



AMBITIONS
Academies Trust

PHYSICAL INTERVENTION POLICY

THE USE OF PHYSICAL OR RESTRICTIVE INTERVENTION

Approved by the Trust:	Date
Date of next review:	Date

Outstanding Achievement for All

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1. Aims and Principles

1.1 Ambitions Academies Trust aims to promote the use of effective non-aversive intervention strategies in its work with children and young people. However, it is recognised that there are a very small number of children and young people for whom physical contact and restrictive intervention is likely to form part of the range of strategies necessary to meet their needs and to ensure the safety of others.

1.2 It is important to ensure that all adults working with children and young people are clear about their role and Duty of Care in their setting, in order that their own rights, and those of the children in their care, are protected. Those staff who are likely to face situations in which physical or restrictive intervention may be necessary must understand the procedures to be followed in planning, applying and reviewing the use of physical or restrictive intervention.

1.3 Ambitions Academies Trust promotes a framework that uses a variety of approaches to address challenging behaviour. This framework emphasises the importance of adults having the skills and confidence to maintain control of situations through calm, positive actions; promoting communication and choice with children and young people unless and until reasonable force becomes necessary to prevent a greater harm from occurring. The framework emphasises the importance of careful and accurate record keeping of serious incidents; promoting plans to assess and reduce the risk of restraint and restriction.

1.4 Ambitions Academies Trust has a commitment to improving the quality and effectiveness of its practice. This is achieved through ongoing monitoring and evaluation of the effectiveness of systems and procedures within our academies. Feedback from children and young people and their families, from staff and from other adults who visit those settings is essential. Systems available for feedback need to allow for open and honest recording of concerns.

1.5 We recognise the need for consistency between academies within the Trust and with agreed local arrangements for multi-agency working.

1.6 Showing Due Diligence: Specialised support and training will need to be commissioned where risk assessment indicates a need to manage challenging behaviour by involving the use of positive handling and restraint. All parties should work closely together to ensure relevant records on individual pupils, including risk assessments, are made available to those receiving such individuals.

1.7 Other Health & Safety considerations concerning the environment and adaptations to equipment and layout of provision must also be considered. Under the Health & Safety at Work Act 1974 we recognise our responsibility for the health and safety of our employees in their workplace. All staff need to be confident in their ability to meet their responsibilities in managing challenging behaviour. They need to be provided with such training and equipment as needed to discharge their duties effectively and safely.

1.8 Where a member of staff is working in an individual capacity with a child at risk of challenging behaviour, we will ensure that the necessary safeguards are in place to protect the wellbeing of the child or young person and the safety and protection of the adult.

2. Policy Objectives

2.1 To provide guidance to adults working with children and young people on the circumstances in which physical and restrictive intervention may be used.

2.2 To clarify the procedures that should be put in place to ensure that where physical or restrictive intervention is used, the techniques used are safe and appropriate to the situation.

2.3 The use of force should always be a last resort and may be judged as appropriate when alternative strategies have been explored. It should be clear that staff are not expected to rigorously apply some scale of interventions first, if the immediate risks and dangers could escalate out of control without the use of force.

2.4 This guidance is designed to maintain the safety of the children and young people and the adults working with them.

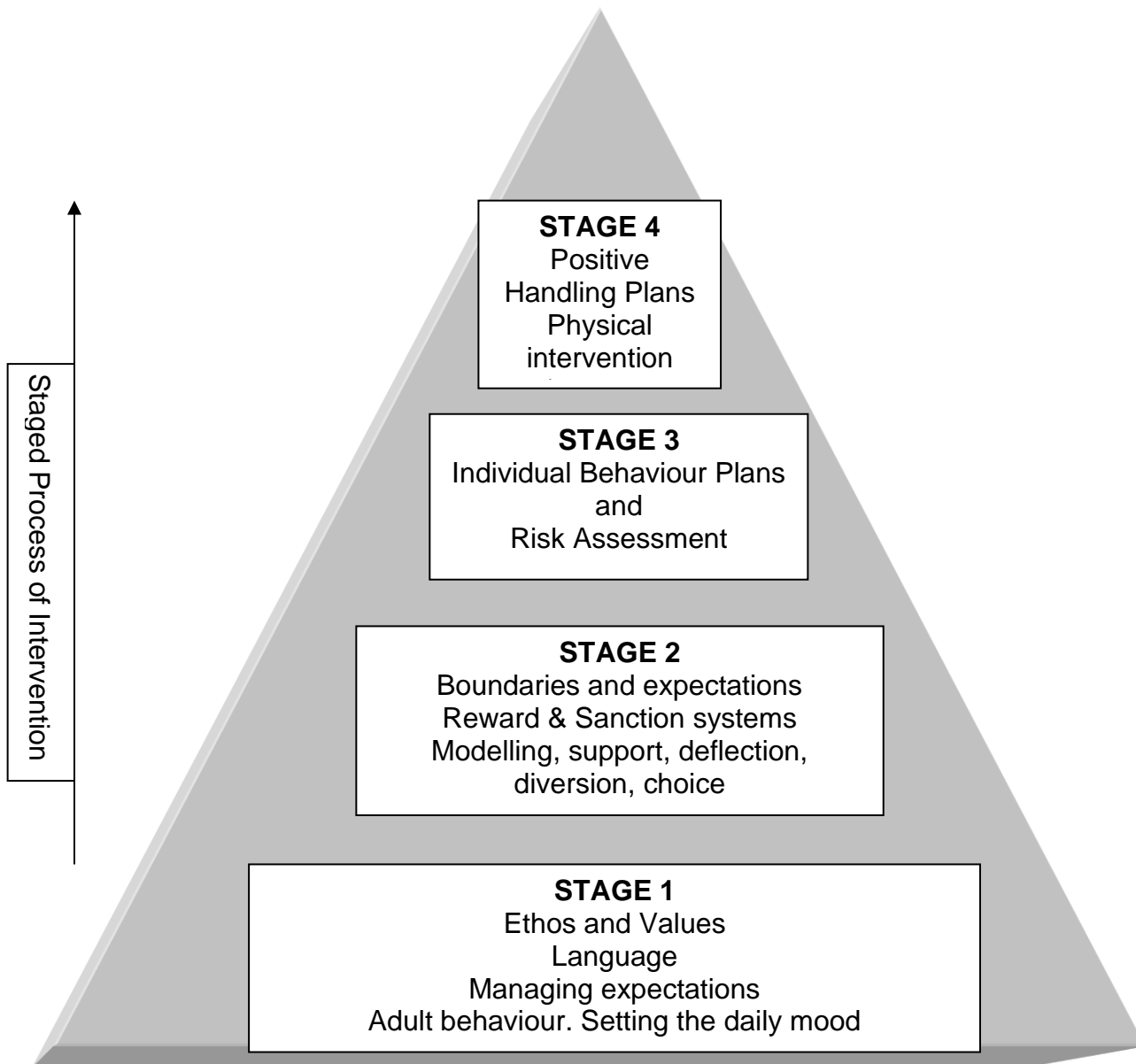
2.5 This guidance will allow adults working with children and young people to use force that is "reasonable and proportionate" when necessary.

2.6 This guidance will follow Government guidance and support and encourage best practice.

2.7 The guidance outlines the way in which complaints and allegations will be addressed.

3. Ambitions Academies Trust's staged approach to behaviour management

3.1 The pyramid below represents the staged process of intervention for behavioural difficulties. The majority of pupils in our academies and nurseries will have their needs catered for at the lower end of the pyramid.



3.2 All adults working with children need to develop basic skills in dealing with challenging behaviour and situations. They will be supported to have an understanding of which actions are likely to defuse a situation rather than exacerbate any difficulties.

3.3 All adults working with children and young people need to understand their role in applying the behaviour policy for their academy/nursery. Children and young people within the setting and parents/carers also need to be familiar with the rules and expectations of the academy/nursery

and should be confident that the responses of staff to difficult behaviour will be consistent and fair.

3.4 Where a child or young person's problematic behaviour does not respond to the normal range of strategies used to manage problem behaviour in any academy/nursery, a more in-depth assessment of their behaviour will be needed. This should include gathering information on how individual needs affect behaviour (for example family circumstance, e.g. domestic abuse, learning difficulties, ability to communicate, physical and perceptual impairments, medical factors, emotional needs, skill levels, emotional maturity etc.).

3.5 It is important to recognise that challenging behaviour serves a function for the individual engaged in that behaviour. The behaviour may signify that they do not know how to get their needs met in a more appropriate way. Inappropriate or challenging behaviour can often signal that the environment and/or provision are not meeting a key need for the individual concerned.

4. Individual behaviour plans (Person Centred Plan)

4.1 A person centred individual behaviour plan (IBP) should be in place for any child or young person whose challenging behaviour is an ongoing cause for concern. The IBP may be incorporated as part of an individual education or other plan. It will contain reference to the following:

- a) A functional analysis of the behaviour
- b) Intervention planning
- c) Monitoring and review arrangements

4.2 Those with parental responsibility, and as far as possible, the child or young person, will be involved in the planning, monitoring and review of the strategies identified to address challenging behaviour, within the plan.

5. Risk Assessment

5.1 In the context of managing challenging behaviour, a risk assessment can be used to identify what level and type of intervention (including physical or restrictive intervention) or support will be needed in different situations in order to ensure that an individual's behaviour will not threaten safety.

5.2 Risk assessment can also be used as a process to identify the actions that need to be taken to allow an individual access to activities.

5.3 In some circumstances it may be necessary to avoid a particular activity because of the level of risk posed to the child or others. However, adults working with children will need to be mindful of the potential for discrimination against an individual if their access to an activity is being restricted unnecessarily. The decision not to include a child in an activity needs to be regularly reviewed to ensure they are able to access the activity as soon as the risk can be managed.

5.4 It is best practice to involve parents/carers and all of the services working with a child or young person in this risk assessment and planning.

See Appendix D for sample risk assessment.

6. Positive Handling Plans

It is essential that any potential need to employ physical or restrictive intervention is acknowledged, so that an appropriate intervention can be properly planned. If a child or young person's behaviour indicates that there is a strong likelihood that it will become necessary to use some form of physical or restrictive intervention, a Positive Handling Plan needs to be drawn up (Appendix B). This should be preceded by an in-depth risk assessment.

6.1 Any physical intervention recommended in a positive handling plan needs to be justified through evidence of:

- A. An evaluation of previous approaches and the success of those approaches
- B. Consideration of whether to implement strategies already used in other settings
- C. An evaluation of the potential risks involved
- D. Consideration of the least invasive interventions necessary to address any particular behaviour
- E. Reference to established good practice and guidance in the field of physical intervention
- F. Full consultation with those who have parental responsibility

6.2 In drawing up plans for the use of physical or restrictive intervention, close liaison will be maintained between the different services, including Educational Psychology, involved with the child or young person. Formal methods of sharing successful approaches and interventions should be adopted in order to ensure consistency and to maximise effectiveness.

6.3 Those with parental responsibility, and as far as possible, the child or young person themselves, will be involved in the planning, monitoring and review of the strategies identified to address challenging behaviour, including the use of physical intervention.

6.4 In identifying appropriate physical interventions for an individual, a comprehensive assessment of that individual's needs should be carried out, using a multi-agency approach. When planning the use of physical intervention, it is important to ensure that the particular intervention is not contraindicated because of personal characteristics or health/medical factors.

6.5 A Positive Handling Plan identifies the specific intervention that will be sanctioned for use, and under which circumstances.

6.6 A Positive Handling Plan should identify the particular setting conditions both within and outside the immediate environment that increase the likelihood of challenging behaviour. These might include factors that increase the child or young person's general level of anxiety or stress and so affect their tolerance and ability to cope with the demands being made on them. It should include details of observable signs in the individual's behaviour or demeanour that suggest increased levels of stress, agitation or anxiety as well as key triggers that are known to provoke difficult behaviour under certain setting conditions.

6.7 Each plan should include clear criteria for when a particular physical intervention will be considered appropriate for that individual. Steps should be taken to ensure that all adults working with children and young people who may have to use these techniques are clear about exactly what is permissible, and under what circumstances. Clear distinctions should be made between the options that have been identified as appropriate, and their sanctioned use under different circumstances.

6.8 A Positive Handling Plan will also include details of the wider range of proactive and preventative strategies to be employed in an attempt to pre-empt the need for physical or

restrictive intervention. This will include longer term planning to address the root causes behind the behaviour, as well as de-escalation and diversion techniques to be employed when behaviour begins to deteriorate beyond normal expectations.

6.9 Physical interventions should only be used in conjunction with other strategies designed to help the individual learn alternative non-challenging behaviours. As well as identifying responses to challenging behaviour, any individual plans should include details of environmental changes, teaching opportunities and the provision of particular resources or activities that will enable the individual to learn to meet their own needs through more appropriate behaviour.

7. Adults who are authorised to use physical interventions when working with children and young people.

7.1 All settings and service areas will have a mechanism for agreeing who will be authorised to use physical intervention. The factors to consider include: relevant, up-to-date staff training; prior experience and competencies; legislative requirements; needs of the setting or service area.

8. The Use of Physical Intervention

8.1 Responses to challenging behaviour should take into account the individuality of the child or young person.

8.2 All decisions regarding the use of specific physical and restrictive interventions should be made on the premise of minimum reasonable force. In each case the safety of the individual and others should be paramount.

8.3 For each individual, physical interventions should be sanctioned for the shortest period of time consistent with his or her best interests. At all times **the aim should be to seek to reduce risk and the necessity for physical intervention**, and to seek on an ongoing basis to reduce the frequency of use, or intensity of that intervention.

8.4 As soon as it becomes clear that some form of intervention is necessary, a judgement should be made on the least restrictive intervention necessary to bring about a prompt resolution. By conducting a *Dynamic Risk assessment*, staff should establish quickly who is at risk from whom? from what? and if they are the best placed person to carry out a physical intervention? Staff should balance the risk of intervention against the likely outcome of not intervening. Personal safety is a reasonable part of this assessment.

8.5 Where physical intervention is used, it should be applied for the minimum duration of time necessary to reduce any immediate risk and to bring the situation under control. The length of time that any intervention is used must be recorded.

8.6 No physical interventions should be intended to cause pain or harm and the risk of causing inadvertent harm should always be minimised.

8.7 As soon as a situation is brought under control, steps should be taken to decrease the intensity of any restrictive intervention as the individual calms and is able to regain more control of their own emotions and behaviour.

8.8 Adults working with children and young people should not intervene in situations of risk without the presence of another adult, except in exceptional circumstances.

8.9 Any individual adults working with children and young people using a specified physical intervention must have been trained in the use of that intervention. The only exception will be where the actions of staff can be justified because of the level of risk posed to themselves or others.

8.10 There may be occasions where the situation presents such a high level of risk that no direct intervention is considered safe or appropriate. In such circumstances, it will be necessary to call in outside agencies such as the Police. This is particularly important in situations where an individual has some form of weapon that increases the risk of harm being inflicted.

8.11 Where there are medical concerns, additional care must be taken in considering physical intervention as it is not appropriate for some young people. Advice should be sought from an appropriate medical professional if there is any doubt about the significance of a medical condition in the management of a child or young person.

9. The Legal Position

9.1 There is no legal definition of when it is reasonable to use force. That will always depend on the precise circumstances of individual cases. Schools should apply the test of whether it was *necessary, reasonable, proportionate* to use the force to achieve the desired outcome. Schools should ask themselves how the physical intervention was in the *best interest* of the young person and did it prevent 'a greater harm' by its use?

9.2 Lawful Defences. Accusations and allegations against staff too often have resulted in staff not taking any action at all. Rather than focus on preventing staff from taking any action we should focus on lawful defence. There are times when staff do need to take action, and failing to take action could itself lead to a charge of negligence. The focus should be on why it was necessary for a particular member of staff to take action in a particular circumstance. The best lawful defence is that it was necessary to protect the interests of the child. The clearest lawful justification is that the actions of staff are reasonable, proportionate and necessary, and in the best interests of the child or young person. The law also recognises that people make honest mistakes. A common-law defence could be offered whenever a person acts reasonably in good faith with an honestly held belief.

9.3 Use of force cannot be justified to prevent trivial misbehaviour. How trivial the behaviour is, depends upon the context and circumstances. For example, a child breaking a pencil may not be regarded as trivial if the pencil is (or believed to be) used as a weapon to stab or poke another child in the eye. (The positive handling plan is a useful tool in clarifying these difficult legal situations).

9.4 It is always unlawful to use force as a punishment. This is because it would fall in within the definition of corporal punishment (abolished by Section 548 of the Education Act 1996).

9.5 **The Education and Inspections Act 2006 (sect 91)** gave special powers to staff to use force (see '*duty of care*'). These legal powers are not granted by AAT and therefore cannot be taken away by us. Therefore, it also follows that AAT cannot ban the use of physical contact and would not maintain 'No Touch' policies as it would be illegal. Ambitions Academies Trust decide will have a list of trained staff who are authorised to use restrictive physical intervention. Principals are also able to issue temporary authorisation for such events as field trips; parents escorting their children on school outings.

9.6 Duty of Care. The term "duty of care" is an important legal concept. Anyone who is lawfully authorised (includes volunteers etc.) to work with children, has a duty of care. Schools

owe a duty of care to their pupils. "Negligence" involves a breach of that duty and has three main elements: Firstly, there must be a duty of care owed. Secondly, there must be a breach of that duty of care. Thirdly, there must be some ensuing damage, loss or injury related to that breach. However, we do not need to wait for damage or injury. A responsible approach is to anticipate what could go wrong and try to prevent it. A breach of duty of care may involve either taking unreasonable action or failing to take reasonable action to prevent harm to another person.

9.7 Withdrawal / Seclusion

The use of withdrawal and designated safe place. These are permissible and can be a valuable part of the resources for support staff and pupils in resolving a potential crisis or assisting in re-establishing a safe and calm atmosphere after a crisis. Children often recognise this in trying to manage themselves and seek out such a safe place facility if it is available.

It must be recognised that temporary restriction of liberty in order to prevent a greater harm is acceptable. Deprivation of liberty, however, and the use of seclusion (where a person is held behind locked doors against their will and with no supervision) requires a court order or direction and written home office approval.

9.8 Excerpt from Department of Health document:

Withdrawal involves removing a child or young person from a situation which causes anxiety or distress and taking them to a safer place where they have a better chance of composing themselves. Staff would normally stay with the child to support them and monitor their progress until they are ready to resume their usual activities. This form of restraint could be regarded as restriction of liberty, but one taken under a setting's duty of care, in order to protect the child from harm, or risk of harm, to themselves and/ or others. Reasonable force can be used by staff in those circumstances, where it is necessary.

In some cases, because of the effects of their impairment or condition, a child or young person may actively choose to move to a quiet space for a period, for example when their anxiety levels rise and they become agitated, in order to calm down and 'self-regulate' their behaviour, averting the need for restraint. Staff should take steps to support them and monitor their progress. Where this is the case, appropriate provision should be made in their support plan and kept under review. It is unlikely that this would constitute restraint.

Seclusion refers to the supervised containment and isolation of a child or young person away from others, in a room/area from which they are prevented from leaving. It is designed to contain severely disturbed behaviour which is likely to cause harm to others. The courts have found that seclusion could be used with a young person where it was necessary, in order to control aggressive behaviour but only for so long as was necessary, proportionate and the least restrictive option likely to succeed, and in accordance with a risk and restraint reduction plan and support plan designed to safeguard their psychological and physical health. For young people, over 16, without mental capacity, use of seclusion which amounts to a deprivation of liberty must be authorised under the Mental Capacity Act 1015.

As noted above, for children detained under the Mental Health Act (MHA) 1981 the use of seclusion must follow the guidance in the MHA code of practice. If an emergency situation arises involving someone who is being treated for a mental health disorder and who is not detained under the MHA, (an informal patient) and, as a last resort, seclusion is necessary to protect others from risk of injury or harm, it should be used for the shortest possible period to manage the situation and an assessment for detention under the MHA should be undertaken immediately.

Long Term Segregation

Long term segregation, where a child or young person is prevented from mixing freely with other children or young people, should only be used for those who present an almost continuous risk of serious harm to others and for whom it is agreed there would be benefit from a period of intensive care and support in a discrete area that minimises their contact with other children.

10. Recording & Reporting

There are two recording and reporting mechanisms that are relevant:

- A) Recording and reporting of all restrictive physical interventions.
- B) Health & Safety reporting of an incident where an injury occurs

Incidents involving physical intervention require a physical intervention report. If someone involved sustains an injury, then both reports should be completed and submitted.

If a particular child has a support plan that indicates regular use of physical contact or restrictive support to meet their growth and development needs, it would not be necessary to record such events. Their support plan should be signed off by parent/carer and all known risks documented and the plans to meet those risks. If that same pupil required the use of restraint, it should be recorded and reported to parents/ carers.

10.1 Employees have a legal duty to report any matter in which safety is compromised. Any physical violence directed towards adults working with children needs to be reported and recorded even if individuals feel able to tolerate levels of aggression. Reporting of incidents enables them to be reviewed so that in the future preventative measures can be put into place to avoid the continuation or escalation of aggression. It also addresses the needs of children and young people to develop more appropriate behaviours in response to difficulty.

10.2 The use of physical or restrictive intervention needs to be recorded as soon as possible after the event. There may be a need at a later stage to demonstrate that decisions about the intervention used were appropriate, given the circumstances.

10.3 For legal reasons each academy/nursery is required to keep contemporaneous written records of all incidents where physical or restrictive intervention has been used. Basic details should be recorded, where possible on the same day, but always within 14 hours of the incident.

10.4 The following key details should be recorded before the relevant staff leave the premises or as soon afterwards as is practicable:

- A. An overview of the circumstances leading to the use of physical intervention.
- B. The intervention(s) used.
- C. The length of time that each intervention was used before calming/release. How the situation was resolved. How the use of restraint was in the best interest of that young person
- D. The staff members involved / witnessed.
- E. Any injury caused to any individual.
- F. Any need for follow up action.

10.5 Reports should be cross-referenced to more detailed records of the incident, and records of subsequent reviews and the actions to be taken following review. A form for recording the use of physical or restrictive intervention is provided (see appendix C). A copy of this form

should be placed on the child and young person's file, and a further copy sent to the address on the form following the use of such intervention.

10.6 Children and young people who receive a restrictive or physical intervention should be assessed for signs of injury or physical or emotional distress following the intervention. Such assessments need to take into account their ability to recognise and communicate their response to harm. Any necessary medical examination must be carried out by appropriately trained staff.

10.7 Records must be made of any bruising or marking caused as a result of physical intervention, including the context in which the bruising occurred. Any injuries reported by the child must also be recorded, whether or not there are visible marks. The extent of any marking or reported injuries must be recorded by 1 members of staff, not just one.

10.8 The relevant member of staff within each academy/nursery will advise parents/carers without delay when a restrictive physical intervention has been used, **unless** there is a known risk that a child may experience further harm as a result of the information going to the home. If it has been specifically recorded in the child's behaviour plan, the parents will have requested to be informed on a regular but not necessarily immediate basis and this must be actioned according to the plan. If a child in LA care is injured during a restraint, the Social Worker needs to be informed immediately.

11. Review of the Incident

11.1 Debrief and review will help evaluate the effectiveness of the approaches used. They will also help to clarify the child or young person's needs. Specific strategies will need to be varied according to individual circumstances and the context in which they are being used.

11.2 In most of our academies/nurseries the use of physical or restrictive interventions will be rare. Following a physical intervention, a review should be carried out once everyone involved has had a chance to calm but close enough to the incident to ensure an accurate recall of events. Those involved in the intervention should be given separate opportunities to talk about what happened in a non-judgemental way. Children and young people will be given appropriate opportunities to contribute. The aim of a review is to discover what happened and why, to assist in planning for the future, not to apportion blame or punishment.

11.3 In academies/nurseries, where physical and restrictive interventions are more frequent, full reviews may not occur after every intervention. However, the aims of the review will be achieved through the recording and debriefing processes in place in the setting. Specialist advice should be sought, e.g. educational psychologist, where a pattern for the need of the regular restraint has been identified.

11.4 Reviews should aim to assess:

- A. The effectiveness of primary prevention measures in reducing the likelihood of challenging behaviour;
- B. The effectiveness of secondary prevention measures in de-escalating a developing situation;
- C. The effectiveness of positive handling strategies, including physical intervention, in bringing a situation to a safe conclusion;
- D. The longer-term impact on the individual and others of the use of physical or restrictive intervention;
- E. The contexts in which challenging behaviour is less likely to occur – what is different? (Any trends or patterns in the need to use restraints, triggers to reduce the risk of restrictive interventions.)
- F. The potential consequences of not using a restrictive intervention;
- G. Any changes to the individual's circumstances or to the environment that may require the individual's plan to be modified.

11.5 When a physical intervention has been sanctioned for a child or young person and is likely to be used on a regular basis, the use of that intervention should be reviewed not less than every half-term. Reviews should be carried out more frequently if the behaviour is especially challenging or if the intervention appears to exacerbate the behaviour, reviews may be single or multi agency and should involve all relevant agencies as required.

11.6 For some children the complexity of their needs means that if the level of intervention has stayed constant and not increased that represents success. Nevertheless, it is important to ensure that the use of physical or restrictive intervention never becomes routine.

12.Complaints

12.1 Parents, young people and children have a right to complain about the actions taken by any adults in charge of them. Allegations can be made from a variety of sources, not just from the parent, young person or child involved. The Ambitions Academies Trust complaints policy will be followed.

12.2 The full involvement of those with parental responsibility following an incident of physical intervention should minimise the likelihood of complaint.

13.Allegations

13.1 Staff should be aware of Pan Dorset Inter-Agency Safeguarding Procedures Chapter 5.1 '[Managing Allegations Against People Who Work With Children](#)'¹. This Procedure is provided to give guidance on managing allegations against people who work with children. It is relevant in relation to behaviour management policies as there will be times when allegations related to the use of behaviour management will be made. Also, the KCSIE part 4 document published by the DfE.

13.2 In cases of false or malicious allegations, Ambitions Academies Trust will ensure that any sanctions they use are made clear within the respective academy's behaviour policy.

13.3 Chapter 5.1 should be used when there is an allegation or concern that any person who works with children, in connection with his/her employment or voluntary activity, has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates s/he is unsuitable to work with children.

Further detail about the types of behaviour this might include and that it encompasses behaviour in professional's private lives is detailed in the procedures.

13.4 This section does not seek to replicate Chapter 5.1, but it is important to know that if an allegation or disclosure is made, the person receiving this should not investigate it, but make a note of what has been said, ensure the child or young person's immediate safety and report the allegation to the designated safeguarding person in the school / organisation. The designated safeguarding person will consider whether the allegation meets the threshold above and if it does, they will contact the Local Authority Designated Officer before acting further. This is so the appropriate action can be taken to safeguard the child and to undertake appropriate investigation into the allegation.

13.5 The Local Authority Designated Officer's role is to:

- Be involved in the management and oversight of individual cases which meet the threshold set out above;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

¹ Available on the Bournemouth and Poole LSCB website.

13.6 For the purpose of this Policy, it is sufficient that those working with children and young people understand the role of LADO in allegations and the threshold for their involvement. Concerns below the threshold for allegations will be treated as a complaint.

14. Staff Training

14.1 All staff who will be required to employ restrictive physical interventions should have specialist training. Staff should only employ those physical interventions for which they have had training except in emergencies. It is recommended that regular measures be taken in the setting to ensure that staff retain their skills and remain confident in their ability to use positive handling techniques, including physical intervention.

14.2 Each academy/nursery is expected to maintain an up to date record of the training that staff have received, including refresher training.

14.3 It is important that any training promotes good pupil staff relationships and a preventative methodology. It should emphasise that restrictive and physical intervention should be used as a last resort and is designed to keep adults and service users safe.

14.4 When planning training that focuses on responses to challenging behaviour, it is the responsibility of leaders to ensure that trainers are appropriately qualified and accredited.

14.5 Training could usefully include knowledge, understanding and skills in relation to:

- The experience of children, young people and their families
- Techniques for understanding non-verbal communications of children
- The thoughts and feelings of staff on being exposed to challenging behaviour
- The assessment and management of risks
- Building positive relationships and developing individual support plans
- Alternatives to restraint, including how to minimise associated risks, particularly in relation to the growth and development of children and young people
- Use of planning tools and advanced decision-making to promote safety in the use of restraint

15. Specific Setting Guidance

15.1 Schools and Educational Settings

The full Department for Education guidance document – *The use of Reasonable Force – Advice for head teachers, staff and governing bodies* (July 1011) can be downloaded at <http://www.education.gov.uk/publications>.

Behaviour and Discipline – a summary of the guidance

Reasonable force is defined in the DfE guidance as 'the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with pupils'. Force is generally used to control or restrain.

This power applies to any member of staff at the school. It can also apply to people whom the head teacher has temporarily put in charge of pupils such as unpaid volunteers or parents accompanying children on a school organised visit.

Reasonable force can be used to prevent a child from hurting themselves or others, damaging property or causing disorder. The guidance gives some examples of when 'reasonable force' can be used.

There is no legal requirement to have a separate school policy on the use of force. Schools should set out in the behaviour policy the circumstances where force might be used and the power to use reasonable force. Schools do not have to have parental consent to use reasonable force. It is good practice for schools to speak to parents about serious incidents involving the use of force and to consider how best to record such serious incidents. Schools are strongly advised to inform parents as soon as possible if their child has been restrained by force.

Educational establishments should keep contemporaneous written records of all incidents where physical or restrictive intervention has been used. Ideally a bound incident book with numbered pages should be used to record details, where possible on the same day, but always within 14 hours of the incident. (Advice on suitable books are available from the LA.) Alternatively, a secure electronic record.

The DfE guidance states that, 'Schools need to take their own decisions about training. The head teacher should consider whether members of staff require training in order to carry out their responsibilities and should consider the needs of the pupils when doing so.'

The training that 'Team Teach' provides is consistent with the guidance in this policy and meets the requirements for accreditation through ICM and BILD. Team Teach offers appropriate packages for schools and educational settings that focus upon positive handling techniques and de-escalation of risk. The training follows a core curriculum, but takes into account the specific needs of the setting concerned. Their website offers more detail and can be viewed at www.team-teach.co.uk. Other providers are available.

The LA, and all schools, share a responsibility to inform a receiving school wherever possible, of a pupil identified as being at risk of displaying extreme behaviour. It is anticipated that risk assessments will be incorporated into a general system for identifying and clarifying very individual complex needs at the point when placement decisions are made for specialist provision. The aim is to allow any necessary planning and training to take place before the child starts at a new school, or as soon afterwards as is practicable.

In circumstances where a pupil whose behaviour is identified as challenging is joining a mainstream school or specialist provision, it is important to recognise that behaviour is context dependent. The impact of the particular environment will have an effect on the level of risk. It will therefore not be possible to cover every eventuality until the pupil is at school, and so an additional risk assessment will need to be carried out after placement and when the child has had a chance to settle in. (See Appendix D for sample risk assessment form.)

Risk assessments and positive handling plans should be put in place for all pupils who might need a physical restraint, and any planned use of physical intervention should be compatible with a pupil's 'Education, Health and Care Plan', if they have one, and properly documented in school records.

As far as is practically possible it is the school's responsibility to ensure that staff who come into contact with such pupils are aware of handling plans and risk assessments, in particular they need to know the most effective de-escalation techniques and triggers which might provoke a violent reaction.

The school may need to designate staff to be called if incidents related to a particular pupil occur.

Staff should be aware of the school's policy and this policy as part of their induction process, supervision and support.

An up to date record of all staff permanently authorised to make physical interventions should be kept.

Head teachers and managers are responsible for the safety and well-being of their staff, and for ensuring that they have the training and skills necessary to carry out their duties. Steps should be taken to minimise the impact of emotional stress on staff and to ensure that they maintain their own capacity to respond objectively in stressful circumstances.

Staff who have been involved in an incident of physical intervention should be offered the opportunity of a debrief. After incidents, the child and the staff involved should be given emotional support and basic first aid for any injuries as soon as possible. All injuries should be recorded in accordance with the setting or service's procedures and reported as appropriate to the Health and Safety executive, if injuries require treatment other than basic first aid, action to secure professional medical help should be sought immediately. The outcome of any debrief should be recorded on the personal file of the member or members of staff concerned.

It is important that all staff and visitors are confident to monitor and report the use of physical intervention. It is recognised that there will be occasions when the use of physical intervention is called into question.

It is crucial that such incidents are discussed openly and honestly in order to highlight shortcomings in policies and agreed plans, and to highlight any training needs or issues where staff may need more support in responding to challenging behaviour.

The risk of injury can be increased by inappropriate dress. Head teachers and managers should provide clear guidance on acceptable dress, including wearing of watches and jewellery and how hair is worn. Arrangements should be made for reasonable reparation for damage to personal items (clothing, spectacles etc) that arise from staff carrying out their duties.

Appendices

Appendix A – A Framework for Intervention with Challenging Behaviour

Functional Assessment

When the normal range of strategies for intervention in response to difficult behaviour do not work, it is necessary to look more closely at the behaviour that is causing concern. The aim should be to identify what positive outcome the behaviour is leading to. This may not always be obvious, and the pupil themselves may not be consciously aware of what they are gaining through their difficult behaviour.

The first step is to carry out a functional assessment. This is done through carrying out an in-depth analysis of the behaviour, and what goes before and after it. The aim is to identify factors in the environment and in other people's responses to the behaviour that make the behaviour more or less likely to be repeated. In this way it can be possible to identify what function the behaviour serves.

Intervention planning

Once the positive outcome of the behaviour is identified, support arrangements need to be put in place that recognise that the behaviour is rooted in a key learning, emotional or physical need.

Any school-based intervention needs to combine four elements:

1. Proactive Intervention – moving things forward. - managing mood and expectations.

- Changing systems and expectations and reorganising the classroom to remove or reduce the impact of difficulties in the learning/social environment;
- Improving the pupil's capacity to change by teaching them the skills they lack and providing support to enable them to cope better with difficulty;
- Providing motivation to increase the likelihood that the child will apply the new skills they have learned;
- Create an atmosphere of optimism and 'fail safe' culture in the classroom.

2. Reactive Intervention – stopping things getting worse

- Identifying reactive strategies - actions to take in response to the behaviour in the short term, giving time for long term measures to take effect.

It is important to recognise that intervention will not be effective in the long term if the strategies are used in isolation:

- Changing systems and expectations may protect the pupil, but not prepare them for times outside of any protected environment;
- Teaching new skills will be effective only if the pupil has the confidence and motivation to apply them, and they are effective for the pupil's individual needs;
- Reward systems alone will not work unless the pupil knows what to do differently;
- Reactive strategies will solve a problem in the short term, but do not address the root cause of a difficulty and rarely result in long term change; they can also end up reinforcing problem behaviour.

Plans for intervention need to include provision for:

3. *Changing the environment and the behaviour of others*

Making changes in the class or school and other people's behaviour that take into account the impact on the child of:

- The effect of the physical and sensory environment, school organisation and routines;
- The impact of medical problems, learning, social, emotional or communication difficulties on expectations, and how tasks should be presented and demands set;
- The interpersonal relationships between the child and others;
- Gaps in experience or reduced opportunities to develop skills.

4. *Teaching new skills*

Recognising that the pupil does not have the necessary skills to cope with the demands being placed upon them and, therefore, needs additional teaching or access to experiences that will help them to develop their skills. Coaching may be needed to develop:

- Academic Skills;
- Communication, social and co-operative working skills;
- Coping Skills – rethinking and reprogramming of responding to stressful situations;
- More appropriate skills to reduce problem behaviour.

5. *Providing motivation*

Identifying systems of rewards, and manipulating outcomes for the pupil in order to:

- Increase the likelihood of appropriate patterns behaviour being adopted;
- Eliminate or reduce the frequency of problem behaviour;
- Allow time for new skills to be consolidated.

6. *Reactive strategies*

Identifying short term responses to problem behaviour that will

- Ensure safety;
- Address immediately presenting problems;
- Allow take up time for longer-term strategies to take effect.

Appendix B – Positive Handling Plan (PHP)

Name of Child Dob.....

Every pupil who has been physically restrained on more than one occasion should have an individual management programme in place. This programme is prepared by the classroom teacher in consultation with the class team, senior teachers and wider agencies if appropriate. The plan is reviewed and updated as the need for physical restraint changes and when we review the IEP

Date PHP was started..... Date of this update.....

PHP Created by.....Position.....

Date of next review.....

1. Summary of range of challenging behaviours exhibited to date:

2. The purpose of the challenging behaviour:

3. Triggers leading to / causing the challenging behaviour:

4. Coaching targets for more effective behaviours:

-
-
-
-
-

5. Environmental changes to support effective behaviour:

6. The programme of positive reinforcement and appropriate sanctions:

7. Early warning signs of challenging behaviours:

8. Range of personal intervention techniques that have been needed to date:

9. Further personal intervention techniques that we may need to use in the future:

10. Defusing and calming strategies to employ when the early warning signs are exhibited:

Appendix C – Serious Incident Record when restraint has been used.

Name of pupil:	Gender:	M/F
Date:	Time:	

Time and location of the incident:

The circumstances, of which you were aware, that led to the incident:

Please use this guide to give details- please try to be accurate and concise:

- The student's behaviour and responses (include verbal and non-verbal)
- Anything relevant that was actually said by all parties involved
- Steps taken to defuse and de-escalate (Team Teach 95%)
- The dangers perceived (who was at risk from whom/ what?) and, if used, the reason for using physical intervention;
- Degree of force used and details/description of restraint technique used (eg T wrap/with chair or floor supports; single elbow walking/sitting; figure of four /double elbow. Defensive or disengage techniques for body hugs/ hair pulls/bites/kicks and punches.
- How long restraint was applied for and total duration of incident and the outcomes
- How was the episode resolved?
- Please state how the restraint was in the best interests of this pupil.
- Details of injuries, if any.

The name(s) of other staff or students that witnessed the event

Follow -up action required/taken by the Head of Service/Head teacher (delete as appropriate):
Health & Safety/RIDDOR form completed and copied to Local Authority
Child Protection procedures/ LADO referral:
Racial incident record
Parent/Carer contacted
Police or others informed
Risk assessment and positive handling plan requested for student
Other (give details)

Signature of member of staff reporting

Signature of Head Teacher

Date:

Date:

Appendix D – Risk Assessment Form

Introduction:

Risk assessment and management is a vital component of Health and Safety at Work requirements for all staff, employees and pupils in an educational setting. In the event of a serious incident arising from pupil behaviour, any reviewing body will pay close regard to the foreseeable risks and the approach taken to risk management in drawing its conclusions about whether reasonable action was taken by a school or individual staff member. For details, see DfES circular 10/98 and Guidance ref. LEA/0141/1001.

Who should be risk assessed?

- Identified students who may present challenging or dangerous behaviour from time to time.
- Behaviour that would warrant modification, or consideration to be made regarding the location, timing or staffing levels associated with managing the behaviour.

The identification of students may come from a variety of sources:

- As a result of behaviours exhibited in your educational setting.
- Another LEA from which the child has come.
- A previous school or Early Years provider.
- A Local Authority Social Services department.
- Youth Service.
- Health Authority.
- Police or Youth Offending Team.
- A parent or guardian of the student concerned.

What you should do with this risk assessment.

- Remember this is a confidential document. It should be distributed on a 'Need to know' basis, whilst ensuring staff and student safety is not compromised. Please seek further advice if you are in doubt about individual cases.
- Ensure that relevant members of staff have a copy. (This may include a variety of non-teaching staff, such as office and site management staff).
- Ensure that the Parent/Guardian of the student is involved, wherever appropriate, in its completion and has a copy.
- Ensure that there is a clear line of management associated with this document. By paying due regard to the details of risk presented by the student, additional strategies and staff should be deployed through an Individual Education Plan (IEP) or Individual Behaviour Plan (IBP). The aim of risk assessment is to allow as full participation as possible by the student in school life, without prejudice to other members of the community.

CONFIDENTIAL- Risk Assessment

Name of Educational Establishment _____

Name of Student _____ d.o.b _____ age _____

Name(s) of person(s) completing or assisting with the assessment:

Designation

(Student, where appropriate)

(Parent/Guardian.)

Date Completed: ____/____/____

Point of Assessment:

Prior to admission

(Please tick)

On admission

At Annual review/ planning meeting

Following one /series of critical incidents

Case co-ordinator (if appropriate) _____ date _____

Teacher _____ date _____

Headteacher _____ date _____

Types of Behaviour Causing Concern <i>(Please select those applicable and known to have occurred)</i>	✓	Frequency H = hourly D = daily W = weekly O = occasionally	Intentionality D = deliberate A = accidental or Incidental/ I = involuntary	Risk		
				Hazard (H) 1-4	Probability (P) 1-4	LEVEL OF RISK (H X P) 1-16 (add level descriptor)
Self Harm						
Bullying						
Swearing/Abusive						
Sexually abusing/inappropriate behaviour						
Violent/aggressive behaviour						
Impulsive/dangerous behaviour						
Substance/alcohol misuse						
Racial/Gender/Religious/Learning Disability discrimination						
Absconding/absenting						
Damage to property						
Offending behaviour (e.g stealing)						
Carrying/using a weapon						
Reckless disregard for personal safety (e.g. running across busy roads)						
Other <i>(Please specify)</i>						

(To complete this sheet, please refer to the 'Guidance Notes' in the Appendix)

TRIGGER POINTS

Educational difficulties.	<input type="checkbox"/>	<i>Details:</i>
Issues with certain staff.	<input type="checkbox"/>	<i>Details:</i>
Issues with certain peers/groups.	<input type="checkbox"/>	<i>Details:</i>
Control/authority issues.	<input type="checkbox"/>	<i>Details:</i>
Gender/Racial issues.	<input type="checkbox"/>	<i>Details:</i>
Frustration with self.	<input type="checkbox"/>	<i>Details:</i>

Additional details: The behaviour management plan should detail how levels of risk might be increased due to adult intervention. If necessary, please include here.

LOCATIONS OF VULNERABILITY

Classroom/teaching areas	<input type="checkbox"/>
	<input type="checkbox"/>
School transport (inc. taxi)	<input type="checkbox"/>
	<input type="checkbox"/>
Minibus/School trips.	<input type="checkbox"/>
	<input type="checkbox"/>
Practical lessons.	<input type="checkbox"/>
	<input type="checkbox"/>
P.E.	<input type="checkbox"/>
	<input type="checkbox"/>
Social time before/after school.	<input type="checkbox"/>
	<input type="checkbox"/>
Unstructured times (Playtimes).	<input type="checkbox"/>
	<input type="checkbox"/>
In corridors/between lessons.	<input type="checkbox"/>
	<input type="checkbox"/>
At mealtimes/dinner hall.	<input type="checkbox"/>
	<input type="checkbox"/>
Behaviour when medication not taken.	<input type="checkbox"/>

Additional details: (include any environmental conditions such as large groups and noise levels)

ADDITIONAL CONTROL MEASURES REQUIRED TO REDUCE RISK

1	Additional staff experienced in issues of Emotional Behaviour and Social difficulties. (*)
1	Specific timetable modification or curriculum disapplication. (*)
1	Specific/named senior staff as persons called for/student sent to in emerging crisis. (*)
4	Behaviour Management Plan (BMP) or existing Individual Education Plan/ Pastoral Support Plan. (*)
5	BMP with Positive Handling Strategies (Restrictive Physical Intervention) (*)
6	Specific equipment/resources made available to student or staff.
7	Identified location(s) for calming down or 'Time Out'.
8	Additional staff to support specific curriculum issues.
9	Staff not alone with student.
10	Supervised during unstructured times/playtimes/school arrival & departure
11	Parental support on hand/attendance in school.
11	Local Authority Social Services Dept. providing support.
11	Local Police informed.
14	Modification or restriction of school visits.
15	Increase of personal tutorials.
16	Change of tutor group/subject set groups.
17	Escorts in school transport/taxis.
(*) Please ensure that all necessary information is kept with this document, and available to relevant staff and parent/guardian.	

APPENDIX

GUIDANCE NOTES ON SOME CHARACTERISTICS ASSOCIATED WITH CATEGORIES

Matrix: Hazard x Probability= Level of Risk

<p align="center">HAZARD Level of Harm Presented</p>	<p align="center">PROBABILITY</p>	<p align="center">LEVEL OF RISK (Hazard x Probability)</p>
<p>LOW=1</p> <ul style="list-style-type: none"> Causes occasional and minor disruption. Little or no additional staff deployed. Causes some offence with some staff, e.g. swears as walking away/mutters under breath. No harm to others. 	<p>LOW=1</p> <ul style="list-style-type: none"> Could happen in occasional circumstances e.g. when confronted insensitively or by adults not known to the pupil. Taking part in a highly structured activity. Triggered by specific well-known factors that can be planned for. 	<p>LOW: 1 – 4</p> <ul style="list-style-type: none"> Acceptable range of behaviour given age, maturity, emotional difficulty and personal circumstances. Occasional incidents of non-compliance/challenge associated with mood swings. Potential health and safety risk to other staff and pupils.
<p>MODERATE=1</p> <ul style="list-style-type: none"> Occasional harm to others/or damage to property. Distress caused is more widespread. Offends with language, but still biddable. Extra resources/staff can often stabilise situation. 	<p>MODERATE=1</p> <ul style="list-style-type: none"> May happen with some regularity with known triggers. Documented patterns of antecedent and behaviours emerging. Will respond to staff at higher levels of authority or key worker. 	<p>MODERATE: 5 – 8</p> <ul style="list-style-type: none"> Commonplace incidents of non-compliance/challenge including dangerous behaviour associated with impulsiveness, a lack of anticipation and acceptance of consequentiality. Absenting or absconding. Ignoring adult advice and guidance. Student will usually respond to Positive Handling Strategies. Behaviour goes into remission quickly. Regular incidents of non-compliance/ challenge including aggressive confrontations with others. Will avoid adult supervision if possible. Reduce hazards where possible. Pupil considered for appropriateness of certain lessons/locations.
<p>SUBSTANTIAL=1</p> <ul style="list-style-type: none"> Frequent damage with necessary costs of replacement. Personal safety of student/others is compromised. Needing supervision and special arrangements. Implications for people/property beyond school grounds. Offensive and disruptive to a wide section of the community. 	<p>SUBSTANTIAL =1 (Very likely to happen)</p> <ul style="list-style-type: none"> Child does not show acceptance of authority hierarchy. Pupil may have become disaffected and disenfranchised. Most adults are unable to affect a positive intervention. 	<p>SUBSTANTIAL: 9 – 11</p> <ul style="list-style-type: none"> Numerous incidents of non-compliance and severe challenge, including violence and aggression associated with a loss of emotional control. Regular absenting from class necessitating monitoring. Undermining of adult authority to present challenge to the security of the structured environment, sustained over time. Will react negatively to Positive Handling Strategies but remission is forthcoming. Careful staff allocation needed to reduce likelihood and effects of behaviour. Work routines of student and peers needs careful planning.
<p>HIGH=4</p> <ul style="list-style-type: none"> Significant injury to others/self. Traumatic effect on peers/adults. Damage levels and replacement costs in excess of £150.00 	<p>HIGH=4 (Established pattern of very regular occurrence)</p> <ul style="list-style-type: none"> Expert management by groups of staff usually fail to remediate the situation. Pupil self control is virtually non-existent. Volatile and over-sensitised to school environment such that triggers are frequent and globally located around the establishment. 	<p>HIGH: 16</p> <ul style="list-style-type: none"> Numerous incidents of non-compliance and severe challenge including dangerous, violent and aggressive behaviour. Characterised by bullying and/or assault with premeditation. Undermining adult authority to the detriment of the security of the structured environment and the safety and welfare of other students/adults. Reacts badly to RPI strategies. Police need to be notified frequently or parental attendance as soon as possible. Immediate continuing action needed. Specialist plans being carried out by designated staff on a daily basis. Further advice needed. Outside support agencies available at short notice.