



PHYSICAL INTERVENTION POLICY

Approved and signed by the Learning & Standards Committee by
virtual meeting

09.12.21

Due for renewal: Dec 22

July 2020

POLICY DEVELOPMENT

This policy has been formulated with consideration of the following documents:

1. Pivotal Management of Actual and Potential Aggression Certified Instructor Training Guide
2. DfE Use of Reasonable Force July 2013
3. DfE Education Act 1996
4. Violence and aggression: short-term management in mental health, health and community settings May 2015

July 20 Policy adopted

Nov 21 Policy reviewed, no changes

This policy should be read in conjunction with our Managing and Supporting Positive Behaviour Policy.

The Law

The use of corporal punishment is not allowed under any circumstances. The law forbids adults to use any degree of physical contact which is intended to deliberately punish a pupil, or which is primarily intended to cause pain, injury or humiliation (sections 548 to 550 of the 1996 act). The ban applies in all circumstances, and has applied since 1987.

Adults who are authorised by the CEO to have control or charge of pupils should only use physical intervention as is reasonable to prevent a child from being in stage 3 of the behaviour levels – risk behaviour therefore presenting as an imminent or immediate risk to self or others. The provision applies when an adult, is on the premises, and when he or she has lawful control or charge of the child's concerns elsewhere e.g. on a school trip or any authorised activity.

Authorised Staff

The Act allows all adults to use a reasonable physical intervention to control or restrain children. In normal practice only staff who have undergone specific training in the use of physical intervention will restrain pupils.

However, in self-defence or in the case of an emergency everyone has the right to defend themselves against an attack provided they do not use a disproportionate degree of physical intervention. Similarly, in an emergency, for example, if a child was presenting as an imminent or immediate risk to self or others, any member of staff would be entitled to intervene.

Practical considerations

Before intervening physically, an adult should, wherever practical, employ the managing and supporting positive behaviour policy. Using de-escalation techniques, scripted interventions and sanctions. The risk must be assessed before a decision is made bearing in mind the following key themes to aid lawful justification:

- Duty of Care

- Best interest

- Reasonable and proportionate

- Last resort and least restrictive

- The risk of doing nothing versus the risk of doing something

Human Rights

Reduce use, prevent misuse and abuse.

Adults behaviour should be calm and consistent (Management Actual Potential Aggression) and children should be spoken to in this manner throughout the physical intervention.

The use of physical intervention should never be used as a substitute for good behaviour management, to gain compliance or enforce rules. It should be a last resort which is proportionate and the least restrictive.

Application of Physical Intervention

The type of physical intervention should always be the least restrictive therefore directly linked to the risk.

1. Block and Move
2. Disengagement
 - Hold and Stabilise
 - Low Risk
 - Push and Pull
 - Medium Risk
 - Lever
 - High Risk
3. Holding
 - Low Risk
 - Medium Risk
 - High Risk

It is vital to always reflect on professional and legal obligations and responsibilities and this can be done by ensuring any physical intervention is:

Safe

Effective

Acceptable and

Transferrable.

Staff should also always be looking to hold for the shortest period of time possible using the minimum amount of restriction on the basis of prevailing risk that the staff are attempting to manage therefore promoting early physical de-escalation. Where possible a physical restraint should never exceed 10 minutes (National Institute for Health and Care Excellence 2015).

In light of COVID 19 disposable gloves and disposable aprons are provided.

The individual's safety and wellbeing must be monitored at all times therefore physical intervention should never happen in a 1:1 situation.

Behaviour plan (Appendix A, B and C)

If a child has needed physical intervention or has come from a setting where it has been used previously a behaviour plan should be put in place to identify any specific reason why physical intervention should not take place but also to allow for appropriate methods of de-escalation.

A risk assessment highlighting physical hazards and control measures should also be completed and shared with parents.

Recording Incidents

It is important that there is a detailed written report of any occasion where physical intervention is used on BehaviourWatch. This should be completed immediately following the incident and the Head of School/Nursery manager and CEO will be informed.

This should include –

The name(s) of the child and adult(s) involved

The age

Where the incident took place, were there any witnesses?

The reason that the physical intervention was necessary (identify triggers)

How the incident began and progressed including what parts of the behaviour policy had been employed

The degree of physical intervention (name) and duration

The outcome of the incident

Time and date when parents/carers are informed

Details of any injuries sustained to adult, pupil and property.

This must be shared with the Head of School/nursery manager and CEO.

Parents should be informed as soon as possible but always on the same day as the intervention took place. The time and date this information was shared with parents needs to also be logged on BehaviourWatch.

Monitoring and Review

The Head of School/Nursery manager and the CEO should monitor the numbers of physical interventions regularly and changes to the managing and supporting positive behaviour policy should be put in place to minimise these as part of a wider restraint-reduction strategy to minimise avoidable restraint.



APPENDIX A Behaviour Plan Blank

Individual Behaviour Plan

(Please change roles to fit with specific setting)

Name of child		Date plan was written		Version	
Senco		Date of Birth		SEN stage	

Behaviours witnessed	Staff approach
1 Anxiety	1 Supportive
2 Defensive	2 Directive
	<i>Scripted Intervention Limit Setting</i>
3 Risk Behaviour	3 Physical Intervention
	<i>Least restrictive- proportionate to the risk being presented. Only if imminent or immediate harm to self or others.</i>
4 Tension Reduction	4 Therapeutic Rapport

Staff must follow the Discovery MAT Behaviour Policy 2019 and Physical Intervention Policy 2019.

Notification (copy of the plan to...)

SLT

SENCO

Parents/Guardians

Relevant staff

Names:

[Parent]

[SENCO]

[Pupil]

[Staff]

[Staff]

[Staff]

[Staff]

Signatures:

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.....
.....
.....
.....
.....
.....

Senior Manager:

.....

Date:

Review date:.....



APPENDIX B Behaviour Plan Example

Individual Behaviour Plan

Name of child	Joe Brown	Date plan was written	21/12/18	Version	1
Senco	S. Smith	Date of Birth	12/6/2011	SEN stage	SS

Behaviours witnessed	Staff approach
1 Anxiety	1 Supportive
Rocking in chair Tapping pencil Reluctant to start work	Quiet conversation with trusted adult. Support in starting work. Small steps, broken down task, now and next.
2 Defensive	2 Directive
Refusal Asking challenging questions	<i>Scripted Intervention – Interrupt, redirect, reinforce</i> Joe I have noticed you are yet to start your work. I'll give you a few seconds to begin the first step, Thank you for listening. <i>Limit Setting</i> - Joe first focus on the first step then I will come back to check you are ok. Joe if you begin your work then you can stay in the classroom.
3 Risk Behaviour	3 Physical Intervention
Violence to staff – throwing classroom objects directly at them	<i>Least restrictive- proportionate to the risk being presented. Only if imminent or immediate harm to self or others.</i>
4 Tension Reduction	4 Therapeutic Rapport
Hiding in an enclosed space	Restorative conversation once Joe has calmed

Staff must follow the Discovery MAT Behaviour Policy 2019 and Physical Intervention Policy 2019.

Notification (copy of the plan to...)

SLT

SENCO

Parents/Guardians

Relevant staff

Names:

[Parent]

[SENCO]

[Pupil]

[Staff]

[Staff]

[Staff]

[Staff]

Signatures:

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Senior Manager:

.....

Date:

Review date:.....



REF NO:

ACADEMY NAME: Discovery MAT

DATED:

YOUNG PERSONS RISK ASSESSMENT

Risk Assessment for:		Additional Information:
Date of Birth		
Most likely risk behaviour (Please highlight)	Run, bite, spit, hide, climb, physical, pulling, pushing, hitting, kicking, head butting, <u>self harm</u> , throwing of objects, barricading	
Prevention		

Physical Hazards	Risk (H/M/L)	Current Control Measures	Additional controls for the young person to make sure the risk is adequately controlled	Additional Control Measures in place: Y/N		Assessor Comments
				In Place	Adequate	

Summary of significant risks:	Control measures to be implemented

Signed:

Assessor:

Support person/s:

Review Date: Plan to be reviewed daily by HoS and adjusted for safety.

A COPY OF THE COMPLETED ASSESSMENT SHOULD BE SHARED WITH THE PARENTS AND YOUNG PERSON AND COPY STORED WITH HoS/SENCO

RESIDUAL RISK RATING	ACTION REQUIRED
VERY HIGH (VH) Strong likelihood of fatality/Serious Injury	The activity must not take place at all. You must identify further controls to reduce the risk rating.
HIGH (H) Possibility of fatality/serious injury occurring	You must identify further controls to reduce the risk rating. Seek further advice, e.g. from your H&S Team.
MEDIUM (M) Possibility of significant injury or over 3 day absence occurring.	If it is not possible to lower risk further, you will need to consider the risk against the benefit. Monitor risk assessments at this rating more regularly and closely.
LOW (L) Possibility of minor injury only	No further action required.