



# Willingdon

COMMUNITY SCHOOL

## **POSITIVE HANDLING AND PHYSICAL INTERVENTION POLICY**

**2017-2018**

# WILLINGDON COMMUNITY SCHOOL

## POSITIVE HANDLING AND PHYSICAL INTERVENTION POLICY

### **Section 1: Values and Principles**

1.1 Willingdon Community School believes that all students:

should have the right to feel safe, secure and cared for, and should have access to appropriate support, care and education which includes the support to manage their emotions and their behaviour including taking account of, and for their responsibilities.

**The use of physical interventions must never be used as a punishment and always be a last resort.**

The use of physical interventions should only be considered within the context of risk, be proportionate to that risk and appropriate given the age, understanding, gender and size of the child or young person. If at all possible physical interventions are avoided.

### **Section 2: Defining terms**

2.1 This policy applies to all students whose behaviour may place themselves and/or others at risk.

2.2 Restrictive physical interventions may include:

**Bodily contact:** where the physical presence of one or more people is used to control a child or young person, for example two people holding a person so as to restrict their mobility.

**Environmental change:** applying a change within the environment for example, the use of locked doors or key pads to prevent access to or from an area.

Willingdon Community School does not view as acceptable practice within its context **mechanical restriction:** the use of belts, straps or clothing that restricts the freedom of movement, for example the application of arm splints to prevent self-injurious behaviours.

Restrictive physical interventions may be assessed, in very extreme and unusual situations, as appropriate interventions within the Willingdon Community School setting but must always be accompanied by short and long-term behaviour support strategies that will work towards a reduction in the use of physical interventions if used in a planned or proactive manner. *(See section 2.3)*

2.3 Emergency physical intervention is the use of physical intervention in a situation of significant risk that was unforeseeable. Planned physical intervention is the proactive use of physical intervention as part of an overall behaviour support plan aimed at reducing the level of risk presented by behaviour and accompanied by appropriate preventative strategies.

### **Section 3: Legal issues and responsibilities**

3.1 An employee may have lawful excuse for the use of positive handling if:

- preventing a student causing harm to them self
- preventing a student committing a criminal offence,
- preventing the student causing harm to another person, this may include other staff, adults, volunteers or members of the public.
- preventing any behaviour which is prejudicial to the maintenance of good order and discipline within the school.

3.2 The decision to use positive handling or physical interventions must be taken in the context of the level of risk presented by the behaviour, the seriousness of the incident, and the relative risks of the use of any physical intervention compared with any available alternative.

3.3 The use of any physical intervention must also take account of the characteristics of the student including their age, gender, special educational needs, physical needs or disability, developmental level or cultural issues.

### **Section 4: Risk assessment**

4.1 In order to ensure the health, safety and welfare of children, young people and staff, it is essential that a risk assessment approach is adopted for all physical interventions. A record of these must be kept, with control measures and responsibilities noted and actioned.

4.2 When assessing risk the following must be considered:

- the environmental context of risk
- personal vulnerability factors affecting individual children and young people
- the probability of emerging risk and the seriousness of potential outcomes
- how preventative and proactive measures may affect the level of risk, and
- the potential outcomes of not intervening.

4.3 All children and young people who have behaviour support plans which include a written planned intervention must have an appropriate written behavioural risk assessment which dovetails with the written behaviour support plan.

4.4 Risk assessment procedures, policy and protocol must also take account of and minimise:

- The risk to students' physical and emotional well-being.
- The inherent risk that the use of physical interventions becomes routine
- The risk of abusive practices
- The risk of injury both physical and emotional to staff/employees

### **Section 5: Prevention strategies**

5.1 Prevention of critical incidents and appropriate support of individual children and young people are paramount. Effective individualised support of children and young people can prevent challenging behaviour and reduce the likelihood of incidents escalating. A graduated response must be adopted.

5.2 Willingdon Community School will ensure that staff:

- identify personal and environmental factors, which impact on individual students
- assess the reasons why students use particular challenging behaviours
- ensure that we develop strategies that help prevent challenging behaviour through effective support, therapeutic input and professional input
- ensure access to appropriate professional support for students
- monitor and evaluate behaviour and continue to review interventions accordingly.

5.3 Primary prevention will be achieved by:

- holding positive views of students and building on the relationships valued by the child or young person
- developing positive relationships with children and young people based on mutual respect and shared boundaries
- creating an environment in which students and staff feel safe and secure
- ensuring staff have the appropriate skills to effectively support students
- supporting students, as far as is possible, to understand their behaviour and learn alternative ways of expressing themselves or achieving their desired aim through alternative methods.
- encouraging effective and consistent support from the family unit or carers,
- involving, listening and taking account of the views held by the student in their personal plan.

5.4 Secondary prevention should be used where primary prevention has been ineffective and is achieved by:

- ensuring staff have clear guidance and appropriate skills
- recognising the personal indicators exhibited by individual students when they are having difficulty in managing their emotional state or are reaching crisis
- identifying previously successful diversion and de-escalation strategies, these must be incorporated in to the personal behaviour support plan,
- identifying emerging risk indicators
- ensuring there is a written record.

5.5 Staff must be mindful of the elevated levels of risk associated with:

- use of clothing or belts to restrict movement
- holding someone on the floor or forcing them to the floor
- any procedure which restricts the airways
- extending or flexing joints,
- pressure on neck, chest or abdomen.

The level of restraint employed must be the minimum necessary.

## **Section 6: Emergency physical interventions**

6.1 On occasions it may be judged by a member of staff or team that the use of a physical intervention may be appropriate given a level of relative risk in a situation that could be described as unforeseeable. Staff will remain responsible and accountable for their actions or inaction and must still act within current legislation and guidance.

6.2 The use of force may be justified and staff must remain aware of section 3 of this document. It is the case that in the event a member of staff/employee uses a physical intervention in an emergency the use of force must be justified and lawful. Staff/ employees are to be mindful of criminal and civil law as well as their duty of care. In an emergency the force used and the actions taken must be reasonable in that there was no alternative course of action that would have achieved a similar outcome.

## **Section 7: Proactive use of physical intervention**

7.1 If physical interventions are used in a planned manner the individual child or young person and/ or their parents and carers should wherever possible be involved in the plan.

7.2 The plan should follow a gradient approach and it is an expectation that staff should

- ensure there is an appropriate assessment of the target behaviour(s) and the function of the behaviour has been identified so far as is possible
- identify actions which will reduce the anxiety levels which lead to the behaviour being exhibited
- identify the primary prevention strategies and link to a behavioural risk assessment
- clearly inform staff of the secondary preventative strategies or action
- be specific in identifying the target behaviours which are of concern and behavioural indicators
- be specific in terms of long term and short term behaviour target, and
- identify when it may be necessary to use a physical intervention and if possible identify which physical intervention technique is assessed as being the most appropriate.
- Review the plan at least every six months.

## **Section 8: Reporting and recording**

8.1 A systematic reporting and recording process, which meets statutory obligations and is approved by East Sussex County Council, should be used.

In the event of the use of restrictive physical intervention it will be important to record the following:

- personal information relating to the student
- the context of the incident, time of day, location, environmental issues
- who was present including other students, staff, members of the public or family members
- type of incident and relative risk
- antecedent factors, what happened before the incident
- what alternative actions had been tried to prevent the escalation of the incident
- the reason that physical intervention was used and identify the technique
- what occurred following the incident, de-brief, support and the care of the student, or adult including others present,
- information shared with others including the student and their parents/carers and other professionals.

*To be retained in the student file:*

- A description of the behaviour(s) which led up to the use of a physical intervention.
- What alternative strategies had been tried and why they failed to be effective.
- A description of the technique which was used, the length of time it was used and the outcome.
- Who used the physical intervention.
- Who was present.
- Any injuries that occurred throughout the incident to student/Staff/other people.
- De-brief notes and comments of the student.
- De-brief notes of any witnesses and their comments.
- De-brief notes of the staff members involved and their comments.

8.2 Any injuries that occur to students or staff during a physical intervention must be reported and recorded in line with the *Reporting and investigation of incidents policy*.

## **Section 9: De-brief**

9.1 Following the use of restrictive physical interventions de-brief should be offered to the student, anyone present including other students and the staff involved in holding the student.

9.2 De-brief may be offered in a formal or informal manner. It is the responsibility of managers to ensure that de-brief is offered to people affected by incidents.

## **Section 10: Training**

The Headteacher must identify ongoing training needs for their staff to ensure they have the necessary skills to respond to pupils and also to make arrangements for such advice training and support to be made available to their staff.

Risk Assessments (including the completion of paperwork) is included in MAPA training.

MAPA (Management of Actual or Potential Aggression) Training is available to school staff.

For more information please contact [esbas.training@eastsussex.gov.uk](mailto:esbas.training@eastsussex.gov.uk)

The British Institute of Learning Disabilities (BILD) recommend that the MAPA training is refreshed annually

This policy has been prepared in accordance with East Sussex County Council Positive Handling and Physical Intervention Guidance 2016 and should be read in conjunction with that document,

This policy shall be reviewed annually.

## **Appendix 1**

### **Physical Intervention Record Sheet**



# **Willingdon**

## **COMMUNITY SCHOOL**

**RECORD OF**

### **PHYSICAL INTERVENTION**

**Student Name:**

**TG:**

**Date:**

**Form completed by:**

1. Description of the behaviour(s) which led up to the use of physical intervention.
2. What alternative strategies were tried and why they failed to be effective?
3. A description of the technique which was used, the length of time it was used and the outcome.
4. Who used the physical intervention?
5. Who was present?

6. Any injuries that occurred throughout the incident to child/staff/other people.
  
7. De-brief notes and comments of the child.
  
8. De-brief notes of any witnesses and their comments.
  
9. De-brief notes of the staff members involved and their comments.

Signed :

## **Appendix 2**

### **Notes on Positive Handling**

The notes should be read in conjunction with our Positive Handling Policy.

The Main aim of Positive Handling is to manage a situation without the need for any physical contact. We need to try to deescalate situations and refrain from making them worse by presenting any type of challenge or confrontation ourselves. Generally speaking we are very good at this and can talk students down very effectively. Sometimes, however, a situation will have escalated in the absence of any staff in close proximity e.g. on the playground or field. At other times we need to intervene physically to prevent someone hurting themselves or injuring another person.

We need to employ the lowest level of intervention we can. Usually staff coming over and talking to those involved will defuse a situation. Try to move away those who may be fuelling the situation. Students are more likely to back down if there isn't a large audience.

When students are already fighting or are at the point where they are just about to hit someone then we need to intervene and restrain. We need to ensure that we try as far as possible not to injure the student. It is recommended that we hold their arms above the elbow because this way we are less likely to hurt them. We must also avoid compressing their chest or neck. Usually our instinct will be to hold their arms or possibly bear hug them. We must never bring children down to the ground. We must maintain contact for the shortest time possible.

We need to ensure that we maintain their dignity as far as possible and to try to get them to a private area as soon as possible.

You must always summon support from another adult as quickly as possible. This may mean sending another student to get the next door teacher. Do not leave students who are fighting and go and get help yourself. Send a student.

Normally we should not stand in a student's way if they try to leave a classroom. The only time this may be justifiable is if we feel that he or she is intent on attacking someone and then we do need to restrict their path. However, other measures could also be taken such as moving the intended victim and other students to a safe place leaving the aggressor isolated. If a student does decide to walk out of your class you should alert On Call but you do not need to try to stop them, even if you feel you have lost face. Other students know this will be followed up separately and their learning doesn't need to be disturbed.

Whenever we find ourselves facing a potentially violent situation we should risk assess it immediately and decide what the most appropriate and least provocative course of action should be. We must always act in the best interests of the student, which may mean preventing them from carrying out a violent act which will have negative consequences for them.

Provided we have used proportionate and reasonable force we are indemnified by East Sussex County Council. If we don't intervene, we must also be able to justify why we didn't decide to do this.

### **Behaviour Risk Assessments**

Where we feel there is a strong risk of a student becoming violent DoSPs and SLT will undertake a Behaviour Risk Assessment.

We may add a Positive Handling Plan to this eg some years ago we created such a plan for a Year 10 boy who had times when he was very aggressive. He was a very big lad and we would have needed more than one person to restrain him. We decided that he should whenever possible be directed towards the front of the school where there are no other students. This gave him the opportunity to storm around without children taunting him or getting in the way. It also meant we could manage him without having to touch him. We also organised a heavy box of books which needed to be carried to certain places to distract him and make him feel important and positive. This box went back and forth from Reception to the LRC but luckily he didn't realise.

We need a similarly bespoke plan for anyone we feel is potentially aggressive or who may hurt themselves e.g. by head banging. Note that Physical intervention was a last resort and the other strategies put in place avoided the need for any further restraint.

## **Appendix 3**

### **National Guidance and related documents**

*Code of Practice for Trainers in the Use of Physical Interventions*, BILD (2006) Kidderminster  
*Children Act 1989 Guidance and Regulations Volume 4: Residential Care* (1991)

London: HMSO

Department for Education and Employment (1998) *Circular 10/98 Section 550A of the Education Act 1996: The Use of Force to Control or Restrain Pupils* London: HMSO

Department for Education and Employment, (2001) Letter and accompanying guidance on *Promoting Positive Handling Strategies* from the Head of DfEE Special Educational Needs Division to Chief Education Officers, issued on 24th April 2001

Department for Education and Skills, *Undertaking Risk Assessments on Pupils with Severe Behavioural Difficulties*, LEA/0264/2003, London: HMSO

Department of Health (2001) *A Safer Place: Combating Violence against Social Care Staff, Report of the National Task Force and National Action Plan*, Brighton: Pavilion

Department of Health (1993) *Guide on Permissible Forms of Control in Children's Residential Care*, London: Department of Health

Harris, J. Alan.D. Cornick, M, Jefferson, A. and Mills, R. *Physical Interventions: A Policy Framework* (1996) BILD Publications

Lyon C. Pimor.A, *Physical Interventions and the Law* (2004) BILD, Kidderminster

Mental Health Act (1983) *Code of Practice*, Department of Health and Welsh Office, London: The Stationery Office (1999)

*The Education and Inspections Act 2006*  
Chapter 40

Section 550AA of *The Education Act 1996* (inserted into *The Education Act* by s.45 of the *Violent Crime Reduction Act 2006*)