

# **Thriveology Wellness CIC**

**Physical Intervention Policy.**

**September 2025**



# PHYSICAL INTERVENTION POLICY

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## INTRODUCTION

At Thriveology our curriculum is based on nurture to meet the needs of every child or young person that we have in our setting. All our children and young people have social, emotional and mental health needs or special educational needs therefore require additional support to meet their developmental and emotional needs.

Thriveology recognizes that appropriate touch is an important developmental stage for all children and young people and that some may not have experienced positive early bonding with parents/carers. Thriveology also recognises the importance of developing emotional resilience, which is taught throughout our practice and mentoring sessions.

We believe pupils need to recognise and understand why they need to take responsibility for their own actions. At Thriveology, students learn how their actions affect others through structured 'Restorative Practice' sessions after any serious incident. Some students will require physical intervention to prevent them from causing harm or danger to others and/or themselves. All physical interventions within the Team Teach approach endeavour to keep people safe whilst supporting the learning of students in developing better ways to manage their own emotions and behaviour.

## KEY PRINCIPLES

Thriveology has, in conjunction with other schools and alternative provisions adopted the Team Teach training package. Staff and volunteers receive annual training in de-escalation skills and positive handling techniques. Time is set aside in reviewing the effectiveness of any de-escalation strategies and handling techniques identified in student's Individual Behaviour Plans in staff de-brief. We endeavour to work closely with the LA, Educational



Psychology Service and Social Care in ensuring that students' needs are addressed, and advice is considered/implemented.

### **The Key Principles are:**

- Physical Intervention and Restraint should be used as a last resort to support children and young people in times of crisis. Restraint should be avoided wherever possible.
- Staff will continuously seek opportunities to communicate, assess the situation, look and listen and divert/de-escalate.
- Any physical intervention will be REASONABLE, PROPORTIONATE AND NECESSARY – in the pupil's and staff's best interest.
- Where there is an element of foreseeable risk this will be assessed and, where possible, recorded.
- All staff involved in any physical intervention are responsible for completing a Physical Intervention Record Form on the same day as the incident. All details will then be added to CPOMS by the staff member.
- Parents/carers will be contacted by the setting when their child has been involved in physical intervention. This may be by telephone, direct contact or by letter on the day the incident occurred.
- The setting will keep records of any physical intervention on CPOMS. These are checked every time a physical intervention occurs by the Managing Director or SLT.
- Where pupils require physical intervention, a Positive Handling Plan will be generated and then added to their CPOMS profile. This will be reviewed and updated to identify agreed strategies, non-verbal, verbal and physical support that will help the pupil learn, develop emotionally and socially.
- Staff that are trained and not physically involved in the intervention will be expected to act as advocates for the student and members of staff.
- All staff will be trained in Team Teach to the basic level. This is refreshed every two years.
- Thriveology has 2 members of staff also trained in School and Paediatric First Aid and hold relevant certificates.

- Team Teach techniques seek to avoid injury; however, it is possible that bruising or scratching may occur accidentally to either a student or member of staff supporting them. These are not necessarily as a failure of professional techniques, but a regrettable and infrequent side effect of attempts to keep people safe. There will always be a verbal check of injury after physical intervention and any injury will be treated and recorded on a body map on CPOMS.
- It is the duty of all staff to offer appropriate support during or after a physical intervention or serious incident.

## GUIDELINES FOR STAFF

Physical Intervention is any method of physical intervening to resolve a difficult or dangerous situation and is not necessarily physical restraint. Physical restraint is defined as when a member of staff uses force with the intention of restricting a young person's movement against their will.

Physical Intervention and Restraint should be used as a last resort to support children and young people in times of crisis. Restraint should be avoided wherever possible. It is never a substitute for good behaviour management. Other methods of de-escalation (such as defusing conflict, non-physical calming, etc.) of managing the situation should always be tried first, unless this is impractical.

It is the responsibility of the setting, specifically the Managing Director and Director Committee, to ensure that the policy in place on the use of Physical Intervention should be communicated to the setting community, updated and reviewed on an annual basis.

It is the responsibility of the setting to ensure that an Individual Behaviour Management Plan is in place for all young people who require physical restraint on more than one occasion. A Behaviour Management Plan should include a Risk Assessment and a Positive Handling Plan. The Positive Handling Plan (Appendix 3) needs to be signed by parents/carers who should be made aware of any changes during the year.

Staff have a duty of care to maintain good order and safeguard young people's health and safety. However, staff are not under a duty to run the risk of serious personal injury by intervening when it is not safe to do so.

### **Physical restraint must:**

- Never be entered into lightly.
- Involve the minimum force necessary.
- Be used to de-escalate a potentially dangerous situation.
- Be applied only until the immediate threat is passed.
- Support the child/young person to maintain self-control.
- Not be used offensively as a threat or a punishment (aversive consequence).
- Not inflicting pain.
- Be administered calmly and rationally, not in response to anger or frustration.
- Be the result of a professional judgement about the young person's safety, taking account of the age and abilities of the young person.
- Be in the child/young person's best interests and not for convenience of staff.
- Not be a substitute for a positive intervention/behaviour management plan.
- Be planned; an emergency response is only justified on the first occasion.
- Always be the last resort (i.e. means other than force was attempted and found to be insufficient).

### **The following situations may legitimately require physical restraint as a response:**

- Where there is risk of injury to young people.
- Where there is risk of significant damage to property.
- Where a young person behaves in a way that is compromising good order and discipline.
- To prevent the committing of a criminal offence.

**Physical restraint should only be considered as an option if:**

- Calming and de-fusing strategies have failed to de-escalate the situation.
- The response is in the paramount interests of the young person and/or those around them.
- Not intervening is likely to result in more dangerous consequences than intervening.

**Holding techniques should take account of the following:**

- Airway – no obstruction of airway.
- Breathing – no restriction of chest area.
- Circulation – no pressure on arterial pressure points.
- Good body alignment.
- Avoid pressure on joints.

The use of ground holds should only be used if staff have had regular training from an advanced Team Teach trainer.

Young people should always be monitored for health and safety during physical restraint.

Holds should stop immediately if the following signs are noted:

- Difficulties in breathing
- Sudden change in colour of skin
- Vomiting

All incidents of restraint should be recorded and the Government Guidance (DCSF 2007 'Use of Force to Control and Restrain Students') clearly states that schools should keep systematic records of every significant incident in which force has been used, in accordance with settings policy and procedures or the use of force and its Child Protection requirements. When a young person has been restrained it should be reported to the Managing Director and the parents/carers. Incidents should be recorded using the Physical



Intervention Record Form within 24 hours of the incident, in order to:

1. Ensure policy guidelines are followed.
2. Inform parents
3. Inform future planning as part of the settings process
4. Prevent misunderstanding and misinterpretation of the incident
5. Provide a record for any future enquiry

Thriveology will monitor its own records and complete a Physical Intervention Review and Actions report every half term. This is shared with the Management Directors and other relevant colleagues as required as per outcome of the actions each half term.

The effects of an incident of physical intervention should be monitored and support provided to young people and staff where necessary. For staff this support can come from the daily debrief, Line Managers and Senior Leaders, who will arrange additional support from other agencies as required.

In an emergency or a case of self-defence everyone has the right to use 'reasonable force' to defend themselves or others against attack. Circular 10/98 makes it clear that force should only be used if the situation warrants it, and that such force must be in proportion to the circumstances and consistent with the age, gender and understanding of the young person.

## INFORMING PARENTS

While our focus should always be on de-escalation, there may be occasions when a member of staff feels it is reasonable, proportionate and necessary to use restrictive intervention in order to keep everyone safe.

In these situations, it is vital to keep parents and carers fully informed about what has happened, and ensure they are offered the opportunity to discuss the incident with any



relevant staff members. Open, two-way communication underpins the restorative process, enabling us to work collaboratively with families to find ways forward together.

### **A 3-step approach to support**

It can be upsetting for parents and carers to find out that a physical intervention has been used to support their child. They may feel angry, worried, confused or frustrated about why the intervention was necessary, and what will happen in future to reduce the likelihood of it happening again.

It's helpful to put a robust 3-step system in place following the use of any restrictive practice so you can inform and support families and ensure they are part of decision-making processes:

#### **1. In-Person/ Phone Call**

As soon as possible, let parents / carers know what has happened, either in person or over the phone. Where there is a face-to-face meeting, this should take place in a quiet, private and comfortable space, to ensure confidentiality. This conversation is an opportunity to clarify the reasons for the intervention, allay any fears, and offer reassurance.

#### **2. Written Follow-Up**

After talking about the incident, write a letter (see appendix 3 for template) that provides details of the incident explaining what will happen next to move forward together. You may also want to share the Team Teach information leaflet so that parents / carers can understand more about behaviour support strategies used in the setting.

#### **3. Planned Meeting**

Set up a meeting with the parents / carers to identify ways to avoid similar situations happening in the future, and to review and update individual risk assessments and support



plans. If appropriate, you may also want to involve the student and any relevant staff members. This can form part of a wider restorative process, to encourage the repairing of damaged relationships and to promote a culture of post-incident reflection and support.

## RISK ASSESSMENT

The aim of this document is to allow as full participation as possible by the student in school life without prejudice to other members of the community.

A risk assessment is an important component of Health and Safety at work requirements for all staff, volunteers and students in an educational setting. In the event of a serious incident arising from student behaviour, any reviewing body will pay close regard to foreseeable risk and the approach taken to reduce that risk.

This is a confidential document. It should be distributed on a need-to-know basis, whilst ensuring staff, volunteers and student safety is not compromised. Please seek further advice if in doubt about any individual cases.

Ensure that relevant members of staff have a copy. (This may include a variety of non-teaching staff or volunteers)

Ensure the parent/carer of the student is involved whenever appropriate in its completion and has a copy.

Information may be collated from a variety of sources

- The pupil and the parent or carer of the pupil.
- Behaviours exhibited in previous schools.
- Behaviours exhibited at Thriveologys' setting.
- Agency networks

Review Date: SEPT 2026

## Appendix 1 – Individual Risk Assessment



### Individual Risk Assessment

Name Of Student		Points of assessment (tick one box)	Prior to admission	
Age			At induction	
Current School on Roll			At review meeting	
Name of person completing or assisting with assessment			Following one serious incident	
			Following a series of incidents	

Type of behaviour causing concern (Select those known to have occurred)	Risk Rating			Details of Risk and Control Measures	
	Hazard (H) 1-4	Probability (P) 1-4	Level Of Risk (H/M/L)	Triggers	Details including control measures to reduce risk
Self-harm					
Bullying					
Swearing/abusive					
Sexually inappropriate					
Violent/aggressive					
Impulsive dangerous					
Substance/alcohol misuse					
Absconding absenting					
Damage to property					
Offending (e.g. stealing)					
Carrying/using weapons					
Discrimination towards others					
Other - specify					
Please use this space to highlight any other information which will help staff reduce risk.					

Signed		Date Completed	
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Appendix 2 – Physical Intervention Record Form (HCC)

Physical Intervention Record Form



School ..... DCSF No.....Year Group.....

Name of child/young person .....

Is this young person a looked after child/SEN/vulnerability? .....

When did the incident occur?

Date	Day of week	Time	Where?
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Staff involved

Name	Designation	Team Teach trained?	Involved: physically? (P) as observer? (O)	Staff signature

Please describe the incident and include:

1. What was happening before?
2. What do you think triggered this behaviour?
3. What de-escalating techniques were used prior to physical intervention?
4. Why was a PI deemed necessary?
5. Any other information relevant to include.

Team Teach technique(s) used (tick as appropriate)

Technique	Standing/escort	Sitting/chairs	Kneeling	Ground
Breakaway/defensive				
One person				
Two people				

Please give details below of hold, e.g. single elbow, double elbow, wrap, etc. ....

How long was the child/young person held? .....

If the child/young person was held on the ground: Did they go to ground independently?\*

(e.g. did the child lift their weight off the floor, or go deadweight)

Were they taken to ground by staff?\*

*\*tick as appropriate*

**Good practice dictates that schools should review what happened and consider what lessons can be learned, which may have implications for the future management of the pupil. These need not be added to this form but should be incorporated in the individual plans for the child.**

Has the child/young person been held before?	Yes/No
<i>A child/young person should have an individual plan clearly detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.</i>	
Does the individual support plan need to be reviewed as a result of this incident?	Yes/No
Does the risk assessment need to be reviewed as a result of this incident?	Yes/No
If yes, who will action and when? (less than four weeks)	

Who was the incident reported to, and when? .....	
.....	
<b>Was there any medical intervention needed?</b>	<b>Yes/No</b>
Include names of any injured person and brief details of injuries .....	
.....	
.....	
Please specify any related record forms	
Accident Book <input type="checkbox"/>	Anti Bullying and Racist Incident Record Form <input type="checkbox"/>
Skin Map <input type="checkbox"/>	Violent Incident Record <input type="checkbox"/> Complaints recorded <input type="checkbox"/>
Other (please specify) .....	



Was the pupil debriefed?	Yes/No
Were staff offered a debrief?	Yes/No
Was it taken up?	Yes/No

Parents/carers were informed

Date	Time	By whom?	By direct contact, telephone, letter?

Form completed by:	Name	Designation	Date and time



### Appendix 3 – Template Letter for Parents Following Physical Intervention

\*Please transfer the contents of this letter onto headed paper with Thriveology's logo and contact information\*

Dear [insert parent / carer name]

Further to our conversation, here are the details of the recent incident involving your child:

Date, time and location of the incident	<i>Insert the date, time and location of the incident</i>
Details of the incident	<i>Give a brief description of the incident, including the type of physical intervention used and why it was a reasonable, proportionate and necessary response. Use clear, factual language and avoid any emotive statements.</i>

We understand that you may be feeling worried or upset about what has happened. Please be reassured that the safety and wellbeing of your child is always our priority and physical interventions are only used as a last resort in order to keep everyone safe. The Team Teach information leaflet included explains more about the ways we support your child at school.

We would like to find a convenient time to discuss what we can do to reduce the likelihood of this happening again and find the best ways to support your child moving forward.

Please get in touch to let us know when you would be available to meet [insert contact details].

If you have any concerns about your child's physical, emotional or mental wellbeing as a result of this incident, or want to ask any questions, please do get in contact. If you are worried about your child's health, especially in relation to any physical symptoms, please contact your doctor immediately.

Yours sincerely

[add staff member / company director's name]