St. John's Primary School



Physical Intervention Policy

Thinking Learning Caring

"I have the right to be protected from being hurt or badly treated."

Article 19 United Nations Rights of the Child

What is the purpose of this policy?

It is extremely rare for physical intervention to be used at St John's School but very occasionally situations arise when it proves necessary for an adult in the school to physically intervene with a pupil. This policy describes the school's approach to the use of physical intervention. It is informed by the non-statutory guidance issued by the Department for Children, Schools and Families (UK). As well as being in keeping with DfEE Circular 10/98; teachers and other persons who are authorised by headteachers to have control or charge of pupils, may use 'reasonable force' to prevent pupils from:

- Committing a criminal offence, whether or not the pupil concerned has reached the age of criminal responsibility
- Injuring themselves or others
- Causing damage to property, including their own property
- Engaging in any behaviour which has a negative impact on maintaining good order and discipline at the school or on other pupils, whether that behaviour occurs in the classroom during a teaching session or elsewhere

Principles

We believe that:

- Physical intervention is a last resort and should only be used when other methods have been exhausted or judged unlikely to succeed
- Physical intervention should only be used to prevent a pupil from harming him/herself or others, or from seriously damaging property
- Physical intervention should involve minimum reasonable force and should seek to avoid injury. The degree and duration of any force applied must be proportional to the circumstances.
- The rights and dignity of pupil and staff must be acknowledged
- Staff must avoid ways of holding pupils that could be construed as abusive

Who is authorised to use physical intervention?

Only staff members who have received up-to-date MAYBO level 2 training are authorised to use physical intervention, unless in the event of immediate danger to themselves or others, it is expected that this right will be exercised sparingly and only under the circumstances described in this policy.

When is it appropriate to use physical intervention?

It is only appropriate to use physical intervention in certain circumstances and only if all other strategies have not worked (however, it is important to note that often decisions to use physical intervention have to made very quickly and under pressure and so all other strategies may not have been used on every occasion).

Examples of situations where it may be appropriate to use physical intervention are:

- A pupil attacks another pupil or member of staff
- Pupils are fighting and causing risk of injury to themselves or others
- A pupil is committing or on the verge of committing damage to property

How do we avoid the use of physical intervention?

We work hard to have high standards of behaviour in the school. If expectations of pupil's behaviour are high then there are fewer problems. All staff have received MAYBO training to support them with de-escalation techniques. A few pupils are more prone to dysregulation, and it is the responsibility of every member of staff to closely monitor those pupils and to attempt to make interventions suitable for each individual pupil before a situation escalates. These pupils

will have a Consistent Management Plan-CMP (**Appendix 4**) and if supported through advice from SEMHIT, will also have a Safer Handling Plan and an associated risk assessment (**Appendix 3**)

Procedures

- Staff are not allowed to physically intervene out of anger or frustration, or with the intention to injure or to punish.
- The onus is on staff to determine the degree of physical intervention appropriate and when it should be used. Staff must be careful not to overreact.
- Staff should not attempt to physically intervene with a pupil if they are likely to put themselves at risk
- A second adult should observe and/or support the physical intervention where possible.
- A record of any incident where physical intervention has been used must be given to the Headteacher and should include - the time - the nature of the physical intervention - details of any injuries - the names of pupils and staff present (and statements from them if appropriate) -the staff involved in the physical intervention - the outcomes
- The parents of a pupil will be informed promptly and given the opportunity to discuss the incident.
- If a pupil needs physical intervention with on more than one occasion in any period of one month, strategies to manage the behaviour, including physical intervention, must be added to the pupil's evidence file and they will need a Consistent Management Plan.
- Staff are encouraged to support colleagues who have been involved in a physical intervention situation.
- The use of physical intervention will be emotionally stressful for pupil and staff, who should seek and accept support after an incident. In the short term, this might include time out of class.
- Where a member of staff has acted in a professional, considered and informed manner, and/or, where the actions are considered to be a reasonable response to a situation, CYPES will support the member of staff in any resulting proceedings.

How are incidents of physical intervention recorded?

Whenever it is necessary to use *Restrictive Form* of physical intervention on a pupil the incident must be recorded on the "Report of an Incident of Physical Intervention" form (**Appendix 1**). It is important that parents are informed of the need to use physical intervention on their pupil on the same day. Pupils who are supported through SEMHIT advice, their form will be sent into the SEMHIT team.

If a *Non-Restrictive Form* of Physical Intervention is used, then this must be recorded on a "School Log of Non-Restrictive Physical Interventions for Individual Children" (**Appendix 2**)

What is Safe Touch?

Safe touch is:

- Comforting an upset or distressed pupil
- Congratulating or praising a pupil
- Holding the hand of a pupil to guide them, such as when crossing a road or walking to assembly
- Giving first aid to a pupil
- Demonstrating exercises or techniques during PE lessons, administering medicine, or when using musical instruments

Keeping safe:

- We will hold a pupil's hand when giving guidance, reassurance or to comfort them.

- Younger children can sit on our laps if they require comfort or reassurance. The child must be sat sideways or facing outwards and never in a front embrace.
- If a member of staff attempts to use one of the safe methods of touch and a pupil is unhappy with this, the member of staff will retract immediately to respect the pupil's wishes.
- Where possible, we avoid lone working with pupils. If we are lone working, we will always be in a room with windows and a clear exit.

Reporting Inappropriate Touch:

- If a pupil attempts to engage in any inappropriate touch, the member of staff involved will report this immediately to one of our safeguarding leads
- If another member of staff suspects or witnesses inappropriate physical contact, whereby the member of staff is willingly involved they will report this to one of the safeguarding leads immediately.
- Any allegations against staff will be dealt with as a matter of urgency

Change History

Version	Date Issued	Issued by	Reason for Change	Presented To	Approved by:	Date
0.1	November 2025	JHa	New Policy	SLT		

Appendix 1- Report of an incident of Restrictive Physical Intervention Form (to be sent to SEMHIT)

<table>
<tr><td colspan="6">Report of an incident of Restrictive Physical Intervention (RPI)
• This form is for recording Restrictive Physical Interventions (Holding and Escorting) please send to SEMHIT after completion.
• For recording Non-Restrictive Physical Interventions (Guiding and Disengagement) please use appendix…and keep a record at school.</td></tr>
<tr><td colspan="3">Student Name:
School:</td><td colspan="3">D.O.B:
Is the pupil a looked after child?</td></tr>
<tr><td colspan="3">Does the pupil have a Safer Handling Plan?</td><td colspan="3">If yes - Date it began:</td></tr>
<tr><td colspan="6">List the staff that are trained in Maybo, Safer Handling - Children/Adolescent PI and are listed on the Safer Handling Plan:</td></tr>
<tr><td colspan="3">Justification for Physical Intervention: Education (Jersey) Law 1999, amended 2018.
1. Committing any offence.
2. Causing personal injury to, or damage to the property of, any person (including the child himself or herself).
3. Prejudicing the maintenance of good order and discipline at the school or among any children receiving education at the school, whether during a teaching session or otherwise.
(Maybo SEAL test – response was Safe, Effective, Appropriate and Lawful)
Plus necessary, reasonable and proportionate.</td><td colspan="3">Types of Restrictive Physical Interventions that could be on the safer handling plan.
1. (Escorting) Handling – restrictive
(Hook and interrupter escort, Reverse hook and interrupter escort, Support to floor, Wrap escort, Wrap turn and reverse, Hip hook and turn, Team turn. Cross body escort to be used with adolescents only.)
2. (Holding) Handling – restrictive
(Kneeling hook and cradle containment, Containment with hooks, Seated hook and cradle, Wrap hold, Wrap wall recovery Single wrap and hook containment.)
3. (Seated and kneeling) Handling – restrictive
(Seated hook and cradle, Seated wrap, Wrap support to ground, Switch kneeling to seated, Re-engagement.)</td></tr>
<tr><td colspan="6">The Incident</td></tr>
<tr><td>Date/Time of Restrictive Physical Intervention</td><td>Duration Start finish/time</td><td>Description of behaviour</td><td>Justification for Restrictive Physical Intervention (See above grid)</td><td>Types of RPI used (See above grid) Was the RPI used as part of a Planned Intervention? If yes, please attach Positive Handling Plan.</td><td>Staff Involved with RPI. (Physically or as an observer) Pupil witnesses</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="6">Review of Incident of Restrictive Physical Intervention (RPI)
• After completing the Report of Restrictive Physical Intervention (Holding and Escorting) please send to SEMHIT.
• The school and SEMHIT should review the Incident using the following format. It is current policy and good practice for schools/staff to review any incident that involves an RPI.</td></tr>
<tr><td colspan="6">Post-incident student and staff supports</td></tr>
</table>

Did pupil or staff require first aid or admission to hospital? Where individuals monitored during and after the event? Please describe any injuries sustained.	**How the pupil and staff were supported after the incident?** How the pupil was supervised and supported after the incident of RPI? How were staff supervised and debriefed, appropriate to the individual's needs?	**How the pupil/staff conflict was resolved and if appropriate were restorative processes used?** How the feelings of those were involved heard?	**What training needs have arisen as a result of the incident?** What organisation changes could be made to reduce the chance of RPI occurring again?
Review of incident			
Antecedents or build up leading to the need for RPI. What triggered the behaviour? *(Maybo POPS - Person, Object, Place, Situation)*	**What de-escalating techniques were used prior to the RPI?** *(Maybo Open Palms – position, attitude, look and listen, make space, stance.* *(Maybo Safer Model – Step back, assess, find help, evaluate options and respond)*	**What was successful about the management of the incident and the staff responses?** *(Maybo SEAL test – response was Safe, Effective, Appropriate and Lawful)*	**What could change to reduce the chances of RPI from being used again?** *(Maybo Risk reduction Model - Primary, secondary and tertiary)*

Appendix 2- School Log of Non-Restrictive Physical Interventions for Individual Children

School Log of Non-Restrictive Physical Interventions (N-RPI's) for an individual pupil

- This Log is to be used for recording **Non-Restrictive Physical Interventions (Guiding and Disengagement)**
- SEMHIT will review this information termly and/or if the school feel they need support to reduce the number N-RPI's.
- For Restrictive Physical Interventions (Holding and Escorting) please complete appendix … and forward copy to SEMHIT.

Pupil Name: **School:**	**D.O.B**. **Is the young person a looked after child?** yes / no
Does the pupil have a Safer Handling plan? Yes/No	If yes - Date it began: If no – Date handling plan to be introduced:
List the staff that are trained in Maybo, Safer Handling - Children/Adolescent PI's **and** are listed on the Safer Handling Plan:	
Justification for Physical Intervention: Education (Jersey) Law 1999, amended 2018. 1. **Committing any offence.** 2. **Causing personal injury to, or damage to the property of, any person (including the child himself or herself).** 3. **Prejudicing the maintenance of good order and discipline at the school or among any children receiving education at the school, whether during a teaching session or otherwise.** *(Maybo SEAL test – response was Safe, Effective, Appropriate and Lawful) Plus necessary, reasonable and proportionate.*	Types of Physical intervention: Non-Restrictive Physical Interventions. 1. **(Disengagement) Self-defence – protecting against assault**. (Open Palms, Roofs and walls, Grab prevention, Active Palms, Cradle off, Strong clothing grab, Bomb shelter exit, Hair grab, Object removal.) 2. **(Guiding) Non-restrictive** (Shepherding, Supportive prompt.) 3. **(Guiding) Low level Restrictive** (Cradle guides, Hook and cradle guide and turn, Front and rear shoulder turn, Elbow turn.)

Date of Non-restrictive Physical Intervention	Duration Start finish/time	Justification for N-RPI (See above grid)	Types of N-RPI used (See above grid)	Staff Involved with N-RPI	Line manager informed	**Review of incident.**	
						Antecedents or build up leading to need for N-RPI	What could change to reduce the chances of N-RPI's from being used again?
1.							
2.							
3.							
4.							

Appendix 3- Positive Safer Handling Plan to Accompany Individual Students AND Accompanying Risk Assessment

Positive Safer Handling Plan to accompany Individual Students

- When the Consistent Management Plan and Risk assessment indicate the likely need for school staff to use Restrictive and Non-restrictive Physical Interventions.
- Restrictive and Non-restrictive Physical Interventions include: Disengagement, Guiding, Escorting and Holding.
- All staff listed on the plan must have attended up to date training in Maybo Conflict Management and Safer Handling – Children or Adolescent
- SEMHIT will offer refresher training on a regular basis to ensure school staff are confident and safe to carry out Restrictive and Non-restrictive Physical Interventions.

Student Name: **School:**	**D.O.B:** **Is the young person a looked after child?** yes / no
Date Safer Handling Plan to be introduced:	Review date:
List the staff that are authorised by the head teacher to carry out Restrictive and Non-restrictive Physical Interventions:	
People involved in contributing and developing this plan, including the pupil and parents/carers:	

What behaviours may occur which may require the use of N-RPI and RPI.	**What preventative measures or positive reinforcement strategies could be implemented?** *(Maybo Risk reduction Model - Primary, secondary and tertiary)*	**What de-escalating techniques could be used to prevent the use of N-RPI and RPI?** *(Maybo Open Palms – position, attitude, look and listen, make space, stance. (Maybo Safer Model – Step back, assess, find help, evaluate options and respond)*	**What types of Restrictive and Non-restrictive Physical Interventions could be used?** *(Maybo SEAL test – response was Safe, Effective, Appropriate and Lawful) Plus necessary, reasonable and proportionate.*
1.			
2.			
3.			
4.			

I the parent/carer of _____
Have discussed this Positive Handling Plan and agree to _____
Being guided, escorted or held if the staff assesses that there is no alternative for his/her own safety and the safety of others.

Signed: **Dated:**

On behalf of the staff of _____ school.
I undertake to ensure that we inform the parents/carers of:
On each occasion that we have to guide, escort or hold _____ safely.

Signed : **Date:**
(Head Teacher)

Justification for Physical Intervention

Justification for Physical Intervention: Education (Jersey) Law 2017

4. **Committing any offence**
5. **Causing personal injury to, or damage to the property of, any person (including the child himself or herself); or**
6. **Prejudicing the maintenance of good order and discipline at the school or among any children receiving education at the school, whether during a teaching session or otherwise.**

(Maybo SEAL test – response was Safe, Effective, Appropriate and Lawful)
Plus necessary, reasonable and proportionate.
Maybo moral and ethical values –
Treat children with respect and dignity. Act in their best interests. Maintain positive relationships. Just because it is lawful doesn't mean it's right.
All Physical interventions carry risk of: Physical harm, stress and emotional trauma therefore it is seen as a last resort.

Types of Physical intervention (Red – children, Blue - adolescent)

Types of Physical intervention: Non-Restrictive Physical Interventions.

4. **(Disengagement) Self-defence – protecting against assault**.
   (Open Palms, Roofs and walls, Grab prevention, Active Palms, Cradle off, Strong clothing grab, Bomb shelter exit, Hair grab, Object removal.)
5. **(Guiding) Non-restrictive**
   (Shepherding, Supportive prompt.)
6. **(Guiding) Low level Restrictive**

(Cradle guides, Hook and cradle guide and turn, Front and rear shoulder turn, Elbow turn.)

Types of Physical intervention: Restrictive Physical Interventions

7. **(Escorting) Handling – restrictive**
   (Hook and interrupter escort, Reverse hook and interrupter escort, Support to floor, Wrap escort, Wrap turn and reverse, Hip hook and turn, Team turn. Cross body escort to be used with adolescents only.)
8. **(Holding) Handling – restrictive**
   (Kneeling hook and cradle containment, Containment with hooks, Seated hook and cradle, Wrap hold, Wrap wall recovery Single wrap and hook containment.)
9. **(Seated and kneeling) Handling – restrictive**

(Seated hook and cradle, Seated wrap, Wrap support to ground, Switch kneeling to seated, Re-engagement.)

Views of pupil

What are the feelings and views of the pupil in relation to the Safer Handling Plan?

Risk Assessment to Accompany Individual Pupils

- This assessment is for students who may need Physical Intervention (Guiding, Escorting and Holding) as part of their Management Plan.
- At all times staff will be monitoring the environmental risks, from the objects within that environment, the risks presented by individual students and the interaction between all these elements. This dynamic risk assessment will encourage constant monitoring and reaction to potential risks.

Pupil Name: **School:**	**D.O.B:** **Is the young person a looked after child? yes / no**
Name(s) of assessor(s) : Name of Head Teacher signing the risk assessment on behalf of the school (See Below) :	Date Risk Assessment completed:

Risk Rating

Table of Likelihood		Table of Severity	
5	**Certain** Hazard occurs frequently. It is a constant threat	5	**Catastrophic - incident** Leading to irreversible health effects or death (Serious injury, permanent incapacity, loss of limb, fatality.)
4	**Likely** Hazard will probably occur but it is not a persistent issue.	4	**Major – incident** Leading to long term incapacity/disability (Multiple injuries, long term ill health.)
3	**Possible** Hazard may occur occasionally.	3	**Moderate – incident** Leading to injury. (Fractures, sprain, strain, laceration, ill health.)
2	**Unlikely** Hazard occurs infrequently but remains a possibility	2	**Minor - incident** Leading to minor injury. (Cut, bruise, basic first aid treatment required.)
1	**Rare** Hazard is not expected to occur	1	**Negligible - incident** Leading to no/minimal injury. (No first aid needed)

		Severity 5	4	3	2	1
Likelihood	5	25	20	15	10	5
	4	20	16	12	8	4
	3	15	12	9	6	3
	2	10	8	6	4	2
	1	5	4	3	2	1

Action Criteria

Stop - 25 – 20 Very High
These risks are unacceptable. Substantial improvements in risk controls are necessary.

Urgent Action 19-15 High
Substantial efforts should be made to reduce risks.
Risk reduction measures should be implemented urgently. Activity suspended.

Action 14-9 Medium
Consideration as to how the risks can be further lowered. Risk reduction measures should be implemented as part of a time bonded action plan.

Monitor -3 Low
No additional controls are required.
Existing controls should be maintained.

No Action 2-1 Very Low
These risks are considered acceptable

Behaviour/Hazard	Who could be affected	Risk assessment – Evaluating the risk Likelihood x Severity			**Controls in place** (Preventative/De-escalation strategies Including, if appropriate/necessary - Safer Handling skills)	New Risk Assessment Likelihood x Severity		
		Likelihood	severity	**Risk Assessment**		Likelihood	severity	**Risk Assessment**
					.			

On behalf of the staff of _____ school.
I acknowledge the identified risks and am committed to implementing appropriate control measures.
Signed: **Date:**
(Head Teacher)

Employees are aware of and understand the risk assessment relevant to their role and have received training on hazards and control measures associated with the tasks they undertake.
(This will include Maybo Positive Approaches to Behaviour and possible Safer Handling Training)

Appendix 4- Consistent Management Plan- CMP

Pupil Name: DOB:	**Class Teacher:** School:	**Date of plan:** **Review date:**

Significant adults supporting the pupil – Team around the Child

CT, LSA, SENCo, Senior manager

Key information about the pupil.

Diagnosis/RON/CLA/Specific Learning difficulty

Strengths: – List 5-10

- Positive learning skills – how they are learning.
- Positive learning experiences – sessions that go well and what they do.
- Individual skills, attributes, or interests.
- Examples of effort in learning not necessarily outcome.
- Positive social interactions – in pairs or small groups.
- Positive human values – acts of kindness.

Concerns/functions of behaviours: I statement… (Not pupil voice but adult interpretation)

- Identify the key behaviours of concern –try to organise them into common themes so there is no repetition.
- Describe what the behaviour is without including adjectives or emotional language – be precise and accurate.
- After each behaviour theme, write in blue - what the child could be feeling, distress they may be experiencing or an unmet need they want met. Difficulty in communicating their need appropriately.

Adult target: No more than 2 - What are the main behaviour areas staff wish to focus upon.

-

Pupil Target: keep to 1 – related to and age appropriate to school values - Be responsible, be safe, be ready.

-

Target for SEMH intervention: (Related to needs)	**(SEMH Intervention)** **How will it be met?**	**Who is responsible?**	**When will it be completed?**	**How will you know Target has been achieved?**
1. **Date:**				
2. **Date:**				

Baseline Behaviours	**Positive Reinforcement Strategies - related to Baseline Behaviours.**
• What does this look like for your pupil? • What are their behaviours towards learning? • What are their behaviours when alongside other pupils? • What are their behaviours during structured time and unstructured time?	Under each heading add how the pupil is going to experience the following: **Protection –** *to feel safe and secure to support learning and behaviour: Pupils who have adverse life experiences may not automatically feel safe. They find school threatening and require*

• What are their behaviours during times of transitions? • What are their behaviours during whole class introductions/carpet time?	*relationships, support, and structure to develop feelings of security and safety. Which are essential to effective learning and behaviour.* • How will the pupil be helped to feel safe by significant adults? What safety cues will be helpful? How will other adults in the team help the pupil feel safe. How will you support the child to develop trust? How will predictable and reliable support be provided? Are there times in the day when the pupil feels particularly unsafe, beginning, endings, transition? How can these be managed? How can the environment be structured to help the child feel safe? What does the child need to know in order to feel safe? How will that be communicated so that the child feels safe? **<u>Connection – Making</u>** *meaningful connections with others to promote feelings of safety, trust and belonging: Experiences of connection are important in developing the cortex and higher level thinking. For Pupils who have had interrupted experiences of care, there is a high level of connection within school.* • How will significant adults provide meaningful connection with the pupil? What needs to happen to ensure that the pupil experiences attuned and responsive connection? How will other adults in the team connect with the pupil? How will the development of positive peer relationships be promoted? What activities may help the pupil develop their sense of belonging to the school?

	Understanding – Pupils need adults to understand them and communicate this understanding in an empathic way, whilst also maintaining clear rules, boundaries, and expectations. Understanding and co-regulation from an adult will support pupils to develop their ability to regulate themselves. • What does the pupil's behaviour tell us about how they are feeling? What is our understanding of the pupil's feelings? If the pupil is finding something hard or displaying challenging behaviour, how will adults respond and show understanding? How will the pupil be co-regulated and calmed? What empathic responses may help? How will the understanding of other adults in school be supported /developed? How will they respond to incidents? What will happen to ensure that relationships are repaired? **Care** – For pupils who have had insufficient experiences of caregiving, adults at school need to be particularly mindful of providing a high level of care. This includes meeting the pupil's basic needs, enabling them to experience comfort and joy and showing them, they are liked. • Does the pupil have unmet needs in terms of basic care? If so, how can these be addressed? How will adults communicate care to the pupil? How will the pupil know they are liked? What activities may foster shared enjoyment?

	How can we ensure the pupil knows they are being held in mind? How will the pupil be soothed?
Triggers **Think carefully what the triggers are for your pupil**. For children – internal triggers are important to recognise – tiredness, thirst, hunger, pain, illness, hot/cold. Sensory triggers, communication difficulties, fear, frustration, confusion, anxiety, boredom, lack of autonomy or choices, social complexity. Embarrassment, rudeness, being patronised, not taken seriously, rules and demands, colleagues' attitudes, being ignored, not listened to.	**Primary Preventative Strategies - related to Triggers.** **Specific triggers for your pupil and what we can do to reduce these triggers to keep the pupil at base line** **Construct a weekly timetable – review each week in advance** - So, there is a clear plan for the week. Think about the following areas particularly: • What situations would you not want your pupil to experience because it will trigger them? • How can the day be structured to help the pupil feel safe? • What times of the day need more planning and preparation? • What learning is going to be more challenging –Specific subject areas. • What aspects of learning need more careful planning/differentiation? • What staff will need to be present to co-regulate through a particular trigger? • When are these behaviours more likely to occur with more intensity and frequency? • What environments are particularly triggering for your pupil? **Consider:** Entry into school, lining up, playtime, lunch, afterschool collection, afterschool clubs, going to the toilet, assembly
Mild stress / distressed behaviours **What does distress look like in your pupil?** Signs of mild stress/distress – pupil is alert/aroused/agitated • Slightly raised heart/breathing rate • Signs of agitation, frustration, and anxiety. • Raised hypervigilance • Lack of focus, easily distracted • Increased mobilisation –flight or fight. • Early signs of needing to take control or helplessness.	**Secondary Preventative Strategies (related to distress Behaviours)** How do we respond to distress? – responsive co-regulation • Connect through eye contact, movement, and facial expression. • Express calmness through storytelling prosody and open facial expression. • Attune to mood, intensity, and energy of pupil. Agitated – adult to be more animated Angry – increase intensity of response Sad – be gentle and delicate Respond empathetically and validate feelings. Use calming, soothing, and regulatory activities. Maybo - Seen safe, soothed, and secure.

	Use (PACE) Playfulness, acceptance, curiosity, and empathy as a way of being.
Crisis stage behaviours The child's behaviour means that they or other people are not safe.	**Tertiary Reactive Strategies (related to Crisis Stage Behaviours)** **(Possible need for a Safer Handling plan)** An individualised plan of action which outlines action to be taken in the event of unsafe behaviour. The plan should be shared with the child and include their views as to what helps. The plan should be shared amongst all staff working with the child. Roles and responsibilities should be clearly defined. If the plan includes physical intervention, staff should have had the appropriate Safer handling training. Adults need to provide high levels of containment through their way of being.
Recovery Stage Behaviour	**Secondary Supportive Strategies (related to Recovery Stage Behaviours)** After the Incident allow time / space to recover but stay close/available and let them know you are there when they is ready. Offer environment away from others Distraction activity – soothing or logical (left brain) activity. After a while, quietly talk through what has been happening – commentate and give possible interpretations. Make it clear that their behaviour was not OK but that your relationship is still intact. (Be wary of this for shamed pupils.) Link to Zones of regulation – Language Restorative Practice Process to restore broken relationships is key.
Post Crisis Depression Stage Behaviours Dissociation Numbness Depression Helplessness Shame Shut down Hopelessness	**Support Strategies (related to Post Crisis Depression Stage Behaviours)** Language to show Empathy and Hope for the future Maintaining the Relationship Let the child know that he has a lot of fear and panic inside That you are there to help this fear and panic from taking over. It can be very frightening for children to get into states like this, but you want him to know what it feels like to be relaxed, calm and comfortable.