

POLICY TITLE:	Physical Intervention
Policy Number:	ECS05
Applies to:	All Service Types: England, Scotland, Wales
Version Number:	03
Date of Issue:	01/11/2019
Date of Review:	31/10/2020
Author:	Priory Education & Children's Services Quality Team
Ratified by:	Stephanie Rickson, Quality Information Analyst
Responsible signatory:	Bonny Anderson, Director for Quality Assurance & Improvement
Outcome:	<p>This policy aims to ensure that:</p> <ul style="list-style-type: none"> physical intervention is always considered to be a last resort, and may only ever be considered when there is a significant risk of injury to any person or significant damage to property, and there is no alternative method of mitigating these risks physical intervention where used must be reasonable, proportionate, and use no more force than is absolutely necessary
Cross Reference:	ECS04 Positive Behaviour Support
EQUALITY AND DIVERSITY STATEMENT	
<p>Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.</p>	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email LegalandComplianceHelpdesk@priorygroup.com

PHYSICAL INTERVENTION

1 INTRODUCTION

- 1.1 In order to effectively implement this policy, each Education & Children's Service facilities will have local procedures in place, where necessary, which explain how this policy is applied and put into practice at site level.
- 1.2 Template **ECS LP 05** is provided for this purpose and includes a key content checklist.
- 1.3 We believe that children and young people and colleagues need to be safe. Children and young people need to know how to behave, and know that the adults around them are able to manage them safely and confidently. For a very small minority of incidents only will Restrictive Physical Intervention (RPI) be needed, and, on such occasions, acceptable forms of intervention are used.
- 1.4 This policy should be used in conjunction with the site's Behaviour procedure and all other relevant documents notably Individual Behaviour Support Plans.

2 AIMS

- 2.1 Physical intervention is always considered to be a last resort, and may only ever be considered when there is a significant risk of injury to any person or significant damage to property, and there is no alternative method of mitigating these risks.
- 2.2 Physical intervention, where used, must be reasonable, proportionate, and use no more force than is absolutely necessary

3 APPROVED APPROACH

- 3.1 The agreed approach to physical intervention used by the group is **Team Teach**, and the techniques taught within this programme should be used.

4 MINIMISING THE NEED TO USE RPI

- 4.1 All sites aim to:
 - (a) Create a calm atmosphere of safety and mutual respect, that minimises the risk of incidents arising that might require using RPI
 - (b) Use Restorative Approaches to teach pupils how to manage conflict and strong feelings
 - (c) De-escalate incidents if they do arise
 - (d) Only use RPI when the risks involved in doing so are outweighed by the risks involved in not using RPI
 - (e) Use Risk Assessments and Positive Handling Plans for individual children and young people.

5 USING PHYSICAL INTERVENTION

- 5.1 All direct contact colleagues at sites are trained in the use of Team Teach, and once trained are authorised to use RPI where situations require this. (Note: In CAMHS provision, colleagues are trained in PMVA in order to support health professionals undertake any required RPI).
- 5.2 All site based colleagues who are not in direct contact roles complete awareness training in Team Teach. This means they understand how RPI is used, and are able to assess if a situation requires additional support, and seek this support. These colleagues are not expected to be directly involved in RPI.

6 DECIDING TO USE RESTRICTIVE PHYSICAL INTERVENTION (RPI)

- 6.1 Colleagues will always use the minimum possible force when utilising RPI.
- 6.2 The use of RPI will always be reasonable and proportionate to the situation, and will take into account Individual Behaviour Support Plans, Positive Handling Plans, and related risk assessments.
- 6.3 Colleagues will only use RPI when:
- (a) The potential consequences of not intervening are sufficiently serious to justify considering use of RPI
 - (b) The chances of achieving the desired result by other means are low: i.e. RPI is the last resort
 - (c) It is deemed necessary through a dynamic risk assessment
 - (d) The risks associated with not using RPI outweigh those of using RPI.
- 6.4 RPI is approved for use when colleagues are satisfied that it is necessary because there is an imminent risk of injury to a person or significant damage to property and that the potential injury or damage is likely in the predictable future.
- 6.5 In schools and colleges only RPI may additionally be used in a situation where there is a significant risk of disruption to the learning of others.

7 USING RESTRICTIVE PHYSICAL INTERVENTION (RPI)

- 7.1 Before using RPI our colleagues will engage the child/young person in a calm and measured tone, making clear that their behaviour is unacceptable and setting out how they could choose to change their behaviour.
- 7.1.2 The use of RPI will only be proportionate to the level of risk and will be reduced at the earliest possible time.
- 7.1.3 Colleagues will only use methods they are trained to use unless there is an extreme emergency and where there is no viable alternative.
- 7.1.4 Colleagues are advised that, as far as possible, they should not use RPI unless or until another responsible adult is present to support, observe and call for assistance.
- 7.1.5 Colleagues will explain the RPI they intend to use with the young person and will communicate throughout any intervention.
- 7.2 In any instance where a hold takes place on the ground it should be in accordance with agreed Team Teach protocols (or PMVA in hospitals).

8 REPORTING AND RECORDING

- 8.1 All incidents of the use of RPI must be recorded in accordance with the Group Incident Reporting Policy (OP04). Where restrictive physical intervention has been used this should be recorded within 24 hours of the incident (as with any incident – see OP04 Incident Management, Reporting an Investigation). It is expected that copies will be made available to parents/carers and that information is shared following a serious incident. The SLT should also be informed. Records should be kept in a safe place and all colleagues should have access to it. It remains an important legal document and should be treated as such. (Note that the Datix Incident Form is the primary incident reporting form for all incidents).
- 8.2 All incidents of RPI are reviewed and monitored by site leaders, and overviewed as part of site Governance Procedures. Schools/Colleges/homes should nominate a behaviour lead to

monitor, analyse and take appropriate action in response to the use of physical intervention. Such analysis should consider equality issues including, age, gender, disability, culture and religion in order to make sure that there is no potential discrimination; the analysis should also have regard to potential child protection issues. Analysis should also consider trends in the relative use of physical intervention across different colleagues and across different times of day or settings. This analysis should be reported back to the SLT so that appropriate further action can be taken and monitored

- 8.3 Any ground hold is considered to meet the threshold of a 'serious incident' and as such must be escalated to the divisional and group management teams as per the escalation process outlined in OP04 Incident Management (using ECS Form 58). All such incidents are reviewed as at 8.2 above.

9 DEBRIEFS AND LEARNING

- 9.1 Following any incident where RPI is used both children/young people and colleagues involved should have the opportunity to debrief and reflect on an incident, with a view to learning and minimising the risk of future similar occurrences. This must be recorded as part of the incident reporting process.

- 9.2 Children and young people may request the opportunity to speak to an advocate following an incident of RPI should they wish to.

10 COMPLAINTS

- 10.1 Any complaint about the use of RPI should be handled in accordance with the group complaints policy, OP03 Complaints.

11 REFERENCES

- 11.1 Children's Homes Regulations 2015
 Children's Homes (Wales) Regulations 2002
 The Education (Independent School Standards) Regulations 2014
 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 CQC (2015) Guidance for Providers on the Meeting Regulations
 DfE (2013) Use of Reasonable Force: Advice for headteachers, staff and governing bodies
<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>
 DfE (2015) Residential Special Schools: National minimum standards
 DfE (2015) Guide to the Children's Homes Regulations including the Quality Standards
 Scottish Government (2018) Health and Social Care Standards: My support, my life
 The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, Welsh Statutory Instrument 2017 No.1264 (W.295)
 Statutory Guidance to The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (Parts 3-20): Published Feb 2018
 Ofsted (2018) Positive environments where children can flourish: a guide for inspectors about physical intervention and restrictions of liberty
 DfE (2019) Reducing the need for restraint and restrictive intervention

Associated Forms: Nil