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Model Physical Intervention Policy

Reviewed with Staff:

Approved by governors:

Next review:

**Ethos & Values**

Within our school 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 school 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 the school’s 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 our school 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**

Any strategies needed

Protecting everyone

Working together

Supporting the CYP

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 mayinclude physical intervention.

We have ………… members of staff who have attended the PRICE ‘train the trainer’ training (insert other training provider if necessary), 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 our school 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 school 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 should 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 should be informed of the incident initially by phone and it should then be followed up in writing (this process should be set out in the school Relationships and Behaviour Policy). Where it is necessary to suspend or permanently exclude a pupil for the incident, there is separate guidance on this and supporting model paperwork for schools to use to ensure they meet statutory requirements relating to this.

**Organisational Recording**

This involves regular reviewing of incidents and subsequent debriefs, identifying any stressors or learning points and feeding these 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, which holds, staff involved and 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 2025 (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 2024

[Essex Schools Infolink](https://secureschools.essex.gov.uk/securecontentpages/ContentPage.aspx?ContentPageID=110&SystemID=73)

[Safeguarding - Safeguarding (essex.gov.uk)](https://schools.essex.gov.uk/pupils/Safeguarding/Pages/Safeguarding.aspx)

**For appendices, please visit:**

<https://secureschools.essex.gov.uk/securecontentpages/ContentPage.aspx?ContentPageID=110&SystemID=73>