School and will be a conduit to getting increased help and support from outside agencies.

**Appendices will be individual to schools these are examples only:**

**Appendix A – Behaviour and Action Log**

| <b>Levels of Behaviour</b> | <b>Types of Behaviour</b>   | <b>Rewards/Actions</b>   |
|----------------------------|---|--|
| <b>Positive Behaviour</b>  | Being kind / caring to others<br>Following instructions<br>Requesting help<br>Completing classwork and homework<br>Achieving targets / learning objectives<br>Respect for self, others, and equipment<br>Positive engagement in lesson / activity<br>Positive school day / school week<br>Positive school term / school year<br>Positive attendance record<br>Using agreed strategies | Kindness token<br>Postcard home linked to our values<br>Rewards<br>Positive calls home<br>Attendance Rewards<br>Food reward for class<br>Management praise - verbal or written<br>Certificate, stickers<br>Class prizes (e.g., board game)<br>Extra breaktimes (choosing time) |
| <b>Level One Behaviour</b> | General swearing / verbal aggression<br>Refusal to follow instructions<br>Disrupting others learning<br>Lack of participation<br>Being unkind to others / name calling<br>Chewing gum / eating in class   | Verbal warning<br>Use of an agreed strategy from ESP<br>Ask for a movement break<br>Take 5 minutes<br>Change of face/space/activity<br>Use of Stop and think/warning/consequence<br>Loss of minutes at break/golden time   |
| <b>Level Two Behaviour</b> | Walking out of class<br>Swearing at someone directly / verbal abuse / making threats<br>Minor damage to property / throwing of items<br>Being disrespectful to staff<br>Repeated level one behaviour<br>Persistent non-compliance<br>Classroom disruption<br>Causing an unsafe environment for others<br>Refusal to work  | Verbal apology<br>Restorative intervention<br>Teacher to address issues in weekly phone calls<br>Intervention - time out<br>Discussion with parents<br>Supervision meeting with SLT  |

|                                     |   |   |
|-------------------------------------|---|---|
| <p><b>Level Three Behaviour</b></p> | <p>Theft<br/> Serious damage to property<br/> Discriminatory comments (*9 protected characteristics)<br/> Bullying<br/> Consistently not following instructions<br/> Intimidating and threatening behaviour<br/> Causing a severe health and safety hazard in XXXXXXXX School environment<br/> Physically hurting someone / assault<br/> Possession of controlled substances or weapon<br/> Disruption on transport<br/> Incitement<br/> Criminal behaviour outside of school<br/> Inappropriate use of social media<br/> Walking out of school / absconding / absent without authorization<br/> Refusal to hand in / switch off phone or other personal, non-authorized device</p> | <p>Parent requested to attend meeting<br/> Implement support mechanisms<br/> Parent charged for damage / replacements<br/> Intervention - time out<br/> Police advised<br/> Short term suspension / exclusion (up to 48 hours, 1-2 days)<br/> Long term suspension / exclusion (over 48 hours - 3-5 days)<br/> End of placement – permanent exclusion</p> |
|-------------------------------------|---|---|

Appendix B

**Individual Emotional Support Plan**

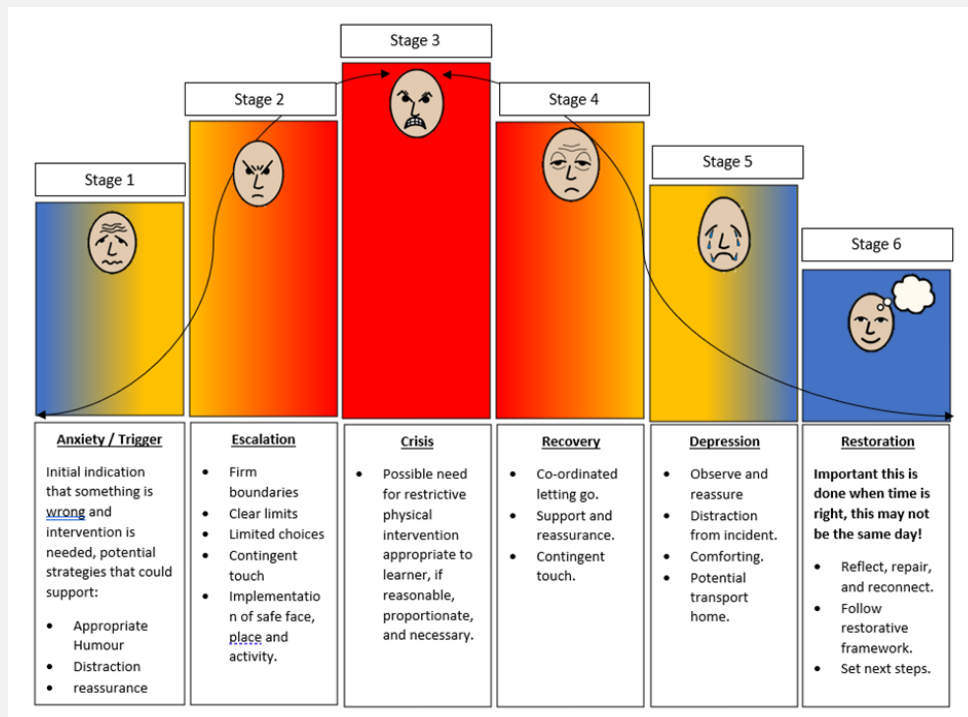
|                       |  |
|-----------------------|--|
| <b>Learner's Name</b> |  |
|-----------------------|--|

|                        |    |
|------------------------|----|
| <b>Safe Faces</b>      | 1. |
|                        | 2. |
|                        | 3. |
| <b>Safe Places</b>     | 1. |
|                        | 2. |
|                        | 3. |
| <b>Safe Activities</b> | 1. |
|                        | 2. |
|                        | 3. |

| <b><i>I find it difficult to control my emotions when...<br/>(Include date)</i></b>                  | <b><i>The emotions / actions I might display are...</i></b> | <b><i>My goals that will help me in the future are...</i></b> | <b><i>What staff can do to help this</i></b> |
|--|---|---|--|
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
| <b><i>Learner Voice – my goals for the year to improve my attitude and engagement in school.</i></b> |   |   |  |
| <b><i>Staff Comments</i></b>   |   |   |  |

## Emotional Support Guidance and Stages of Crisis

In the event a physical intervention is required to support the learner whilst they are in an emotionally heightened state, this section of the plan will outline what strategies work most effectively when working through the stages highlighted in the stages of crisis outlined in the model below:



### Examples of Potential Strategies to be used by Staff

- Distraction – Different distraction techniques to be used to divert the learner's attention, based on their specific interests, appropriate humour may be used to distract the learner.
- Change of face – Swapping the member of staff supporting the child, through no fault of their own it could be a member of staff who has caused the anxiety, and a change of face could support the learner to calm more effectively.
- Persuasion – Using the relationship you have with the learner to persuade them to make the right choice.
- Take up time – Giving the learner time to take in what has been asked of them, give them an instruction, and then come back to them when they have had time to process the information.
- Reassurance – Supporting the learner to understand that they can turn their behaviour around, and that everything will be okay.
- Option offered – Give the learner an option of something different to do, especially if the work has caused their anxiety, then when calm exploring why it made them anxious.
- Time out offered / directed – Give the learner a way out to get away from a situation – have a safe place to go to enable the learner to calm effectively.
- Appropriate touch – This can be used to both direct the learner using a physical prompt to move in a specific direction, or it may be used as a comforting tool to support the learner whilst they are emotional.
- Praise - Focussing on what they are doing well rather than the negative.
- Verbal reminders and support.
- Choices, limits, consequences – Give the learner a maximum of 3 choices rather than overloading them with information. And simply explain the consequences of what each choice will bring.

**Appendix C - ABC form**

|  |  |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
|--|--|--|---|------------------------------|----------------------------|--------------------------|---|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|-------------------|-------------------------------------|--------------------------|--------------------|-------------------------------------|--------------------------|---------------------|-------------------------------------|--------------------------|-------------|--------------------------|--------------------------|------|--------------------------|--------------------------|------------------|-------------------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|--|--|
| <b>Learner Name:</b>   | <b>Day:</b>                              | <b>Date:</b>   | <b>Start of Incident Time:</b>  | <b>End of Incident Time:</b> |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| <b>What level is the behaviour?</b><br><input type="checkbox"/> Level 2<br><input type="checkbox"/> Level 3  | <b>Report Writer (Full name)</b>         | <b>Other Staff involved:</b>   | <b>Was a PI form needed and completed?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO  | <b>ABC #:</b>                |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Antecedent: What was the learner doing beforehand/What was said to the learner?  |  | <b>Have parents alerted school of any incidents leading up to this? (e.g., telephone call).</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Comments: | <b>Location of Incident:</b>  |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
|  |  |  | <table border="1"> <tr><td>Classroom Name:</td><td><input type="checkbox"/></td></tr> <tr><td>Corridor</td><td><input type="checkbox"/></td></tr> <tr><td>Hall</td><td><input type="checkbox"/></td></tr> <tr><td>Outdoor area</td><td><input type="checkbox"/></td></tr> <tr><td>Toilet area</td><td><input type="checkbox"/></td></tr> <tr><td>Reception</td><td><input type="checkbox"/></td></tr> <tr><td>Intervention room</td><td><input type="checkbox"/></td></tr> <tr><td>Other:</td><td></td></tr> </table> |                              | Classroom Name:            | <input type="checkbox"/> | Corridor  | <input type="checkbox"/> | Hall                                | <input type="checkbox"/> | Outdoor area             | <input type="checkbox"/> | Toilet area              | <input type="checkbox"/> | Reception                | <input type="checkbox"/>   | Intervention room | <input type="checkbox"/>            | Other:                   |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Classroom Name:  | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Corridor   | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Hall   | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Outdoor area   | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Toilet area  | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Reception  | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Intervention room  | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Other:   |  |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| <b>What do you think was the function of the Behaviour:</b>  | <b>Visual Signs/Changes you noticed:</b> | <b>What did you try:</b>   | <b>What worked well? Tick and comment</b>   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| <table border="1"> <tr><td>Wanted something</td><td><input type="checkbox"/></td></tr> <tr><td>Sensory reasons</td><td><input type="checkbox"/></td></tr> <tr><td>Escaping demand/ situation</td><td><input type="checkbox"/></td></tr> </table> | Wanted something                         | <input type="checkbox"/>   | Sensory reasons   | <input type="checkbox"/>     | Escaping demand/ situation | <input type="checkbox"/> | <table border="1"> <tr><td>Avoiding eye contact</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Silence</td><td><input type="checkbox"/></td></tr> <tr><td>Red faced</td><td><input type="checkbox"/></td></tr> <tr><td>Head on table</td><td><input type="checkbox"/></td></tr> </table> | Avoiding eye contact     | <input checked="" type="checkbox"/> | Silence                  | <input type="checkbox"/> | Red faced                | <input type="checkbox"/> | Head on table            | <input type="checkbox"/> | <table border="1"> <tr><td>Visual Support</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Verbal Instruction</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Reminder of Success</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Distraction</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Time</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Planned ignoring</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sensory break</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Change of staffing</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> | Visual Support    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Verbal Instruction | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Reminder of Success | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Distraction | <input type="checkbox"/> | <input type="checkbox"/> | Time | <input type="checkbox"/> | <input type="checkbox"/> | Planned ignoring | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sensory break | <input type="checkbox"/> | <input type="checkbox"/> | Change of staffing | <input type="checkbox"/> | <input type="checkbox"/> |  |  |
| Wanted something   | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Sensory reasons  | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Escaping demand/ situation   | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Avoiding eye contact   | <input checked="" type="checkbox"/>      |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Silence  | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Red faced  | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Head on table  | <input type="checkbox"/>                 |  |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Visual Support   | <input checked="" type="checkbox"/>      | <input type="checkbox"/>   |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Verbal Instruction   | <input checked="" type="checkbox"/>      | <input type="checkbox"/>   |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Reminder of Success  | <input checked="" type="checkbox"/>      | <input type="checkbox"/>   |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Distraction  | <input type="checkbox"/>                 | <input type="checkbox"/>   |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Time   | <input type="checkbox"/>                 | <input type="checkbox"/>   |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Planned ignoring   | <input checked="" type="checkbox"/>      | <input type="checkbox"/>   |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Sensory break  | <input type="checkbox"/>                 | <input type="checkbox"/>   |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |
| Change of staffing   | <input type="checkbox"/>                 | <input type="checkbox"/>   |   |                              |                            |                          |   |                          |                                     |                          |                          |                          |                          |                          |                          |  |                   |                                     |                          |                    |                                     |                          |                     |                                     |                          |             |                          |                          |      |                          |                          |                  |                                     |                          |               |                          |                          |                    |                          |                          |  |  |

|                      |                          |                 |                          |  |                          |                          |
|----------------------|--------------------------|-----------------|--------------------------|--|--------------------------|--------------------------|
| Attention            | <input type="checkbox"/> |                 |                          | Offer space out of the classroom, to go for a walk with an adult | <input type="checkbox"/> | <input type="checkbox"/> |
| Hunger               | <input type="checkbox"/> | Fidgeting       | <input type="checkbox"/> | Offer an alternative activity                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Discomfort           | <input type="checkbox"/> | Upset           | <input type="checkbox"/> | Removal of audience  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Comment here) |                          | Other (Comment) |                          | Reminder of Safe Face  | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                          |                 |                          | Reminder of Safe Place   | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                          |                 |                          | Physical Intervention  | <input type="checkbox"/> | <input type="checkbox"/> |
|                      |                          |                 |                          | Other  | <input type="checkbox"/> | <input type="checkbox"/> |

**Behaviour**  
Describe what you saw below, use the correct chronological order

**Consequences:**  
What happened directly after the behaviour? What was a consequence of the behaviour?

|  | Consequences                  | Tick and Comments        |
|--|-------------------------------|--------------------------|
|  | Change in seating arrangement | <input type="checkbox"/> |
|  | Loss of reward points         | <input type="checkbox"/> |
|  | Loss of break/Golden Time     | <input type="checkbox"/> |
|  | Catch up on work              | <input type="checkbox"/> |
|  | Other                         | <input type="checkbox"/> |

|  |                                |                           |                     |   |
|--|--------------------------------|---------------------------|---------------------|---|
| <b>Have you informed the Parent:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Discussion with Parent:</b> | <b>Teacher Signature:</b> | <b>SLT Comment:</b> | <b>SLT Signature:</b><br><br><b>Date:</b> |
|--|--------------------------------|---------------------------|---------------------|---|

**Appendix D - Physical Intervention Record**

|  |   |   |                                   |
|--|---|---|-----------------------------------|
| <b>PI Number</b>   |   |   |                                   |
| <b>1. Name of Learner:</b>   |   |   |                                   |
| <b>2. Your Name:</b>   |   |   |                                   |
| <b>3. Date:</b>  |   | <b>Time</b>   |                                   |
| <b>Staff Members Involved:</b>   |   |   |                                   |
| <b>4. Location of Incident</b>   |   |   |                                   |
| <input type="checkbox"/> Classroom   | <input type="checkbox"/> Outdoor Area       | <input type="checkbox"/> Hall                       | <input type="checkbox"/> Corridor |
| <input type="checkbox"/> Reception   | <input type="checkbox"/> Multi-Purpose Room | <input type="checkbox"/> Toilets                    | <input type="checkbox"/> My Space |
| <input type="checkbox"/> Other Location – Please specify _____                         |   |   |                                   |
| <b>5. Why was it necessary to restrain?</b>  |   |   |                                   |
| <input type="checkbox"/> Harm to Self  | <input type="checkbox"/> Harm to Others     | <input type="checkbox"/> Damage to property         |                                   |
| <input type="checkbox"/> Other – Please specify _____                                  |   |   |                                   |
| <b>6. Was any verbal reasoning / de-escalation used prior to the need to restrain?</b> |   |   |                                   |
| <input type="checkbox"/> Yes   |   | <input type="checkbox"/> No                         |                                   |
| Advice & Support <input type="checkbox"/>  | No Distraction <input type="checkbox"/>     | Time out offered <input type="checkbox"/>           |                                   |
| Reassurance <input type="checkbox"/>   | Basic needs check <input type="checkbox"/>  | Personal space <input type="checkbox"/>             |                                   |
| Calming <input type="checkbox"/>   | Stepping away <input type="checkbox"/>      | non-thinking body language <input type="checkbox"/> |                                   |
| Humour <input type="checkbox"/>  | Change of face <input type="checkbox"/>     | Redirection <input type="checkbox"/>                |                                   |
| Reminded of Rewards <input type="checkbox"/>   | Other (Please specify)                      |   |                                   |
| <b>7. Did you rate the risk posed by the person restrained as:</b>                     |   |   |                                   |
| <input type="checkbox"/> Low   |   | <input type="checkbox"/> Medium                     | <input type="checkbox"/> High     |
| <b>8. How would you rate the amount of force applied by you:</b>                       |   |   |                                   |
| <input type="checkbox"/> Low   |   | <input type="checkbox"/> Medium                     | <input type="checkbox"/> High     |
| <b>9. Which technique/s position of restraint did you use?</b>                         |   |   |                                   |
| <b>Technique</b>   | <b>Duration</b>                             | <b>Technique</b>                                    | <b>Duration</b>                   |
| Single elbow <input type="checkbox"/>  |   | Leg Support <input type="checkbox"/>                |                                   |
| Figure of 4 <input type="checkbox"/>   |   | Seated Position <input type="checkbox"/>            |                                   |
| Double Elbow <input type="checkbox"/>  |   | Standing Position <input type="checkbox"/>          |                                   |

| Post Incident Support   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Quiet Time   | <input type="checkbox"/> Praised for appropriate actions/on task behaviour | <input type="checkbox"/> Other                                 | <input type="checkbox"/> Learner views recorded via debrief sheet |
| <b>Parents Informed</b>   | By Telephone <input type="checkbox"/>                                      | Home visit <input type="checkbox"/>                            | Letter/Email <input type="checkbox"/>                             |
| <b>10. Please list any injuries to you</b>  |  |  |   |
|   |  |  |   |
| <b>11. Please list any injuries to the learner</b>  |  |  |   |
|   |  |  |   |
| <b>12. Child offered medical attention</b>  |  |  |   |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |   |
| <b>Please explain</b>   |  |  |   |
|   |  |  |   |
| <b>13. Damage to property</b>   |  |  |   |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |   |
| <b>Please explain</b>   |  |  |   |
|   |  |  |   |
| <b>14. Your statement – what occurred in your own words</b>   |  |  |   |
| Your statement must set out what happened; give details of your part in the use of force, any holds you applied and how the incident was finally resolved. It must give details of any attempts made to de-escalate throughout the incident.  |  |  |   |
| The use of force must only be used when it is:<br>Reasonable in the circumstance, meaning:  |  | <b>When restraint was used, please tick your primary role:</b> |   |
| i. You believed that it was absolutely necessary and  |  | <input type="checkbox"/> Right arm                             | initials:   |
| ii. Proportionate to the seriousness of the situation   |  | <input type="checkbox"/> Left arm                              | initials:   |
|   |  | <input type="checkbox"/> Supervising                           | initials:   |
| Please provide as much detail as possible below, including:<br>Before the incident (i.e., what lead to the incident, any de-escalation techniques used), during the incident (i.e., what types of force were employed, duration of the restraint and why it was necessary), and after the incident (i.e., where learner was relocated to, and any injuries sustained). You may want to include how you were feeling during the restraint. |  |  |   |
|   |  |  |   |
| Senior Leadership Team  |  |  |   |
| <b>Has CCTV been reviewed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, explain why.   |  |  |   |
| <b>SLT Comment/Actions:</b>   |  |  |   |
|   |  |  |   |
| <b>SLT Signature</b>  |  |  |   |
| <b>Date</b>   |  |  |   |