SEPTEMBER 2018

PHYSICAL INTERVENTION POLICY

HORIZONS EDUCATION TRUST
AMERICAN LANE, HUNTINGDON, CAMBRIDGESHIRE. PE29 1TQ

Staff receive up-to-date behaviour management training; in addition we have a number of accredited Team Teach tutors on the staff. We believe that physical intervention should be the last resort. In the majority of cases de-escalation and diffusion are the appropriate methods of dealing with situations that might result in a threat to the health and safety of any individuals.

On extremely rare occasions it may be appropriate for staff to intervene physically with or between students. These include:

- Injury, or risk of injury, to another student
- Injury, or risk of injury, to a member of staff
- Serious damage to property

Any intervention should be a last resort and be **proportionate, reasonable** and **necessary.**

All staff have a **duty of care** to children and young people. If staff take no action, and the outcome is that a child injures him/herself, or another, including staff, this could be seen as negligence.

TEAM TEACH

The Department of Health guidance states (Para 127) that: " there are no universally accepted standards for the use of physical restraint although both the British Institute of Learning Disabilities (BILD) and the Institute of Conflict Management (ICM) offer voluntary quality accreditation schemes" (D.O.H Positive and Protective Care" April 2014). Team-Teach training is affiliated to The General Services Association and has been accredited (2006, 2009, 2012) by the British Institute of Learning Disabilities and more recently, The Institute of Conflict Management (2015). Team Teach is one of the largest training providers in behaviour support and management including physical interventions. The objective of the training is to develop shared values within the staff team which promote the attitudes, skills and knowledge needed to implement positive handling strategies for supporting a child or young person presenting challenging behaviour. The term 'positive handling' is used to describe a holistic approach involving policy, guidance, management of the environment and deployment of staff. The training supports staff in reflecting upon and managing their own feelings and behaviour and in developing strategies for diversion, diffusion and de-escalation in challenging situations. In the minority of situations where physical restraint may form part of a positive response, Team Teach provides a range of safe, effective, humane physical intervention techniques. The emphasis on positive handling planning is promoted to help reduce the number of incidences when restrictive physical intervention is necessary. The importance of the process in place for post incident support is also emphasised for both child or young person and the adults involved restoring, repairing, and hopefully improving relationships.

The school has a policy of ensuring that all members of staff in each class have been on the team-teach training course (12 hour), every two years staff also

attend a refresher session in order to keep their knowledge and skills relevant. Team teach provides training for staff in a gradual graded range of behaviour supports and interventions with an emphasis on calm communication and defusing skills underpinned by values and principles that fit within the schools ethos of positive educational care.

All incidents requiring physical intervention, must be recorded in the 'Numbered and bound book' (Appendix A) which can be found in the lower school office.

Any complaints or allegations must be reported according to the appropriate school policies and procedures.

RESTRICTING LIBERTIES

At the school, children and young people may never be

- Locked in a room alone, without support and supervision
- Deprived of food/drink
- Denied access to a toilet

In exceptional circumstances a pupil may be given a safe space to reduce overall risk to him / herself or others. There must always be at least two adults present and a senior member of staff must be notified immediately.

If a pupil is moved to a safe place the incident must be fully recorded, and it must be shared with parents/carers, notified to the Local Education Authority and Safeguarding and Social Care, or a consultation call with the MASH team (Multi-Agency Safeguarding Hub) if the pupil is not known to the Disabled Children's Team.

A multi-agency planning and strategy meeting must be arranged at the earliest opportunity following an incident of seclusion. The child's risk assessment must be updated to reflect the exceptional use of seclusion.

Any incidents of moving children to safe places with adults must also be shared with appropriate member of trustees.

CORPORAL PUNISHMENT is illegal and is never used at the school**.**

CONTINGENT TOUCH may be used appropriately e.g. pat on shoulder in a public place, in the appropriate context.

HOLDING may be used appropriately; by this we mean providing physical direction similar to contingent touch but more directive in nature, e.g. the child or young person is led away by hand/arm/around shoulder (using Team Teach practices) or for very young children it may mean more direct physical support – cradling or hugging. Children with complex sensory needs may also request squeezing or deep pressure. This will be documented in sensory profiles.

ADVICE FOR STAFF

Members of staff facing confrontational situations with children or young people are reminded that the following behaviours can either reduce or inflame incidents, and that a brief moment of risk assessment may allow the time to decide on the appropriate action necessary.

Staff are strongly advised not to physically stop young people from leaving any given space. They should give a clear choice and spell out consequences, but unless there is a risk of injury should never block a young person's exit.

REMAINING CALM – the ability to try and remain calm and appear relaxed is less likely to provoke a violent reaction. A relaxed posture and a non-threatening (CALM) stance, ie not toe-to-toe, are recommended.

AWARENESS OF SPACE – try to be aware of the space around you and avoid stepping into another individual's personal/intimate space. Try to take a step back outside the circle of danger and consciously think about stepping away.

PACING AND CHASING – angry people often pace around in tense situations and staff should try to avoid the temptation to follow as they attempt to help them calm down. This can be counter-productive as it may trigger a chase response and drive the other person away. Where possible, it is preferable for the staff member to stand still, speaking calmly, clearly and confidently – or even sit down!

INTONATION AND USE OF VOICE - When people are anxious or angry they tend to talk faster, higher and more loudly. In a potential crisis situation, staff need to speak more slowly, in a lower tone and more quietly.

HELP SCRIPT

- Connect by using the young person's name
- Recognize and acknowledge child or young person's feelings
- Tell the young person you are there to help: "You talk and I will listen."
- Give direction

DIFFUSING BODY LANGUAGE RESPONSES

- Social distance
- Sideways stance, step back
- Intermittent eye contact
- Relaxed body posture
- Palms open

CALM STANCE

Think of the values of stepping back from a situation, both physically and emotionally:

- Allows a more considered response
- Time to make a 'dynamic' risk assessment and seek assistance
- Allows other person 'take up' time to make their own choices
- Build confidence in children that you are in control
- Children need to feel that adults are in control.

IN THE EVENT OF A SERIOUS INCIDENT e.g. a fight, staff should:

- Give clear and immediate instructions – "stop fighting, stop fighting"
- Send for assistance
- Spell out consequences
- Remove the 'fuel' by clearing the 'audience' away
- Be a witness
- Intervene physically if confident and having assessed the degree of risk- if not, call for assistance

Post Incident Management

Following an incident where restrictive physical intervention or use of force has been used, all involved, including staff and children and young people, should separately be given the opportunity to reflect on and discuss in detail what has happened and what effect this has had on them. This should only happen once the people involved have regained their composure, and should be done in a calm and safe environment. At no point should this process be used to apportion blame or dispense punishment. If at any point there is reason to suspect that someone involved has been injured or severely distressed, medical attention should be immediately sought.

Interviews should be conducted appropriately according to the age and developmental stage of the child. Alternative methods of debrief and of understanding the incident should be used for children and young people for whom interviews are not appropriate e.g. very young children, some children with a learning disability. Examples of alternative methods include visual

communication aids, e.g. symbols, pictures, photos, to help identify feelings and emotions.

The school recognises that any restraint is a restriction of liberty and an invasion of personal space which may have a lasting impact on the wellbeing of the child or young person. Consideration needs to be given as to who is best placed to undertake this work. There may be a need to involve services provided by other partners.

Support for other pupils or staff witnessing or otherwise involved in the incident will need to be considered. This may involve giving the pupil who has been restrained the opportunity to recognise and help repair the damage or harm that has resulted from their behaviour, and enable them to develop their emotional and social skills. This can be done through restorative approaches or other reflective methods.

RECORDING – All staff are trained to complete the 'Numbered and bound book' (Appendix A) to record incidents involving physical intervention which must be signed and name printed. Factual information should be recorded not opinion. A copy is retained on file and provided for parents.

APPENDIX A

BOUND AND NUMBERED BOOK v 7

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RISK ASSESSMENT AND SIGNIFICANT INCIDENT / RESTRAINT / RESTRICTION RECORD

For Additional Details Refer To Supporting Documentation

Name of the child or young person concerned:_____ Age:_____

Name of the person using the measure:_____

Names of any other people present:_____

Name of person completing this record:_____

Date:_____ Time:_____ Location:_____

Details of the behaviour leading to the use of the measure (what the child or young person was doing or saying):

Details of any methods used to avoid the need to use that measure (what you did - what you said - what you tried):

❑Humour ❑Verbal advice and support ❑Firm clear directions ❑Negotiation ❑Limited Choices ❑Distraction ❑Diversion ❑Reassurance ❑Planned Ignoring ❑Contingent Touch ❑Calm talking ❑Calm Stance ❑Patience ❑Withdrawal Offered ❑Withdrawal Directed ❑Swap Adult ❑Reminders about Consequences ❑Success Reminders

Why Was The Measure Necessary? - (describe your dynamic risk assessment and why you honestly believed that the measure you chose was in the best interests of the child or young person)

❑Risk to Self ❑Risk to Others ❑Risk to Safe Physical Environment ❑Risk to Safe Psychological Environment ❑Prevention of Psychological Distress ❑Prevention of Physical Harm ❑Prevention of Criminal offence ❑Temporary Loss of Competence or Capacity

A description of the measure used (what you did and what you said):_____

The effectiveness of the measure:_____

Duration of any measure of physical restraint or restriction in minutes and any time intervals between provision of active support:_____

Any consequences of the use of the measure:_____

A description of any injury to the child concerned or any other person:_____

A description of any medical treatment ❑ offered or ❑ administered:_____

External Agencies Informed and supporting records:_____

❑Medical Referral_____ (Date and/or log number)

❑Social Worker_____ (Date and/or log number)

❑Health & Safety Report (RIDDOR)_____ (Date and/or log number)

❑LADO_____ (Date and/or log number)

❑Safer Schools Partnership Support Officer_____ (Date and/or log number)

❑Placing Authority_____ (Date and/or log number)

❑Responsible Parent_____ (Date and/or log number)

❑Confirmation that the person authorised to make the official record has spoken to the child or young person concerned and the person using the measure about the use of the measure and the feelings of both of them.

Views of the young person and any additional comments:_____

Name and signature of the person authorised to make this record:_____

Name, signature and designation of person monitoring the records:_____ Date Checked:_____

Policy agreed on: __SEPTEMBER 2018_____

Signed on behalf of the Trustees___

Committee:

Author: __SIMON PAYNTER_____

Review date (optional): _____

Website **Y**/N