

DOVE HOUSE SCHOOL ACADEMY TRUST

Physical Intervention Policy

Policy Title	Physical Intervention Policy				
Author / Reviewer	Assistant Headteacher - Wellbeing				
Trustee Committee	Delegated to the Headteacher				
Signed by O Parker (Headteacher)					
Reviewed	October 2022	Approved	October 2022	Next Review	October 2023

POLICY STATEMENT

The purpose of this policy is to ensure that there is a plan in place for how physical intervention situations are managed, and to ensure that staff are aware of their responsibilities and all procedures.

INTRODUCTION

This policy provides a framework for the use of physical intervention within Dove House School, based on current guidance.

When we need to use restrictive physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

There is no legal definition of “reasonable force”. However, there are two relevant considerations:

- the use of force can be regarded as reasonable only if the circumstances of an incident warrant it;
- the degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent.

It is essential that physical intervention is set in the wider context of education and behaviour management; it should not be seen as an isolated technique.

TRAINING AND AUTHORISATION OF STAFF

Paul Corry is a qualified instructor for Physical Intervention.

The majority of Dove House School Academy staff are trained in Physical Intervention through strategies delivered by the training “Prevent & Intervention”.

Our school staff have access to physical intervention training, this is provided by Prevention & Intervention (P&I). This training is only undertaken by specific staff members with specific children in mind. P&I is accredited to the Institute of Conflict Management.

However, in law, any other person whom the headteacher has authorised to have control or charge of learner/ students, including support staff whose job normally includes supervising learner/ students. Planning around an individual and risk assessment in an emergency, staff will do their best, using reasonable force within their duty of care.

All staff at Dove House School Academy aim to help learner/ students take responsibility for their own behaviour. We do this through a combination of approaches, which includes:

- Positive role modelling.
- Teaching an interesting and challenging curriculum.
- Setting and enforcing appropriate boundaries and expectations and;
- Providing supportive feedback.

More details about this and our general approach to promoting positive behaviour can be found in our Behaviour policy. There are times when a student's behaviour presents particular challenges that may require restrictive physical intervention.

CONTEXT OF USE

This policy sets out our expectations for the use of physical intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

- Giving physical guidance to children (for example in practical activities and PE).
- Providing emotional support when a child is distressed.
- Providing physical care (such as first aid or toileting).

We exercise appropriate care when using physical contact (there is further guidance in our child protection policy); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural and religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

Physical intervention used by staff must be in accordance with the idea of 'reasonable force' and used only as a last resort once all other strategies have been exhausted.

Statutory power - Section 93 of the Education and Inspections Act 2006 enables school staff under statutory power to use such force as is reasonable and proportionate to prevent a learner/ student from doing or continuing to do any of the following:

- Committing an offence (or, for a learner/ student under the age of criminal responsibility, what would be an offence for an older learner/ student).
- Causing personal injury to, or damage to the property of, any person (including the learner/ student himself); or
- Prejudicing the maintenance of good order and discipline at the school or among any learner/ students receiving education at the school, whether during a teaching session or otherwise. Restrictive physical intervention may also be appropriate

where, although none of the above have yet happened, they are judged as highly likely to be about to happen.

Restrictive physical intervention would only be used in exceptional circumstances, preferably with staff that know the child well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example, stopping a younger child leaving the school site. Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips). We never use restrictive physical intervention out of anger or punishment.

A calm considered approach to the situation is needed. When circumstances justify, staff can:

Level 1

- Physically interpose between learner/ students
- Blocking a doorway

Level 2

- Lead a learner/ student by the arm.
- Shepherd a learner/ student away by placing a hand in the centre of the back.
- Guides and escorts

Level 3

- In extreme circumstances use more restrictive holds.
- Use any necessary action consistent with the concept of 'reasonable force'.

Types of incident where the use of reasonable force may be necessary fall into three broad categories:

1. Action due to imminent risk of injury.
2. Action due to developing risk of injury or significant damage to property.
3. Action where a learner/ student is behaving in a way that is compromising good order and discipline.

Examples of 1 & 2

- Prevent a learner/ student from causing injury or damage by accident by rough play or by misuse of dangerous materials or object.
- A learner/ student attacks a member of staff or another learner/ student.
- A learner/ student is engaged in or on the verge of starting to damage property.
- A learner/ student is running up and down a corridor in a way that could cause injury.
- A learner/ student is absconding (NB: this only applies if the learner/ student is at risk if they leave the room/building/site).
- Preventing or stopping a fight between two or more learner/ students.

Examples of 3

- A learner/ student persistently refuses to leave the room.
- A learner/ student is behaving in a way that is seriously disrupting the lesson.

Duty of care

We all have a duty of care towards the children in our setting. This duty of care applies as much to what we don't do as what we do, do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention. Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk.

ACCEPTED PHYSICAL INTERVENTIONS USED

In all situations staff will take a calm and measured approach. Initial intervention should always be without force. Any physical intervention must follow other appropriate actions.

Accepted strategies provide a graded and gradual response aimed at intervening with the appropriate amount of reasonable force. Restraints where two people are used will be deemed as a more restrictive hold. As the amount of restriction/number of people increases so does the risk assessment based on the situation as to the level at which they are going to intervene.

Training on physical intervention given to staff will include sections on the background, theory and rationale behind the approach as well as an understanding of personal space and body language before any physical techniques are taught. Any physical interventions used will need to take account of age, cultural background, gender, stature and medical history of the learner/ student involved.

Taught techniques seek to avoid injury to the learner/ student, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen as a failure of professional technique, but a regrettable and infrequent "side-effect" of ensuring that the learner/ student remains safe.

Below is a spectrum of intervention used by staff;

Increase in level of intrusion	<u>1 Person standing/walking</u>		Associated increase in level of risk
	Friendly hold Single elbow Figure of four Double elbow		
	<u>2 Person standing/walking</u>	<u>1 Person to chairs</u>	
	Friendly hold Single elbow Figure of four	Friendly hold Single elbow Figure of four	

		Cross hold	1 person - Double elbow		
		<u>2 Person to chairs</u>			
		Friendly hold			
		Single elbow			
		Figure of four			
		Cross hold			
		Seated hold			

Prone responses (exceptional circumstances)

Identified staff are specifically trained staff for prone responses. As part of an overall approach to reduce risk, staff who are expected to manage behaviour using physical restraint need to ensure that the training they receive provides sufficient information on restraint-related adverse outcomes so they know how such factors can be minimized in order to maintain everyone’s Care, Welfare, Safety, and Security.

There is a distinction between prone containment and prone restraint. Prone containment is the brief physical holding of an individual prone, usually on the floor, for the purpose of effectively gaining quick control of an aggressive and agitated individual. Prone restraint is the extended restraint (either physical or mechanical) of an individual. This may include holding an individual past the time of immediate struggle.

Prone Restraint is defined as restraining someone on their stomach- face down. This position has been implicated in the deaths of young people and can lead to "Positional Asphyxia".

Individuals must never be purposely placed in the prone position when restrained on the floor or on any other surface.

Temporary prone containment should only be attempted when all other techniques are ineffective to prevent imminent serious harm and when there are sufficient safeguards in place to protect the individual from positional asphyxiation;

All staff using this method (first responders) must be educated regarding the risks of positional asphyxiation with prone restraint.

PLACING PHYSICAL INTERVENTION IN CONTEXT

Physical intervention is never seen in isolation at Dove House School. It is but one strategy available to staff and should always be seen as a last resort when all other strategies have failed. Physical interventions can be placed in two broad categories:

Emergency interventions

These will involve staff employing, where necessary, one or a combination of the strategies mentioned in the previous section in response to an incident. This will occur when all other strategies have been exhausted or the incident requires a rapid physical response.

The following situations may constitute the above:

- A learner/ student/ student attacks a member of staff or another learner/ student/ student (self-defence)
- A learner/ student attacks a fellow learner/ student or they are fighting
- A learner/ student is engaged in or about to commit deliberate damage or vandalism to property
- A learner/ student is causing or is at risk of causing injury or damage by accident, by rough play, or by misuse of dangerous materials or objects
- A learner/ student is running on a corridor or stairway in a way that might cause an accident or injury to themselves or to others - particularly like to be the case in crowded areas with smaller children
- A learner/ student absconds from a class or tries to leave the school at an unauthorised time (NB. This will only apply if the learner/ student leaving might itself lead to a risk of injury, property damage or serious disruption)
- A learner/ student is behaving in a way that is seriously disrupting a lesson, school event or educational visit
- A learner/ student is behaving in a way that is seriously compromising good order and discipline
- A learner/ student persistently refuses to obey an order to leave the classroom
- A learner/ student is behaving in a way that is seriously disrupting the lesson, if they are kept there. Assistance should be sought in such circumstances.

Planned Interventions

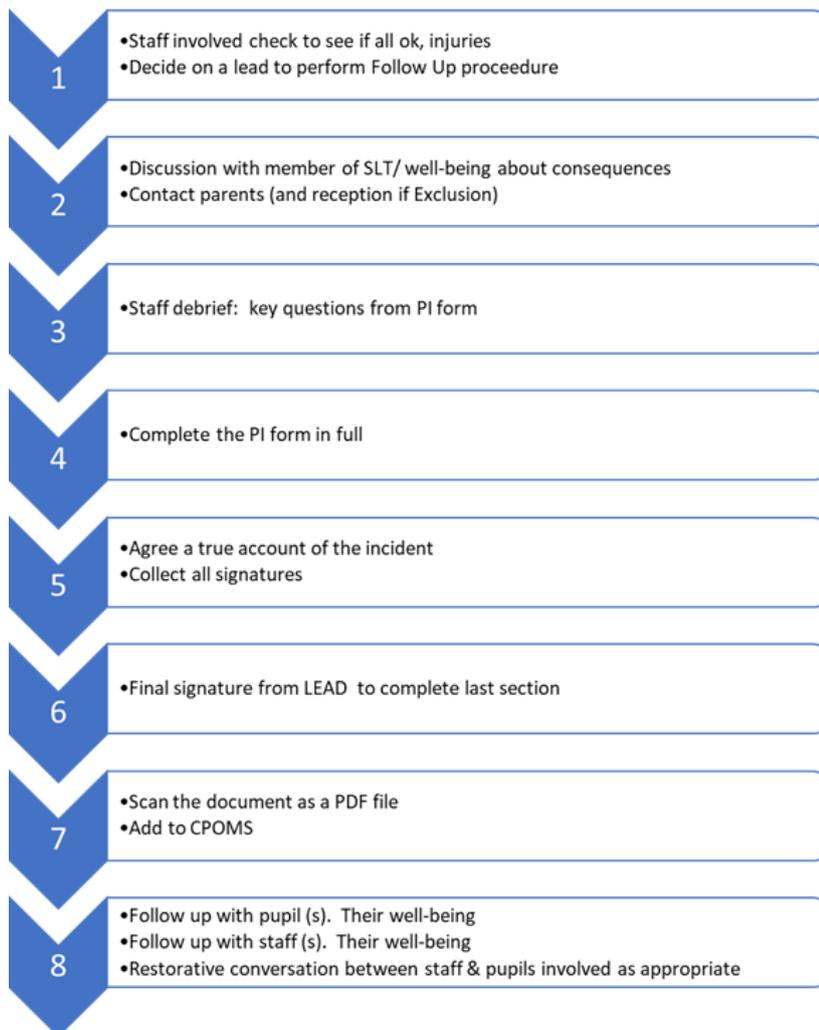
These will involve staff employing, where necessary, one or a combination of the strategies mentioned in the previous section as an agreed response to an identified behaviour. This will be documented in a 'Positive Handling Plan' (PHP) and will be reviewed termly. The PHP will list the accepted strategies to be used as well as strategies that may be used beforehand. Parents/ Carers will be part of the planning process.

Physical intervention should be seen in an environmental context. If an appropriate curriculum is in place, then the necessity for physical interventions will be reduced.

LOCK DOWN

Should the child leave the school building / absconding when dysregulated and a danger to others, the school building should move into 'locked down'. The rest of the school site will be put into a 'lockdown' situation until it is resolved. (refer to procedure) until it is deemed safe.

POST PHYSICAL INTERVENTION PROCEDURES



As soon as is reasonably possible after an incident the lead staff needs to fill out a 'Physical Intervention Incident Form' (PI Form) see Appendix ****

We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. This should include (if appropriate) a discussion about strategies that the learner/ student could use in the future.

The form must be signed by all involved, scanned & then attached to learner/ students CPOMS profile. A copy of PI form then is retained in their file notes. The Headteacher, reads all forms on CPOMS.

The Parent/Carer of the child who has been subject to the use of restrictive physical intervention should be informed on the same day as the incident. They should be provided with a description of the events that required the use of physical intervention, how that proceeded and what the outcome has been.

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention. After a restrictive physical intervention, we consider whether the individual's PHP needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team

MONITORING & REPORTING TO TRUSTEES

We monitor the use of restrictive physical intervention in our school. The Headteacher & Assistant Headteacher (wellbeing) are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. The numbers and types of incidents are regularly reported to the Board of Trustees.

The information is also used when this policy and related policies are reviewed. Our analysis considers equalities issues such as age, gender, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using restrictive physical intervention.

CONCERNS AND COMPLAINTS

The use of restrictive physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of restrictive physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of restrictive physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down. If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the head teacher is immediately informed. We would also follow our child protection procedures. In the absence of the head teacher, in relation to restrictive physical intervention, we ensure that our assistant headteacher (wellbeing) is informed. If the concern, complaint or allegation concerns the head teacher, we ensure that the Chair of Trustees is informed. If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaints procedure. The results and procedures used in dealing with complaints are monitored by the Trustees.

APPENDIX 1: Physical Intervention Form

Dove House School Academy
Positive Handling Support & Intervention Form

Pupil Name:	Tutor:
Date:	Time:
Location:	Activity/Lesson:
Report Compiled by:	Position:

Names of Staff Involved:	
Names of Witnesses (Staff and or Pupils)	
Reason for Intervention (delete as appropriate)	Immediate Danger of Personal Injury to self/another pupil/staff Bullying Absconding Prevent damage to property. Persistent refusal to follow instructions (e.g. leave the class) Disruption of a lesson

Description of the incident including details leading up to the incident (triggers if known) and the physical intervention (a copy must be made on CPOMS):

Displayed Behaviours (please highlight)			
Persistent Refusal to follow instructions	Verbally Abusive	Disruption to Lesson/Activity	Property Damage
Hitting	Kicking	Spitting	Pushing
Self-Mutilation	Biting	Head Butting	Scratching
Other (give details)			

De-Escalation Techniques Used (please highlight)				
Verbal advice and support	Reassurance	Calm-Script Talking	Persuasion	Distraction

Appropriate Humour	Option Offered	Step Away	Time out offered	Time out directed
Planned Ignoring	Negotiation	Staff Changeover/ Change of face	Choices and limits offered	Consequences given

Physical Intervention Strategies Used			
Friendly Escort	1 person hold	Figure Four	Escort to Chairs
2 person hold	Cross Hold (double elbow)	Seated hold	Seated changeover
Other (please specify)			

Medical Intervention			
Injury to child	No	If yes referred to GP	No
Injury Comments:			
Injury to Staff	No	If yes referred to GP	No
Injury Comments:			

Consequences: How the situation was resolved

This section is compulsory for all staff involved in the restraint to complete
If any member of staff involved in this restraint wishes to receive support, please see your Line Manager.

De-briefing:	By whom:
Was sufficient/appropriate de-escalation undertaken? [] Were there grounds for use of physical control? [] Were approved physical controls used? [] Has appropriate/sufficient post incident action been taken? [] Is the record keeping comprehensive and complete? [] Were all relevant people informed? [] Were there any staff/pupil complaints about the incident? Yes/No	

Follow Up	
Parents/Guardians informed:	Time: By whom:
Comments:	

Comments:
Signature of Person completing the form:

Staff member involved in Physical intervention	Signature:	P&I trained y/n	First aid qualification held y/n