



Morpeth First School Behaviour Safety Intervention Policy

Morpeth First School has a disciplinary approach based on positive reinforcement of acceptable behaviour. We are committed to ensuring pupils are safe, happy and learning in a calm and positive environment. We are committed to promoting positive behaviour and also ensuring that children are clear about the school rules they are expected to follow at all times. There are times when a member of staff might be required to physically intervene with a pupil in the best interest of their welfare or the welfare of other pupils. The Department for Education states that "all school staff have the power to use reasonable force to prevent pupils committing an offence, injuring themselves or others, or damaging property, and to maintain good order and discipline in the classroom." Restrictive physical intervention will only be used rarely and will never be used punitively, but in the best interest of pupils should the situation require it. It will only be used as a last resort, be the least restrictive and for the least amount of time.

There are two kinds of physical intervention that might be used:

- Positive contact
- Use of physical intervention

This policy explains when and how each of these might be used by Morpeth First School staff. It has been written within the guidelines established by the Department for Education in the document, 'Use of Reasonable Force: Advice for Headteachers, Staff and Governing Bodies'. This states that 'all school staff have a legal power to use reasonable force' under the Education Act, 2006.

All school staff are familiar with the school's policy and have a clear understanding about when physical restraint is appropriate.

This policy is available to parents via the school website or on request from the school office.

Positive Contact

We believe that to deny pupils all physical contact with adults is to deny a basic human need and an expression of care and concern for all pupils. However, physical contact must be appropriate for the age, understanding and gender of the child and must never threaten or be sexually inappropriate. Staff must be sensitive to

- cultural backgrounds
- the need to maintain pupils' personal space
- be aware of pupils who have been sexually abused and will either seek physical contact or positively avoid it. Physical contact may not be appropriate.
- when a pupil needs to get comfort or reassurance e.g. following an accident or personal crisis.

- when a pupil needs encouragement to attempt a new challenge e.g. to climb on to a piece of apparatus.
- when there is a need to take urgent action to avoid an incident or injury

Staff should take reasonable measures when they are left alone supervising/talking with/teaching small groups or individual pupils (such as leaving the door open).

The Use of Physical Intervention

When should physical intervention be used?

According to guidance, restrictive physical intervention may be used to prevent a pupil from doing, or continuing to do any of the following:

- committing a criminal offence
- injuring themselves or others
- causing serious damage to property including the pupil's own property
- engaging in behaviour prejudicial to good order at the school or among any of its pupils whether that behaviour occurs in a classroom during a teaching session or elsewhere

Staff have a right to defend themselves against physical attack, and do everything possible to diffuse the situation before such an attack occurs. In the event that it is necessary to defend themselves against physical attack minimum force for maximum effect should be used. Situations in which reasonable force might be appropriate are:

- i. When action is necessary in self-defence e.g. when the pupil attacks another pupil or adult
- ii. Where there is an immediate or imminent risk of injury to another child or an adult e.g. when pupils are fighting or there is rough play or misuse of dangerous materials or objects.
- iii. Where there is immediate risk of significant damage to property – when a pupil is about to vandalise property
- iv. Where behaviour jeopardises good order and discipline e.g. where a pupil absconds from the classroom or school buildings. (Note – this only applies if the pupil could be at risk if not kept in the classroom or at school)
- v. A pupil persistently refuses to leave an area and this is likely to cause harm to their wellbeing, or their safety cannot be secured if they remain in that area (e.g. somewhere they cannot be supervised).
- vi. Behaviour which seriously disrupts a lesson.

Physical intervention may need to be used when

- i. There is clearly no alternative approach which would work in the circumstances i.e. there is an immediate urgency to resolve the situation
- ii. Defending or protecting

Crisis Prevention Institute Behaviour Safety Intervention

Crisis Prevention Institute Behaviour Safety Intervention is the system we use at Morpeth First School to safely hold pupils. CPI Safety Intervention skills have been assessed by BILD (the British Institute of Learning Disabilities) and ensures that all holds are non-abusive or harmful; require the least possible force for the shortest possible time with consideration taken to ensure pupil dignity remains intact in the situation. CPI Safety Intervention is a whole behaviour management programme with the main focus being on early intervention and de-escalation, however it covers physical intervention in detail.

Key members of staff across the key stages are trained to use CPI Safety Intervention and attend yearly updates to refresh their skills.

Use of physical intervention via CPI Safety Intervention should and will never be used for staff convenience but only as a part of a broad positive behaviour program.

Staff will adhere rigorously to CPI Safety Intervention principles and as such be non-abusive or harmful, they will use the minimum amount of force necessary for the minimum time necessary to effectively manage the risk posed by a behaviour.

Physical intervention via CPI Safety Intervention will be used in order to safely manage the risks being posed to the individual exhibiting the behaviour, to other students, to adults or where damage to property might occur.

Staff will continually reassess a situation to take account of changing risk and respond appropriately so, for example, a pupil may need to be physically guided away from a risk in a room like a broken glass, but could be quickly released as he or she left the room.

Staff are expected to use professional judgement when considering whether the use of restrictive physical intervention is an appropriate response. Staff are expected to consider a number of factors at this stage, most importantly the perceived risk of physical intervention versus the perceived risk of no physical intervention. At all times staff should take account of the pupils' level of understanding.

Incidents that result in the use of physical intervention and CPI Safety Intervention will be reported and recorded in accordance with school procedures on an incident sheet.

Where physical intervention is used, incidents will be reported to parents/guardians of the pupil concerned as soon as is practically possible.

In respect to a very small number of pupils, reports of the use of physical intervention will be made to social care professionals.

Example CPI Safety Intervention Incident Recording Form

Name of Student:	Time:	Total Duration of Incident:
Staff Involved:	Date:	Location of Incident:
Trigger(s) observed (where applicable): <hr/> <hr/>		
Risk Behaviour(s) observed: <hr/>		
Staff Response(s): <hr/>		
Brief description of Incident: <hr/> <hr/>	Intervention used, (verbal & physical) including level & duration	
Tension Reduction behaviour(s) observed: <hr/>		
Staff Response(s) including outcomes of restorative conversation: <hr/> <hr/> <hr/> <hr/> <hr/>		

Next steps and agreed actions

Include effectiveness of staff response, changes to Behaviour Crisis Plan and how these will help support restraint reduction within school

Signed (Author(s)): _____

Print name(s): _____

Staff Involved / witness to incident: _____

Print name(s): _____

Copy given to Headteacher: Y / N **Signed (Headteacher):** _____ **Date:** _____

Parents Informed: Y / N **Signed (Parent/Guardian)** _____ **Date** _____

If yes, by whom and means: _____ (e.g. Letter / Phone call / Verbally on collection)

If no, give reason:

NCC Incident Form Completed: Y / N If yes, by whom: _____

Medical attention required: Y / N If yes, details:

CPI Safety Intervention Terminology	
BEHAVIOUR LEVEL	STAFF RESPONSE
ANXIETY BEHAVIOUR: <i>A change in behaviour</i> A non directive expenditure of energy. The first level of the Crisis Development Model	SUPPORTIVE: <i>An empathic, non-judgemental approach</i> Attempting to alleviate anxiety. Responding to meet the needs of the child. Prevention of escalation relies upon consistent, calm adult behaviour that a young person can trust. With this trust they will realise that you can help them.
DEFENSIVE BEHAVIOUR: <i>Beginning to lose self-control</i> An emotionally fuelled reaction to a trigger or stressor that could be challenging or disruptive. The second level of the Crisis Development Model.	DIRECTIVE: <i>Decelerating an escalating behaviour</i> An approach to manage the potential escalation by giving a clear simple request or instruction to prompt cooperative behaviour
RISK BEHAVIOUR: <i>Behaviour that presents an imminent or immediate risk to self or others.</i> The total loss of control, which may result in physical behaviour that presents a risk to the person or others. At this point, physical intervention may be considered to minimise harm.	PHYSICAL INTERVENTION: <i>An emergency response aimed at minimising risks and keeping everyone safe</i> A safe, non-harmful and least restrictive response to a person in crisis displaying risk behaviour posing a threat to self or others. Skills are reasonable and proportionate to the level of risk behaviour presented.
TENSION REDUCTION: <i>Decrease in physical and emotional energy.</i> ...that occurs after a person has escalated and begins to return to their normal level of behaviour and rationality. Tension reduction can be marked initially by signs of confusion about what happened, embarrassment, remorse, fatigue or emotion. If you do not address this state it can lead back to a state of ANXIETY	THERAPEUTIC RAPPORT: <i>Restorative approaches to re-establish rational communication, relationships and routines</i> This approach requires empathy. Help the young person recognise that thoughts and feelings are connected to their behaviour, how their behaviour impacts others, what they can do to make things right and what they can do differently in the future.