



# Physical Intervention Policy

***Our Ambition: To be the highest performing MAT in the country***  
***Our Mission: To improve the communities we serve for the better***

|                          |                                     |
|--------------------------|-------------------------------------|
| Written by               | The Principals' Review Committee    |
| Date for Review          | November 2021                       |
| Approving Body           | The Strategic Development Committee |
| Signed Chair of Trustees |                                     |

***Vision:***

*Challenging educational orthodoxies so that every child makes good progress in core subjects;  
all teachers are committed to personal improvement and fulfil their responsibilities;  
all children receive a broad and balanced curriculum; all academies strive to be outstanding.*

## **School Values and Policies**

This policy has also been informed by the DFE publication: Reducing the Need for Restraint and Restrictive Physical Intervention (2017.)

The use of restrictive physical intervention will be informed by the following values,

- A focus on the child or young person's safety and welfare;
- The need to treat children fairly and with dignity and respect;
- The need to minimise the risk of harm to children, young people and staff;
- A consideration of the needs and circumstances of individual children and young people, balanced with the needs and circumstances of others;
- A consideration of the child's best interests balanced against respecting the safety and dignity of all concerned, including other children, young people or adults present.

## **Racial Equality & Equal Opportunities**

All children have equal access and inclusive rights to the curriculum regardless of their age, gender, race, religion, belief, disability or ability. We plan work that is differentiated for the performance of all groups and individuals. The Forge Trust is committed to creating a positive climate that will enable everyone to work free from racial intimidation and harassment, and to achieve their full potential. Our Equality Policy is available and expands upon this further.

All staff have equal access and inclusive rights to their work regardless of their age, gender, sexual orientation, race, religion, belief, disability or ability. The Forge Trust is committed to creating a positive climate that will enable everyone to work free from racial intimidation and harassment and to achieve their full potential. Our Equality Policy is available and expands on this further.

## **Key Principles**

- There will be times when restraint is needed to safeguard the individual or others but, broadly speaking, restraint should be the last response to behaviour that challenges. De-escalation techniques, appropriate to the child or young person, set within a positive and proactive approach to behaviour, should always be used to try and avoid the need to use restraint.
- Use of restraint should be based on assessment of risk.
- Use of restraint should only occur where there would be a real possibility of injury or harm to the child or young person, other children or young people, to staff, the public or others, or to high cost equipment, if no intervention or a less restrictive intervention were undertaken.
- An intervention should be in the best interests of the child or young person and balanced against respecting the safety and dignity of all concerned, including other children, young people or adults present.

- Restraint should not be used to punish or with the intention of inflicting pain, suffering or humiliation.
- The techniques used to restrain or restrict liberty of movement must be reasonable and proportionate to the circumstances, risk and seriousness of harm; and be applied with the minimum force necessary, for no longer than necessary, by appropriately trained staff.
- Use of restraint, reasons for it and consequences of its use, must be subject to monitoring and be open and transparent.
- When reviewing plans for restraint with children and young people, those with parental responsibility or, where appropriate, advocates should be involved.

The Behaviour Policies at the individual academy schools of the FORGE TRUST outline how staff create and maintain good order and relationships through positive approaches. These approaches are successful for the vast majority of the time. This policy on the use of restrictive physical interventions supplements the main behaviour policy.

### **Purpose of this policy**

This policy aims to give all members of the school community clear guidance so that any physical intervention that they undertake is carried out in a way that supports the values and principles described above. In particular, it aims to:

- Describe the circumstances in which restrictive physical intervention is an appropriate response;
- Make restrictive physical intervention as safe as possible and relevant for staff and pupils;
- Establish the safety of staff during restrictive physical intervention as of equal importance to the best interests of pupils and both take priority over care of property;
- Indicate how staff at school will fulfil their responsibilities in those circumstances.

The Principal will be responsible for ensuring that staff and parents are aware of the policy. They will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

### **Physical touch**

The staff within FORGE TRUST schools believe that physical touch is an essential part of human relationships. In our school, adults may well use touch to prompt, to give reassurance or to provide support in PE.

To use touch/physical-support successfully, staff will adhere to the following principles. It must:

- Be non-abusive, with no intention to cause pain or injury;
- Be in the best interests of the child and others;

- Have a clear educational purpose (e.g. to access the curriculum or to improve social relationships);
- Take account of gender issues.

At our school the SENCO is responsible for ensuring that relevant staff are aware of any pupil who finds physical touch unwelcome. Such sensitivity may arise from the pupil's cultural background, personal history, age etc.

### What do we mean by 'physical intervention'?

It is helpful to distinguish between:

| Definition   | Example   |  |
|--|---|--|
| <p>Non-restrictive physical interventions.= <i>This is where the service user/pupil can move away from the physical intervention if they wish to.</i></p>  | <p>Either where the child's movement is not restricted or where the child is held supportively but such that they will be released immediately should they so wish</p>                | <p>Non-restrictive examples include:</p> <ul style="list-style-type: none"> <li>• Physical presence, non-verbal prompts and directions</li> <li>• Touch or prompting</li> <li>• Guiding/shepherding a person from A to B</li> <li>• Disengagement.</li> </ul>                    |
| <p>Restrictive physical interventions is: <i>"Any form of restrictive intervention, be it physical, mechanical, chemical, environmental or social/psychological intervention, which is designed and used (intentionally or unintentionally) to limit or restrict another's liberty."</i></p> <p>BILD (2006) Good Practice in Physical Intervention: a guide for staff and managers</p> | <p>Prevent, or significantly restrict freedom of movement of an individual. Restrictive interventions generally carry a higher risk and require a greater degree of justification</p> | <p>For example:</p> <ul style="list-style-type: none"> <li>• Escorting and manoeuvring;</li> <li>• Temporary physical containment or holding;</li> <li>• Blocking a person's path</li> <li>• Seclusion - isolating a child</li> <li>• Full restraint –holding a child</li> </ul> |

and between:

|  |   |
|--|---|
| Emergency/<br>unplanned<br>interventions | Occur in response to unforeseen events  |
| Planned<br>interventions                 | In which staff employ, where necessary, pre-arranged strategies and methods which are based on a risk assessment and recorded in an individual plan for the management of a pupil |

### **When is restrictive physical intervention permissible within a FORGE TRUST Academy?**

Restrictive physical intervention is rarely used within FORGE TRUST schools. However, it can occasionally be necessary when its aim is to prevent a pupil injuring themselves or others or to prevent them damaging property (For example, pupils throwing a heavy object at/near to expensive computer equipment). [Section 550A, DFES Circular 10/98].

Physical restraint using reasonable force will only be used when other behaviour procedures have failed and it is obvious that a child is at risk of harming themselves, or others (including adults) or seriously damaging expensive property.

There is no legal definition of reasonable force. The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The degree of force used must be in proportion to the circumstances of the incident and seriousness of the behaviour or the consequences it is intended to prevent. Any force must always be the minimum needed to achieve the desired result over the shortest possible time.

Section 550A also allows the use of force 'to prevent a pupil from engaging in any behaviour prejudicial to maintaining good order and discipline'. However, the use of restrictive physical intervention for this purpose is acceptable only in rare circumstances at any of the FORGE TRUST Academies.

## Risk Assessment

Whenever it is foreseeable that a service user/pupil might require a restrictive physical intervention, then a risk assessment must be completed. It is essential that the outcomes of any assessment are made known to all relevant staff and other parties such as parents/carers. The assessment process is the same as for assessing any other form of risk and should be documented on an Individual Risk Assessment Form (Appendix 1).

When undertaking this assessment:-

- Involve key people such as relevant agencies, health professionals, social workers, specialist challenging behaviour nurse, psychologist etc. where necessary,
- Identify behaviours and settings that result in harm or damage from past incident reports/records;
- Determine how likely an incident needing restrictive physical intervention is to occur;
- Identify the degree of potential harm/damage resulting from not intervening;
- Document the agreed management strategies and the risk levels;
- If risks of intervening remain high risk, seek specialist advice and support;
- Agree review date and monitor that the protocols and management strategies are working effectively;
  
- Communicate the outcome of the risk assessment and management strategies/protocol to all relevant parties;
- Implement necessary training if training needs are identified.

When the need for restrictive physical intervention is agreed, it is important that appropriate steps are taken to minimise the risks to staff and service users/pupils. Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

It is essential that following any intervention risk assessments are reviewed. It may be necessary to call a formal review meeting and revise the risk assessment and management plan. When reviewing the risk assessments it is important to review trends, personality dynamics, factors surrounding the incident, what happened in the days and hours beforehand to look for triggers or contributing factors.

The use of a restrictive physical intervention will be the outcome of a professional judgement made by staff on the basis of this policy. It is avoided whenever possible and will not be used for staff convenience.

**Restrictive physical intervention will *only* be considered if other behaviour management options have proved ineffective or are judged to be inappropriate (or in an emergency situation?).** Before deciding to intervene in this way, staff will weigh up whether the risk of not intervening is greater than the risk of intervening. Any actions will be carried out with the child's best interests at heart. Physical intervention will never be

used to punish a pupil or cause pain, injury or humiliation.

Staff are not expected to intervene physically against their better judgement nor are they expected to place themselves at unreasonable risk. In such circumstances, they must take steps to minimise risks. For example, by removing other pupils and calling for assistance.

### **Who may use restrictive physical interventions?**

In this Trust there are a number of teachers and teaching assistants trained to use restrictive physical intervention. These members of staff will usually work directly with pupils who may need this type of response however as part of the duty of care to ensure all children are kept safe, all teachers and TA's are authorised to physically intervene in line with this duty after carefully evaluating any the risks. Supply staff and apprentices would not normally undertake physical interventions except if they have been specifically authorised by the Principal.

Parents and volunteers in the school are not given authorisation. Staff from the local education authority may have their own policies about the care and control of pupils but, whilst on the premises, they will be expected to be aware of, and operate within, the policy of this school. This means that visiting staff will need to ask the principal for authorisation.

## **How staff at FORGE TRUST Academies might intervene**

When a restrictive physical intervention is justified, staff will use 'reasonable force'. This is the degree of force 'warranted by the situation'. It will 'be proportionate to the circumstances of the incident and the consequences it is intended to prevent'. Any force used will always be the minimum needed to achieve the desired result and for the shortest amount of time.

Staff will:

- use the minimum amount of force for the minimum amount of time;
- avoid causing pain or injury; avoid holding or putting pressure on joints; in general hold long bones.
  - never hold a pupil face down on the ground or in any position that might increase the risk of suffocation.

During an incident the member of staff involved will tell the pupil that his or her behaviour may be leading to restraint. This will not be used as a threat or said in a way that could inflame the situation. Staff will not act out of anger or frustration. They will try to adopt a calm, measured approach and maintain communication with the pupil at all times.

Acceptable methods of restrictive physical intervention are as demonstrated in training outlined by local authority officers/ Team Teach Trainers.

In an emergency, staff must summon assistance by sending the nearest responsible person to the nearest class teacher (permanent staff) or the school office, whichever is deemed the most appropriate at the time and place of the incident. The school office and Principal must be informed that restrictive physical intervention is taking place as soon as it is safely possible.

### **The place of restrictive physical intervention within broader behavioural planning**

If, through the school's special needs assessment procedures, it is determined that a restrictive physical intervention is likely to be appropriate to help a pupil make progress, a risk assessment will be carried out following the school's guidelines.

If appropriate, an individual management plan will then be drawn up for that pupil. This plan will aim to reduce the likelihood of the need for restrictive physical intervention as well as describing how such intervention will be carried out. This plan will be discussed with parents/carers. When it involves the use of a restrictive physical intervention the general health and well-being of the child will be considered and where appropriate advice sought from medical colleagues.



## **Communication**

Information relating to intervention strategies should be discussed with the service user/pupil and their families/parents/carers 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 individual's care plan/records.

Before the plan is implemented, any necessary training or guidance will be provided for the staff involved. The Principal and / or health and safety co-ordinator will be responsible for ensuring that staff needs are established and necessary training organised.

## **What to do after the use of a restrictive physical intervention**

After the use of an unplanned restrictive physical intervention, the following steps will be taken.

- Details of the incident will be recorded on CPOMS by all adults involved as soon as possible after the incident. Staff will need to record the time; the events leading up to the incident; what they did in response to the behaviour e.g. distraction/ de-escalation; the reason for the intervention as well as the names of any other adults who were also present (either in a supporting role or who will have witnessed the events). For academies not yet using CPOMS the attached form (appendix 2) will need to be completed and stored confidentially.
- Recording will be completed within 12 hours whenever possible. Staff will be offered the opportunity to seek advice from a senior colleague when compiling their report;
- Any injuries suffered by those involved will be logged with the main office and recorded following normal school procedures;
- Logs will be monitored by a member of SLT on a regular basis to ensure there is no cause for concern regarding the actions of adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the Principal will follow the school's child protection procedures and also inform parents/carers;
- Parents/carers will be informed by the class teacher on the day of the incident, written accounts are available on request. Parents/carers will be offered the opportunity to discuss any concerns that they may have regarding an incident;
- Debriefing will be held for all those involved following an incident of Restrictive Physical Intervention;
- Support will be available from the Principal, Vice Principal, Team Leader or Class Teacher as appropriate.

Arrangements for recording and informing parents in the case of a planned restrictive intervention will be followed as agreed beforehand but broadly will follow the same pattern as above.

The Behavior Lead Teacher will use the records kept to analyse patterns of behaviour and so decide whether responses are being effective. The Principal will report on this information to the Trustees annually.

### **Information, Instruction and Training for staff**

It is the responsibility of Principals to ensure that the information, instruction and training required to ensure staff can safely employ restrictive physical intervention strategies and techniques, are made available. Training provided to staff should be to the level they are identified as requiring. Training staff in skills they will never use is not necessary and the skills are soon lost. Staff involved in use of planned interventions must have suitable training, for their own safety and that of the service user/pupil.

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.

It is the responsibility of those purchasing training to ensure that the training provider is competent, has suitable accreditation and that staff undertaking the training will be assessed as to their competency. Training provided must cover the use of Primary/Active and Secondary/Reactive control strategies (see 5.1.2) as well as the physical techniques and should be suitable for the environment and service users/pupils it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context.

Any training regarding Restrictive Physical Intervention and associated practises should be carried out by accredited organisations, for example accredited under the BILD National Physical Intervention Accreditation Scheme. This will ensure that training is facilitated by suitably qualified, professional trainers with an appropriate background and experience of the services delivered.

Commissioners of such training must ensure that the physical techniques that staff will be taught have been medically risk assessed and assessed to ensure that they are not adverse or painful in their application. The council has in place tenders prepared for the suppliers of restrictive physical intervention training in both adult and children settings.

### **Dress Code**

Where staff may be involved in the application of restrictive physical interventions they will,

- Wear suitable clothing that allows freedom of movement;
- Wear sensible low heel footwear;
- Avoid wearing necklaces/ scarves etc;
- Not wear any jewellery and/or piercings that could cause injury;
- Ensure that finger nails are kept short to prevent scratching injuries to service users/pupils when implementing any physical interventions.

## **Infection Control**

Since the nature of aggression and violence can be unpredictable, there is a risk to staff of contamination from bodily fluids because of injury. These risks may be as a result of biting, scratching, self-harm causing bleeding etc. In order to minimise risk, staff must cover any open wounds e.g. cuts/skin lesions and with an appropriate adhesive dressing.

## **Complaints procedure**

Any complaint will first be considered in the light of the school's child protection procedures, following ACPC guidance. If child protection procedures are not appropriate, the academy's complaint procedures will be followed.

## **Key Accountabilities for**

### **Principals**

- Ensure the practices detailed within this policy are implemented;
- Ensure that the use of planned restrictive physical intervention is risk assessed and management strategies clearly documented on the pupils individual care plan/records;
- Ensure that employees are informed how to report and record the use of restrictive physical interventions, and ensure that these reports are reviewed and monitored regularly;
- Ensure that training requirements are assessed for employees and where training needs are identified ensure that suitable training is provided and refreshed at appropriate intervals;
- Seek specialist advice when necessary to ensure that use of restrictive physical intervention is used as a last resort and employees use primary and secondary controls to manage behaviour, so reducing the need for the use of restrictive physical interventions;
- Ensure that employees involved in the use of restrictive physical interventions receive suitable debriefing and support following an incident;
- Ensure communication occurs at the planning stages, during the development of management strategies and during the reviewing process with service users, their family/carers and in the case of children the person with parental responsibility;
- Ensure that the use of restrictive physical intervention is reported to parents /carers;
- Ensure that consent for the use of restrictive physical interventions has been gained and is clearly documented.

## **Employees**

- Familiarise themselves with the risk assessments and management strategies for the use of restrictive physical interventions and report any use;
- Attend training provided and then use the skills gained in line with training guidelines and in accordance with risk assessments and management strategies whenever possible;
- Ensure that any physical force used in the workplace is reasonable, proportionate to the risk and with suitable justification; and for the minimum time period;
- Report any concerns regarding management of service user/pupil behaviour or the use of restrictive physical interventions to a line manager immediately.

## Appendix 1 - RISK ASSESSMENT

For use where positive handling may occur

|   |      |                               |           |
|---|------|-------------------------------|-----------|
| School:   |      | Risk assessment completed by: |           |
| Name of child:  | DOB: | Year:                         |           |
| <b>Identification of Risk</b>   |      |                               |           |
| Describe the foreseeable risks:   |      |                               |           |
| Is the risk:  |      | potential                     | occurring |
| <b>Assessment of risk</b>   |      |                               |           |
| In which situations does the risk usually occur?  |      |                               |           |
| How likely is it that the risk will occur? (unlikely, possible, probable, likely)   |      |                               |           |
| If the risk arises, who is likely to be injured or hurt?  |      |                               |           |
| What kinds of injuries or harm are likely to occur?   |      |                               |           |
| How serious are the adverse outcomes? (severe, substantial, minor, minimal)   |      |                               |           |
| <b>Risk Reduction Options</b>   |      |                               |           |
| What actions are being taken to minimise the level of risk?<br>(Consider changes to environment, awareness of triggers, de-escalation strategies, varying staff deployment, varying teaching group/size, access to quiet area etc.) |      |                               |           |
| Any immediate actions to be taken, by whom and by when?   |      |                               |           |
| <b>Signed:</b>  |      | <b>Role:</b>                  |           |
| <b>Date:</b>  |      | <b>Copy to:</b>               |           |

## Appendix 2

### Appendix - PHYSICAL INTERVENTION INCIDENT RECORD

|  |                                |
|--|--------------------------------|
| Name of young person:  | Name of person writing report: |
| Date & time of incident:   | Location of incident:          |
| Name(s) of staff involved:   | Name (s) of witnesses:         |
| Describe events leading up to the incident:                                    |                                |
| Adult response to the behaviour e.g. verbal advice, distraction, take up time: |                                |
| Reason for intervention  |                                |
| Action take after the event  |                                |