



Poplar Adolescent Unit Education Provision

Positive Handling & Physical Intervention Policy

Accepted by the Management Committee: Review Date	May 2022 May 2026
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1. INTRODUCTION

This policy sets out the procedure for managing Physical Intervention. Behaviour and safety at Poplar Adolescent Unit is outstanding. Staff, students and parents form very positive relationships and, in general, our students interact with others in a very positive manner. For the majority of our students physical intervention/restraint will never be required.

In Poplar Adolescent Unit we believe that students need to be safe, to know how to behave, and to know that the adults around them are able to manage them safely and confidently. We have a responsibility to operate an effective behaviour policy that encompasses preventative strategies and de-escalation techniques. Only for a very small minority of students will the use of physical intervention be needed. On such occasions, acceptable forms of intervention are used.

2. Legislation and statutory requirements

This policy is based on advice from the Department for Education (DfE) on:

- Behaviour and discipline in schools
- Searching, screening and confiscation at school
- The Equality Act 2010
- Use of reasonable force in schools
- Supporting pupils with medical conditions at school
- The special educational needs and disability (SEND) code of practice.
- Reducing Restrictive Practice Framework 2019 - 2021 'Working to improve lives' EPUT (NHS) Therapeutic and safe interventions and de-escalations (TASID) April 2020 – MARCH 2022

3. DEFINITION OF “RESTRICTIVE PHYSICAL INTERVENTION”

“Restrictive Physical Intervention” is the term used to describe any intervention which requires a physical response which restricts the young person’s movement. This includes any instance in which a teacher or other adult authorised by the Executive Head has to use “reasonable force” to control or restrain students in circumstances that meet the following legally defined criteria:

- To prevent a student from committing a criminal offence (*this applies even if the student is below the age of criminal responsibility*)
- To prevent a student from injuring self or others
- To prevent or stop a student from causing serious damage to property (*including the student’s own property*)
- To stop the student from engaging in any behaviour which is prejudicial to maintain the good order and discipline at the school.

There is no legal definition of “reasonable force”. However, there are two relevant considerations:

- the use of force can be regarded as reasonable only if the circumstances of an incident warrant it;
- the degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent.

The definition of restrictive physical intervention also includes the use of mechanical devices (eg splints on the student prescribed by medical colleagues to prevent self-injury), forcible seclusion or use of locked doors. It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention.

4. LOCKED DOOR POLICY

The door from the education unit to the exit from the building is kept locked using a swipe card system. All staff have swipe cards. This enables us to reduce the risk of absconson; it is not intended as a way of keeping young people in education against their will. If a young person asks to return to the ward, teaching staff will endeavour to ascertain why they wish to return and, if appropriate, support the young person in remaining in education. Where it is clear that a young person cannot be supported in remaining in education they will be escorted back to the ward. Education staff will call ward staff to escort the young person if it is felt that additional staff are required.

5. WHEN THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS MAY BE APPROPRIATE IN POPLAR ADOLESCENT UNIT.

Restrictive Physical Interventions will be used when all other strategies have failed, and therefore only as a last resort. If an incident escalates rapidly there may not be time to employ alternative strategies and physical intervention may need to be applied as a matter of urgency.

6. WHO MAY USE RESTRICTIVE PHYSICAL INTERVENTION IN POPLAR ADOLESCENT UNIT SCHOOL

Staff who have successfully undertaken the Trust’s **Therapeutic and Safe Interventions De-escalation (TASID) Training** are authorised by the Executive Head to have control of students, and **must** be aware of this Policy and its implications. However, non-inclusion on this list does not mean that an adult is necessarily barred from using physical intervention. If the Head has lawfully placed an adult in charge of students then that adult will be entitled to use restrictive physical intervention in an emergency. TASID trained staff should take over from non-trained staff as soon a possible.

7. TRUST APPROVED TRAINING

Staff will complete EPUT training in the use of de-escalation and physical restrictive interventions. There are two possible training routes:

- Five day TASID (Therapeutic and Safe Intervention De-escalation) training with regular refresher training
- Personal safety training

8. PLANNING FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS IN POPLAR ADOLESCENT UNIT

Staff will use the minimum force needed to restore safety and appropriate behaviour. The principles relating to the intervention are as follows:-

- Restrictive Physical Intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions.
- Restrictive Physical Intervention will only be used in circumstances when one or more of the legal criteria for its use are met.
- Staff will only use it when there are good grounds for believing that immediate action is necessary and that it is in the student's, other students' and/or staff's best interests for staff to intervene physically.
- Staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue, diversion and de-escalation. If possible, the student will be warned, at their level of understanding, that Restrictive Physical Intervention will be used unless they cease the unacceptable behaviour.
- Only the minimum force necessary will be used
- Every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses.
- As soon as it is safe, the Restrictive Physical Intervention will be relaxed to allow the student to regain self-control
- The age, understanding, and competence of the individual student will always be considered.

9. ACCEPTABLE FORMS OF PHYSICAL INTERVENTION IN POPLAR ADOLESCENT UNIT SCHOOL

There are occasions when staff will have cause to have physical contact with students for a variety of reasons, for example:

- To comfort a student in distress (so long as this is appropriate to their age);
- To gently direct a student;
- For curricular reasons (for example in PE, Drama etc);
- In an emergency to avert danger to the student or students;
- Do move aside hair or clothing to ascertain whether a ligature has been tied around the neck
- In rare circumstances, when Restrictive Physical Intervention is warranted.

In all situations where physical contact between staff and students takes place, staff must consider the following:

- The necessity for physical contact – Can the desired outcome be achieved by other means?
- The student's age and level of understanding;
- The student's individual characteristics and history;
- The location where the contact takes place (it should not take place in private without others present).

10. DEVELOPING AN INDIVIDUAL RISK MANAGEMENT PLAN AND AUDITED NEED IN POPLAR ADOLESCENT UNIT

If a student is identified for whom it is felt that Restrictive Physical Intervention is likely, then an individual risk management plan and audited need form will be completed. This Plan will help the student and staff to avoid difficult situations through understanding the factors that influence the behaviour and identifying the early warning signs that indicate foreseeable behaviours that may be developing. The plan will include:

- Involving parents/carers and students to ensure they are clear about what specific action the school may take, when and why.
- A risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens.
- A **record** to be kept in school of risk reduction options that have been examined and discounted, as well as those used.
- Techniques for managing the student's behaviour i.e. strategies to de-escalate a conflict, and stating at which point a Restrictive Physical Intervention may be used.
- Identifying key staff who know exactly what is expected. It is best that these staff are well known to the student.
- Ensuring a system to summon additional support – use to be made of 'Pin Point' alarm or mobile phone/radio.
- Identifying training needs through the 'lessons learnt' section of Datix.
- Advice on handling may be required for students with particular medical needs. This advice can be given by the Trust's TASID trainers

11. RECORDING AND REPORTING

All incident of restrictive physical intervention will be reported to the nurse in charge as soon as possible. The incident will be recorded on the young person's lesson outcomes (QNIC-ERS) and on the Trust DATIX system. The datix report will be reviewed by the Executive Executive Head, the ward manager and the unit Matron. The parent or carer of the young person will be informed. The incident will then be reviewed in the weekly Care Review Meeting.

The young person and all staff involved will be offered a debrief session. Where appropriate a restore and repair meeting will be offered. Staff and young people witnessing the incident may also be offered a debrief if appropriate.

12. COMPLAINTS

It is intended that by adopting this policy and keeping parents and governors informed we can avoid the need for complaints. All disputes which arise about the use of force by a member of staff will be dealt with according to Child Protection and Safeguarding policies and the units complaints procedure.