

## **“CREATIVITY, RESPONSIBILITY, RESPECT, AND HAPPINESS”**

### **BLUE COAT CE VA PRIMARY SCHOOL Positive Handling and Physical Intervention Policy**

Committee responsible for this policy	Resources committee
Policy initially approved by FGB	June 2012
Policy reviewed/amended	19 <sup>th</sup> January 2016; 22 <sup>nd</sup> January 2019
Policy review term	Triennial
Policy due for review	Jan 2022

## **Statement of Intent / Scope of the Policy**

This policy outlines how staff at Blue Coat CEVA Primary School create and maintain good order and relationships through positive approaches. These approaches are successful for the vast majority of the time. This policy on the use of positive handling and restrictive physical interventions supplements the main behaviour policy. Both should be read in conjunction with the school Special Educational Needs policy, the Health & Safety policy, and the Safeguarding policy.

## **Policy Aims**

This policy aims to give all members of the school community clear guidance so that any physical intervention that they undertake is carried out in a way that supports the values and principles described above. In particular, it aims to describe the circumstances in which restrictive physical intervention is an appropriate response and how staff at the school will fulfill their responsibilities in those circumstances.

The Headteacher will be responsible for ensuring that staff, governors and parents are aware of the policy. They will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

## **Physical Contact**

Blue Coat CEVA Primary School believes that physical contact is an essential part of human relationships. It can take many forms, including supporting, comforting, reassuring, relaxing and safeguarding. In our school, adults may well use contact to prompt, to give reassurance or to provide support in PE sessions.

To use contact/physical support successfully, staff will adhere to the following principles. It must:

- be non-abusive, with no intention to cause pain or injury
- be non-sexual and directed away from intimate areas of the child
- be in the best interests of the child and others
- have a clear educational purpose (e.g. to access the curriculum or to improve social relationships)
- take account of gender issues

Staff need to be aware of sensitivities associated with any form of physical contact with pupils. More guidance and advice on physical contact, other than the exercise of the power to use force, is provided by the Education and Inspections Act 2006.

## Physical Intervention

Physical intervention is considered when prevention, distractions and de-escalation strategies have failed. As a school, we define 2 types of physical intervention:

1. **Non-restrictive physical interventions:** as already stated, touch/physical contact is often a small but important and natural part of teacher-pupil relationships in our school.
2. **Restrictive physical interventions:** prevent, impede or restrict movement or mobility. Restraint. To use force to direct.

*Restrictive physical intervention* may be used in 2 scenarios:

- **Emergency/unplanned interventions:** in response to unforeseen events
- **Planned interventions:** in which staff employ, where necessary, pre-arranged strategies and methods which are based on a risk assessment and recorded in an individual plan for the management of a pupil. Staff who employ such strategies need to have completed the Team-Teach 6 hour Foundation positive handling training.

In all circumstances, the principle is 'minimum force for the shortest time'.

## The Use of Physical Intervention and the Law

Section 93 of the Education and Inspections Act 2006 enables school staff to use such force as is reasonable in the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- a) **Committing any offence** (or for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- b) **Causing personal injury to, or damage to the property** of, any person (including the student him/herself); or
- c) **Prejudicing the maintenance of good order and discipline** at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

Within this, the paramount consideration is that the action taken is in the best interest of the child. It must also be 'reasonable, proportionate and necessary'.

## Risk Assessment

The use of a restrictive physical intervention will be the outcome of a professional judgment made by staff on the basis of this school policy. It will be avoided whenever possible and will not be used for staff convenience.

Restrictive physical intervention will only be considered if other behaviour management options have proved ineffective or are judged to be inappropriate, or in an emergency

situation. Before deciding to intervene in this way, staff will weigh up whether the risk of not intervening is greater than the risk of intervening. This will take the form of a dynamic risk assessment which is done in real time. Any actions will be carried out with the child's best interests at heart. ***Physical intervention will never be used to punish a pupil or cause pain, injury or humiliation or for compliance that is not related to the safety of the particular child or others.***

Staff are not expected to intervene physically against their better judgment, nor are they expected to place themselves at unreasonable risk. In such circumstances, they must take steps to minimise risks. For example, by removing other pupils and calling for assistance. **Parents, volunteers and non-employees of the school should defer responsibility to a member of staff if they are placed in a situation where physical intervention is required.**

### **Intervention by Staff**

When a restrictive physical intervention is justified, staff will use 'reasonable force', defined in the 1998 Human Rights Act as being 'no more than absolutely necessary'. This is the degree of force 'warranted by the situation'. It will 'be proportionate to the circumstances of the incident and the consequences it is intended to prevent'. Any force used will always be the minimum needed to achieve the desired result and for the shortest amount of time. Government guidelines on reasonable force in schools are updated annually. The current version can be found at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/444051/Use\\_of\\_reasonable\\_force\\_advice\\_Reviewed\\_July\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf)

During an incident, the member of staff involved will tell the pupil that his or her behaviour may lead to restraint. This will not be used as a threat nor said in a way that could inflame the situation. Staff will not act out of anger or frustration. They will try to adopt a calm, measured approach and maintain communication with the pupil at all times.

### **Restrictive Physical Intervention within Broader Behavioural Planning**

If, through the school's special needs assessment procedures, it is determined that a restrictive physical intervention is likely to be appropriate to help a pupil make progress, a formal written risk assessment will be carried out, following the school's guidelines (see Appendix 1).

If appropriate, an individual positive handling plan will then be drawn up for that pupil (see Appendix 2). This plan will aim to reduce the likelihood of the need for restrictive physical intervention, as well as describe how such intervention will be carried out. This plan will be discussed with parents/carers.

Before the risk assessment is implemented, any necessary training or guidance will be provided for the staff involved. The Headteacher will be responsible for establishing staff needs and for organising necessary training.

### **Actions Following the Use of a Restrictive Physical Intervention**

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After the use of an ***unplanned restrictive physical intervention***, the following steps will be taken:



- All adults involved will immediately record details of the incident on the positive handling incident report form (see Appendix 3).
- Recording will be completed within 12 hours whenever possible. Staff will be offered the opportunity to seek advice from a senior colleague or professional representative when compiling their report.
- Any injuries suffered by those involved will be recorded, following normal school procedures (see school First Aid Policy).
- The Headteacher will check that there is no cause for concern regarding the actions of adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the Headteacher will follow the school's safeguarding procedures and also inform parents/carers (see school Safeguarding Policy).
- Parents/carers will be informed by the Headteacher on the day of the incident. Parents/carers will be offered the opportunity to discuss any concerns that they may have regarding an incident.
- Support/debriefing will be available for adults and pupils who have been involved in any incident involving restrictive physical interventions. Arrangements for recording and informing parents in the case of a planned restrictive intervention will be followed as agreed beforehand, but broadly will follow the same pattern as above.
- The Senior Leadership Team will use the records kept to analyse patterns of behaviour and so decide whether responses are effective. The Headteacher will report this information to the Safeguarding Governor at their regular meetings or as required.
- Records of any restraints will be held for 75 years after the birth date of the child along with a copy of the policy and current guidelines by which the policy was written.

### **Complaints procedure**

Any complaint will first be considered in the light of the school's safeguarding procedures. If safeguarding procedures are not appropriate, the school's complaint procedures will be followed.

### **Cross Referenced:**

Cc: Safeguarding Policy, Behaviour Policy, SEN Policy, Health & Safety Policy, First Aid Policy, Complaints Policy

**APPENDIX 1**

**Proforma for assessing and managing foreseeable risks for children who present challenging behaviours**

Name of child  
 Class  
 Name of Teacher  
 School

**Identification of Risk**

Describe the foreseeable risk	
Is the risk potential or actual?	
List who is affected by the risk	

**Assessment of Risk**

In which situations does the risk usually occur?	
How likely it is that the risk will arise?	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

Assessment completed by .....

Date .....

**Risk Reduction Options**

Measures	Possible Options	Benefits	Drawbacks
Proactive interventions to minimise risk			
Follow up interventions to manage risk			
Reactive interventions to respond to adverse outcomes			

**Agreed Behaviour Management Plan and School Risk Management Strategy**

<b>Focus of measures</b>	<b>Measures to be employed</b>	<b>Level of Risk</b>
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Agreed by: .....

Relationship to Child: .....

Date: .....

**APPENDIX 2**  
**School Positive Handling Plan**

### Positive Handling Plan (PHP)

Name:

Setting:

**TRIGGER Behaviours**

Describe common behaviours/situations which are known to have led to Positive Handling being required. When is such behaviour likely to occur?

**TOPOGRAPHY of Behaviour**

Describe what the behaviour looks and sounds like.

### PREFERRED Supportive and Intervention Strategies

Other ways of CALMING such behaviours. Describe strategies that, where and when possible, should be attempted before positive handling techniques are used.

- |                                |  |
|--------------------------------|--|
| Verbal advice and support      | Distraction (Know key words, objects, likes etc)   |
| Reassurance                    | Take up time                                       |
| CALM talking/stance            | Time Out (requires written plan)                   |
| Negotiation                    | Withdrawal (requires staff/carer observation)      |
| Choices/Limits                 | Cool-off: Directed/Offered (delete as appropriate) |
| Humour                         | Time allowed out to calm down or cool off          |
| Contingent Touch               | Consequences reminder                              |
| Transfer Adult (Help protocol) | Planned Ignoring                                   |
| Success Reminder               |  |

Others

**Praise Points/Strengths**

Areas that can be developed and built upon. Please state at least three bridge builders.
1.
2.
3.

<b>Medical Conditions</b>
Note any known medical conditions that should be taken into account before physically intervening (e.g. asthma, brittle bones).

<b>Preferred Handling Strategies</b>
Describe the preferred holds: standing, sitting, ground, stating numbers of staff, what “get outs” that can be used when holding, etc

Parent’s Views	
Pupils Views	
De-briefing process following incident: (What is the care to be provided?)	
Recording and notifications required:	

	Print Name	Signature
School Representative		
Parents/Guardians		
Other Agencies		

**Other Factors to Consider when Planning:**

- Key behaviour difficulties
- Our understanding of the behaviour
- What we want to see instead
- How the individual can help
- How parents or carers can help
- Rewarding progress
- Monitoring progress
- Environmental changes that might help

**APPENDIX 3**

**School Positive Handling Plan**

**Blue Coat CEVA Primary School Positive Handling & Intervention Report**

No:

Name:		Class	
Date		Time:	
		Time span (mins)	
Location		Activity	
Reported By		Position	
Name of Staff Involved		Name of Witnesses	

Reasons for Intervention		
Immediate danger of personal injury to pupil	Immediate danger of injury to other pupil(s)	Immediate danger to a member of staff
Severe disruption to other pupils	To avoid property damage	Prevent a criminal act

Antecedents

Behaviour (give examples)		

De-escalation techniques used			
Verbal advice and support	Reassurance	Calm script/talking	Persuasion
Distraction	Appropriate humour	Choices given	Take up time
Time out offered	Time out directed	Tactical ignoring	Negotiation
Changed staff	Success reminder	Praise	Consequence reminder
Other			

Team Teach Strategy Used (see training materials)				
				Related to policy
Strategy	Duration	No. of Staff	Stand/Sit	Effectiveness
Verbal				1 2 3 4 5
Friendly hold				1 2 3 4 5
Single elbow				1 2 3 4 5
Double elbow				1 2 3 4 5
Figure 4				1 2 3 4 5
Wrap				1 2 3 4 5
Escort				1 2 3 4 5

Outcome	How effective

Medical Intervention	
Breathing/circulation checked	Checked for bruising
Injury to child	Referred to Doctor
Injury to staff	Referred to Doctor
Injury to others	Referred to Doctor

Pupil Views
This report has been read to the pupil and discussed Pupil's view:
Other pupil's views:

Staff Follow Up		
Debriefing	By Whom	Further Action

Monitoring			
Parents Informed	Name:	Time:	Date:
Parents Comments			
Further Action			
Other Agencies Informed			

Signatures	
Staff	
Pupil	
Headteacher	
Parents/Carers	

Monitoring Checks	
Was sufficient de-escalation undertaken?	
Were there grounds for physical control?	
Were agreed physical controls used?	
Has sufficient post incident action been taken?	
Is record keeping comprehensive and complete?	
Were all relevant people informed?	
Were there any staff/pupil complaints about the incident?	
Outcome	Further Action Risk Assessment