

Physical Intervention Policy

for

The Harbour at Spring Meadow



SEMH Enhanced Provision

Reviewed: Autumn Term 2024

Next Review: Autumn Term 2025

Ethos & Values

Within our enhanced provision our strategies and practices are encompassed within a framework of shared and consistent principles based on person centred values within a commitment to restraint reduction.

Trauma Perceptive Practice (TPP)

We firmly believe that children who feel safe and happy are better equipped to learn. We understand that behaviour is a form of communication and children, whose emotional wellbeing needs are not met, may manifest themselves in behaviour that challenges and much of this stems from the need for secure attachments. As a staff team, we have participated in extensive training to recognise and respond supportively through co-regulation to guide children through stressful situations. Our provision reflects the values of the Essex Approach to understanding behaviour and supporting emotional wellbeing known as Trauma Perceptive Practice (TPP) and these values run through all policies and practice.

Physical Intervention

We all have a legal obligation under our 'duty of care' to keep the children and young people we support safe. Once we have exhausted all other options as a last resort we may have to intervene physically. This would always be as a 'positive act' and in the best interests of the child or young person. Primary Prevention Strategies form the greater part of our approach to harmful behaviour. Even at the most heightened states of arousal there are still non-restrictive strategies that may work.

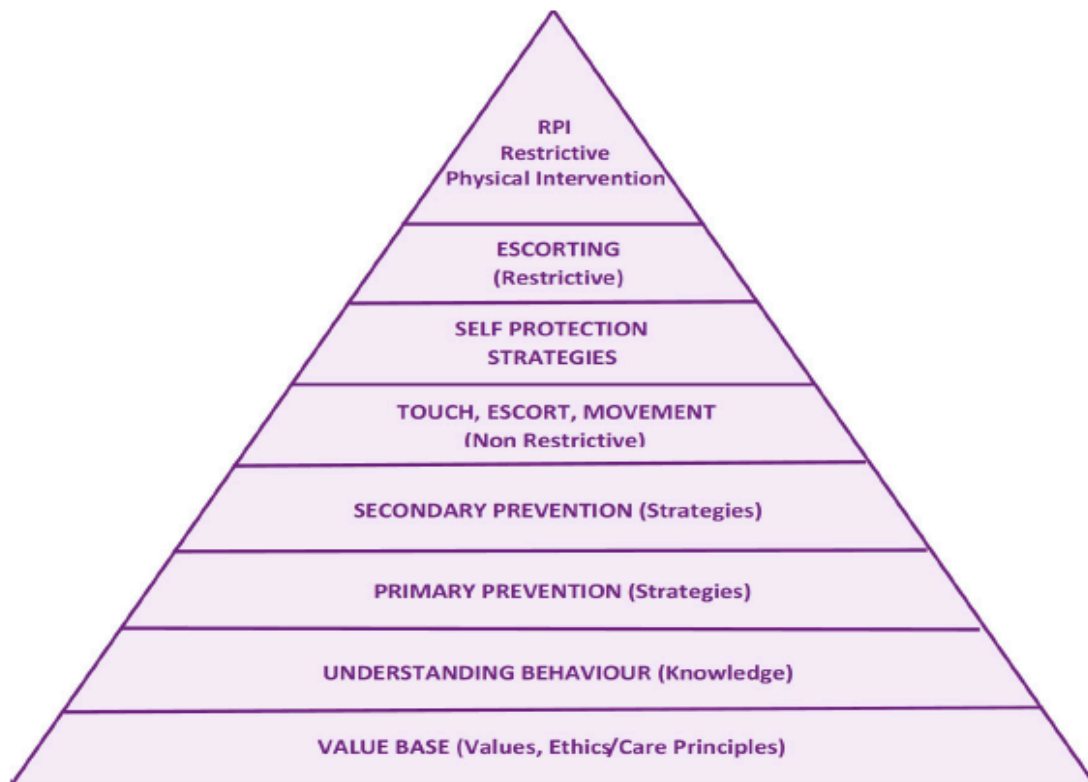
The DfE (July 2013) states that all members of school staff have a legal power to use reasonable force. Within this it states that

Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property, or from causing disorder. In a school, force may be used to restrain a pupil. This is called Physical Intervention. The decision on whether or not to physically intervene is down to the professional judgement of the staff member concerned and should always depend on the individual circumstances.

At The Harbour we believe that the use of Physical Intervention, should be used within this framework: -

- Protecting people's fundamental human rights and to promote person-centred best interest and therapeutic approaches to support people when they are distressed
- Improving the quality of life of those being restrained and those supporting them
- Reducing reliance on restrictive practices by promoting positive culture and practice that focuses on prevention, co-regulation, (within the training sometimes can be described as de-escalation), and reflective practice
- Focussing on the safest and most dignified use of restrictive interventions where required, including physical restraint.
- Increasing understanding of the root causes of behaviour and recognising that many behaviours are the result of distress due to unmet needs
- Ensuring a restraint reduction approach is adopted by all.

Response to Harmful Behaviour



Our approach to supporting children and young people who may present with harmful behaviour, is shown in the diagram above. It clearly demonstrates that our practice is built on the firm foundations of a Human Rights value base and understanding behaviour.

Response Strategies

Primary Prevention Strategies

Everything is put in place that can help to reduce the likelihood of the harmful behaviour happening.

Secondary Strategies

These are the plans for what to do if the primary strategies do not work and the child becomes more stressed.

Tertiary Strategies (non-restrictive and restrictive)

These are designed to keep the person and those around them safe from harm. They provide a way to react quickly in a situation where the person is distressed and more likely to present with harmful behaviour. They may include physical intervention.

Mr Higgon-Williams has attended the PRICE 'train the trainer' training, which is complementary to the values of TPP. This training is shared with the other staff working in The Harbour so that they can:-

- Identify suitable techniques for different situations
- Identify and minimise potential risk factors
- Identify and minimise the potential impact of a physical intervention on a child/young person.

Our training covers the risks around restraint and how staff should respond to these. All techniques used are risk assessed and are never reliant on pain compliance.

Support Planning

At The Harbour we use personalised distress management and adult response planning (developed from the Essex TPP approach). This is designed to keep everyone safe by enabling our staff to think about, plan and be confident in safely supporting children and young people.

This tool is discussed, constructed and agreed at a meeting. It is important that the child/young person and their parent/carer is involved.

- Step 1: Identify the stressors being experienced by the child/young person. There are five domains of stress, which are explained later in this document.
- Step 2: Complete the 'Warning Signs of Stress', providing personalised detail of what this looks like and means for the child/young person.
- Step 3: Complete the 'Stress Mapping' and 'Level of Harm'.
- Step 4: If the pupil is assessed to 'always' or 'often' experience stress or the harm is assessed to be of concern, develop both the personalised 'Adult Response Plan' and 'Child's Self-regulation Plan' for the child/young person as part of the individualised planning process.
- Step 5: Regularly review and update the information in this tool through the individualised planning process.

All behaviour happens for a reason; it serves a purpose for the individual presenting it and is a way for that individual to communicate.

Difficult and/or harmful behaviour is not necessarily deliberate or planned. Rather, in situations of need a person may simply behave in an adaptive way that has been successful in the past in protecting them and enabling them to survive that moment.

The first step to understanding a particular behaviour of concern is to try and find out why the behaviour is happening and to have some understanding of this.

A person's trauma informed history (if known) should be part of any individual's support plan. A trauma perceptive approach must be provided to everyone whether trauma is known or not.

Support Plans will also include:-

- the views of the child or young person in how they want to be supported
- consideration as to how the child or young person's dignity may be compromised and how might staff manage that. Points to consider could include; clothes might ride up or down, so perhaps make sure towels/blankets are available to use appropriately as covers; the presence of an audience; etc.
- communicating behaviours that present as conflict, harm through aggression and anxiety responses
- primary and secondary prevention strategies used to co-regulate and defuse potential incidents.
- any personal, sensory or environmental needs for the child/young person
- recovery plan/restorative approach.

Preserving and protecting positive relationships

Positive relationships are those which are characterised by consistency and unconditional positive regard on the part of the member of staff towards the child or young person. Positive, stable relationships help those children and young people to feel secure and cared about.

Restorative approaches enable those who have been harmed to convey the impact of the harm to those responsible, and for those responsible to acknowledge this impact and take steps to put it right. It is not unusual for children/young people to re-escalate or feel drained, vulnerable and unable to reconnect with their normal routine, after a physical intervention. Due to this, staff members need to be mindful of their approaches/interventions and follow the support planning.

Recording Requirements

At our enhanced provision we record all incidents involving physical intervention whether that is a hold or a guide:

Incident Report

This will be recorded as soon as practicable and always before the end of the school day. The report should include:-

- The names of the staff and people involved
- The reason for using the specific type of restrictive intervention (rather than an alternative less restrictive strategy)
- The type of intervention employed
- The date and the duration of the intervention
- The location of the incident
- Whether the person or anyone else experienced injury or distress
- What action was taken.

The incident is recorded as part of the individual behaviour report that is kept in the individual child's file and shared with the referring school during review meetings.

Debriefs will take place after each restraint or guide and should have clear links to reviewing existing Risk Assessments and Support Plans. Lessons can always be learnt from some of the most challenging experiences, both about our own responses to a child's behaviour and theirs to ours. These reflective experiences should be instrumental in informing changes to the support plan. The reflective tools that we use are:

- e.g. STAR analysis
- e.g. Personalised distress management plans

Communication to parents / carers

Where it has been deemed necessary to use a restrictive physical intervention, the detail of this should be accurately recorded and the incident communicated to parents/carers (see Appendix 1). Parents/carers will

be informed of the incident initially by phone and it will then be followed up in writing both with a letter and an email (this process is also set out in the Relationships & Behaviour Policy).

Organisational Recording

This involves regular reviewing of incidents and subsequent debriefs, identifying any stressors or learning points and feeding these back into our policies and procedures. Every hold or guide is recorded in a book held within The Harbour so it is clear the number that have been carried out over any given time period. This is then reported to the Local Authority termly on a proforma that they send to us.

This includes:

- Number of physical interventions and duration per child each half term
- Total number of physical interventions each half term
- Holds/techniques used for physical intervention
- Analysis of trends such as whether incidents peak at particular days or times
- Any relevant protective characteristics.

Guidance that has informed this policy comes from Essex County Council see links below:

<https://schools.essex.gov.uk/pupils/Safeguarding/Pages/understanding-and-supporting-behaviour.aspx>

[Safeguarding - Safeguarding \(essex.gov.uk\)](#)

Appendix 1

Template letter to inform parents/carers of an incident. This is given as a paper copy and then emailed as well.

Dear *(parent / carer)*

Further to our earlier telephone conversation, I am writing to confirm our discussion about the incident in The Harbour today. As discussed, it was deemed necessary to use a physical intervention with *(child or young person)*. You will be aware that such an intervention is used in our provision only as a last resort, where other interventions and co-regulation techniques have not been effective in reducing the harmful behaviour. As shared with you, it was felt by staff involved that, on this occasion, it was absolutely a necessary and appropriate response to *(child or young person's)* behaviour at the time in order to keep them and everyone else safe.

As I explained, the details of this incident are available and form part of *(child or young person's)* records. If you would like to discuss this matter further, please feel free to contact me and I would be happy to meet with you.

Or

It is important that we continue to work together going forward. I would like to invite you to a meeting to *write / review* a support plan for *(child or young person)* and I can share more detail about the recent incident with you.

Yours sincerely