

POLICY DOCUMENT

009: Physical Intervention

Access: Unrestricted

Publish to: All Staff / All Students & School Website (not mandatory)

Status: Statutory

Approval level: Senior Leadership Team, FGB to be informed

Review Responsibility	Reviewed date	Signed off	Date of next review	Frequency Of review
Ben Penfold	13/11/2018	Ivan White	13/11/2019	Annually
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Ben Penfold	13/11/2020	FGB	13/11/2021	Annually
Ben Penfold	13/11/2021	FGB	13/11/2022	Annually
Kevin Betlem	15/12/2022	FGB	15/12/2023	Annually
Kevin Betlem	09/01/2024	SLT	09/01/2025	Annually
Kevin Betlem	23/09/2025	SLT	23/09/2026	Annually

Physical Intervention Policy and Guidelines

Introduction

The Polygon School is a special school for pupils aged 11-16 years for whom mainstream school is inappropriate. All pupils have a Health, Education and Care Plan. All pupils have Individual Behavioural Plans which are regularly reviewed and shared with parents/ carers. Plans include behavioural management strategies that staff will employ to support each pupil to achieve their full potential.

The school serves the community of Southampton City and may sometimes admit pupils from other authorities. All pupils are referred by 'The SEND Panel', through the SEND team.

Aims

- To ensure that The Polygon School provides a safe and secure environment where all pupils can achieve their full potential.
- To ensure that staff remain safe and feel confident to effectively support the needs of every pupil, both academically, behaviourally, emotionally and socially.
- To recognise that we all have a responsibility for our own actions.

Rationale

At The Polygon School we use a holistic approach to meet the needs of every pupil, so that they can access the school curriculum. This policy should be read in conjunction with Policy 014 – Behaviour Management. All of our pupils have a Health, Education and Care Plan.

- Some pupils have a medical diagnosis of ADHD, Autism, Tourette's Syndrome, ADD and Conduct Disorders.
- Some pupils have mental health issues and others may have social disorders.
- Some pupils are unable to control their behaviour or have learned behaviours that can be perceived to be threatening, aggressive, intimidating or violent.
- Some pupils are unable to recognise situations that may cause a threat to themselves or others.
- Some pupils may have been sexually abused and this may be manifested in extreme fear and anxiety.
- Some pupils have failed to develop appropriate adult-child relationships and require a lot of support to meet their developmental and emotional needs.

The Polygon School recognises that appropriate touch is an important developmental stage for all pupils and that some may not have experienced sound early bonding with parents / carers. The ways in which the effects of physical isolation are manifested are varied. The school creates opportunities for appropriate touch such as the shaking of hands after a sports game and opportunities for pupils to engage with relaxation techniques such as hand or shoulder massage or meditation.

The school also recognises the importance of developing Emotional Literacy skills and Social Skills which are taught throughout daily practice, during small group / 1:1 session and reinforced during assemblies. Social skills are developed and reinforced through the 'PSHE' programme which is delivered weekly to all classes in scheduled lessons.

We believe that pupils need to recognise and understand why we need to 'take responsibility of our own actions'. At The Polygon School pupils learn how their actions affect others through structured 'reflective' sessions after any serious incident. Our aim in all behaviour leadership is to help the child take control of their own behaviour.

Some pupils will require physical intervention to prevent them from causing harm or danger to others and themselves. All physical interventions within Securicare multi-discipline approach endeavours to keep people safe whilst supporting the learning of pupils in developing better ways to manage their own emotions and behaviour. The Polygon School is a restorative school and will seek to find resolution to difficulties through this process.

Key Principles

The Polygon School has adopted the use of Securicare, promoting a multi-discipline approach between education, social care and health. Through Securicare approach staff receive annual training in de-escalation skills and positive handling techniques. Time is also set aside in reviewing the effectiveness of any de-escalation strategies and handling techniques identified in children's individual plans in staff meetings and class teams.

We endeavour to work closely with the LA, Educational Psychologist Service and Social Care in ensuring that pupils' 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 distract, divert and de-escalate.
- Any physical intervention will be **REASONABLE, PROPORTIONATE AND NECESSARY** and in the pupil'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 the PI form on the same day as the incident and ensuring that this is handed to the Head Teacher or Securicare Lead Trainer.
- Parents / carers will be contacted by the school 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 school will keep records of any incident and physical intervention in a numbered database. This is analysed and recorded by the Deputy Head every half term, shared with staff, Governors and our colleagues at the Southampton Physical Intervention Group (SPIG) meetings.
- Mr Betlem will review the use of physical interventions every term. The review will aim to keep track of which pupils have been involved in a Physical Intervention and to establish if there's any pattern of when they happen. Strategies can then be implemented to try and reduce the number of Physical Interventions involving a particular individual.

- All pupils require an Individual Behaviour Plan which will identify agreed strategies, nonverbal, 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 pupil and members of staff.
- All staff will be trained in Behaviour Management and Physical Intervention by three inhouse trainers that have completed the Securicare trainer course. This is refreshed every year. In addition, staff will have the opportunity to refresh throughout the year in termly training sessions.
- Securicare techniques seek to avoid injury to the child; however, it is possible that bruising or scratching may occur accidentally. 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 skin map, HS1 and HS2. These will be subsequently sent to the LA.

The school will review this Policy annually and will include details of the most recent guidance from the Department of Health 'Reducing the Need for Restraint and Restrictive Intervention' (November 2017).

This policy was developed by the Southampton Physical Intervention Group (SPIG), representatives from all the Special Schools in Southampton.



Guidelines for Staff

Physical Intervention is any method of physically 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. Securicare ensures restraint is achieved through the use of closing natural gateways and restricting the biomechanics of the body. This means that the need of force is reduced to a minimum.

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 (such as defusing conflict, nonphysical calming, restorative conversations etc.) of managing the situation should always be tried first, unless this is impractical.

It is the responsibility of the school, specifically the Head Teacher and Governors to ensure that the policy in place on the use of PI which should be communicated to the school community, updated and reviewed on an annual basis.

It is the responsibility of the school to ensure that an Individual Behaviour Management Plan is in place for all young people who require a physical restraint on more than one occasion. Any behaviour management plan should include a Risk Assessment and a Positive Handling Plan. <https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools> .

Teachers have a duty of care to maintain good order and safeguard young people's health and safety. However, teachers are not under a duty to run 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 has passed
- support the child/young person to maintain self-control
- not be used offensively as a threat or a punishment (aversive consequence) - not inflict 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 programme
- 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 is behaving in a way that is compromising the good order and discipline of the school
- to prevent the young person committing a criminal offence
- where it is in the best interest of the child / young person

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.
- 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.

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

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools> clearly states that schools should keep systematic records of every significant incident in which force has been used, in accordance with school policy and procedures or the use of force and its Child Protection requirements. Physical Intervention data will be included in the Head Teachers report to Governors on a termly basis.

When a young person has been involved in a physical intervention it should be reported to the Head Teacher and the parents/carers. In Southampton, incidents should be recorded using the Restrictive Physical Intervention (RPI) Record Form within 12 hours of the incident, in order to:

1. ensure policy guidelines are followed
2. inform parents
3. inform future planning as part of school requirement processes
4. prevent misunderstanding or misinterpretation of the incident
5. provide a record for any future enquiry

Special Schools will monitor their own records, and will complete their PI Summary Report.

The effects of an incident of physical restraint should be monitored and support provided to young people and staff where necessary.

In an emergency or a case of self-defence everyone has the right to use 'reasonable force' to defend themselves or others against attack. Department of Education guidance 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.

All staff will have their refresher training on 17.10.25.

Allegations after Physical Intervention – refer to Safeguarding and Child protection (a), Policy 023(a)