



DURANTS SCHOOL – POLICY DOCUMENT

Use of Quiet Rooms at Durants School October 2022

*Reviewed & updated: October 2022 (Rachel Carli)
Next review date: October 2023*

Definitions of terms used in this guidance

Quiet Room - a room that offers a pupil an opportunity to calm during the school day.

This policy relates to the use of a room to allow a pupil to calm as safely and effectively as possible.

2. Best Practice for use of Quiet Rooms

There are times when pupils need access to a quiet and calm space. A Quiet Room is a sensory-controlled calming area. The purpose of a Quiet Room is not exclusion or punishment. Rather, it is a space to help children to calm down and to begin to use self-regulation skills.

In the majority of cases the use of a Quiet Room should form part of a pupil's individual positive behaviour support plan, crisis management plan and should be agreed by the school leadership and parents/carers and their agreement recorded. Children and young people should be consulted in accordance with their age and level of understanding.

In optimum circumstances the pupil will choose to access the Quiet Room, sometimes with a prompt from staff or by requesting to do so either verbally or by using a quiet room symbol. In exceptional circumstances when the pupil is unable to make this informed choice, staff may be required to accompany the pupil to the Quiet Room using agreed positive handling strategies, Approach techniques. All staff are trained in the use of Approach techniques. Training is refreshed annually.

The Quiet Room should only be used after in-class strategies have failed to calm the pupil. A decision to use physical intervention to support the pupil in accessing the Quiet Room should be based upon a dynamic risk assessment. In order for a pupil to use a quiet room the following need to be in place;

- A crisis management plan for the individual pupil
- A sanctioning form for the use of restrictive practice, i.e. use of the quiet room
- If neither of the above are present, a quiet room may still be used when it is required to prevent one of the five legally defensible criteria detailed below. In the case of such an event, a member of senior management must be alerted immediately, parents notified and the pupils' individual behaviour plan and/or crises management plan updated in accordance with the school's behaviour policy.
- This policy should be used in conjunction with The Department for Educations Guidance on the use of behaviour management in schools.
- The guidance "Behaviour and discipline in schools; advice for head teachers and school staff".
- The Education & Inspections Act 2006
- Government Guidance 'Use of reasonable force; advice for head teachers, staff and governing bodies
- Government Guidance "Reducing the Need for Restraint and Restrictive Intervention"

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The use of a quiet room is likely to be legally defensible when it is required to prevent one or more of the following

- self-harming
- injury to other pupils, staff or visitors
- damage to property
- an offence being committed and
- in school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils.

In these instances the Quiet Room can be used as a means of

- (a) helping the pupil to manage their own emotional state;
- (b) reducing the danger to staff/pupils and or removing the disruptive behaviour from the body of the school;
- (c) reducing the need for prolonged use of physical intervention.

Staff at Durants are fully aware and competent in communicating effectively with the pupils. This is through use of PECS, Makaton, use of visual cues or verbal communication; this will be included in the positive behaviour support plan.

3. What should be in a Quiet Room?

The Quiet Room is not a teaching room. It is a place of safety and should create a calming environment for the pupil. Lights should be low. Cushions, bean bags could be used for pupils who need to lie down. Soft blankets and covers can be helpful to pupils who like to cover themselves up. In some cases, the school may choose to have soft padding on walls for further protection for pupils who are very agitated. Staff must be able to see the child at all times.

4. Helping pupils to understand how to use the Quiet Room

1. Introduce the Quiet Room in a positive, proactive way that helps the child to understand the benefits that can come from its usage.
2. Explain to the child that the room can be used when she/he becomes aware that she/he is starting to get upset, get worried or get angry. Use language that is simple and positively stated.
3. Explain that the Quiet Room will be for them when they are in it.
4. Staff should avoid entering the Quiet Room unless absolutely necessary, i.e. to keep the child safe, or unless the child has asked the adult to join them in the room.

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5. The Quiet Room should not be used on a 'scheduled' basis. It is meant to be used as and when a child is starting to show signs that they may become upset or demonstrating that they need a break to avoid a critical incident and to regain a sense of calm.
6. The best outcome of using a Quiet Room is when a child learns how to 'self-regulate' independently and is able to calm her/himself down.
7. The Quiet Room needs to be used with a calm and positive approach in order to help reduce anxiety. This means using a planned and sensitive manner to help the child move towards the room and during and after they have spent time there.
8. When introducing the Quiet Room initially, the child should be asked to spend five to ten minutes in there. They can lie down on something comfortable if they want to (e.g. a bean bag, specially provided soft cushions, etc.) or they can stand and move around if they want to. This introduction session should be used in a proactive manner, when the child is calm and receptive, in order to help her/him feel good about being there.
9. Following several sessions when the child has been able to spend time in the room while in a pleasant and quiet frame of mind, the next step is to explain to the child that the Quiet Room will also be available when they need a place to calm down, help them stop worrying or help them to feel less angry.
10. It is important to explain that sometimes a member of staff will suggest that 'this is a good time to use the Quiet Room' or the child themselves may feel that 'this is a good time to use the Quiet Room'.
11. Staff should then be alert to warning signs that the child may need a break and remind the child that this may be a good time to use the Quiet Room.
12. Where the pupil is non-verbal they could be taught to use a break symbol or a quiet room symbol as a strategy for self-regulation.

5. Procedure for the use of the Quiet Room

1. When a member of staff notices that a pupil is becoming anxious or agitated, the pupil should be given reasonable opportunity to calm using the strategies detailed in the school's behaviour policy or in the pupil's individual positive behaviour support plan .
2. If the pupil's behaviour continues to cause concern and is reaching a point where they are affecting other pupils and/or they become a danger to themselves, other pupils or staff, the pupil should be prompted to make 'the right choice' and comply with requests from staff.
3. Other staff should be alerted for support as appropriate.
4. If the pupil continues not to comply, and all other reactive strategies have been exhausted, staff should suggest 'this is a good time to use the Quiet Room'.

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5. If the pupil continues not to comply and, subject to a dynamic risk assessment, one of the five legally defensible criteria (as above) apply, staff may consider it necessary to escort the child to the Quiet Room using an approved physical intervention in line with school policy, Durants 'Guidance on the Use of Physical Intervention' and the law.
6. Once in the Quiet Room and away from the body of the school, staff involved should try to resolve the situation satisfactorily with the child spending the minimum time necessary in the Quiet Room.
7. When the Quiet Room has been used, the incident must be recorded appropriately in line with school policy. (see Appendix 1 Quiet room recording form)
8. While a child is in the Quiet Room, senior staff should ensure that appropriate staffing is available to support the child.

Guidelines for the appropriate procedures when considering the use of a Quiet Room (see appendix 4) will be shared with all members of staff. A copy of this will be kept in each classroom and available so that staff may use it as a prompt to ensure correct procedure is being followed.

At no time should pupils be unsupervised in a Quiet Room. It may be appropriate to allow the child to calm on their own but staff must be able to see the child via a viewing panel.

At no time should pupils be locked in a Quiet Room.

- **If a pupil tries to leave the Quiet Room before they are calm, staff should use low and slow responses to direct the pupil to stay. In extreme cases when the pupil is very angry and unable to process requests, staff may need to implement a dynamic risk assessment (please also refer to Durants 'Guidance on the Use of Physical Intervention' as above). If required the use of the brace off technique may be used for the minimum amount of time to ensure the pupils are safe. This will be supervised and monitored at all times by a member of staff. The pupil will be in this quiet/ safe space for the shortest time possible but will last until s/he is ready to re-join peers. The pupil will only be prevented from leaving the quiet room if staff (including a senior member of staff) judge that his behaviour is likely to lead to physical risk of harm the pupil or others. This will be only as a last resort and in exceptional circumstances. In this situation staff will use Approach Door Bracing Technique to make situation secure.**

If this is likely to be used for the pupil then parents will have signed the pupils positive behaviour support plan, crisis plan and sanctioning form for restrictive practice

This response must be recorded after the event in line with school policy. If this becomes a regular requirement it must be included in the pupil's individual positive behaviour support plan and in the pupils crises management plan. The safeguarding team will meet on a half termly basis to monitor and review individual cases. If as a result of a pupils individual review we can see no progress over time we will review the suitability of their placement at Durants with the Local Authority.

The use of the quiet room is reserved only for exceptional circumstances and as a last resort when other measures to improve behaviour and reduce anxiety have not been productive.

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Appendix 1

Quiet Room Recording Form

Pupil Name (Class) :

Date & Time:

Staff Present:

Member of SLT attending:

Describe the situation and the reason why the safety situation was so significant that the room needed to be secured:

How long was the pupil in the quiet room for?

What action will be taken to avoid a repetition of this situation?

Class Teacher:

Member of SLT:

Date filed in Head teachers office:

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**Appendix 2
Crisis Management Plan**

Name		NHS	
DOB			

Crises Development/Behaviour levels	Staff Attitude /Approaches
1. Anxiety	1.Supportive
2.Defensive	2. Directive
3.Risk Behaviour	3.Physical Intervention
4. Recovery	4. Reconciliation

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Appendix 3

Sanctioning Form for Restrictive practices

Pupil Details

Name	
Address	
Date of Birth	
NHS Number	
Teacher	
Teaching Assistants	
Professionals currently involved with the pupil	
Type of restrictive practice requires	Use of quiet rooms

Details of staff completing this form

Name	Role	Date

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Section 1

Please answer these questions as specifically as possible

1.	What is the presenting problem for which you are considering the use of restrictive practice				
2.	Please indicate the frequency of the presenting problem	RARELY – less than monthly	OCCASIONALLY – 1-4 times in the last month	OFTEN – more than 4 times in the last month	DAILY – once daily or more often
3.	Please indicate the severity of the presenting problem	MILD: No tissue damage/ pain or mild impact on individuals quality of life			
		MODERATE: Superficial scratching/reddening of skin or moderate impact on the pupil’s quality of life.			
		SEVERE: First Aid, but not medical attention, required for tissue damage or severe impact on pupils quality of life			
		VERY SEVERE: Serious tissue damage caused or very severe impact on the persons quality of life			
4.	What previous interventions have been used with the pupil?				
5.	What restrictive practice are you considering using?				
6.	Why are positive practices alone not adequate to support the individual?				
7.	What right of the individual would be restricted?				
8.	What are the views of the individual and/or the family in relation to the proposed restrictive practice?				
9.	How are you proposing to use this restrictive practice?				
10.	List any others who do not require this restrictive practice but who will be subject to it.				

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SECTION2

In order to obtain permission for the use of a restrictive practice, the safeguarding team must be able to tick "Yes" to ALL the questions in this section

		Yes	No	PLEASE EXPAND YOUR ANSWER
1.	Has the pupil and/or family been consulted with regard to the proposed restrictive practice?			
2.	Is the use of this restrictive practice in the best interest of the individual?			
3.	Is the proposed restrictive practice the least intrusive and restrictive practice that could be implemented in the current situation?			
4.	Should the restrictive practice be implemented, will the dignity of the individual be respected?			
5.	Is the current situation unsafe with immediate risk of injury to the individual and others?			
6.	If the behaviour impacts on others, would the implementation of the restrictive practice prevent greater harm to them?			
7.	Have clearly documented previous non-restrictive practices been used?			
8.	Have previous relevant reports/assessments been reviewed?			
9.	Are relevant multi-disciplinary professionals involved in relation to the presenting problem?			
10.	In relation to the cause and maintenance of the behaviour, has the team considered the impact of environmental factors on the target behaviour?			
11.	If the restrictive practice is sanctioned, will the team address the underlying reason for the restrictive practice?			

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12	Would the restrictive practice be used as part of a positive behaviour support plan			
13	Would the individual have support from appropriate professionals in the implementation of this restrictive practice?			
14.	Are staff who would be carrying out this restrictive practice appropriately trained or qualified in the proposed procedures?			
15.	Are the team satisfied to sign off on this restrictive practice?			
16.	Have the safeguarding team sanctioned this restrictive practice in compliance with regard to (Education Act/ Mental Health Act)			
Additional Information/Recommendations				

Have the safeguarding team ticked “yes” to all questions?	Yes	
	No	

Signed by Class Teacher _____ Date _____

Signed by Head of Department _____ Date _____

Please return to Head teacher/Deputy Head teacher

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Name			Intellectual Disability	Mild	
Date of Birth				Moderate	
Gender	Male			Severe	
	Female		Profound		
Diagnosis of Autism	Yes	No	Other Diagnosis	Yes	No
Diagnosis of Mental Illness	Yes		If yes please specify..		
	No				

Type of restrictive practice																				
Rational for restrictive practice																				
Nature of challenging behaviour																				
Where will restrictive practice be implemented																				
Support for restrictive practice from individual/family (where pupil lacks capacity)																				
Number of individuals subject to restrictive practice but who do not require same																				
Occurrence per week	Week 1 -					Week 2 -					Week 3 -					Week 4 -				
	Sessi on 1	Brea k	Sessi on 2	Lun ch	Sessi on 3	Sessi on 1	Bre ak	Sessi on 2	Lun ch	Sessi on 3	Sessi on 1	Bre ak	Sessi on 2	Lun ch	Sessi on 3	Sessi on 1	Brea k	Sessi on 2	Lun ch	Sessi on 3

Reviewed and updated: October 2021 (Rachel Carli)

Next review date: October 2022

Appendix 4 – Quiet Room Guidelines & Procedures

Durants School – Use of Quiet Room Guidelines and Procedures

The Quiet Room should only be used after in-class strategies have failed to calm the pupil and only if it is required to prevent one or more of the five criteria listed below. A decision to use physical intervention to support the pupil in accessing the Quiet Room should be based upon a dynamic risk assessment.

The use of a quiet room is likely to be legally defensible when it is required to prevent:

1. self-harming
2. injury to other pupils, staff or visitors
3. damage to property
4. an offence being committed and
5. in school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils.

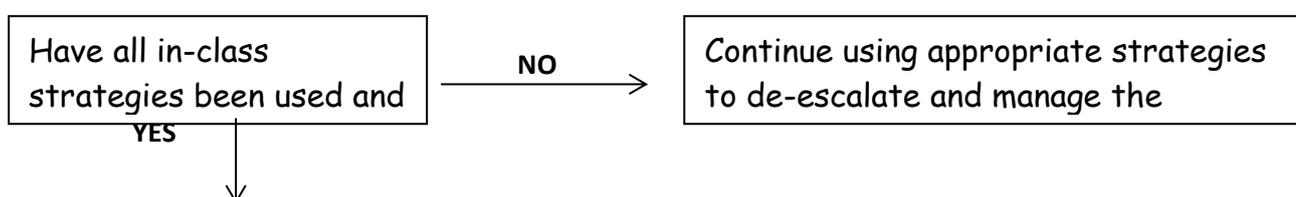
In these instances the Quiet Room can be used as a means of:

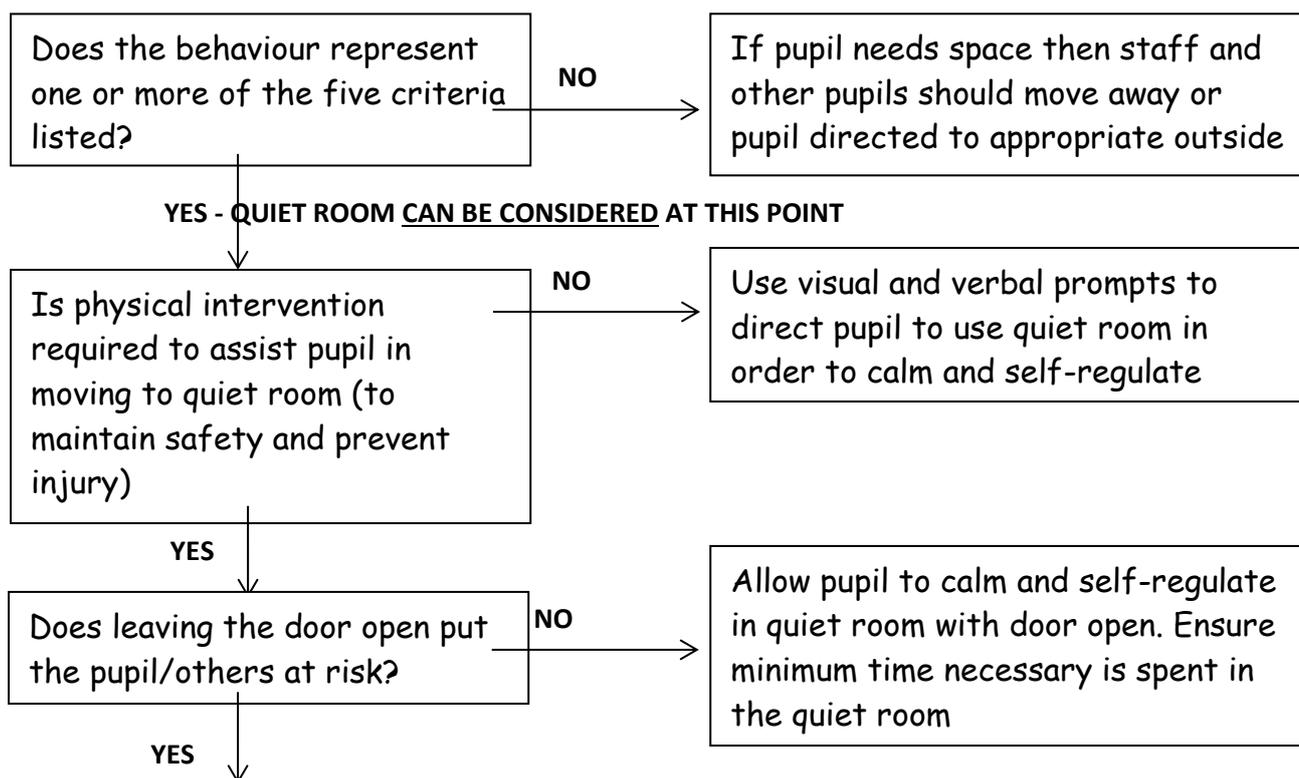
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- (b) reducing the danger to staff/pupils and or removing the disruptive behaviour from the body of the school;
- (c) reducing the need for prolonged use of physical intervention.

Once in the Quiet Room and away from the body of the school, staff involved should try to resolve the situation satisfactorily with the child spending the minimum time necessary in the Quiet Room.

When the Quiet Room has been used, senior staff must be notified and the incident must be recorded appropriately. While a child is in the Quiet Room, senior staff should ensure that appropriate staffing is available to support the child.

BEFORE AND DURING USE OF A QUIET ROOM, STAFF SHOULD CONSIDER:





- If all of the above options have been exhausted and the pupils' behaviour presents with one of the five criteria listed then a quiet room can be secured (**not locked**) with brace off technique to support.
- In this event a member of senior management must be alerted immediately and procedure should be followed so that the door is opened as soon as possible and the quiet room used for the minimum time necessary.
- Use of the quiet room needs to be logged and recorded on each separate occasion.