

**RUTHERFORD SCHOOL**  
**PUPIL BEHAVIOUR AND BULLYING POLICY**

Rutherford School is aware of the need for schools to demonstrate their commitment to eradicating bullying in the school environment. Due to the complex disabilities our pupils have, it is not currently anticipated that bullying type behaviours would present themselves. However, this will be kept under review as new pupils join the school and all staff are aware of their responsibilities in this area and the key legislation that supports these

There is an expectation that all members of the school community will endeavour to support and promote the following principles and aims;

**1. Promoting Positive Behaviour**

Children and young people with learning difficulties often do not gain an understanding of socially acceptable behaviour as quickly and/or as incidentally as others. It impacts on the pupil's school career, their present and future well-being and that of their families, carers, peers and friends.

We promote positive behaviour through the following practices:

- a) We celebrate pupil achievement by the pupil showing his/her work or new skills to peers and staff in class or assembly.
- b) More formal recognition of achievement is by the award of a Rutherford School Certificate, a copy of which is sent home.
- c) Modelling positive behaviour,
- d) Teaching pupils to communicate in acceptable ways,

**2. Managing Behaviour which Challenges**

Sometimes pupils may engage in behaviour which is inappropriate in a learning situation as it "challenges" the service which we provide. It may range from low-key and non-disruptive self-stimulatory activities, for instance, to more extreme – even violent – outbursts. Reasons for these behaviours are diverse and include communication difficulties, the implications of autistic spectrum disorder, temporal lobe epilepsy and undiagnosed pain.

We seek to manage such behaviour as follows:-

- a) Keeping all pupils safe.
- b) Using **positive** and **consistent** approaches.
- c) Involving parents/guardians/carers in discussions about behaviours causing concern;
- d) Seeking reasons for the behaviour in question with an emphasis on the function it serves for the individual.
- e) Teaching the pupil methods of managing his/her behaviour and **where appropriate** providing him/her with an alternative, more acceptable behavior.
- f) Helping the pupil to understand the consequences of his/her actions and ultimately, where possible, to take responsibility for them within their own level of understanding.
- g) Requesting multi-agency collaboration where solutions. In some instances where a medical cause is found a pharmaceutical possibilities, may need to be pursued.

### **3. The following sanctions are prohibited**

1. Corporal punishment;
2. Deprivation of food and drink;
3. Withholding medical treatment;
4. Any sanction with intent to humiliate or ridicule.

Regular training is provided for staff in managing behaviour, manual handling and positioning and physical intervention.

There are times when staff are given confidential information about a pupil where this impacts on that pupil's behaviour, e.g. changes in home circumstances or medication. This is strictly on a "need to know" basis and is to aid their understanding and support of that pupil.

### **4. Physical Intervention - The use of force (physical intervention) to control or restrain pupils must be avoided wherever possible**

De-escalation of behaviour is always the first approach. Sometimes it is necessary for staff, acting "in loco parentis", to use physical intervention in an unplanned way, for instance, to protect a pupil who is self-harming. Sometimes, however, where a pupil has a pattern of disruptive behaviour which endangers him/her and/or others, causes significant damage to property, then the use of planned physical intervention may be necessary. The use of physical intervention by staff should be seen as part of their duty of care towards those for whom they are responsible and should be the last course of action.

Physical intervention is part of a broad approach and is to be considered as a "last resort" when other strategies have been tried and failed. The physical intervention used must be reasonable and proportional to the circumstances. Staff need to be aware of the physical and medical needs of the students in their class including low bone density and this should be taken in to account before the decision for physical intervention is made.

### **5. It is the responsibility of the Senior Management Team**

- a) To assess the risks to staff and pupils arising from the use of physical interventions,

- b) To monitor safe systems of work,
- c) To ensure staff are adequately trained,
- d) To ensure staff have access to appropriate information about the pupils with whom they are working,
- e) To ensure that the climate of the school encourages a peaceful, calm and non-physically threatening atmosphere/ethos.
- f) To make appropriate resources available for the policy to be fully implemented.

**6. It is the responsibility of all staff**

- a) To be aware of the contents of the Behaviour Policy and follow the guidance it contains,
- b) To follow the behaviour programme of a particular pupil
- c) To act as good, positive role models
- d) To ensure that they contribute to the creation of a safe working environment for all.
- e) To follow the Rutherford code of conduct at all times

**7. It is the responsibility of parents and carers to:**

Full and open discussion of their child's education is offered to parents and guardians and their contributions are valued. If parents have any particular concerns regarding behaviour (or any other matter), they are encouraged to make an appointment to discuss this at the earliest opportunity with any of the senior staff or their child's class teacher.

- a) Ensure they support the creation of a safe, non-oppressive working environment in school,
- b) Support the school behaviour policy,
- c) Act as good, positive role models, AND
- d) As, far as it is possible, to encourage attitudes in their children which avoid the use of physical intervention.

**Jean Simpson, Safeguarding Lead**

**Reviewed February 2020**

**Next Review February 2023**