



Physical intervention policy

Date Ratified: 03/12/13



1 Background

We define physical intervention as follows:

Physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will. All staff within this setting aim to help children take responsibility for their own behaviour. We do this through a combination of approaches, which include:

- positive role modelling
- teaching an interesting and challenging curriculum
- setting and enforcing appropriate boundaries and expectations
- providing supportive feedback.
- providing appropriate coping strategies for managing behaviour.

More details about this and our general approach to promoting positive behaviour can be found in our behaviour policy. There are times when children's behaviour presents particular challenges that may require physical intervention. This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

- giving physical guidance to children (for example in practical activities and PE) providing emotional support when a child is distressed
- providing physical care (such as first aid or toileting).

This policy is consistent with our Child Protection and Equal Opportunities policies, and with national and local guidance for schools on safeguarding children. We exercise appropriate care when using physical contact (there is further guidance in our Child Protection policy); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

2 Principles for the use of physical intervention

2.1 In the context of positive approaches

We only use physical intervention where the risks involved in using force are outweighed by the risks involved in not using force. It is not our preferred way of managing children's behaviour. Physical intervention may be used only in the context of a well established and well-implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our Behaviour Policy. We aim to do all we can in order to avoid using physical intervention. We would only use physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use physical intervention immediately. We would use physical intervention at the same time as using other approaches, such as saying, "Stop!" and giving a warning of what might happen next. Safety is always a paramount concern and staff are not advised to use physical intervention if it is likely to put themselves at

risk. We will make parents/guardians aware of our Physical Intervention policy alongside other policies when their youngster joins our school.

2.2 Duty of care

We all have a duty of care towards the children and young people in our setting. This duty of care applies as much to what we *don't* do as what we *do*. When children or young people are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along with a warning of what might happen next. However, if we judge that it is necessary, we may use physical intervention.

2.3 Reasonable force

When we need to use physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

3 When can physical intervention be used?

The use of physical intervention may be justified where a pupil is:

1. committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
2. causing personal injury to, or damage to the property of, any person (including the pupil himself); or
3. 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.

Physical intervention may also be appropriate where, although none of the above have yet happened, they are judged as highly likely to be about to happen. We are very cautious about using physical intervention where there are no immediate concerns about possible injury or exceptional damage to property. Physical intervention would only be used in exceptional circumstances, with staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, physical intervention; for example stopping a younger child leaving the school site.

The main aim of physical intervention is usually to maintain or restore safety. We acknowledge that there may be times when physical intervention may be justified as a reasonable and proportional response to prevent damage to property or to maintain good order and discipline at the school. However, we would be particularly careful to consider all other options available before using physical intervention to achieve either of these goals.

In all cases, we remember that, even if the aim is to re-establish good order, physical intervention may actually escalate the difficulty. If we judge that physical intervention would make the situation worse, we would not use it, but would do something else (like go to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care.

Our duty of care means that we might use a physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use physical intervention when we have control or charge of children off site (e.g. on trips). We never use physical intervention out of anger or as a punishment.

4 Who can use physical intervention?

If the use of physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved, and where possible, BILD accredited trained in the use of physical intervention. However, in an emergency, any of the following may be able to use reasonable force:

1. any teacher who works at the school,
2. any other person whom the head teacher has authorised to have control or charge of pupils, including:
 - a. support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors;
 - b. people to whom the headteacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying pupils on school organised visits) but not prefects.

5 Planning around an individual and risk assessment

In an emergency, staff do their best, using reasonable force within their duty of care. Where an individual child has an individual positive behaviour management plan, which includes the use of physical intervention, we ensure that such staff receive appropriate training and support in behaviour management as well as physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians. In most situations, our use of physical intervention is in the context of a prior risk assessment that considers:

- What the risks are
- Who is at risk and how
- What we can do to manage the risk (this may include the possible use of physical intervention)

We use this risk assessment to inform the individual behaviour plan that we develop to support the child. If this behaviour plan includes physical intervention it will be as just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour
- How we adapt our environment to better meet the child's needs

- How we teach and encourage the child to use new, more appropriate behaviours
- How we reward the child when he or she makes progress
- How we respond when the child's behaviour is challenging (responsive strategies).
- We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using physical intervention.
- We choose these responsive strategies in the light of our risk assessment.
- We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of physical intervention. In particular, we include the child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school who work with the child, and any visiting support staff (such as Educational Psychologists, Behaviour Support Team workers, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services).
- We record the outcome from these planning meetings and seek parental signature to confirm their knowledge of our planned approach. We review these plans at least once every 4 to 6 months, or more frequently if there are any concerns about the nature or frequency of the use of physical intervention or where there are any major changes to the child's circumstances.
- We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact is troubling as a result of their personal history, in particular of abuse. We have systems to alert staff discretely to such issues so that we can plan accordingly to meet individual children's needs.

6. What type of physical intervention can be used?

Any use of physical intervention by our staff should be consistent with the principle of reasonable force. In all cases, staff should be guided in their choices of action by the principles in section 2 above. Staff should not act in ways that might reasonably be expected to cause injury, for example by:

- Holding a child around the neck or collar or in any other way that might restrict the child's ability to breathe
- Slapping, punching or kicking a child
- Twisting or forcing limbs against a joint
- Tripping a child
- Holding a child by the hair or ear

Such actions would normally be considered potentially inappropriate. We do not plan for and do not allow, except in emergency situations, staff to use seclusion. Seclusion is where a young person is forced to spend time alone in a confined space against their will. We may, however, use withdrawal or time-out in a planned way. We define these as follows:

Withdrawal involves taking a young person, with their agreement, away from a situation that has caused anxiety or distress, to a place where they can be observed continuously and supported until they are ready to resume their usual activities.

Time-out is where a response to a young person's inappropriate behaviour includes a specific period of time with no positive reinforcement as part of an overall intervention plan.

7 Recording and reporting

We record any use of physical intervention. We do this as soon as possible and in any event within 24 hours of the incident. A copy of the incident form is sent to the Pupil Support Service within 24 hours of the incident to allow for the analysis of the use of physical intervention across the authority. According to the nature of the incident, we may also note it in other records, e.g the accident book, violent incident records or child tracking sheets which are also kept in head teacher's/ school office and shared with appropriate Children's Services Department, e.g. Health and Safety where appropriate. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to the pupil's parents. After using physical intervention, we ensure that the head teacher is informed as soon as possible. We also inform EACH parent by phone (or by letter or note home with the child if this is not possible).

8 Supporting and reviewing

We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. After a physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. Where it is appropriate, we have the same sort of conversations with other children who observed what happened. In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team. A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the physical intervention.

After a physical intervention, we consider whether the individual behaviour plan needs to be reviewed so that we can reduce the risk of needing to use physical intervention again.

9 Monitoring

We monitor the use of physical intervention in our school. The Headteacher is responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored.

10 Concerns and complaints

The use of physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down.

If a child or parent has a concern about the way physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the head teacher is immediately informed. We would also follow our child protection procedures. In the absence of the head teacher, in relation to physical intervention, we ensure that the Teacher-in-Charge of KS3 or KS4 is informed.

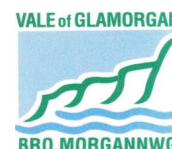
If the concern, complaint or allegation concerns the head teacher, we ensure that the Chair of the management committee is informed. If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaints procedure.

11 Reviewing this policy

We adopted this policy on _____.

It is next due for review by _____.

Appendix 1



Incident Recording Sheet

Name of Young Person:				School:			
Location of Incident:				Date:			
Full Names and Roles of Staff Involved:							
Start Time of Incident		Duration of any Restraint		Any Injuries (If injuries were sustained)		Medical Check	
Hours/minutes		Minutes		Other		Offered	
				Child		Accepted	
Nature of Incident		External Agencies Informed				Supporting Records Completed	
Injury to Person		Medical Staff				Incident Book	
Damage to Property		Parent/Guardian				Accident Report	
Criminal Offence		Social Worker				Medical Report	
Serious Disruption		Placing Authority				RIDDOR*	
Absconding		Police				Formal Statement	
Environment and Triggers:							
Describe what was happening prior to the incident and assess the level of potential risk (please circle):							
Level of Risk (please tick as appropriate):							
High		Medium		Low			
Tick and/or described precisely what the risk was:							
Verbal Abuse		Slap		Punch			
Bite		Pinch		Spit			
Kick		Hair Grab		Neck Grab			
Clothing Grab		Body Holds		Arm Grab			
Throwing Objects		Weapon		Other			
Other:							

* Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

Who was at Risk?

--

Description of the Incident

--

Details of any injuries sustained – Picture to be included

--

Diversion, Distraction and De-escalation Attempted (please tick):

Verbal advice and support	<input type="checkbox"/>	Distraction	<input type="checkbox"/>
Firm clear directions	<input type="checkbox"/>	Diversion	<input type="checkbox"/>
Negotiation	<input type="checkbox"/>	Reassurance	<input type="checkbox"/>
Limited choices	<input type="checkbox"/>	Planned ignoring	<input type="checkbox"/>
Reassuring touch	<input type="checkbox"/>	Withdrawal directed	<input type="checkbox"/>
Talk calmly.	<input type="checkbox"/>	Change of adult involved	<input type="checkbox"/>
Time out	<input type="checkbox"/>	Reminders of consequences	<input type="checkbox"/>
Success reminders	<input type="checkbox"/>	Humour	<input type="checkbox"/>
Others	<input type="checkbox"/>	Withdrawal offered	<input type="checkbox"/>

Team-Teach Physical Intervention Strategies Attempted

Double Elbow (Two Person)	<input type="checkbox"/>	Wrap	<input type="checkbox"/>
Single Elbow (Two person)	<input type="checkbox"/>	Wrap to Seating	<input type="checkbox"/>
Single Elbow (Two person) – to seating	<input type="checkbox"/>	Wrap to Floor	<input type="checkbox"/>
Figure of Four (Two Person)	<input type="checkbox"/>		

Other Intervention Strategies Attempted

--

Details and Date(s) of Team Teach Training or other BILD Accredited Training received by member(s) of staff involved

--

Follow up – debrief and repair following the incident:

Staff member (with whom the child has a good relationship) details of child’s account of incident and discussion

--

Debrief with parent(s)/carer(s)	Yes / No
--	-----------------

If yes please provide details of discussion

--

Name of person completing report:		Signature:	
Position:		Date:	
Signature of Other Person Involved / Witness:		Signature of Other Person Involved / Witness:	
Date:		Date:	

Please return completed form to: Pupil Support Service, Provincial House, Kendrick Road, Barry CF63 8BF

Appendix 2



Positive Handling Plan

Name of child:		Plan number:	
-----------------------	--	---------------------	--

Positives: <i>What is the pupil good at and what do they like doing?</i>	Triggers: <i>What situations have led to problems in the past?</i>	Successful approaches: <i>What proactive interventions have been effective in preventing the pupil's anxiety rising?</i>
1		
2		
3		
4		
5		

Describe any modifications to the environment or pupil routines that can be implemented to prevent anxieties rising?
1
2
3

De-escalation/describe any strategies that have worked in the past or should be avoided:			
Strategy	Description of impact	Try	Avoid
Verbal advice and support			
Firm clear directions			
Negotiation			
Limited choices			
Distraction			
Diversion			
Reassurance			
Planned ignoring			
Reassuring touch			
Talk calmly			
Time out			
Withdrawal offered			
Withdrawal directed			
Change of adult involved			
Reminders of consequences			
Humour			
Success reminders			
Others			

From your risk assessment, what is the likelihood of a child harming himself/herself, another child or adult in the event of an incident? Is it:			
	Himself/Herself	Another child	Adult
Improbable			
Possible			
Probable			

Please indicate whether this behaviour is likely to be directed towards a pupil or member of staff:

Type of incident	Towards other pupils	Towards member of staff
Verbal abuse		
Severe disruption of lesson		
Slapping		
Pinching		
Biting		
Punching		
Spitting		
Hair grabbing		
Neck grabbing		
Clothing grabbing		
Arm grabbing		
Body holds		
Weapons/missiles being thrown		

Preferred strategy for dealing with above incidents (1-De-escalation strategies on previous sheet; 2-Summoning assistance; 3-Summoning external assistance (police); 4- Double elbow (2 person); 5-Single elbow (2 person); 6-Single elbow (2 person) – to seating; 7-Figure of four (2 person); 8-Wrap; 9-Wrap to seating; 10-Wrap to floor)

Type of incident	Approach									
	1	2	3	4	5	6	7	8	9	10
Verbal abuse										
Severe disruption of lesson										
Carrying/using smoking materials										
Carrying/using mobile phone										
Slapping										
Pinching										
Biting										
Punching										
Spitting										
Hair grabbing										
Neck grabbing										
Clothing grabbing										
Arm grabbing										
Body holds										
Weapons/missiles being thrown										
Self harm										
Other strategies to be deployed										

Notification:							
	Parent/ Carer	Social Worker	BSS	GP/ CAMHS	ECPS	Child Protection Officer	Other
Name:							
Date:							
Name of Person completing this plan:							