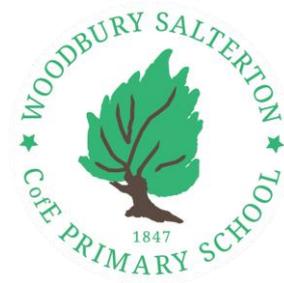




Pebblebed Heath Federation



Whole School Passive Intervention and Prevention Strategies

Rationale

When dealing with crisis situations need to maintain values of care & well being whilst needing to use physical intervention. The school has clear emergency procedures for dealing with such incidences. i.e. - what do the other children do, if an adult need help how do they get it and how adults are required to hold children if necessary. All staff are aware of procedures and strategies within the policy.

Principles

The following principles underpinning passive intervention and prevention strategies:

- the safety of child and staff are equal
- the safety of child and staff is paramount
- the skills of guiding, safe touch, holding & restraint are acts of care which combine with calming, diffusing and problem solving

Even when physically intervening, the adults aim to become part of the calming down process and not escalation. At Pebblebed Heath Federation we work hard to support the statement that 'Whatever the problem, speaking and listening are part of the solution'. We have agreed clear expectations and consequences and give our children as many coping strategies as possible.

It is therefore only in extreme circumstances that we will consider using physical intervention with a pupil; when all other strategies that do not employ force have been tried and found unsuccessful, or in an emergency situation.

The Legal Framework

DfEE Circular 10/98 sets out the three broad categories in which *reasonable force* may be appropriate, or necessary, to control or restrain a pupil.

1. Where action is necessary in self defence because there is an imminent risk of injury.
2. Where there is a developing risk of injury, or significant damage to property;
3. Where a pupil is behaving in a way that is compromising good order and discipline".

The decision to use physical intervention will be made only where it is necessary for staff to prevent a child from inflicting damage on themselves, on others or on property. Any physical contact must use minimum force for desired result and be proportionate to any force used against you.

Questions for practitioners to ask themselves before intervening:

- Is it necessary?
- Is it in child's best interests?
- Is it reasonable and proportionate?

Passive Intervention Procedures

Some children find it difficult to retain control of their emotions or actions. Whilst supporting these children, staff need to recognise when the child is responding to the adult's presence and when this has ceased to happen. A child who finds self-control difficult and is refusing an adult represents a significant risk.

Staff will intervene where a child is liable to hurt themselves either by their actions or putting themselves in danger e.g. running near a car. Equally, staff will intervene if a child's actions are liable to cause harm, scare or intimidate another pupil, or cause damage to property, which again creates a significant risk of harm.

The aim of any action is to bring a situation to a quick and calm conclusion. However, staff will always need to weigh the situation carefully, as a physical response to a physical outburst can often be inflammatory. If the pupil can be maintained in a calm and safe environment away from other children (and stimulus) this would be a preferred option. In this situation other staff should be alerted and available to support.

If the child's outburst is around other children and appears to be escalating, staff need to encourage the child to come to a safe, calming down area. If this fails, bring the other children away and remove the 'audience'. Again, other staff members should be alerted and available to support.

Use of a calm, but authoritative voice and approach is important and again helps to de-escalate events.

If all calming, or 'ignoring' techniques fail and the risk remains significant, or rapidly escalating, staff should consider the following points:

- Additional staff must be made aware or available. Do not leave the situation, but send a pupil if possible.
- Do not put yourself in danger by tackling a situation where you do not feel confident – support of a partner member of staff enables you both to be much more effective.
- Use the minimum amount of force for the minimum amount of time to allow the child to regain self-control.

Reasonable force carries responsibilities to physically intervene without causing undue harm to the child.

Types of physical intervention which may be appropriate:

- Any holding tactic in which a young child is restrained without injury until the young child calms down, in particular and where possible, sitting in a comfortable place maximises the calming effect and is more dignified
- Physical contact with a young person designed to control the young person's movements which pose a danger (e.g. holding by the arms against the side of the body). Standing by the side of the young person is likely to minimise the risk to adult and young person.
- The holding of a young person's arms or legs to prevent/restrict striking/kicking, responding to their movements, not directing them
- The use of sufficient physical force – without causing injury - to remove a weapon/dangerous object from a young person's grasp (if foreseeable this requires specialised training).

In all cases of physical intervention the incident must be documented and reported. All staff present must write and sign an independent report to be given to the Head and/or SENCO. Parents must also be informed.

Under the circumstances outlined in this policy, physical intervention by staff may involve:

- physically interposing between pupils
- Blocking a pupil's path
- Sitting by the child's side
- 'Looking after the elbow' i.e. avoiding a child from lashing out at another
- Palms on elbows, avoiding grabbing or gripping
- Leading a pupil by the arm
- Shepherding a pupil away by placing a hand in the centre of the back
- (in extreme circumstances) using more restrictive holds

Staff should not act in a way that might reasonably be expected to cause injury to the pupil, but should try to be passive and respond to the child's movements, rather than control them.

The member of staff involved should advise the young person calmly and repeatedly that he / she could stop the need for physical intervention by applying self-control. A positive script of choices will be used, i.e. 'which room do you want to go to calm down?' The young person should be released from restraint as soon as it is safely possible. 'Release' must always be carried out in a planned, controlled way.

In all of the above, the person exercising the restraint must be authorised and must have received appropriate approved training.

Physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures. Equally, under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction.

Debriefing after an incident is considered important in ensuring that the learning points are drawn from the incident.

As soon as a member of staff has decided to intervene physically in order to prevent injury occurring to any person, or serious damage to property, then he/she should:

- (i) Give clear instruction warning the young person of the consequences of failure to comply. **Note:** this warning must not comprise of any threat of unlawful assault.
- (ii) If at all possible, a second adult should be called. The importance of the presence of a colleague is twofold: a) Another member of staff may be able to reduce the risk of the member of staff or young person suffering bodily harm – a solitary person is in a very exposed position if, for example a fight is in progress. (b) There is a witness if allegations of assault are subsequently made by a young person or parents/carers.
- (iii) While intervening the member of staff must: employ minimum physical force necessary for the minimum period needed to restrain the young person; wherever appropriate keep talking to the young person for example 'where shall we go to calm down?' demonstrating empathy to their feelings, i.e. 'I can see that you are feeling very cross'; keep his or her temper under control and ensure that there is a record of the incident and inform parents/carers.
- (iv) Record this incident on CPOMs outlining the following information: lead up to the incident, reason for physical intervention, length of time, type of handling, name of adults involved.

Risk Assessments, Individual Behaviour Plans and Care Plans

Although most pupils in Pebblebed Heath Federation will never require any form of physical handling, staff may have to deal with instances of disturbed, distressed or distressing behaviour. It is therefore necessary to carry out risk assessments. In order to reduce risk as far as possible we will carefully manage:

If we become aware that a pupil is likely to behave in a disruptive way that may require the use of reasonable force, it is our intention to plan how to respond if the situation arises. Such planning needs to address:

- Managing the pupil (e.g. reactive strategies to de-escalate a conflict)
- Involving the parents to ensure that they are clear about the specific action the school might need to take;
- Briefing staff to ensure they know exactly what action they should be taking (this may identify a need for training or guidance);
- Ensuring that additional support can be summoned if appropriate;
- If physical handling is likely to be necessary this should be included in the pupil's IEP or IBP together with de-escalation strategies, the manner in which the pupil may be held, how support will be summoned and any medical factors to be considered.

Review Procedures:

The school has a review process for incidents where physical intervention has taken place. The review will include the following:

- What steps are taken to ensure that minimum reasonable force is used if physical intervention is needed?
- Have the incidents needing physical intervention increased/decreased?
- Are incidents monitored to ensure that the length of time physical restraint is used is kept to a minimum?
- Are practices reviewed and alternative methods which do not involve physical restraint explored as a possible outcome in each case?
- What steps are taken to ensure that physical restraint causes a minimum of pain or distress?
- Where physical intervention is being used, what method is there for checking medical advice? Are staff aware of children/young people's medical conditions, care plans, etc?
- What steps are taken following physical intervention for the young person and the adults involved?

The school's Policy will be discussed, reviewed and updated by staff as part of a behaviour review.