



# Market Field College

**Our Expectations**

Resilient Punctual

**Ready**

Equipped

Prepared Attitude

**Our Expectations**

Honesty Empathy

**Respectful**

Learning

Kind Patient

**Our Expectations**

Awareness  
Environment

**Safe**

Following Instructions

Listening Attitude

## Behaviour Policy

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## Section 1: Introduction, Values and Vision

### 1.1 Introduction

At Market Field College, we are committed to creating a safe, respectful, and inclusive environment where every student can thrive. Our behaviour policy is designed to support the diverse strengths and needs of our students, recognising their individuality and potential, and fostering a culture of understanding, consistency, and high expectations.

Grounded in therapeutic and relational principles, this policy recognises that behaviour is a form of communication, shaped by each student's experiences, needs, and environment. It emphasises the importance of positive, trusting relationships as the bedrock for learning, well-being, and personal growth. The policy provides a clear and supportive framework for staff to promote positive behaviour, ensure emotional and relational safety, and uphold the college's core values of Respect, Friendship, and Excellence.

This policy aligns with current statutory and non-statutory guidance on behaviour, safeguarding, and the use of restrictive interventions in schools/colleges. While Market Field College prioritises therapeutic and relational approaches, we recognise our legal responsibilities in exceptional circumstances where safety is at risk.

## 1.2 Our Values

Creating and maintaining a learning environment in which all students and adults feel safe, secure, and valued is central to our ethos at Market Field College. This commitment underpins our values and behavioural expectations, which guide how we interact, learn, and grow together.

We promote the values of:

- **Respect** – for self, others, and the environment
- **Friendship** – through kindness, empathy, and collaboration
- **Excellence** – striving to be the best version of ourselves

These values are reflected in our core behavioural expectations:

- **Ready** – to learn, participate, and engage
- **Respectful** – in communication, actions, and relationships
- **Safe** – in choices, movement, and interactions

## 1.3 Our Vision

At Market Field College, we are driven by a clear and ambitious vision: *To equip every student with the knowledge, skills, and behaviours they need to succeed in the next stage of their learning, life, and work.* This vision is realised through a shared commitment to strong values, a rich and inclusive curriculum, and a nurturing, supportive learning environment. We aim for every student to leave feeling inspired, confident, and equipped to take their next steps—whether into the world of work, further education, or meaningful engagement within their community. We strive to empower all students to become responsible, respectful, and resilient individuals who make valued contributions in ways that reflect their unique strengths and circumstances.

## Section 2: Therapeutic Behaviour Principles

### 2.1 Therapeutic Behaviour Principles

These principles sit at the heart of our college community, shaping how we understand, support, and respond to behaviour through a consistently relational lens. They reflect our recognition of students as young adults and guide our commitment to nurturing independence, responsibility, and readiness for adulthood—always grounded in the quality of relationships and the emotional safety they provide.

#### 1. A Respectful and Inclusive College Culture

We are committed to creating a calm, consistent, and inclusive environment where all students feel emotionally and physically safe. Staff model respectful communication and uphold shared values that reflect students' age, maturity and aspirations.

#### 2. Understanding Behaviour as Communication

We recognise that all behaviour carries meaning. Students experiencing poor emotional wellbeing are regarded as vulnerable rather than troublesome. Staff respond with empathy and curiosity, using relational skills to understand and support students—never to control them. We believe all students can learn and grow with the right support.

#### 3. Clear Expectations with Personalised Support

We promote consistency through clear expectations—**Ready, Respectful, Safe**—while making reasonable adjustments to meet individual needs. Clear boundaries are paired with an individual, graduated approach, tailored to each student's developmental stage.

#### 4. Promoting Self-Regulation and Independence

We support students to develop internal discipline, self-regulation and resilience. Through everyday interactions, staff model calmness, encourage reflection, and build the skills needed for adulthood.

#### 5. Restorative Practice and Inclusive Belonging

We prioritise inclusion and early intervention. Exclusion is a last resort. When difficulties arise, we use restorative approaches to repair harm, rebuild trust, and keep students connected to learning and relationships.

## 2.2 Flexible Consistency

At Market Field College, consistency does not mean treating every student identically. Instead, it means ensuring that every student experiences predictable, fair, and therapeutic responses rooted in shared values, common language, and relational safety.

Flexible consistency means:

- **Shared expectations, personalised pathways:** We uphold the same core expectations—*Ready, Respectful, Safe*—while recognising that students may meet these in different ways depending on their needs and profiles.
- **Predictable principles, not identical responses:** Staff follow agreed frameworks but adapt tone, pace, language, and strategies to the student’s individual context.
- **Reasonable adjustments as part of consistency:** Adjustments (e.g., sensory supports, reduced demands, movement breaks) are not exceptions but essential components of inclusive practice. This aligns with our graduated approach at *Universal, Targeted, and Targeted Plus levels*.

## Professional Responsibility and Accountability

Flexible consistency does not mean personal preference or individual rules. Staff actions should always be:

- Aligned with the Behaviour Policy
- Consistent with therapeutic and relational principles
- Informed by student voice, profiles, and agreed plans
- Recorded appropriately (either on CPOMS or Student Journey Map (SJM))

Flexible adjustments are agreed and applied professionally and must not be compared across students. Staff will not be expected to justify personalised responses that are based on assessed need, student profiles, or individual plans.

### Section 3: College Expectations.

We uphold three core expectations that guide all behaviour and learning: **Ready, Respectful, and Safe**. These expectations are embedded in our daily practice and consistently reinforced by all staff. We believe that creating a positive, inclusive, and safe learning environment is a shared responsibility—one that involves students, staff, families, and the wider college community working together to support and model these values.

See [Appendix 2: College Expectations](#)

	College Expectations			
	Students	Staff	Leaders	Parents/Carers
Ready	Students arrive prepared to learn and take part in college life.	Staff plan and adapt to meet students' needs and promote engagement.	Leaders provide clarity and ensure systems support readiness for all.	Parents and carers support routines and readiness for learning.
Respectful	Students treat others with kindness and listen well.	Staff model empathy, fairness and clear boundaries in every interaction.	Leaders value every voice and foster a culture of mutual respect.	Parents and carers work in partnership and communicate with care.
Safe	Students make choices that help everyone feel secure and supported.	Staff respond calmly and consistently to uphold emotional and physical safety.	Leaders create structures that protect wellbeing and promote relational safety.	Parents and carers trust the college to keep their child safe and contribute to shared understanding.

## Section 4: Agreed Language and Definitions

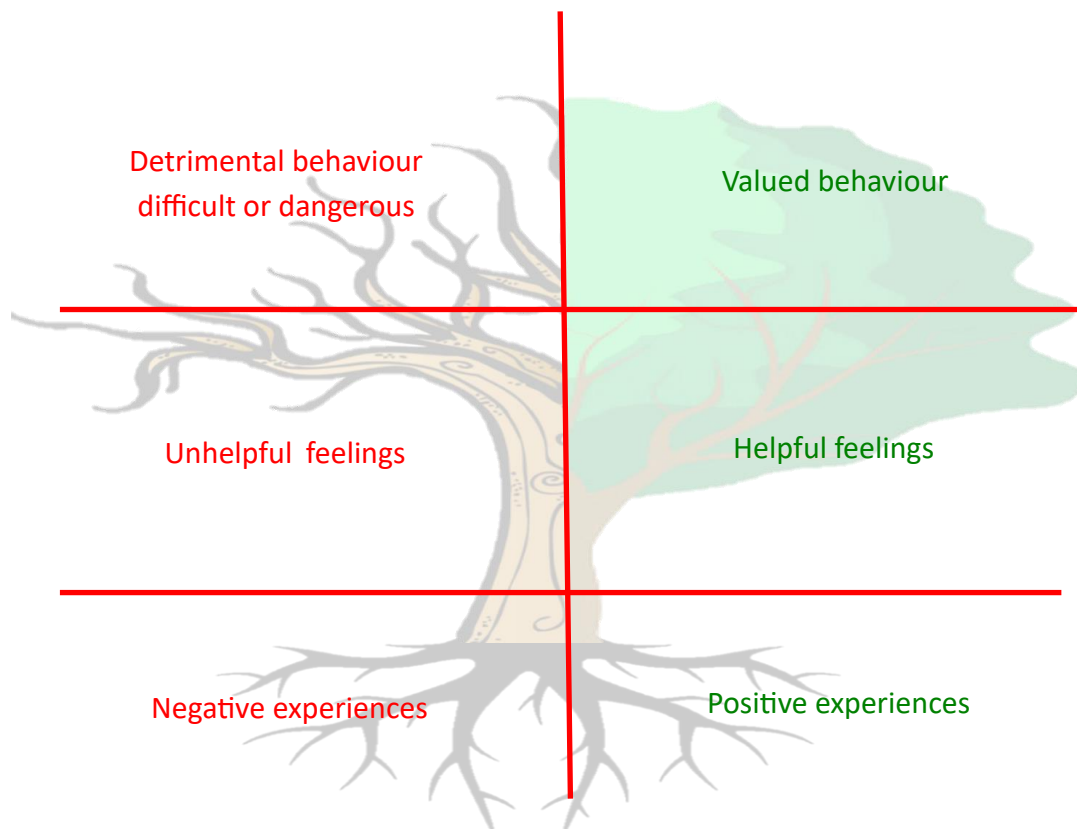
Guided by the principles of *Therapeutic Thinking*, we use a shared language to support all students, reflecting our commitment to therapeutic, inclusive, and relational practice. This language is applied consistently across the college to promote clarity, empathy, and positive behavioural development.

### 4.1 Core Terminology

We use the following agreed definitions to describe behaviour, feelings, and experiences:

- **Behaviours** are described as either
  - **valued** or **detrimental**
- **Feelings** are described as either
  - **helpful** or **unhelpful**
- **Experiences** are described as either
  - **positive** or **negative**

This language avoids judgement and supports a therapeutic understanding of behaviour as communication.



## 4.2 Valued Behaviour

*Valued behaviour* is behaviour that is held in high regard by the individual, the community, or the environment. It is behaviour that:

- Creates **helpful feelings** in self or others
- Demonstrates concern for the **rights, feelings, and welfare** of others
- Benefits other people or society

*Valued behaviour* is explicitly taught, modelled, and reinforced across the college.

## 4.3 Detrimental Behaviour

*Detrimental* behaviour is behaviour that hurts or hinders the individual, the community, or the environment. It is behaviour that:

- Creates **unhelpful feelings** in self or others.
- May cause **injury, harassment, alarm, or distress**.
- Violates the **rights of others**.

*Detrimental* behaviour is responded to therapeutically, with a focus on understanding, regulation, and repair.

## 4.4 Types of Detrimental Behaviour

- **Difficult Detrimental Behaviour**
  - Behaviour that may challenge others but is not harmful
- **Dangerous Detrimental Behaviour**
  - Behaviour that can lead to harm, distress or rights violations.

## 4.5 Unsocial Behaviour

Unsocial behaviour is behaviour that does not seek or benefit from social interaction but is **not detrimental** to self or others. It includes:

- Choosing not to engage socially, without causing harm.
- Preferring solitude or independence in a way that is emotionally safe.

Unsocial behaviour is respected and supported, especially where it reflects neurodiversity or personal preference.

See [Appendix 3: Behaviour Examples](#)

## 4.6 Understanding Physical and Restrictive Interventions

In keeping with our therapeutic, relational approach, Market Field College works proactively to minimise the need for restrictive interventions through early support, emotional regulation, and de-escalation.

However, it is essential that staff share a **clear and consistent understanding** of the terminology used in national statutory guidance, as recording and reporting duties are determined by **what happens in practice**, not by staff intent or therapeutic purpose.

For clarity, the following terms are understood in relation to one another:

- **Physical Intervention (broad term)**  
Physical intervention refers to physical contact used by staff to guide, support, reassure, or protect a learner. This includes low-level, non-restrictive physical actions such as guiding, escorting, or offering an arm for safety or reassurance. Physical intervention does not automatically constitute a restrictive intervention.
- **Restrictive intervention (legal definition):**  
Restrictive physical interventions involve **physical contact** that limits a learner's movement or freedom. This includes the use of reasonable force and physical restraint. Such interventions are lawful only where necessary, proportionate, used as a last resort, and for the shortest possible time to prevent immediate harm.
- **Reasonable force:**  
Physical force used by staff that is necessary, proportionate, and applied for the shortest possible time to prevent injury, serious disorder, or damage to property.
- **Restrictive Non-Physical Interventions**  
Restrictive non-physical interventions involve no physical contact, but still restrict a learner's movement or liberty. Examples include blocking a learner's exit, removing mobility aids, or situations that meet the legal definition of seclusion.
- **Seclusion:**  
Keeping a student confined to a space away from others, where they are prevented from leaving by physical obstruction, staff actions, or belief that they would be punished for leaving. Seclusion is not a disciplinary sanction.

Whether an intervention is considered restrictive is determined by **its effect** on the learner's freedom or movement — not by intention, planning, or therapeutic rationale.

## Section 5: Implementing Therapeutic Practice – Adult Responses and Relational Strategies

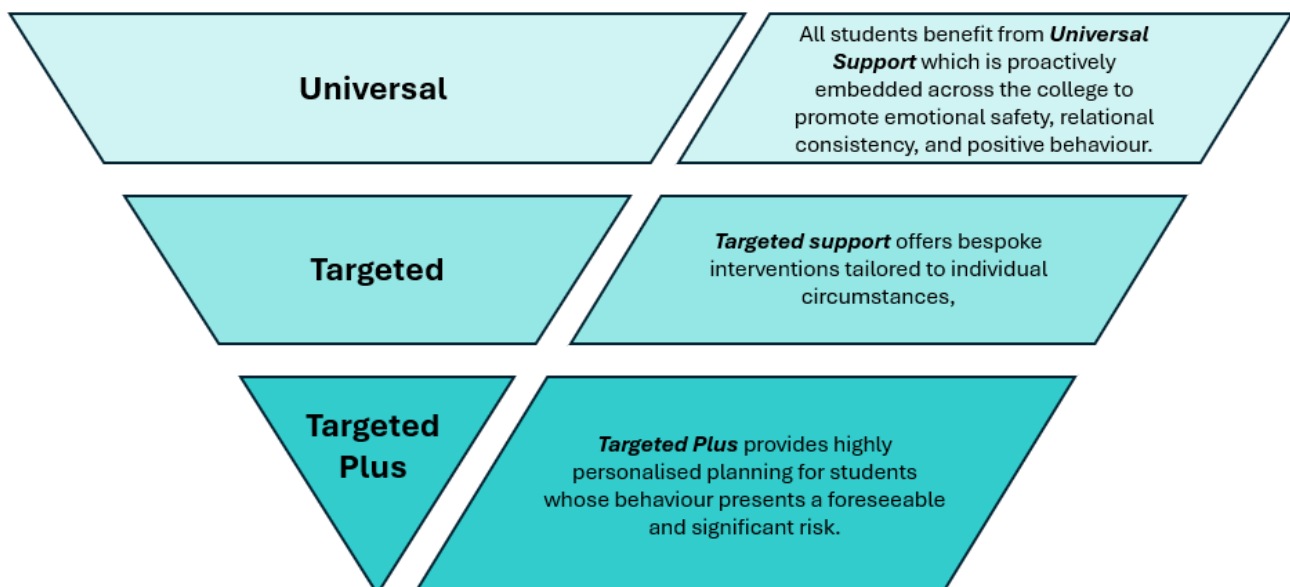
### 5.1 A Tiered Approach to Relational Safety and Inclusion

This section outlines our graduated, individualised model of behavioural support.

At Market Field College, we adopt a three-tiered framework—*Universal*, *Targeted*, and *Targeted Plus*—to ensure that every student receives the support they need to feel safe, included, and ready to learn.

- **Universal Support:** All students benefit from *Universal* support, which is proactively embedded across the college to promote emotional safety, relational consistency, and positive behaviour.
- **Targeted Support:** Where individual needs require enhanced support beyond universal strategies, *Targeted support* offers bespoke interventions tailored to individual circumstances.
- **Targeted Plus:** Provides highly personalised planning for students whose behaviour presents a foreseeable and potential risk.

This tiered approach ensures that support is responsive, relational, and rooted in dignity—meeting each student where they are and helping them move forward with confidence and connection.



## 5.2 Universal Support

We believe that behaviour is not simply managed—it is taught, modelled, and nurtured with the same intentionality as academic learning. Just as we teach literacy and numeracy, we explicitly teach the habits, routines, and relational skills that underpin successful behaviour. These skills are essential for learning, wellbeing, and preparation for adulthood.

We recognise that all students benefit from clear, consistent teaching of what positive behaviour looks like. We do not assume students know how to behave—we teach it, model it, and reinforce it through everyday interactions. Staff play a vital role in embedding these expectations across the college, using therapeutic principles to ensure consistency, clarity, and compassion in every response. See [Appendix 4: Embedding the Behaviour Curriculum](#)

### 5.21 Universal Support: How We Teach Behaviour:

Strategy	Description
<b>Relationships</b>	Strong, trusting relationships are the foundation. Staff invest time in getting to know students, showing genuine interest, and building emotional safety.
<b>Role Modelling</b>	Adults consistently model the behaviours we expect: calmness, respect, empathy, and emotional regulation. Students learn through observation.
<b>Consistency</b>	Expectations are applied fairly and predictably across all settings. Staff use shared language and routines to reduce anxiety and increase clarity.
<b>Routines</b>	Clear, rehearsed routines help students feel secure. These include entering/exiting classrooms and key transitions.
<b>Prioritising Valued Behaviour</b>	We focus on and reinforce the behaviours we want to see—such as kindness, effort, and responsibility—rather than only reacting to misbehaviour.
<b>Planning Alternatives to Detrimental Behaviour</b>	Staff help students identify triggers and develop alternative strategies (e.g., asking for a break, using a regulation tool).
<b>Reward and Positive Reinforcement</b>	Praise, recognition, and tangible rewards are used to reinforce positive behaviour. These are tailored to individual motivators.
<b>Feedback and Recognition</b>	Feedback is specific, timely, and focused on effort and impact (e.g., “I noticed you helped your peer—that showed great teamwork.”).
<b>Comfort and Forgiveness</b>	When mistakes happen, we respond with compassion. We support students to repair and move forward, reinforcing that relationships are resilient.

## 5.22 Universal Support: Step-by-Step: Adult Responses to Behaviour

A graduated, restorative approach to behaviour is used to ensure that staff responses are consistent, therapeutic, and focused on maintaining relationships and emotional safety. This approach is guided by the **R.E.S.E.T Behaviour Support Model** (adapted from Paul Dix), which provides a structured progression of responses:

Step	Action	Purpose
1. <b>R</b> - Remind	Gentle, private reminder of expectations (Ready, Respectful, Safe)	De-escalate early, maintain dignity
2. <b>E</b> - Explain choices	Clear verbal warning with choice and consequence	Empower student to make a positive choice
3. <b>S</b> – Stop and Think	Scripted intervention and reflection opportunity	Offer support and redirect behaviour
4. <b>E</b> - Exit and regulate	Time away to regulate and reflect	Reduce emotional overload and restore calm
5. <b>T</b> – Talk and repair	Restorative conversation using reflective questions	Rebuild relationships and restore trust

This model complements our **pre-emptive** and **in-the-moment** strategies by offering a clear, relational framework for staff to follow. It ensures that students are supported through each stage of dysregulation, with opportunities to reflect, repair, and re-engage. See [Appendix 5: R.E.S.E.T Model Toolkit and Scripted Examples](#)

### 5.23 Universal Support: Recognising and Rewarding Valued Behaviour

Recognising and rewarding *valued behaviour* is essential for reinforcing positive habits and motivating students to repeat them. Responses should be meaningful, developmentally appropriate, and tailored to individual needs—ensuring they are both impactful and supportive of long-term behavioural growth. Staff should also be mindful of *how* feedback is delivered: while some students respond positively to public recognition, others may feel more comfortable with private acknowledgement. Adapting feedback to suit each student’s preferences helps maintain emotional safety and strengthens relational trust. Key examples include:

- **Specific verbal praise** that acknowledges effort, progress, or positive choices (e.g. “I really appreciated how you supported your peer today.”).
- **Positive feedback** to the student’s form teacher or a member of SLT to enable praise to be reinforced.
- **Positive contact home** via email or phone call recognising achievements or progress.
- **Access to preferred activities or roles**, like helping in the café, supporting a staff member, or choosing a group task.
- **Recognition during tutor time**, celebrating effort, attendance, or contribution.
- **Celebration boards** showcasing student work, achievements, or acts of kindness.
- **Involvement in planning personal rewards**, giving students ownership and motivation.
- **Time in a preferred space** (e.g. quiet room, sensory area, or outdoor break) as a positive reinforcement.

### 5.24 Universal Support: Pre-Emptive Strategies to Promote Valued Behaviour

Pre-emptive behavioural strategies play a vital role in promoting *valued behaviour* and creating a safe, structured learning environment. These proactive approaches are essential not only for encouraging positive engagement but also for de-escalating potential issues before they escalate, ensuring emotional safety and consistency for all learners. Key examples include:

- **Establish clear routines and expectations** from day one, using consistent transitions.
- **Explicitly teach and rehearse routines** regularly.
- **Use visual supports and modelling** to help students understand expectations.
- **Build strong relationships** through daily check-ins and positive interactions.
- **Identify and reduce environmental triggers** (e.g., noise, lighting, transitions).
- **Reinforce desired behaviours** through praise and recognition.
- **Teach and plan alternatives** to *detrimental behaviour*.
- **Prioritise and celebrate valued behaviours**

## 5.25 Universal Support: In-the-Moment Responses

Addressing behaviour in-the-moment ensures consistency and helps students understand the impact of their actions. It supports positive choices and maintains a calm, respectful environment. When behaviour begins to escalate, staff should:

- **Remain calm** and use a low-arousal approach.
- **Use non-verbal cues** or proximity to redirect early.
- **Offer clear choices and time to process** (e.g., “Would you like to take a break or talk it through?”).
- **Use therapeutic language** (e.g., “I can see this is hard right now. I’m here to help.”).
- **Avoid power struggles**—focus on de-escalation.
- **Apply protective consequences only when necessary** for safety.
- **Allow time and space for regulation** using agreed strategies.
- **Maintain student dignity and emotional safety**.
- **Record incidents factually** and follow up with reflection and support.

## 5.26 Universal Support: Reflect, Repair and Restore

Restorative practice is a key element of our behaviour approach, supporting students to reflect, rebuild relationships, and restore a sense of belonging after incidents of *detrimental* behaviour. This process helps students take responsibility for their actions in a supportive, non-punitive way, promoting long-term behavioural growth and emotional development.

Staff should:

- **Facilitate calm**, reflective conversations once the student is regulated.
- **Use restorative questions** (e.g., “What happened?”, “How were others affected?”, “What could help to resolve things?”).
- **Support students to understand** the impact of their behaviour and take ownership.
- **Encourage empathy**, accountability, and problem-solving.
- **Involve all affected parties** where appropriate, ensuring everyone feels heard and respected.
- **Agree on steps to repair** harm and restore trust, including apologies, actions, or changes in behaviour.
- **Monitor progress** to ensure follow-through and support. Record outcomes where necessary

Please refer to [Section 9: Communication, Recording and Monitoring](#)

### 5.3 Targeted Support:

#### Providing tailored interventions that strengthen wellbeing, inclusion, and relational safety.

While universal strategies outlined in this policy form the foundation of our therapeutic practice, we recognise that some students may require additional, targeted support to thrive. These approaches are not punitive, but responsive - designed to meet individual needs with compassion, structure, and consistency.

#### Targeted support is implemented when:

- A student does not respond to universal strategies.
- Patterns of *detrimental* behaviour emerge that impact learning, wellbeing, or relationships.
- There are known vulnerabilities, diagnoses, or contextual factors requiring bespoke intervention.
- Staff, families, or the student themselves identify a need for additional support.

#### Where universal strategies are not sufficient to ensure safety and engagement, the following targeted approaches may be considered:

- Use of therapeutic tools or interventions.
- Increased relational support (e.g., daily check-ins, mentoring, or key adult time).
- Adjustments to environment, curriculum, or timetable to reduce triggers and increase engagement.
- Multi-agency involvement where appropriate (e.g., Educational Psychologist, CAMHS, Social Care).
- Enhanced monitoring and review cycles to track progress and adapt support.

#### Principles Guiding Targeted Support

All targeted interventions are:

- Rooted in therapeutic thinking and relational safety.
- Designed to promote independence, self-regulation, and inclusion.
- Reviewed regularly with the student and family to ensure relevance and impact.
- Delivered with dignity, empathy, and high expectations.

## 5.4 Targeted Plus Support

**Targeted Plus support** is a highly individualised and dynamic response for students whose behaviour presents a *foreseeable or significant risk* that cannot be safely or consistently supported through universal or graduated strategies alone. It involves the use of *Behaviour Support Plans*, developed collaboratively to proactively meet need, reduce risk, and uphold relational safety. This level of support is reserved for exceptional circumstances and reflects a commitment to safeguarding both the student and the wider community—always complementing, not replacing, therapeutic and relational approaches.

*Behaviour Support Plans* are co-created through a collaborative process involving the student (where appropriate), their family, key staff, and relevant professionals—drawing on lived experience, existing plans, and a trauma-informed, neurodiversity-affirming lens. Once agreed, *Behaviour Support Plans* are shared with relevant staff, embedded into daily practice, and reviewed regularly. They guide de-escalation, regulation, and reflection, and staff are expected to follow them consistently, with empathy and accountability.

### A Behaviour Support Plan may be appropriate when:

- **A serious incident has occurred**, and proactive planning is required to reduce the likelihood of recurrence.
- **There is a known pattern of high-risk behaviour**, even if infrequent, that poses a safety concern under specific conditions.
- **Identifiable triggers or vulnerabilities exist** (e.g. trauma, sensory sensitivities, contextual stressors) that increase the risk of unsafe behaviour.
- **Staff require a shared framework** to respond predictably and safely to potential escalations.

### When a Behaviour Support Plan Is *Not* Appropriate

Behaviour Support Plans are not used to accommodate or normalise *dangerous* behaviour. They are *not suitable* when:

- **A student is routinely displaying unsafe behaviour without improvement**—this may indicate a need for a change in provision or a safeguarding review.
- **The behaviour is unpredictable and not linked to identifiable triggers**—this would fall under “unforeseeable behaviour” and require a different response. See [Section 7: Unforeseeable Behaviour](#) for further guidance
- **The plan is being used as a substitute for therapeutic, relational, or graduated strategies**—*Behaviour Support Plans* should complement, not replace, everyday practice.

## Section 6: Protective and Educational Consequence

At Market Field College, we use consequences not as punishment, but as part of a therapeutic approach to support learning, safety, and relational repair. Consequences are always proportionate, purposeful, and aligned with the student's developmental needs.

We distinguish between two types of consequences: *Protective Consequences* and *Educational Consequences*.

### 6.1 Protective Consequences

These are actions taken to ensure the safety of the student, others, or the environment. They are immediate and necessary when behaviour poses a risk. Examples include:

- Temporary increased staff ratio.
- Limited access to outside space or social interactions
- Escorted in social situations.
- Restricted off site activities.
- Separating students from their peers or usual learning environments (supportive separation)
- Differentiated teaching space or timetable.
- Withdrawal from high-risk activities until behaviour is deemed safe to access them.
- Differentiated curriculum or resources.

Protective consequences are not punitive measures—they are relational safeguards. Their purpose is to reduce immediate risk and uphold safety without blame or shame. Unlike punishment, which seeks to impose discomfort, protective consequences are calm, proportionate responses that prioritise wellbeing. They are explained clearly to the student, framed as temporary adjustments to help everyone feel safe, and always followed by opportunities to reconnect, reflect, and restore trust.

### 6.2 Educational Consequences

These are opportunities for the student to learn, reflect, and develop new skills. They are relational and restorative in nature. Examples include:

- Restorative conversations to understand impact.
- Making amends (e.g., helping to repair or clean something damaged).
- Reflective tasks or discussions supported by a trusted adult.
- Students may be offered—or directed—to take time away from the group in a supportive space. This provides an opportunity to regulate, reflect on their behaviour, and consider its impact on others, with the aim of re-engaging positively and restoring relationships (supported separation).

- **All consequences are:**
- **Linked to the behaviour** and its impact.
- **Explained clearly** to the student using therapeutic language.
- **Followed up** with support to re-engage and repair relationships.

### 6.3 Seclusion and Safeguards When Using Supportive Separation

At Market Field College, seclusion is not planned, practised, or used as a behaviour management strategy. This reflects the college's therapeutic ethos, which prioritises emotional safety, dignity, relational connection, and proactive support. We recognise that behaviour is a form of communication, and our responses focus on supporting learners to regulate, feel understood, and remain connected to learning and relationships.

While the college does not plan or implement seclusion, staff recognise that any situation which meets the statutory definition must be treated as seclusion, regardless of therapeutic intent or staff purpose.

In line with current Department for Education guidance, seclusion is defined as a non-disciplinary intervention in which a learner is kept away from others and prevented from leaving a space, whether through physical obstruction, staff action, or the learner reasonably believing that they would be punished if they tried to leave. Seclusion is defined by what happens in practice, not by intention.

#### Supportive Separation

Supportive separation refers to the temporary and therapeutic separation of a learner from their usual learning environment to support emotional regulation, safety, and wellbeing. It is a protective and supportive measure, not a punishment, and is intended to help learners regain readiness to engage positively with learning and relationships.

Supportive separation is not seclusion where the learner:

- Is free to leave the space,
- Understands that they can do so,
- Experiences the approach as supportive rather than restrictive or controlling.

#### Safeguards When Using Supportive Separation

Staff must take active steps to ensure that supportive separation does not unintentionally meet the legal threshold for seclusion.

When supportive separation is used, staff must ensure that:

- The learner is aware that they are free to leave the space.
- Access to the space is not physically blocked, locked, or controlled.
- The learner does not reasonably believe that they will be punished or prevented from leaving if they attempt to do so.

- An adult remains available, responsive, and supportive, rather than withdrawing supervision in a way that could be experienced as exclusionary or isolating.
- The learner’s understanding, emotional state, and presentation are continually monitored, and the approach is adjusted as needed to maintain relational and emotional safety.

### **Threshold Into Seclusion**

If at any point a learner is prevented from leaving, or reasonably believes they are not permitted to leave, the situation must be treated as seclusion and managed in line with statutory recording and reporting requirements, regardless of staff intent or therapeutic purpose.

Where there is any uncertainty about whether a situation remains supportive separation or has crossed the legal threshold into seclusion, staff must seek guidance from a member of the Senior Leadership Team at the earliest safe opportunity. See [Appendix 14, Demonstrating Freedom to Leave – Staff Practice Guidance](#).

Any incident that meets the legal definition of seclusion will be:

- Managed as a safety-led, non-punitive response,
- Time-limited and used only for as long as the immediate risk remains,
- Recorded and reported in line with statutory requirements, including timely communication with parents or carers (except in the limited circumstances outlined in national guidance),

## **Section 7: Unforeseeable Behaviour**

### **Unforeseeable Behaviour**

Unforeseeable behaviours are those that fall outside the scope of existing policy, have not previously occurred within the college, or are so historic that their recurrence was not anticipated. These behaviours may exceed what can reasonably be supported within the college’s provision and may not align with the criteria outlined in the admissions policy.

In such instances, the following procedures will be followed to ensure a safe, reflective, and proportionate response:

- A member of the Senior Leadership Team (SLT) will be informed at the earliest safe opportunity.
- Staff will apply Therapeutic Thinking principles to de-escalate the situation wherever possible.
- The incident will be recorded on CPOMS as soon as it is safe and appropriate to do so.
- SLT will collaborate with the class lead to assess whether a Targeted Plus level of support is required or whether a Provision Review is warranted. See [Appendix 7: Provision Review Protocol](#)
- A Restore and Reflect process will be facilitated with all students and staff involved, with a focus on emotional safety, accountability, and learning

## Section 8: Safe Touch, Physical Intervention and Restrictive Intervention

At Market Field College, we recognise that physical contact between staff and students may be appropriate in certain circumstances to provide comfort, support, or ensure safety. All physical contact must be respectful, proportionate, and in line with the college's safeguarding and therapeutic principles.

### 8.1 Safe Touch

Physical contact may occur for the following reasons:

- Offering comfort to a student in distress.
- Gently guiding or redirecting a student.
- Supporting participation in curricular activities (e.g., Sports, Drama).
- Responding to emergencies to prevent harm.

In all cases, staff must consider:

- The student's age, developmental stage, and level of understanding.
- The student's individual needs, preferences, and history.
- The context and location of the contact—physical contact should not occur in private or without others present.

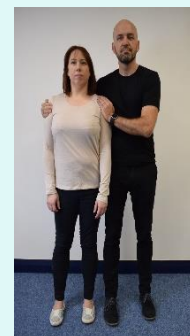
Staff may use safe touch to guide, prompt, or reassure students in ways that are appropriate to the situation and always with consideration for the student's dignity, autonomy, and emotional safety.

### 8.2 Hugging

Touch can be a meaningful form of connection and reassurance but must be used with sensitivity and professionalism. Staff are encouraged to use a '**college hug**' (see [Appendix 11: Therapeutic Thinking, Step On – Physical Intervention training framework](#)) when offering physical comfort or recognition. This involves a sideways-on gesture, with the adult placing their hands on the student's shoulders—discouraging front-on cuddling and maintaining appropriate boundaries.

Hugs should be:

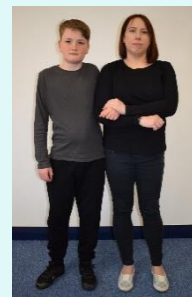
- Brief and consensual.
- Used sparingly and only when appropriate.
- Responsive to individual preferences and developmental needs.



Staff must remain mindful that frequent or prolonged hugging may feel uncomfortable or inappropriate for some students and should always model safe, respectful relationships.

### 8.3 Handholding

While physical reassurance may be appropriate in specific medical or high-distress situations, handholding is generally discouraged due to the age and developmental stage of our students. As a college setting, we are committed to treating students as young adults—supporting their independence, dignity, and readiness for adulthood. If a student seeks handholding for comfort or support, staff should instead ‘offer an arm’ (see [Appendix 11: Therapeutic Thinking, Step On – Physical Intervention training framework](#)) to hold. This maintains appropriate boundaries while still providing a sense of connection and support.



Where staff have concerns about a student’s safety in the community—for example, if a student may be at risk of moving suddenly or impulsively when startled (such as when crossing roads or navigating busy environments)—offering an arm may also be used proactively to help maintain safety and reassurance while off site. Any such support should be proportionate, responsive to need, and reduced as soon as it is safe to do so.

### 8.4 Physical Intervention

The college admits students who are generally able to regulate their behaviour without the need for physical intervention. As such, physical intervention is not a routine part of our practice and is rarely required. Where necessary to maintain safety, staff may use low-level, physical interventions such as guiding or escorting a student. These are used only as a last resort and must be proportionate, respectful, and in line with Therapeutic Thinking principles. All teaching and learning support staff receive training in the Therapeutic Thinking ‘Step On’ programme, which equips them with:

- A clear understanding of when physical intervention may be necessary.
- Strategies to prevent escalation through de-escalation and emotional regulation.
- Knowledge of the legal and ethical framework surrounding physical intervention.
- Skills to use safe, approved techniques only when absolutely necessary.
- Guidance on recording and reflecting on incidents to inform future planning.

### 8.5 Restrictive Intervention

Restrictive intervention is an umbrella term referring to any action—physical or non-physical—that limits a learner’s movement or freedom in order to prevent immediate harm. Restrictive intervention, including restraint, is not a routine or planned element of practice at Market Field College and is avoided wherever possible through therapeutic, relational, and preventative approaches. Our practice prioritises early intervention, emotional regulation, and de-escalation to minimise the need for any form of restrictive intervention.

An exception applies within MFC Life, a small, specialist provision serving a different learner profile. Practice within MFC Life reflects the needs of that setting and operates within clearly defined

parameters, specialist planning, and safeguarding frameworks ([see Appendix 12: MFC LIFE Provision & Step Up – Advanced training framework](#)).

### **8.5.1 Restrictive Physical Intervention**

Restrictive physical intervention involves physical contact that limits a learner’s movement or freedom. This includes restraint and any use of reasonable force. Such interventions may be lawful only in exceptional circumstances, for example where a learner is at immediate risk of harming themselves or others and less restrictive strategies have not been sufficient. Any restrictive physical intervention must be safety-led, non-punitive, and used only as a last resort, applying the minimum level of force required for the shortest possible time.

Any incident involving restrictive physical intervention will be recorded and reported in line with statutory requirements and college procedures, including appropriate communication with parents or carers, except in the limited circumstances outlined in national guidance. See section [8.6](#) and [9.2](#) for more detail.

### **8.5.2 Restrictive Non-Physical Intervention**

Restrictive non-physical intervention involves no physical contact, but still restricts a learner’s movement or liberty. This may include actions such as blocking exits, positioning that prevents movement, or any situation that meets the legal definition of seclusion. Whether an intervention is considered restrictive is determined by its effect on the learner’s freedom, not by staff intention or therapeutic purpose.

Any incident meeting the threshold for a restrictive non-physical intervention, including seclusion, must be managed, recorded, and reported in line with statutory guidance and college procedures. See section [8.6](#) and [9.2](#) for more detail.

## **8.6 Reporting Incidents of Physical Intervention and/or Restrictive Physical Intervention**

Any incident involving physical intervention must be responded to with care, transparency, and professionalism. As soon as it is safe and appropriate to do so, staff should follow the immediate steps below to ensure safety, communication, and support:

- Inform a member of the Senior Leadership Team (SLT)
- Record the incident factually and objectively on CPOMS

All incidents involving physical intervention and/or restrictive physical intervention must be managed in line with the college’s statutory recording, reporting, and review requirements, as set out in [Section 9.2: Recording Incidents of Physical Intervention and/or Restrictive Physical Intervention](#). Section 9.2 includes the legal duties relating to the use of force, seclusion, and restraint, including written parental notification and required timescales.

The college is committed to maintaining a safe, respectful, and supportive environment where physical intervention is only used when essential to protect the safety of students or staff

## Section 9: Communication, Recording and Monitoring

### 9.1 Recording and Responding to Behaviour

All behaviour that is not usual for a student should be reported to the Class Lead and recorded on CPOMS. It is the responsibility of the Class Lead to communicate with parents/carers where appropriate.

To record on CPOMS, staff should use the 'Behaviour' category and select the most appropriate options.

- Where behaviour is usual, it will be monitored by the Class Lead.
- Where there are patterns of low-level behaviour (e.g. increased frequency or severity), this should also be captured on CPOMS.
- If individual incidents of low-level behaviour are not considered appropriate for standalone recording on CPOMS, staff should ensure that a summary of such behaviours is documented periodically (e.g. monthly), particularly where patterns or emerging concerns are identified. This approach supports the development of a comprehensive overview of the student's behavioural profile over time.
- All entries must be factual, objective, and free from opinion.

Any behaviour that causes concern should be discussed with parents/carers. The Class Lead will decide whether this communication is best made via email or phone call, depending on the individual student's needs and circumstances.

Members of SLT/members of the wellbeing team may contact parents/carers depending on the severity of the incident or in the absence of the Class Lead.

Every member of staff has a responsibility to help maintain high standards of behaviour across the college. The Senior Leadership Team plays a key role in enabling and supporting staff to do this effectively.

### 9.2 Recording Incidents of Physical Intervention and Restrictive Intervention (physical and non-physical)

This section explains how incidents involving *physical intervention* are recorded, communicated, and reviewed within the college, and sets out the college's statutory responsibilities where an intervention meets the legal threshold for a *restrictive intervention*. It should be read alongside [Section 8.6](#), which focuses on the immediate, in-the-moment response following an incident.

#### Physical Intervention (non-restrictive)

- Physical intervention is not a routine or expected feature of practice at Market Field College. Where low-level physical intervention is used—such as guiding or escorting—this is done solely to support immediate safety or regulation and is part of therapeutic practice. These interventions do not, in themselves, constitute restrictive intervention.

- Where physical intervention is used, the incident should be recorded factually on CPOMS. As such situations are unusual within the college setting, parents or carers would normally be contacted on the same day by phone to share context, provide reassurance, and allow for discussion. Further communication will be guided by professional judgement and any safeguarding or welfare considerations identified.

### **Restrictive Intervention (physical and non-physical)**

- Where an incident meets the legal threshold for a restrictive intervention, the college has specific statutory duties. This includes incidents involving a significant use of force, seclusion, or restraint (including restraint without direct physical contact). In these circumstances, the following requirements apply:
  - Incidents must be recorded as soon as practicable, and wherever possible on the same day.
  - Records must be factual, objective, and logged on CPOMS.
  - These requirements apply regardless of whether the intervention was anticipated, agreed within an individual plan, or unintended.
  - Incidents must be reviewed by a member of the Senior Leadership Team (SLT).
  - Parents or carers must be informed as soon as practicable, and wherever possible on the same day. Where a restrictive physical intervention has occurred, this includes written communication with clear and factual information, and is normally supported by a same-day phone call to provide reassurance and an opportunity for discussion. Written communication forms part of the statutory reporting requirement where a restrictive physical intervention has taken place.
  - Exceptions to same-day parental notification apply only in the limited circumstances set out in national guidance, such as where contact would be likely to result in serious harm.

Where deemed appropriate, following any incident involving *physical intervention* or *restrictive intervention*, a Restore and Reflect process will take place to support the learner and staff involved. This focuses on understanding what happened, repairing relationships, reviewing any relevant plans, and strengthening preventative and therapeutic practice.

### **9.3 Leadership and Trustee Oversight of Restrictive Interventions**

Senior leaders review restrictive intervention data termly, including nil returns where applicable, to ensure practice remains lawful, proportionate, and equitable. Safeguarding assurances are shared with trustees through established governance structures.

## Section 10: Exclusions

At Market Field College, we are committed to fostering a safe, respectful, and inclusive environment for all. While our approach prioritises therapeutic support and early intervention, there may be rare occasions where a change in provision or exclusion becomes necessary to uphold the safety and wellbeing of the wider community.

### 10.1 Provision Review Prior to Exclusion

In some cases, persistent *dangerous detrimental behaviour* may indicate that the student's needs are no longer aligned with the current provision. Where this is suspected, a structured **Provision Review Protocol** may be initiated prior to considering exclusion. This process is designed to ensure that decisions are made compassionately, collaboratively, and in the best interests of the student and wider community.

The Provision Review includes:

- A multi-disciplinary meeting to review behaviour history, support strategies, and student voice
- Family communication to share concerns and invite reflection
- Consultation with external professionals (e.g., SEND caseworker, EP, CAMHS), where appropriate
- A decision point regarding further adaptation, temporary arrangements, or transition to a more suitable setting
- A co-created transition plan if a change of provision is agreed

This protocol protects relational safety and ensures exclusion is not used in place of therapeutic review. Staff can refer to [Appendix 8: Provision Review Protocol](#) for full guidance.

### 10.2 Change in Timetable / Internal Exclusion

In response to serious incidents or *dangerous or persistently difficult detrimental behaviour*, a change in timetable may be implemented. This may include working in a quieter, low-stimulation environment such as the Hub, where students can reflect, regulate, and re-engage with learning in a supported setting. This decision is made by senior staff and is not a punishment, but a protective and supportive measure to help the student regain readiness to learn.

During this time:

- Students will be supervised by a member of staff.
- Breaks and lunch may be supervised separately to support regulation.
- A reflective conversation will take place to help the student understand the impact of their behaviour and plan for success moving forward.

Parents/carers will be informed of this change by phone or email, and the rationale will be recorded on CPOMS.

### 10.3 External Exclusion

Only the **Headteacher**, or in their absence the **Deputy Headteacher**, can make the decision to exclude a student. All statutory procedures will be followed.

There are two types of exclusion:

- **Suspension**
- **Permanent Exclusion**

### 10.4 Behaviours That May Lead to Suspension

Suspension may be considered when a student displays behaviour that places themselves, other students, or staff at **significant risk**. This includes, but is not limited to:

- Physical or verbal abuse
- Bullying (including racist, sexist, homophobic, or online)
- Sexual abuse or harassment
- Vandalism or theft
- Bringing banned substances to college
- Persistent refusal to follow instructions
- Repeated disruption of learning
- Incidents outside of college involving police (depending on severity)

### 10.5 Behaviours That May Lead to Permanent Exclusion

Permanent exclusion may be considered in cases of:

- Bringing a weapon to college
- Bringing drugs with intent to supply
- Serious assault on a student or adult
- Persistent dangerous or threatening behaviour
- Persistent bullying or voicing of extremist views
- Serious criminal activity outside of college

### 10.6 Return to College

Following any suspension, students must attend a **return to college meeting** with the Headteacher or a member of SLT. This meeting will focus on reflection, restoration, and planning for a successful reintegration.

### 10.7 Exclusion and Disability

Exclusions are only issued on **disciplinary grounds**, never due to academic ability or disability. However, if a student's behaviour—regardless of diagnosis—poses a **serious risk to safety**, exclusion may be necessary as a protective measure.



**Market Field**  
*College*

# APPENDICES

# Appendix 1: Behaviour Glossary

## Quick-Reference Guide for Consistent, Therapeutic Practice

This glossary supports shared understanding of key terms used throughout the Behaviour Policy.

### Difficult Detrimental Behaviour

Behaviours that disrupt learning or relationships but do not pose a safety risk. Often linked to unmet needs or emotional dysregulation.

### Dangerous Detrimental Behaviour

Behaviours that present a risk to physical or emotional safety. Require immediate response and may trigger safeguarding or graduated support.

### Dysregulation

A state where a student is overwhelmed and unable to manage emotions or behaviour. Can look like withdrawal, escalation, or shutdown. Staff respond with calm, attuned support.

### Educational Consequences

Opportunities for reflection, learning, and repair following a behavioural incident. May include restorative conversations, skill-building, or supported reflection.

### Flexible consistency

*Flexible consistency* is the principle of maintaining shared expectations and predictable frameworks while adapting responses to individual needs. It means staff uphold core expectations—Ready, Respectful, Safe—and follow agreed therapeutic models, but adjust tone, pace, language, and strategies based on assessed need, student profiles, or individual plans.

### Graduated Support

A tiered framework for responding to behaviour — from universal strategies to targeted and specialist interventions. Ensures proportional, consistent, needs-led responses.

### Physical Intervention

Low-level, non-restrictive physical contact used to guide, support, or redirect a student in order to maintain safety. Examples include escorting a student calmly or helping them sit down safely. Used only when necessary and always with respect for the student's dignity.

### Protective Consequences

Actions taken to maintain safety and boundaries (e.g. limiting access to spaces). These are relational, not punitive, and always explained clearly.

### **Relational Safety**

A sense of emotional and psychological security built through trust, consistency, and respectful relationships. Staff model this through attuned, predictable interactions.

### **Repair and Restore**

Processes that rebuild trust and connection after conflict or dysregulation. May include reflection, apology, checking in, or collaborative problem-solving.

### **Restrictive Intervention**

Any action — physical or non-physical — that restricts a learner’s movement or liberty in order to prevent harm, including restraint and seclusion as defined in national guidance. Restrictive interventions may involve physical contact (restrictive physical intervention) or occur without physical contact (restrictive non-physical intervention) and are determined by their effect in practice, not staff intent.

### **Seclusion**

A non-disciplinary intervention in which a learner is kept away from others and prevented from leaving a space, either through physical obstruction, restraint, or the learner believing they are not permitted to leave. Seclusion is defined by what happens rather than staff intent and, where it occurs, must be managed in line with statutory guidance, including recording and parental notification.

### **Supportive Separation**

Temporary and therapeutic separation of a learner from their usual learning environment to support emotional regulation, safety, and wellbeing; it is a protective, supportive measure and not a punishment, intended to help learners regain readiness to engage positively with learning and relationships. Supportive separation is not seclusion where the learner is free to leave and understands that they can do so; if a learner is prevented from leaving, or reasonably believes they are not permitted to leave, the situation becomes seclusion and must be managed and recorded in line with statutory guidance.

### **Therapeutic Thinking**

An approach that focuses on understanding the reasons behind behaviour, prioritising emotional regulation, unmet needs, and relational repair over punishment.

### **Unsocial Behaviour**

Behaviours that isolate or disconnect a student from others. May reflect internal distress, anxiety, or protective coping strategies. These behaviours are not intentionally harmful but may impact social inclusion and wellbeing.

### **Valued Behaviour**

Positive actions that promote safety, connection, and learning. Encouraged and celebrated as part of our inclusive culture.

## Appendix 2: College Expectations

College Expectations		
Ready	Respectful	Safe
Give your best effort	Be kind and considerate	Follow rules and procedures
Be on time	Respect the personal space of others	Report any unsafe behaviour to college staff
Be prepared for lessons e.g., equipment	Use your voice at an appropriate level	Take care with college equipment/property
Attend college regularly	Include others	Follow instructions from staff
Use positive listening skills	Keep the college clean and tidy; clean up after yourself	Speak to key staff if you have any concerns or issues (about yourself or others).
Keep your learning area clean and tidy	Respect the efforts and contributions of others	Let the college know if you can't attend
Take part in lessons and complete all work set	Remember to be quiet in the corridors and stairwells when others are working	Treat others as you want to be treated yourself
Ask for help when it is needed	Take pride in the College environment	Take responsibility for your own behaviour
Be appropriately dressed	Use appropriate and respectful behaviour and language	Be safe online, report any concerns to staff members
Work without disrupting others	Keep your mobile phones in your lockers during lesson times	Keep personal items safe in your locker

## Appendix 3: Behaviour Examples

### Valued Behaviour

Behaviours that promote safety, connection, and positive learning:

- Saying hello and using people's names kindly
- Asking for help when stuck or unsure
- Using agreed calming strategies (e.g. quiet space, breathing)
- Joining in with learning or group activities
- Helping others or showing kindness
- Listening and waiting for your turn
- Repairing after a disagreement (e.g. saying sorry, checking in)
- Following routines calmly (e.g. transitions, breaktimes)
- Using humour in a friendly way
- Speaking up respectfully for yourself or others

### Difficult Detrimental Behaviour

Behaviours that disrupt learning or relationships but are not unsafe:

- Refusing to take part in learning or activities
- Interrupting or talking over others
- Ignoring instructions or agreed strategies
- Making unkind jokes or comments
- Walking away without explaining why
- Being sarcastic or dismissive
- Avoiding tasks or staying silent when support is offered
- Testing boundaries in ways that confuse or upset others
- Not looking after shared spaces or equipment

## **Dangerous Detrimental Behaviour**

Behaviours that pose a risk to safety or wellbeing:

- Hitting, kicking, or throwing things to hurt or scare
- Using threatening words or gestures
- Leaving the building or site without permission
- Breaking or damaging property on purpose
- Using equipment in unsafe ways
- Bullying or targeting someone repeatedly
- Talking about hurting yourself or others
- Becoming very dysregulated and needing urgent help
- Refusing to follow safety instructions (e.g. fire drill, medical help)

## **Unsocial Behaviour**

Behaviours that isolate or exclude, often linked to unmet needs:

- Using words that show you feel hopeless or disconnected
- Choosing to be alone often without explaining why
- Not showing feelings or interest in things
- Saying things that show low self-worth or not feeling part of the group

## Appendix 4: Embedding the Behaviour Curriculum

### Staff Practice and Inclusive Communication Toolkit

Strategy	How to model/description	Example language
<b>Relationships</b> Build strong, trusting relationships	<ul style="list-style-type: none"> <li>Invest time in knowing each student personally.</li> <li>Show genuine interest in their lives, strengths, and challenges.</li> <li>Create emotional safety through warmth, reliability, and presence.</li> <li>Use active listening and non-judgmental responses.</li> </ul>	<ul style="list-style-type: none"> <li>"I'd like to understand how you're feeling—can you help me with that?"</li> <li>"I'm here if you want to talk or need support."</li> <li>"I'm really glad you shared that with me."</li> <li>"How are you feeling today?"</li> <li>"I noticed you've been quieter than usual—everything okay?"</li> </ul>
<b>Role Modelling</b> Model the behaviours we expect from students.	<ul style="list-style-type: none"> <li>Demonstrate calmness, respect, empathy, and emotional regulation.</li> <li>Use respectful language and tone at all times.</li> <li>Handle conflict and stress in ways that teach constructive responses.</li> <li>Be punctual, prepared, and professional.</li> <li>Remember that, as staff members, we are modelling at <u>all</u> times.</li> </ul>	<ul style="list-style-type: none"> <li>"I'm feeling a bit stressed, so I'm going to take a moment to breathe—want to join me?"</li> <li>"Let's work through this calmly together."</li> <li>"I'm choosing respectful words because that helps us solve things."</li> <li>"It's okay to feel overwhelmed—let's find a way to manage it."</li> </ul>
<b>Consistency</b> Apply expectations fairly and predictably.	<ul style="list-style-type: none"> <li>Use shared language and agreed routines across all settings.</li> <li>Respond to behaviour in line with the Behaviour Policy.</li> <li>Avoid personal bias; ensure all students experience fairness.</li> <li>Maintain predictable boundaries and follow through on commitments.</li> </ul>	<ul style="list-style-type: none"> <li>"We use the same expectations in all spaces—it helps everyone feel safe."</li> <li>"Let's stick to our agreed way of doing this—it works well for us."</li> <li>"This is how we do it here—let me remind you."</li> <li>"We're all learning together, and we follow the same rules."</li> </ul>

<p><b>Routines</b> Establish and rehearse clear routines.</p>	<ul style="list-style-type: none"> <li>• Teach and practice routines for entering/exiting classrooms, transitions, and communal spaces.</li> <li>• Use visual cues and verbal prompts to support understanding.</li> <li>• Reinforce routines regularly to build confidence and reduce anxiety.</li> <li>• Adapt routines for individual needs where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• “Let’s go over the steps together before we start.”</li> <li>• “What’s our plan for moving between rooms today?”</li> <li>• “Would you like a visual reminder or checklist?”</li> <li>• “Let’s practice that again so it feels more familiar.”</li> </ul>
<p><b>Prioritising Valued Behaviour</b> Focus on reinforcing desired behaviours.</p>	<ul style="list-style-type: none"> <li>• Recognise and celebrate kindness, effort, responsibility, and resilience.</li> <li>• Use positive framing (e.g., “We walk calmly in the corridor” vs. “Don’t run”).</li> <li>• Highlight examples of <i>valued behaviour</i> in real time.</li> <li>• Encourage peer recognition of positive actions.</li> </ul>	<ul style="list-style-type: none"> <li>• “I saw you helping someone—that shows real kindness.”</li> <li>• “You kept going even when it was tough—that’s great resilience.”</li> <li>• “You took responsibility for your actions—that’s a mature choice.”</li> <li>• “You showed great focus today—well done.”</li> </ul>
<p><b>Planning Alternatives to Detrimental Behaviour</b> Support students in developing self-regulation strategies.</p>	<ul style="list-style-type: none"> <li>• Help students identify triggers and early warning signs.</li> <li>• Teach and rehearse alternative strategies (e.g., asking for a break, using a regulation tool).</li> <li>• Collaborate with students to create personal regulation plans.</li> <li>• Use restorative conversations to reflect and plan forward.</li> </ul>	<ul style="list-style-type: none"> <li>• “What do you think caused that feeling or reaction?”</li> <li>• “Let’s think about what you could do differently next time.”</li> <li>• “Would using your regulation tool help right now?”</li> <li>• “Let’s make a plan together for when things feel difficult.”</li> </ul>
<p><b>Reward and Positive Reinforcement</b> Reinforce positive behaviour through recognition and rewards.</p>	<ul style="list-style-type: none"> <li>• Use praise that is specific and sincere.</li> <li>• Offer tangible rewards tailored to individual motivators (e.g., privileges, tokens, certificates).</li> <li>• Celebrate progress, not just perfection.</li> <li>• Ensure rewards are inclusive and equitable.</li> </ul>	<ul style="list-style-type: none"> <li>• “You’ve earned this recognition because of your effort and attitude.”</li> <li>• “Let’s celebrate your progress—what kind of reward would feel meaningful to you?”</li> <li>• “You’ve worked hard—how would you like to be acknowledged?”</li> <li>• “I’m proud of how you’ve handled that situation.”</li> </ul>

<p><b>Feedback and Recognition</b> Provide meaningful and timely feedback.</p>	<ul style="list-style-type: none"> <li>• Focus feedback on effort, impact, and growth.</li> <li>• Use “I noticed...” statements to highlight positive actions.</li> <li>• Recognise contributions publicly and privately.</li> <li>• Encourage self-reflection and peer feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• “I noticed you stayed focused and supported your peers—great teamwork.”</li> <li>• “Your actions made a positive impact—thank you.”</li> <li>• “You’ve grown in how you manage challenges—well done.”</li> <li>• “That was a thoughtful and respectful choice.”</li> </ul>
<p><b>Comfort and Forgiveness</b> Respond to mistakes with compassion and support.</p>	<ul style="list-style-type: none"> <li>• Acknowledge that mistakes are part of learning.</li> <li>• Support students to repair harm and restore relationships.</li> <li>• Reinforce the message that relationships are resilient, and mistakes do not define a person.</li> <li>• Model forgiveness and emotional recovery.</li> </ul>	<ul style="list-style-type: none"> <li>• “Everyone makes mistakes—what matters is how we learn from them.”</li> <li>• “Let’s talk about how to make things right and move forward.”</li> <li>• “You’re still valued and respected, even when things go wrong.”</li> <li>• “We can repair this together—relationships are strong here.”</li> </ul>

## Appendix 5: R.E.S.E.T Model Toolkit and Scripted Examples

Example/Context: A student overwhelmed by a sudden change in routine	
Step	Scripted example
1. <b>R</b> - Remind	"Just a heads-up — we're still following our Ready, Respectful, Safe expectations. I know changes can feel tricky."
2. <b>E</b> - Explain choices	"You can stay here, and we'll figure it out together or take a short break in the quiet space. Either way, I'll support you."
3. <b>S</b> – Stop and Think	"Let's pause. Something's felt off, hasn't it? I'm here to help you make sense of it."
4. <b>E</b> - Exit and regulate	"Let's step into the pod for a few minutes. You're safe, and we'll come back when you're ready."
5. <b>T</b> – Talk and repair	"You did really well coming back. What helped you feel calmer? What could we do next time a change pops up?"

Example/Context: A student struggling to stay seated during a group task	
Step	Scripted example
1. <b>R</b> - Remind	"Quick reminder — we're aiming to be Ready, Respectful, and Safe. That means staying in our space during group time."
2. <b>E</b> - Explain choices	"You can choose to sit with us and join in or take a short movement break and come back. If you don't choose, I'll help you decide."
3. <b>S</b> – Stop and Think	"Let's pause. I think your body's telling you it needs to move. Let's talk about what helps you focus."
4. <b>E</b> - Exit and regulate	"Let's take a walk to the end of the corridor and back. That might help reset your energy."
5. <b>T</b> – Talk and repair	"You came back really well. What do you think helped? How can we build movement breaks into your day?"

**Example/Context: A student shouting after a disagreement with a peer**

Step	Scripted example
1. <b>R</b> - Remind	"I know that felt unfair — but we still need to be Ready, Respectful, and Safe with our words."
2. <b>E</b> - Explain choices	"You can choose to speak calmly and we'll sort it together, or take a few minutes to cool off. If not, I'll help you take that space."
3. <b>S</b> – Stop and Think	"Let's pause here. I can see you're upset. What do you need right now to feel heard?"
4. <b>E</b> - Exit and regulate	"Let's step outside for a few minutes. You're not in trouble — I just want you to feel okay again."
5. <b>T</b> – Talk and repair	"Thanks for talking it through. What do you think happened between you and [peer]? What could help next time?"

**Example/Context: A student refusing to start a task**

Step	Scripted example
1. <b>R</b> - Remind	"Just a reminder — we're all trying to be Ready, Respectful, and Safe. That means giving things a go, even when they feel hard."
2. <b>E</b> - Explain choices	"You can start with me and I'll help, or take a short break and come back to it. If you don't choose, I'll help you make that call."
3. <b>S</b> – Stop and Think	"Let's pause. I think this task felt too big. Let's break it down together."
4. <b>E</b> - Exit and regulate	"Let's take a few minutes in the calm space. When you're ready, we'll look at the first step only."
5. <b>T</b> – Talk and repair	"You did a great job coming back. What made it easier? How can we make tasks feel less overwhelming?"

## Appendix 6: Restorative Practice Toolkit

### Purpose

To provide staff with a structured, relational framework for facilitating restorative conversations following incidents of *detrimental behaviour*. This toolkit supports emotional regulation, accountability, and relational repair.

### Key Principles of Restorative Practice

- Behaviour is communication.
- Relationships are central to learning and wellbeing.
- Repairing harm is more effective than punishing it.
- All voices matter—students, staff, and peers.
- Emotional safety and dignity must be upheld throughout.

### When to Use Restorative Practice

- After incidents of *detrimental behaviour* (*difficult or dangerous*).
- When relationships have been strained or trust needs rebuilding.
- As part of **educational consequences**.
- Following regulation and reflection time.

### Restorative Question Flow

Use the following flow to guide restorative conversations. Adapt language to suit the student's developmental stage and emotional state.

#### 1. What happened?

- “Can you tell me what happened from your point of view?”
- “What were you thinking at the time?”

#### 2. Who was affected and how?

- “How do you think others felt?”
- “What impact did it have on you or others?”

#### 3. What were you feeling?

- “What were you feeling when that happened?”

- “How are you feeling now?”

**4. What could help resolve things?**

- “What could help repair the situation?”
- “Is there anything you’d like to say or do?”

**5. What will you do differently next time?**

- “What could you do if this happens again?”
- “What strategies might help you stay regulated?”

**Exemplar Scripts for Common Scenarios**

**Scenario: Verbal conflict between peers**

“I can see that things got heated earlier. Let’s take a moment to talk it through. What happened from your perspective? How do you think [peer] felt? What could help repair things between you two?”

**Scenario: Refusal to follow instructions**

“It looked like you were finding things difficult earlier. Can you help me understand what was going on? What do you think the impact was on the group? What could we do differently next time?”

**Scenario: Unsafe behaviour during break**

“I noticed you were struggling to stay safe outside. What was happening for you at that moment? How did it affect others around you? What can we do to help you feel safer next time?”

**Scenario: Damage to property**

“Let’s talk about what happened with the equipment. What led up to that moment? How do you feel about it now? What could help resolve things?”

**Restorative Practice Do’s and Don’ts**

Do	Don’t
Use calm, non-judgmental language	Use accusatory or punitive tone
Allow time for regulation before conversation	Rush into the conversation while dysregulated
Focus on feelings, impact, and repair	Focus solely on rules or consequences
Involve all affected parties where appropriate	Isolate the student or ignore peer perspectives
Record outcomes factually and sensitively	Include personal opinions or assumptions

# Appendix 7: Provision Review Protocol

## Purpose

To support staff in navigating a structured, relational process when a student's behaviour or needs may suggest that the current provision is no longer the best fit. This protocol enables collaborative reflection with families and professionals, while ensuring that decisions are guided by the college's overarching responsibility to safeguard wellbeing, uphold therapeutic practice, and maintain a safe and inclusive environment for all.

## When to Initiate

A Provision Review may be initiated by SLT when:

- There is persistent unsafe behaviour despite graduated support
- Behaviour is unpredictable, unmanageable, or poses ongoing risk
- There is professional concern that the provision cannot reasonably meet the student's therapeutic, educational, or relational needs

## Steps

### 1. Trigger Point Identification

- Staff log concerns via the Behaviour Support Plan review notes or behaviour reflections
- Concerns are triaged by SLT, who determine whether a formal review is warranted

### 2. Initial Review Meeting

- Convened by SLT with relevant staff (e.g. form teacher, therapist, DSL)
- Review behaviour history, support strategies, Behaviour Support Plan status, and student voice
- Assess whether further internal adjustments are viable within the scope of the provision

### 3. Family Communication

- A transparent, supportive conversation is held with parents/carers
- College shares concerns, outlines support history, and explains the review process
- Families are invited to contribute reflections and relevant context

### 4. Multi-Agency Consultation (if appropriate)

- External professionals (e.g., SEND caseworker, EP, CAMHS) may be consulted
- Their input informs the college's understanding of the student's broader needs
- Final decisions remain the responsibility of the college

### 5. Decision Point

- SLT determine whether:
  - The provision can be reasonably adapted further
  - Temporary alternative arrangements are needed
  - A transition to a different setting is in the student's best interest

- Decisions are based on cumulative evidence, professional judgement, and the college's capacity to meet need safely and effectively

#### **6. Transition Planning**

- If a change of provision is agreed, SLT lead the development of a transition plan
- The plan is co-created with family and professionals to ensure dignity, continuity, and emotional support for the student
- The college retains oversight of the process and timeline

#### **7. Staff Debrief and Reflection**

- A reflective space is offered for staff to share impact, recalibrate support systems, and uphold relational safety across the community

## Appendix 8: Legal References

This policy aligns with the following legislation and statutory guidance:

- Education Act 2002
- Equality Act 2010
- Children and Families Act 2014
- SEND Code of Practice (2015)
- DfE Guidance: Behaviour in Schools (2022)
- Keeping Children Safe in Education (KCSIE, 2025)
- Mental Health and Behaviour in Schools (2018)
- Restrictive Interventions, including Use of Reasonable Force in Schools (DfE, April 2026)
- Schools (Recording and Reporting of Seclusion and Restraint) (No. 2) (England) Regulations 2025
- Education and Inspections Act 2006, Sections 93 and 93A

## Appendix 9: Appeals and Complaints Procedure

### Appeals and Complaints Procedure

Students and parents/carers have the right to appeal decisions related to behaviour interventions, exclusions, or other disciplinary actions.

Appeals should be submitted in writing to the Headteacher within 10 working days of the decision.

If unresolved, the complaint may be escalated to the Local Advisory Committee in accordance with Hope Trust's Complaints Policy.

## Appendix 10: Data Protection and Confidentiality

### Data Protection and Confidentiality




All behaviour records are stored securely in line with the Data Protection Act 2018 and UK GDPR.




Access to behaviour data is restricted to relevant staff members and is used solely for safeguarding, support, and monitoring purposes.

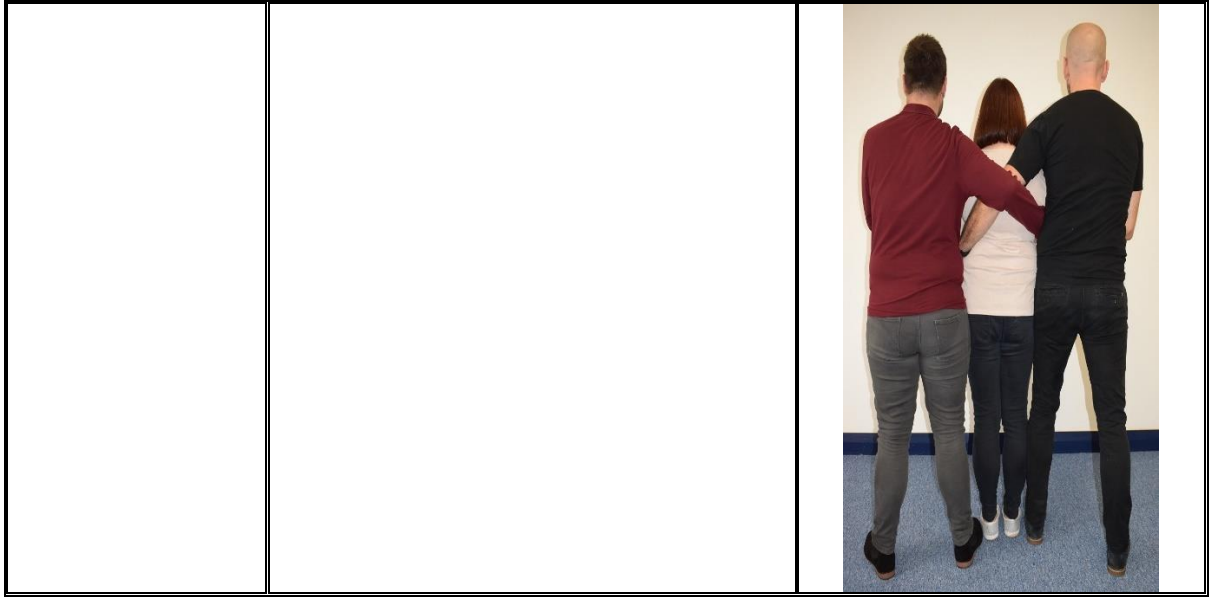
Parents/carers may request access to their child's behaviour records through a Subject Access Request.

# Appendix 11: Therapeutic Thinking ‘Step On’

Staff training within Therapeutic Thinking reflects current statutory expectations relating to reasonable force and restrictive interventions, with a strong emphasis on prevention, proportionality, safeguarding responsibilities, and the minimisation of restrictive practice wherever possible.

<p><b>Offering an Arm (guiding/escorting)</b></p>	<p>To support, guide or escort</p> <ul style="list-style-type: none"> <li>• Stance</li> <li>• Hip to hip</li> <li>• Arm is offered – explicit teaching</li> <li>• Student accepts the invite</li> <li>• Communicate intention</li> <li>• Draw elbow in for extra security</li> </ul>	
<p><b>Supportive Hug (guiding/escorting)</b></p>	<p>To support, guide or escort or to communicate comfort or celebration</p> <ul style="list-style-type: none"> <li>• Stance</li> <li>• Hip to hip</li> <li>• Closed mittens around each shoulder</li> <li>• Communicate intention consider de-escalation script</li> </ul>	
<p><b>Supportive Arm (physical restrictive intervention)</b></p>	<p>To support, guide or escort</p> <ul style="list-style-type: none"> <li>• Stance</li> <li>• Maintain penguin shape</li> <li>• Hip to hip</li> <li>• Closed mittens above or around each elbow</li> <li>• Communicate intention, consider de-escalation script</li> </ul>	

<p><b>Open Mitten Guide</b> (single person or paired) (guiding/escorting)</p>	<p>To support, guide, escort, or protect, used to move a student away.</p> <ul style="list-style-type: none"> <li>• Stance L shape</li> <li>• Maintain penguin shape</li> <li>• Palm parallel to the floor</li> <li>• Staff positioned behind with extended arm to protect</li> <li>• Communicate intention, consider de-escalation script</li> </ul>	
<p><b>Open Mitten Escort</b> (guiding/escorting)</p>	<p>To support, guide or escort</p> <ul style="list-style-type: none"> <li>• Stance</li> <li>• Hip to hip</li> <li>• Open mittens above each elbow</li> <li>• Palms parallel to floor</li> <li>• Nudge</li> <li>• Communicate intention, consider de-escalation script</li> </ul>	
<p><b>Open Mitten Escort – Paired</b></p>	<p>To support, guide or escort</p> <ul style="list-style-type: none"> <li>• Stance</li> <li>• Hip to hip</li> <li>• Open mittens above each elbow</li> <li>• Palms parallel to floor</li> <li>• Nudge</li> <li>• Communicate intention, consider de-escalation script</li> </ul>	



## Appendix 12: Market Field College, LIFE Provision

### 12.1 MFC LIFE

While physical intervention and restrictive physical intervention is not common practice across the main college setting, the MFC LIFE provision, based at a small satellite centre in Elmstead Market, operates with a different student demographic. As such, behaviour may present differently and may, at times, require a more responsive approach.

To ensure staff are equipped to manage this safely and therapeutically, all staff working within MFC LIFE receive Therapeutic Thinking's 'Step Up' training—an enhanced level of training beyond the standard 'Step On' programme.

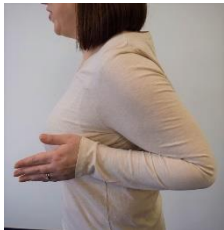
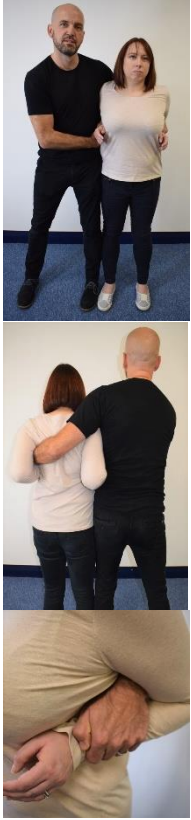

This training provides staff with:

- Advanced knowledge of behaviour as communication and how to respond with empathy and structure.
- Specialist strategies for managing high-risk or complex behaviours safely and therapeutically.
- Enhanced skills in using physical intervention only when absolutely necessary and in line with legal and ethical guidance.
- Deeper understanding of risk assessment, planning, and review processes to reduce the need for intervention over time.
- Reflective practice tools to support ongoing professional development and team-based problem-solving.

The use of physical intervention within MFC LIFE remains a last resort, always guided by Therapeutic Thinking principles, and is subject to the same expectations for recording, reporting, and parental communication as outlined in the main policy.

Restrictive physical intervention holds must only be used by staff who have completed Step Up advanced training.

## Step Up – Restrictive Physical Intervention

<p><b>Elbow tuck</b></p>	<p>Elbow tuck describes the shape of the young person (YP) being held.</p> <ul style="list-style-type: none"> <li>Arms held beside the YP not around the YP</li> <li>Forearms parallel to the floor</li> <li>YP's elbows drawn back</li> <li>Shoulders in a natural position (no lift)</li> </ul>	
<p><b>Elbow tuck – lone worker</b></p>	<p>Elbow tuck lone worker should be used only where staff have a weight and height advantage and only where the assistance of another adult is not possible.</p> <ul style="list-style-type: none"> <li>Stance</li> <li>Hips to hip, slightly behind</li> <li>Elbows tucked</li> </ul> <ol style="list-style-type: none"> <li>Far hand closed mitten</li> <li>Near hand open mitten, thumb on top</li> </ol> <ul style="list-style-type: none"> <li>YP shape</li> <li>Adult shape</li> <li>Nudge</li> <li>Communication intention, consider de-escalation script</li> </ul>	
<p><b>Elbow tuck – figure of four</b></p>	<p>Elbow tuck figure of four is extremely versatile and has high social validity. It is predominately to control arm movement but can also be used for coaching and damping of movement.</p> <ul style="list-style-type: none"> <li>Stance</li> <li>Hip to hip, slightly behind</li> <li>Elbows tucked</li> </ul> <ol style="list-style-type: none"> <li>Both hands thumb on top</li> <li>Inside hand goes over YP's arm and holds onto own arm</li> </ol> <ul style="list-style-type: none"> <li>YP shape</li> <li>Adult shape</li> <li>Communicates intention, consider de-escalation script</li> </ul>	

**Elbow tuck – braced**

Elbow tuck braced is the most secure of the elbow tucks and as such has lower social validity. It should be used where the mobility and hip movement means that elbow tuck – figure of 4 would fail to keep the situation safe

- Stance A shape
- Hips to hip, slightly behind
- Elbows tucked
  1. Far hand closed mitten
  2. Near hand open mitten, thumb on top
- CYP shape
- Adult shape
- Nudge
- Communicate intention, consider de-escalation script



## 12.2 Responding to Unforeseeable and High-Risk Situations

While the college expects staff working within MFC LIFE to use recognised, taught approaches wherever possible, it is acknowledged that exceptional situations may arise in which behaviour escalates rapidly and becomes unforeseeable, particularly given the age, physical size, and strength of some learners aged 16–19.

In such circumstances, the immediate priority is safety. If a student is highly dysregulated and presents an immediate risk of harm to themselves or others, staff may be required to respond in ways that are reasonable and proportionate to the presenting risk, even where this does not align precisely with a named or rehearsed hold. Any such response must be:

- used only to prevent immediate harm,
- applied for the shortest time possible,
- involve the least amount of force necessary, and
- cease as soon as the risk reduces.

These situations are not planned practice and do not replace trained approaches. Rather, they reflect the reality that dynamic, high-risk incidents cannot always be predicted or contained within pre-defined techniques, particularly where there is a significant disparity in physical size or strength between staff and students.

Where additional protective or defensive approaches are used in the moment to maintain safety, this will be treated as an unforeseeable incident, reviewed carefully by senior leaders, and used to inform future planning, training needs, and risk management. Any such incident will be recorded and reported fully, with transparency and reflection, in line with statutory guidance and college procedures.

Where patterns of significant risk indicate that existing training may not be sufficient to manage foreseeable harm safely, the college will consider the appropriateness of additional specialist training or protective strategies, informed by expert advice and risk assessment.

## Appendix 13a: Record of Restrictive Intervention

Student name:	Date:
Staff member reporting:	Location:
Approximate time of the incident:	Other staff present:
<b>1. What was happening immediately before the incident? Were there any known triggers?</b> <i>(do not include names of other students)</i>	
<b>2. Strategies used prior to intervention:</b>	<b>3. Reason for Restrictive Intervention</b>
<input type="checkbox"/> Rapid escalation – no opportunity to use strategies prior to intervention <input type="checkbox"/> Calm verbal support <input type="checkbox"/> Redirecting / distraction <input type="checkbox"/> Time and space offered (supported separation) <input type="checkbox"/> Support from another adult <input type="checkbox"/> Other (please specify)	Tick all that apply: <input type="checkbox"/> Prevent harm to the student <input type="checkbox"/> Prevent harm to other students <input type="checkbox"/> Prevent harm to staff <input type="checkbox"/> Prevent serious damage to property <input type="checkbox"/> Prevent significant distress or disorder <input type="checkbox"/> Other (please specify):
<b>4. Type of Intervention Used</b>	
<b>A. Restrictive physical intervention ‘Step On’ (staff training framework)</b> <input type="checkbox"/> Supportive arm	<b>B. Restrictive physical intervention ‘Step Up’ (advanced staff training framework)</b> <input type="checkbox"/> Lone worker elbow tuck <input type="checkbox"/> Elbow tuck figure of four <input type="checkbox"/> Braced elbow tuck
<b>C. Restrictive physical intervention</b> <input type="checkbox"/> Other (Please describe)	<b>D. Non-physical restrictive intervention</b> <input type="checkbox"/> Seclusion <input type="checkbox"/> Other (Please describe)
<b>5. Brief description of how the intervention was applied (including timings)</b>	

**6. If applicable, what level of force was applied?**

- Low – Light contact, holding to reassure or guide movement
- Moderate – Sustained hold or restriction of movement to prevent harm
- High – Firm hold or restriction required to manage immediate risk

**7. Seclusion (complete ONLY if used)**

How was the student prevented from leaving?

- Physical obstruction / blocking
- Student believed they could not leave

How was the student monitored and supported during seclusion?

What indicated that the student was ready to leave?

**8. Student Response and Outcome**

How did the student respond during the intervention?

How did the incident end?

**9. Injuries or physical complaints**

Were there any injuries or physical complaints?

- No
- Yes – Student
- Yes – Staff

If yes, give details and actions taken (first aid, medical attention):

**10. Post-Incident Support**

Support provided to student after the incident:  
Support provided to staff after the incident:  
Debrief completed?  Yes  No  
Date and by whom:

**Signatures**

Staff member completing form:

Date:

## Appendix 13b: Staff Guidance for Completing the Record of Restrictive Intervention

### General principles

- Record **factually and objectively** – describe what happened, not opinions or assumptions
- Focus on **what happened in practice**, not intention
- Use **approximate times** where incidents escalate rapidly
- Recording is **protective and supportive**, not punitive
- When unsure, **record and speak to SLT**

### Student / Staff / Location / Time

#### Student name / Staff reporting / Other staff present

- Include only staff **directly involved or present**
- Do **not include names of other students**

#### Approximate time of incident

- Use best estimates where exact timings are not possible
- If the incident unfolded rapidly, this should be reflected later in the form

### What was happening immediately before and during the incident?

Use this box to:

- Describe **what you observed**, not inferred motives
- Include any **known triggers** *if known at the time*
- Describe whether behaviour escalated suddenly or gradually
- Avoid judgemental language (e.g. “refused”)

#### ✓ prompts for staff:

- What did you see or hear?
- Was this linked to a change, demand, peer interaction, or unknown trigger?
- Did this feel foreseeable or sudden?

### Strategies used prior to intervention

Tick all that apply.

- Only tick strategies that were **genuinely used**
- If behaviour escalated suddenly, select:
  - **Rapid escalation – no opportunity to use strategies prior to intervention**
- This aligns with **unforeseeable behaviour** and should be recorded clearly

### Reason for restrictive intervention

Tick all that apply and ensure this reflects **immediate risk**, not behaviour management.

#### ✓ Appropriate reasons include:

- Preventing harm (to student, others, or staff)
- Preventing serious damage or disorder
- Managing immediate safety risk

#### X Do not frame in terms of:

- Compliance
- Task completion
- Sanctions or consequences

### Type of intervention used

- Tick the **specific intervention(s)** used

- If “Other”, describe clearly and plainly
- Only record **what actually occurred**

✓ Reminder:

- Restrictive intervention is defined by **its effect**, not staff intent

---

### **Brief description of how the intervention was applied (including timings)**

Use this as a **clear, chronological account**.

Please include:

- **Approximate start and finish times**
- Any **release and reapplication** of contact (if a restrictive physical intervention)
- Changes in presentation (de-escalation / re-escalation)
- When and why the intervention stopped

✓ Keep this as **one continuous narrative**, even if there were phases.

---

### **Level of force applied (if applicable)**

- Select the option that best reflects the **highest level used**
- Base this on **effect**, not your intention
- If unsure, seek SLT guidance

---

### **Seclusion (complete only if used)**

Only complete this section if:

- The student was **prevented from leaving**, or
- Reasonably believed they were **not allowed to leave**

Include:

- How leaving was prevented or perceived
- How the student was supervised and supported
- What indicated readiness to leave

---

### **Student response and outcome**

Describe:

- How the student responded **during** intervention
- How the incident **ended**
- What helped regulation or resolution

Avoid:

- Attributing blame
- Over-interpreting motivation

---

### **Injuries or physical complaints**

- Record **all reports**, even if minor
- Include actions taken (first aid, medical check)
- This is part of safeguarding, not accountability

---

### **Post-incident support**

Include support provided to:

- **Student** (regulation, reassurance, reflection)
- **Staff** (check-in, debrief, supervision)

Record:

- Whether a debrief took place
- Date and who facilitated it

---

### **Final reminder for staff**

- Complete the form **as soon as practicable**, ideally the same day
- Inform **SLT** as required
- Recording supports **student safety, staff protection, and organisational learning**

# Appendix 14: Demonstrating Freedom to Leave – Staff Practice Guidance

## Why this matters

Supportive separation is only lawful and non-restrictive if a student is:

- free to leave, and
- knows they are free to leave.

For students with SEND, this cannot be assumed from compliance or calm behaviour. Knowing must be demonstrated through staff actions.

## Key principle

A student knowing they can leave is shown by what staff do, not by what the student doesn't do.

### 1 Say it clearly

Tell the student, in accessible language:

- “You’re not in trouble.”
- “This space is to help you calm.”
- “You can leave if you want to.”

✓ Use simple language

✓ Repeat if needed

✓ Keep tone calm and non-directive

*Silence or vague reassurance can create uncertainty.*

### 2 Show it accessibly (SEND-aware)

If a student:

- struggles with verbal processing,
- becomes non-verbal when dysregulated, uses visuals or alternative communication

also use:

- gestures towards the door,
- visual cues,
- familiar scripts or agreed prompts.

*Verbal explanation alone may not be enough.*

### 3 Check the environment

Ask:

*What does the room communicate?*

*Positioning can communicate restriction even without words.*

Supportive separation requires:

- Door **not locked or blocked**
- Staff **not positioned between student and exit**
- Open, non-controlling body language

### 4 Don't rely on compliance

Do **not** assume understanding because:




- the student sat down,
- the student stayed quietly,
- the student didn't try to leave.

Some students freeze, comply, or avoid conflict when distressed.

### Quick staff check (use in the moment)

Ask yourself:


**“If this student wanted to leave right now, have I made it clear — in a way they can understand — that they could?”**

-  If **yes** → supportive separation remains appropriate
-  If **not sure** → adjust language/positioning immediately
-  If **no** → risk of seclusion threshold being met

### When it becomes seclusion

Treat the situation as **seclusion** if:

- the student is prevented from leaving,
- staff actions restrict movement,
- the student could reasonably believe they are not allowed to leave.

 Record and report in line with guidance.

### Remember

- Freedom must be **actively demonstrated**
- SEN requires **reasonable adjustments in communication**
- When unsure: **record, reflect, and seek guidance**
- Recording is **protective**, not punitive.