



Physical Intervention Policy featuring CPI Safety Intervention

Policy written:	July 2024
Policy review date:	July 2026
Signed by Director:	<i>E. Barnett</i>

The policy will be reviewed annually as a minimum, unless lessons learnt or new legislation, national or local guidance suggests the need for an earlier date of review.

Policy review dates and changes

Review date	By whom	Summary of changes made	Date ratified by directors	Date implemented
10/06/2025	Eloise Barnett	Change of wording from location to hubs for clarity, addition of recording of incidents within LearnTrek.	10/06/2025	10/06/2025

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1. Introduction

- 1.1 The purpose of this policy is to ensure that, as far as reasonably practicable, the safety of all employees, individuals in our care, visitors and any other individuals who may be affected by people handling activities, are safeguarded through compliance with relevant legislation.
- 1.2 This policy should be read in conjunction with the Behaviour Support Policy.
- 1.3 This policy deals with the principles of restrictive and non-restrictive practices (i.e. holds and disengagements) based on the Crisis Prevention Institute (CPI) 'Safety Intervention'. It is used with the individuals in our care by staff in Phoenix ND Education Ltd hubs.
- 1.4 This policy outlines the legal requirements and the practical procedures that Phoenix ND Education Ltd follows to ensure the safety of the individuals in our care, staff and visitors to our locations.
- 1.5 It is recognised that within Phoenix ND Education Ltd there are a number of children and young people for whom physical interventions may form part of a range of strategies required to meet their needs and to ensure the safety of others. These strategies must be used only once the relevant de-escalation strategies have been exhausted.
- 1.6 Staff may need to use the opportunity for structured play to teach boundaries and concepts. Touch may be used as a planned approach, in accordance with individual child's/young person's plans. Where required each site may have a local Guidance on physical contact with children and young people.
- 1.7 This policy has been written with due regard to Local Authority's policies relevant to Phoenix ND Education Ltd locations, the updated non-statutory advice from the Department for Education 'Use of reasonable force' from July 2013.

- 1.8 This policy applies to all staff working in our locations as well as being engaged in off - site activities.

2. Aims

The aims of the policy are to:

- ensure a consistent, positive, person-centred approach for supporting pupils in modifying their own behaviour
- ensure safe, effective practice in giving pupils physical support
- ensure safe, effective practice in the use of Restrictive Physical Interventions (RPIs)
- ensure that staff have appropriate training, support and reference to relevant theoretical frameworks, enabling their safe and ethical professional judgments around the use of supportive and restrictive physical interventions
- ensure that the use of supportive and restrictive physical interventions are appropriately planned, accurately recorded, transparent and consistent with the best interests of pupils
- ensure that the notions of positive behaviour and behaviour for learning are integral to the individual curriculum offer and educational experience of all pupils

3. Objectives

The objectives of the policy are to:

- promote a shared understanding of what constitutes good practice in responding to behaviour difficulties
- promote the highest possible standard of pupil behaviour
- ensure staff use consistent approaches which encourage pupils to develop their ability to manage their own behaviour, using Behaviour Support Plans that are regularly reviewed
- ensure that reinforcement of appropriate behaviour supports learning
- provide a clear overview of the school's approach to the physical management of pupils
- promote the positive encouragement of individual pupils by all relevant parties
- reassure young people and their families that the school is well informed regarding good practice with regard to the use of restrictive physical intervention
- ensure that when, as a demonstrable last resort, such interventions are required, that they are used and recorded in a transparent, legally valid and ethically stringent manner

- continuously assess and review all risks associated with the use of restrictive physical interventions
- highlight the training needs of staff in the use of restrictive physical intervention

4. Physical Touch

4.1 Physical touch is an essential part of human relationships and staff working within our provision may be required to have physical contact with the children and young people they are caring for. There are occasions where it is entirely appropriate for staff to have some physical contact with the children and young people for whom they are caring. However, it is crucial that in all circumstances, staff only touch children in ways appropriate to their professional or agreed role and responsibilities. Touch can be used to facilitate relaxation or enable the child or young person to enjoy a positive emotional experience when in the sensory setting.

4.2 Touch is defined as any physical contact between two or more people and may include the use of objects e.g. to demonstrate how to use a specific equipment, where 'hand over hand prompting' support is required or another appropriate form of physical contact identified in the Individual's person's care plan/support plan.

4.3 This policy recognises the positive use of physical contact, as staff are likely to experience many different scenarios involving physical contact (from light to firm pressure touch) with children and young people. When touch is used in context and with empathy and due regard for the individual's dignity, it can be a means of providing care, comfort, communication, reassurance and safety.

4.4 Specific arrangements for an individual will be recorded in their Behaviour Support Plan. Behaviour Support Plans are discussed with parents / carers as and when these are formulated. The physical interventions that may be used with an individual pupil are listed within the Positive Handling Plan (PHP).

4.5 Physical intervention is only one of a number of examples of physical contact as set out below:

- Intimate care - care which involves contact or proximity to sensitive areas, (e.g. washing, bathing, changing, cleaning, assisting with menstrual management and some medical procedures);
- Communication - to function as the main form of communication or to encouraged different forms of communication, e.g. when using Intensive Interaction;

- Prompts and guides – as part of teaching, to gain attention or direct movement when guiding children and young people between different areas of the building and the site.
- Therapy - e.g. massage, sensory stimulation recommended by a therapist and provided by a trained staff member.
- Play – individuals at early levels of development (regardless of chronological age) are likely to be quite tactile and physical in play.
- Reassurance and comfort – touch can be used to communicate positive emotions, security and comfort (e.g. side-hug) to calm and reassure a distressed child/young person.
- Physical support – service for children and young people who may have physical difficulties (e.g. transfers in and out of wheelchairs, using a hoist or slide sheet, helping to hold objects),
- Physical Intervention/Restraint – in response to challenging behaviour it may occasionally be necessary to employ the use of Restrictive Physical Intervention, but only as a last resort.

5. CPI Safety Intervention Programme

5.1 This policy features the CPI Safety Intervention Programme.

This programme is a Crisis behaviour management system designed as a safe, non-harmful approach to assist staff in the management of a wide range of disruptive, challenging, aggressive, and violent behaviours, including the most acute behavioural disturbances and high-risk behaviour. The focus is on verbal and non-verbal de-escalation, prevention, and early intervention.

5.2 Supportive and Directive Strategies are those which are used when a pupil is displaying signs of challenging behaviour and consists of strategies used to defuse or de-escalate situations.

Supportive Strategies are “an empathetic, non-judgment approach”.

Directive Strategies are for “decelerating an escalating behaviour”.

Both Supportive and Directive Strategies are likely to be personalised and what constitutes “Supportive” for one individual may very well be regarded as “Directive” for another.

Nonetheless, the Venn diagram in Appendix 1 gives examples of what may typically be expected in either category.

Reactive Interventions may involve the use of Supportive interventions (non-restrictive), Directive Interventions (non-restrictive) and/or the use of Restrictive Physical Interventions (RPIs).

These are the strategies that will be used if a pupil's behaviour escalates into a crisis situation, and could include the following:

- Make the environment safe.
- Move furniture.
- Remove objects that can be used as weapons.
- Guide (with or without compliance)
- Hold or restrain as a last resort and ideally only when identified as an appropriate strategy on the pupil's Positive Handling Plan (PHP).
- Change member of staff as needed.
- Remove pupils to a quiet space/safe area.
- Planned ignoring (for example, if accompanying a pupil to/in a quiet space/safe area).
- In a firm tone, repeat instructions (if appropriate to pupil)
- Complete cessation of verbal interactions (if appropriate to pupil)

5.3 Physical Intervention (Restraint)

The definition of Physical Restraint from 'Reducing the need for Restraint and Restrictive Practice, Non-Statutory Guidance 2019' is:

'Physical restraint is a restrictive intervention involving direct physical contact where the intervener's intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person'.

5.4 CPI Safety Intervention training defines restraint as

'the use or threat of force to help do an act which the person resists, or the restriction of the person's liberty of movement, whether or not they resist'. This is consistent with the Mental Capacity Act 2005 definition of restraint.

5.5 In using the above definition, restraint can be applied using chemical, environmental, physical, and/or mechanical ways to manage a prevailing or perceived risk.

5.6 Within the Safety Intervention programme touching, holding or physical restraint skills (physical interventions) are used as a last resort to manage risk and qualitatively differ in degrees of restriction in terms of perception and application of intent.

5.7 In an emergency situation, interventions may be used in accordance with guidance in the BILD Code of Practice for Interventions using the relevant Safety Intervention.

5.8 A Behaviour Support Plan (BSP) identifies the specific intervention that will be sanctioned for use, and under those which may not be used under any circumstances. Where appropriate, a Safety Intervention trainer can be called upon to refresh the team on specific skills.

5.9 The Safety Intervention model consists of the following interventions 'physical holding and disengagement/emergency responses':

- Safety Intervention Holds form a hierarchy of restriction (low, medium and high). This hierarchy ranges from the least restrictive intervention that allows staff intervening to prompt and guide the individual; to an intermediate restriction that allows movement whilst being held; to the most restrictive intervention whereby all movements are limited.
- Safety Intervention Disengagements/Emergency Responses: use a physical intervention to gain a release from a holding situation whilst minimising pain or injury in situations in which the behaviour has been assessed as a low, medium, high.

5.10 Safety Intervention will include:

- Low, medium and high-level restriction in a seated position
- Low, medium and high-level restriction in a standing position and transitions
- Third person holding in a seated and standing position.

5.11 No physical interventions should be intended to cause pain or harm and the risk of causing accidental harm should always be minimised.

5.12 All restrictive interventions should be used for the shortest time possible and use the least restrictive means to meet the immediate need.

5.13 Staff need to use their professional judgement about how best to respond to a situation and each circumstance can only be viewed on a case-by-case basis.

5.14 The person responsible for behaviour and CPI Implementation, must use effective analysis to ensure any of the situations described above are explored and steps taken to prevent those from happening again.

5.15 A measure of physical intervention/restraint may only be justified in the following 3 circumstances:

- Risk of injury to self
- Risk of injury to others
- Serious Damage to Property of any person (including the child/young person)

5.16 Physical Intervention/Restraint in relation to a child/young person must be necessary and proportionate.

5.17 In a school, members of staff have the power to use reasonable force to prevent pupils committing an offence; injuring themselves or others; damaging property, or to maintain good order and discipline in the classroom.

5.18 The 'Opt-out' sequence should be used as soon as a situation is brought under control, steps should be taken to decrease the intensity of any restrictive intervention as the individual calms and is able to take more control of their own behaviour.

5.19 Staff should not intervene in situations of risk without the presence of another adult, except in exceptional circumstances where the risk of not intervening outweighs the risk of intervening. Staff ratio would be based on a risk assessment of individual children's/young people's needs.

5.20 Any individual member of staff using a specified physical intervention must have been trained in the use of that intervention. The only exception will be where the Emergency actions for safety can be justified because of the level of risk posed to themselves or others.

5.21 There may be occasions where the situation presents such a high level of risk that no direct intervention is considered safe or appropriate. In such circumstances it will be necessary to call in outside agencies such as the Police. This is particularly important in situations where an individual has some form of weapon that increases the risk of harm being inflicted.

5.22 All staff, as authorised by the Director, that are trained to do so have statutory power to use physical intervention, which is reasonable and proportionate, recorded and can be explained.

5.23 All staff working with the individuals in our care are trained in Safety Intervention strategies or another appropriate methodology – please see training section.

6. Staff Training/Authorisation of Staff

6.1 Continuous Professional Development (CPD) in the pro-active management of challenging behaviour is offered to all staff on a continuous basis. Phoenix ND Education Ltd will always work towards a reduction in the use of restrictive physical management, keeping up to date with the newest pedagogical research.

6.2 All staff new to Phoenix undergo an Induction Session with the members of the management team, responsible for Behaviour Support.

This induction session covers:

- Our working definition of 'Challenging Behaviour'
- Key principles of PBS
- CPI Safety Interventions: key concepts
- Behaviour Support Planning
- Incident reporting
- Use of visuals to support learning
- The Assault Cycle

6.3 Staff will be authorised to use restrictive physical interventions when they have been fully trained and have valid certification in the use of CPI Safety Intervention. Phoenix ND Education Ltd provides training for all authorised staff and the Provision Manager retains a list of all those staff trained and authorised. The list is reviewed on an annual basis (or more frequently if the context requires it).

6.4 Authorisation is not given to volunteers, students or parents. Supply staff will not appear on the list of authorised persons unless they can offer valid certification in the CPI Safety Intervention approach and are familiar with the provision's policy. Support services will have their own policies for handling pupils, but they need to be aware of our policy and practice while working within our settings.

6.5 Training in the use of restrictive physical interventions will be made available for all staff as part of an on-going programme of CPI Safety Intervention training. This training will include sections on the current legal framework, background, theory and rationale behind the CPI Safety Intervention approach, as well as an understanding of key CPI Safety Intervention principles, before any physical techniques are taught. All staff who will be required to employ restrictive physical interventions should have Safety Intervention (CPI) training (foundation level or foundation and advanced level depending on the need of the Individual) and should only, except in emergencies, employ those physical

interventions for which they have had training. It is required that all staff are provided with the annual refresher, to ensure that staff retain their skills and remain confident in their ability to support the individuals in our care.

6.5 CPI Safety Intervention techniques seek to avoid injury to the pupils, 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 as a regrettable and infrequent side effect of ensuring that the pupil remains safe. All forms of restrictive interventions involve a degree of risk. However, it is essential that all staff discharge their duty of care so that no action or omission on their behalf knowingly or negligently causes harm to others and so far as reasonably practicable, the safety of everyone involved is maintained. If an injury does occur, it is essential that appropriate medical attention is sought immediately, and that the nature and the cause of the injury is clearly documented.

6.6 If there are concerns as to the nature, cause or frequency of injuries to a pupil or staff, a specific review of events may be required. If staff have concerns regarding the welfare of pupils, staff should follow the setting's Safeguarding Policy.

7 Recording and Reporting

7.1 As soon as is reasonably possible after an incident, staff need to complete a record using the Incident Log within LearnTrek, (normally prior to leaving school for the day but definitely within 24 hrs). **Parents must be informed on the same day.**

7.2 The record of the restrictive physical management of the young person will indicate:

- The names of the staff and the pupil involved
- Where applicable, the reason for using the specific type of restrictive practice (rather than an alternative less restrictive strategy)
- The type of intervention employed
- The date and the duration of the intervention
- Whether the pupil or a member of staff experienced injury or distress, and if they did, what action was taken
- The outcome of the debrief session, including any changes which need to be made to the pupil's Behaviour Support Planning

7.3 When both the staff member and the pupil are ready, they can discuss the incident and future strategies, where appropriate. It may be decided that the Behaviour Support Plan needs to be reviewed to cover additional behaviours or to include alternative strategies. CPI Safety Intervention training supports

staff to effectively undertake Recovery work with pupils using appropriate Restorative Approaches, including Restorative Conversations where appropriate. Phoenix ND Education Ltd is committed to exploring alternative models of supporting Recovery and Debrief for our pupils, for whom there are specific challenges arising from their complex additional needs.

- 7.4 When a restrictive physical intervention has been used, it must be reported to the pupil's parents / carers before the pupil goes home. Where possible, parents / carers should be contacted by telephone as soon as possible after the incident, before confirming details in writing. The written report should tell them when and where the incident took place, why it was decided that a physical intervention had to be used, the strategies used to try to avoid having to use a restrictive physical intervention, what physical interventions were used, whether there were any injuries and what follow up action (support and/or disciplinary) was being taken in relation to their child. The proforma for recording is set out in the appendices.

Appendices

Appendix 1. Glossary of terms

Restraint by the Mental Capacity Act 2005 (MCA) – MCA defines restraint as when someone “uses or threatens to use force to secure the doing of an act which the person resists OR restricts a person’s liberty whether or not they are resisting”.

Physical restraint: a restrictive intervention involving direct physical contact where the intervener’s intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person.

Chemical restraint: the use of medication which is prescribed and administered (whether orally or by injection) by health professionals for the purpose of controlling or subduing disturbed/violent behaviour, where it is not prescribed for the treatment of a formally identified physical or mental illness.

Mechanical restraint: the enforced use of mechanical aids such as belts, cuffs and restraints forcibly to control a child or young person’s individual’s movement.

Appendix 2 Venn Diagram of typical Supportive and Directive Strategies



Appendix 3

[Positive Handling Plan](#)

Appendix 4

[Incident record and PI log](#)

Appendix 5

[Positive Behaviour Support Plan](#)

Appendix 6

[RAG Rated Risk Assessment](#)

Appendix 7

[Risk Assessment behaviour](#)