PENK VALLEY
ACADEMY TRUST

Physical Intervention Policy

Ratified by Audit Finance & Risk Autumn 2024

(Transferred to remit of Audit, Finance and Risk Committee Autumn 2024)

Next Review _ Autumn 2027

Frequency of Review: 3 years

Policy based on LA Restrictive Physical Intervention for schools Policy December 2015

Amendments
2016 – NF/DS/HJ/JA/PJT – Federation SLT 08/03/2017
2017 – TP – SJFS added
2018 – TP updated for PVAT
2018 – HB updated for recording procedures
2021 – HB / JF reviewed
2024 - BN reviewed & committee ownership updated

Application

This guidance applies to all Penk Valley Academy Trust employed staff and Headteachers who may use restrictive physical interventions with children.

This guidance must be read in conjunction with the Restrictive Physical Intervention Policy HR 119. The policy and these guidelines reflect national standards which form part of "Positive and Proactive Care: Reducing the need for restrictive interventions," Department of Health 2014 & Department for Education "Use of reasonable force– Advice for headteachers, staff and governing bodies" July 2013.

Within School settings the policy and this guidance does not limit or remove School staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006 but it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

Introduction

The expectation is that as far as possible schools and young people's settings and services will be restraint free. Poorly or incorrectly used, restrictive physical interventions are a source of risk to the young person and members of staff. The correct use of restrictive physical interventions must always be an act of last resort and not normal practice and be based on the best needs of the individual. Schools and settings should take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

An individual behaviour support plan (which may support or be part of an Individual Healthcare Plan) should be written for children and young people whose behaviour presents a significant challenge. This plan should detail the steps that are being taken to address the individual's particular social, emotional and learning needs. It should also include the steps that staff should take to de-escalate challenging situations as well as what they should do if these steps are not successful ('an incident management plan'). The individual behaviour support plan should consider risks and how they are being minimised and managed.

Reduction in the need to use Restrictive Physical Interventions is achieved by analysing the interactions between each young person/pupil and their environment which identifies potential triggers that need to be avoided at critical periods. This involves:-

- Helping young people to avoid possible situations known to provoke challenging behaviour;
- Having education plans/care programmes which are responsive to individual needs;
- Creating opportunities for pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement;
- Developing staff expertise in working with individuals that present challenges.
- Understanding that behaviour is often a method of communication

Guidance on the use of Restrictive Physical Intervention

Types of incidents when Restrictive Physical Interventions may be appropriate.
Situations in which restrictive physical intervention may be appropriate or necessary fall into three broad categories:-

- Planned Interventions
- Unplanned/Emergency Interventions
- As part of a Therapeutic or Education Strategy

Examples of situations where a restrictive physical intervention may be appropriate are:-

- To prevent a young person/pupil from running towards a busy road;
- To prevent a young person/pupil from self-injuring or injuring another person;
- To prevent a young person/pupil from causing serious damage to property.

School staff may also use reasonable force where a pupil is affecting the maintenance of good order and discipline. Examples of which include:

- Removing a disruptive pupil from the classroom when they have been instructed to leave but have refused.
- Preventing a pupil behaving in a way that disrupts a school event or a school trip.
- Preventing a pupil leaving a classroom or school where allowing this would risk their safety or lead to behaviour that disrupts the behaviour of others;

The decision to use reasonable force is a matter for professional judgement however staff should be aware that research clearly shows that injuries to staff and pupils are more likely when the intervention is not planned. Before physically intervening staff should, wherever practicable, attempt to resolve the situation by using other methods. Information about strategies is available on page 6 of this guidance.

There are occasions when physical contact, other than reasonable force, with a child is proper and necessary. Examples are:

- holding the hand of the child at the front/back of the line when going to assembly or when walking together on an outing
- when comforting a distressed individual
- when congratulating or praising the young person
- to demonstrate how to use equipment or a skill e.g. a musical instrument
- to demonstrate exercises or techniques during PE lessons or sports coaching
- to give first aid

Restrictive physical intervention for the protection of property must only be for extreme circumstances. There must be an assessment on whether or not it is worth the risk of injury, to protect the property.

In extreme circumstances, such as an immediate and realistic threat of arson or where life is at risk (e.g. pupil has weapon); the police are obliged to attend if you make the urgency clear to them.

Restrictive physical intervention maybe used as a preventative measure in order to prevent physical injury, for example if a young person attempts to obtain a weapon which would later make physical intervention problematic and dangerous to staff.

Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.
Planned restrictive physical interventions should be:-

- Agreed in advance by relevant professionals working in consultation with the service user, their family/carers and an independent advocate if appropriate, in the case of children, those with parental responsibility.
- Be in the best interests of the individual.
- Monitored during implementation by an identified member of staff who has relevant training and experience.
- Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.
- Included as part of a care plan or individual service user records or pupil behaviour plan/records.
- Routinely monitored and reviewed.
- One component of a broader approach to meeting the individual's needs.

A proforma, Restrictive Physical Intervention Protocol HSF57, will be used to document a planned physical intervention strategy/ risk assessment. See Appendix A.

An individual behaviour support plan is most likely to be effective if it includes:

- A description of the individual's positive qualities
- Objective details of the challenging behaviours presented by the individual and the risks that these behaviours present
- Consideration of the function that the challenging behaviour serves for the individual (what need(s) are being met by the behaviour?). It is important to understand that behaviours have a purpose by communicating something about the individual's needs.
- What behaviour(s) could be taught/ encouraged that meet the same needs in a more acceptable way (i.e. 'replacement behaviours')
- What skills need to be taught/ encouraged to support these replacement behaviours
- What can be changed/ provided in the environment to make the individual feel included and successful and to avoid 'triggers'.
- How replacement behaviours can be encouraged
- What should be done to de-escalate potentially difficult situations
- An incident support plan to follow if the individual's behaviour requires significant intervention. If it is decided that it may be necessary to use restrictive physical intervention, this should be detailed.

Restrictive interventions that result in the holding or restraint of an individual carry medical risk to the pupil as these techniques may impact on the individuals breathing, circulation and place direct pressure on vulnerable areas of the body. Restraints on the floor hold the highest level of risk and must be an absolute last resort. Holds and restraints should only be used for shortest time possible. Staff involved in the use of such techniques must have received suitable training.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy. Single person restraints pose significant risks to both parties. If a single person restraint need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a pupil behaves in unforeseen ways. Research evidence clearly shows that injuries to staff and service users/pupils are more likely when the intervention is not planned.
An effective risk assessment procedure, together with well-planned preventative strategies (individual behaviour planning), will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency situation the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening a staff member should attempt to resolve the situation by other means. A calm and measured approach to a situation is needed and staff members should never give the impression that they have lost their temper, or are acting out of anger or frustration. The staff member should continue attempting to communicate with the pupil throughout the incident, and should make it clear that the physical intervention will stop if it ceases to be necessary.

In unplanned/emergency interventions it is good practice for staff to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible). This will allow staff to:-

Step Back	Don't rush into an intervention, is it really necessary, do you have suitable justification.
Assess Threat	Assess the person, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	**Proactive/Primary** – proactive actions to remove the triggers **Active/Secondary** – interpersonal skills, non verbal body language e.g. open palms, directing, defusing, calming, switching staff etc. **Reactive/Tertiary** – avoid assaults - disengagement

Respond	Apply the principles of the least adverse method in responding. Continue to re -evaluate the situation and your response. Continually monitor for changes in level of risk.

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. The staff member or members concerned should be confident of the potential adverse outcomes associated with the intervention (e.g. injury or distress) will be less severe than the adverse consequences which would occur without the use of a restrictive physical intervention.

A staff member should not intervene in an unplanned situation without help:-

- If dealing with a physically large individual or more than one pupil;
- Where an intervention technique cannot be applied safely by one person; or
- If the staff member believes he or she may be put at risk of serious injury.

In these circumstances the staff member should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives the staff member should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported (on My Health and Safety Portal) and investigated. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

Restrictive Physical Intervention as part of a Therapeutic or Educational Strategy.

In most circumstances, restrictive physical intervention will be used reactively, to prevent injury or avoid serious damage to property. Occasionally, it may be agreed to be in the best interest of the adult/child to use a restrictive physical intervention involving the use of some degree of control as part of a therapeutic or educational strategy.

For example, a way of helping a child to tolerate other children without becoming aggressive might be for an adult to shadow the child and to adjust the level of physical intervention employed according to the child's behaviour. Similarly it might be agreed for staff to use a restrictive physical intervention as part of an agreed strategy to help a person who is gradually learning to control their aggressive behaviour in public places. In both examples the restrictive physical intervention is part of a broader therapeutic or educational strategy. As with all restrictive physical intervention, interventions for this purpose must never be painful or likely to cause injury.

Where this approach is employed it is important to establish in writing a clear rationale for the use of the restrictive physical intervention and to have this endorsed by a multidisciplinary team which includes, wherever possible, family members and or independent advocates, and in the case of a child, the person with parental responsibility.

Physical Intervention Strategies

Restrictive physical intervention must be an act of last resort. Adopting good behaviour planning practices involving proactive (primary) and active (secondary) control strategies as well as reactive (tertiary) controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

Proactive/Primary Control refers to actions taken to prevent situations arising which may require the use of any intervention or to reduce their likely frequency.

At an organisational level this includes establishing policies, safe systems of work, carrying out risk assessments and providing staff with training.

At an individual level this involves understanding the risks, complying with safe practice guidelines and putting training and learning into practice. Preventative action also includes reporting, recording and investigating incidents in order to learn from them. Preventative action is a continuous process.

Active/Secondary Control refers to actions taken to prevent situations escalating. It typically involves the use of interpersonal skills, communication, defusing, de-escalating and calming strategies.

Reactive/Tertiary Control refers to action taken when situations escalate or violence occurs, or after it has occurred to prevent or reduce the potential for physical or psychological harm. Typically this may involve disengagement or other physical intervention tactics (such as applying holds) and emergency procedures. Reactive/tertiary controls will include providing post incident support and managing the situation through to recovery.

For each individual who presents challenges there need to be individualised strategies (individual behaviour planning) for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the individual. This must be documented in a care plan/ on the individual's records.

Appropriate individual behaviour planning and training of staff in proactive and active control strategies will have a major impact in the reduction of the need to use of reactive controls such as restrictive physical interventions.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

Risk assessment

When it is foreseeable that an individual might require a restrictive physical intervention then a risk assessment must be completed. (see Appendix A) The risk assessment process allows staff to identify and evaluate the benefits and risks associated with different intervention strategies. It also aids identification of opportunities for reducing the need for restrictive physical intervention.

When undertaking the risk assessment it should be ensured that there is involvement of relevant individuals and where suitable key professionals and the outcome of the risk assessment is communicated to all relevant staff and parents.

Among the main risks to pupils are that restrictive physical intervention will:-

- Cause pain, distress or psychological trauma;
- Cause injury;
- Be used when a less intrusive method could have achieved the desired outcome;
- Become routine, rather than an exceptional method of management;
- Increase risk of abuse;
- Undermine dignity or otherwise humiliate or degrade those involved; and
- Create distrust and undermine personal relationships between staff and pupils.

The main risks to staff that result from applying restrictive physical interventions are:-

- They suffer injury;
- They experience distress or psychological trauma;
- The legal justification for using the restrictive physical intervention is challenged in court; or
- Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions.

The main risks that may be associated with not intervening include:-

- Staff may be in breach of duty of care responsibilities;
- The pupil may injure themselves, other service users/pupils, staff or members of the public;
- Serious damage to property or valuable resources may occur; or
- The possibility of litigation in respect of these matters.

Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child may require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the individuals plan/records. (See Standard Document HSF57 Restrictive Intervention Protocol form upon which intervention strategies can be documented.) See Appendix A.

Communication

Information relating to intervention strategies should be discussed with the pupil and their families/parents/careers prior to the implementation. All parties should be in agreement with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records.

A record/incident should also be recorded on CPOMs when Physical Intervention has been used and which method of restraint.

Action to be taken following an incident of Restrictive Physical Intervention.

Recording, Reporting and Monitoring

The use of restrictive physical interventions, whether planned, unplanned, or emergence interventions, incidents of an act of violence or aggression, must always be recorded and reviewed using Staffordshire County Council Health & Safety reporting exchange site.

https://staffordshirecc.info-exchange.com/Default.aspx?ReturnUrl=%2fSecure%2fApp-5%3fNavCtx%3d0lDUPPkUo&NavCtx=0lDUPPkUo

In some circumstances, interventions will need to be reported immediately to line management and where this is the case, managers must ensure all staff are aware of when and how to do so.

The contents of the Restrictive Physical Intervention Record Forms should be reviewed on a monthly basis as a minimum by Headteachers or DSL's and where trends identified appropriate action taken.

Headteachers need to ensure that the individual pupils individual plan/records are reviewed in light of incidents and amendments made if required to reduce those risks identified.

Debriefing

After the use of interventions it must be ensured that staff and pupils receive suitable and sufficient support and a review of the risk assessment to identify factors contributing to the incident must take place.

Being involved in a restrictive physical intervention may be an unsettling experience for all parties, and managers should recognise that staff and pupils may need some form of reassurance. Those involved, both staff and service users/pupils should be separately debriefed after the intervention, which is particularly important when the intervention was unplanned. The debriefing should be a reflective process that explores what happened before, during and after the incident. The intention should be to undertake an analysis and evaluation to inform how similar incidents may be avoided or better managed in the future.

Debriefing those involved ensures that lessons can be learned and staff/pupils have the opportunity to discuss the matter quickly. The debriefing should be undertaken without undue delay but should consider the physiological effects of such a situation and sufficient time should be allowed for all involved to reach a calmer state. Staff should be informed of the availability of confidential counselling from ThinkWell who can be contacted on 01785 276284.

When an injury has occurred as a result of Restrictive Physical Intervention

If there is any reason to suspect that a pupil, member of staff or other person has experienced injury or distress following the use of a restrictive physical intervention, that person must receive immediate medical attention, and counselling and debriefing as required. Headteachers must ensure that the injury is reported to the Health, Safety and Wellbeing Service as detailed above.

Complaints and concerns regarding Restrictive Physical Intervention

Headteachers must ensure that any complaints or concerns about validity or methods of intervention should be thoroughly investigated in accordance the Penk Valley Academy Trust Complaints policy.

Dependent on the nature of the complaint, consideration must be given to whether other processes need to be instigated such as Safeguarding protocols.

Information, Instruction and Training

The level of information, instruction and training required by staff regarding physical interventions must be identified by managers and Headteachers. Training provided to staff should be suitable for the level of use they are identified as requiring. Where skills are not used they are soon lost. Staff involved in the use of planned interventions must have suitable training.

In emergency situations staff have the right to use reasonable force to protect themselves and others. It is recommended that where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive a basic level of training.

Training provided must cover the use of Primary/Active and Secondary/Reactive control strategies as well as the physical techniques and should be suitable for the environment and pupils it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context. Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme which is often annually.

Review of Policy

This policy will be reviewed every 3 years, or before if deemed necessary by the Academy Trust Board of Trustees.

HF57 **Restrictive Physical Intervention Protocol - Risk Assessment and Management Plan** **Appendix A**

Individual: Date of Birth:

School/Service: Individual responsible for monitoring plan:

Describe the issues creating risk i.e. specific behaviour including frequency and duration	
Any medical conditions which should be considered	

Risk assessment
(use Risk Assessment Matrix at end of document) Risk rating = potential severity of harm x likelihood of harm

Behaviours/situations that have or may cause risk	Who is at risk from the behaviour?	**Likelihood** of behaviour to occur?	**Severity** of the potential harm?	Risk rating = likelihood x severity

HSF57 Restrictive Physical Intervention Protocol - Risk Assessment and Management Plan – Appendix A
Risk reduction measures & strategy for support
Proactive measures/interventions (Individual positive behaviour planning):
Warning signs that challenging behaviour may occur: (Verbal and non-verbal)
Actions which may aggravate the situation (triggers):
Actions to avoid escalation (active interventions):
Reactive interventions /Restrictive physical intervention procedures if escalation continues and must be reduced. (note risks associated with Restrictive Physical Intervention)
Details of consideration of benefits of not intervening and risk reduction measures considered and not considered helpful.
Support required to move individual forward following reactive/restrictive physical intervention:

Communication with parents/carers:

Signature: …… Role: …… Date ……

Signature: …… Role: …… Date ……

Signature: …… Role: …… Date ……

HSF57 Restrictive Physical Intervention Protocol - Risk Assessment and Management Plan – Appendix A

Review

Are the proactive and active interventions reducing the frequency of challenging behaviour? Provide evidence.	
Frequency of use of reactive/physical interventions.	
Has the frequency of Physical Interventions (reactive measures) reduced during the life of this plan? Evidence.	
Views of individual /parents/carers.	

Risk Rating

Behaviour	Likelihood	Severity	Risk Rating

Agreed actions following review: (Consider completing new intervention protocol, adjusting positive behaviour support plan/behaviour management plan)

Signature: …….. Role: …….. Date ……..

Signature: …….. Role: …….. Date ……..

Signature: …….. Role: …….. Date ……..

Risk Assessment Matrix

		Potential severity of harm *(this may include injury or damage)*		
		Minor Harm 1	**Moderate Harm 2**	**Serious Harm 3**
Likelihood of harm occurring	**Highly unlikely 1**	Very Low 1	Low 2	Medium 3
	Unlikely 2	Low 2	Medium 4	High 6
	Likely 3	Medium 3	High 6	High 9

Where risk is "High" following introduction of control measures it is recommended that managers seek specialist support.