



Reasonable Force and Physical Intervention Policy

Positive Handling and Safe Moving of Children including:

EYFS and Inclusion Areas (The Den and The Haven) and other SEND Children and Use of Reasonable Force throughout the school.

Objectives

Here at the Florence Nightingale Academy, we aim to provide a safe, caring and friendly environment for all our pupils to allow them to learn effectively, improve their life chances and help them maximise their potential. We take the safety of our pupils and staff very seriously. We believe that all pupils and staff have the right to be and feel safe whilst at school or on a school-run activity. This policy should be read in conjunction with our behaviour, child protection, positive handling (and the broader safeguarding agenda) policies.

Minimising the Need to Use Reasonable Force

As a school we are firmly committed to creating a calm and safe environment which minimises the risk of incidents arising that might require the use of reasonable force. We use the PSHE curriculum to explore and strengthen emotional responses to situations and Zones of Regulation to support children in identifying how they are feeling. We will only use force as a last resort and strongly believe in de-escalating any incidents as they arise to prevent them from reaching a crisis point. Staff will be skilled in promoting and rewarding positive behaviour and will utilise various appropriate techniques in the management of a class environment. Staff will only use reasonable force when the risks involved in doing so are outweighed by the risks involved by not using force.

The most effective ways of prevention of injuries or unsafe behaviour, is to identify and eliminate risks. This can be done by looking specifically at the classroom or teaching area environment and if necessary carrying out risk assessments (including those for individual children). The use of a Child Safety Plan (see Appendix A), may be used to identify key actions and behaviours, linked to the Zones of Regulation (see Appendix B). This should be filled in with the SENDCO/Deputy Head, class teacher and supported by teaching assistants. This should then be communicated to all staff working with that child. Children will be taught strategies to maintain positive mental health, regulation techniques and have specific provision in place supported by Provision Maps, meetings with SENDCO and parents. Where physical intervention is necessary, this should be risk assessed, per individual child.

The use of de-escalation techniques (appropriate for the child) should be utilised first as well as other strategies such as distraction and moving children/classes away from any potential risks.

Staff Authorised to Use Reasonable Force

Under Section 93 of the Education and Inspection Act (2006) the head teacher at our school is empowered to authorise those members of the staff team who are enabled to use reasonable force. Here at The Florence Nightingale Academy the head teacher has empowered the following members of staff to use reasonable force:

- Teachers and any member of staff who has control or charge of pupils in a given lesson or circumstance have permanent authorisation.
- Other members of staff such as site management and administrative teams also have the power to use reasonable force if a circumstance should arise in which immediate action should be taken.

Positive Touch and Carrying Children

Children in Early Years (Nursery and Reception) and our nurture areas: The Den or the Haven or other SEND children, have a variety of needs which may be needed to be met by positive touch. For pupils who are at an early stage of development touch is likely to be the most fundamental, tangible form of communication; establishing a foundation for all further communication development. There are occasions when it is entirely appropriate and proper for staff to have physical contact with pupils, but it is crucial that they only do so in ways appropriate to their professional role and code of conduct. When physical contact is made with pupils this should be in response to their needs at the time, of limited duration and appropriate to their age, stage of development, and sensitive to gender, ethnicity and cultural background.

This may be in their PEEP (emergency plan), their provision map or suitable for the age group (nursery).

Positive touch may include comforting a child if upset or dysregulated, changing nappies, helping children to change for PE or after a toilet accident, a child sitting on a adults knee or lap for learning time (seeking reassurance). Children who require intimate care will have a consent form filled in be parents and logged on each occasion (see school Intimate Care Policy).

A general culture of 'limited touch' should be adapted, where appropriate, to the individual requirements of each pupil. Pupils with special needs may require more physical contact to assist access to their everyday learning. These arrangements should be understood and agreed by all concerned, justified in terms of the pupils needs, consistently applied and open to scrutiny.

In all circumstances where a pupil initiates inappropriate physical contact, it is the responsibility of the adult to sensitively deter the pupil and help them understand the importance of personal boundaries and intimate space. Such circumstances must always be

reported and discussed with a senior manager and the parent/carer. This will also be reinforced by social stories on personal space, Privates are Private and the Pantosaurus story.

In the rare occasion that children need to be carried, this should be done by 'cupping' children under the arm pits.

If the child is old enough, ask them to move to a position that is easy to pick up and ask them to hold onto you as this will support you and the child when lifting.

- Do not place the child on your hip; carry them directly in front of you in order to balance their weight equally.
- Wherever possible, avoid carrying the child a long distance.
- Where a child is young and is unable to hold onto you, ensure you support them fully within your arms and/ or close to your body.
- Avoid carrying anything else when carrying a child.
- If a child is struggling or fidgeting whilst you are carrying them, stop, place them back down and use reassuring words to calm the child before continuing.
- Pregnant staff members will be subject to their own risk assessment.
- Students and volunteers are prohibited from carrying children.
- In the instance of moving sleeping children to a safe sleep area, staff will support a child's body weight against their own, support the child's head and ensure they have a clear pathway to the designated sleep area. POSITION: Stand in front of the child with your feet apart and your leading leg forward. Your weight should be even over both feet. Do not twist your body prior to lifting the child.

LIFTING (Early Years)

- Always lift using the correct posture.
- Bend your knees slowly, keeping your back straight.
- Position hands one under each of the child's armpit.
- Support the child's head if necessary.
- Lean slightly forward if necessary.
- Keep your shoulders level, without twisting or turning from the hips.
- Support the weight appropriately using both hands.
- Bring the child to waist height, keeping the lift as smooth as possible.
- Move your feet, keeping the child close to your body.
- Proceed carefully, making sure that you can see where you are going.

- Lower the child by reversing the procedure for lifting.
- Avoid crushing fingers or toes as you put the child down.
- Make sure that the child is rested on a stable base and ensure their safety.

Assisting a Child Walking (Manoeuvring) if needed:

Hold a child's hand with your hand. If the child is independent to walk unassisted walk and/or manoeuvre slowly showing the child, the direction (age/stage appropriate). If moving up and down stairs, encourage the child to hold the banister and/or adults hand, walk slowly and try to look where they are going.

The Individual

Ensure that you are capable of undertaking the task – people with health problems and pregnant women may be particularly at risk of injury. Staff should understand that: It is their responsibility to adhere to safe moving and handling procedures to ensure their own personal safety and well-being. They should also acknowledge it is their responsibility to adhere to all safeguarding procedures and inform management if they have any health matters that would require a risk assessment to ensure the safety others and themselves.

Physical Restraint and Use of Reasonable Force and Communication

Individual children who potentially may take part in risky behaviours, will have had a risk assessment completed which will be communicated with parents, in addition to their Provision Map and regular communications with families.

If dysregulation techniques and other strategies have not been successful and a child is demonstrating unsafe behaviours to: themselves, other children or staff, or they are damaging property, it may be necessary use reasonable force/physical intervention. Staff will use their knowledge of the 'Assault Cycle' to monitor and guide their practice see (Appendix C), as well as the child's Safety Plan (Appendix A).

Staff who may need to use this will have completed appropriate training and the child will have an appropriate risk assessment.

It may be necessary to use blocking techniques in order to discourage behaviours such as spitting, throwing, hitting or kicking.

Early intervention to guide a child to another area or safe space may be needed to diffuse a situation or make the area safe for others.

Staff will follow the guidance based on their training, the techniques and strategies as appropriate to the child, stage and behaviours being displayed (Appendix D).

Staff will all use the language of:

"We need to keep you safe." Or

"We need to keep your friends safe."

We would expect staff to use de-escalation techniques appropriate for individual child, remove the child in the first instance (if possible to another area (using other strategies), outside, corridor or appropriate area at the first signs of dysregulation or risky behaviour. If this is not possible, then the class should be removed as a last resort to another area e.g. outside (playtime), another class etc.

The school office should be contacted to alert a member of SLT or other senior teacher to come and support (let the office know – we need urgent help with a serious incident).

Serious Risky Behaviour:

Ultimately as staff we need to ensure children's safety and reasonable force (as highlighted above) MUST be utilised, instantly in order to keep a child safe in extreme circumstances. These such behaviours would be indicated on their Risk Assessment (unless new) and would apply to all school staff.

Recording:

If staff have deemed it necessary to use manual handling/reasonable force to make the child/ren safe, this must be specifically recorded in the incident on CPOMS (Behaviour Related Log/Use of Physical Intervention and specifically referred to within the behaviour incident (detailing the triggers, escalation and risky behaviours shown), when Physical intervention has been used:

Categories

☒ Behaviour Related Log ☐ Bullying / Friendship Related Issues ☐ Cause for Concern ☐ Child Protection ☐ Communication

☐ Contact with External Agency ☐ Safeguarding ☐ SEND

Behaviour Related Log Subcategories

☐ Negative Behaviour ☐ Sexual Violence ☒ Use of Physical Intervention

Due to _____ using risky behaviours, I had to use Physical Intervention, in order to keep them/myself/others safe.

Parents should also be informed on the day as follows:

"In order to keep your child safe we have used positive handling procedures today." By staff member working with them or SLT, as appropriate.

This should also be added to the ACTIONS at the bottom of the incident, that parents have been informed of the use of Physical Intervention:

"ACTION:

Spoke to parent to let them know about risky behaviours and informed them that Physical Intervention was used.”

In addition to other actions, you have taken.

Any injuries of children or staff should be logged with the Office Manager on I AM Compliant, appropriate first aid administered and first aid slip for child. SLT should also be notified.

If children are not able to regulate themselves or reasonable force is not able to be administered, parents will be contacted in order to come and support their child in regulating their behaviour and emotions.

Review

A de-briefing afterwards for staff with SLT to offer emotional or well-being support to staff and where necessary further training will be given.

As a team, we would then look at additional support required for the child/staff moving forwards.

SLT, the SENDCO, class teacher, teaching assistants and parents will monitor and review children who require a risk assessment, provision maps or adaptations to their provision due to risky behaviours. This is an open process and advice from outside agencies such as the Family SENDCO, SBAP and LA Behaviour Lead and specialists. Other support from Early Help, Healthy Families Team, Social Care etc. will also be consulted. Staff will continue to receive appropriate training from SLT and other outside agencies, including RPI training.

Policies, Guidance and Training used to inform this policy

School Behaviour Policy and Anti-Bullying Policy

School Intimate Care Policy

School SEND Policy

DFE (2013) "Use of Reasonable Force"

DFE (2022) "Behaviour in Schools"

DFE (2018) "Reducing the Need for Restraint and Physical Intervention"

Health and Safety Act 1974

Human Rights Act 1989 Revised 2004

Equality Act 2010

DFE (2015) SEND Code of Practice

Training provided for staff by RPI Nottingham City

Staff training around De-escalation

Guidance from Family SENDCO, LA Behaviour Lead and SBAP.

Appendix A - Child Safety Plan

Name: _____ Class: _____

Everything going well for me:		
When engaged with my work I will be...	I might be feeling...	What adults can do...
-Smiling -Laughing -Talking to staff -Sitting	-Comfortable -Safe -Calm	-Come in and say hello -Can I do that with you -Encourage ** to interact and play with other children

Things are starting to be difficult for me:		
I might show you I am agitated by...	The trigger might be...	What adults can do to help me....
-Pulls faces, rolling eyes -Goes on/under furniture -Tired, not smiling, not talking to staff -Flitting between activities/no engagement -No eye contact/ignoring -Throwing -Telling us a feeling	-Being told its time for home -Transition between activities -Not having a good nights sleep -Morning routine changed -Feeling overwhelmed by too many children in close contact -Having to share a toy that is significant to him -Music/singing too loud -Songs/stories he doesn't like -A request he isn't happy with	-Wonder aloud -Transitional object from staff -Offer choices in activities -Give me time and space -Distract with my favourite activity -Using transitional countdown to give him time -To have an adult close by to support play -Distract me by using a game -Social stories/use of emotional thermometer

Things are overwhelming for me:		
When I am in crisis I might...	I might be feeling...	What adults can do to support...
-Bite -Kicks -Scratch -Tip tables, throw objects -Hurt myself and adults -Cry/scream -Hit others -Screams at myself in the mirror -Shout 'you're hurting me' out of context	-Frightened -Anxious -Ashamed -Unsafe -Angry -Frustrated -Confused	-Find a safe space for me (sensory space) -Reduce what you say to me -Try using gestures -Give me space -Mind break cards -Social stories -Sand Timer -If unsafe for **/Staff or Children then use of positive hold.

-Refer to staff as monsters		
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Things that help me to calm at home
Distraction with animals, will use ipad with animal apps (matching games)

Reviewed by:

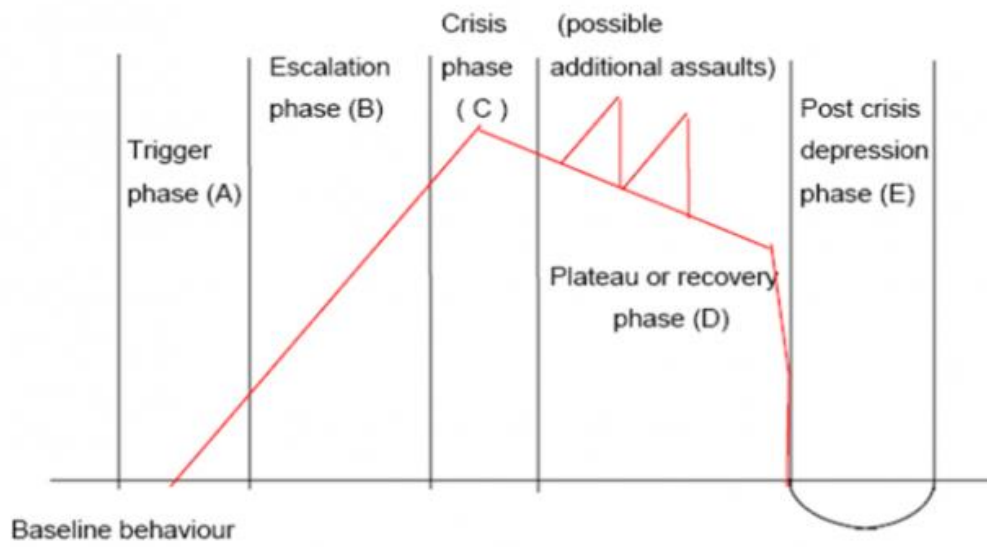
Date:

The ZONES of Regulation

			
Blue Zone Sad Bored Tired Sick	Green Zone Happy Focused Calm Proud	Yellow Zone Worried Frustrated Silly Excited	Red Zone overjoyed/Elated Panicked Angry Terrified

Appendix C

The Assault Cycle – Kaplan and Wheeler



Appendix D

SUPPORT BLOCK 1 or 2 staff

Key Points

- Side on approach
- Open hand(s)
- Stay outside of the shoulder line
- Big 'hug' around the child
- Wrap over child's forearm

Notes

1. Safe positioning
2. Safe approach

WRAP 2 staff

Key Points

- Under armpit and wrap over child's forearm
- Fingers and thumb cup around child's arm difference
- Tuck elbow away

Notes

1. Free up a hand
2. Address height
3. De-escalation
4. 2 staff

BAR 2 staff

Key Points

- Thumb to thumb, below knuckles, supporting child's wrist
- Staff hold their OWN ARM movement/child's dignity

Notes

1. Firmer technique
2. Range of

REVERSE 1 staff following risk assessment or 2 staff

Key Points

- Big 'hug' around the child
- Wrap over child's forearm

Notes

1. Free up a hand
2. Change over of staff
3. Firmer technique

CHANGE OVER 2 staff and another to change over with

Key Points

- Bar into Reverse technique child's needs

Notes

1. In response to staff or

- Communicate – staff and/or child safe to do so
- Leave to the side

2. Change over when it's

SEATED SUPPORTED 2 staff

Key Points

- Lead staff coordinates the turn to sit down kicking
- Adjust, close down space escalation, stability
- Knee to knee, staff leg tucked away

Notes

1. Leg block option – limit child

2. Height issues, de-

Open Hand Block 1 or 2 staff

Key Points

- Free up a hand bite blocks
- Flat, open handshape

Notes

1. Head, spit and

2. Use in and out of hold

Under Arm Feed 1 staff following risk assessment

Key Points

- From behind child children
- Under both child armpits and Wrap over both pupil forearms move a child
- Pupil arms low, away from the chest option

Notes

1. Smaller, lighter

2. Redirect or

3. Chair or floor seated

4. Escalating behaviour – 2 staff option

