St Hugh's School

Positive 'Crisis' behavioural Management Strategies

Reviewed autumn 2026

next review autumn 2027

At St Hugh's, we have a structured system of support known as the Stages of Support. These are broken down into three stages and align with the school Positive Behaviour Support Plans (PBSP) for identified students. These stages and the relevant training for each stage are explained in appendix 1.

All staff receive bespoke behaviour training relating to St Hugh's which is delivered annually. Staff supporting in stage 2 and 3 receive Team Teach training annually. Supporting strategies for staff are made clear on a student's positive behaviour support plan (PBSP). This is part of our graduated approach we have, to support behaviours within school.

All staff have a duty of care and in an exceptional case can use reasonable force that is deemed reasonable, proportionate and necessary to support a young person where there is a significant risk. However, with the structures in place at St Hugh's s, requirements of such practice should rarely happen.

'Staff need to know what they are expected to do when faced with a control loss situation, where diffusion and de-escalation skills have not worked and where the child is likely to present a significant risk, through hazardous behaviour, to attack themselves, another child, staff, self injure or seriously damage property. Whilst the school does not have a 'zero tolerance' approach and restraint is permissible, our starting point should always be the rights, needs and safety of the child (and other children and adults present).

Trained staff can use techniques and methods that are supported by the Team Teach tutors and that provide the minimum possible risk of injury to both staff and children'. These are strategies and techniques that are learnt through the completion of the annual Team Teach training programme.

Regular updates/reviews/Team Teach drop-in sessions are held throughout the year to keep staff's training up to date. As a school, we review the use of any restrictions on children's movement. This helps us to understand whether this was the best and/or only way to support this child and keep them safe. Furthermore, as staff we need to know what else has been tried, that the practice is kept under review and that steps are taken to find/move to a less restrictive approach wherever possible, as in many circumstances, a child's needs change over time. Therefore, as practitioners we need to recognise and think about what the least possible restrictions are to keep a child safe.

Restraint is permissible. There will be times when staff feel that they need to intervene physically to keep children safe or to keep staff safe. We expect staff that are trained to be skilled and confident in finding the best ways to keep children safe; ways that promote their rights, respect their dignity and help equip them for the future.

Due to the volatile nature of some students, it may be necessary, in the absolute last resort for staff to use **Restrictive Physical Intervention (RPI)** to ensure the safety of the student. If needed, staff are to escort, guide or hold them to a designated safe area. If staff feel capable and confident with these procedures, they may need to use the techniques taught to help the child to regain composure and reduce the risk of harm.

Staff are expected to:

- Be aware of the volatile nature of some students, where it may be necessary in the absolute last resort to use restrictive physical intervention and follow an individual's PBSP.
- Feel capable and confident with procedures as they may need to use the techniques taught to help the child to regain composure and reduce the risk of harm. The message behind the intervention should be, 'I care enough about you not to let you be out of control'.
- Complete the reporting form with details of the incident.

Appropriate numbers of staff are allocated to exceptional students, to ensure safety for everyone.

A member of staff usually requires support, space, reassurance and guidance following a physical restraint or violent occurrence and incidents are carefully logged to protect everyone involved. All recording is then scrutinised by a senior leader who ensures such incidents have been dealt with appropriately.

All restraints should be logged on the RPI form on CPOMs. Parents/carers (social worker where appropriate) must be contacted, and the details of the conversation also uploaded onto CPOMs.

When staff are evaluating a restraint or a restriction of liberty, the legislation requires staff to consider:

- was this action legal and necessary – for example, was this action taken to prevent a child injuring themselves or someone else or causing serious harm to property or in a school to maintain good order and discipline?
- could this action be considered as 'reasonable' in this particular circumstance? Was it the minimum force necessary? Was it proportionate?

At St Hugh's we believe strongly that a "restraint" used as a force as a punishment is always unlawful to use.

A restraint will always be used as a last resort, as staff are highly skilled in finding better solutions to challenges that they face. As a school we are very aware of the emotional impact that incidents can have on children, including long-term, adverse effects on their mental health.

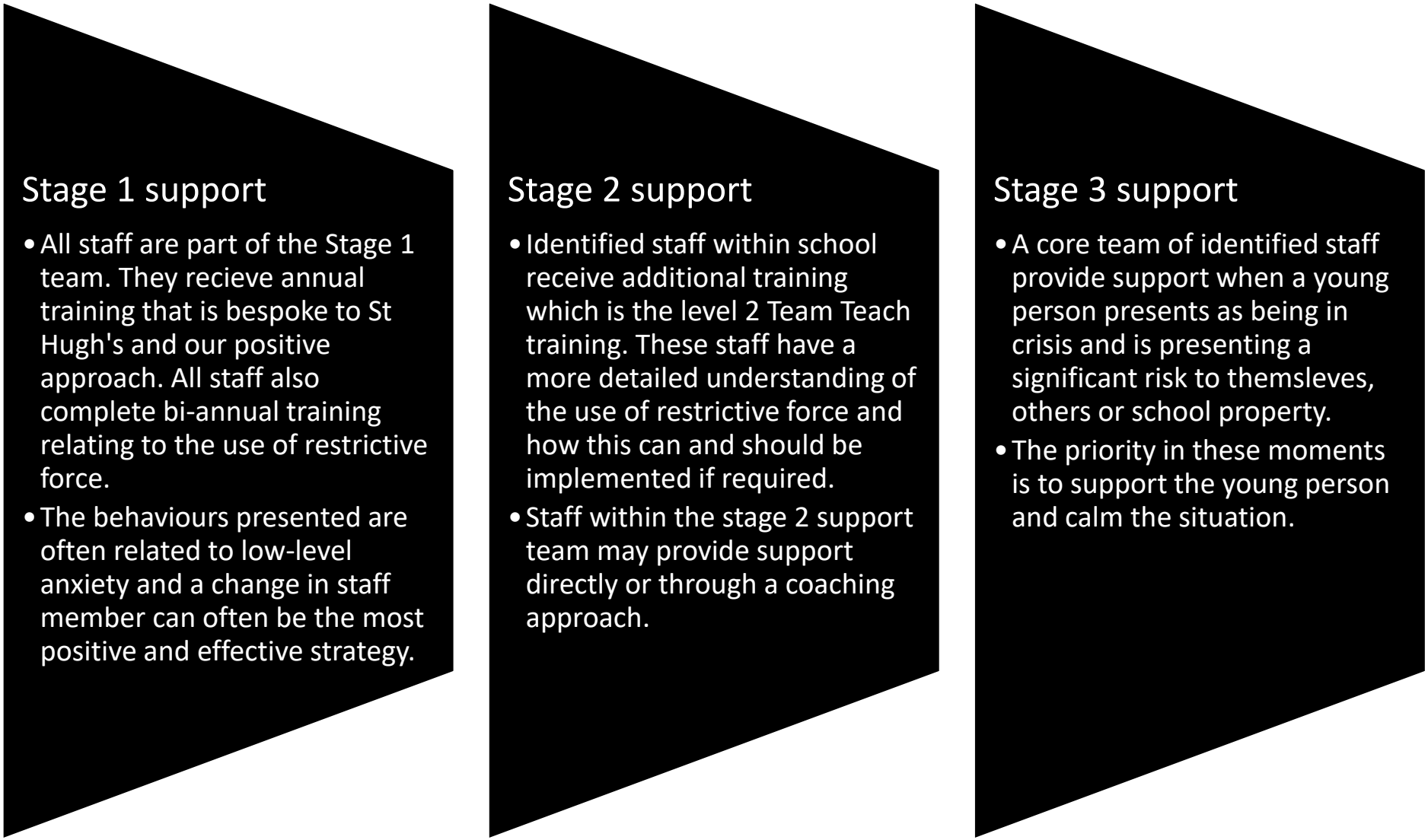
Any incidents that involve the intentional use of equipment to physically restrict children with or without staff being physically present (e.g. beds, a wheelchair, reins

or a safety harness or a seatbelt), will be viewed seriously and investigated thoroughly, following school protocols and procedures.

Please also see:-

- L/A Response to queries raised around the use of physical intervention and restricting movement in schools.
- Team Teach practitioners workbook
- DOL's guidance
- Behaviour policy and statement
- Reducing the need for restraint and restrictive intervention June 2019
- Behaviour in school – Advice for Headteachers and school staff September 2022

Appendix 1



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