

Positive Handling Policy for Pictor Academy

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Contents

1	Introduction.	3
1.1	Values and underpinning principles of the policy.....	4
2	Definitions.	5
3	Underpinning Principles.	6
4	Staff authorised to use Restrictive Physical Intervention.	7
5	Staff from the Authority and other Allied Services working within the school.	7
6	Training	8
7	Strategies for dealing with challenging behaviour.	8
8	Escalating Situations.	10
9	Types of Incidents where physical intervention may be required.....	10
10	Sanctions and rewards as an alternative to physical intervention	11
11	Acceptable measures of physical intervention	11
12	Planned Physical Intervention and Risk Assessment	13
13	Legal definitions of terms used:.....	13
14	Unacceptable measures of physical intervention.....	14
15	ADVICE SHEET	15
16	Recording.	17
17	Action after an incident.	17
18	Complaints.	18
19	Support.....	20
20	Board of Directors Consultation	21
21	Parental Consultation.	21
22	Appendix 1	22
23	Appendix 3	22
24	Appendix 4	22
25	Appendix 5	22
26	Appendix 6	22
27	Appendix 7	22
28	Appendix 8	22
29	Pro-formas:	22

Schools have a “duty of care” to their pupils. This may involve all staff having to handle pupils to prevent them harming themselves, others or damaging property.

1 Introduction.

This policy has been prepared for the support of all teaching and support staff who come into contact with pupils and for volunteers working within the school

The policy is intended to explain the school’s arrangements for physical intervention which we refer to as ‘positive handling’. Its contents are available to parents and pupils.

The policy has been developed in response to the recommendations of Circular 10/98 “The Use of Force to Control or Restrain Pupils”, issued following the enactment of Section 550A of the 1996 Education Act.

The DfES Guidance on the Use of Restrictive Physical Interventions for Staff working with Children and Adults who display Extreme Behaviours in Association with Learning Disability and/or Autistic Spectrum Disorders 2002 and Trafford LA’s policy on the use of Physical Interventions with Children and Young People.

The policy should be read in conjunction with other school policies relating to interaction between adults and pupils and in particular:

- Guidelines for Supporting Behaviour.
- Protocol for Use of the Den as a Safe Haven

The policy was prepared after consultation with staff, pupils and parents in Spring/Summer 2004 and reviewed and revised regularly, the latest review taking place in May 2018 and was accepted by the Board of Directors.

The responsible person for the implementation of the policy is the Head teacher, Ms J Wheble. The policy will be reviewed annually by the Headteacher and the Board of Directors. The Behaviour Support Leader, Simon Birch the Deputy Head, oversees the operation of the policy in school.

Copies will be provided for the LA's who place their pupils in our setting and a copy is sent to the Local safe guarding children board.

“Team-Teach techniques seek to avoid injury to children, 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 as a regrettable and infrequent side effect of ensuring that the child remains safe.”

2 Values and underpinning principles of the policy

1. Purpose of Policy.

The school believes that good personal and professional relationships between staff and pupils are vital to ensure good order in school. It is recognised that the majority of pupils in our school respond positively to the discipline and control practised by staff. This ensures the safety and well being of all pupils and staff in school. It is also acknowledged that in exceptional circumstances, staff may need to take action in situations where the use of reasonable force may be required.

Every effort will be made to ensure that all staff in this school:

- clearly understand this policy and their responsibilities in the context of their duty of care in taking appropriate measures where reasonable force is necessary and
- are provided with appropriate training to deal with these difficult situations.

Individual members of staff cannot be required to use restrictive physical intervention without training. Following training they are required to do so to ensure the safety of pupils and others, including themselves. In exceptional and temporary circumstances some staff may have a valid medical reason not to undertake certain forms of physical intervention. The Head teacher/Leadership Group must be informed of this incapacity and should try to make reasonable adjustments to the member of staff's duties in order to ensure that the risk of having to use physical intervention is minimised.

Such intervention must be in the paramount interests of the child and/or used to prevent behaviour that is prejudicial to maintaining good order and discipline in the school.

The application of any form of physical control places staff in a vulnerable situation. It can only be justified according to the circumstances described in this policy. Staff, therefore, have a responsibility to follow the policy and to seek alternative strategies wherever possible in order to prevent the need for physical intervention.

Physical Intervention will only be used as a last resort when all other behaviour support strategies have failed or when pupils, staff, good order or property are at risk.

3 Definitions.

a) Physical Contact

Situations in which proper physical contact occurs between staff and pupils, used appropriately e.g., when supporting pupils in self-care procedures; in positioning pupils with physical difficulties; in games or P.E etc.

It is acknowledged that some of our pupil's find sitting on a staff member's knee very comforting and therefore a child's developmental needs need to be taken into account. Staff will be working towards more acceptable physical contact and the 'safe hug' will be taught as an alternative comforting physical intervention. Any pupil who requires to be seated on knees for physical support or following physiotherapy/occupational therapy advice requires a therapy plan agreed by parents/carers.

b) Physical Intervention

This may be used to divert a pupil from a destructive or disruptive action, for example guiding or leading a pupil with little or no force. These interventions may need to be recorded in the classroom Incident books but if used regularly a behaviour support plan will need to be implemented and agreed with the parents/carers and monitored regularly.

If a pupil requires further safety measures during off site educational visits a risk assessment will be required that includes parental permission to use a 'wrist strap or use a buggy when a pupil is able to walk the distance'. This will be reviewed and monitored.

c) Restrictive Physical Intervention

This will involve the use of physical intervention/ reasonable force when there is an immediate risk to pupils, staff or risk of significant damage to property. All such incidents will be recorded using the Record of Restraint/Physical Intervention Form logged electronically on the Behaviour Watch system and a real time notification to the Behaviour Lead is sent. Staff will all complete a 'risk reduction' as part of this process to ensure future planning to reduce the risk of future incidents occurring. The RPI forms will then be monitored by a member of the leadership team and any actions logged. Termly reports will be produced for the Board of Directors and Behaviour watch, the electronic serious incident log will be available for critical overview by a named director or external inspector for instance OFSTED.

4 Underpinning Principles.

Everyone attending or working in this school has a right to:

- recognition of their unique identity;
- be treated with respect and dignity;
- learn and work in a safe environment;
- be protected from harm, violence, assault and acts of verbal abuse.

Pupils attending this school have a right to:

- have their needs met
- be supported and encouraged to make positive choices
- opportunities to develop self-control
- be supported in difficult situations
- have any crisis that may occur safely managed

Parents have a right to;

- individual consideration of their child's needs by staff who have a responsibility for their care and protection;
- expect staff to undertake their duties and responsibilities in accordance with the school's policies;
- expect the staff in school to respect their parenting decisions, to be non-judgemental and to work in positive partnership with them;
- be informed about school rules, relevant policies and the expected conduct of all pupils and staff working in school;
- be informed about the school's complaints procedure.

The school will do all they can to ensure:

- that pupils understand the need for and respond to clearly defined limits which govern behaviour in the school.
- that pupils will have access to a proactive, supportive environment to enable predictability with the opportunity to be successful.

Parents should have committed themselves to ensure the good behaviour of their child and that he/she understands and follows the school's 'Guidelines for Behaviour Support.'

Parents will be encouraged to take a full and active part in implementing behaviour support plans both at school and in the home.

5 Staff authorised to use Restrictive Physical Intervention.

By reason of their conditions of service, the Headteacher can authorise all teachers to use restrictive physical intervention following appropriate training. Similarly all Teaching Assistants can be authorised to use restrictive physical intervention.

Untrained staff are not allowed to use planned restrictive physical interventions, (Team-Teach techniques). However untrained staff have a duty of care to ensure the safety of pupils and themselves. Therefore this may mean the use of some physical intervention during an emergency situation in order to protect themselves or pupils when significant harm or damage appears inevitable. Risk assessments are required to minimise any for seen events.

Authorisation is not given to volunteers or parents and therefore they are not left unsupervised with pupils.

The Head teacher is responsible for making clear to whom such authorisation has been given, in what circumstances and settings they may use force and for what duration of time this authorisation will last. The Headteacher will ensure that those authorised are aware of and understand, what the authorisation entails by:

- agreeing the Behaviour Support Plan for each child involved for planned interventions.
- Ensuring the staff are trained and aware of the Policy and Procedure on Positive Handling.

Those whom the Headteacher has not authorised will be told what steps to take in case of an incident where planned physical intervention is needed which is generally, to contact an authorised member of staff.

Supply staff will not be authorised to use physical intervention as defined in 3(c) unless they are familiar with this school's policy, have undertaken approved Team-Teach training and have been authorised to do so by the Headteacher.

The Head teacher will maintain a list of those who have been authorised and the training provided. This list can be found in training files and will be reviewed yearly as training occurs.

6 Staff from the Authority and other Allied Services working within the school.

Educational support services and Health Service staff working in schools will have their own policies regarding physical intervention. Such staff will, whilst on the school premises, be expected to be aware of and operate within the policy of this school.

No outside professional involved in the school staff will be expected or authorised to use restrictive physical intervention unless they have completed the relevant training and their names have been logged in the training file.

The school will ensure that all visiting professionals have access to this and other relevant school policies. Visitors have a responsibility to read the school policies and act accordingly.

7 Training

Training for all staff will be made available and is the responsibility of the Headteacher. No member of staff will be expected to undertake the use of restrictive physical intervention without appropriate training. Arrangements will be made clear as part of the induction of staff and training will be provided as part of on-going staff development. The Sovereign Trust follow the Team-Teach model. Refresher training for all staff has occurred regularly within the specified two year period to ensure all staff are up to date with their skills and certified correctly. There are sufficient members of staff who are in house employer intermediate tutors to ensure that there is sufficient refresher training for all staff and initial training for new staff.

Preventative and pro-active strategies to deal with challenging behaviour

This section must be read in conjunction with the school's Behaviour Support Guidelines.

8 Strategies for dealing with challenging behaviour.

Staff working with pupils experiencing a range of emotional and behavioural difficulties, severe learning difficulties and those pupils on the autistic spectrum, are aware that these difficulties may mean that in some instances pupils will not be in control of their behaviour.

All staff are aware of the programmes and strategies to be used in the school's Guidelines for Behaviour Support. Individual staff ensure good communication with all colleagues, including Midday Assistants in the light of behaviour support plans developed in line with these procedures.

Please refer to Appendix 2 for a list of pro-active approaches including whole school reward systems that are used.

Every effort will be made to resolve conflicts positively and without harm to pupils or staff, property, buildings or environment. Pro-active strategies from the Guidelines for Behaviour Support. will be used.

Where unacceptable behaviour threatens good order and discipline and requires intervention, the procedures for de-escalating behaviour in *Appendix 3* will be put into place.

If these strategies prove ineffectual then the Re-active strategies in *Appendix 4* will be put into place. This will be reasonable force using the minimum degree of force necessary to prevent a child harming him or herself, others or property.

The steps within the Behaviour Support Guidelines are as follows:

1. Identify Pupil behaviour as a concern with the leadership Team.
2. Comprehensive Assessment of the Individual's Needs and Risk Assessment of the Behaviour
3. Identify the Strengths and Preferences of the Individual.
4. Meeting to draft Behaviour Support Plan and set Review Date.
5. Contact Parents and Obtain Consent, (parents will be informed when physical interventions take place)
6. Implement Plan and Keep Records
7. Review Meeting to plan next Steps
8. Second Review Meeting which may involve outside agencies/consultation
9. Review
10. Full Re-Assessment of need

Every effort will be made to resolve conflicts positively and without harm to pupils or staff, property, buildings or the environment. Where unacceptable behaviour threatens good order and discipline and requires intervention, some or all of the following approaches should be taken according to the circumstances of the incident:

9 Escalating Situations.

The 1996 Education Act (Section 550A) stipulates that reasonable force may be used to prevent a pupil from doing, or continuing to do any of the following:

- engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, whether the behaviour occurs in a classroom during a teaching session or elsewhere (this includes authorised out-of-school activities);
- self-injury or placing him or herself at risk;
- injuring others
- causing significant damage to property, including that belonging to the pupil.
- committing a criminal offence (even if the pupil is below the age of criminal responsibility).

10 Types of Incidents where physical intervention may be required

The incidents described in Circular 10/98 and DfES 2002 fall into three broad categories:

- (a) where action is necessary in self-defence or because there is an imminent risk of injury;
- (b) where there is a developing risk of injury, or significant damage to property;
- (c) where a pupil is behaving in a way that is compromising good order or discipline;

Examples of situations which fall into one of the first two categories are:

- a pupil attacks a member of staff or another pupil;
- pupils are fighting;
- a pupil is engaged in, or is on the verge of committing, deliberate damage or vandalism to property;
- a pupil is causing, or is at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials or objects;
- a pupil is running in a corridor or on a stairway in a way which he or she might cause an accident or injury to himself, herself or to others;
- a pupil absconds from a class or tries to leave school (NB. this will only apply if a pupil could be at risk if not kept in the classroom or at school).

Examples of situations which fall into the third category are:

- a pupil persistently refuses to obey an instruction to leave a classroom;
- a pupil is behaving in a way that is seriously disrupting a lesson.

Pupils who harm themselves:

Pupils who regularly seek to harm themselves require Behaviour Support plans. This plan should make clear to staff what steps have been agreed to prevent or minimise the self-harming behaviour. This may include the use of equipment such as arm splints to prevent such harm but only following a multi-disciplinary meeting and consultation and consent from parents, and the pupils themselves, (where applicable) . Whenever such equipment is required the incident should be classed as a 'restrictive physical intervention' and all the same recording and reporting procedures must be followed.

11 Sanctions and rewards as an alternative to physical intervention

A system of positive rewards and incentives has been developed in the school to encourage appropriate behaviour. Examples of these are in *Appendix 5*.

12 Acceptable measures of physical intervention

Any such measures will be most effective in the context of the overall ethos of the school, the way in which staff exercise their responsibilities and the behaviour support strategies used.

The use of any degree of force can only be deemed reasonable if:

- (a) it is warranted by the particular circumstances of the incident;
- (b) it is delivered in accordance with the seriousness of the incident and the consequences which it is intended to prevent;
- (c) it is carried out as the minimum to achieve the desired result;
- (d) the age, level of understanding and gender of the pupil are taken into account;
- (e) the medical and physical needs of the pupil are taken into account;
- (f) it is likely to achieve the desired result;

Wherever possible assistance will be sought from another member of staff before intervening.

Physical intervention uses the minimum degree of force necessary for the shortest period of time to prevent a pupil harming himself, herself, others or property

Physical intervention should be safe, suitable and appropriate for the named pupil.

When all proactive strategies have failed to de-escalate the situation then Team-Teach physical interventions will be used but only as taught during training and in a graduated order starting from least restrictive to most intrusive:

See App. 4

Physical Intervention will stop if the child has:

- difficulty in breathing
- vomits
- has a fit or seizure
- experiences swelling or change of hue of skin.

Wherever physical intervention is used staff will keep talking to the pupil, using appropriate language levels, in a reassuring and positive manner unless risk assessment has indicated that this is likely to inflame the situation

Ground holds will not be routinely used as part of a planned physical intervention unless advanced Team-Teach training has been implemented. Staff have been taught how to safely respond to pupils taking themselves to the ground and seated holds will be used.

Pupils may be escorted or choose to go to the safe havens provided in school. These 'Dens' can only be used following the strict protocols provided in *Appendix 7* either as part of a pupil's Behaviour Support Plan or in unplanned crisis situations after which a Behaviour Support Plan must be put into place.

Unplanned Physical Intervention will trigger a risk assessment that must lead to an Individual Behaviour Support Plan including all pro-active and reactive strategies to be used.

Length of Individual Restraint

- Staff involved in lengthy Team teach physical interventions will allow other members of staff to take over to ensure that incidents do not become a 'personal' issue between the pupil and specific member of staff.
- A restrictive physical intervention lasting more than twenty minutes will trigger the involvement of parents and in the case of a serious risk the police may be involved.
- Staff become more vulnerable if involved in lengthy restrictive physical interventions.

Frequency of Individual Restraint

- Details of the expected frequency of physical interventions need to be risk assessed and noted in any Behaviour Support Plan.
- Frequent Physical Interventions are deemed to be two to three times a week.
- There needs to be a significant reduction in the frequency of restrictive physical interventions over a set period of time, (two to three weeks).
- If frequent restrictive physical interventions are required over a longer period of time (5/6 weeks) then this may indicate that there is a need for a further assessment of need possibly involving CAMHS or other approved outside agencies. A multi-disciplinary meeting or a 'Child in Need' meeting may be required.

Transition arrangements for Pupils for whom frequent and prolonged Restrictive physical intervention is required

- Where such a pupil is to be admitted into school a Behaviour Support Plan and risk assessment will need to be in place in agreement with parents/carers before admission.
- Advanced Team-Teach techniques may be required for such a pupil and should be discussed with the Team Teach consultant. Training should be in place before the pupil's admittance.

13 Planned Physical Intervention and Risk Assessment

Planned physical intervention will arise from a full assessment of need including a risk assessment and lead to the development of Behaviour Support Plans.

- Such assessments will be written on the pro-forma in *Appendix 8*.
- Planned physical interventions will be agreed and signed in advance between school, parents, other agencies and the pupil if appropriate.
- Medical advice may be required for some pupils.
- Implemented only by named staff on the Behaviour Support Plans
- Be part of the holistic care/Individual Behaviour Support Plans including pro-active strategies.
- Recorded in line with the reporting procedures within this policy.
- Used for the shortest time and with minimum force.

14 Legal definitions of terms used:

Time out involves restricting positive reinforcement as part of a written and planned behaviour support plan. A safe place such as 'the den' may be used if the pupil responds positively to this space.

Withdrawal is removing pupils from a situation but observed and supporting until they are ready to resume normal activities.

15 Unacceptable measures of physical intervention

The school is aware of acceptable and unacceptable measures of physical intervention as outlined in DoH/ DfES “Guidance on the use of Restrictive Physical Interventions for Staff working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/ or Autistic Spectrum Disorders” (July 2002)

- Locking a child in a room. This is legally called Seclusion (forcing them to spend time alone against their wishes) which requires statutory powers other than in an emergency.
- Physical punishment including slapping, pushing and rough handling
- Physically threatening behaviour including invading personal space inappropriately
- Deprivation food/ drink/ medical /sleep
- Making a pupil wear distinctive clothing
- Restriction to breathing/ circulation
- Pressure on joints
- Use of a mechanical or therapeutic device unless agreed as part of a physical intervention plan.

16 ADVICE SHEET

PHYSICAL INTERVENTIONS – POSITIONAL ASPHYXIA

Deaths in and following restraint continue to occur in the UK in a variety of workplace settings. It is essential that all staff are made aware of the potential dangers associated with restraints, understand their mechanisms and can recognise their early signs.

BACKGROUND

A number of adverse effects (including some deaths) have been reported following the application of restraints. These deaths have been attributed to positional asphyxia (asphyxiation resulting from an individual's body position). Adverse effects of restraint include being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck and development of petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest. This advice sheet serves to remind staff of the dangers of restraint and signs of impending asphyxiation.

When the head is forced below the level of the heart, drainage of blood from the head is reduced. Swelling and blood spots to the head and neck are signs of increased pressure in the head and neck which is often seen in asphyxiation.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly in those where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall and the abdomen, restricting diaphragm movement.

RISK FACTORS FOR POSITIONAL ASPHYXIA

Any factors that increase the body's oxygen requirements, (for example, physical struggle, anxiety and emotion), will increase the risk of positional asphyxia. A number of specific risk factors are listed below:

- Restriction of or pressure to the neck, chest and abdominal
- Prolonged restraint after physical struggle causing fatigue
- Restraint of an individual of small stature
- Any underlying respiratory disease (e.g. asthma)
- Obesity
- Alcohol or drug intoxication (alcohol and several other drugs can affect the brain's control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing)
- Unrecognised organic disease
- Psychotic states
- Recent head injury
- Presence of an 'excited delirium state', a state of extreme arousal often secondary to mania, schizophrenia or use of drugs such as cocaine, characterised by constant, purposeless activity, often accompanied by increased body temperature. Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia.

A combination of chest wall and abdominal restriction in a seated, kneeling or leaning forwards position is particularly dangerous.

Any seated holds that cause such restrictions to occur should not be used in any circumstances.

In controlling an individual in a seated position, particular care must be given to keeping the seated angle as erect as possible.

Subjects must be meticulously observed and monitored according to the advice on this sheet.

Important warning signs	Actions
An individual struggling to breathe	<ul style="list-style-type: none"> • Immediately release or modify the restraint as far as possible to effect the immediate reduction in body wall restriction • Immediately summon medical attention and provide appropriate first aid in line with unit policy • Not breathing? Administer rescue breaths • No pulse? Start CPR • Complete report • Attend post incident de-briefing
complaining of being unable to breathe *	
Evidence or report of individual feeling sick/vomiting	
Swelling, redness or blood spots to face or neck	
Marked expansion of the veins in the neck	
Subject becoming limp or unresponsive	
Change in behaviour (BOTH ESCALATIVE AND DE-SCALATIVE)	
Loss of or reduced levels of consciousness,	
Respiratory or cardiac arrest	

* Some subjects may complain of being unable to breathe to get staff to release the restraint. Staff should never presume that this is the case and should release or modify the restraint to reduce the amount of body wall restriction.

NB: Subjects may complain of being unable to breathe to get staff to release a restraint. Staff should never presume this to be the case and should release/modify the restraint to reduce body wall restriction.

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End of Advice sheet

17 Recording.

Each class will record incidents of physical interventions as defined in 3b on the electronic logging system Behaviour Watch

Where physical intervention as defined in 3c) has been used to manage a pupil, a record of the incident **will** be kept. This record will be made in the school's **Behaviour Watch log in system** which will include:

- the name of the pupil(s)
- the date, time and place of the incident
- a brief description of the incident and any actions taken.

The Incident log will be completed as soon as possible after the incident by a member of SMT. It will be countersigned by a member of the leadership team and a termly report monitored by the Board of Directors.

In addition, specific details of the use of planned or unplanned physical intervention will be recorded on a Record of Physical Intervention form (Appendix 1) which will include:

- how the incident developed;
- De-escalation attempts made to calm the situation and why they didn't work
- names of staff or pupils who witnessed the incident;
- The dynamic risk assessment made of the level of risk posed
- the outcome of the incident including the effectiveness of the intervention used, any injuries sustained, by any pupil or member of staff;
- any damage to property which had resulted;
- whether/how parents have been informed;
- (where possible) pupils view of the incident and whether they wish to make a complaint.
- and, after investigation, a summary of actions taken.

Staff may find it helpful to seek advice from a senior colleague when compiling a report.

All records of incidents, risk reduction plans, monitoring behaviour, risk assessments and monitoring behaviour is logged centrally on Behaviour Watch and will be passed on to the receiving school.

A Health and Safety Accident/Incident Form (HS1) will be completed and returned to the Authority where the Academy's health and safety is reviewed when an injury has occurred during Physical Intervention.

18 Action after an incident.

See also Section 19

The Head teacher or Behaviour Support leader (*see Section 1*) will ensure that each incident falling **into 3c)** above is reviewed and investigated further as required.

In the case of planned intervention a meeting will be held if the school judges this to be necessary. In the case of unplanned restrictive physical intervention a meeting will always be held and will involve parents/ guardians, pupil and other relevant professionals. Meetings of this type will be arranged within 5 working days of the physical intervention incident.

If further action is required in relation to a member of staff or pupil, this will be pursued through the appropriate procedure

- Child Protection Procedure (this may involve investigations by other agencies such as Social Services).
- Staff or Pupil Disciplinary Procedure
- Guidelines for Behaviour Support
- Exclusions Procedure

The member of staff will be kept informed of any action taken.

In the case of action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.

19 Complaints.

The availability of a clear policy about reasonable force and early involvement of parents should reduce the likelihood of complaints but may not eliminate them.

Any complaints received by the Headteacher from parents, staff or any other persons regarding alleged ill treatment of pupils or injuries received by a student during the course of physical intervention must be investigated fully by the Headteacher using the complaints approved by the Board of Directors.

The CEO and Chair of the Board of Directors will be informed of complaints.

19. Monitoring of Incidents

Whenever a member of staff has occasion to use restrictive physical interventions, this will always be recorded and documented.

Monitoring of incidents will help to ensure that staff are following the correct procedures and will alert the Headteacher and Board of Director to the needs of any pupil whose behaviour can only be contained by the use of Physical Intervention.

This process will also address patterns of incidents and evaluate trends which may be emerging that require further training.

The school will review at least every half term to ensure that:

- Records are being appropriately kept
- That patterns of behaviour in individual pupils or at particular times of the day/ certain lessons are being identified and problems addressed
- That training issues arising from the above are being identified and addressed.
- A termly report will be submitted to the Board of Directors that monitors and identifies trends over time and how these will be addressed.

20 Support

The school is committed to providing regular professional development on behaviour strategies/management for all staff in order to maintain the ethos of the school, its values and the boundaries of acceptable behaviour.

Staff who have been involved in difficult incidents will be offered the full support of the Headteacher and SMT in talking through the incident. In this follow up work senior managers and staff will look for “lessons to be learnt” and alter procedures or develop training as the result of these insights.

Pupils who have witnessed an incident of Physical Intervention and who are distressed will be counselled by an appropriate member of staff.

The Post incident Support structure for Pupils and Staff

Following a serious incident it is the policy of this school to offer support for all involved. Where staff have been involved in an incident involving physical intervention they should have access to counselling and support. Within the school, this will be made available through the Headteacher.

All people take different amounts of time to recover from a serious incident. Until the incident has subsided the only priority is to reduce risk and calm the situation down. Staff should avoid saying or doing anything which could inflame the situation during the recovery phase.

Immediate action should be taken to ensure medical help is sought if there are any injuries which require more than basic first aid. Injuries may occur even if staff have attempted to follow all procedures. Part of the post incidence support should ensure that staff do not blame themselves for anything that may have gone wrong. Post incident support should also result in an opportunity for learning for all to occur. Time needs to be given to repair relationships between staff and pupils.

Children who have been subject to physical intervention will be given the opportunity to calm down. When appropriate then a pupil may be helped to work through an incident using different techniques e.g. comic strip conversations. Some pupils will need to be given time to express their feelings, suggest alternative actions for the future and talk through the incident with a trusted member of staff. Some pupils find that revisiting incidents directly is distressing or becomes a trigger for another incident and alternative methods to help them learn from the situation will be required. Please see the calm down procedures in Appendix 6.

Time and effort are put into a post incident support structure to try to ensure that the outcome of a serious incident can be learning, growth and strengthened relationships.

21 Board of Directors Consultation

All Directors have been consulted in the development of this policy and their comments taken into account. The policy has been duly ratified in line with statutory procedures.

22 Parental Consultation.

Parents have been consulted and there are informed of the policy and its practical implications for pupils. Their comments have been taken into account and the full policy is held in school and is made available to them on request. Parents who request that individual pupils be exempt from physical intervention are informed that it the policy of the school and that there are no exceptions on health and safety grounds.

23 Appendix 1

Location of the authorised Personal list

24 Appendix 2

Pro-active approaches

25 Appendix 3

De-escalating Behaviour

26 Appendix 4

Reactive Strategies

27 Appendix 5

Sanctions and Rewards

28 Appendix 6

Calm Down and Follow up Procedures

29 Appendix 7

Protocol for the 'Dens'

30 Appendix 8

31 Pro-formas

- Risk Assessment
- Individual Behaviour Support Plans
- Record of a restrictive physical intervention