



Management of Safety Interventions Policy

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Success Indicators

- a) Academies actively promote positive behaviour support planning and reducing restrictive interventions.
- b) Practises and procedures are based on the expectation that, as far as possible, academies will be restraint free.
- c) Academies that manage challenging situations have clearly implemented lower level/suitable controls to reduce the frequency and level of restrictive interventions required to manage challenging behaviours.
- d) Pupils have individual risk assessments and safety interventions protocol /plans documenting when and how restrictive interventions will be used, and these are produced following reference to the individual behaviour support plans developed by multidisciplinary assessments.
- e) Restrictive interventions are accurately recorded, and risk assessments reviewed to allow continuous improvement in management of challenging behaviours.
- f) Staff working with pupils that require planned restrictive interventions have received appropriate certified training.

1. Application and Overview

The Trust believes that it is important to establish a safe, secure and stable environment to enable pupils to grow, develop and learn. The school understands that behaviour is often a means of communication which may signal that a pupil is in need of support but does not know how to express this; academies will take a proactive approach to anticipating, managing and minimising potential triggers of distressed behaviour that may cause harm.

This policy acknowledges that situations may arise in which staff members will be required to use physical intervention, and in some cases reasonable force, in order to handle pupils' emotions or aggressive behaviour when other measures have failed to do so. The aim of this policy is to ensure that physical intervention is used in a correct and safe manner, which is in accordance with the relevant legislation and national guidance.

This policy applies to all employed staff and managers who may use non-restrictive and restrictive interventions in the provision of services to pupils and students. Those commissioning services where persons have needs that may result in the use of non-restrictive and restrictive interventions should ensure that those commissioned are able to demonstrate their ability to meet the above success indicators.

Young people with social, emotional and physical and mental health difficulties sometimes behave in ways that others can find challenging and which, on some occasions, may be dangerous; potentially resulting in harm to the person displaying the behaviour, peers, staff or the public. Such behaviours may initially appear unpredictable and can be frightening for all concerned including the person displaying the behaviour.

There are a variety of approaches and strategies that can be used to prevent situations from developing into incidents likely to cause harm such as de-escalation and Positive Behaviour Support. However, on some occasions it may be necessary to use, as a last resort a strategy that includes a restrictive practice.

This document identifies approaches to be taken by managers and employees when situations of challenging and risk behaviour escalates to levels that give rise to the need to use restrictive interventions. This document in no way limits or removes an employee's right to use reasonable force to protect themselves or others from the threat of harm.

The Trust and academies will support staff involved in restrictive interventions if the guidelines and procedures in this document have been followed, however, in volatile situations staff may need to deviate from laid down safe systems of work and risk assessments to protect themselves and/or others, where these actions were taken in good faith they will be supported. Where there is evidence that staff involved have blatantly disregarded their responsibilities formal disciplinary action may be taken. Staff should report

any concerns regarding management of behaviour or the use of restrictive interventions to their line manager.

Within academy settings, this document does not limit or remove staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006. However, it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

The expectation is that, as far as possible, academies will be restraint free. Poorly or incorrectly used, restrictive physical interventions are a source of risk to the young person and staff. The use of restrictive physical interventions must always be an act of last resort and not normal practice and based on the best needs of the person. Academies should take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

An individual behaviour support plan (which may support or be part of an Individual Healthcare Plan) should be written for pupils whose behaviour presents a significant challenge. This plan should detail the steps that are being taken to address the person's particular social, emotional and learning needs. It should also include the steps that staff should take to de-escalate challenging situations as well as what they should do if these steps are not successful ('an incident management plan'). The individual behaviour support plan should consider risks and how they are being minimised and managed.

Reduction in the need to use restrictive physical interventions is achieved by analysing the interactions between each young person and their environment which identifies potential triggers that need to be avoided at critical periods. This involves: -

- Helping pupils to avoid possible situations known to provoke challenging behaviour.
- Having education plans/care programmes which are responsive to individual needs.
- Creating opportunities for pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement.
- Developing staff expertise in working with individuals that present challenges.
- Understanding that all behaviour is communication.

This policy has due regard to relevant legislation and guidance including, but not limited to, the following:

- Education Act 2011
- Children Act 1989
- Equality Act 2010
- DfE (2013) 'Use of reasonable force in schools'
- DfE (2018) 'Working Together to Safeguard Children'
- DfE (2023) 'Keeping children safe in education 2023'
- HM Government (2019) 'Reducing the Need for Restraint and Restrictive Intervention'

2. Aims and Objectives

The aim of this policy is to reduce and ultimately eliminate the use of restrictive interventions and when restrictive interventions are used, they are as safe as practicable, relevant, and practical for all involved.

Implementation of this policy and associated guidance will help services to address important outcomes for a person's choice, rights, independence, and inclusion.

It is the objective of this policy that:

- A member of each Academy's Senior Leadership Team will be responsible for identifying a lead for increasing positive behaviour support planning and reducing restrictive interventions.
- As far as possible, academies will be restraint free and when used all methods of restrictive physical interventions are used as infrequently as possible.
- When used, restrictive interventions are in the best interests of the individual.

- Every reasonable effort is made to minimise risk of harm or injury to anyone involved and maintain an individual's respect, dignity, and welfare.
- Restrictive interventions are risk assessed, so that any negative impact of the restrictive intervention will be minimised when key factors are evaluated.
- A planned approach is taken to incidents whenever possible.

3. Definitions

Safety Interventions

Safety interventions include non-restrictive and restrictive strategies used to maximise safety and minimise harm.

Non-restrictive interventions

Enable staff to respond by using effective verbal intervention, making the environment safe, or moving to a place of safety if the person in distress does something that could injure others.

Examples include:

- Removing items that could be dangerous
- Giving person in distress a safe/quiet place to go to
- Removing bystanders
- Asking a staff member to help
- Calling for help
- Physical disengagements

Restrictive Interventions

Any physical, mechanical, chemical, environmental, or social/psychological intervention used to restrict a person's liberty of movement. This may or may not involve the use of force.

Restrictive interventions include:

- Physical interventions
- Seclusion
- Medication (chemical restraint)
- Mechanical restraint

Physical intervention

Physical restraint is any direct physical contact where the intention of the person intervening is to prevent, restrict or subdue movement of the body, or part of the body of another person (Department of Health, 2014). Physical restraint can also be called manual restraint, physical intervention, and restrictive physical intervention.

The safety of staff during restrictive physical intervention is of equal importance to the best interests of young people which takes priority over the care of property. There is no legal definition of reasonable force; the use of force can be regarded as reasonable only if the circumstances of the incident warrant it. The degree of force used must be in proportion to the circumstances of the incident and seriousness of the behaviour or the consequences it is intended to prevent. Any force must always be the minimum needed to achieve the desired result over the shortest possible time.

For the purposes of this policy, '**positive handling**' is defined as the overall, graduated approach of responding to pupils' behaviour and emotions with the intention of protecting pupils and staff and limiting damage to others and property. Positive handling adapts the least intrusive intervention techniques in response to situations, before using gentle physical intervention and reasonable force as a last resort.

For the purposes of this policy, '**reasonable force**' is considered to refer to a broad range of actions that may be used to control or restrain a pupil to prevent that pupil from hurting themselves or others, from damaging property, or from causing disorder. Reasonable force covers force that is necessary and proportionate to the circumstances.

There are two key types of reasonable force:

- **'Control'** – actions used in an attempt to direct a pupil's movements; this includes passive physical contact, e.g. standing between pupils or blocking a pupil's path, or active physical contact, e.g. leading a pupil out of a classroom by their arm.
- **'Restraint'** – actions used in an attempt to physically bring a pupil under control. This type of force is typically used in more extreme circumstances, e.g. where two pupils are fighting and refuse to separate, causing staff to intervene to hold them back from one another physically.

For the purposes of this policy, **'safe touch'** is defined as physical contact which, if avoided, would be inhumane, unkind or cause distress to a pupil, e.g. where a pupil is significantly distressed and in need of physical comfort.

4. Responsibilities

The Trust will be responsible for reviewing this policy on a regular basis.

The Principal / Headteacher and Senior Leaders are responsible for:

- Deciding whether members of staff require additional training to enable them to carry out their responsibilities, considering the needs of pupils.
- Ensuring all members of staff understand the correct conduct in terms of safety interventions.
- Maintaining the records of the use of reasonable force and evaluating on a termly basis how reasonable force and physical intervention is used, including risk assessments.
- Ensuring that any member of staff who uses reasonable force completes the relevant documentation.
- Ensuring that the Behaviour Policy is aligned to this policy.
- Responding to any complaints, in accordance with the Complaints Policy.

The SENCO is responsible for:

- Communicating with staff members regarding how to support the needs of pupils with SEND.
- Ensuring staff understand how pupils with SEND may react differently to reasonable force.
- Ensuring that staff understand the additional vulnerability of pupils with SEND or medical conditions.
- Developing individual risk assessments for pupils with SEND or medical conditions that are agreed with the pupil's parents, and ensuring that staff are aware of these, according to their role.
- Ensuring that staff understand how reasonable force principles may need to be adapted for pupils with medical conditions.
- Evaluating on a termly basis how reasonable force and physical intervention is used with regard to pupils with SEND, in collaboration with the Headteacher.

5. Management Arrangements

5.1 Operational Requirement and Context

All intervention strategies should be carefully selected and reviewed to ensure that they do not unnecessarily constrain opportunities, access to education, or have an adverse effect on the individual's welfare or quality of life. In some situations, it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours compared to the impact on the person's overall quality of life if such activities are prohibited. This judgement is likely to require a detailed risk assessment which must be documented and reviewed regularly.

Restrictive interventions, including physical restraint must be used in a context of risk assessment and care or positive behaviour support plans. The correct use of intervention, recording and reporting on the use, and investigation and follow up is essential.

Poorly or incorrectly used, restrictive physical interventions are a source of risk to both the person and staff. They can escalate negative relationships and are a possible threat to the council via legal action. The correct use of restrictive physical interventions must always remain an act of last resort, be proportional and should not be normal practice.

5.2 Strategies for the Use of Restrictive Physical Intervention

Restrictive physical intervention must be an act of last resort. Adopting good working practices involving non-restrictive and restrictive interventions is important. This means that person centred support and de-escalation strategies to avoid the incidents of restrictive physical intervention must always be used first.

For everyone who presents challenges, there needs to be individualised strategies for responding to risk behaviour - violence and aggression/self-injurious behaviour etc. Where appropriate, the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the person. This must be documented in a behaviour support plan/ care plan/ on the person's records. Plans that include restrictive physical interventions should also have a restraint reduction section that outlines how this will be achieved and measured.

Appropriate training of staff in intervention strategies will have a major impact in the reduction of the need to use restrictive physical interventions.

5.3 Positive Handling

The principle of positive handling means that the Trust expects staff to assess whether the incident requiring a response can be resolved without physical intervention. Where possible, an approach of prevention shall be used, where staff will be trained in recognising warning signs of severe pain or distress and/or aggressive behaviour, communicating empathetically with pupils displaying such signs to aid them in regulating their emotions, and altering their environment to minimise distressing stimuli.

All relevant staff will be aware of the behavioural patterns, medical conditions and levels of need of pupils in their care and will ensure that incidents of disruptive or aggressive behaviour are handled in line with individual pupils' needs.

Staff will not generally resort to physical contact or reasonable force immediately without first questioning whether there is a need to use physical intervention. Staff will question whether:

- Verbal de-escalation can be attempted.
- There are actions that can be taken to remove triggers from pupils, e.g. dimming the lights and encouraging quiet where a pupil is having a meltdown in response to sensory overstimulation.
- The pupil can be removed from the situation without physical intervention, e.g. if they will follow a member of staff out of the classroom.
- The pupil has a condition or support needs that mean physical intervention would be inherently more dangerous, e.g. asthma which may be made worse by restrictive holds or sensory issues where physical touch would contribute to sensory overload and may provoke aggressive behaviour.
- They have the ability, training and adequate support to physically intervene safely without causing unnecessary harm to the pupil or themselves.

Where there is no immediate risk of harm to themselves or others, destruction of property or serious disruption, reasonable force would ordinarily not be used on the pupil. Any reasonable force used in situations that are non-urgent will only be used once all alternative options have been exhausted and where the staff member in charge deems that the situation is escalating.

In some cases, action may be required very quickly, e.g. in the event that a pupil attempts to run out into a busy road, or where pupils begin a violent fight with one another, and staff are forced to pull the pupils apart. Staff will not be penalised for resorting to the use of physical intervention or reasonable force in such situations where it is justified and perceived necessary to prevent harm to others or property in the circumstances.

Positive handling will be applied with the intention of re-establishing verbal control as soon as possible and, at the same time, allowing the pupil to regain self-control. Reasonable force is not used as a method of behaviour management or discipline – only as a last resort in situations that require de-escalation to prevent harm.

5.4 Risk Assessment

Whenever it is foreseeable that a person might require a restrictive physical intervention, then a risk assessment must be completed. It is essential that the outcomes of any assessment are made known to all relevant staff and other parties such as parents/carers. The assessment process is the same as for assessing any other form of risk and should be documented.

When undertaking this assessment: -

- Involve relevant agencies who may have an involvement with the individual, and their family/carers.
- Involve key people such as health professionals, social workers, specialist challenging behaviour nurse, psychologist etc.
- Identify behaviours and settings that result in harm or damage from past incident reports/records.
- Determine the likelihood of an incident requiring restrictive physical intervention occurring.
- Identify the degree of potential harm/damage resulting from not intervening.
- Document the agreed management strategies and the risk levels.
- If risks of intervening remain high risk, seek specialist advice and support.
- Agree review date and monitor that the protocols and management strategies are working effectively.
- Communicate the outcome of the risk assessment and management strategies/protocol to all relevant parties.
- Implement necessary training where training needs are identified.

Where the need for a restrictive physical intervention is agreed, it is important that appropriate steps are taken to minimise the risks to the pupil and staff. Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

It is essential that following any intervention risk assessments are reviewed. It may be necessary to call a formal review meeting and revise the risk assessment and management plan. When reviewing the risk assessments, it is important to review trends, personality dynamics, factors surrounding the incident, what happened in the days and hours beforehand to look for triggers or contributing factors.

Physical interventions should normally take place in the context of risk assessment and care/behaviour plans. Where it is reasonably foreseeable that a young person may behave in such a manner that it might be necessary to undertake physical interventions a risk assessment must be completed. The risk assessment will allow staff to identify and evaluate the benefits and risks associated with different intervention strategies. It will also allow the staff group to identify the best way to support the young person concerned, including opportunities to avoid physical interventions and document the approach to be taken.

The risk assessment process should involve relevant people and key professionals in order that it is as informed as possible. Issues that may prompt challenging behaviour and the risks associated with intervention should be identified. The outcome of the risk assessment and the protocols should be clearly communicated to all relevant parties.

Among the main risks to young people are that restrictive physical intervention will: -

- Cause pain, distress or psychological trauma;
- Cause injury;
- Be used when a less intrusive method could have achieved the desired outcome;
- Become routine, rather than an exceptional method of management;
- Increase the risk of abuse;
- Undermine dignity or otherwise humiliate or degrade those involved; and
- Create distrust and undermine personal relationships between staff and the young person.

The main risks to staff that result from applying restrictive physical interventions are: -

- Injury;
- Distress or psychological trauma;
- The legal justification for using the restrictive physical intervention is challenged in court; or
- Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions.

The main risks that may be associated with not intervening include: -

- Staff may be in breach of duty of care responsibilities;
- The young person may injure themselves, other young people, staff or members of the public;
- Serious damage to property or resources may occur; or
- The possibility of litigation in respect of these matters.

5.5 Medication

Medication must never be used as a sole method of gaining control over a pupil who displays challenging behaviour, but as part of a holistic care plan. Medication must be administered upon medical advice in accordance with the Trust's Medication Policy and other relevant national guidance and not used as a routine method of managing risk behaviours.

5.6 Devices for Restricting Movement

Devices that are required for a therapeutic purpose for a person, such as buggies, wheelchairs and standing frames (including supporting harness) may also restrict movement. Such devices should never be provided solely for the purpose of preventing risk behaviours.

Some devices are designed specifically to prevent risk behaviours and their use must be considered as a form of restrictive physical intervention. For example, arm splints or protective garments might be used to prevent self injurious behaviours. Such devices should be a last resort and used only when other preventative strategies have not proved successful. They should only be introduced after a multidisciplinary assessment that includes consultation with those with parental responsibility. If used, they should be selected carefully to impose the least restriction on movement required to prevent harm whilst attempts should continue to be made to achieve the desired outcomes with less restrictive interventions.

5.7 Weapons

A weapon can be described as any implement that has the potential to cause harm when not used for the purpose it was designed and intended to be used. Staff must always attempt to observe if the pupil maybe holding anything which may have the potential to cause harm prior to using a restrictive intervention.

Staff are not expected to disarm persons with a weapon using physical restraint since the risks of injury to those involved are too great. The priority must be to contact the police and attempt to move other people in the immediate environment to a safer place.

If a person uses a weapon to harm themselves or others, the Trust and academies recognise that staff have the legal right to use reasonable force to protect themselves and others.

5.8 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a person will require some form of restrictive physical intervention, there must be an up-to-date copy of a written protocol included in the person's plan/records. Appendix Two can be used.

Information relating to intervention strategies should be discussed with the person and their families/parents/carers prior to the implementation and all parties should agree with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the pupil's care plan/records.

If an academy chooses to develop their own documentation process it must, as a minimum, include the following: -

- A description of the behaviour sequence and settings which may require intervention response.
- The results of an assessment to determine any counter reasons for the use of intervention strategies (e.g. medical conditions etc.).
- A risk assessment that balances the risk of using a restrictive physical intervention against the risks of not intervening.
- A record of the views of those with parental responsibility.
- A system of recording behaviours and the use of restrictive physical interventions.
- Previous methods which have been tried without success.
- A description of the specific restrictive physical intervention strategies/techniques which are agreed and the dates on which they will be reviewed.
- The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.
- Risk reduction plan.

5.9 Dress Code

Senior leaders of academies where staff may be involved in the application of restrictive physical interventions must consider a dress code risk assessment based on the individual person and the potential risks identified with specific interventions.

6. Restrictive Physical Intervention

6.1 Appropriate use of Restrictive Physical Intervention

There are occasions when appropriate physical contact with a pupil is proper and necessary. Examples are:

- Holding the hand of a pupil at the front/back of the line when going to assembly or when walking together on an outing.
- When comforting a distressed child.
- When congratulating or praising the young person.
- To demonstrate how to use equipment or a skill e.g. a musical instrument.
- To demonstrate exercises or techniques during PE lessons or sports coaching.
- To give first aid.

Situations in which restrictive physical intervention may be appropriate or necessary fall into three broad categories: -

- Planned Interventions
- Unplanned/Emergency Interventions
- As part of a Therapeutic or Education Strategy

Examples of situations where a restrictive physical intervention may be appropriate are: -

- To prevent a pupil from running towards a busy road.
- To prevent a pupil from self-injuring or injuring another person.
- To prevent a pupil from causing serious damage to property.

Academy staff may also use reasonable force where a pupil is affecting the maintenance of good order and discipline. Examples of which include:

- Removing a disruptive pupil from the classroom when they have been instructed to leave but have refused.
- Preventing a pupil behaving in a way that disrupts an academy event or a school trip.
- Preventing a pupil leaving a classroom or school where allowing this would risk their safety or lead to behaviour that disrupts the behaviour of others.

Restrictive physical intervention for the protection of property must only be for extreme circumstances. There must be an assessment on whether it is worth the risk of injury, to protect the property.

In extreme circumstances, such as an immediate and realistic threat of arson or where life is at risk (e.g. young person has a weapon); the police are obliged to attend if you make the urgency clear to them.

The decision to use reasonable force is a matter for professional judgement however staff should be aware that research clearly shows that injuries to staff and pupils are more likely when the intervention is not planned. Before physically intervening staff should, wherever practicable, attempt to resolve the situation by using other methods.

6.2 Strategies for the Use of Restrictive Physical Intervention

Restrictive physical intervention must be an act of last resort. Adopting good behaviour planning involving primary and secondary strategies as well as tertiary non-restrictive and restrictive physical interventions is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

- a. **Primary/Proactive Strategies** aim to improve the quality of life and reduce the likelihood of behaviours of concern. At an organisational level this means good quality person-centred support that aims to meet needs before problems arise including establishing policies, safe systems of work, carrying out risk assessments and providing staff with training. For staff, this involves understanding the risks, complying with safe practice guidelines and putting training and learning into practice. Preventative action also includes reporting, recording and investigating incidents in order to learn from them. Preventative action is a continuous process.
- b. **Secondary Interventions/Active Strategies** aim to alleviate the situation and to prevent behaviour escalating. It typically involves the use of interpersonal skills, communication, defusing, de-escalating and calming strategies.
- c. **Tertiary Interventions/Reactive Strategies** are used when an actual behaviour of concern is occurring and aims to bring about resolution and a return to safety for everyone. This may involve non-restrictive and/or restrictive physical interventions such as de-escalation or physical intervention such as physical restraint or enhanced observation.

For each pupil who presents challenges, there needs to be individualised strategies (individual behaviour planning) for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate, the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the individual. This must be documented in a care plan/on the individual's records.

Appropriate individual behaviour planning and training of staff in primary and secondary control strategies will have a major impact in the reduction of the need to use tertiary controls such as restrictive physical interventions. Adequate staff must be available to safely complete any holding and physical intervention that is undertaken as part of a planned strategy.

6.3 Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for restrictive physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be: -

- Agreed in advance by relevant professionals working in consultation with the pupil, their family/carers, those with parental responsibility and an independent advocate if appropriate.
- Be in the best interests of the pupil.
- Monitored during implementation by member(s) of staff with relevant training and experience.
- Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.
- Included as part of a care plan or individual service or pupil behaviour plan/records.
- Routinely monitored and reviewed.
- One component of a broader approach to meeting the individual's needs.

The Safety Interventions Protocol in Appendix Two can be used to document a planned physical intervention strategy.

An individual behaviour support plan is most likely to be effective if it includes:

- A description of the pupil's positive qualities.
- Objective details of the challenging behaviours presented by the pupil and the risks that these behaviours present.
- Consideration of the function that the challenging behaviour serves for the pupil (what need(s) are being met by the behaviour?). It is important to understand that behaviours have a purpose by communicating something about the pupil's needs.
- What behaviour(s) could be taught/encouraged that meet the same needs in a more acceptable way (i.e. 'replacement behaviours').
- What skills need to be taught/ encouraged to support these replacement behaviours.
- What can be changed/provided in the environment to make the pupil feel included and successful and to avoid triggers.
- How replacement behaviours can be encouraged.
- What should be done to de-escalate potentially difficult situations.
- An incident support plan to follow if the individual's behaviour requires significant intervention. If it is decided that it may be necessary to use restrictive physical intervention, this should be detailed.

Restrictive physical interventions that result in the holding of an individual carry a medical risk to the pupil as these techniques may impact on the individuals breathing, circulation and place direct pressure on vulnerable areas of the body. Restrictive physical interventions on the floor hold the highest level of risk and must be an absolute last resort and advise that pupils should not be held face down on the floor. Holds and physical interventions should only be used for the shortest time possible. Staff involved in the use of such techniques must have received suitable training.

Adequate staff must be available to safely complete any holding and physical intervention that is undertaken as part of a planned strategy. Single person holds are used as part of a gradient of support (use of the least restrictive intervention, moving seamlessly up and down the gradient, from one to two adults and back to one). Being supported by one adult, rather than two, can be less intimidating for a child or young person.

Where a single person hold need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

6.4 Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a pupil behaves in an unforeseen way. Research evidence clearly shows that injuries to staff and young people are more likely when the intervention is not planned.

An effective risk assessment procedure, together with well-planned preventative strategies (individual behaviour planning), will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening, staff should attempt to resolve the situation by other means. A calm and measured approach to a situation is needed and staff should never give the impression that they have lost their temper or are acting out of anger or frustration. Staff should continue attempting to communicate with the individual throughout the incident and should make it clear that the physical intervention will stop if it ceases to be necessary.

In unplanned/emergency interventions it is good practice for staff to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible). This will allow staff to:

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Step Back	Don't rush into an intervention, is it necessary, do you have suitable justification.
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Assess Threat	Assess the individual, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	<p>Primary – proactive actions to remove the triggers.</p> <p>Secondary – communication, interpersonal skills, nonverbal body language e.g. open palms, directing, defusing, calming, switching staff etc.</p> <p>Tertiary – Enhanced observation, restrictive physical intervention.</p>
Respond	Apply the principles of the least adverse method in responding. Continue to re-evaluate the situation and your response. Continually monitor for changes in level of risk.

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. Every unplanned situation needs assessing and consideration given to the risk of doing something versus the risk of doing nothing.

Where staff consider they are unable to intervene they should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives, staff should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported and reviewed. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

6.5 Restrictive Physical Intervention as Part of a Therapeutic or Educational Strategy

In most circumstances, restrictive physical intervention will be used reactively, to prevent injury or avoid serious damage to property. Occasionally, it may be agreed to be in the best interest of the pupil to use a restrictive physical intervention involving the use of some degree of control as part of a therapeutic or educational strategy.

For example, a way of helping a child to tolerate other children without becoming aggressive might be for an adult to shadow the pupil and to adjust the level of physical intervention employed according to the child's behaviour. Similarly, it might be agreed for staff to use a restrictive physical intervention as part of an agreed strategy to help a pupil who is gradually learning to control their aggressive behaviour in public places. In both examples the restrictive physical intervention is part of a broader therapeutic or educational strategy. As with all restrictive physical intervention, interventions for this purpose must never be painful or likely to cause injury.

Where this approach is employed, it is important to document a clear rationale for the use of the restrictive physical intervention and to have this endorsed by a multidisciplinary team which includes, wherever possible, family/carers, the person with parental responsibility and or independent advocates.

6.6 Reasonable Force

Staff members will use actions that are appropriate and in proportion to the circumstances and physical restraint will never be used routinely. Where reasonable force is required, the degree and type of force that is used will depend on the pupil's circumstances and risk assessment.

The following list is not exhaustive, but provides examples of situations where an academy may decide to use reasonable force where other methods of defusing a situation have been exhausted or are not appropriate:

- Members of staff need to control pupils risking the safety of themselves or others outside of school premises where the same range of support options are not available, e.g. on school trips.
- Members of staff must prevent a pupil from leaving an area, e.g. the classroom or school grounds, where doing so would risk their safety or the safety of others.
- A pupil is attacking a member of staff or another pupil.
- A pupil is at serious risk of harming themselves and a member of staff must intervene to prevent this.
- Disruptive children must be removed from the classroom and are refusing instructions to leave.
- The Principal / Headteacher or authorised staff are conducting a search for items prohibited under the Education Act 1996, e.g. knives and weapons, alcohol, and illegal drugs.

All members of staff will be permitted to use reasonable force where they believe it to be appropriate in line with their training, as long as all necessary precautions are taken. The decision to physically intervene during a situation is down to the professional judgement of the member of staff and always depends on the circumstances and the pupil's individual needs.

In many cases where physical intervention or reasonable force is required, minimal and non-restrictive force will be appropriate, e.g. holding a pupils arm to escort them from a classroom. Reasonable force techniques that involve restraint will only be used where the staff member in charge feels it is necessary to prevent serious harm. In general, restraint will only be used briefly and prolonged restraint will not be used, i.e. restraint beyond that which is necessary to remove the immediate threat a pupil is posing to themselves or others.

Where staff determine physical intervention is necessary, they will calmly communicate the reasons for their actions to the pupil and explain why it is necessary in a non-threatening manner. In most cases, staff will communicate this to pupils before making physical contact to minimise distress and/or further aggressive behaviour from the pupil; however, this may not be possible in some emergency situations.

Staff will never give the impression that they are acting out of anger or are punishing the pupil. Staff members will always avoid acting in a way that could cause injury; however, it is possible that accidental injury may occur in emergency situations where there is not sufficient time for a considered response, e.g. where a staff member has grabbed a child's wrist to prevent them running onto a busy road.

Where a member of staff believes that they are at risk, e.g. where an injury is likely to occur, they will not intervene in an incident without the help and assistance of another staff member. Reasonable force techniques which present an **unacceptable** risk and will not be used under any circumstances.

Staff will also be aware that, in some instances, it will cause more distress to a pupil, and may increase the risk of harm to their peers, if they are prevented from leaving an area, e.g. their classroom, using physical intervention.

Following the incidents where reasonable force is used, the pupil involved may be subject to separate disciplinary procedures, in which strategies should be formed to help avoid reoccurrence of such incidents.

6.7 Pupils with SEND

Academies will have due consideration to the risks posed by the additional vulnerability of pupils with SEND in terms of physical intervention and reasonable force. The SENCO will ensure that the stipulations of the Equality Act 2010 are adhered to in relation to reasonable adjustments, non-discrimination and the Public Sector Equality Duty, and will ensure that staff that come into regular contact with pupils with SEND are aware of the ways in which their needs can be met without reasonable force.

Risk assessments will be prepared as required to support pupils with additional needs, and tailored to the pupil's specific needs, to avoid the use of reasonable force as far as reasonably practicable. These risk

assessments will be conducted in collaboration with the pupil and their parents / carers, where appropriate, and reviewed on a regular basis.

7. Training and Information

It is the responsibility of senior leaders to carry out a training needs analysis to ensure that suitable training is provided and refreshed at appropriate intervals for staff in their role and the needs of the academy. The training needs analysis will determine the level of information, instruction and training required so staff can safely carry out restrictive intervention strategies and techniques required. It is not suitable to provide staff with physical intervention techniques without putting their use into appropriate context.

Staff involved in use of planned and emergency interventions must have suitable training, for their own safety and that of the pupil. Any training provided must cover the use of Primary and Secondary intervention strategies as well as the physical techniques and should be suitable for the environment and pupil. Training provided to staff should be to the level they require. Training staff in (higher level) skills they will never use is not necessary and the skills are soon lost or may be used incorrectly.

The level of information, instruction and training required by staff regarding physical interventions must be identified by managers and Headteachers. Training provided to staff should be suitable for the level of use they are identified as requiring; staff involved in the use of planned interventions must have suitable training.

Intervention strategies and the physical techniques used should be suitable for the environment and the pupil. It is not appropriate to provide staff with physical intervention techniques without putting their use into context. Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's certification scheme which is normally annually. Where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive appropriate training.

It is the responsibility of academies purchasing training to ensure that the training provider is competent, has suitable accreditation and that staff undertaking the training will be assessed as to their competency. Any training, including restrictive physical intervention skills and associated practises, should be carried out by organisations certified as complying with the Restraint Reduction Network Training Standards. This will ensure that training is facilitated by suitably qualified, professional trainers with an appropriate background and experience of the services delivered. Commissioners of such training must ensure that the physical techniques that staff will be taught have been medically risk assessed and assessed to ensure that they are not adverse or painful in their application.

Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme which is often annually. Failure to refresh training within the stated timescales may result in staff being required to complete the initial training course.

8. Post Incident Support

Following an incident of intervention, pupils and staff members involved will be given any necessary first aid to treat injuries as soon as possible and offered emotional support; mental health and wellbeing support will be offered via the academy's and Trust's designated channels.

An explanation regarding the intervention will be provided as appropriate for the pupil and the parties involved should have the opportunity to reflect. Where appropriate, risk assessments and plans will be reviewed and updated to further adapt and tailor the approach to support.

9. Specialist Advice

If academies require specialist advice and support regarding the implementation of safe restrictive physical intervention practices, they can contact the Health, Safety and Wellbeing Service who will provide contact details of training providers from whom specialist advice is available.

10. Monitoring and Reviewing

Academies will monitor the use of restrictive physical interventions, look for trends, and work to devise strategies that reduce the use of interventions, or make them safer for all involved. This information must be documented, and a summary provided to the relevant senior managers/the LAC.

Senior leaders must review and evaluate the restrictive physical interventions taking place in the service for which they have responsibility. Where necessary they must make recommendations for staff to implement regarding the use of restrictive physical interventions.

11. Record Keeping

All records must be kept in line with the Trust's Retention and Records Management Policy.

A detailed written report will be kept of incidents will be maintained by each academy. The member(s) of staff involved will verbally report the incident to the Headteacher as soon as possible and provide a comprehensive written record of the situation as soon as possible. The written report of the incident must be thorough, including as much detail as possible as to what had happened before, during and after the incident, the reasons why specific interventions were employed, and any injuries incurred due to the incident.

Records should be retained and analysed by the Headteacher / Senior Leaders / SENCO where physical intervention was used to ensure that such interventions are being used appropriately, and to identify patterns of behaviour and responses to that behaviour that may require changes to practice, e.g. increased staff training or further behavioural or emotional support.

Where reasonable force or physical restraint has been used, the pupil's parents will be informed as long as this would not place the pupil at greater risk in accordance with the Safeguarding Policy. The Headteacher will make the final decision as to whether it is appropriate to inform the pupil's parents of the details of an incident.

In accordance with the accident and incident reporting guidance, the incident will be reported on My Health and Safety by the appropriate person in school, as soon as possible following the incident and where provided, records of first aid will be maintained.

Appendix 1 – Restrictive Physical Intervention - Record of Incident Form

Appendix 2 – Safety Interventions Protocol – Risk Assessment and Management Plan

Appendix One

Restrictive Physical Intervention - Record of Incident

1. Names of those involved	Staff:	Pupil: Others:
2. Date of incident:	Time of incident:	Location of incident:
3. Events leading up to Restrictive Physical Intervention (including alternative strategies used):		
4. Account of actual incident (including details of actions, method of intervention, words used, witnesses etc.):		
5. Outcome or resolution of incident:		
6. Follow up actions (advice to family/parents/carers, support to staff and pupils involved):		
7. Names of witnesses and attached witness statements:		
8. Risk Assessment and Restrictive Physical Intervention Protocol reviewed: Yes/No Outcomes:		
9. Record of any injury or property damage:		
10. Has an Accident Investigation Report Form or Report of Violence and Aggression Form been completed and submitted to the Health, Safety and Wellbeing Service via My Health and Safety?		
Print Name:	Signature	Job Title
Date:		

This form to be retained locally

Appendix Two

Safety Interventions Protocol – Risk Assessment and Management Plan

Individual:

Date of Birth:

Academy:

Individual responsible for monitoring plan:

Describe the issues creating risk i.e. specific behaviour including frequency and duration	
Any medical conditions which should be considered	

Risk assessment

(Use Risk Assessment Matrix at end of document) Risk rating = potential severity of harm x likelihood of harm

Behaviours/situations that have or may cause risk	Who is at risk from the behaviour?	Likelihood of behaviour to occur?	Severity of the potential harm?	Risk rating = likelihood x severity

Risk Reduction Measures & Strategy for Support

Proactive measures/interventions (Individual positive behaviour planning):

Warning signs that challenging behaviour may occur: (Verbal and non-verbal)

Actions which may aggravate the situation (triggers):

Actions to avoid escalation (active interventions):

Reactive interventions /Restrictive physical intervention procedures if escalation continues and must be reduced (note risks associated with Restrictive Physical Intervention).

Details of consideration of benefits of not intervening and risk reduction measures considered and not considered helpful.

Support required to move individual forward following reactive/restrictive physical intervention:

Communication with parents/carers:

Signature: Role:
..... Date

Signature: Role:
..... Date

Signature: Role:
..... Date

Date protocol to be reviewed (at least every 12 months)

Review

Are the proactive and active interventions reducing the frequency of challenging behaviour? Provide evidence.	
Frequency of use of reactive/physical interventions.	
Has the frequency of Physical Interventions (reactive measures) reduced during the life of this plan? Evidence.	
Views of individual /parents/carers.	

Risk Rating

Behaviour	Likelihood	Severity	Risk Rating

Agreed actions following review: (Consider completing new intervention protocol, adjusting positive behaviour support plan/behaviour management plan)

Signature: Role:
 Date

Signature: Role:
 Date

Signature: Role:
 Date

Risk Assessment Matrix

		Potential severity of harm <i>(this may include injury or damage)</i>		
		Minor Harm 1	Moderate Harm 2	Serious Harm 3
Likelihood of harm occurring	Highly unlikely 1	Very Low 1	Low 2	Medium 3
	Unlikely 2	Low 2	Medium 4	High 6
	Likely 3	Medium 3	High 6	High 9

Where risk is “High” following introduction of control measures it is recommended that managers seek specialist support.