St Francis Church of England Voluntary Aided Primary School

Love: for God, each other, our learning, and the world.

Positive Handling and the Use of Reasonable ForcePolicy

Policy drawn up by: SENCO

ratified by: Curriculum Committee of Governors

Date March 2016

Version No	Date	Change/Review due
V1.0	March 2016	
V1.1	May 10th 2016	Ratified
V1.2	June 2017	Reviewed
V1.3	June 2018	Next review
V1.4	November 2021	Ratified
V1.5	September 2022	Reviewed and amended for ratification: R Fullarton
V1.6	October 2023	Reviewed and ratified
V1.7	November 2025	Reviewed and ratified

(With input from Team-Teach)

Policy Document Version Control Log

Policy: **Positive Handling and the Use of Reasonable ForcePolicy**		
Version	**Date**	**Description of changes and person/organisation responsible**
V1.7	November 2025	No amendments made H Millsop

INTRODUCTION

The purpose of this policy is to

- Enable staff to effectively carry out their duty of care towards children in theschool, particularly those children who experience difficulties in managing their emotions or present 'challenging behaviours'.
- Define in broad terms what may constitute a physical intervention.
- Ensure the health, safety and welfare of children and those who work withthem.

SECTION 1: Values & Principles

St Francis Primary School believes that all our pupils should

- have the right to feel safe, secure and cared for
- have access to appropriate support, care and education. This includes the support to manage their emotions and their behaviour, including taking account of and for their responsibilities

The staff at St Francis Primary School believe that physical touch is an essential part of human relationships. In our school adults may well use touch to prompt, to give reassurance or to provide support. Examples of where touching a pupil might be proper or necessary are:

- Holding a hand
- Comforting a distressed pupil
- Giving praise or congratulation
- Demonstrating how to use equipment
- Demonstrating or supporting exercises or techniques during Physical Education
- To give First Aid Staff need to be aware of sensitivities associated with any form of physical contact with students.
- Manual Handling (following risk assessments and policies)
- Intimate care (following Intimate care policy)

The use of physical interventions must never be used as a punishment andalways as a last resort

The use of physical interventions should only be considered within the context ofrisk, be proportionate to that risk, reasonable and appropriate given the age, understanding, gender and size of the child or young person. Team-Teach recommend just 5% of measures employ physical restraint.

1.2 There is an expectation that

- There is a process for assessing and managing risk when supporting children and young people
- There are robust recording and reporting systems
- Children, young people and staff should have access to appropriate support following an incident
- The policy is reviewed annually and reflects current legislation.

SECTION 2: Defining Terms

2.1 This policy applies to all children and young people whose behaviour may place themselves and/or others at risk.

2.2 Restrictive physical interventions may include:

- **Bodily Contact:** where the presence of one or more people is used to controla child or young person, for example two people holding a person so as to restrict their mobility
- **Environmental Change:** applying a change within the environment, for example key pads to prevent access to or from an area

- **Mechanical:** the use of belts, straps or clothing that restrict the freedom ofmovement, for example the application of arm splints to prevent self-injurybehaviour.

The first two types of physical interventions may be assessed as appropriate interventions within the school but must be accompanied by short and long term behaviour support strategies that will work towards a reduction in the use of physical interventions if used in a planned or proactive manner. *Mechanical interventions are not deemed to be appropriate in our school.*

Emergency physical intervention is the use of physical intervention in a situation of significant risk that was unforeseeable. **Planned** physical intervention is the proactive use of physical intervention as part of an overall behaviour support plan aimed at reducing the level of risk presented by behaviour and accompanied by appropriate preventative strategies.

2.4 Seclusion and isolation or any practice which 'restricts liberty' may infringe the rights of a child or young person. As such it should only be used in secure accommodation approved by the Secretary of State. Further clarity can be found inthe Children Act 1989.

SECTION 3: Legal Issues & Responsibility

3.1 Under Section 93 of the Education and Inspections Act 2006, a member of the school staff may have 'lawful excuse' for the use of positive handling if

- Preventing a child or young person from causing harm to them self
- Preventing a child or young person committing a criminal offence
- Preventing a child or young person causing harm to another person, this mayinclude other staff, adults, volunteers or members of the public

Schools can also use reasonable force to:

- Remove disruptive pupils from the classroom when verbal instructions are notfollowed
- Prevent a pupil leaving the classroom when allowing them to do so would risktheir safety or lead to behaviour that disrupts the behaviour of others
- Prevent a pupil behaving in a way that disrupts a school event or a school trip or visit
- Restrain a pupil at risk of harming themselves through physical outbursts

3.2 The decision to use positive handling or physical intervention must be taken in the context of the **level of risk** presented by the behaviour of a child, the seriousness of the incident, and the relative **risks of the use of any physical intervention (both to the child and adult/s)** compared with any availablealternative.

In St Francis School staff are expected to summon assistance from the leadership team or other staff members in the event of a physical intervention being thought tobe necessary or of a child posing a risk to others or themselves. Single-handed intervention increases the risk of injury to both parties and does not provide a witness.

Staff witnessing a physical intervention are expected to at the least provide apresence and be a witness, or to assist if necessary.

Staff are **not** expected to physically handle a child unless such an action has already been agreed with parents as part of a risk assessment or it is a final resort.

3.3 The use of any physical intervention must also take account of the characteristicsof the child or young person including their age, gender, special educational needs, physical needs or disability, developmental level or cultural issues. Staff will inform the pupil being restrained in a calm manner that the reason for the intervention is to keep the pupil and others safe. The pupil will also be told that as soon as he/she calms down he/she will be released.

SECTION 4: Risk Assessment

4.1 In order to ensure the health, safety and welfare of children, young people andstaff, it is essential that a risk assessment approach is adopted for all physical interventions. A record of these must be kept, with control measures and responsibilities noted and actioned.

4.2 When assessing risk the following must be considered

- The environmental context of risk
- Personal vulnerability factors affecting individual children and young people
- The probability of emerging risk and the seriousness of potential outcomes
- How preventative and proactive measures may affect the level of risk
- The potential outcomes of not intervening

4.3 All children and young people who have behaviour support plans which include a written planned intervention, must have an appropriate written behavioural risk assessment which dovetails with the written behaviour support plan.

4.4 It is important to consider the arrangements in place for the administration of medication, if appropriate, and further information is contained in the Policy on theAdministration of Medicines.

Restraint

At St Francis we only use physical restraint when there is no realistic alternative. We expect staff to risk assess and choose the safest alternative. This 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 him/herself or another person or indanger 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 never be used to force compliance with staff instructions whenthere 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'.

SECTION 5: Prevention Strategies

5.1 Prevention of critical incidents and appropriate support of individual children and young people is paramount. Effective individualised support of children and young people through a graduated response can prevent challenging behaviour and reduce the likelihood of incidents escalating.

1. **Remaining calm –** the ability to try and remain calm and appear relaxed is less likely to provoke. A relaxed posture and a non-threatening (CALM) stance, i.e. not toe-to-toe, are recommended.
2. **Awareness of Space –** try to be aware of the space around you and avoid stepping into another individual's personal/intimate space. Try to take a step back outside the circle of danger.

3. **Pacing and Chasing –** angry people often pace around in tense situations and staff should try to avoid the temptation to follow as they attempt to help them calm down. This can be counter-productive as it may trigger an animal chase response and drive the other person away. Where possible it is preferable for the staff member to stand still, speaking calmly, clearly and confidently – or even sit down.

4. **Intonation -** when people are anxious or angry they tend to talk faster, higher and more loudly. In a potential crisis situation staff need to deliberately speak slower, lower and more quietly

5. **Help Script**
    I. Connect by using pupil's name
    II. Recognise the feelings
    III. Tell the pupil you're there to help
    IV. You talk and I will listen
    V. Give direction

6. **Diffusing body language responses**

- Social distance
- Sideways stance, step back
- Intermittent eye contact
- Relaxed body posture
- Palms open

7. **Calm Stance**

- Think of the values of stepping back from a situation, both physically and emotionally:
- Allows a more considered response
- Time to make a 'dynamic' risk assessment and seek assistance
- Allows other person 'take up' time to make their own choices

5.2 The school will ensure, as far as possible, that we

- Identify personal and environmental factors, which impact on

individualchildren and young people.

- Assess the reasons why children and young people use particular challenging behaviours
- Develop strategies that help prevent challenging behaviour through effectivesupport, therapeutic input and professional input.
- Provide access to appropriate professional support for children and young people
- Monitor and evaluate behaviour and continue to review interventionsaccordingly

5.3 Primary Prevention will be achieved by

- Holding positive views of children and young people and building on therelationships valued by the child or young person
- Developing positive relationships with children and young people based on mutual respect and shared boundaries
- Creating an environment in which children, young people and staff feel safeand secure
- Ensuring staff have the appropriate skills to effectively support children andyoung people
- Supporting children and young people, as far as possible, to understand theirbehaviour and learn alternative ways of expressing themselves or achieving their desired aims through alternative methods
- Creating exciting and fulfilling lives for children and young people
- Encouraging effective and consistent support from the family unit or carers
- Involving, listening and taking account of the views held by the child or youngperson in their personal plan

5.4 Secondary prevention should be used where primary prevention has been ineffective and is achieved by

- Ensuring staff have clear guidance and appropriate skills
- Recognising the personal indicators exhibited by individual children and young people when they are having difficulty in managing their emotionalstate or are reaching crisis

- Identifying previously successful diversion and de-escalation strategies and including them into the personal behaviour support plan

- This plan may be in the form of a De-escalation curve.
- Identifying emerging risk indicators and ensuring there is a written record.

SECTION 6: Emergency Physical Interventions

6.1 On occasions it may be judged by a member of staff or team that the use of a physical intervention may be appropriate given a level of relative risk in a situation that could be described as unforeseeable. Staff will remain responsible and accountable for their actions or inaction and must still act within current legislationand guidance.

6.2 The use of force may be justified and staff must remain aware of section 3 of thispolicy.

SECTION 7: Proactive use of Physical Intervention

7.1 If physical interventions are used in a planned manner the individual child or young person and/or their parents and carers should wherever possible be involved in the plan.

7.2 The plan should follow a graduated approach and staff will:

- Ensure there is an appropriate assessment of the target behaviour(s) and the function has been identified so far as possible
- Identify actions which will reduce anxiety levels which lead to the behavior being exhibited
- Identify the primary prevention strategies and link to a behavioural riskassessment
- Ensure relevant staff are informed of the secondary preventative strategies oractions
- Ensure the plan is specific in terms of long and short term behaviour targets
- Identify when it may be necessary to use a physical intervention and if possible identify which physical intervention technique is assessed as being the most appropriate

SECTION 8: Reporting and Recording

8.1 A systematic reporting and recording process is used which meets statutory obligations. In the event of the use of restrictive physical intervention it will be important to record the following as soon as possible

- Personal information relating to the child or young person
- The context of the incident, time of day, location, environmental issues

- At St Francis all staff have access to CPOMs, a confidential monitoring system for safeguarding, wellbeing and pastoral issues. There would be a detailed description of any physical intervention using this system.
- Who was present including other children or young people, staff, members ofthe public or family members
- Type of incident and relative risk
- Antecedent factors, what happened before the incident
- What alternative actions had been tried to prevent the escalation of theincident
- The reason that physical intervention was used and identify the technique
- What occurred following the incident, de-brief, support and the care of thechild, young person or adult including others present
- Pupil witnesses may also be asked to provide a written statement
- Details of any injuries and/or medical treatment required
- Details of any property damage
- Information shared with others including the child, young person, and theirparents/carers and other professional
- Any involvement by another agency

8.2 Any injuries that occur to children, young people or staff during a physicalintervention must be reported to the Head Teacher and recorded.

SECTION 9: De-brief

9.1 Following the use of restrictive physical interventions de-brief will be offered to the child/young person, anyone present including other children and staff involved inholding the child or young person.

9.2 De-brief may be offered in a formal or informal manner. It is the responsibility ofmanagers to ensure that de-brief is offered to people affected by incidents.

The parents of the pupil, and if necessary any pupil witnesses, will be informed by the Head Teacher or supervisory member of the Senior Management Team as soon as possible.

Should a parent or carer be concerned by any aspect of the management of an incident requiring physical intervention, the Head Teacher must be informed in writing. St Francis School's Complaints Policy will then be followed.

The Head Teacher will report any incidents of physical intervention to the next meeting of the Full Governing Body. Records are kept confidential but are available for inspection by appropriate Local Authority officers and Ofsted.

SECTION 10: Training

10.1 Staff have received training from Team-Teach which

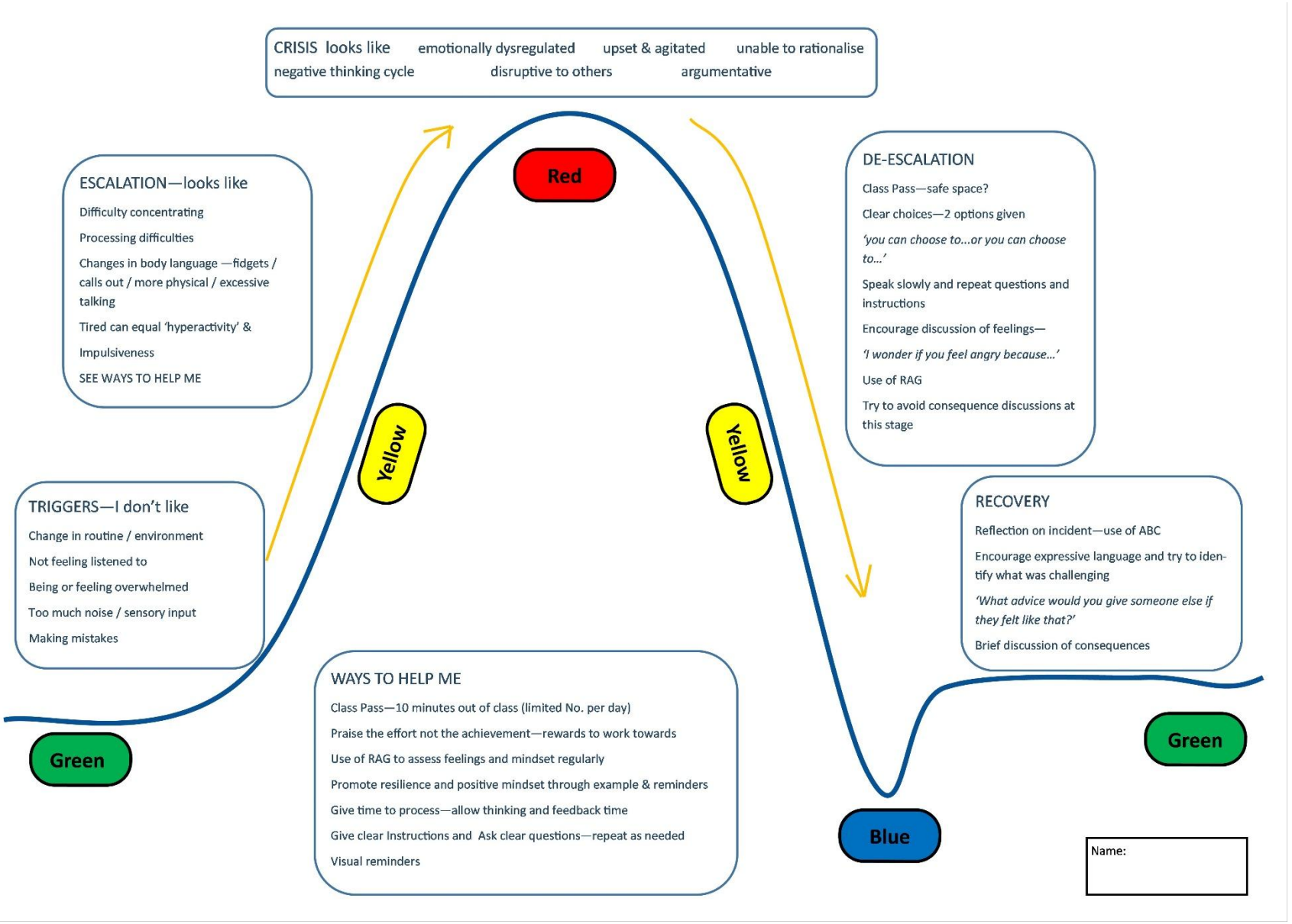
- Meets current service/school need based on a recent behaviour audit and risk assessment
- Delivers training in the skills of prevention, de-escalation and diversion
- Promotes positive relationships
- Offers alternative actions and responses
- Promotes and discusses the rights of children and young people
- Promotes and discusses the rights, responsibilities and legal protection for employees
- Establishes links to health and safety legislation
- Discusses ethics and the legal framework
- Delivers information in an appropriate context taking account of the needs of individual service users with specific reference to need
- Enables staff to respond to incidents that occur frequently in the school
- Provides necessary protection against litigation
- New members of staff will work closely with staff as part of their induction. New members staff will be involved in transition work for individual pupils. New members of staff will work closely with experienced staff who know individual children well and follow de-escalation plans for children.

SECTION 11: Indemnity

Staff who undertake physical intervention in accordance with the procedures detailed in this policy, associated service guidance and appropriate training are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that the procedures followed are in line with this policy, associated service guidance and training attended. The indemnity though will not be given in cases of fraud, dishonesty or criminal offence. In the most unlikely event of any civil action for damages being taken against an individual, the Borough Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

Appendix 1

DE-ESCALATION PLAN



Appendix 2

SOME NON- PHYSICAL CRISES INTERVENTION TECHNIQUES

Do	**Don't**
appear calm and relaxed	appear afraid and unsure of yourself; appear bossy, arrogant; assume an "I don't give a damn about you" attitude
keep the pitch and volume of your voice down.	raise your voice
feel comfortable with the fact that you are in control (if you control yourself, you control the situation); project a calm assured feeling that you will see the situation through to peaceful end no matter what happens	appear to expect an attack (or you will have one)
talk with the pupil	give commands; make demands
be very matter of fact if the pupil becomes agitated; be sensitive and flexible; be flexible yet consistent; be aware of body language; monitor breathing (chest movements) which can telegraph aggressive responses	make threats (Especially any that you are not absolutely sure that you can carry through!); maintain continuous eye contact; gesticulate (this may provoke confrontation**)**
stay close to the pupil and attend to him/her	turn your back or leave; invade the pupil's personal space
be patient; if a pupils agitation increases to the verge of attack: Acknowledge his/her feelings; Continue with a matter of fact attitude; Always leave the pupil an avenue of escape	display emotion; argue; corner the pupil physically or psychologically
where possible, remain seated as long as the pupil does; avoid crowding	get up and move towards the pupil
stay near him/her, about one arm's length away; stand to one side; give the pupil more space if appropriate	give up
seek to relax your muscles and keep them under control.	tense your muscles