



**New Start Centre**

(PRU South)

Silver Street,

Brecon,

Powys

LD3 8BL

**Pathway Education Centre**

(PRU North)

The Old College

Off Station Road

Newtown

Powys

SY16 1BE

Powys pupil referral service

Physical intervention Policy

**Introduction**

This policy should be read in conjunction with other PRS policies and guidance relating to interaction between adults and pupils, e.g. Safeguarding/Child Protection; Behaviour for Learning. The policy has been prepared for the support of all teaching and support staff who come into contact with pupils to explain the PRS’s arrangements for supporting a positive change in behaviour. A statement about Team Teach is made to parents in the Home-School Agreement.

Problems are normal where children are learning and testing the boundaries of acceptable behaviour. Our success is not measured by the absence of problems, but by the way in which we deal with them.

## Aim

A PRS where good behaviour is evident is one in which there is a climate where pupils feel safe, enjoy learning, engage enthusiastically in activities, can access the curriculum and achieve high standards. The staff of this PRS aim to promote positive relationships, trust and co-operation. This secures an enjoyable learning environment where expectations are clear and conflict is minimised.

In implementing our behaviour policies we must be clear that each child is valued and that it is the inappropriate behaviour that is unwanted, not the child.

##

## **Objectives**

Good personal and professional relationships between staff and pupils are vital to ensure good order in our PRS. It is recognized that the majority of pupils respond positively to the boundaries and support provided by staff. This protects the well-being and safety of all pupils and staff. It is also acknowledged that, in exceptional circumstances, staff may need to take action in situations where the use of reasonable, proportionate and necessary force may be required. Within the PRS, physical interventions are seen as only a small part of a holistic approach to meeting the complex and varied needs of our pupils, including the need/right to be safe from harm (from themselves or others).

## **De-escalation**

Within the PRS we constantly strive to create a calm environment that minimizes the risk of incidents which might require the use of physical intervention. We will use individual positive handling plans to help pupils manage increased anxiety levels and challenging behaviour if this is required.

The PRS uses various programmes, such as the THRIVE approach, to help pupils to learn about feelings and managing conflict, where this is appropriate to their level of development. The PRS curriculum and ethos promote independence, communication, choice and inclusion. Pupils are given a myriad of opportunities for personal growth, to promote emotional wellbeing and the development of emotional and social resilience.

All staff are trained in skills to help them to defuse situations before behaviour becomes challenging and to de-escalate incidents should they arise. These alternative strategies will **always** be used in preference to physical interventions and the use of force wherever possible and safe to do so. Reasonable force will **only** be used when the risks involved in doing so are outweighed by the risks involved in **not** using physical intervention.

### Types of Incident

The Education and Inspections Act 2006 stipulates that reasonable force may be used to prevent a pupil from doing, or continuing to do any of the following:

* self – injuring
* causing injury to others
* committing a criminal offence
* engaging in any behaviour prejudicial to maintaining good order and discipline at the school or among any of its pupils, whether the behaviour occurs in a classroom during a teaching session or elsewhere within school (this includes authorised out-of-school activities).

**Risk Assessment**

A challenging behaviour risk assessment will be carried out if it is foreseeable that a pupil’s behaviour may pose a risk to self or others. This may result in a positive intervention/handling plan (PIP) being devised. This will be done in discussion with the staff team working with the pupil. The Head Teacher may also be involved at this stage. The PIP will be shared with staff working with the pupil and stored in the pupil’s file.

All staff authorised to use physical intervention with pupils will receive training in Team Teach techniques as a risk reduction strategy and receive information about the risk to pupils of positional asphyxia. There are very clear protocols delivered during training to minimise the risk of harm to pupils and to ensure that appropriate safeguards are implemented.

## **Positive Intervention Plan**

Positive intervention describes a broad spectrum of risk reduction strategies. Positive intervention is a holistic approach involving policy, guidance, management of the environment and deployment of staff. It also involves personal behaviour, diversion, diffusion and de-escalation. Positive intervention plans are a plan for the positive management of pupils’ behaviour. They are based on a risk assessment and identify positive prevention strategies and how a pupil may need to be supported in a crisis. The focus of these plans is how to keep everyone safe whilst ultimately teaching/supporting a pupil to change their behaviour to a more positive alternative. A SMART target is included in the PIP so that everyone is clear what the pupil is working towards and will know when they have achieved this.

This document will be devised in consultation with staff, key worker, parents / carers and the pupil. It will be reviewed termly or more frequently if the need arises.

##

## **Planned and emergency physical interventions**

## **A** planned intervention **is one that is described/outlined in the pupil’s positive intervention plan (PIP). This should cover most interventions, as possible scenarios will be identified through the challenging behaviour risk assessment and planned for when the PIP is drawn up. These interventions may include the use of Team Teach techniques.**

An **emergency physical intervention** may be necessary if a situation arises that was not foreseen or is uncharacteristic of the pupil. Members of staff retain their duty of care to pupils and any response, even in an emergency, must be **proportionate to the circumstances**. Staff should use the minimum force necessary to prevent injury and maintain safety, consistent with the training that they have received. Wherever possible assistance will be provided by another member of staff.

Following any such incident, a PIP will be drawn up (or the existing plan amended) to support effective responses to any situations which may arise in the future.

## **Time out and Withdrawal**

 ***Time Out:*** is a specific behaviour management technique and does not necessarily literally mean time spent out of the class/group, but rather refers to a withdrawal of attention and/or things they find rewarding (it could be as simple as turning away from a child who is attention seeking, or positioning a child away from the class/group). This absence of attention could also be achieved by sending a pupil to a quiet area.

***Withdrawal*:** involves removing the learner from a situation which causes anxiety, high arousal levels, or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities. This can mean removing a learner from the class/group to allow them time to calm down or to prevent a situation from escalating. They may need some quiet time away from staff and pupils in order to break the cycle/pattern of their behavior or to reduce their level of anxiety/distress. This “quiet time” could be time in the grounds, a quiet room, or a quiet space, monitored/supervised by a member of staff, as detailed in the pupil’s individual plan and agreed with parents/carers.

Where a space/room is used for “time out” or “withdrawal” purposes, the door(s) are NEVER locked and natural light is always available.

## **Recording of incidents**

The following flowchart must be followed to record and report all serious incidents involving physical restraint.

\*Own account to be handwritten, signed and witnessed

Where there is any concern over the appropriateness of a response, this may be referred by any person to the Powys Front Door Team and/or the Designated Safeguarding Lead for Education for clarification and/or investigation.

Whilst the physical interventions are intended to reduce risk, there is always risk when two or more people engage to intervene to protect or restrain. Team Teach techniques seek to avoid injury to the pupil and staff, but it is possible that bruising or scratching may occur accidentally; these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the pupil remains safe. Any such injury will be reported using the Violent Incident Report Form (for injury to staff) and/or Pupil Accident Report Form.

## **Monitoring incidents**

Monitoring of incidents will help to ensure that staff are following the correct procedures and will alert the Head Teacher to the needs of any pupil(s) whose behaviour may require physical intervention/s and/or an adjustment to the provision made for them at the school.

Monitoring of incidents will take place on a regular basis and the results used to inform planning to meet individual pupil and school needs. To safeguard pupils and ensure objectivity, the Head teacher will also present a termly summary of incidents to the Management Committee.

## **Positive listening, learning and support following incidents**

Physical interventions are not used in isolation and the PRS is committed to ensuring that as a result of incidents learning opportunities are created that allow pupil’s to ‘own’ and take responsibility for their behaviour at a level appropriate to their stage of development.

In addition, debrief procedures should ensure that appropriate support is provided for staff and pupils, and that following an incident pupil/staff relationships are rebuilt and repaired to ensure that a positive learning environment is maintained. Pupils who may be distressed by events can be offered the following support:

* Taking part in a calming activity
* Quiet time away from the incident/trigger
* Resuming their usual routine/previous activity as soon as possible, especially for pupils with Autistic Spectrum Disorder.

Debrief time with a member of staff to discuss the incident should ensure that they are fully recovered from an incident before resuming their duties. Colleagues are encouraged to seek and offer support where it is deemed necessary. Where staff have been involved in an incident involving a positive intervention they should have access to counselling and support as needed. Within the school, this will be made available/supported through the Head teacher. Staff may also contact the Occupational Health Line (01597 827025).

The Head teacher will ensure that each incident is reviewed and investigated further as required. If further action is required in relation to a member of staff or a pupil, this will be pursued through the appropriate procedure/s:

* Review of positive intervention plan
* Child Protection Procedure (this may involve investigations by Police and/or Social Services)
* Staff or Pupil Disciplinary Procedure
* Behaviour for Learning Policy
* Exclusions Procedure; in the case of violence or assault against a member of staff this may be considered
* The member of staff will be kept informed of any action taken.
	+ In the case of any action concerning a member of staff, he/she will be advised to seek advice from his/her professional association/union.

In some circumstances it may be appropriate to provide additional training or professional support for particular staff in relation to the management of an incident.

## **Health and Safety of Staff**

Under the Health and Safety at Work Act, employees have a responsibility to report any circumstances which give rise to an increased risk to their Health and Safety.

Staff, who have, or acquire, permanently or temporarily, any medical condition that may impact on their ability to carry out a pupil’s PIP, have a duty to report this to the Head Teacher immediately, as there may be an impact on their own safety and that of colleagues and/or pupils.

##

## **Staff Training**

Training for all staff is enhanced by Team Teach training in the use of positive handling and it is the responsibility of the Head Teacher to ensure this training is kept up to date. No member of staff will be expected to use Team Teach techniques without appropriate training. Prior to the provision of training, guidance will be given on action to be taken in the event of an incident. Arrangements will be made clear as part of the induction of staff; training will be provided as part of on-going staff development.

All school staff working directly with pupils receive Team Teach training.

##

## **Parent Support**

This policy outlines the process for involving parents in devising Individual Behaviour Plans/PIPs and in giving consent for these plans to be shared. This process encourages consistency between everyone supporting our pupils, whether at home, in school or in other settings and services. It also allows parents to make informed decisions about the care of their child whilst in school.

##

## **Whistle Blowing**

Whilst the training in Team Teach provided to all staff encourages the use of help protocols and reflective practice, it is acknowledged that under some circumstances, physical intervention can be misapplied. Staff are reminded that part of their duty of care to pupils includes the requirement to report any such matters which cause them concern in relation to pupil management and welfare. Any such concerns, (short of immediate Child Protection concerns which should, of course, be reported immediately), should be reported in line with the Whistle Blowing Policy.

|  |  |
| --- | --- |
| **POSITIVE INTERVENTION PLAN (PIP)** | **Powys Schools Service** |

|  |  |
| --- | --- |
| **Learners Name:** |       |
| **Year Group** |  |
| **Date of Plan:** |  |

|  |
| --- |
| **Trigger Behaviours:** Describe common behaviours/ situations which are known to have led to positive handling being required. What tends to trigger such behaviour? |
| **Preferred Supportive and Intervention Strategies**: Describe strategies that, where and when possible, should be attempted before positive handling techniques are used.

|  |  |  |  |
| --- | --- | --- | --- |
| Verbal support | **[ ]**  | Distraction (known key words, objects) | **[ ]**  |
| Reassurance | **[ ]**  | Take up time (to allow cognitive processes) | **[ ]**  |
| CALM Talking and Stance (broken record) | **[ ]**  | Time in( allow pupil to leave room, accompany but be comfortable with silence to allow calm down time) | **[ ]**  |
| Negotiation | **[ ]**  | Transfer adult | **[ ]**  |
| Choices / Limits | **[ ]**  | Tactical ignoring | **[ ]**  |
| Humour | **[ ]**  | Consequences |  |
| Success reminder | **[ ]**  | Cool off  | **[ ]**  |
| Other:      |

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| --- |
| **Positive Points / Strengths** ( Areas that can be developed and built upon - Bridge Builders |
| 1. |  |
| 2. |  |
| 3. |  |

|  |
| --- |
| **Behaviours that are likely to be demonstrated:**  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **[ ]**  |  | **[ ]**  |
|  | **[ ]**  |  | **[ ]**  |
|  | **[ ]**  |  | **[ ]**  |
| Other:  |

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| **Medical Conditions :** eg asthma , brittle bones  |
| **What “get outs” can be used to end a physical intervention?** |
| **De-Briefing and recording and notifications required –** Who needs to be informed? (including requirement to record in Bound and Numbered Book and log with Schools Service) |
| **Managing behaviours:**  Work to be undertaken e.g. anger management, counselling, abuse, post traumatic stress      |
| **Learner’s view of the plan:** |
| Teacher in Head teacherSigned:Date: |
| Parent/ GuardianSigned:Date: |

 Date:

Head teacher/Senior Member of Staff

EXAMPLE \*Powys Pupil Referral Service

 **Challenging Behaviour Risk Assessment**

**Name of pupil: Date of birth:**

**Risk Assessment completed by:** (Risk Assessor)

**Other persons involved in the Risk Assessment:**

**Reason for Risk Assessment**: [ ] prior to admission/on starting to school

[ ] in response to staff concerns

[ ] following a series of incidents [\*] following a major incident

**Summary and dates of incidents from Serious Incident Book:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Staff/pupils injured?****State nature of injury** | **Was the incident reportable under RIDDOR?** | **Were restrictive physical interventions used?** |
|  |  |  |  |
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**Types of behaviour causing concern**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Frequency***H – hourly, D – daily, W – weekly, M – monthly, T – termly, A - annually | ***Behaviour***give brief description | ***Estimate, Opinion or known*** – O/K | ***Intention*** D – deliberate, A – accidental, I – involuntary, U - unintentional | ***Risk/ likelihood -***  (likelihood of that harm happening) 1 – improbable to 5 – almost certain | ***Hazard/ severity*** – potential degree =1 – minor injury to 5 – death | Risk rating (see last page for guidance) |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Other |  |  |  |  |  |

**Triggers/reasons given for behaviour**

[ ] frustration [ ] conflict [ ] pressure/demands

[ ] non-preferred activity [ ] change to routine [ ] gender issues

[ ] anxiety [ ] learned behaviour [ ] choice required to be made

[ ] external – eg respite [ ] regular staff absent

[ ] not allowed something he wants, eg activity,sweet

[ ] inappropriate response to challenge

[ ] possible psychiatric/psychological difficulties/episode

[ ] poor response to environmental changes

[ ] Other – state:

**Flash points/high risk situations**

[ ] on arrival at school [ ] when told of change to routine

[ ] when (s)he observes change in routine [ ] meal times

[ ] non-preferred lessons [ ] moving between lessons

[ ] out of school activities [ ] Risk of absconding

[ ] Break times [ ] Lunchtimes

[ ] Home/school transport and school minibus – if familiar route changed

[ ] Other – please state:

**Adults to whom behaviour is most likely to be exhibited (indicate which option applies)**

[ ]All staff [ ] all women [ ]all men

[ ]unfamiliar staff (new/male/female) [ ] familiar staff (all/male/female)

[ ]some women (younger/older) [ ]some men (younger/older)

[ ]visitors [ ]members of the public [ ]other – state

**Peers to whom behaviour is most likely to be exhibited**

[ ] all peers [ ] all male peers [ ] all female peers

[ ] some male peers (younger/older/more vulnerable/PMLD)

[ ]some female peers (younger/older/more vulnerable/PMLD)

**Control methods to reduce the risks**

[ ] 2:1 staffing support – Team Teach trained – for high risk activities off site

[ ] 1:1 staffing support – Team Teach trained – part-time for higher risk activities

[ ] Team Teach trained staff with pupil at all times – with whole group, not 1:1

[ ] Team Teach trained staff available via walkie talkie for incident support

[ ] small team of staff trained in Front Ground Recovery

[ ] additional specific TA support in particular lessons

[ ] extra TA support in class – not 1:1

[ ] individual timetable options available to learner

[ ] restriction of out-of-school visits – if risk assessment on the day requires

[ ] restriction of school-based activities

[ ] pre-school telephone call home to ascertain mood/anxiety levels

[ ] post-school telephone call home to give feedback – as needed

[ ] special seating arrangements – sat near door for escape route, next to staff

[ ] special arrangements on arrival/at end of day

[ ] Behaviour Management plan to be devised/reviewed –includes Team Teach Front Ground Recovery for extreme emergencies only

**Daily management/early interventions to manage risk**

[ ] ”calm down” space available – Safe Space

[ ] supported withdrawal to “calm down” area

[ ] ear protectors

[ ] referral to Deputy/Head

[ ] Intrinsic Development to calm down

[ ] symbols/PECS book/communication aid available to communicate/request calming activities

**Reactive interventions**

[ ] removal of peer group

[ ] removal of staff

[ ] physical holding/positive handling by staff – state staff/learner ratio:

[ ] temporary exclusion

[ ] permanent exclusion

**Evaluation of reduction in risk**

The above would reduce the maximum risk to:-

Hazard/severity = Risk/likelihood = Overall risk level =

**Future action**

**Signed**: Risk Assessor …………….………………………………….. Date: ……………

**Signed**: Headteacher …………….…………………………………….. Date: ……………

|  |
| --- |
| **RISK RATING/LEVEL ESTIMATION GUIDANCE** |
| **Likelihood: Severity: Key** |
| **1** | Improbable | 1 | No or trivial injury/illness |
| **2** | Unlikely | 2 | Minor Injury/Illness |
| **3** | Even Chance | 3 | 3+ Days Lost Time Injury/Illness |
| **4** | Likely | 4 | Major Injury/Severe Incapacity |
| **5** | Almost Certain | 5 | Death(s) |
|  |  |  |  |
|  | **Risk Level Matrix:** |  |  |
|  | **L****i****k****e****l****i****h****o****o****d** | **5** | 5 | 10 | 15 | 20 | 25 |  |  | Insignificant |
|  | **4** | 4 | 8 | 12 | 16 | 20 |  |  | Low |
|  | **3** | 3 | 6 | 9 | 12 | 15 |  |  | Moderate |
|  | **2** | 2 | 4 | 6 | 8 | 10 |  |  | High |
|  | **1** | 1 | 2 | 3 | 4 | 5 |  |  | Intolerable |
|  | 1 | 2 | 3 | 4 | 5 |  |  |  |
|  | **Severity** |  |  |  |