

Positive Intervention Policy

This policy should be read in conjunction with the following policies:

- Safeguarding Policy
- Child Protection
- Accessibility Policy
- Looked After Children Policy
- Special Educational Needs and Disability (SEND) Policy
- Safe Touch Policy

This Policy was adopted	April 2024
This policy is scheduled for review	April 2025

In line with the Federation Vision of Love, Learn and thrive, the Federation of Follifoot and Spofforth CE Primary School endeavours to ensure that all children are safe happy and achieving in line with North Yorkshires Young and Yorkshire plan values. The main objective of this policy is to ensure all staff, parents and children or young people are aware of the procedures and practice that will be carried out to ensure that this is the case at the Federation of Follifoot and Spofforth CE Primary Schools.

This policy links with the behaviour policy, anti-bullying policy and special educational needs policy. It is intended to ensure that it will prevent serious breaches of discipline and prevent injury to individuals or serious damage to property.

In order to minimise the need to use physical intervention staff will strive to:

- create a calm environment that minimises the risk of incidents that might require using physical intervention and apply school rules consistently and fairly
- develop an effective relationship between staff and a child and young people that is central to good order
- ensure all supervision of children is carried out in a consistent manner so children, young people and staff are comfortable within the setting
- use relevant materials for approaches to teach children or young people how to manage conflict and strong feelings
- ensure all staff have appropriate instructions and training to enable them to be effective in their various roles in and out of the classroom.
- ensure that positive handling plans will be put in place and training given to ensure staff are equipped to deal with individual children or young people who have been identified
- Whenever possible, warn a child that physical intervention may have to be used before using it.

Members of staff across the **Follifoot and Spofforth Federation** are trained to look after pupils in their care. Staff have a duty to intervene in order to prevent pupils from hurting themselves or others. If a member of staff ever needs to intervene physically, they will follow the school's Physical Intervention Policy.

The schools take seriously its duty of care to pupils, employees, and visitors to the school:

- The first and paramount consideration is the welfare of the children in our care.
- The second is the welfare and protection of the adults who look after them.

Section 93 of the Education and Inspections Act 2006 enables a school's staff to use such force as is reasonable. There is no legal definition of when it is reasonable to use force.

Although any member of staff may be required to physically intervene with a pupil who is endangering themselves or others, we would expect accredited staff to take over as soon as possible.

It is Headteacher's duty to ensure all staff are aware of their statutory powers to use physical intervention as a last resort. As part of the induction process into the Federation of Follifoot and Spofforth CE Primary School the headteacher will inform staff if they have the powers to use physical intervention, and who they can turn to if they are in a situation with a child or young person that may be causing concern.

The Headteacher will inform the governors through relevant reporting those people that have been authorised to use physical intervention. A record of 'authorised' staff is detailed in the appendix and will be indicated on the Federation Training Log.

Before using Physical Intervention

Before using physical controls

We take effective action to reduce risk by:

- Showing care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiating and reasoning.
- Giving clear directions for pupils to stop
- Reminding them about rules and likely outcomes
- Removing an audience or taking vulnerable pupils to a safe place
- Making the environment safer by moving furniture and removing objects which could be used as weapons
- Using positive guidance to escort pupils to somewhere less pressured
- Ensuring that colleagues know what is happening and call for help.

Physical Intervention

Staff across the **Follifoot Spofforth Federation** only use physical Intervention when there is no realistic alternative. We expect staff to conduct a risk assessment and choose the safest alternative. It also means that we expect staff to experiment and think creatively about alternatives to physical intervention which may be effective. The paramount consideration is that the action is taken in the interest of the child and that it reduces rather than increases risk. Any response to extreme behaviour should be reasonable and proportionate. Physical restraint must only be in accordance with the following:

- The child should be in immediate danger of harming itself or another person or in danger of seriously damaging property.
- The member of staff should have good grounds for believing this.
- Only the minimum force necessary to prevent injury or damage should be applied.
- Every effort should be made to secure the presence of other staff before applying restraint. These staff can act as assistants or witnesses.
- Once safe, restraint should be relaxed to allow the child to regain self-control.
- Restraint should be an act of care and control, not punishment.
- Physical restraint should not usually be used purely to force compliance with staff instructions when there is no immediate danger present to people and property.
- The restraint should be discussed with the child, if appropriate, and the parents at the earliest opportunity.
- In addition, whilst or before intervention, staff should speak calmly as a way of reassurance e.g. I am doing this to keep you safe.

The judgement on whether to use physical intervention and what level of force to use should always depend on the circumstances that staff find themselves in. Time in these circumstances is often short with little time for reflection. Nevertheless, staff needs to make the clearest possible judgements. Staff will need to decide the seriousness of the incident and the injury, disorder or damage that could occur if physical intervention is not used. The chances of achieving a desired outcome by other means and the risks associated with physical intervention compared with using other strategies. Staff will have been made aware of any significant children or young person's i.e. those on SEND/Child Protection Registers and in any extreme cases where there is a need to engage the police to avoid danger to themselves and others.

If a member of staff decides that the use of physical intervention is appropriate and an action of last resort then they should always:

- advise giving a warning to the child or young person that a physical intervention may have to be used
- suggest how the child is to be handled ensuring that no form of hold is used that could constrict breathing.

- try to ensure that they do not use force unless or until another responsible adult is present to support, observe or call for assistance

Physical contact such as standing between children or young persons or blocking a child's path, leading a child or young person by the hand or arm, ushering a child or young person away by placing a hand in the centre of the back or in more extreme circumstances using appropriate holds that a member of staff has been trained to perform all constitute physical intervention.

Examples of situations that may require a member of staff to use physical intervention include:

- a child is attacking another child or a member of staff or harming themselves
- children are fighting, causing risk or injury to themselves or others
- a child is causing or on the verge of committing deliberate and extensive damage to property
- a child absconds and is placing himself or others at risk

In these examples use of physical intervention would be reasonable (and therefore lawful) if it is clear the behaviour is dangerous and the situation could not be resolved in any other way. Account must be taken of the individual needs of the child their understanding of the situation.

Responding to unforeseen emergencies

Even the best planning system cannot cover every eventuality and the **Follifoot and Spofforth Federation** recognises that there are unforeseen or emergency situations in which staff have to think on their feet.

An unforeseen event may require an emergency response. After that event, staff have a duty to plan ahead and prepare a risk assessment and put a Positive Intervention Plan (PIP) in place.

Risk Assessment

Risk assessments are required for pupils who exhibit challenging behaviour. Responsible staff should think ahead to anticipate what might go wrong.

When considering a pupil's behaviour, staff will think about the following questions:

- Can we anticipate a Health and Safety risk related to this pupil's behaviour?
- Have we got all the information we need to conduct a risk assessment?
- Have we provided a written plan as a result?
- What further steps can we take to prevent dangerous behaviour from developing?

Positive Intervention Plans

Risk management is regarded as an integral part of behaviour management planning. All pupils who have been identified as presenting a risk should have a Positive Intervention Plan. The plan details any strategies which have been found to be effective for that individual, along with any particular responses which are not recommended. Any physical techniques which have been found to be effective should be named, along with any alerts to any which have proved to be ineffective, or which caused problems in the past. Positive Intervention Plans should be considered along with the child's Education Health Care Plan (EHCP) or SEN Support Plan and any other planning document relevant to the pupil.

They should take account of age, sex, level of physical, emotional, and intellectual development, special needs, and social context.

Recording

All incidents of unacceptable behaviour are recorded on CPOMS.

All serious incidents or incidents involving restraint will be recorded on the appropriate form and uploaded to CPOMS

Within these recording strategies, all details must be recorded by witnesses within twenty-four hours and signed by at least two members of staff. The Head Teacher needs to be informed.

A record sheet will be completed by all staff engaged in any incident where physical intervention has taken place even if they did not physically hold the child. The record sheets will be kept centrally in the Headteacher's office. Once completed they must be passed to the Headteacher. They must be completed as soon as it is safe to do so to ensure accuracy and that it is a true and honest report. The Headteacher (or nominated senior member of staff) will inform the parents of the child by phone followed by a letter and if necessary arrange to meet them. The report will then be filed in the child's records in the office.

All incidents or physical intervention must be reported using the NYCC RPI Reporting System (accessed via Synergy/Gateway) within 24 hours of the incident occurring.

Following any incidents where physical intervention has been used the Headteacher (or nominated senior member of staff) will make arrangements to support the staff and children as these can be upsetting times.

First aid will be administered by a trained first aider and emotional support will be provided as required.

Staff will discuss the situation within 2 days with Headteacher (or nominated senior member of staff) to see if all procedures were followed and how we could try to avoid further repercussions, learning from the experience.

Complaints procedures

The Federation has a clear complaints procedure and complaints around physical intervention should follow the standard complaints procedure.

Monitoring and Evaluation

The Head Teacher (or nominated senior teacher) and SENDCO will ensure that each incident is reviewed and instigate further action as required.

Parents

When there is concern about a child, parents will be invited to contribute to a risk assessment and Positive Intervention Plan. Written parental agreement will form part of this. Parents will be informed of the school's policies. Parents will be informed following serious incidents.

Appendices

Appendix 1 List of those qualified to use Safe Hold techniques.

Appendix 2 Blank Positive Behaviour Plan

Appendix 3 Example Positive Behaviour Plan

Appendix 4 Recording Restraint Incident form

Appendix 2 Blank Positive Behaviour Plan



Positive Intervention Plan			
Child's Name:	Date of Plan:	Review Date of plan:	Photo

<p><u>Sensory</u></p> <p><u>Attention -</u></p> <p><u>Communication –</u></p> <p><u>Escape/Avoid –</u></p>
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What does the behaviour look like?

Stage 1 Anxiety Behaviours	Stage 2 Defensive Behaviours	Stage 3 Crisis Behaviours	Stage 4 Reflective Behaviours	Stage 5 Recovery Behaviours
•				
Stage 1 Responses	Stage 2 Responses	Stage 3 Responses	Stage 4 Responses	Stage 5 Responses
•	•	•	•	•

What are known common triggers?

De-escalation skills	TRY	AVOID	NOTES
Verbal advice and support			
Giving space			
Reassurance			
Negotiation			
Choices			
Humour			
Consequences			
Planned ignoring			
Take up time			
A quiet space			

Diversions and distractions

Preferred method Physical intervention?

Any medical conditions to be taken into account before using Physical interventions? Has advice from OT been sought?
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Intermediate	TRY	AVOID	NOTES
Prompting			
Two Person Escort			
Two Person Holding			
Double Wrist Hold			
Cupped Fist Hold			
Straight Arm Immobilisation			
Kneeling Rest Position			
Seated Rest Position			
Dealing with kicking in a seated position			
Disengaging from a seated position			

	Name	Signed	Date	Comment
Headteacher:				
SENCo				
Parents/Carers:				
Teacher:				

Plan discussed with pupil

This plan to be attached to SEN Support Plan and reviewed in line with SEN Support Plan reviews or before if significant changes in pupil's behaviour

Appendix 3 Example Positive Behaviour Plan



Positive Intervention Plan			
Child's Name:	Date of Plan:	Review Date of plan:	<div style="background-color: #4a7ebb; color: white; padding: 10px; border: 1px solid black;"> Insert photo here </div>

Sensory

Tactile-. When CYP is in class she doesn't like anyone close/touching her or her possessions, she must have her own personal space that no one can use at any time. She also has a breakout space where she can go when she wants to work on her own. When CYP is hurt and is very upset she calms down quicker when one adult gives her time to talk it through in a safe space, most recently when she is on her spinner.

CYP likes to collect small items from around the classroom and school. She feels safe and secure when she has possession of them. She has a pencil case with 5 items in that she can use when learning, and 5 items in a bag that she can access when she has completed a given amount of work. CYP also has a fidget toy to help her focus when we are discussing the work as a whole class.

Auditory – CYP can display stage 1 of behaviours when there is too much chatter in class. She takes herself away from the noise by asking to work outside in a quieter space with her one-to-one support.

Attention -

CYP seeks the attention of adults in school, often making small toys and bringing in gifts to share with them. She does struggle to listen to class discussions, explanations, and instructions, often desperate to get onto the actual activity. At times her one-to-one support takes CYP out to complete a task when they see that she is finding it a challenge to concentrate in class. At times, CYP does appear as if she is not listening, however when asked questions about the work it is clear that she has taken it in and is processing the information.

Communication –

CYP can articulate herself well. She has a good range of vocabulary to describe her feelings. When CYP is finding a situation challenging, she often needs time to practice mindfulness before she is ready to talk. This takes the form of sorting, cutting, and sticking. This can help avoid Stage 2 behaviours – this needs to be carefully approached with 'now' and 'then' labels to avoid this happening all the time.

Escape/Avoid –

CYP will try to leave when someone is too close to her and is getting irritated by that person. CYP will also go into fight/flight mode. It is important that she is allowed to go to her safe space to feel safe and secure. It is also important that a member of staff is with her for medical reasons. We have found that CYP displays this behaviour when she is tired.

What does the behaviour look like?

Stage 1 Anxiety Behaviours	Stage 2 Defensive Behaviours	Stage 3 Crisis Behaviours	Stage 4 Reflective Behaviours	Stage 5 Recovery Behaviours
<ul style="list-style-type: none"> • Scowls/frowns • Reluctance to engage • Lack of eye contact • Stops seeking adult approval • Making “hmmph” noises. • Makes fists low down • Rummaging through her bag/possessions • Walking around class to collect pieces for her bag, i.e., paper. 	<ul style="list-style-type: none"> • CYP will make louder growling noises. • Pulls angry face • Makes fists low down. • Stamps feet. • Attempts to leave the lesson without permission or runs to her quiet space. • Refusal to work with anyone including adults. Tries to dictate who she wants to support her. 	<ul style="list-style-type: none"> • Hits • Screams/screeches • Cries • Throws things at others • Swipes out • Hides away 	<ul style="list-style-type: none"> • CYP must be alone with an adult nearby to make sure she’s safe. • CYP cools down better when she’s given time to be mindful. After 10-15 mins approach CYP and discuss what happened. Make CYP’s views feel valued. 	<ul style="list-style-type: none"> • Engages in calm conversation • Makes eye contact • Takes part in post incident learning – don’t expect too much from CYP.
Stage 1 Responses	Stage 2 Responses	Stage 3 Responses	Stage 4 Responses	Stage 5 Responses

<ul style="list-style-type: none"> • Ensure CYP has her fiddle toy close by so that she can focus and feels in control. • In a positive voice talk to CYP about what she feels will help her. • Distracting CYP from a situation in a positive form. • Remind CYP to make a good/kind choice. • Reminding CYP of the 'Now' and 'Then' cards. 	<ul style="list-style-type: none"> • Be aware that CYP could now run or hit out. • Continue with Stage 1 responses. • Position self near door for safety. • Try and steer CYP to go to her quiet space instead of running out the classroom. • Talk about something positive that motivates CYP (art, drawing, colouring, animals, the beach) 	<ul style="list-style-type: none"> • Reduce verbal support. If unsafe then use clear directions only, in positive tone. If in safe environment don't talk to her much as this makes her more frustrated. • Steer CYP to her quiet space where she can calm. 	<ul style="list-style-type: none"> • If CYP is hurt/upset, sometimes a bear hug from a trusted member of staff helps her calm down – VN/EW. • Quiet time- Once CYP has had 10-15mins alone in her quiet space she tends to come out of herself and talks in soft voice. This is when you can calmly talk to CYP. • Ask CYP, "what made you angry?" • Explain in positive voice to CYP what she could have done instead. 	<ul style="list-style-type: none"> • Support CYP with Post Incident Learning. – don't expect too much from her, ask only one thing for her to do. • Praise CYP for her contributions and Post Incident work. • May need to repeat some of stage 4.
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What are known common triggers?

CYP likes to be in charge of things and dictate what she wants to do, who she wants to be with and when. It is important that the 'now' and 'then' labels are used so that she can see what is going to happen and when. As a result, she often struggles with group work and quite often will only work with another adult.

CYP wants to be the first to do everything, i.e., the first group to go cooking.

CYP struggles with sharing unless it is initiated by herself – she can be immensely kind and caring on her own terms.

CYP struggles when there is a change to the daily routine.

CYP finds is challenging when she is tired and often needs mindful time.

CYP struggles in class/whole school situations, for example, collective worship.

De-escalation skills	TRY	AVOID	NOTES
Verbal advice and support	/		After CYP has had personal space and time to herself.
Giving space	/		
Reassurance	/		
Negotiation	/		
Choices	/		Choices should be given in stage 2 and 3 and kept to a maximum of two choices
Humour	/		
Consequences		/	CYP needs time to calm down before she is ready to think clearly. Giving consequences will only escalate the situation.
Planned ignoring	/		This works very well as she seeks attention from adults in school.
Take up time		/	This will result in fight/flight mode from CYP as she will feel trapped.
A quiet space	/		This is one of the first options to take.

Diversions and distractions

CYP sometimes works well with positive distractions and compliments. E.g., “Look how much work you’ve done. That’s amazing! Let’s move you up on our class scale.” CYP is extremely helpful and enjoys carrying out small jobs, this can often reset CYP. When CYP is finding work in class a challenging and is displaying stage 1 behaviours, she is given sensory time/time to run around the playground/mindful time to help reset.

Intermediate	TRY	AVOID	NOTES
Prompting	/		Open arm used to direct with an arm around their shoulder
Two Person Escort		/	
Two Person Holding		/	
Double Wrist Hold		/	
Cupped Fist Hold		/	
Straight Arm Immobilisation		/	
Kneeling Rest Position		/	
Seated Rest Position		/	

Dealing with kicking in a seated position		/	
Disengaging from a seated position		/	

Preferred method Physical intervention?

Any medical conditions to be taken into account before using Physical interventions? Has advice from OT been sought?

CYP recently had a seizure, all staff are aware of the signs and what to do. Staff have taken online Epilepsy training and staff that work with her on a one-to-one basis are trained in delivering the medication. Please see CYP's

	Name	Signed	Date	Comment
Headteacher:				
SENCo				
Parents/Carers:				
Teacher:				

Plan discussed with pupil

This plan to be attached to SEN Support Plan and reviewed in line with SEN Support Plan reviews or before if significant changes in pupil's behaviour

Appendix 4

REPORT FOR RECORDING INCIDENTS WHERE STAFF RESTRAIN A CHILD

Name:	
Date of incident: Time:	Where did the incident happen?
Name and job title of staff involved:	Name of witnesses i.e. children, members of the public

Section 2

Describe the trigger factors to the incident.			
What de-escalation strategies were used?			
Verbal advice and support		Options offered	
Distraction		Planned ignoring	
Time out offered		Success reminded	
Transfer adult		Positive handling	
Choices, limits and consequences		Persuasion	
Reassurance		Step away	
Appropriate humour		Negotiation	
Any other strategies?			

Section 3

Justification for hold		
If de-escalation was unsuccessful please state the reason for the intervention		
Danger to self		
Prevent severe damage to property		
Danger to others		
Was a choice given to the child before the hold was used? Yes/No		
If no, explain why		

Section 4

Description of hold
Holds used
Describe the hold used during the incident. Explain where each person involved was standing and describe how the child was being held. For example; staff AA was sat next to child BB's left side. AA's right hand was cupped around BB's left forearm
What level of hold was used? Low, medium or high?
Please detail why was this hold used, thinking about the intent of the child, the size of the child and relationship between the staff and child.
How long did the hold last approximately?

Section 5

Medical attention		
All children must be offered medical attention after a hold even if they do not appear to be injured. Was the child offered medical attention? Yes/No Did they decline this? Yes/No If they accepted the examination, what was the outcome? Has Health and Safety form been completed? Yes/no		
Injury suffered by child	Yes/No	Details:
Treatment required	Yes/No	Details:
Injury suffered by staff	Yes/No	Details:
Treatment required	Yes/No	Details:
Injury suffered by others	Yes/No	Details:
Treatment required	Yes/No	Details:

Section 6

What need is being met for the young person by their behaviour?
How can we meet this need safely?

Section 7

Issues with environment
List any damage caused during the incident and steps taken to rectify this.

Section 8

Follow up
Record here the follow up work done after the incident. Consider the following questions; how did the child feel at the time? The incident must be discussed with them and their views, wishes and opinions heard and recorded. How can we help if this situation arises again? This information is very important to help staff manage behaviour in the future. If age appropriate they could complete this section themselves. Please signpost to a link work session if appropriate.
Young person's signature.....Date.....
Describe the follow up work/support given to the staff involved or witnessing the incident. Link to supervision if necessary.
Any young people who witnessed the incident and hold need to have follow up work completed with them. Record this here. Signpost to key work sessions if necessary.

Section 9

Reporting and evaluation
Is this hold agreed in the child's behaviour management plan? Yes/No Does the child's risk assessment need updating? Yes/No If yes, you need to update the risk assessment.
Does this incident raise safeguarding concerns? If yes, please state what he concerns were, what action was taken and who by. If there are none, please write that against each. 1) Concerns 2) Action taken 3) By whom

Section 10

Who has been informed of the incident and have they received the report? Initial the column to show you spoke to them and/or sent the form.	Inform by phone/ email	By whom	Date	Final form sent by email	By whom	Date
Others (please specify):						

Section 11

Signature of Author:	Designation:	Date completed:
Other relevant signatures:		
Singing to confirm this is a true representation of events:		
Name:	Signature:	

Does this form generate any other documentation? Please tick and cross reference using log numbers. If no other paperwork please write "no" against it.

Regulation 40 (Ofsted notification)_____ Complaints Form _____

Accident form / body map _____ Link work session _____

Section 12

Comments and observations from the registered person on the practice and strategies used by staff to manage this situation include any further action that needs to take place.

Signature..... Date.....

Comments and observations of the Reg 44 /Std 20 visitor if relevant..

Signature..... Date.....