Positive Behaviour Policy and Procedure

(This is Inclusive of Education and Day Services)

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V4.1	Deborah Archer Alice Hardy Helen Kain	February 2026	Updated in line with DfE Guidance on Restrictive interventions, including use of reasonable force, in schools.
V4.2	Helen Kain	23/04/2026	Update with clear guidance on Post-Incident Safeguarding Response (NEW SECTION)
V4.3	Helen Kain	01/09/2026	Updated for neurodiversity, consent and capacity, restrictive practice, attendance decisions, LAC safeguards, recording and current guidance. Emailed to trustees for review and approval
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Positive Behaviour Policy

This policy outlines the ethos and expectations of Camphill Wakefield regarding student and graduate behaviour. It provides guidance on appropriate intervention, recording and review in line with Positive Behaviour Support (PBS), safeguarding and least-restrictive practice.

This policy applies to students in Education and graduates attending Day Services while on Camphill Wakefield premises, on work or industry placements, during visits and activities, and in other situations where Camphill has responsibility for their support. Staff must follow the legal framework relevant to their setting.

Aim and Rationale
Behaviour is understood as communication. Staff will consider communication, sensory processing, pain, health, trauma, relationships, predictability, demand, culture and unmet need before drawing conclusions about intent.

Neurodivergent communication, movement, regulation, processing and sensory responses are not misconduct merely because they differ from neurotypical expectations. Self-harm, suicidal distress and mental-health crisis are safeguarding and health matters, not disciplinary offences.

Camphill Wakefield believes that emotional, sensory, and psychological regulation is critical for student and graduate success. Our aim is to understand student and graduate behaviour and implement evidence-based strategies to support their needs while promoting positive engagement.

All students at Camphill Wakefield have an Education Health and Care Plan (EHCP) and may present behaviours that challenge due to various needs. Staff are guided by PBS principles, outlined above, to provide appropriate interventions.

Expectations of students and graduates
Staff are expected to communicate calmly and accessibly, allow processing time, understand each person's communication and sensory profile, regulate their own response, reflect on bias, protect dignity and use factual language that does not shame, blame or stigmatise.

Expectations must be applied with reasonable adjustments. A diagnosis is not required before an adjustment can be considered.

Students and graduates are expected to:

- Engage in their timetabled sessions and contribute positively to activities.
- Allow others to learn without disruption.
- Treat staff, peers, and the public with dignity and respect.
- Adhere to health and safety regulations.
- Attend punctually and regularly.
- Refrain from engaging in illegal activities on or off-site.
- Wear their Camphill Wakefield ID while on campus or participating in activities.

PBS is a person-centred, evidence-informed framework that improves quality of life, participation and inclusion while reducing behaviours of concern and the need for restrictive practice. It is not a reward, punishment or behaviour-compliance system.

At admission and review, the Assistant Psychologist and Therapy Team will consider whether a formal PBS plan is beneficial or required. Not every person automatically needs a separate plan. Where required, it must be co-produced as far as possible and reviewed after significant incidents, material change or repeated restriction.

Positive Behaviour Support
Camphill Wakefield manages behaviour in alignment with Positive Behaviour Principles.

- Quality of life – Camphill works to improve each individual's quality of life through inclusion and participation.
- Person centred – we work to understand each individual's circumstances, protected characteristics, experiences and their wider environments and needs. We make reasonable adjustments to accommodate these needs.
- Least restrictive practice – intervention is only used when necessary, the focus being on prevention and de-escalation.
- Minimise harm – Camphill will reduce the risk of harm to the individual and people around them without the use of consequences or punishment.
- Trauma informed - to promote positive relationships we take into account a person's history to understand how their past influences their present to create a safe environment.
- Evidence based – interventions are based on a thorough assessment specific to the individual's needs and their behaviours.
- Collaborative – Camphill works closely with parents/carers to develop strategies to support students and graduates based on their identified needs.

Working with students and graduates with SEND, Camphill Wakefield understand that they may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and other others. Camphill work to assess and identify the underlying triggers of challenging behaviour for students and graduates to provide an inclusive environment. Staff are utilised to work with students and graduates who they know well to identify and manage risk such as trigger points when challenging behaviour is more likely to occur. Proactive strategies are developed to reduce the likelihood of restrictive interventions being used. Examples of strategies that are used at Camphill Wakefield are:

- Removing stimuli that may cause distress.
- Changing body language, facial expression and/or tone of voice.
- Supporting the student/graduate to express their emotions before getting overwhelmed.
- Engaging the student/graduate in an activity which can help them manage their feelings of anxiety.
- Distracting the student/graduate in something that interests them or by introducing familiar objects and activities to redirect their attention.

Every student/graduate has a Positive Behaviour Support plan which identifies triggers and strategies to manage behaviour and staff familiarise themselves with each student's/graduate's plan they work with. Plans are reviewed periodically and following any significant incident so that changes can be made based on evidence of what has worked and what hasn't worked in practice for the student/graduate.

Decisions Affecting Attendance

Camphill Wakefield does not use informal or unofficial absence categories, including “post-incident safeguarding absence”, “reflection day”, “cooling-off day”, compulsory “recovery period” or “risk-based temporary absence”.

Decisions must follow one of the following routes:

1. In-college support
PBS, reasonable adjustments, medical or safeguarding support, environmental changes and voluntary time away may be provided while the person remains in college. Voluntary time away must not be compulsory or punitive, and the person must remain free to return.

2. Formal suspension or exclusion
Where Camphill decides that a student must not attend because of behaviour, safety or risk, the decision must be managed under the Student Suspension, Exclusion and Placement Sustainability Policy. Written reasons, authority, duration, education arrangements, notifications, review and reintegration planning must be provided.

3. Agreed temporary attendance arrangement
A temporary or reduced attendance arrangement may be used only where it is lawfully agreed with the student, parent or carer where relevant, Camphill and the responsible local authority or commissioner. It must be written, time-limited, regularly reviewed and must identify how education and support will continue. It must not be imposed unilaterally by Camphill.

4. Health-related absence
A health-related absence may be recorded where the student, parent or carer, or an appropriate health professional reports or advises that the student is unable to attend. Camphill must not describe a college-directed absence following an incident as illness or medical absence.

No member of staff, including SLT or the Safeguarding Lead, may create or authorise an alternative informal absence category.

For a looked-after child, the social worker and relevant corporate-parent representatives must be informed promptly of any suspension, exclusion or proposed attendance change. The Virtual School Head and Independent Reviewing Officer must be involved where appropriate. The local authority maintaining the EHCP remains responsible for statutory EHCP decisions.

The DfE statutory exclusion guidance directly covers maintained schools, academies and pupil referral units—not Camphill’s post-16 independent specialist setting. Camphill therefore needs one unambiguous internal process linked to its placement, EHCP and contractual arrangements. DfE suspension and exclusion guidance

Safeguarding action can protect a student during and after an incident, but Keeping Children Safe in Education 2026 does not create a separate safeguarding absence category.

Collaboration with parents/carers
For a person aged 18 or over, consent will normally be sought before sharing information with parents or carers. Information may be shared without consent only where there is a lawful safeguarding or other legal basis. Where a person aged 16 or over may lack capacity for a specific decision, staff must follow the Mental Capacity Act 2005 and consider advocacy where required.

Camphill Wakefield believes in a partnership approach between students, staff, and families. Camphill works with parents/carers and professionals in the production of behaviour support plans which outline any adjustments, such as addressing aspects of the college environment which the student finds challenging and ways for the students to communicate their needs effectively. Any positive behaviour strategies that involve restrictive intervention/reasonable force should be developed in consultation with parents/carers and clearly recorded in the PBS plan and other appropriate documentation as required. Behaviour plans are reviewed with parents/carers and relevant professionals periodically and following any significant incident so that appropriate changes can be made.

Parents/carers will be contacted when necessary, regarding attendance, behaviour, or safeguarding concerns.

Positive Handling and Restrictive Physical Interventions (RPI)
Restrictive intervention means an action that restricts a person's movement, liberty or ability to act independently. It is never punishment, behaviour modification, a substitute for adequate staffing or a response to inconvenience. It may be used only under a specific lawful basis, must be necessary and proportionate, and must be the least restrictive option for the shortest possible time.

Emergency protective action requires a lawful basis such as valid consent, common-law necessity or self-defence, or the Mental Capacity Act 2005 where a person aged 16 or over lacks capacity for the particular decision. Any restraint under the Mental Capacity Act must be necessary to prevent harm to that person and proportionate to the likelihood and seriousness of that harm.

Day Services staff must not rely on education-specific powers. Restriction must not amount to an unauthorised deprivation of liberty.

Camphill Wakefield distinguishes between:

- Non-restrictive interventions (e.g., guiding a student/graduate to a safe space).
- Restrictive physical interventions (RPI) (e.g., restraint, escorting a student/graduate for safety).

Physical intervention/reasonable force will only ever be used as a last resort. Staff who are likely to need to use reasonable force and/or other restrictive interventions will be trained in its safe and lawful use and in preventative strategies. Risk assessments are carried out to ensure that staff who regularly work alongside students and graduates where the use of reasonable force and/or other restrictive interventions may be required can do so as safely as possible.

Guidelines for the use of RPI

- Staff will consider whether the use of restrictive interventions is necessary and whether there are other more effective, less restrictive ways to manage a situation. Planned interventions are documented in PBS plans.
- Staff will assess whether a restrictive intervention is likely to successfully reduce the relevant risks, or whether its use would escalate the situation further or cause more harm than the behaviour itself.
- Staff will, where possible, communicate with other staff members to understand any broader risks in the environment.
- Staff will use the least amount of force or least restrictive intervention necessary for the least amount of time required to reduce the relevant risks.
- If a situation escalates staff will reconsider their approach and attempt an alternative strategy.
- Staff will consider the personal circumstances of the individual such as medical conditions, special educational needs or other vulnerabilities.
- Staff will seek to maintain respect for a student's/graduate's dignity, including consideration of the location and environment where any intervention is used.
- Where possible, staff will clearly and calmly communicate to the student/graduate what is happening, why, and explain what the individual needs to do.
- For students with difficulties with speech, language and communication, or with English as an additional language, verbal and/or non-verbal strategies will be used to ensure the individual understands what is happening and has adequate time to process information and respond.
- Staff will seek to understand how the individual is feeling and use this information to determine whether the restrictive intervention should be continued, applied, reduced or stopped.

Use of reasonable force to search students and graduates for prohibited items

The statutory force and search powers in sections 85C and 85AA–85AD of the Further and Higher Education Act 1992 apply only if Camphill is an institution within the further-education sector as defined by that Act and the staff member is authorised. Section 41 approval does not by itself confirm that status. Staff must not rely on these powers until Camphill has written confirmation. Consent and cooperation should be sought wherever possible; where there is an immediate risk from a suspected weapon or harmful substance, make the area safe and contact the police where appropriate

The Executive Directors and staff they authorise have a statutory power to search a student or their possessions where they have reasonable grounds to suspect that the student may have a prohibited item.

Any items classified as drugs, weapons, or contraband will be confiscated in accordance with the Further and Higher Education Act 1992, which grants educational institutions the authority to remove prohibited items.

Injuries During Restraint

Any concern about breathing, loss of consciousness, head injury, severe distress, chest pain or unexpected deterioration requires urgent medical advice or emergency assistance. Injuries, checks and treatment must be recorded under health and safety and safeguarding procedures.

If appropriate, the student/graduate and staff member(s) involve should receive a medical assessment and treatment for any injuries as soon as possible. Details of any injuries will be included in the report of the incident/intervention. In addition, any injuries will be recorded in accordance with Camphill's procedures and reported as appropriate to the Health and Safety Executive.

Other physical contact
Consensual or care-related contact may be appropriate, but staff must explain what they are doing, use the minimum contact required, respect refusal or distress and follow individual plans. Guiding someone to a chosen regulation space is not restraint only where the person is genuinely free to choose, stop and leave.

There are circumstances when it is appropriate for staff to have some physical contact with students/graduates which doesn't give rise to any questions over the use of reasonable force and other restrictive interventions. Examples of occasions when physical contact is generally appropriate include:

- To give first aid
- To guide or escort students/graduates, such as holding the hand of a student/graduate when walking together around the college or on an external visit or when helping a student/graduate to a space they have chosen to access to self-regulate.
- To comfort a distressed student/graduate.
- To congratulate or praise a student/graduate, for example a pat on the back, handshake or high five.
- To demonstrate how to use a musical instrument or piece of equipment.
- To demonstrate exercises or techniques during health and fitness sessions.

Seclusion
Seclusion is prohibited at Camphill Wakefield. A person must not be confined alone and prevented from leaving through locking, blocking, force, intimidation or an implied threat of punishment. A person may voluntarily use a quiet or sensory space provided they remain free to leave and receive the support and observation specified in their plan.

Seclusion is not a deescalation technique and will only be used in special circumstances where there is risk of harm to self or others. When seclusion is used the space to which the individual is confined should be safe and not feel threatening or intimidating to them. While in seclusion the individual should be monitored at all times and as soon as the immediate risk of harm has reduced, the individual should be allowed to leave. In each case, a full debrief will be completed with staff and student/graduate and parents/carers should be notified in writing at the earliest convenience.

Dedicated student/graduate rooms and quiet spaces
Individual plans must identify preferred regulation spaces, access arrangements, supervision and known risks. An unused room must not automatically be treated as safe. Voluntary time away is supportive, not compulsory or punitive, and the person remains free to leave unless a separate lawful emergency intervention is required.

Camphill has a number of dedicated rooms and quiet spaces that are a place for students/graduates to go to for self-regulation. These are spaces to which students/graduates are free to come and go as they wish. These include external walks in

open spaces, use of unused internal spaces, sensory spaces and access to the therapy hub spaces

Exclusions
Suspension or exclusion is a last resort and must follow the separate Student Suspension, Exclusion and Placement Sustainability Policy. The written authority, notification, education arrangements, local-authority involvement, review and reintegration requirements in that policy must be followed. No student may be sent home or prevented from attending through an informal or unofficial process.

- Exclusion is a last resort after all reasonable interventions have been exhausted.
- If exclusion is considered, Local Authorities and external agencies will be involved.
- Final exclusion decisions are made by the Chief Executive Officer after a thorough review.

Reporting & Recording
The duty manager or senior leader notified of an incident is responsible for ensuring parents, carers or representatives and relevant professionals are contacted lawfully and within the required timescale. The DSL or adult safeguarding lead must oversee safeguarding action.

A significant incident, serious injury, prohibited practice, repeated restriction, potential unlawful deprivation of liberty or safeguarding concern must be escalated immediately. Records must include the person's accessible account, the lawful or policy basis, why less restrictive responses were insufficient, notifications, actions, owners and review dates.

Reporting of the use of force
Incidents will be recorded in writing on CPOMS as soon as practicable after the event and no later than the same day. The report will include the following details as a minimum:

- Names of the student/graduate and staff directly involved.
- Any relevant needs or circumstances of the student/graduate.
- Time, date, location and approximate duration of the intervention.
- Brief account of the incident, including what led up to the incident, identified or potential triggers if known, any preventative or de-escalation strategies used, and (where relevant) what type of reasonable force was applied, the degree of force, and details of any physical injuries sustained.
- Brief account of why the use of force was assessed as necessary in that instance.
- Any post-incident support, such as details of any medical treatment for injuries or other adverse impacts.

Additional detail could include witnesses' accounts of what happened, when and how parents were notified and what follow-up has taken place.

Parents/carers will be notified of the incident on the day that it occurred. A telephone call will be made in the first instance and this will be followed up with a written account of the incident. This will apply even if the use of restrictive interventions in certain circumstances is agreed with parents as part of the student's behaviour support plan. All communications home will be made by the Pastoral and Welfare Officers. The following details, as a minimum, will be reported to them:

Commented [DA1]: Who will report to parents?

- Time, date, location and approximate duration of the intervention.

- Brief account of why the intervention was assessed as necessary in that instance.
- Brief account of what type of force was applied, and the degree of force.
- Details of any physical injuries sustained, if applicable.

Parents/carers will be invited to have a follow-up discussion, in person or via Teams, about the incident and where needed behaviour support plans will be updated.

Reporting of the use of non-force related restraint
For restraint incidents that occur without direct physical contact a record of the incident will be made on CPOMS, as soon as is practicable and no later than the same day. The following details will be recorded:

- Names of student/graduate and staff directly involved.
- Time, date and location and approximate duration of the intervention.
- Any relevant needs or circumstances of the student/graduate.
- Brief account of why the intervention was assessed as necessary in that instance.
- Details of any physical injuries sustained, if applicable.
- Any post-incident support, such as details of any medical treatment for injuries or other adverse impacts.

Parents/carers will be notified of the incident on the day that it occurred. A telephone call will be made in the first instance and this will be followed up with a written account of the incident. This will apply even if the use of restrictive interventions in certain circumstances is agreed with parents as part of the student's/graduate's behaviour support plan.

Where appropriate a follow-up discussion will take place with parents about the incident and behaviour support plans will be amended, as needed.

Recording of Decisions Impacting Attendance (NEW)
Where a learner does not attend college as a result of a decision made by the organisation, the following must be recorded on CPOMS:

- Classification of decision
  (e.g. safeguarding response, suspension, other)
- Clear rationale
  including risk, safety considerations, and proportionality
- Duration of decision
  and review point
- Details of communication
  with parents/carers and, where applicable, the Local Authority
- Education access arrangements
  (e.g. work set, contact offered, alternative provision)
- Reintegration plan
  outlining how the learner will be supported to return

Staff and Student Support
All incidents involving the use of restrictive intervention at Camphill Wakefield are evaluated. This takes place as soon as is reasonably practicable after the event to understand why it was used, the impact on the student/graduate and staff, any patterns and trends and how

the use of restrictive interventions might be avoided in future. Behaviour support plans are amended as appropriate.

If appropriate the student/graduate and staff member(s) receive a medical assessment and treatment for any injuries as soon as possible.

A debrief is held to facilitate reflection and learning to foster a culture of continuous improvement and to support student/graduate and staff wellbeing. The purpose of the debrief is to understand what happened during the incident and why, based on reflections from staff involved. This process will be facilitated by a member of staff who was not involved in the incident.

Any students/graduates and staff member who witness an incident of restrictive intervention where a peer may have been injured or become distressed will be provided with appropriate support where necessary.

Training Requirements
Training must also cover neurodiversity, accessible communication, trauma-informed practice, equality, capacity and consent, recording and post-incident support. Lapsed training removes authority for planned intervention but does not prevent proportionate emergency action under a valid lawful basis.

- All new student/graduate-facing staff at Camphill will complete a 3-day PMVA (Prevention and Management of Violence and Aggression) training upon starting their role.
- A yearly refresher training session is carried out by all staff to maintain competency.
- All staff must follow PBS (Positive Behaviour Support) plans, which are updated and reviewed following changes in student and graduate needs.
- Staff with lapsed training are limited to emergency situations only and must not engage in planned interventions until training is refreshed.

Police Involvement
A victim has the right to seek police assistance and must be supported to make an informed decision. Camphill may contact the police or emergency services where necessary to protect life, investigate a suspected offence, secure prohibited items or manage a risk beyond staff authority or capability. Staff must communicate capacity, trauma, safeguarding and reasonable-adjustment needs and record the decision and outcome.

- If a criminal act occurs, the victim has the right to involve the police.
- Camphill Wakefield may report incidents where necessary.
- Police engagement will be managed by the Senior Leadership Team (SLT).

Duty of Care
Duty of care requires reasonable steps to reduce foreseeable harm but does not create a separate power to impose punishment, informal exclusion, seclusion or an otherwise unlawful restriction.

Every adult has a duty of care towards students and graduates, ensuring that known triggers are minimised and planned strategies are in place to mitigate distress. Camphill Wakefield has a duty of care to both students, graduates and staff, requiring proactive steps to reduce foreseeable risks and ensure a safe learning environment.

A duty of care is defined as the legal obligation imposed on an individual requiring them to adhere to a standard of reasonable care while performing any acts that could foreseeably harm others.

In situations involving acute distress, self-harm, or significant dysregulation, duty of care may require short-term adjustments to a learner's attendance where this is necessary to prevent foreseeable harm. Such decisions must:

- Be proportionate and time-limited
- Be based on risk assessment
- Be clearly distinguished from disciplinary action

Compliance with Legal Frameworks
Situations involving acute distress, self-harm, or significant dysregulation, duty of care may require short-term adjustments to a learner's attendance where this is necessary to prevent foreseeable harm.

Such decisions must:

- Be proportionate and time-limited
- Be based on risk assessment
- Be clearly distinguished from disciplinary action

Compliance with Legal Frameworks

- Children and Families Act 2014 and SEND Code of Practice 0–25 years;
- Keeping Children Safe in Education 2026 and Working Together to Safeguard Children 2026;
- Care Act 2014, Mental Capacity Act 2005, Human Rights Act 1998 and Equality Act 2010;
- Further and Higher Education Act 1992 only where the relevant institutional and staff requirements are met; and
- DfE school restrictive-intervention guidance only as relevant good practice, plus DfE/DHSC restraint guidance and NICE NG11.
- Mental Capacity Act (MCA): Ensuring student autonomy in decision-making.
- Further and Higher Education Act 1992: Granting authority to remove prohibited items.
- Education and Inspections Act 2006: Governing the use of reasonable force.
- NICE Guidelines (2015): Best practices for managing behaviours that challenge.
- Health and Safety at Work etc. Act 1974: Assess and manage reasonably foreseeable risks
- Management of Health and Safety at Work Regulations 1999: Preventative measures, consideration of risks from challenging behaviour.

Review
This policy will be reviewed at least annually by the Executive Directors with the Day Services Lead, DSL, Adult Safeguarding Lead and Therapy Team, and reviewed sooner following legal change, serious incident or material practice change.

Camphill Wakefield

Appendices

- Appendix 1 – Definitions/Glossary

Behaviours that Challenge	Any behaviours that interfere with learning. These behaviours may include non-compliance, passivity, task avoidance, aggression or stereotyped behaviours.
Behaviours of concern	Behaviours of concern can be defined as behaviours that indicate a risk to safety or wellbeing of the people who exhibit them or to others. Unless professionals intervene to prevent such behaviours, therefore, they are likely to affect the communal, social or occupational quality of people involved, and may lead to their rights being restricted.
Discipline	Discipline is the practice of making people obey rules or standards of behaviour and punishing them when they do not.
Duty of care	An important legal term that describes the moral obligation that one has to ensure the safety or well-being of others.
Learning Behaviour	The link between the way children and young people learn, their social knowledge and behaviour. It is about developing positive relationships across the three elements of self, others and the curriculum. Learning Behaviour places as much emphasis on teachers and their relationship with children as it applies to the children themselves.
Learning disability	A reduced intellectual ability which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. (Mencap)
Low-level behaviours of concern	Any behaviour that is generally low in terms of its severity, frequency or intensity.
Makaton	Makaton is a language programme using signs & symbols to help people to communicate. It is designed to support spoken language and the signs & symbols are used with speech, in spoken word order.
Pica	The persistent eating of substances that have no nutritional value, such as dirt or leaves.
Positive Behaviour Support	An approach that develops strategies for working with our pupils whose behaviour challenges others or limits their learning. It involves a proactive, assessment-based practice which works collaboratively with parents/carers and multi-agency professionals to create an environment which supports best personal performance.
Proactive strategies	Approaches designed to produce changes in behaviour over time, support individual development and minimise the likelihood of a behaviour occurring.

Punishment	Punishment is defined as any unpleasant consequence that occurs following a behaviour that reduces the likelihood of the behaviour occurring again. Punishment in schools focuses on changing a individual's poor behaviour and it is imposed by adult authority. Research shows that punishment has limited effectiveness for 'discipline' and has serious negative side effects.
Reactive strategies	Planned, thought out approaches that aim to stop a behaviour at the time it occurs.
Reasonable force	A term used in legislation which includes physical restrictive interventions. All members of school staff have the legal power to use reasonable force in limited circumstances. Reasonable means using no more force than is necessary for the least amount of time, the application of which will depend on the circumstances.
Restraint	A term used in legislation referring to a non-disciplinary intervention which immobilises a student or limits their movement. This may or may not include direct physical contact. For example, holding a student's arms to their sides or removing a student's crutches would both be considered forms of restraint.
Restrictive Physical Intervention (RPI)	A means to prevent, restrict, or subdue movement of the body, or part of the body, of a pupil. This guidance uses 'restrictive interventions' as the umbrella term to describe both physical and non-physical actions aimed to restrain pupils in different ways.
Risk Assessment	The identification and evaluation of the severity of risks dependent upon specific decisions and actions. This judgement is then balanced against an assessment of the likelihood of these risks happening.
Seclusion	a non-disciplinary intervention involving keeping a student confined to a place away from others, and preventing them from leaving either by physical obstruction, blocking, or making them believe they will be punished if they try to leave.
Significant incident	Any incident where the use of force goes beyond appropriate physical contact between students and staff as described in 'Other physical contact with students' within this policy. This includes when physical force is used to implement a non-physical restrictive intervention.
Time away	A term used to describe a pupil who is given a break from an activity or setting because they are beginning to show signs of dysregulation. The sole purpose of time-away is to de-escalate signs of dysregulation before they trigger behaviour that is potentially challenging.
Time out	Restricting an individual's access to all positive reinforcements as part of a behaviour programme. Time out should take place within the classroom environment and pupils should be monitored and observed at all times.
Withdrawal	Removing a pupil from a situation which causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities.

Mental Capacity Act and Dynamic Risk Assessments

Camphill Wakefield upholds the Mental Capacity Act's principles, ensuring students receive support to make their own decisions as much as possible. When a individual lacks capacity for specific decisions, best-interest decision-making involves family, advocates, and professionals where needed. Dynamic risk assessments provide flexibility to adapt to changing circumstances while supporting autonomy and safety.

Dynamic risk assessments must inform any decision where:

- A learner's attendance is impacted
- There is a risk of harm following an incident

These assessments must be:

- Clearly recorded
- Reviewed regularly
- Used to inform both immediate response and reintegration planning

Alignment with Post-16 Legislation and the Care Act

The policy aligns with post-16 legislation, recognising requirements unique to students in this age group, and adheres to the Care Act, particularly for those in day services. The Care Act's person-centred care focus ensures students receive support in well-being, community engagement, and independent living, reflecting Camphill's commitment to tailored, inclusive support.

Language and Terminology Guidance

To ensure clarity and compliance, staff must avoid the use of informal or ambiguous terminology when describing decisions impacting attendance.

The following terms must not be used:

- Reflection day
- Cooling off day (without safeguarding context)
- Sent home to reflect
- Approved terminology includes:
- Post-incident safeguarding response
- Recovery period (safeguarding-led)
- Risk-based temporary absence