



Physical Intervention

Policy updated by:	E Blockley and M Richards
Reviewed by staff:	June 2021
Review due:	June 2022
Agreed by Headteacher:	N Anderson



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Introduction

This Physical Intervention Policy should be read in conjunction with the Leicester Primary PRU Behaviour Policy. It is recognised that, along with the social, emotional and mental health needs of pupils at the Primary PRU, there may be specific circumstances of serious threat to pupils, staff discipline, or property. In these situations, it is necessary to use techniques that may involve some use of restrictive physical interventions to prevent injury, damage to property, or the breakdown of discipline. Section 93 of the Education and Inspections Act 2006 clarifies the position about use of restrictive physical interventions by teachers and others authorised by the headteacher to control or restrain pupils. Teachers and other authorised staff are reminded that use of physical force must be reasonable and comply with:

- Joint DfES/DH guidance issued July 2002, "The use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorder" Local authority policies
- The Children Act 1989 Guidance and Regulations Vol.4 – Residential Care
- Children’s Homes National Minimum Standards – Children’s Homes Regulations
- Local Authority behaviour support plan
- Leicester City Primary PRU Behaviour Policy

Expectations at Leicester City Primary PRU

The use of restrictive physical interventions should always be considered within the wider context of other measures. These include establishing and maintaining good relationships with children and using diversion, diffusion and negotiation to respond to difficult situations. **Use of physical force that is unwarranted, excessive or punitive is not acceptable.** Failure to comply with this principle, when considering or using physical force, will be dealt with under the PRU’s disciplinary procedures.

Section 93 of the Education and Inspections Act 2006 enables school staff to use reasonable force to prevent a pupil from:

- a. Committing a criminal offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- b. Causing personal injury or damage to property; or
- c. Prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during teaching session or otherwise.

Related National Documents:

- Mental Capacity Act (2015)*
- Equalities Act (2010)*
- Children & Families Act (2014)*
- SEND Code of Practice*
- MH Government (2019) Reducing the Need for Restraint and Restrictive Intervention*
- DfE (2013), Use of Reasonable force: Advice for Headteachers and governing bodies*
- DCSF: The Use of Force to Control or Restrain Pupils – Guidance for Schools in England*
- Section 93 of the Education and Inspections Act 2006*
- Section 246 of the Apprenticeship, Skills, Children & Learning Act 2009*
- DfES: Managing Medicines in Schools and Early Years Settings*
- DfES: LEA/0242/2002 - Guidance on the Use of Physical Intervention for Staff Working with Children and Adults Who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders*
- DfES: LEA/0264/2003 – Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties*
- DH: Children Act 1989 Guidance and Regulations Vol. 4 - Residential Care*
- DH: Children’s Homes National Minimum Standards - Children’s Homes Regulations*



Physical intervention will only be used as a last resort and never as a matter of course. It must never be used as a sanction or punishment as this is illegal. It can be used proactively as a planned approach towards meeting an individual need or in case of an emergency when there seems to be a real possibility that significant harm and/ or serious disruption would occur if intervention were withheld.

Positive Behaviour Management

All staff have a positive approach to improving behaviour in order to reward effort and to build self-esteem. All staff will work in partnership with those who know the child to:

- Find out why this child behaves as he or she does.
- What is the child's 'story'.
- Understand the current factors that influence this child's behaviour.
- Identify early warning signs that indicate foreseeable behaviours are developing.

This approach will help to ensure that early and preventative intervention is the norm. It will reduce the incidence of extreme behaviours and make sure that the use of physical force is always the last resort. Please refer to Appendix 1 showing the protocol for Positive Handling Plans.

Risk Assessment and Planning for Use of Restrictive Physical Interventions

The PRU acknowledges that some children behave in ways that make it necessary to consider the use of restrictive physical intervention as part of a positive behavioural approach in line with our Behaviour Policy. All identified behaviours necessitating use of physical intervention will be formally risk assessed using a Positive Handling Plan (PHP). Planned use of physical intervention must be clearly shown to be in keeping with the pupil's individual needs.

All staff are aware of the distinction between touch or physical intervention (for example, when used appropriately in everyday situations to support, encourage, guide or comfort a pupil; the use of force to restrict movement or to disengage from pupils whose behaviour presents a clear risk of injury.)

Techniques and methods for controlling and restraining pupils using restrictive physical interventions will be assessed to ensure they are safe, suitable and appropriate for use with the named pupil.



They will be agreed in partnership with the pupil, his /her parents (or those with parental responsibility) and other statutory agencies working with the pupil. This is especially the case when children are looked after by the local authority, in respite care, or cared for by others with legal responsibility in order to ensure that there is a consistent approach to the use of force across all settings.

Use of restrictive physical interventions in unforeseen and emergency situations

We acknowledge that, on occasion, staff may find themselves in unforeseen or emergency situations when they have no option but to use reasonable force to manage a crisis. It is expected that:

- Before using force - staff attempt to use diversion or diffusion to manage the situation.
- When using force - staff will use techniques and methods with which they are familiar, confident and has been learnt during their Team Teach Accreditation.
- In exceptional circumstances (where permitted techniques are ineffective, or staff are unfamiliar with the action they should take) – staff shall manage the situation as best they can to comply with section 93 of the Education and Inspections Act 2006.
- In an unforeseen emergency, staff will make a dynamic risk assessment in order to keep everybody safe. Their actions will always be reasonable, proportionate and necessary in line with the risk posed. Team Teach techniques will be used wherever possible.
- Staff must always report and record use of physical force to parents, on CPOMs and using an [Electronic Physical Intervention Form \(EPIF\)](#)

Post-incident support/Recovery/Debrief/Restorative Practice

Incidents that require use of restrictive physical interventions can be upsetting to all concerned and can sometimes result in injuries to the child or staff. After incidents have subsided, those involved, pupils and staff, will be given emotional and practical support. They will also be provided with debriefing at the earliest opportunity when they are ready to talk about what happened in a calm and safe environment. Children and staff can expect support from their own class team, the senior leadership team and, where necessary, an external counselling service such as Amica or the Education Support Partnership can be offered as a further support mechanism for staff. Pupils



will be assisted to review the incident using restorative practices with the support of an adult.

Basic first aid treatment for any injuries will be given. Immediate action should, of course, be taken to ensure that medical help is accessed for any injuries that require other than basic first aid. All injuries should be reported and recorded in the accident book, on an SO2 and on CPOMs.

Reporting and Recording Use of Restrictive Physical Interventions

Incidents where physical interventions have been used will be reported at the soonest opportunity to a Team Teach instructor or, in their absence, another member of the Senior Leadership Team and shared during the end of day brief. An EPIF will be completed as soon as possible, and in any case within 24 hours after the incident. The PIR number generated by the EPIF will be included on a CPOMs entry with staff members involved notified within the entry.

Following the submission of the EPIF, a PDF version is emailed automatically to the Team Teach Instructors and Senior Leadership Team. This will then be checked and attached to the CPOMs entry as an 'action'. On occasions where further information is required or staff members involved in the incident feel they have additional information to add they can do so by adding an 'action' on the original CPOMs entry. There will be a presumption that all staff involved in the incident agree with the recorded version of events unless they state otherwise within the CPOMs entry for the event.

For incidents that result in an injury of any description either to pupils or staff, then the appropriate recording form (SO2) should be completed as soon as possible.

Parents or carers will be advised as soon as possible ideally on the same day but certainly within 24 hours of an incident involving their child and given the opportunity to discuss it. If a parent cannot be contacted, a letter must be sent to the parents and a copy kept in the child's pupil file. Please refer to Appendix 2 for the letter template used.

Following a physical intervention, and in line with Government Guidance 2002, a Positive Handling Plan is completed for the pupil involved. If the pupil already has a Positive Handling Plan then the plan will be reviewed. *Example of the forms* can be seen at Appendix 3. Positive Handling Plans will be shared with parents/carers and signed to show they agree. One Page Profiles will be used to help communicate the pupils' PHP to them; these should be kept in classrooms and updated in line with the pupil's PHP.



Monitoring Use of Restrictive Physical Interventions

Use of physical intervention in at the PRU will be monitored in order to help staff learn from experience, promote the wellbeing of children in their care and provide a basis for appropriate support. Monitoring helps the PRU to determine what specialist help is needed for children. Issues identified by trends and emerging problems will be addressed via small group or one-to-one workshops to refresh previously taught techniques. Monitoring and quality assurance information will be collated by the Team Teach Instructors and reported termly to the Management Committee.

The local authority Social Emotional Mental Health Team provides support in monitoring EPIF forms. Using this system automates the necessary response of reporting to an external agency for monitoring.

Responding to Complaints

The use of restrictive physical intervention can lead to allegations of inappropriate or excessive use.

In the event of a complaint being received by The PRU in relation to use of force by staff, the matter will be dealt with in accordance with agreed procedures for handling allegations against members of staff, found in Leicester City Council's 'Management of Allegation Policy'. (Revised guidance about such procedures, prepared jointly by the National Employers Organisation for Teachers and the six teacher unions, was published in September 2002). The document "Education Staff and Child Protection: Staff Facing an Allegation of Abuse" can be accessed electronically at <http://www.lgemployers.gov.uk/conditions/education/allegations/index.html>.

Staff Training

Following appointment, induction training for staff at the Primary PRU incorporates a range of continuing professional development opportunities around understanding SEMH needs and positive behaviour management, this includes Level One (6 hours) Team Teach Training provided by the Local Authority. As part of the Primary PRU's CPD programme staff will extend and develop their skills by attending Level Two training programme which equates to 6 hours every academic year.

Employed staff are authorised by the Head teacher to have control over pupils and to determine for themselves the necessity to use physical interventions. However, in an emergency the use of physical intervention by other people e.g. agency staff can be justified.



Prior to physical intervention a range of diffusing, de-escalating and positive behaviour management techniques will be used. The use of physical intervention should be reasonable and proportionate and used as a last resort where it is thought the pupil will cause harm to themselves, or others, or cause serious disruption or damage to property. In an instance where a person without Team Teach Positive Handling training has had to hold a child, a member of staff who has training will take over at the soonest opportunity.

A register of Team Teach trained staff and staff authorised to have control over pupils is held at the Primary PRU by the Team Teach lead (Mairead Richards). In the case of supply staff being used, the Team Teach accreditation will be verified by the Team Teach lead.

Withdrawal, Timeout and Seclusion

The definition for Withdrawal is:

- Removing someone from a situation but actively monitoring them to help them recover and re-engage successfully as soon as is reasonably possible.

Within the Primary PRU setting the agreed withdrawal spaces used for pupils are, the corridors outside of the classrooms or behaviour mentor room, the Safe Space Pod, or the Quiet Room/ Cold Room.

Withdrawal may be child led or directed by an adult as an opportunity to take themselves to the space for “time away” from the rest of the group. **On these occasions the child will either have accompanied withdrawal and an adult will remain with them in the withdrawal space or they will have observed withdrawal.** Observed withdrawal will only take place when the child is unable to calm with any adult presence and the adults need to back away (NB: a change of adult will have been offered in the first instance). The child must remain in the adult’s sight at all times and at the first appropriate opportunity an adult will accompany the child in the withdrawal space. The length of time and reason for observed withdrawal will be recorded using CPOMs.

The definition for Timeout is:

- Restricting positive reinforcement as part of a planned behaviour programme.
- Requires a written agreement plan

At the PRU timeout is often called an internal exclusion. Children will be located in a safe space where they can be seen at all times and the child can easily call for help. If a child is in a space where they cannot be seen or make their presence known an adult must remain in the space with them. Written parental agreement is obtained in advance on the Admissions Form which is signed by parents before the child’s



placement begins. Parents will give verbal consent for each instance prior to it taking place. An internal exclusion will always be recorded on CPOMS.

The definition for Seclusion/ Isolation is:

- Forcing someone to spend time alone against their will.
- Can only be used in an absolute emergency.

The Primary PRU **does not use seclusion or isolation.**

If a child requests that they are left alone this is not seclusion. The child must be closely monitored by an adult and the child must know how to gain attention when they are ready so that they are never alone against their will. An adult will accompany the child at the soonest opportunity, this should be a change of adult if this means the child will be alone for less time.



APPENDIX 1

New PHP Protocol January 2020

- If the child has been held in their previous setting a copy of their PHP must be shared from school and saved in pupils blue file in the classroom.
- As a child is held for the **first time** in the PRU during a term complete a new PHP for them **electronically**. Save and send a copy to the Team Teach instructors (Mairead and Eleanor).
- The instructors will save an electronic copy in the pupil file.
- Teachers send a copy home to parents for signature.
- Teachers keep the **signed copy** in the pupils' blue folders in the classroom.
- For **every** hold that happens for that child the PHP **must be annotated** (by hand) and dated with new information that will help us and the child manage their behaviour next time.
- Discuss the PHP to **end of day brief** on the day of the hold. The PHP can be annotated to include what has been discussed.
- At the end of each term (every 12 weeks) the PHP's must be reviewed and re-typed. (add any annotated notes and remove anything that is no longer relevant)
- **If** the child has **NOT** been held in the previous term mark and highlight the plan as **NOT HELD – PHP DISCONTINUED**.
- Again send an electronic copy of the new plan to instructors and ask parents to sign the updated version.
- One Page Profiles can mirror the PHP for Triggers, Interests, What Works.
- Use the One Page Profiles with the children when de-briefing following an incident (this does not have to be the same day but must be recorded either on the EPIF or as an action on CPOMs if the EPIF has already been completed). The One Page Profile can be annotated by hand during de-brief.
- In cases where a de-brief has not taken place on the same day as the incident, a staff member will be allocated to follow it up the next school day.



APPENDIX 2



Date

RE: Child's Name _____

Dear Parent / Carer

We have tried to contact you today via the details you have provided to us but we have been unsuccessful. Today your child was held using positive behaviour management. This was due to their behaviour and the choices they were making. At this time staff felt that your child was at serious risk of harm or of harming others.

Your child's behaviour has/ has not been discussed with them during a debrief session.

If you wish to have further information please call the Primary PRU on 0116 2081470.

Yours sincerely

Nicola Anderson
Headteacher



APPENDIX 3



Positive Handling Plan and Risk Assessment

NB: This plan aims to draw upon previous incidents in order to support the child to find a better way to manage their behaviour

Name:

Date of Plan:

Review Date of plan:

School: Leicester City Primary PRU

Relevant Background Info that contributes to the individuals stress (e.g. Family history, learning needs etc)

Likes/interests and Strengths:

Stressors/Triggers (times of day, people, activities, needs not met)

Medical Conditions (if applicable) consider which of these will alter the child's presentation and appropriateness of the hold

Nature of RISK (circle all that apply)

Harm to self Harm to others Serious Disruption Significant
Damage to property

What precisely is the risk? (behaviours noted)

Key Adults:

De-escalation and Diversion strategies that can be used:

Identify what does the behaviour look like? – Opportunities for staff to reduce risk....



Stage 1 Anxiety Behaviours	Stage 2 Defensive Behaviours
<p>Child:</p> <p>Adult Response:</p>	<p>Child:</p> <p>Adult Response:</p>

Crisis Behaviours - this may or may not require the use of a physical intervention

Stage 3 Crisis	
<p>Child's Behaviours:</p> <p>Continued De-escalation ideas:</p> <p>Adult Response: Scripts: e.g. I'm here to help, there's no need to worry, you're not in trouble, let's go to your calm area</p>	<p>Non-restrictive: guide away, big gestures, escorts</p> <p>Restrictive Physical interventions:</p> <p>Shortest amount of time: how will you let go? Where will you let go? What next? Safe space?</p>

Recovery – continue to reduce risk, support the child to calm, ensure everyone is safe, do not re-escalate the situation

Stage 4 Recovery	Stage 5 Depression
<p>What will they do?</p> <p>Where will they go?</p> <p>Who will they go with?</p>	<p>The child may seem calm but are they? Can they follow a simple instruction? Are they willing and ready to engage? Or are they resistant and reluctant? <i>Try a small directed task with them before going back to class.</i></p> <p>Please state support arrangements:</p>

Repair and Rebuild – continue to reduce risk by teaching a better way

<p>Stage 6: Debrief with child</p> <ul style="list-style-type: none"> • consider a safe place for this to occur, with a safe adult, this should be suitably differentiated to meet the needs of the child: • What happened? Before, during and after the critical incident? • What they were thinking and feeling? • Taking responsibility: How can they put this right? (repair the harm they have caused: this may include physical environment, and accepting consequences but critically it includes repairing relationships) • Who will support them and check that this has happened?
<p>Please state how the above will be facilitated for this child:</p>



Supportive Structures around the child

Teach a better way – how can we support the child to manage their emotions and crisis behaviours? e.g. My Positive Handling Plan Social Story, My Positive Handling plan visual Strip
1:1 Interventions e.g. Theraplay activities, Zones of Regulation, SEAL, Body mapping, access to counsellor, etc Group work e.g. emotional literacy sessions

Advice and Support from external agencies (e.g. SEMH, EP, Family Support, Paediatrician)
Please state who is involved and nature of current involvement (eg awaiting appointment, monitoring, awaiting assessment etc)

Support arrangements (e.g. ISP, PSP, School Contract, Element 3, Request for Statutory Assessment)

Parents/Carers:

Name: _____

Teacher

Name: _____

Young Person

Name: _____

Recording and Monitoring

Record on the Electronic PI Form

Report to SLT – ASAP

Report to Parents (within 24 hours max)

Review Plan

(annotate the positive handling plan, what was the stressor/ trigger? what worked well? what could be tried differently next time? Physical intervention required: Yes or No
Write in a different colour each time and date and sign this)

Review the entire plan (re-type!) every 12 weeks (government guidance!)