

Statement on the use of Physical Interventions – ESSEX Therapeutic Thinking approach

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

- to comfort a pupil in distress (so long as this is appropriate to their age);
- to direct or guide a pupil;
- for curricular reasons (for example in PE, Drama etc);
- in an emergency - to avert danger to the pupil or pupils;

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

- the pupil's age and level of understanding;
- the pupil's individual characteristics and history;
- the location where the contact takes place (it should not take place in private without others present).

Within Pear Tree Mead Academy this means that as a member of staff they may physically guide, touch or prompt children in appropriate ways at appropriate times. It is extremely important that you have read and understood all relevant policy to appreciate the reasons why we may choose to use physical intervention or restrictive physical intervention (RPI) with children and the appropriate ways in which we do so. Before any form of physical touch takes place, we will communicate our intentions with the child.

Communicating intention:

This refers to communicating with the child what is happening, where we are heading. It can include reassurance - 'I am here to help' and positive phrasing 'breath with me, take a big breath, look at Mrs. Smith etc. (a running commentary). We plan to communicate with children with adaptive communication to ensure they are aware of what is happening.

Why Do We Use Touch?

We may choose to use a physical intervention with children for a variety of reasons, but in general terms we would normally do so for either comfort, reward or guidance.

How Do We Use Touch?

Hugging

At Pear Tree Mead, we encourage staff that are using touch for comfort or reward to use a 'school hug'. This is a sideways on hug, with the adult putting their hands on the child's shoulders. This discourages 'front on' cuddling and the adult's hands on the shoulders limits the ability of the child to turn themselves into you.

Hugging can be used either standing, kneeling or seated.

Supportive hug

To support, guide or escort or to communicate comfort or reward:

- Stance
- Hip to hip
- Closed mittens around each shoulder
- Communicate intention, consider de-escalation script



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Supportive hug

To support, guide or escort or to communicate comfort or reward:

- Stance
- Hip to hip
- Closed mittens around each shoulder
- Communicate intention, consider de-escalation script



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Hand-Holding

We recognise that children sometimes enjoy being able to hold hands with adults around them. This is perfectly acceptable when the hand holding is compliant – this may be that the child has requested to hold the adults hand, often by putting their hand out for the adults, or as a method to co-regulate their emotions - this is what they find usual behaviour as it is used at home with parents/carers. However, if the handholding is being used by an adult as a method of control to move children, this can become a restraint. Therefore, we encourage the use of the 'offering an

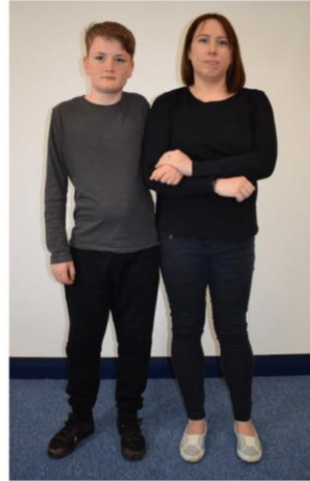
arm'. This is done by the adult holding their arm out, and the child is encouraged to wrap their hand around the adult's lower arm. The adult's other hand can then be placed over the child's for a little extra security if it is required.

It is generally deemed appropriate to touch others on the upper arms or shoulders.

Offering an arm

to support, guide or escort

- Stance
- Hip to hip
- Arm is offered – explicit teaching
- Student accepts the invite
- Communicate intention
- Draw elbow in for extra security



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Lap-Sitting

At our school we actively discourage lap-sitting. Children should be taught to seek comfort/attention through other means, explored within Essex Therapeutic Thinking training. If a child attempts to sit on our laps, we explain and ask them to sit next to us if it is appropriate.

At times, children may in such crisis or distress that they hold you in a way which is not described as above (e.g. 'front on' hug/lap sitting). If this should happen staff are to inform a senior member of staff. You will be asked to record this (CPOMS), this will be in order to monitor the amount of times the student is seeking this support from staff and to analyse the child's unmet need. If this becomes a consideration, parents will be consulted and a further individualised 'positive handling' agreement will be put into place (more on this further down).

Staff also realise that some children will not want to be touched, which is respected.

Staff have a 'Duty of Care' towards the pupils in their care. Therefore if a student is likely to be at risk from harm if you do not physically intervene in an emergency situation, we must take action. The action we take will be dependent on the dynamic risk assessment that you make at that moment in time.

Physical contact and holding children

It is not intended that this guidance should deter appropriate physical contact between care-providing adults and children. Staff should respond to children in a way that gives expression to appropriate levels of care, and to provide comfort to ease a child's distress.

However, it is recognised that staff need to ensure that a child or others do not misinterpret any physical contact. The following guiding principles are suggested.

- The level and type of physical contact should reflect the educational and social needs of the child. Physical contact is likely to occur in some PE and drama activities or aspects of personal care, for example, toileting. Issues in relation to privacy and personal care situations needs to be given particular thought. This is to ensure that children and staff are not placed in potentially vulnerable situations without full consideration of the circumstances being assessed and appropriate plans devised and agreed.
- Physical contact should not respond nor lead to expectations or anxieties of any form. **It should not become habitual.** Specific consideration should be given to the needs of children in school who may have suffered abuse and/or neglect (trauma).
- Children asking a member of staff for physical comfort should be responded to in line with the policy. However, staff should ensure that their response is not translated as rejection.
- There should be no general expectations of privacy for the physical expression of affection or comfort. **All staff should endeavour, wherever possible, not to be alone with a child in such a situation.**

Guiding and directing through physical contact – Part 1

Although a child, particularly a young one, may frequently be held for a number of reasons not directly concerned with control, there are occasions when control can be maintained by holding a child in a manner which does not carry the force of physical restraint.

For example, depending on the age of the child, an adult may request to hold the child's hand to ensure that he/she is safe when crossing the road, this would be a compliant act from the child who would most likely be used to this action outside of school with parents and carers; or, children may be successfully re-engaged in their education activities by a hand on the shoulder or by leading them back to their seat.

In the case that repetitive physical contact is being made (on more than three occasions), particularly with younger children, i.e. lifting children away from the parents if unsettled (this could include when a pupil first starts school or transitioning), we will ask that a risk assessment be put in place which is an agreement between the school and parent as to how this is managed in future.

Similarly a child may be diverted from destructive behaviour. Some children engaged in an argument or a fight, which in itself is not likely to cause serious harm but is nonetheless disruptive and detrimental to the well being of other children, may be successfully separated by being guided away and held with little or no force. **The main factor separating the holding from physical restraint is the**

degree of force applied, the intention of the action and how the child perceives the action. It is appropriate to use such physical prompts and guidance when positive verbal prompting has been unsuccessful.

All staff are trained in ways of moving and guiding pupils – the Essex Therapeutic Thinking approach. This approach uses open mitten techniques, using no force, to support movement of pupils. Whenever these guides/directions are used, they will be recorded and tracked using our internal CPOMs system, alongside the incident.

Supportive arm

To support, guide or escort

- Stance
- Maintain penguin shape
- Hip to hip
- Closed mittens above or around each elbow
- Communicate intention, consider de-escalation script



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Supportive arm

To support, guide or escort

- Stance
- Maintain penguin shape
- Hip to hip
- Closed mittens above or around each elbow
- Communicate intention, consider de-escalation script



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Supportive arm paired

To support, guide or escort

- Stance
- Maintain penguin shape
- Hip to hip
- Closed mittens around each shoulder
- Communicate intention, consider de-escalation script



Staff have lowered to kneeling to maintain stance



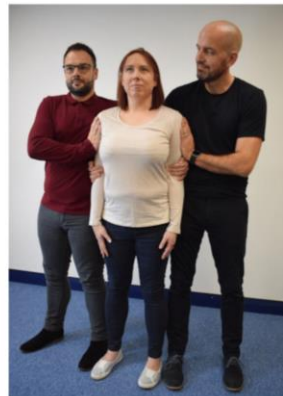
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Supportive arm paired

To support, guide or escort

- Stance
- Maintain penguin shape
- Hip to hip, slightly behind
- Closed mittens around each shoulder
- Communicate intention, consider de-escalation script



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Open mitten guide to communicate

To support, guide or escort

- Stance
- Contact just above elbow
- Intermittent eye contact
- Free hand reassuring or directing
- Communicate intention, consider de-escalation script



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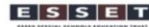
Open mitten guide

To support, guide, escort, or protect, used to move a student away

- Stance L shape
- Maintain penguin shape
- Palm parallel to the floor
- Staff positioned behind with extended arm to protect
- Communicate intention, consider de-escalation script



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Open mitten guide

To support, guide, escort, or protect, used to move a student away

- Stance L shape
- Maintain penguin shape
- Palm parallel to the floor
- Staff positioned behind with extended arm to protect
- Communicate intention, consider de-escalation script



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Open mitten guide - paired



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Open mitten escort

To support, guide or escort

- Stance
- Hip to hip
- Open mittens above each elbow
- Palms parallel to floor
- Nudge
- Communicate intention, consider de-escalation script



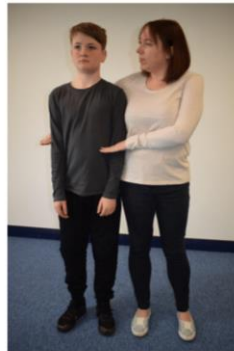
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Open mitten escort

To support, guide or escort

- Stance
- Hip to hip
- Open mittens above each elbow
- Palms parallel to floor
- Nudge
- Communicate intention, consider de-escalation script



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Open mitten escort – paired

To support, guide or escort

- Stance
- Hip to hip
- Open mittens above each elbow
- Palms parallel to floor
- Nudge
- Communicate intention, consider de-escalation script



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Open mitten escort – paired

To support, guide or escort

- Stance
- Hip to hip
- Open mittens above each elbow
- Palms parallel to floor
- Nudge
- Communicate intention, consider de-escalation script



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ESSET

Physical intervention (RPI) – Part 2

Definition

Physical intervention is the **positive** use of force in order to avert danger by preventing or deflecting a child's action, or by removing the physical object which could be used to harm themselves or others. In all circumstances, physical intervention can only deal with the immediate problem and careful assessment will be needed to prevent repeated use.

Preventing the need to use physical intervention

Children must be appropriately included in decisions which affect their lives. Their rights must be respected and appropriate and effective communication must be used to convey important information to them. Techniques to **de-escalate** the problem should always be used first. The following actions should also be used to **reduce the risk of escalation**.

- The appropriate use of language, positive tone of voice and non-threatening body stance;
- Attempt to calm the heat of the moment by 'talking down' the problem
- Listening and counselling
- Negotiating with all parties
- Use of de-escalation scripts
- Asking onlookers to leave the scene
 - Respecting the dignity of all concerned
 - Taking the problem seriously
 - Guiding or directing (as outlined in part 1)

More on this approach is included in the main body of the behaviour policy

Physical intervention should only be used as a last resort.

Physical measures of control

Essex County Council will only support physical intervention where there has been potential for significant harm or risk to the child or other people or substantial damage to property. These criteria must be met on every occasion.

Should the need for physical intervention with a particular child be assessed as being a frequent requirement, an individualised positive handling form will be devised/reviewed to ensure the child's needs are being met in the best possible way. If the child has a pre-existing ARP this approach will be added, and will be signed, giving permission from the parent/guardian also. A positive handling form would only be necessary if more forceful forms of management are regularly required (identified in monitoring), than those set out above.

The decision to use physical intervention

Measures to de-escalate the situation must always be tried first. However, there may be times when these methods prove ineffective and the risk of significant harm has not been removed. Provided the situation still meets the criteria set out in paragraphs above, staff may intervene to use approved methods of physical intervention.

Before a decision to intervene physically is taken, staff must be familiar with:

- All relevant procedures and practices within their establishment
- Use of reasonable force guidance published on DFE website

Staff must issue children or young people with verbal warnings that physical intervention or restraint will be used unless the challenging behaviour ceases. The tone of voice needs to be firm and decisive, and statements must be unambiguous and clear. Staff should also be aware of the measures, developed and taken in advance, which have been designed to prevent the need for restraint.

On rare occasions there may be no alternative to restraining children physically, in their own and others' interest and safety. In such instances no more than **minimum necessary force** should be used, taking in account all of the circumstances. Such interventions should be made when they are likely to succeed. **Ideally, more than one adult should be present.** Physical restraint is normally only necessary to prevent a child causing harm to him or herself or to others, seriously damaging property, or committing some criminal act which risks harm to people or property, when verbal commands will not control the behaviour.

The purpose of intervention is to restore safety and restraint should not be continued for longer than is necessary. Physical contact and restraint should never be used in anger and staff should make every effort to avoid any injury to the child. **They are not expected to restrain a child if by doing so they will put themselves at significant risk.** Brief periods of withdrawal away from the point of conflict into a calmer environment may be more effective for an agitated child than holding or physical restraint.

If this type of physical intervention has been used, the appropriate form should be filled in – end of this appendix, and parents are to be made aware – all of this will be recorded on CPOMs and form to be uploaded to the system also.

During an incident of restraint:

- Appropriate techniques should be used
- The minimum necessary force should be used
- The child should continually be offered the opportunity to regain self-control
- Gender or cultural differences should be taken into account
- Children should never be restrained by being tied up or bound
- Will never have a negative impact on the process of breathing
- Not inflict pain as a direct result of the technique
- Not be a sense of violation

Medical assistance

If any person has sustained injury, staff should seek appropriate medical help and advice, according to the severity of the injury. The general guidance is **IF IN DOUBT SEEK MEDICAL ADVICE**

Recording

Appropriate managers must always be informed immediately of any incident requiring physical intervention.

All incidents where restraint has been necessary should be clearly recorded at the earliest opportunity but no later than 24 hours after the event, and the official incident form should be used at the end of this appendix.

The child's parent/carer must be informed when physical restraint has been necessary by **at the latest** the end of the working day and in the case of **schools**, preferably by the end of the morning or afternoon session in which the incident occurred. This is then logged.

Support for staff

As soon as possible after the incident, and assessment of the impact of the incident on the staff involved should be undertaken by the line manager or other responsible person to ensure that those involved have appropriate emotional support and a follow-up action plan devised if deemed necessary. If it is not possible to provide an immediate assessment of the support required by the staff involved, a date to do this in the very near future must be set.

If, as a result of an episode of restraint, a member of staff is found not to be in a fit condition to carry on working, their line manager or other appropriate person should be informed and appropriate action agreed.

Follow-up

Line Managers, having been made aware of incidents of restraint, should take note of the frequency and the staff involved and any lessons that can be learned from it. Advice and training may be offered to staff as a result of this and, in light of experience, behaviour plans (ARPs) in relation to certain children may need modification.

Restriction of liberty

This can be an area of major concern for residential care and school staff. A child attempting to leave a room or the school premises should only be appropriately physically restrained if they are considered to be at risk of harming themselves or others. Children should never be locked in a room and should not be required to remain in a building for an unreasonable length of time without relief. If a child is required to wait in a room while their parent, social services or the police attend, at least one member of staff should remain with them.

Staff are reminded that if a child or young person is determined to leave the premises, and the use of physical restraint does not successfully prevent them doing so, the child or young person should be allowed to leave. Staff should advise the police and the child's parents/carers at this stage.

A child who cannot be controlled by reasonable physical restraint and absconds on a regular basis, and thus places themselves at risk of serious harm, is likely to be a child who requires some form of individualised behaviour programme (ARP) and a risk assessment.

Training

Training is given to all staff on de-escalation tactics and managing behaviour – further information on these within the behaviour policy. All staff are trained on the techniques used to guide and direct pupils, as above.

There are specific staff members who are fully trained in the 'positive handling strategies'. These staff should be called if at all possible. All staff in an emergency can use positive handling strategies if a child is a danger to themselves or others (if waiting for other staff would leave the child in danger). Forms are completed if this situation occurs and these forms are then monitored and reviewed by SLT.

Hitting Children

Staff should never hit or strike children

If a child is assaulting a member of staff reasonable force may be used in self-defence. Reasonable force could be described as a proportionate force required to prevent or deflect an assault.

Reasonable force

There is no legal definition of 'reasonable force'. So it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may be reasonably used. It will always depend on all the circumstances of the case.

There are three relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of any degree of force is unlawful if the particular circumstances do not warrant the use of physical force. Therefore, physical force could not be justified to prevent a pupil from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force.
- The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any force should always be the minimum needed to achieve the desired result.
- Whether it is reasonable to use force, and the degree of force that could reasonable be employed. Might also depend on the age, understanding, and sex of the pupil.

Parental written agreements

Children with special educational needs who require complex or repeated physical management should have a prescribed, written, handling form which has been agreed with their parent (positive handling form – individualised to the child). These parental written agreements are also appropriate where a child frequently displays challenging behaviour, but has not been assessed as having special needs. At no time is it required for a pupil to have their own handling form if only guiding and directing methods have been used, or are used regularly, however these will be recorded, tracked and monitored through our internal CPOMs system.

Management and monitoring

The Senior Management of schools or establishments will need to decide how best to put this guidance into operation. It would be unwise to presume that once this is accomplished, all will run smoothly. Different staff will inevitably face a range of situations, not all of which can be anticipated and will often have to make rapid decisions on appropriate actions. Senior Management teams will need to devise means of monitoring the use of physical contact, particularly the frequency with which physical means of control are employed in relation to the staff and children involved. This information should inform line management, policy and practice statements and training programmes.

In agreeing this policy, the governors have fully considered and assessed any potential impact the policy may have with regard to equality and diversity.

Record of incident Requiring Physical Intervention (RPI)

Child name:	DoB:	Year group:

Reporting member of staff:			
Date of incident:			
Start time of incident:			
End time of incident:			
Location of incident:			
Name(s) of additional staff witness:	Name(s) of additional child witness:		

Stressors leading up to the hyperarousal and distress

Co-regulation prior to the decision to use of RPI			
Verbal advice and support		Swapping of staff	
Calm talking and Reassurance		Distraction/diversion	
Personalised co-regulation script		Offering choices and options	
Humour		Offering safe space	
Other (specify)			

Why the RPI was deemed absolutely necessary	To prevent harm to self	
	To prevent harm to another child (children)	
	To prevent harm to adults	
	To prevent damage to property	
	To prevent harm from absconding (in accordance with policy)	

The harm predicted to be prevented by the RPI (e.g. bruising to peers, lacerations, destruction of computer, climbing over high fence, climbing on roof)

Unresolved harm/ details of damage to property (costs and details of harm to people including medical intervention or damage to property)

Was a medical record completed **Yes / No**

Specific details of the RPI including sequence of techniques, time and staff involved

Time	Technique	Staff name

Duration of RPI: **Duration of the incident:**

Was there any physical mark or harm caused by the use of RPI to the child?	Yes / No	Details
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What action has been taken?

Has the incident been reported to the Children Safeguarding Team (Local Authority Designated Officer)?	Yes / No	Details
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Incident reporting and monitoring

	Name	Time and date
Incident reported to Senior staff by:		
Parents / Carer verbally informed by:		
Parents / Carer letter sent:		
Child wellbeing check by:		
Staff wellbeing verified by:		
Restorative conversation with child		

Care for Child following the RPI

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Verification of account of incident		
Staff name	Staff signature	Date
Reporting staff name		RPI checker and approver name
Signature		Signature