West Lea
A SCHOOL WITHOUT LIMITATIONS

# Physical Interventions Policy

2024-25

# Contents

# Introduction

This Policy should be read in conjunction with:

- Use of reasonable force: Advice for headteachers, staff and governing bodies July 2013
- West Lea Relationships and Behaviour Policy, Health and Safety Policy and Safeguarding and Child Protection Policy

Staff, pupils and parents form very positive relationships and, in general, our pupils interact with others in a very positive manner. Positive touch is part of our everyday interactions with pupils i.e. holding a younger pupil's hand to guide them when needed.

At West Lea School we continually strive to create a calm, communicative environment that minimises the risk of incidents arising that may require the use of force. For the majority of our pupils, physical intervention will never be required. We do, however, recognise that a minority of our pupils may require physical interventions as a last resort. The law says that it is acceptable to use restrictive physical interventions to:

- Prevent injury to themselves or others
- Protect people from danger
- Prevent serious damage to property

Physical Intervention should only be considered in conjunction with the Relationships and Behaviour policy, which promotes positive behaviour strategies wherever possible. This policy is designed to provide clear guidelines on who is permitted to use physical interventions at the school and when and why they would be expected to do so. The school recognises the importance of parental involvement in this as they are the people who know their child best.

Whilst some physical injury potential can be reduced, there always remains some risk when two or more people engage and force is used to protect, release or restrain. It is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable side effect of ensuring the pupil remains safe.

# Environmental access and resources

To enable a child to self-regulate there are areas designed to allow children who are in a heightened state to access an environment with minimal distraction and reduced multi-sensory input, if needed. The space may need to be minimally resourced at the time and is flexible in purpose. When in use, the rooms are well supervised at all times. Use of the space is based on risk and other students may be asked to leave so that full de-escalation support can be offered.

West Lea does not have a policy that allows dysregulated pupils to be placed in an area away from others for any length of time, in what are often referred to as seclusion or isolation rooms. Should seclusion ever be used in an extreme emergency situation (where all plans, protocols and strategies have failed), staff must report their actions immediately to the Head of School and follow the protocol for Use of a Restrictive Physical Intervention guidance by recording the incident in full.

# PRICE Model (Protecting Rights in a Caring Environment)

The school has adopted the PRICE model which leads the way in ensuring that organisations and individuals have the skills needed to keep themselves and those in their care safe.

When supporting people who are distressed there are times when restrictive interventions are required to protect staff, the individual themselves and others within the community. Despite this need, PRICE Training is committed to restraint reduction and believes the use of coercive and restrictive practice can be minimised, and that the misuse of restraint can be prevented.

With a knowledge base rooted in Positive Behaviour Support and trauma informed practice, PRICE is focussed on a human rights and person-centred framework that recognises the importance of promoting dignity, choice and inclusion for those being supported. Coupled with a range of primary, secondary and tertiary strategies, PRICE training equips school staff to make sense of behaviour and respond positively to reduce the use of restraint. Where staff need to physically intervene, they have been trained to use a range of breakaways and holding techniques that can quickly and safely return stability.

The key is to pre-empt distressed behaviours where possible by recognising triggers and early behavioural signs (physical, emotional, communicative) before difficulties arise. Trained individuals will have gained effective skills in preventing situations from escalating. Under normal circumstances physical restraint would only be used when all other options have been exhausted.

# Principles

Physical Intervention will only be used when it is in the best interest of the pupil in ways which maintain the dignity and safety of all concerned; and when other less intrusive PRICE strategies (such as de- escalation techniques) have been tried and been found to be unsuccessful. Staff are only allowed to intervene in order to keep the pupils, or others, safe. It is never punitive and will only ever be used in the pupil's best interests. Key principles of PRICE include the following:

- Primary Prevention Strategies should form the greater part of our approach to challenging behaviour. Even at the most heightened states of arousal there are still non-restrictive strategies that may work. Physical restraint is always a last resort.
- Under exceptional circumstances it may be the first course of action, for example where a person is in immediate danger of harm and there is no time to try other strategies.
- Physical intervention should be part of a wider strategy including 'proactive approaches', 'primary and secondary strategies' and 'restraint reduction strategies. Other areas might include 'communication approaches', 'de-escalation and diffusion' strategies, 'behavioural audits', 'risk assessments' etc.
- Where highly dysregulated behaviour is a recurring feature, all of the above strategies should be recorded within a Positive Behaviour Support Plan.

- Staff expected to implement such strategies must have had appropriate training first and are only permitted to use the techniques taught by PRICE. Strategies will be listed in an individual's Positive Behaviour Support Plan.
- Consent must first be obtained from the Head of School and parents before physical interventions are used unless in an emergency situation.

# Individualised Positive Behaviour Support Plans (Recovery-Based Model)

Plans to support the effective management and regulation of behaviour should be specific to the needs of individual people. The best framework for achieving this is Positive Behaviour Support (PBS). This means adopting recovery-based approaches.

- Recovery means working in partnership with people to improve their outcomes. It includes the promotion of human rights-based approaches, enhancing personal independence, promoting and honouring choices and increasing social inclusion. These models are founded on the principle that recovery is possible for everyone.
- Each person can achieve a satisfying and fulfilling life, in keeping with their own preferences, goals and aims, through empowerment, self–determination and unconditional engagement within wider communities and society more generally.
- Evidence has shown that PBS-based approaches can improve quality of life and reduce behaviours that challenge, which in turn can lead to a reduction in the use of restrictive interventions.
- Since the initiation of the 'Valuing People Now: A new strategy for Learning Disabilities in the 21st Century' agenda, person centred planning has played a central role in delivering services to learning disability settings.
- This has promoted a shift of thinking from a 'power over relationship' to a 'power with relationship'. In other words, a move from planning being done on behalf of the person, professionals 'know best ideology' to a more inclusive model that is borne out of partnership and in which the person we are supporting is at the centre of determining their own plan.

# Procedure

PBSPs identify when an individual's behaviour makes it necessary to consider the use of supportive physical interventions after all de-escalation techniques have been unsuccessful.

- PBSP and Individual Risk Assessments (where needed) will support the assessment and management of foreseeable risks for children who present challenging behaviours. These documents will outline the physical intervention techniques that may be used for individual pupils as part of a planned strategy.
- Individual behaviour logs are kept on the PBSP as well as SIMS, and include triggers, strategies, a section for when physical interventions have been used, and recovery and repair.

- Planned use of physical interventions must clearly be in keeping with the pupil's EHCP and take their needs into consideration.
- The PBSPs should be part of the annual review process.
- Parents and children will be consulted as part of the PBSP process and their views will be incorporated.

## Staff Training

- Staff involved in implementing planned use of supportive physical intervention, as part of a behaviour management strategy within the school, will be provided with the range of intervention techniques. They will be taught these by "PRICE" training providers or by members of staff within West Lea who are PRICE "trainers".
- This training will be kept updated as appropriate.
- There is a rolling programme of training in physical interventions so that all staff working with pupils for whom it is necessary can be fully trained.
- Only staff who have received the full PRICE training will carry out planned supportive intervention.

## Reporting and recording the use of physical restrictive interventions

- All incidents requiring the use of physical interventions should be clearly and systematically documented and reported to the Head of School.
- All incidents or accidents occurring as a result of dysregulated behaviour should be recorded in the individual PBS (if they have an individual plan) and on an incident/accident form.
- All Physical Interventions will be logged by the Head of School in the **red PI log book** and in the behaviour module on **SIMS.**
- The school will keep parents fully informed about their child's behaviours and ensure effective, open and honest communication between home and school.
- Following the event of an emergency situation, the Positive Behaviour Support Plan must be updated and agreed by the Head of School and parents, identifying any future potential risks. The child/young person must also be de-briefed.
- Any injuries sustained should be logged on an incident form and reported to the Health and Safety Officer, who will advise on whether any further action needs to be taken, dependent on who sustained injuries and what injuries were received, any follow up treatment that was sought and if any other further persons should be notified.
- All staff have a duty to ensure incidents are reported and recorded accurately, with all injuries clearly identified including the use of body maps if necessary for themselves, the pupils and any other person who may have been involved.

# The use of Physical Restrictive Interventions in unforeseen and emergency situations

- West Lea School recognises that there will be times when staff may need to use restrictive physical interventions as an emergency response to an unforeseen situation.
- In situations like this staff have no option but to act in the best interests of the pupils which may mean using reasonable force to manage a crisis situation.
- Staff should always report and record these incidents using school procedures outlined in the reporting and recording the use of physical restrictive interventions above.

# Post Incident Support

Good post-incident support is a crucial element of good care, helping staff to build strong relationships with the child and their family. It also reduces distressed behaviour and restrictive practices, helping the young person to recover and progress.

- The main aim of post-incident support is to ensure the immediate physical and emotional wellbeing of the people involved. It is about making sure everyone is safe, managing any practicalities (e.g. injuries) and providing comfort and reassurance. **It is not about learning about the incident and how it can be avoided in the future. This kind of learning should only be carried out by a skilled facilitator at a later stage.**
- Any child involved in an incident should be supported sensitively to enable them to calm down as soon as possible (provide a drink, blanket, comforting toy etc). This support should be provided by an adult with a good relationship with the child and who wasn't involved in the incident.
- This can involve taking the child away from where the incident occurred
- After the incident, the child and the staff involved will be given emotional support and medical attention/first aid for any injuries as soon as possible.
- If either child or staff member need further respite, this will be organised.
- A support system is in place for staff through our wellbeing team and/or SLT.
- Sensitive support for reintegration will be provided for both staff and child.
- Parents/Carers must be informed of such an incident, and communicated with care and sensitivity.

**The principles of delivering good post incident support are outlined in the following poster produced by The Restraint Reduction Network** Restraint Reduction Network Training Standards 2020

# De-briefing and Post-incident Review

- At a suitable time after the use of restraint, the member of staff involved should be de-briefed by an appropriate manager to allow for reflection, and for the manager to deal with the emotions raised by the incident. This also supports staff learning and development.
- Whenever restraint has been used, staff and the child should have separate opportunities to reflect on what happened, and wherever possible a choice as to who helps them with this.
- For some children, they may need specific help to engage in this process, for example, simplified questions, use of visuals or alternative methods of communication.
- Wherever possible, the families should also have the opportunity to participate in post-incident reviews. Reviews involve a facilitated discussion about the triggers, whether any previously agreed PBS plans were followed, what de-escalation strategies were used and how effective they were, and what might be done differently in future.
- A member of SLT who was not involved in the incident should lead the post-incident review in order to ensure objectivity and to seek to understanding of the situation, whether the needs of the child are being met and how things could be better in the future, including any changes which might be made, e.g. to the environment.
- Consideration should also be given to revising the PBS if needed, as well as providing staff training and development to help staff to meet complex needs.

# Reflective Practice to Improve Support

- Following the PRICE principles, we want to ensure reflective practice so that appropriate lessons are learned from instances where restraint has had to be used, including any patterns and trends, and consider how use of restraint might be avoided in future.
- This will involve de-briefing and post-incident review and monitoring of the use of restraint and restrictive intervention. The process will consider PBS plans and wider policies.
- It is good practice to involve the child and parents, professionals and other relevant representatives in planning, monitoring and reviewing how and when restrictive interventions are used.

**The Restraint Reduction network have produced some useful toolkits to support post incident support which are extremely useful and can be adapted for our setting**

Restraint Reduction Network Training Standards 2020

# Good Practice

- Multidisciplinary meetings are held (known as Inclusion Meetings) to review strategies including PBSPs and risk assessments. Staff will have the opportunity to discuss presenting behaviour of a child in crises and management strategies.
- The school recognises the knowledge parents have of their children and will work closely and in partnership with them to ensure that pupils needs are most effectively met.
- All staff across all Campuses will have been trained in preventative and proactive strategies for managing challenging behaviour.

- PBSPs will be shared with all staff working with individual pupils.
- Designated staff across all Campuses will be expected to support the use of supportive behaviour management strategies as part of a planned response to managing individual behaviours. This will include simple and safe forms of intervention taught by “PRICE”.
- Staff will use recording and reporting systems properly.
- Staff will feel confident and competent to employ strategies outlined in the PBSPs.

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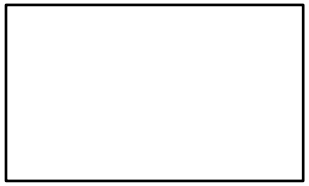
# West Lea School Positive Behaviour Support Plan

All About Me

Name: Date of birth: Date of plan:



| Communication | Sensory Processing |
|---|---|
| Ways I communicate are:<br><br>I am learning to:<br><br>When I am anxious/frustrated/upset:<br><br>When I am happy/excited: | I like to:<br><br>I dislike doing: |
| **Interacting with others** | **Processing Information** |
| Relationships with staff and families:<br><br>Relationships with peers: | Flexibility/rigidity:<br><br>Transitions:<br><br>Special interests:<br><br>Planning and organisation:<br><br>Specific supports to enable attention and learning: |

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Wellbeing and Support

| | Known indicators of pleasure (how do you know I am happy?) | Rewarding items and activities (things that make them happy) |
|---|---|---|
| Happiness | | |

| | What I look like | What they need (proactive strategies) |
|---|---|---|
| Calm (Baseline) | . | |
| Discomfort | . | |

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Specific behaviours when distressed, may be experiencing anger, rage, panic or terror and high arousal.

| Behaviour | Setting and/or Trigger(s) | Function: pain sensory attention tangible escape/avoidance | Proactive Strategies What we do to avoid the behaviour | Reactive Strategies What we do if the behaviour starts | Restrictive Strategies (not always needed) What we do if reactive strategies don't work | Recovery & Repair What we do if we have had to use restrictive strategies |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Replacement Skill/s I am learning (linked to EHCP Measurable Outcomes) | |
|---|---|

Supporting Documents

| Individual Risk Assessment in place Yes/No | Purpose:<br>Review date: |
|---|---|
| Individual Health Care plan in place: Yes/No | Brief Summary:<br>Review date: |

Signed

Parent/carer Date

Class Teacher Date

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# RISK ASSESSMENT FORM

| | | | | | |
|---|---|---|---|---|---|
| **DEPARTMENT:** | | | | | |
| **ACTIVITY:** | | | | | |
| **PREMISES OR AREA:** | | | | | |
| **DATE:** | | **REVIEW DATE:** | | **REVISION:** | |

**1. HAZARDS** *(list anything that has the potential to cause harm)*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **2. WHO COULD BE HARMED?** | **STAFF** | | **STUDENTS** | | **VISITORS** | | **OTHER** | |

**5. RISK ASSESSMENT:** *(see table below)* Likelihood ☐ Severity ☐ = risk level ☐

**4. CONTROL MEASURES REQUIRED:**

**5. RISK ASSESSMENT AFTER CONTROLS:** Likelihood ☐ Severity ☐ = risk level ☐

**6. MONITORING AND REVIEW** *(confirm who will oversee the operation or task and key times for supervision)*:

This risk assessment will be reviewed within the first four weeks of operation and can be amended at any time in the event of problems or areas for improvement being identified.

**7. PREPARED BY:**

| Likelihood | | Severity | | |
|---|---|---|---|---|
| | | Minor | Moderate | Major |
| | Probable | Medium | High | High |
| | Possible | Low | Medium | High |
| | Unlikely | Low | Low | Medium |

Key:
Red: Do not proceed – risk must be reduced to a lower level
Amber: Proceed only if specific controls will not allow the risk to increase
Green: Risk controlled effectively. Proceed with operation and monitor for changes

community
kindness
learning for life
innovation
inclusion