



Physical Intervention

INTRODUCTION

The schools' physical intervention policy is based on the "Model Policy Guidelines for Settings" in the Leicester City Council's publication "Physical Intervention Guidance – The Use of Reasonable Force to Control or Restrain Children and Young People," published in May 2011 and is consistent with the statutory guidance, legal framework and advice cited in this publication.

The Uplands Infants School "[Behaviour Policy](#)" sets out how positive behaviour management is planned, delivered and monitored across the school. High standards of pupil behaviour are sustained through the implementation of this policy and consequently the need to use physical intervention to manage challenging behaviour is minimised. All staff will implement the positive approach to improving behaviour as set out in the schools' "Behaviour Policy".

At Uplands Infant School physical interventions will be used proactively as a planned approach in meeting an individual need through an agreed, risk assessed, "Positive Handling Plan", or on occasions where there is no positive handling plan but action is essential to prevent significant harm.

EXPECTATIONS

It is expected all members of staff, work experience students and volunteers understand and implement the schools' policy that;

- Physical support, contact or touch will be provided in everyday situations at Uplands Infants where it is necessary and very appropriate to keep pupils safe, support pupil learning, encourage, guide or comfort a pupil with staff having due regard for maximising pupil independence and not using an unwarranted physically forceful approach.

Examples of necessary and appropriate physical support include:

- Personal care and therapeutic routines.
- Physical support to access learning and the curriculum e.g. cooperative hand over hand working, helping pupils with balance or down from a bench in PE.
- Safe classroom and outdoor practice e.g. a helping hand to guide a pupil by the hand up a slope or through a doorway.
- A “caring C” to move an unresponsive pupil by the wrist from an unsafe area.
- Double handles on doors, electronic door security as determined by assessed need.
- The use of buggies and wrist straps for pupil safety particularly on out of school excursions.
- The use of a calming room to comfort a distressed pupil.
- Physical interventions, used for the purpose of managing pupil behaviour, will always be considered within the wider context of using other strategies; establishing and maintaining good, positive relationships with children and young people, using diversion, diffusion and negotiation to respond to difficult situations (Refer to the “Behaviour Policy”).
- Physical interventions will be part of an agreed, risk assessed, “Positive Handling Plan” and staff working with pupils who have these plans should be familiar with them and use the preferred supportive and intervention strategies and the preferred handling strategies in the plan (Refer to Appendix 3 of this policy).

Examples of planned physical interventions within a “Positive Handling Plan” are listed below:

- **Help Hug** - one arm around the shoulders with the nearest hand on the nearest shoulder or covering just above the elbows.
- **Guiding Elbows** -arms or cupped hands placed just above the elbows to prevent hazardous movements.
- **Single elbow** - Two carers standing, sitting or kneeling alongside the individual each holding the nearest forearm parallel to the ground with the elbow tucked back. The other Caring C supports the front of the shoulder. Supporting pressure is through the hips to protect backs and heads.
- **Double Elbow** - one or two carers standing or kneeling alongside the individual passing one arm across the back to hold the furthest forearm with the elbow tucked back. The nearest forearm is held with the elbow tucked back. Supporting pressure is through the hips to protect backs and heads (NB this is not used to hold individuals in a fixed seated position).
- **Figure of Four** - Standing, sitting or kneeling alongside the individual holding underneath the forearm with the outside hand, while the nearest hand passes under the arm and over the individual’s forearm to grip the carer’s own wrist.

On occasions where there is no positive handling plan or the presenting challenging or unsafe behaviour is not covered in the plan, physical interventions will be used where there is a real possibility that significant harm would occur if physical intervention were withheld.

Physical intervention that is unwarranted, excessive or punitive is not acceptable and physical intervention will never be used as a sanction or punishment as this is both illegal and contrary to this schools' policy. Failure to comply with this policy principle, when considering or using physical intervention will be dealt with under the schools' disciplinary procedures

Only staff who have been **fully trained** and had their training updated in Team Teach techniques will physically intervene.

This policy requires new staff, work experience students, lunchtime supervisors, supply staff and volunteers who are not fully trained in Team Teach, to seek the assistance of another member of staff where physical intervention is required, unless there is a very clear and very immediate risk of serious injury if they do not intervene.

RISK ASSESSMENT AND PLANNING FOR USE OF RESTRICTIVE PHYSICAL INTERVENTIONS

A small number of pupils and students behave in ways that make it necessary to consider the use of physical intervention as part of a Positive Handling Plan.

The schools procedures for this are;

- Behaviours identified as necessitating the use of physical intervention will be formally risk assessed by the class teacher in conjunction with senior staff if necessary. (Refer to the relevant detailed information and the proformas in appendices 1, 2, and 3).
- The resulting risk management strategy will be compatible with a positive behaviour management approach. The planned use of physical intervention will be consistent with the pupil's statement and outlined in their "Positive Handling Plan" (Refer to Appendix 3) which will become part of their Individual Pupil Plan.
- The techniques and methods for controlling and restraining pupils using restrictive physical interventions will be assessed to ensure they are safe, suitable and appropriate for use with the named pupil.
- "Positive Handling Plans" will be reviewed and agreed by the class teacher with parents, carers and other relevant agencies.

- Physical interventions will be reviewed and agreed in writing in the “Positive Handling Plan” in partnership with the pupil, their parents, or those with parental responsibility, and other statutory agencies working with the pupil particularly when children are looked after by the local authority, in respite care, or cared for by others with legal responsibility in order to ensure that there is a consistent approach to the use of physical intervention in and out of the school.
- The review and agreement between these parties will occur when the first “Positive Handling Plan” is drawn up, at the pupils’ Annual Review Conference or when there is a significant change in the pupils’ behaviour which requires the plan to be amended between annual reviews.
- “Positive Handling Plans” will be held on CPOMS, Provision Map on the staff public drive on the schools’ server along with the pupils’ Learning Plan so staff have easy access to them.
- Staff working with pupils with Positive Handling Plans will have a good working knowledge of them and use the preferred supportive and intervention strategies and the preferred handling strategies in the pupils’ “Positive Handling Plan”.
- The Team Teach approach to restrictive physical interventions will be used by designated trained staff.
- Where any of the relevant parties cannot agree on the Positive Handling Plan, the Head teacher or Deputy Head will be approached to facilitate a resolution.
- Where the disagreement cannot be resolved by the senior management of the school, the schools governing body may become involved with any unresolved issues about physical intervention. Disagreements that cannot be resolved within the school may be referred by the governing body to the Local Authority.

PRACTICE GUIDANCE ON PHYSICAL INTERVENTION

The following practice guidance underpins the schools’ policy and has been provided by the Local Authority with some references to government regulations.

Unacceptable Practices:

Regulation 8 of The Children Act 1989 and Regulation 17 of Children’s Homes Regulations 2001 make clear that staff should not act in a way that might reasonably be expected to cause injury, e.g. by:

- Twisting or forcing limbs against a joint.
- Pinning pupils against walls or furniture.
- Slapping, punching or kicking at pupils.
- Techniques which restrict circulation or breathing.
- Holding or pulling a pupil by the hair or ear.
- If possible, avoid (except in very extreme circumstances) holding a pupil face down on the ground.

In addition to the above, staff will avoid:

- Any holding which may be interpreted as being of a sexual or indecent nature, e.g. keep hands away from the upper thigh or breast region.
- Sitting on a pupil.

Guidance

Whenever possible, summon a second member of staff. The importance of the presence of a colleague is twofold:

- Another member of staff may be able to reduce the risk of the member of staff or pupil suffering bodily harm - a solitary person is in a very exposed position if, for example, a fight is in progress.
- There is a witness if allegations of assault are subsequently made by a pupil or parents.

In addition;

- Consideration of gender issues should be made in relation to how a pupil is held, and who holds the pupil.
- Remove, as far as is possible, onlookers and observers who are not essential to the control of the situation.
- Staff should be made aware that there may be some pupils for whom touching is particularly unwelcome. For example, some may be particularly sensitive to physical contact because of their cultural background or because they have been abused. It is important that all staff receive information on these pupils.

- Always attempt to maintain the dignity and self-respect of the pupil both during and after the restraining process.
- Keep talking to the pupil throughout the incident repeating that the restraint will stop as soon as it ceases to be necessary (unless an individual protocol is in place).
- Try to ensure a calm and measured approach to the situation. Never give the impression they are acting out of anger or frustration, or are trying to punish the pupil - whilst keeping their temper under control and avoiding committing any act of punitive violence.
- The pupil's release from restraint should be planned, agreed and gentle. Close supervision of the pupil will be necessary. A teacher (or senior member of staff) should explain the reasons for the use of restraint and the pupil's views on the incident should be sought.
- Refer staff and/or pupil to a first aider for first aid or as appropriate for further medical attention e.g. GP, Walk-in Centre, Accident and Emergency etc. These issues should receive immediate attention and be thoroughly recorded at the time.
- Consideration should be given to requesting a medical examination for the pupil or any staff affected by the incident.
- The pupil may refuse a medical examination. Details of the events and any injuries must be noted on the pupil's file as soon as they are apparent or diagnosed by a GP.
- A designated member of staff must ensure that the pupil's parents/carers/placing social worker are advised of the use of restraint.
- If other pupils are distressed, they must also be offered support.
- The Head teacher or member of SLT can insist that a member of staff should leave work if there are medical/psychological concerns arising from the incident and its effects on the member of staff. Health and Safety Bulletin No.47: 'Dealing with Assaults on Staff in School and College Environments' may be applicable in some circumstances.
- Head teachers or member of SLT may wish to consider whether other support may be helpful in assisting a member of staff emotionally affected by an incident involving physical restraint. This would include staff both directly and indirectly involved in the incident. Health and safety procedures outline the actions which should be taken for

affected staff, post-incident. This may include staff debriefings, time-out, and access to counselling, insurance information and so on.

- Following an incident, debriefing should be offered to staff and pupils, including those witnessing the event ensure that a record of the incident is completed immediately afterwards. This is most important in all case in the event of disputes in schools over, or concerns about, techniques and methods being considered, an interim setting strategy should be agreed and the matter referred to the Local Authority. If necessary, adjudication might be offered by an independent officer nominated by the Local Safeguarding Board.

USE OF RESTRICTIVE PHYSICAL INTERVENTIONS IN UNFORESEEN AND EMERGENCY SITUATIONS

It is acknowledged in the introduction to this physical intervention policy that staff may find themselves in unforeseen or emergency situations when it is essential to use physical intervention to prevent significant harm.

Staff will:

- Wherever feasible, attempt to use diversion or diffusion to manage the situation before using a physical intervention (Refer to the Behaviour Policy).
- Use physical intervention techniques and methods with which they are familiar, confident and are consistent with Team Teach procedures.
- In exceptional circumstances, where Team Teach procedures are ineffective or staff are unfamiliar with the action they should take, staff will manage the situation as best they can to comply with section 93 of the Education and Inspections Act 2006 which enables school staff to use reasonable force to prevent a pupil from:
 - a) committing a criminal offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
 - b) causing personal injury or damage to property; or
 - c) prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise

The staff to which this power applies are:

- Any member of staff at the school.
- Any other person whom the head has authorised to have control or charge of pupils. This can also include people to whom the head has given temporary authorisation to

have control or charge of pupils such as unpaid volunteers (for example parents accompanying pupils on school-organised visits).

- Does not include any pupils.

POST-INCIDENT SUPPORT

Incidents that require use of restrictive physical interventions, particularly restraint, can be upsetting to all concerned and may result in injuries to the pupil or staff. After incidents have subsided, it is important to ensure that staff and pupils are given emotional support and basic first aid treatment for any injuries.

Immediate action should, of course, be taken to ensure that medical help is accessed for any injuries that require more than basic first aid.

REPORTING AND RECORDING USE OF RESTRICTIVE PHYSICAL INTERVENTIONS

After incidents in which physical intervention is used, staff should report and record the incident in accordance with the “Positive Handling Plan” agreed specification on when a physical intervention recording will be used and when parents/carers will be advised.

All incidents requiring the use of restrictive physical intervention should be recorded on the Leicester City Physical Intervention Form which can be accessed at:

https://my.leicester.gov.uk/AchieveForms/?mode=fill&consentMessage=yes&form_uri=sandbox-publish://AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0/AF-Stage-e08f28ff-336f-4911-ab41-8cc5c21651ec/definition.json&process=1&process_uri=sandbox-processes://AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0&process_id=AF-Process-acc061fd-7bca-41d4-af84-8c0389e418c0

- A PDF copy needs to be uploaded onto CPOMS.

This applies to occasions where there is no positive handling plan but restrictive physical intervention action is essential to prevent significant harm.

Any adults at school requiring first aid treatment will be seen by a First Aider at Work. Accidents and treatment will be recorded on the SO2 Incident Report Form at the following web link: <https://lcc.info-exchange.com/schoolincidents>.

Monitoring Use of Restrictive Physical Interventions

The use of physical intervention will be monitored by teachers, team leaders and senior management to ensure adjustments to appropriate support and control measures are in place to inform training and monitor the effectiveness of this policy.

Monitoring information through the SO2s is reported regularly through the governors' "Health, Safety and Information Security" committee to the full governing body of the school. This physical intervention policy and its implementation is reviewed and approved annually by the governing body of the school.

RESPONDING TO COMPLAINTS

The use of physical restraint intervention can lead to complaints and allegations of inappropriate or excessive use.

Any complaint about the use of physical intervention should be made in the first instance to the Head teacher and if the complaint is about the Head teacher to the chair of governors which is consistent with the schools Child Protection Policy.

Where a complaint or allegation is made against a member of staff in this school in relation to use of physical intervention, the matter will be dealt with in accordance with;

- Agreed procedures for handling allegations against members of staff. (Revised guidance about such procedures, prepared jointly by the National Employers Organisation for Teachers and the six teacher unions, was published in September 2002).
- Local Authority's referral process for allegations against a person who works or is in contact with, children in an education setting, including volunteers will be used.

The possibility that a complaint might result in a disciplinary hearing, or a criminal prosecution, or in a civil action brought by a pupil or parent, cannot be ruled out. In these circumstances it would be for the disciplinary panel or the court to decide whether the use and degree of force was reasonable taking all of the circumstances into account.

In such cases, however, the panel, or court, would have regard to the provisions of section 93 of the Education and Inspections Act 2006. It would also be likely to take account of the setting's policy on restraint. Where a member of staff has been following the school/setting restraint policy and is subsequently interviewed by the police he/she should make this clear at the beginning of the interview.

In such situations staff are, of course advised to seek advice immediately from their trade union/professional body. If staff are arrested then they are advised that they can call upon the services of the duty solicitor.

STAFF TRAINING

Regular staff training in physical intervention, accredited by the British Institute of Learning Disabilities (BILD) is delivered through the Team Teach approach at Uplands Infant School with staff new to the school provided with additional Team Teach training as necessary. All trained staff should receive a refresher every three years.

The purpose of this training is to support staff to implement the;

- “The Uplands Infant School Behaviour Policy” and the schools “Physical Intervention Policy”.
- Risk assessment and planning procedures for the use of physical intervention, as part of the positive behaviour management strategy.
- Physical intervention techniques they have learnt during Team Teach training in their day-to-day work.
- Schools’ practice of periodically updating and consolidating staff behaviour management skills and knowledge.

Volunteers, work experience students, lunch time supervisors will not be trained in Team Teach physical intervention techniques and procedures.

Monitoring and review

The day to day monitoring of this procedure is the responsibility of the Head Teacher. This procedure will be reviewed every year or earlier if considered necessary.

Date Agreed: 18.10.2021

Review Date: October 2022

Signed:



Head Teacher

Signed:



Governor

Assessing and Managing Risks for Pupils who Present Challenging Behaviours

1. Introduction

The risk assessment and management proforma included in this guidance has been designed to help teachers, child care practitioners, support assistants, carers, and other adults working in settings to improve practice in relation to the assessment and management of risk posed by pupils with severely challenging behaviour. The risk may be to the pupils themselves, other pupils, teachers, other adults or property.

2. What Is Meant By "Risk" And "Risk Assessment"?

The term "risk" refers to any circumstances which could lead to adverse outcomes for the child or others. Risks may arise in relation to a number of factors, such as the health care and social support arrangements for the child; interactions between the child and his or her environment; the direct impact of behaviour(s) presented by the child; measures and interventions employed to reduce, limit or manage the risks presented to the child and others.

Risk assessment and management is a process that helps staff and others to consider risk issues, to act reasonably, and to learn from what happens in everyday practice. In the main, risk assessment and management involves:

- using what is known, in the light of experience, to make rational judgements about risk issues
- weighing up options and taking reasonable risks
- taking action to implement a range of approaches to support and safeguard children

By working in this way it is possible to make decisions and take actions to:

- limit the level of inherent risk to which children and others are exposed
- take calculated risks to broaden the child's experience and maximise his or her individual potential
- avoid unreasonable risks for this child and others
- ensure that strategies used to respond to challenging behaviour are reasonable, and proportionate to the risks presented by the behaviour

Using a structured approach to risk assessment and management will help staff to make decisions about what can reasonably be done to limit risks. At the same time it will help prepare them for times when things go wrong.

Challenging behaviours are often foreseeable, even though it may be difficult to predict exactly when they will occur or the degree of challenge they will pose. As a general rule, settings should:

- explore why children behave in ways that pose a risk
- try to understand the factors that influence the behaviour
- recognise the early warning signs that indicate that the child's behaviour is beginning to emerge
- develop the skills to manage difficult situations competently and sensitively

The measures agreed for managing identified risks should be set out in an agreed behaviour management plan for the individual child. Risk assessment and management can also be used in emergency situations when unforeseen risks occur.

3. Assessing the Risk

Risk assessment involves a consideration of potential and actual risk. Key steps are:

- assessing the context for risk - trying to predict the situations in which risks do/may occur. For example, situations where pupils might feel frustrated, pupils being near open roads, on transport or in crowded places

- assessing probability - trying to estimate how likely it is that the risk situation will occur and whether any injury or harm is very likely to occur, likely to occur, or unlikely to occur
- assessing seriousness - trying to gauge the kind of injury and harm that could result. For example: choking, bruises, bleeding, sprains, broken bones, stress, burnout, panic attacks, nervous breakdowns and post-traumatic stress disorder

When assessed, all risks should be recorded in accordance with relevant requirements such as Local Authority or setting policies. In the event that risks are thought to be serious for the child or others, the setting may need to use formal risk assessment frameworks and tools, such as the Health and Safety Executive's "Five Steps to Risk Assessment".

4. Exploring Risk Reduction Options

Risk reduction involves an examination of risk management options and consideration of the benefits and drawbacks of each option for the child, staff and others concerned. After weighing up the options available, some may be discarded as unsuitable. This will usually be because they have insufficient impact on the risk or have too many drawbacks. A record should be kept of risk reduction options examined and discounted as well as those adopted for each pupil.

Risk reduction should include:

- proactive measures to support the child effectively and prevent difficulties emerging
- early interventions to help the child in difficult situations and avert problems
- planned measures to manage the child and others safely, when unavoidable difficulties arise

In circumstances where there are concerns that the risk reduction options being considered may themselves give rise to risk to the pupil or others, it would be prudent for settings to seek advice from other bodies. These may include:

- the local Safeguarding Children Board for concerns in relation to children
- Health and Safety Executive for concerns in relation to setting staff and others
- medical advisers
- legal advisers
- Local Authority Investing in Our Children Division.

5. Deciding Risk Management Measures

The measures selected to prevent risks occurring, manage risks that arise and respond to injuries and harm that occur should be based upon a full appraisal of all the risk management options. In agreeing the risk management strategy, it is important to be explicit about inherent risks that continue to exist, even when the strategy is fully implemented; risks that can be reduced by implementing the strategy; and the risks that can be prevented by implementing the strategy, and any risks inherent in the strategy. The agreed risk management measures should form the basis of the child's behaviour management plan⁶ and the setting's risk management strategy. All decisions made about risk management options should be recorded in accordance with setting procedures.

When selecting risk management procedures for the child's behaviour management plan and the setting risk management strategy, settings should involve parents, or those with parental responsibility. Both sides benefit from such an approach; parents can examine measures for supporting their child within a broader context, while settings find out things that might otherwise be overlooked. Professionals from other agencies should also be consulted in the process of deciding the best options to eliminate, reduce or limit the risk, without placing unreasonable restrictions on the child, children, setting staff or others, or putting others at unreasonable risk. Accommodation and resources will influence the strategy employed.

In the event that there are disputes or concerns about the measures employed, it would be prudent for settings to seek advice from the people or bodies listed in the preceding section.

6. Sharing and Communicating an Agreed Approach

Once agreed, the behaviour management plan and risk management strategy should be shared with all those responsible for implementing or monitoring the impact of the plan. This is important as it will help to ensure that those concerned know how children are to be supported and why, which behaviours are to be managed and how they are to be managed; and which risk reduction measures are to be employed and when.

The risk management strategy can be shared through discussion groups, meetings and circulating information. Those who should be informed include:

- the child
- his/her parents or those with parental responsibility
- members of the teaching team/care team and other setting staff
- other professionals involved with the child, child protection teams and other agencies

Settings should keep a record of those informed about the strategy.

7. Staff Training

Once the plan and risk management strategy have been shared with those who work with and support the child, consideration should be given to the ability of staff to implement the strategy. In particular, steps should be taken to determine what training may be required prior to implementation. This is key, because successful implementation will be dependent on staff competence and expertise. Setting records should show training needs identified as a result of the strategy and how training was provided to enable staff to implement it.

Where it is apparent that there are staff with significant training needs, implementation of the risk management strategy should be modified until relevant staff training has been provided. In some instances, staff training will be required as a matter of urgency so that implementation can take place without delay.

8. Evaluating Impact and Effectiveness

Along with other aspects of their approach to restrictive physical intervention, settings should regularly review risk assessment and management measures. All evaluations of plans and strategies should be reported using setting procedures and recorded in setting records. These will make an important contribution to informing future planning and improving day-to-day practice.

APPENDIX 2

Uplands Infant School

Proforma for assessing and managing foreseeable risks for children who present challenging behaviours

This proforma should be used to assess and manage each identified behaviour. Where this information is already known it must be made available on admission (e.g. transfers, etc.)

Name of child:.....

Class group:.....

Name of teacher:.....

Identification of Risk	
Describe the foreseeable risk	
Is the risk potential or actual?	
List who is affected by the risk	
Assessment of Risk	
In which situations does the risk usually occur?	
How likely it is that the risk will arise?	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

Risk Reduction Options			
Measures	Possible options	Benefits	Level of risk
Proactive interventions to prevent risk			

Early interventions to manage risk			
Reactive interventions to respond to adverse outcomes			

Agreed behaviour Management Plan & School Risk Management Strategy		
Focus of measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Communication of Behaviour Management Plan & School Risk Management Strategy		
Plans and strategies shared with:	Communication Method	Date Actioned

Staff Training Issues		
Identified training needs	Training provided to meet needs	Date training completed

Evaluation of Behaviour Management Plan & School Risk Management Strategy		
Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		
ACTIONS FOR THE FUTURE		

Risk Assessment completed by:

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

Behaviour management plan and school risk management strategy agreed by:

.....
 Class teacher Parent/Carer

Date: Date:

Plans and strategies to be evaluated by class teacher and parent at any stage when implemented and at pupils' Annual Review Conference

.....
 Class teacher Parent/Carer

Date:.....

Positive Handling Plan and Risk Assessment

Name:
plan:

Date of Plan:

Review Date of

School

Relevant Background Info that contributes to the individuals stress (e.g. Family history, learning needs etc)

Stressors/Triggers

Medical Conditions

Previous Critical Incidents (date: time: and outcome)



What might he/she be thinking?.....

.....

What might he/she be feeling?.....

.....

.....

Toolbox

Key Adults:

Praise points/Strengths	Diversion strategies (interests)	De-escalation techniques
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What does the behaviour look like?

Stage 1 Anxiety Behaviours	Stage 2 Defensive Behaviours
Child	Child
Adult Response:	Adult Response:

Stage 3 Crisis	Stage 4 Recovery
Child's Behaviours	What will they do?
Adult Response: Scripts: e.g. I'm here to help, there's no need to worry, you're not in trouble, lets go to your calm area	Where will they go?
Physical interventions Techniques e.g. Single Elbow, Helpful hug, inside elbow, T wrap,	Who will they go with?
Continued De-escalation ideas	

Stage 5 Depression	Stage 5 Depression
The child may seem calm but are they?	Child's Behaviours

Can they follow a simple instruction? Are they willing and ready to engage? Or are they resistant and reluctant? <i>Try a small directed task with them before going back to class.</i> Do not be tempted to talk about the incident with the child at this point	Adults' Behaviours
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Stage 6 Context of Debrief: with who and where? And approximately how long after the incident? (see separate sheet for debrief structure)	Stage 6 Opportunity to rebuild and repair relationships?
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Supportive Structures around the child

Interventions (e.g. volcano in my tummy, therapy activities, feelings and emotions work)
Advice and Support from external agencies (e.g. SEMH, EP, Family Support, Paediatrician)
Support arrangements (e.g. ISP, PSP, School Contract, Element 3, Request for Statutory Assessment)

Parents/Carers:
 Name: _____
 Teacher
 Name: _____
 Young Person
 Name: _____

Recording and Monitoring	
Record in Physical intervention book	<input type="checkbox"/>
Report to SLT – ASAP	<input type="checkbox"/>
Report to Parents (within 24 hours max)	<input type="checkbox"/>

Review Plan

(annotate the positive handling plan, what was the stressor/ trigger? what worked well?
what could be tried differently next time? Physical intervention required: Yes or No
Write in a different colour each time and date and sign this)

Review completed by:

Date:

Pen Colour:

Review completed by:

Date:

Pen Colour:

Review completed by:

Date:

Pen Colour:

Review completed by:

Date:

Pen Colour:

Review completed by:

Date:

Pen Colour:

Review the entire plan (re-type!) every 12 weeks