

PHYSICAL INTERVENTION POLICY

March 2020



Introduction

This Policy should be read in conjunction with:

- DfE Guidance Use of Force 03/12 Section 93 of the Education.
- West Lea School Positive Behaviour, H&S and Safeguarding Policies

Behaviour and safety at West Lea School is outstanding. Staff, pupils and parents form very positive relationships and, in general, our pupils interact with others in a very positive manner. Positive touch is part of our everyday interactions with our pupils i.e. holding younger pupil's hands when walking around the school.

For the majority of our pupils, physical intervention/restraint will never be required.

However, on occasion a pupil may become very distressed/upset and at times their behaviour may challenge those around them. Keeping the child, and those around them, safe at these times is essential and this may mean physical intervention/restraint is required. Usually this would be a one-off situation and staff will deal with this in a sensitive, professional manner. Occasionally a pupil may require physical intervention/restraint as part of their Behaviour Plan. If this is required a Positive Handling Plan should be written with all members of the team, the child (as appropriate) and the parents/carers.

A Positive Handling Plan for an individual pupil should be seen as an integral part of the whole school process of education and care. Its success will be derived from a whole school, holistic response to positive behaviour support and the process for appropriate implementation is firmly based within a procedural approach that is owned by all staff involved, which includes the child.

Where there is clear potential that exists for an individual pupil to repeat behaviour that may be harmful to themselves, others or property it is good practice to draw up a Positive Handling Plan for that child.

Staff employing positive handling techniques share common values that include a commitment to operate within the law and to provide a service that adheres to accepted professional standards at all times.

Positive Handling Strategies

Physical Intervention should only be used where it is reasonable to do so to prevent harm occurring to the child or others and it is this philosophical stance that links the legal framework with good practice. In the event of a legal challenge the school would be expected to provide evidence to show how the behaviour procedures promoted the avoidance of harm being caused. A Positive Handling Plan clearly links policy to practice and shows how an individual planned approach has been developed for the child.

The Positive Handling Plan is based upon five main criteria:

- That the child is involved, as much as possible, from the outset
- That the plan promotes and on occasion, improves curriculum access
- That a specific target is set which aims to reduce physical intervention
- That the plan is based upon changing conditions and approaches toward the child from one of control to one of co-operation.
- That it affords the individual pupil with opportunities to own and subsequently change their behaviour

It is acknowledged that even with the best planning there may occur situations where the pupil may participate in aggressive behaviour. As professionals our response should be aimed at being proactive and attempting to

anticipate the possibility of challenging behaviour and taking action to reduce the likelihood that they may occur.

Key Principles

When developing, implementing and evaluating Positive Handling Plans the following key principles should always be taken into consideration:

- Any physical intervention should be consistent with the West Lea School Positive Behaviour Policy
- Working within this policy, only staff who have received practical training should implement physical intervention (APPROACH)
- Procedures for assessing risk and in particular risk assessment for pupils should be undertaken to ensure all aspects of Health and Safety are considered for both pupil and staff.
- Positive Handling Plans must always have the interests of the child as the primary consideration and must pay due consideration to the child's special needs
- At all times a 'Duty of Care' for and to the child should be of primary concern
- Any planned physical intervention should be justified in respect of what is known about the child's special needs based upon multi-disciplinary assessment, alternative approaches/behaviour support which have been tried, an evaluation of the potential risks involved, and reference to APPROACH techniques and methodology.
- Pupils and their parents/carers should be actively involved in the process.
- Physical interventions should only be employed using '**the minimum degree of force for the shortest possible period**'.
- Pupils who experience physical intervention should be assessed for signs of injury, pain or psychological distress and these should be recorded on an Incident Form and in the behaviour module in SIMS.
- Plans should have built in intrinsic experiences for the pupil that promote learning opportunities for them to own their own behaviour and the ability to develop coping strategies.
- The techniques to be used during physical Intervention should be clearly recorded on the plan and shared with all relevant staff, and parents/carers. A copy of the plan should be kept in the pupils' file.
- A Positive Handling Plan should be part of an overall Behaviour Support Strategy for the pupil.
- The staff should ensure that all incidents are clearly, comprehensively and promptly recorded in line with school policy, these will be indicated on the Positive Handling Plan proforma (see appendix 2).
- All Positive Handling Plans should be reviewed at least termly, or as the need arises.
- **It is the Key Stage Leaders who are ultimately responsible for the development, implementation and monitoring of the behaviour support plans.**

Please see appendix 1 for model proforma for Positive Handling Plan (guidance notes)

WEST LEA SCHOOL

POSITIVE HANDLING PLAN (GUIDANCE NOTES)

Appendix 1

NAME:	CLASS:	YEAR:
REVIEW DATE:		

ADDITIONAL INFORMATION:

e.g. Medical Data: known medication/Asthma/Nose bleeds etc.

This information is vital if appropriate positive handling strategies are to be implemented. Any strategies must be on an individual needs basis and where appropriate link to moving and handling strategies.

TRIGGER BEHAVIOURS: (Describe situations/behaviours which are known to have led to Positive Handling be required)

Link to risk assessment. As part of the process it is important to evaluate current practice and collate data that affords the school with the opportunity to accurately assess environmental factors that may be influencing a child's behaviour

TARGET (S):

A target should be set that is SMART and that looks to reduce the number of physical interventions of a specific time-scale. The target should be based upon pre-requisite information about the child and/ or baseline data.

SUCCESS CRITERIA:

This section should include additional resources that may be required to meet the target.

PREFERRED SUPPORTIVE STRATEGIES: (Underline/Describe strategies which, when and where possible, should be attempted before positive handling techniques are used).

Verbal advice/support

Reassurance

Tactical ignoring

Negotiation/Partial agreement

Transfer adult

Planned positive distractions, what?

Positive touch, who?

Descriptions of reality. Take up time.

Time out offered/directed

Choices/limits/consequences

Others:

i.e. Classroom organisation.

This section links the behaviour policy of the school with the overall process of positive handling. Primary and Secondary strategies that should be employed as whole school approaches are outlined and agreed prior to physical intervention taking place.

Preferred Handling Strategies: (Described the preferred staff responses/holds)

It is important that the strategies for responding to individual behaviours are individualised in respect of meeting the needs of the pupil who presents the behaviour.

Technique	Standing/Sitting	Number of staff	Breakaway Techniques
<i>In line with the school's Behaviour Policy and any training that may have been undertaken</i>	<i>Graded in terms of severity of intervention</i>	<i>Where appropriate staff should be named and have received training.</i>	<i>Staff should not physically intervene if they are not confident or competent.</i>

REPAIR AND REBUILD PROCESSES FOLLOWING THE INCIDENT (What care is to be provided? What learning will the child be reintegrated back into school?)

This is the medium which enables the child to begin to own their own behaviour and in turn develop alternative strategies. It is imperative that the approach adopted is procedural, certain and predictable with clear roles responsibilities established within the plan.

RECORDING AND NOTIFICATION REQUIRED:

Recorded on behaviour module in SIMS (dates)

A positive Handling Plan does not replace the school's formal procedure for recording and reporting incidents.

EVALUATION (This section is to be completed during the review)

Over time, behaviour patterns of individual pupils will change as will the benefits and risks associated with any physical intervention. Each review should include a formal meeting of all relevant personnel involved and the success of the plan should be measured against the original target.

SIGNATURES:

It is important to get people to 'sign up', especially the parents/carers.

Head Teacher: **Date**

Parent / Carer **Date**

Staff authorised to use techniques **Date**

Others **Date**
e.g. Social Worker

WEST LEA SCHOOL

POSITIVE HANDLING PLAN

Appendix 2

NAME: REVIEW DATE:	CLASS:	YEAR:
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ADDITIONAL INFORMATION: e.g. Medical Data: known medication/Asthma/Nose bleeds etc.

TRIGGER BEHAVIOURS: (Describe situations/behaviours which are known to have led to Positive Handling be required)
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TARGET (S): SUCCESS CRITERIA:
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PREFERRED SUPPORTIVE STRATEGIES: (Underline/Describe strategies which, when and where possible, should be attempted before positive handling techniques are used).	
Verbal advice/support Reassurance Tactical ignoring Negotiation/Partial agreement Transfer adult Others: i.e. Classroom organisation.	Planned positive distractions, what? Positive touch, who? Descriptions of reality. Take up time. Time out offered/directed Choices/limits/consequences

Preferred Handling Strategies: (Described the preferred staff responses/holds)			
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Others Date
 e.g. Social Worker

DOCUMENT REVISION HISTORY

VERSION	DATE PREPARED	CHANGE DETAILS
INITIAL ISSUE	October 2016	Initial Draft Document
REVISION 1	October 2016	Final Document
REVISION 2	March 2020	<ul style="list-style-type: none">- No amendments- Final document
ADD ROWS AS NEEDED		