



Securing the future of deaf children and young people

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Mary Hare School

Physical intervention, de-escalation and physical contact policy

Values Statement

1. At Mary Hare School, behaviour management is based on maintaining positive and respectful practice, attitudes and guidance for all young people, visitors and staff. This policy works best when read alongside the *Wellbeing and Behaviour policy*.

Key values which demonstrate the school's commitment to positive behaviour toward each other are:

- Listening to each other and respecting other's opinions,
- Respecting everyone's right to privacy, independence and dignity,
- Support, developing and encouraging the positive attributes of individuals,
- Rewarding positive behaviour and celebrating achievement,
- Dealing with negative behaviour reflectively and valuing all learning opportunities.

Aim

2. This policy aims to provide clear guidance to school staff on the use of de-escalation methods, physical intervention and physical contact. Staff members should be able to meet the needs of the young people with confidence, whilst safeguarding themselves and those in their care.
3. The majority of young people at Mary Hare behave well and conform to the general expectations of the school. It is recognised that even in a well-ordered school there will be times when young people actively reject the authority of staff and exhibit disruptive or challenging behaviour. Our ethos is to focus on the preventative strategies and de-escalation of behaviour minimising the need for physical intervention.
4. Physical contact can take many forms; a handshake, pat on the back or a touch of an elbow to gain attention. We recognise that for some staff physical contact is an integral part of the job, for example, teaching of physical skills such as dance or gymnastics. Various forms of therapy, the administration of first aid and elements of intimate care involve touch. It is also used to reassure or comfort young people. Staff who are in a position of trust, need to maintain a professional distance and take great care in how they physically interact, which can be open to misinterpretation, especially where young people are concerned. Staff need to demonstrate professionalism without compromising compassion.
5. Due to our pupils' severe/profound hearing loss, touch may also be required to gain a pupil's attention such as, if approaching from behind a light touch on the shoulder maybe required.

Legislation and guidance

6. Section 93 of the Education and Inspections Act 2006 enables schools to use such force as is reasonable in the circumstances to prevent a pupil from doing or continuing to do any of the following:
 - Committing any offence (or for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
 - Causing personal injury to, or damage to the property of, any person (including the pupil); or
 - Prejudicing the nature of good order and discipline at the school or among pupils receiving education at the school, whether during a teaching session or otherwise.
7. The power conferred by the paragraph above may be exercised only where:
 - the member of staff and the pupil are on the premises of the school in question, or
 - they are elsewhere and the member of staff has lawful control or charge of the pupil concerned.
8. The staff to which this power applies are defined in section 95 of the Act. They are:
 - Any teacher who works at the school, and
 - Any other person whom the Principal has authorised to have control or charge of pupils. This includes teaching assistants and care staff.
9. Adults have a duty of care to act in the best interests of the young person. They do not have a duty to use force. They should use their own best judgement and make their own dynamic risk assessment before acting.
10. This policy takes into account the Government non-statutory advice from the Department of Education; [Use of reasonable force – Advice for headteachers, staff and governing bodies, July 2013](#). Other departmental advice and guidance;

[Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties \(2003\)](#)

[Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders \(2002\)](#)

[HSE – Violence at work: A guide for employers](#)

[HSE – Preventing work place harassment and violence](#)

11. The **Health and Safety at Work Act 1974 (HSW Act)** states that, employers have a legal duty under this act to ensure, so far as is reasonably practicable, the health, safety and welfare at work for their employees. The **Management of Health and Safety at Work Regulations 1999** state that employers must

assess the risk to employees and make arrangements for their health and safety. The risks covered should, where appropriate, include the need to protect employees from exposure to reasonably foreseeable violence.

Definitions

Physical contact

12. This covers the full range of physical interactions ranging from light to firm pressure touch. It is necessary for a variety of purposes including the provision of care, comfort, communication, reassurance and safety.

Physical intervention

13. The purpose of physical intervention is to take control of a dangerous situation, in order to end or significantly reduce the risk of harm to the person and others around them. Physical intervention involves some sort of physical contact and application of force to guide, restrict or prevent movement. This can include touching, guiding or escorting all the way to holding, chemical or mechanical restraint and seclusion.

Last resort

14. The use of force is described as a 'last resort'. This does not mean that all other possible alternatives must be tried and seen to fail before force may be used. It means staff should consider alternatives and balance the risks of using force against alternatives, realistic options.

Reassuring and comforting

15. A hug around the shoulders or upper arms to comfort, calm and reassure a distressed young person.

Risk assessment

16. The process of identifying and controlling potential hazards. *Dynamic risk assessments* are those conducted in real time when staff are faced by a situation that requires an urgent response. *Formal risk assessments* are recorded on a form, that identifies hazards and consider interventions to support young people and staff in reducing and avoiding risk.

De-escalation

17. "Is a set of verbal and non-verbal responses, if used selectively and appropriately, may reduce the person's level of hostility by reducing anger" (Patterson et al, 1997)

Roles and responsibilities

18. **Everyone** has the responsibility to abide by the values and aims of this policy, in support of positive behaviour strategies.
19. **School leadership team** is responsible for maintaining a safe environment for all young people, visitors and staff. Ensuring staff are suitably trained with techniques and strategies to meet the behaviour diversity of the young people in their care.

20. **All staff** have the responsibility to maintain professionalism and model positive and acceptable behaviour.
21. Staff are expected to consistently apply behavioural expectations, taking into account the age, understanding and individual needs of each young person.
22. Staff are also expected to;
- Attend any positive behavioural training sessions provided,
 - Raise any behavioural concerns with their line manager, or other key staff; such as the SENCO, Wellbeing Coordinator, Form Tutor, Head of Year, Key Worker, Team Leader, or **safeguarding concerns to the Designated Safeguarding Lead**.
 - Follow advice and attend debriefs after any incident.
23. **Young people** are expected to;
- Adhere to school rules and behavioural expectations, if this is not realistic then,
 - Ask for help or indicate the need for support with their management of their behaviour,
 - Attend and participate in any behavioural interventions and the development of risk assessments, in accordance with their understanding, age and development,
 - Raise any concerns or questions in relation to positive behavioural support if they don't understand, or are worried, or concerned.
24. **All visitors**, including parents, carers, visiting professionals or governors are expected to;
- Model positive and acceptable behaviour,
 - Raise any behavioural concerns with staff, or any **safeguarding concerns to the Designated Safeguarding Lead**.
 - Comply with the school Visitor Policy and the *Visitor code of behaviour* documented on the Child Protection Procedure leaflet, which is handed to all visitors at reception.

Physical intervention guidance

25. Pupils who come to Mary Hare School are here for their educational needs and not for any additional behavioural problems they may have. However, there are times when incidents occur that require staff to intervene by use of physical contact and in extreme cases physical intervention.

The guidance derives from and builds upon the relevant parts of the Children Act 1989 Guidance and Regulations, Volume 4: Residential Care, all of which apply.

- Physical intervention should only be used as a last resort and staff should have good grounds for believing that immediate action is necessary to prevent a pupil from significantly injuring self or others, or causing serious damage to property.

- Staff should take steps in advance to avoid the need for physical intervention, e.g. through dialogue and diversion; and the pupil should be calmly informed of the consequences of him/her continuing any unacceptable behaviour will be unless they desist.
- Only the 'reasonable force' (section 550A, Education Act 1996) necessary to prevent injury or damage should be applied.
- Every effort should be made to secure the presence of other staff before intervening physically. These staff can act as assistants and also witness the proceedings. A third member of staff is beneficial to aid communication with hearing-impaired pupils.
- As soon as it is deemed safe, intervention should be gradually relaxed to allow the pupil to regain self-control.
- Intervention should be an act of care and control, NEVER punishment.
- Physical intervention should not be used purely to force compliance with staff instructions when there is no immediate risk to people or property.
- Every possible effort must be made to avoid direct physical confrontation between young people and staff. For example; It would be preferable to remove other children or young people from a room, rather than physically intervene with an individual.
- Rough handling, slapping, punching or pushing even in the heat of the moment in response to violence from young people would constitute an application of force of punishment. As such, this would fall under the definition of corporal punishment, (abolished under section 47 of the Education (No. 2) Act 1986). The staff member could be found to be culpable and therefore subject to the relevant complaint and disciplinary procedures and/or child protection procedures, as well as possibly subject to prosecution under criminal law.
- Any member of staff who feels that they are becoming angry, tired or upset should be encouraged to ask to be removed from a situation of physical intervention.

26. It should be noted that a clear understanding that intervention will take place in certain circumstances can reduce the frequency of such intervention so that it is extremely rare.

De-escalation

27. The wholesale application of de-escalation techniques, designed for the use with hearing people, may need some adaptation when used with members of the deaf community; otherwise such strategies may prove less effective. (Jeffery, D and Austen, S. 2005).¹

28. Communication is a significant part of the de-escalation process. A good knowledge and understanding of deaf awareness is key to inform staff of the nuances of the Deaf community and aids in fostering environments conducive to effective interactions with distressed deaf young people.

¹ Jeffery, D. and Palmer, T. (2010). *Factsheet; De-escalation and deaf people*. [pdf] Birmingham: bild, Available at: <http://www.bild.org.uk/resources/factsheets/> [Accessed 25 Sept. 2017].

29. Common features of de-escalation include:

- Communication (verbal and non-verbal)
- Stance and personal space
- Touch
- Eye contact
- Face
- Voice
- Environment

30. Although preventative measures will not always work, there are a number of steps that can be taken to help reduce the likelihood of situations arising that may require physical intervention. These are:

- Creating a calm, orderly and supportive school climate that minimises the risk and threat of violence of any kind.
- Developing effective relationships between pupils and staff that are central to good order.
- Adopting a whole school approach to developing social and emotional skills.
- Recognising that challenging behaviours are often foreseeable.
- Effectively managing individual incidents. It is important to communicate calmly with the pupil, using non-threatening verbal and body language and ensuring the pupil can see a way out of the situation. Strategies might include, for example, going with the staff member to a quiet room, away from bystanders or other pupils, so that the staff member can listen to concerns; or being joined by a particular member of staff well known to the pupil.
- Wherever practicable, calmly advising the pupil that physical intervention may have to be used before using it.

De-escalation do's and don'ts²

<i>1. Communication</i>	
Do	Don't
Speak clearly and at normal pace Use plain language Try to find a different way of saying something that has not been understood Offer the opportunity to exchange information in written form	Shout Speak slowly (speak at a normal pace) Exaggerate lip movements Keep repeating a message that has not been understood Assume that all people use or recognise British Sign Language
<i>2. Stance and personal space</i>	
Do	Don't
Hold hands in front at around chest height Consider proximity to the angry person Stand slightly off to one side Consider Usher's syndrome	Cross arms Put hands on hips Invade the angry person's personal space Stand directly in front of the person
<i>3. Touch</i>	
Do	Don't
Consider your existing relationship with the angry person Approach a person from within their visual field	Assume that touch to gain attention is always culturally acceptable Approach from outside a person's visual field
<i>4. Eye contact</i>	
Do	Don't
Maintain eye contact with the angry person Look at the angry person throughout signed and voiced over communication Remember to blink Position yourself to remain within an angry person's field of vision	Look away when information is being signed Look towards the interpreter when communicating with the angry person Stare Roll eyes
<i>5. Face</i>	
Do	Don't
Convey attention Remember the angry person's sign and facial expression may get bigger and bolder Focus on context and content Remember to blink Position yourself to remain within an angry person's field of vision	Frown Scowl Grin or laugh inappropriately

² Jeffery, D. and Palmer, T. (2010). *Factsheet; De-escalation and deaf people*. [pdf] Birmingham: bild, pp.4-5. Available at; <http://www.bild.org.uk/resources/factsheets/> [Accessed 25 Sept. 2017].

6. Voice	
Do	Don't
Consider the tone of voice you use Remain calm Be clear and concise Be open to feedback on own communication style "Talk the angry person down"	Raise your voice Use jargon Ignore suggestions from an interpreter Exaggerate any of the words that you choose to use "Talk down to the angry person"

7.Environment	
Do	Don't
Ensure that there is enough space for signing to take place Ensure that areas are bright and well lit Consider the décor of the environment Remember that the angry person is your focus Foster a culture of deaf awareness	Stand in front of a window making it more difficult for the angry person to see you Wear items of jewellery or clothing that may distract the angry person Become distracted by others within the area

De-escalation techniques

31. The purpose of de-escalation is not to make an already difficult situation worse, or a young person even angrier by what we say or do. The following are some suggested techniques;
- Explain the purpose or intention, giving clear, brief instructions, negotiate options and avoid threats.
 - Move towards a 'safer place' i.e. avoid being trapped in a corner.
 - Encourage reasoning, using open questions and ask about the reason for the aggression.
 - Question about facts, rather than feelings.
 - Show concern through non-verbal and verbal responses.
 - Listen carefully, show empathy, acknowledge concerns or frustrations, do not patronise.
 - Appear calm, self-controlled and confident without being dismissive or over-bearing.

Planning for individual needs

32. Individual pupil risk assessments are completed for individuals who pose a risk in this area. These incorporate any known triggers and will take into account management and mitigation of known and probable behavioural risks.
33. The assessment is regularly reviewed and updated in consultation with the young person and key people in regard to their education, care and family.

Training

34. Team Teach provide training on a biennial basis to all care staff. This incorporates theory based work on de-escalation and challenging behaviour and physical intervention. Where some part time staff are unable to attend face to face training sessions, they are provided with the theoretical material and guidance regarding de-escalation and managing challenging behaviour. However, any member of staff may feel the need to intervene in an

exceptional emergency. Staff should all understand that the law allows them to use reasonable force. However, if a complaint was made by a young person or parent then that use of force may be investigated by the school or by the police and ultimately the courts.

Recording and reporting

35. If an incident involving physical intervention occurs, a written report is to be completed at the earliest opportunity, **no later than 24 hours** and is legible, after the incident occurred³. The Head of Care or another member of the Senior Management Team should be informed as soon as possible.
36. Whenever physical intervention is used a written record must be made and added to the bound and numbered Physical Intervention Book which is located in the Head of Care office. Each record must include:
- The name of the pupil
 - The date and location where the physical intervention took place
 - Details of the behaviour requiring physical intervention
 - The nature of the physical intervention used
 - The duration of the physical intervention
 - The name of the staff member(s) using physical intervention
 - The name of any other staff present
 - The effectiveness and any consequences of the physical intervention
 - Any injuries caused to or reported by the pupil or any other person
 - A signature by or on behalf of the Principal.
 - Where possible, the pupils write or have their views recorded and signed.
37. Copies of records are also to be kept in individual pupil files.
38. A representative of the school's governing body reads and comments upon the use of physical intervention during visits to the school. These records are also monitored half termly by the Care Standards Officer.

Debriefing

39. It is essential to note that each debrief will depend on the nature of the incident and the number of individuals involved. The following premise and process should be followed after any incident.
40. After the event and when safe to do so, the member of staff should be allocated some time away from normal duties to have moment of reflection. If any injuries have occurred, the recording of these and assessment by a First Aider should be a minimum.

³ DfE, (2015). *Residential special schools; National minimum standards*. [pdf] London, p.14. Available at <https://www.gov.uk/government/publications/residential-special-schools-national-minimum-standards> [Accessed 25 Sept. 2017].

41. The Residential special schools; National minimum standards (1 Apr. 2015), require;

All children and staff are given an opportunity to discuss with a relevant adult (who was not directly involved) within 24 hours incidents of restraint, including reasonable force, they have been involved in, witnessed or been affected by.

Staff debrief

42. A debrief with a line manager, or Senior Team Leader, or Head of Care needs to be completed before the end of shift or at the very least within 24 hours. The debrief must include a reflective account of the incident, any learning from the incident or before the incident, a discussion on any further training, development or support required, and any support required for the young person.

Young person debrief

43. A debrief with the young person should take place within 24 hours of the incident (if appropriate). This should ideally be done by someone with whom the young person trusts and has a good relationship. This member of staff must not have been involved in the physical intervention. The appropriateness of the intervention needs to be discussed. A record of the debrief needs to be made, along with an observations or monitoring completed to ensure the young person feels safe and has not received any injuries due to the intervention.

Physical contact (Mary Hare Primary School only)

44. There are occasions when control can be maintained by holding a younger pupil in a manner consistent with appropriate parenting. For example, an adult may insist on holding a younger pupil's hand when crossing the road. A younger pupil may be successfully diverted from destructive or disruptive behaviour by being led away by the hand or arm. Younger pupils having an argument or a physical altercation which in itself is not likely to cause any serious harm may be successfully separated by being held firmly and guided away.

Physical contact with pupils in other circumstances

45. Some physical contact may be necessary to demonstrate exercise or techniques during PE lessons, sports coaching, and evening activities, or if a member of staff was to give first aid. The School Nurse keeps records of consent forms in regards to administering first aid.
46. Touching may also be appropriate where a pupil is being congratulated or praised, or where the pupil is in distress and needs comforting. All staff will use their own professional judgement when they feel a pupil may need this kind of support. Best practice would be that a member of staff does not normally initiate such contact.

47. It is important to understand that some pupils find touching particularly unwelcome. For example, they may be sensitive because of their cultural background or an earlier experience. There should be a common approach where staff and pupils are of different sexes. Physical contact with pupils becomes increasingly open to question as pupils reach and go through adolescence and staff must also bear in mind that even innocent and well-intentioned physical contact can sometimes be misconstrued.

One-to-one contact with pupils

48. The nature of care work requires members of staff to be alone with a pupil from time to time. Staff are encouraged to use common sense in this area. This may include leaving doors open, avoiding isolated areas of the school and houses or asking a friend of the pupil to be present if appropriate. If a member of staff feels uncertain about being alone with a pupil, they should avoid the situation and ask for support from colleagues. For further guidance please see – Safeguarding and child protection policy