



Physical Intervention Policy

Reviewed with Staff: July 2023

Approved by governors:

Next review: July 2026

Ethos & Values

Within our provision our strategies and practise are encompassed within a framework of shared and consistent principles based on person centred values within a commitment to restraint reduction.

Trauma Perceptive Practice (TPP)

We firmly believe that children who feel safe and happy are better equipped to learn. We understand that behaviour is a form of communication and children, whose emotional wellbeing needs are not met, may manifest themselves in behaviour that challenges and much of these stems from the need for secure attachments. As a staff team, we have participated in extensive training to recognise and respond supportively through co-regulation to guide children through stressful situations. Our provision reflects the values of the Essex Approach to understanding behaviour and supporting emotional wellbeing known as Trauma Perceptive Practice (TPP) and these values run through all policies and practice.

Physical Intervention

We all have a legal obligation under our 'duty of care' to keep the children and young people we support safe. Once we have exhausted all other options as a last/first resort we may have to intervene physically. This would always be as a 'positive act' and in the best interests of the child or young person. Primary Prevention Strategies form the greater part of our approach to harmful behaviour. Even at the most heightened states of arousal there are still non-restrictive strategies that may work.

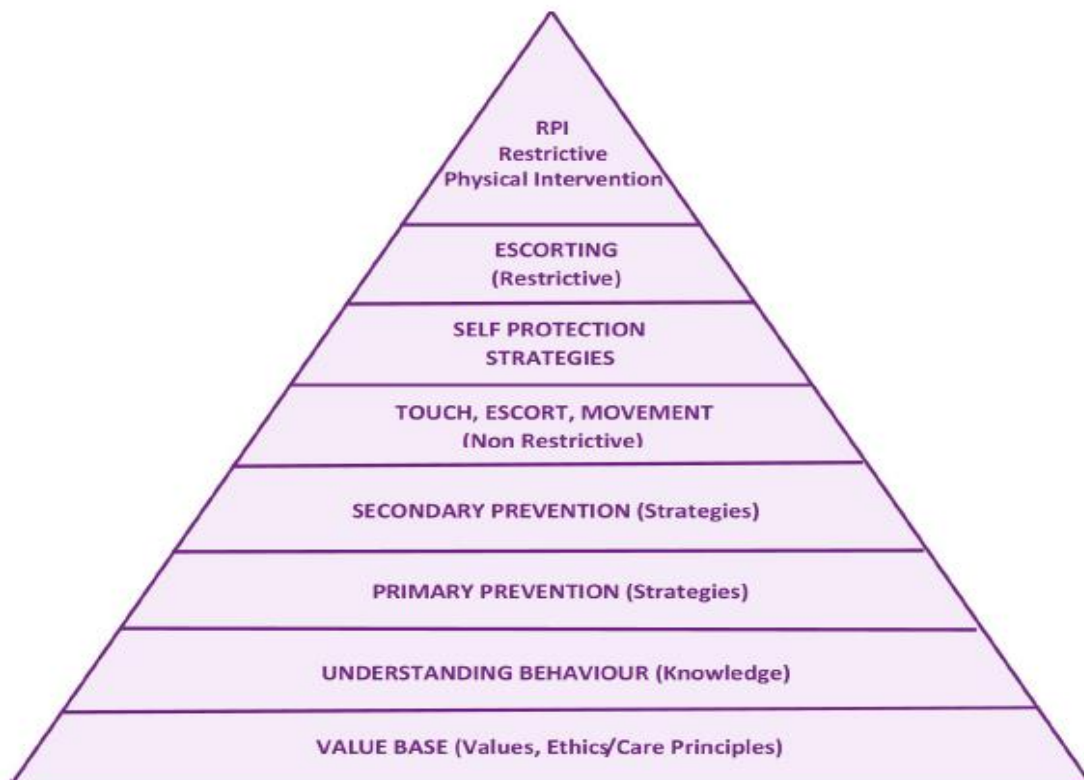
The DfE (July 2013) states that all members of school staff have a legal power to use reasonable force. Within this it states that

Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder. In a school, force may be used to restrain a pupil. This is called Physical Intervention. The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

At Ghyllgrove Primary School and The Arc we believe that the use of Physical Intervention, should be used within this framework: -

- protecting people's fundamental human rights and promote person-centred best interest and therapeutic approaches to support people when they are distressed
- improving the quality of life of those being restrained and those supporting them
- reducing reliance on restrictive practices by promoting positive culture and practice that focuses on prevention, co-regulation (within the training sometimes can be described as de-escalation) and reflective practice
- focussing on the safest and most dignified use of restrictive interventions where required, including physical restraint.
- increasing understanding of the root causes of behaviour and recognise that many behaviours are the result of distress due to unmet needs
- ensuring a restraint reduction approach is adopted by all.

Response to Harmful Behaviour



Our approach to supporting children and young people who may present harmful behaviour, is shown in the diagram above. It clearly demonstrates that our practice is built on the firm foundations of a Human Rights value base and understanding behaviour.

Response Strategies

Primary Prevention Strategies

Everything that is put in place that reduces the likelihood of the harmful behaviour happening.

Secondary Strategies

These are the plans for what to do if the primary strategies do not work and the child becomes more stressed.

Tertiary Strategies (non-restrictive and restrictive)

These are designed to keep the person and those around them safe from harm. They provide a way to react quickly in a situation where the person is distressed and more likely to present through harmful behaviour. They may include physical intervention.

We have a senior teacher who have attended the PRICE ‘train the trainer’ training which is complementary to the values of TPP. This training is delivered to other staff members so that they can:-

- Identify suitable techniques for different situations
- Identify and minimise potential risk factors
- Identify and minimise the potential impact of a physical intervention on a child/young person.

Our training covers the risks around restraint and how staff should respond to these. All techniques used are risk assessed and are never reliant on pain compliance.

Support Planning

At Ghyllgrove Primary School and The Arc we use personalised distress management and adult response planning (developed from the Essex TPP approach). This is designed to keep everyone safe by enabling our staff to think about, plan and be confident in safely supporting children and young people.

This tool is discussed, constructed and agreed through One Planning. It is important that the child/young person and their parent/carer is involved.

- Step 1: Identify the stressors being experienced by the child/young person. There are five domains of stress, which are explained later in this document.
- Step 2: Complete the 'Warning Signs of Stress', providing personalised detail of what this looks like and means for the child/young person.
- Step 3: Complete the 'Stress Mapping' and 'Level of Harm'.
- Step 4: If the pupil is assessed to 'always' or 'often' experience stress or the harm is assessed to be of concern, develop both the personalised 'Adult Response Plan' and 'Child's Self-regulation Plan' for the child/young person as part of the One Planning process.
- Step 5: Regularly review and update the information in this tool through One Planning.

All behaviour happens for a reason; it serves a purpose for the individual presenting it and it leads to something for them. It's a means to an end.

Difficult and/or harmful behaviour is not necessarily deliberate or planned. Rather, in situations of need a person may simply behave in an adaptive way that has been successful in the past in protecting them and enabling them to survive that moment.

The first step to understanding a particular behaviour of concern is to try and find out why the behaviour is happening and to have some understanding of this.

A person's trauma informed history (if known) should be part of the any individual's support plan. A trauma perceptive approach must be provided to everyone whether trauma is known or not.

Support Plans will also include:-

- the views of the child or young person in how they want to be supported
- consideration as to how the child or young person's dignity may be compromised and how might staff manage that. Points to consider could include; clothes might ride up or down, so perhaps make sure towels/blankets are available to use appropriately as covers; the presence of an audience; etc.
- communicating behaviours that present as conflict, harm through aggression and anxiety responses
- primary and secondary prevention strategies used to co-regulate and defuse potential incidents.
- any personal, sensory or environmental needs for the child/young person
- recovery plan/restorative approach.

Preserving and protecting positive relationships

Positive relationships are those which are characterised by consistency and unconditional positive regard on the part of the member of staff towards the child or young person. Positive, stable relationships help those in children and young people to feel secure and cared about.

Restorative approaches enable those who have been harmed to convey the impact of the harm to those responsible, and for those responsible to acknowledge this impact and take steps to put it right. It is not unusual for children/young people to re-escalate or feel drained, vulnerable and unable to re-connect with their normal routine, after a physical intervention. Due to this, staff members need to be mindful of their approaches/interventions and follow the support planning.

Recording Requirements

At our provision we use two types of recording for all incidents involving physical intervention:

1. Individual incident report recording
2. Organisational recording, data collection and analysis

Individual Incident Report (see appendix 1 and/or 2)

This will be recorded as soon as practicable and always before the end of the school day. The report should include:-

- the names of the staff and people involved
- the reason for using the specific type of restrictive intervention (rather than an alternative less restrictive strategy)
- the type of intervention employed
- the date and the duration of the intervention
- the location of the incident
- whether the person or anyone else experienced injury or distress
- what action was taken.

The incident form should be handed to a senior member of staff once completed. The senior member of staff will complete the following and record these actions:-

- ensure first aid has been administered if needed
- carry out a well-being check on the child involved
- carry out a well-being check on the member(s) of staff involved
- support the child with a restorative conversation, when appropriate.

The senior member of staff will meet with all staff directly involved and those staff who may be affected to debrief the incident. Debriefs should have clear links to reviewing existing Risk Assessments and Support Plans. Lessons can always be learnt from some of the most challenging experiences, both about our own responses to a child's behaviour and theirs to ours. These reflective experiences should be instrumental in informing changes to the support plan. The reflective tools that we use are

- e.g. STAR analysis
- e.g. Personalised distress management plans

Communication to parents / carers

Where it has been deemed necessary to use a restrictive physical intervention, the detail of this should be accurately recorded and the incident communicated to parents (see Appendix 3). Parents will be informed of the incident initially by phone and it will then be followed up in writing if required.

Organisational Recording

This involves regular reviewing of incidents and subsequent debriefs, identifying any stressors or learning points and feeding this back into our policies and procedures.

This includes:

- Number of physical interventions and duration per child each half term
- Total number of physical interventions each half term
- Holds/techniques used for physical intervention
- Analysis of trends such as whether incidents peak at particular days or times
- Any relevant protective characteristics.

This model Restrictive Physical Intervention policy was written by the
Education SEMH Team, Essex County Council.
It will next be reviewed August 2023 (unless DfE produce further guidance in the interim).

Guidance that has informed this policy comes from Essex County Council

[Understanding and Supporting Behaviour - Safe Practice for Schools - Autumn 2022.pdf \(essex.gov.uk\)](#)

[Safeguarding - Safeguarding \(essex.gov.uk\)](#)

Appendix 1

Template for Recording an Incident

Child name:	DoB:	Year group:
--------------------	-------------	--------------------

Date of the incident: Day of the week:	
Members of staff	
Where it took place	
What was the activity?	

Outline of event/ What happened?
Consequences: Protecting (what will now happen to prevent any immediate further harm occurring) Learning/teaching (what needs to be revisited with the child or learnt)
Was safe holding used? yes/no Restraint (Restrictive Physical Intervention) form completed
Parent / carer informed: Time and date:

Appendix 2

Template for a Record of Incident requiring Physical Intervention (RPI)

Child name:		DoB:		Year group:	
Reporting member of staff:					
Date of incident:					
Start time of incident:					
End time of incident:					
Location of incident:					
Name(s) of additional staff witness to the intervention:			Name(s) of additional child witness:		
Stressors leading up to the hyperarousal and distress					
Co-regulation prior to the decision to use of RPI					
Verbal advice and support				Swapping of staff	
Calm talking and Reassurance				Distraction/diversion	
Personalised co-regulation script				Offering choices and options	
Humour				Offering safe space	
Other (specify)					
Why the RPI was deemed absolutely necessary			To prevent harm to self		
			To prevent harm to another child (children)		
			To prevent harm to adults		
			To prevent damage to property		
			To prevent harm from absconding (in accordance with policy)		
		The harm predicted to be prevented by the RPI (e.g. bruising to peers, lacerations, destruction of computer, climbing over high fence, climbing on roof)			
		Unresolved harm/ details of damage to property (costs and details of harm to people including medical intervention or damage to property)			
		Was a medical record completed		Yes / No	
		Specific details of the RPI including sequence of techniques, time and staff involved			
Time			Technique		Staff name

Duration of RPI:						Duration of the incident:	
		Was there any physical mark or harm caused by the use of RPI to the child?		Yes / No		Details	
		What action has been taken?					
		Has the incident been reported to the Children Safeguarding Team (Local Authority Designated Officer)?		Yes / No		Details	
Incident reporting and monitoring							
				Name		Time and date	
Incident reported to Senior staff by:							
Parents / Carer verbally informed by:							
Parents / Carer letter sent:							
Child wellbeing check by:							
Staff wellbeing verified by:							
Restorative conversation with child							
Care for Child following the RPI							

Verification of account of incident		
Staff name	Staff signature	Date
Reporting staff name		RPI checker and approver name
Signature		Signature

Appendix 3

Template letter to inform parents of an incident

Dear *(parent / carer)*

Further to our earlier telephone conversation, I am writing to confirm our discussion about the incident in school today. As discussed, it was deemed necessary to use a physical intervention with *(child or young person)*. You will be aware that such an intervention is used in our school only as a last resort, where other interventions and co-regulation techniques have not been effective in reducing the harmful behaviour. As shared with you, it was felt by staff involved that, on this occasion, it was absolutely a necessary and appropriate response to *(child or young person's)* behaviour at the time in order to keep them and everyone else safe.

As I explained, the detail of this incident is available in school and forms part of *(child or young person's)* records. If you would like to discuss this matter further, please feel free to contact me and I would be happy to meet with you.

Or

It is important that we continue to work together going forward. I would like to invite you to a meeting to *write / review* a support plan for *(child or young person)* and I can share more detail about the recent incident with you.

Yours sincerely