



## Appendix 4

### **Physical Contact and Intervention Policy** *or Physical Contact and Positive Handling Policy (remove as preferred)*

*This policy has been devised collectively by our staff to support and guide our understanding of when and what physical contact is appropriate, and how we can keep everyone safe when managing challenging behaviour. This policy should be read alongside / forms part of our Behaviour Management Policy.*

In November 2007\* the Department for Children, Schools and Families stated clearly for the first time that, '...no school should have a policy of no physical contact.' We believe that there are circumstances in which physical contact is necessary in order to meet the emotional, safety and care needs of children. Research has established that physical contact is important in developing relationships. The circumstances depend on the age, understanding and individual needs of the child. The paramount consideration is the welfare of the child. This policy is intended to safeguard the welfare of the child and protect staff by describing the circumstances in which physical contact may be necessary, and how we can act safely and preserve the pupil's dignity.

#### **Guiding Principles:**

- The welfare of the child comes first and takes precedence.
- We comfort children who are in need of comfort.
- We care for children who cannot care for themselves.
- We may touch children to demonstrate physical techniques.
- We hold children to keep them and others safe.
- We endeavour to maintain dignity for children and staff.

#### **Examples of circumstances in which physical contact may be necessary:**

- Prompting – a tap on the arm or a pat on the back.  
*(Can include 'communicating physical presence' - drawing/diverting attention.)*
- Guiding – leading by the hand, arm or shoulder.
- Supporting - assisting with or demonstrating moves in P.E., dance and drama, or teaching physical skills through guided action, such as handwriting (for pupils with SEN).
- Reassuring/comforting – an arm round the shoulder, patting and/or stroking the upper arm or back.
- Providing intimate care and/or medical treatment – washing, changing, applying creams/ointments and giving suppositories.
- Providing minor first aid – cleaning cuts and grazes; applying sun screen.
- Disengaging from a pupil's dangerous, harmful or inappropriate physical contact.

- Holding – to prevent a child from hurting somebody or themselves, breaking something, or getting into serious trouble.

Staff have a duty and responsibility to keep children safe. Sometimes things happen quickly. In an emergency, providing staff act instinctively, reasonably and in good faith, prioritising the best interests of the pupil, they will be supported. If there is time to think they should conduct a quick risk assessment and try to choose the best option for the child and others at risk (as below). Staff do not always need to make a physical intervention. They may decide to wait, call for help, move objects or remove other children from the situation.

Staff have the legal power to stop a child from hurting people, damaging property, committing an offence or causing serious disruption (see below). Whenever force is used it should be the minimum necessary to achieve the desired result; i.e. in the circumstances it should be reasonable, proportionate and necessary. In almost every case a range of de-escalation strategies will be attempted before restrictive physical intervention is considered.

#### **Safeguarding Children and Staff:**

- Staff should try to ensure that any body contact is against the hip.
- Whenever possible, when needing to guide or hold children, staff should aim for the shoulders, elbows and arms.
- Staff who work closely with younger children should, where possible, avoid allowing them to sit on laps. A preferable alternative is to sit a small child sideways on the thigh with the legs facing outwards. This reduces the risk of misunderstandings and allegations.
- If members of staff need to sit on the floor with children, they should attempt to position the child to the side rather than between staff legs.
- The clear rules about touching need to be explained to the children.
- Touching should be carefully considered or avoided in conditions that are private and in areas where there is no open access.
- Whenever possible a second member of staff should be present.

#### **Physical Intervention:**

- Physical intervention can be regarded as any physical contact, however minimal, that is intended to redirect or stop someone from doing what they would otherwise have done. This would include communicating physical presence (drawing/diverting attention), prompting or supporting an action, or guiding/directing someone to move in a different direction, as well as Restrictive Physical Intervention (RPI), where a pupil's actions are more forcefully restricted to prevent movement or mobility, such as to prevent harm or risk to themselves or others.
- Positive Handling refers to the whole range of de-escalation and management strategies, including where necessary, physical intervention.

## 1 Objectives

- We manage challenging behaviour using a range of strategies informed by our collective understanding of behaviour and positive handling, including crisis escalation and the effects of our own actions.
- Pupils are treated fairly, with courtesy and respect. We model good conduct at all times, and work for effective outcomes, not winners and losers.
- Challenging behaviour is often the result of a breakdown in communication. We aim to understand what function a behaviour serves, and to facilitate the child learning more socially acceptable means of expressing their needs.
- We aim to teach pupils to understand behaviour, and make positive choices to moderate and control their own behaviour. We never plan for mere containment, though circumstances may sometimes dictate it has to be our priority.

## 2 Minimising risk and the need to use force

- Most escalating conflicts can be resolved without the need for physical intervention.
- Establishing and maintaining good relationships with children is crucial to positive and effective behaviour management.
- We use de-escalation strategies, including diversion, distraction, defusion and negotiation to prevent violence and reduce the risk of injury to pupils and staff. (See staff responses below.)
- Supporting each other as a team helps to keep pupils and staff safe. We consider seeking help as a professional strength, not a weakness.

## 3 Incidents that might require the use of force - by authorised staff

- Teachers, and others employed or volunteering in a school who are authorised by the head teacher (those entered onto the school's 'authorised list'), have the right in law to use such force as is reasonable in the circumstances to prevent a pupil from doing or continuing to do, any of the following:
  - a) committing a criminal offence
  - b) injuring themselves or others
  - c) damaging property
  - d) prejudicing the maintenance of good order and discipline  
(at school or among any pupils under their supervision out of school, such as en route home or on outings; see Circular 11/07, Para 10).
- It must be shown that the situation could not be resolved safely without the use of force – i.e. it was **necessary** - and that the force used was **reasonable** and **proportionate** to the dangers/risks. A pupil may be physically restrained, or an authorised adult may protect themselves, only to the extent of using the minimum degree of force that is needed in the circumstance to effect the restraint, and usually only 'as a last resort' (examples above).
- Anyone who is physically attacked has a right in common law to defend themselves. However, we expect staff to use the training provided to keep everyone safe, and use balanced judgment based on dynamic risk assessment in all situations. If it is possible,

we should remove ourselves from the immediate vicinity, or from the attacker, without putting others at risk.

- Pupils with SEN/AEN have the right to be treated no less favourably than their peers, and staff have a legal duty to make reasonable adjustments to ensure they are.

#### 4 Reasonable force

- There is no legal definition of what is 'reasonable', nor what is 'necessary' or 'proportionate'. A behaviour which may normally seem trivial could be more serious if the circumstances change – such as a child running in a crowded corridor.
- Staff need to use their training in behaviour management (including physical intervention), knowledge of the child (including any SEN/AEN), the agreed strategies detailed in the child's Positive Handling Plan (if there is one), and the current environmental constraints, to dynamically assess the risks, and select from a range of optional strategies. The risk assessment is 'dynamic' because circumstances continue to change and require continuous re-evaluation of all factors in order to maintain safety for all concerned.
- We aim to use the least intrusive and least restrictive intervention - using the minimum reasonable force for the shortest time.
- Physical interventions should not cause pain. Also, it is against the law to use Restrictive Physical Intervention as a form of punishment.

#### 5 Deciding whether to use force

- We expect staff to use all available means to avoid physical intervention wherever possible. Verbal and non-verbal communication should be the first line of approach.
- Physical interventions should only be used in conjunction with other strategies designed to help pupils learn alternative, more acceptable behaviours.
- Every situation escalating towards a possible crisis requires dynamic risk assessment to decide on the safest course of action for all concerned (see 'Reasonable Force' below).
- Any physical intervention should be justifiable as *in the best interest of the pupil*. Even where physical intervention is legally permitted and seems appropriate, it may not be safe or *in the best interests of the pupil* or others; we may have to focus instead on removing others from harm or making the environment safer.
- The use of any form of physical intervention carries the risk of allegations of abuse against staff. However, staff are equally open to accusation of a failure of 'Duty of Care' if a child / young person suffers as a result of a refusal to intervene physically where it probably would have kept them safe.
- Where a pupil has a sensory or physical disability, or a learning difficulty, particular care will be required to ensure that the pupil understands what is happening and to ensure that our actions are not discriminatory. In recording incidents, we should include any reasonable adjustments that were made in managing the child's behaviour.
- We need to pause for 'thinking time', be confident in our reasoning for choosing to use physical intervention, and clearly communicate our positive intent wherever possible; in

crisis management we are judged by what we feel, think, say, do and record. (See 'Recording' below.)

## **6 Avoiding confrontation - staff responses to escalating aggression**

- We should explore the interaction between environmental setting conditions and personal factors for each pupil who presents challenging behaviours, modifying conditions to reduce the likelihood of such behaviour.
- We look for the earliest signs of possible crisis - distress, agitation, anxiety and building anger or aggression. We look for changes in behaviour, rather than just types of behaviour. We employ defusion, diversion and other de-escalating techniques continually throughout the interaction, including any physical intervention, until the pupil is calm.
- Do (whenever possible):
  - ✓ Intervene early to avoid reaching crisis level.
  - ✓ Consider the age, maturity and ability of the pupil.
  - ✓ Remain calm and appear confident throughout. Maintain control of your own communication style and physical presence. (If you are not calm, seek help.)
  - ✓ Use open and positive body language, and do break eye contact.
  - ✓ Get reasonably close (but not too close) and talk quietly. Sit down or get down to the pupil's level, if appropriate.
  - ✓ Avoid an audience.
  - ✓ Acknowledge the pupil's emotional state and state clearly the offer of your support.
  - ✓ Encourage talk, and be prepared to listen.
  - ✓ Allow time and space.
  - ✓ Restate clearly your reasonable expectations.
  - ✓ Offer choices.
  - ✓ Divert the focus, e.g. by humour (not sarcasm) or by suggesting a different activity.
  - ✓ When physical intervention becomes necessary, use the minimum force required to control the situation.
  - ✓ Apply RPI for the minimum time possible, continuing to use de-escalation strategies, including verbal communication, to enable release as soon as possible.
  - ✓ Continue attempting to calm the pupil down, making it clear that restraint will cease when it appears safe to do so and the pupil is demonstrating calm and self-control.
  - ✓ Be prepared to lose face where necessary. If you think a change of face may help defuse the aggression, ask someone else to take over.
  - ✓ Remember that no one person has all the answers; teamwork is the best approach, and helps keep everyone safe.

- Do not (whenever possible):
  - ❖ Appear angry or aggressive. Don't take angry comments personally.
  - ❖ Invade personal space. (Don't back the pupil into a corner- literally or metaphorically.)
  - ❖ Shout or try to 'volume match'.  
(Unlikely to be ineffective in avoiding or de-escalating conflict - as distinct from shouting to draw attention to stop a child doing something dangerous.)
  - ❖ Use personal comments.
  - ❖ Make promises you cannot keep.
  - ❖ Ask 'open' questions e.g. 'Why?' or 'Are you....?'
  - ❖ Insist on 'getting your own way'.
  - ❖ Lock a pupil in a room or block their exit - unless in exceptional circumstances. (See 'Seclusion' below.)
  - ❖ Chase a pupil who runs/walks away, unless (exceptionally) the risk to which they will be exposed seems greater than the risks inherent in a pursuit.
  - ❖ Attempt physical intervention before adequate assistance is on hand, unless it is obviously essential to intervene.
  - ❖ Expect to manage all incidents successfully.
- These examples would NOT be regarded as acceptable:
  - ❖ Striking, slapping or kicking a young person.
  - ❖ Pulling a young person's hair or ear.
  - ❖ Squeezing or holding a young person's neck.
  - ❖ Shaking a young person.
  - ❖ Lifting a young person off the ground to intimidate him/her.
  - ❖ Forcing a young person's arm up behind his/her back.
  - ❖ Holding a young person's face down on the ground.

*(You may wish to add a note relating specifically to distressed pupils leaving the premises and putting themselves at risk . . . i.e. Use physical intervention, if necessary, to prevent a distressed pupil leaving the premises and putting themselves at risk. /or re-word it and place in the 'do not' list, especially for older pupils.)*

## **7 Seclusion**

- It is against the law to lock a pupil alone (where no adult is present) in a room or bar their exit, except by presenting a physical barrier, *other than in an emergency*. As there is no clear legal definition of this term 'in an emergency', *we as a staff team agree the first occurrence of the pupil's behaviour would constitute an*

emergency; any repetition would create a degree of predictability that should trigger the formulation of a Positive Handling Plan.

- Our 'quiet space' can be used to help de-escalate conflict, by isolating a pupil from a trigger or an audience, to re-focus attention, reducing stimulation and anxiety, but the rationale for using it needs to be clear and unambiguous, and at least two staff should normally be involved.
- This space can be used for 'Time out' (pre-planned and written into a pupil's Positive Handling Plan) or 'Withdrawal'. The rules about the use of such rooms must be understood and followed. Ask for clarification if unsure.

## 8 Positive Handling Plans

- For some children and young people behaving in an obstructive, harmful or dangerous fashion is a regular response to certain situations. For any pupil assessed as being at greatest risk of needing restrictive physical interventions we construct 'Positive Handling Plans' (PHPs) to guide our practice, in consultation with the pupil and his/her parents. This will often be preceded by a written risk assessment.
- A PHP should:
  - bring together contributions from key partners working in partnership
  - include potential risks; include risks assessments where necessary and alert people to risks
  - examine options for responding to these challenges including techniques for de-escalation
  - warn against strategies which have been ineffective in the past
  - include preferred strategies and suggest ideas for the future
  - be agreed and signed by all parties involved, particularly the pupil and parent
  - be communicated to all who work with the pupil
  - be reviewed regularly.
- Where risks are known, staff will be deployed to ensure that appropriately trained staff are available to respond to any incident which requires physical intervention. Staff will not normally be expected to work alone in isolated situations with pupils whose behaviour is such that the likelihood of confrontation is increased.

## 9 Post-Incident Support / Teaching

- After an incident involving RPI, as soon as heightened emotions have reduced, the pupil and staff involved should be offered an appropriate de-briefing (listening and learning process). We need to consider appropriate recovery times for those involved and the possibility of the need for continuing support/counselling.
- To enable the most effective learning process, we need to:
  - Listen actively (using positive listening skills).
  - Resist the temptations to interrupt, to 'fill silences' or to 'tell our own story'.
  - Examine the emotions/feelings of the child and understanding of cause/effect rather than factual accuracy.
  - Record the views of those involved, particularly the pupil, the level of understanding and learning achieved, and agreed future actions. (Attach this to the Major Incident Report form.)

- After any incident a discussion should take place between all staff involved, reflecting on actions and effectiveness/outcomes. This discussion should be non-judgemental; the incident should be seen as a learning experience for the staff involved, which impacts on the practice, procedures and policy of the school. Concerns should be reported to senior managers for future training or policy development.

## 10 Reporting and Recording

- All incidents of seriously challenging behaviour are to be promptly reported to senior management for entry in the 'Bound and Numbered' book, then clearly and fully recorded using a Major Incident Report form (when everyone has recovered), **whether involving the use of physical intervention or not.**
- The Major Incident Report form should:
  - be submitted to the headteacher (keep a copy), for monitoring/signing
  - be signed by all parties involved (to show agreement to the report)
  - include full details of the incident (including precursors and strategies used - non-physical and physical)
  - include a description of the pupil's views and the debrief (if able/willing to give)
  - record communication with parents/carers and others
  - record offering of medical examination (or alternative decision if appropriate)\*\*\*\*
  - record monitoring of physiological effects where elevated risks are suspected
  - inform positive handling plans (PHPs).
- A full account of the incident (and actions taken and follow-up) will be provided to the pupil's parents/carers at the earliest opportunity, if possible before the young person leaves the school. In the first instance telephone, then follow up with a letter, offering or possibly asking for a personal meeting.
- When writing up serious incidents staff should be clear about the reason physical contact was necessary. A typical account should attempt to answer the following questions:
  - a) When you made a risk assessment\*\* what were you thinking about?
  - b) How was this in the best interests of the child concerned?
  - c) Why did you think you could accomplish it safely?
  - d) What did you expect to happen?
  - e) What actually happened?

## 11 Monitoring Incidents / Reviewing Procedures.

- The head teacher will monitor and evaluate all Incident Records, along with the impact of any training in physical intervention techniques. He/she will analyse the data and report the patterns of incidents involving the use of physical force to the governing body every half-term (Circ. 11/07, Para 54).
- The local authority has a responsibility to monitor and review the use of physical interventions, and does so in the following three ways:
  - a) Monitoring officers from Children's Services (from the SEN/Inclusion and from Safeguarding) will visit the school annually (or more often if agreed) to monitor and review our systems for reporting and recording the use of physical



intervention. These visits include a review of staff's views of the effectiveness of their systems, a random sampling of incident reports, cross-referencing to the bound-and-numbered book, and a check of the presence of an 'authorised list'. The outcome and any helpful recommendations are reported back to the Head Teacher and the Chair of Governors.

- b) If training on physical intervention has been implemented, the effectiveness of that implementation will also be monitored via the annual monitoring visit.
- c) We are also required to telephone the monitoring officers, then submit a copy of the incident report, for any incident of physical intervention which results in injury to any party involved.

## 12 Training

- Staff who work directly in the supervision of our pupils (with an expectation of responsibility for their behaviour) will be provided with training in the safe application of physical intervention within 3 (?) months of employment. Staff are legally obliged to attend such training.
- We use *Team-Teach* (BILD accredited training, and Darlington Children's Services' preferred approach to behaviour management).
- Staff should normally only employ those physical interventions which they have been trained to use
- *Team-Teach* techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the service user remains safe. (modify or remove if not using Team-Teach)

*This policy will be reviewed/updated every 12 months, approved by the governing body, and communicated to staff, parents and pupils.*

*Optional . . . if you choose to split this document . . .*

*Staff must also refer to the working document 'Guidelines for Physical Intervention.....' which contains fuller details of specific actions, examples of situations, and references for further reading. \*\*\**

\*\*\*\*\*

\* *The Use of Force to Control or Restrain Pupils*, DCSF (Nov. 2007).

\*\* This refers to a 'dynamic assessment' formed during an interaction, but there may also exist a written assessment that forms part of a Positive Handling Plan for the pupil.

\*\*\* *As our staff are trained in Team-Teach, please use the training guidance provided to you, and ask if you believe you are in need of early refresher training. (take out if not planning to use the training)*

\*\*\*\* Staff should consider seeking medical assistance whenever they have concerns about the physiological or psychological state of the pupil during or following the intervention. Pay particular attention to any changes to breathing patterns. Do not hesitate; seek guidance if unsure.

<sup>o</sup> DfES/DOH Guidance (2002).

Other references:

*Guidance on Physical Contact and the Use of Physical Intervention in Educational Settings* D. Ch. Services (Nov. 2009).  
*Thinking Through Behaviour Scenarios*, Bernard Allen (2008).