

Positive Handling and Physical Intervention Policy



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Issue Number:	4	Authoriser:	Max Turner
Issue Date:	01/05/2021	Service Type:	Education
Next Review Due:	01/05/2022	Policy Location:	Policy File

1. Supporting Documents

This policy must be read in conjunction with:

- Behaviour Management Policy
- Safeguarding Framework Policy
- Equality Act Policy
- Reducing the Need for Restraint and Restrictive Intervention, DfE and DoHSC Guidance June 2019

2. Introduction

This policy outlines both the practice guidance and the specific actions staff will take in their work to help children and young people develop relationships based on mutual respect and trust, an understanding about acceptable behaviour and positive responses to other children and adults. This policy should be read in conjunction with the young person's individual placement, risk and behaviour management plans.

This policy is based upon guidance from:

- The Children Act 1989 and 2004
- The Children and Young Person's Act 2008
- Human Rights Act 1998:
 - Article 3 -prohibition against torture, or inhuman or degrading treatment
 - Article 5 - right to liberty
 - Article 8 - right to private and family life, including personal autonomy and respect for physical and mental integrity
 - Article 14 - non-discrimination in the enjoyment of ECHR rights

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- Equality Act 2010
- Physical Intervention: a Policy Framework (ICM Institute for Conflict Management)
- Ofsted: Positive Environments Where Children Can Flourish; A guide for inspectors about physical intervention and restrictions of liberty. (March 2018)
- The Children's Homes (England) Regulations 2015 and DfE guide to Children's Homes regulations including the Quality Standards
- Team Teach Training in the Reduction of Risk and Restraint
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Working Together to Safeguard Children 2018
- The Care Planning, Placement and Care Review (England) Regulations 2010
- Mental Capacity (Amendment) Act 2019
- Reducing the Need for Restraint and Restrictive Intervention. HM Government. 27 June 2019

This policy should be viewed as supporting to the "Behaviour Management Policy" and any actions taken should follow the same principles outlined therein.

Before any member of staff makes the decision to intervene physically they must have attempted to use de-escalation strategies first, during a crisis situation staff must ensure that they have used all of the strategies first and should use physical intervention as a last resort only.

3. Aim/Scope

Principles outlined in the "Behaviour Management Policy" should govern all approaches to managing young people who are likely to cause injury to themselves, others or to seriously damage property. The welfare of the young person is paramount and staff should bear this in mind in any intervention.

- 3.1** Additionally ECS have a duty of care to their staff and accordingly staff should attempt to strike a positive balance by ensuring that:
- Any incident of physical intervention is only ever a "last resort" and is only carried out by suitable trained or competent staff (i.e. when all other attempts to divert, deflect or defuse situations have failed)
 - Any physical intervention should use the minimum force necessary for the shortest possible time
- 3.2** The use of physical intervention to enforce compliance with staff instruction is **STRICTLY PROHIBITED.**
- 3.3** Any physical intervention where the child falls to the floor should be immediately stopped.
- 3.4** Ground holds are **STRICTLY PROHIBITED.**

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4. Abbreviations and Definitions

The following notes are taken from Team Teach Theory Book and training course which all staff have participated in.

- 4.1 As a general rule nobody has the right to touch, move, hold or contain another person. However, people with a duty of care operate in exceptional circumstances where it is sometimes necessary to act outside the norm.
- 4.2 Whenever they do so they should be clear about why it is **NECESSARY**.
- 4.3 The best legal defence would be to show that any actions taken were in the client's **BEST INTEREST** and that they were **REASONABLE AND PROPORTIONATE**.
- 4.4 Restrictive physical interventions can be employed to achieve a number of different outcomes:
 - to break away or disengage from dangerous or harmful physical contact initiated by a young person;
 - to separate the person from a 'trigger', for example, removing one young person who responds to another with physical aggression;
 - to protect a child or young person from a dangerous situation – for example, the hazards of a busy road.

Restrictive Physical Intervention is the use of force to control a person's behaviour and involves the use of force to:

- Restrict movement
- Restrict mobility
- Disengage from dangerous or harmful physical contact

4.5 Important Team Teach Definitions:

- Seclusion - Forced to spend time alone against their will. This requires statutory powers other than in an emergency.
- Time out - Restricting positive reinforcement as part of a planned behavioural programme, this requires a written agreed plan.
- Withdrawal - Removed from the situation but observed and supported until they are ready to resume.

It is helpful to distinguish between:

Planned intervention, in which staff employ, where necessary, pre-arranged strategies and methods which are based upon a risk assessment and recorded in the young person's records and plans;

Emergency or unplanned use of force which occurs in response to unforeseen events.

At the Greater Horseshoe School all young people are managed specifically on their individual needs. We would never use seclusion as a behaviour management tool unless in

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the case of an emergency response to a behaviour previously unseen, or to an unforeseen and unprecedented danger. This can only be used once in an emergency situation then staff will immediately plan strategies based on the new risk assessment which will be recorded formally in the young person's Risk Assessments.

5. Policy Content

Children and young people can present with behaviour that challenges. At the Greater Horseshoe School, we understand that this behaviour may be presented and we are committed to fully understanding its underlying causes to help and support children and young people to finding alternative ways to communicate and express themselves. Underlying causes could include:

- A medical condition (known or unknown)
- Sensory impairment
- Trauma and attachment disorder
- Neglect
- Frustration
- Learning difficulty or disability
- Autistic Spectrum Disorder
- Mental ill-health
- Abuse and exploitation
- Substance misuse
- Domestic violence.

In fully understanding each young person's individual needs, staff will know each individual well, with a strong commitment to meeting their needs through the application of positive approaches to behaviour management. This will be achieved through:

- A positive culture that works towards children and young people achieving their agreed outcomes.
- Vocational, mandatory and essential learning and development via accredited and up-to-date training.
- Assessing and regularly reviewing placement plans, through a multi-agency approach.
- Fully involving our children and young people and those important to them, in developing placement plans and ensuring their views and wishes are taken into account.
- Assessment and management of risk through the development and dissemination of clear risk management plans.
- Creating environments that support and empower children and young people to develop and thrive and which meet their individual needs.
- The application of interventions that work to understand the cause of behaviours that challenge and work to de-escalate situations.

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- Only using physical intervention where it is deemed absolutely necessary to prevent harm to anyone, damage to property and/or serious disruption of other young people's learning.
- Understanding that children and young people are developing human beings, and that the use of physical intervention has the potential to cause a negative impact. The use of repeated physical intervention, if not employed appropriately, can have damaging and re-traumatising effects.

5.1 Initial Management of Disruptive Behaviour

- The level and nature of appropriate staff support, or intervention will wherever possible depend on the attitude and behaviour of the young person.
- When staff observe tension or signs of dysregulation, the initial approach should be low key and appropriate.
- The young person's response determines the route by which staff manage the young person's difficulties. In many cases it is possible to divert the young person away from violent outcomes.
- In some cases, the young person will dismiss all avoidance options suggested by staff and persistently escalate aggressive behaviour towards confrontation and a violent outcome.
- Some situations can escalate very quickly and unexpectedly
- During an escalation staff must decide whether or not to request support or take measures to safeguard the health and safety of all present.

5.2 Principles Governing Intervention Decisions

Staff may use many options and strategies to manage students who are dysregulated. The selection of specific management techniques depends in part on the personality, character and temperament of individual staff. No set of strategies guarantee a successful outcome to behavioural confrontations. However, the following principles must govern intervention decisions.

- It is essential that staff, when managing a disruptive young person, should **remain objective and calm**, in both speech and actions. It is not possible to effectively manage a young person when one becomes subjective and 'heated' by the circumstances.
- It is important to **listen and respond quietly** to the young person rather than overwhelm them with loud and insistent directives (loud, irritating demands)
- If no immediate solution is obvious, if appropriate, one may deal with the difficulty at an agreed later time. Imposing an immediate 'solution' may not dispel the young person's frustration, or defuse unacceptable behaviour, whereas **time and distancing** can sometimes help.
- Always **maintain positive attitudes** that are constructive. By stressing positive behaviours regularly, staff reinforce desired attitudes in young people. Refer to the young person's previous achievements and promote self-esteem.
- In confrontations, negative factors should be stated in a neutral tone of voice. **Factual statements should** be used as the basis for staff/young person discussion.

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- Always '**clarify**' choices and consequences, rather than impose directives or make unachievable 'threats'. Young people must be made aware it is their actions which decide the choices and that those decisions have obvious consequences, they make choices.
- Use '**diversionary**' techniques involving other people in order to dispel the young person's aggression.
- **Resist becoming 'cornered' in an argument or 'cornering' a young person** - you can become defensive very easily. It takes two to sustain arguments.
- Decide, when appropriate, to **involve other adults in support**. Management of disruptive behaviour requires individual attention. Supporting adults can encourage rational, sympathetic, supportive attitudes in other group members, in order to 'talk round' the aggressive child/young person.
- When support is available, **remove the young person from the 'unhelpful' environment**. Don't allow negative peer group 'encouragement'. Withdrawal can often enable staff to focus more clearly on difficulties and resolve them through two-way discussion or conversation.

It is sometimes preferable to let the young person in crisis remain where they are and remove the audience for the situation.

Staff must assess the risks, **promote physical safety** and do everything possible to prevent physical injury.

5.3 Physical Intervention

- When aggression from a young person escalates to confrontations, this can lead to a violent outcome. Staff as far as possible should **promote physical safety** for all young people involved. This may require the safe physical intervention of the child in crisis.
- No management strategy which involves the deliberate ill treatment of a young person by staff is acceptable (e.g. pulling hair, punching, verbal or emotional abuse etc).
- Staff to use approved physical intervention methods. These methods must be used at all times. Often the time of the greatest risk is when initially taking hold of the young person. **At these times** it is imperative to place the young person in an approved hold as soon as it is safe to do so.
- Once the crisis is over, staff must complete a detailed Physical Intervention form.
- In the event that the young person makes a complaint, then the complaints procedure must be instigated. If the young person receives an injury from the incident, then assessment to level of medical attention required must be made and offered. Any refusal to access medical treatment must be documented accordingly.
- Later when calm, the young person must be asked to discuss the reason for the incident. Discussion must include other, more acceptable options or decisions through which the causes for such an incident could have been resolved. This follow-up action is a crucial element of support for the young person. It is essential that the staff devote sufficient time to this aspect of management of violent behaviour.

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- After an incident the young person should be encouraged to have their views recorded on the appropriate documentation. The head teacher must evaluate the full incident on the appropriate documentation.
- The incident must be recorded on EMS (Education Management System), and reported to the Head teacher immediately, for appropriate and any further action to be taken.
- Staff and young people involved in physical intervention will receive a debrief with their line manager / mentor whichever is most appropriate.

5.4 Further Guidance

- Prior to using physical interventions staff should, if possible, advise/warn the young person that this may happen.
- If it becomes necessary to physically intervene with a young person to avoid injury, the amount of force used must be the minimum necessary to hold the young person safely.
- Any offensive act towards a young person such as punching, hitting or slapping is totally unacceptable.
- Sudden violent pushing which results in the young person falling over is also unacceptable.
- Floor holds are unacceptable and should not be used. Any floor holds will result in a senior manager investigation.
- Staff will be operating within the specific guidelines and their actions will be evaluated in this context after any incident of violent behaviour.

If, during a physical intervention, staff or young people stumble and end up falling to the floor, staff should release the hold and allow the young person to stand up. If the young person becomes aggressive or violent in any way staff should immediately continue to de-escalate.

- The length of time physical intervention is used, and the degree of force used, should be the minimum necessary to achieve the immediate objective of regaining safe control of the situation. As soon as it is safe, physical intervention should be gradually phased down to allow the young person to regain self-control. Throughout any incident open communication between the adults and with the young person is integral to the de-escalation process.
- Physical intervention should never be used to enforce compliance with staff instruction.
- Whenever possible, a member of staff faced with a situation where physical intervention is thought to be necessary should call for assistance so that there are two members present when a young person is being held. The number of staff involved should be the minimum number to ensure the young person's safety at all times.

School staff are directed to always call for assistance when a young person is going into crisis. Ideally no member of staff should attempt to hold a young person without having the support of other members of staff. However, if there is no one else around the safety of the

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child is paramount. Good practice states that staff should not physically intervene a young person alone if there is other staff available to help and support.

- Staff will use approved holds and every effort must be made to ensure that the young person's dignity is retained throughout.
- Throughout the exercise of physical intervention, the young person should be spoken to in a quiet and soothing manner to encourage the speedy return of calm and self-control. The staff holding should make it clear that the young person will be released as soon as calm is restored.
- At no time during or after the incident must clothing be forcibly removed from the young person, unless in the interest of Health and Safety and a full account must be documented.
- Analysis of records will be made at regular intervals and appropriate evaluations discussed with all staff.

5.5 Possible Warning Signs

- Many young people experience extreme mood swings, which may involve a range of behaviours that demonstrate an emotional fragility. At such times young people can react to their circumstances with increasing hostility and aggression.
- Disruptive behaviour is often a symptom of fear, failure or frustration. Frequently young people do not identify the true cause of their anxiety or emotional distress but fixate on an alternative 'supposed' cause.
- Real or imagined slights, minor disruptive incidents, or tension within a group can provoke triggering incidents, which invoke hostile responses in an emotionally fragile young person. With or without staff support to defuse the young person's tension and frustrated behaviour, the young person may display an outburst of violence. The cause may originate outside of the home or school or even be triggered by the young person's history.

School staff need to be aware that 'feelings drive behaviour'. It is vital that all staff in school have the knowledge and skills to 'look past' the behaviours being displayed and attempt to get to the cause of why the young person is feeling a certain way. Staff are encouraged to intervene early. This does not necessarily mean physically, but staff should attempt to positively engage the young people as soon as they possibly can. It is important to remember TEAM TEACH training and try and assess the stage of crisis the young person may be in. This will then determine the appropriate staff response.

6. Responsibilities

- Every physical intervention must be recorded on EMS, and also using the appropriate paperwork in place at school within 24 hours.
- The young person will undertake a debrief about the incident, which will enable staff to review new ways to deal with incidents alongside the young person.

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- In accordance with the present incident recording procedure the young person's Social Worker, and if relevant and appropriate their parents/carers will be informed of the incident.
- Staff have a duty of care to both the young people and to themselves.
- During any incidents staff should also use the 'help scripts' set down by TEAM TEACH as we have in the past found these to be a very successful tool.
- During the debrief, the Headteacher or authorised person must also ensure the young person is aware that they can contact an advocacy service if they wish to discuss the incident further.
- Similarly, the young person can make use any of the usual channels to discuss or raise issues if they are unhappy with the measure used - Complaints Policy, talking to the Responsible Individual, Social Worker, Local Authority Independent Visitor, Child line, Ofsted, CQC etc.
- The Headteacher must ensure they evaluate this use of the measure and follow up any issues/concerns on EMS.

Schools and homes must work together in communicating regarding behaviours that challenge so that staff are prepared to effectively support a young person in a crisis. Any staff injuries/illness should be reported to line Manager and medical assistance offered

7. Training Requirements

- 7.1 All staff at the Greater Horseshoe School are trained in the use of positive handling using TEAM TEACH.
- 7.2 It is important that all staff are trained in TEAM TEACH even if staff have medical conditions which do not allow them to physically intervene when a young person is in crisis.
- 7.3 It is very important that staff understand that TEAM TEACH is **95% de-escalation** and **5% physical intervention**.
- 7.4 A list of TEAM TEACH trained staff can be found in the Head's office. This list details the names of both trained staff and staff authorised to physically intervene.
- 7.5 Staff who are not able to physically intervene should ensure that they support the staff team and students whilst any physical intervention is taking place. There will always be a number of young people not involved who need positive praise and attention during times of crisis in order to reduce the possibility of young people becoming involved in the situation taking place. It is important to note that every role in this situation carries equal importance.

8. Equality Impact Statement

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you, or any other groups, believe you are disadvantaged by this policy please contact the Regional Director for Acorn Education and Care. Outcomes First Group will then actively respond to the enquiry.

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Signed: 

This policy is quality assured by Max Turner, Regional Director.

Signed:

Date:

The policy is quality assured by Governor:

Date:

Signed: