



# **Physical Contact and Intervention Policy**

**Policy updated: September 2024**

**Policy to be reviewed: September 2026**

## Introduction

Compass School is the only provision in Southampton providing education and behavioural support for pupils who have been permanently excluded or at risk of permanent exclusion from mainstream school. All pupils have been referred to Compass School for their extremely challenging behaviour. Pupils usually come to us with very poor attendance, a record of underachievement and have difficulty managing their emotions. This results in a lack of trust and self-worth, anger and a need to be in control. All pupils have Pupil Profiles recorded on SIMS and Risk Assessments (Appendix 1). The Restricted Physical Intervention form is used to record any Physical Interventions used with pupils (Appendix 2) and any pupils who have required Physical Intervention have a Positive Handling Plan (Appendix 3). These plans are regularly reviewed and updated and include behavioural management strategies that staff will employ to support each pupil to achieve their full potential.

The Assistant Headteacher completes the Compass School Physical Intervention Summary Report at the end of each half term. A report is also generated on SIMS in order to track details of Physical Interventions and any patterns that may emerge.

## Aims

- To ensure that Compass 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 and behaviourally.
- To recognise that we all have a responsibility for our own actions.

## Rationale

At Compass School our curriculum is based on nurture to meet the needs of every pupil, so that they can access the school curriculum. All of our pupils have Social, Emotional and Mental Health needs for a wide range of reasons including.

- A medical diagnosis of ADHD, Asperger's Syndrome, Tourette's Syndrome, ADD and/ or Conduct Disorders.
- Mental health issues and others may have social disorders.
- An inability to control their behaviour.
- Learned behaviours that can be perceived to be threatening, aggressive, intimidating or violent.
- An inability to recognise situations that may cause a threat to themselves or others.
- The experience of abuse and/or neglect which can manifest in extreme fear and anxiety.
- Failure to develop appropriate adult-child or peer – peer relationships.

All our pupils require additional support to meet their developmental and emotional needs.

Compass School recognises that appropriate touch is an important developmental stage for all pupils and that some may not have experienced positive early bonding with parents/carers.

The school also recognises the importance of developing Emotional resilience, which are taught throughout our practice, particularly during PSHE, SPICE and small group/1:1 mentoring sessions.

We believe pupils need to recognise and understand why they need to take responsibility of their own actions. At Compass School pupils learn how their actions affect others through structured 'Restorative Practice' sessions after any serious incident.

Some pupils will require physical intervention to prevent them from causing harm or danger to others and/or themselves. All physical interventions within the SecuriCare approach endeavour to keep people safe whilst supporting the learning of pupils in developing better ways to manage their own emotions and behaviour.

## Key Principles

Compass School has, in conjunction with other special schools adopted the SecuriCare training package. Staff 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 pupil'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 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 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 the Bound Physical Intervention Book and RPI form (kept in the Head teacher's office) on the same day as the incident. All RPI number will then be put on the comments on SIMS and the form attached.
- 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 physical intervention in the Physical Intervention Book and RPI Folder. These are checked every time a physical intervention occurs by the Headteacher or the Deputy Headteacher and SecuriCare Lead Trainer. SecuriCare lead trainer to ensure the RPI form is scanned and attached to the relevant SIMS entry.
- Every half term Physical Information data is shared with the Management Committee in the Headteacher's report.
- Where pupils require a physical intervention, a Positive Handling Plan will be generated and then added to their SIMS profile. This will be reviewed and updated to identify agreed strategies, non-verbal, verbal and physical support that will help the pupil learn, develop emotional 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 SecuriCare to the basic level. This is refreshed every year.
- Compass School has members of staff also trained in School 'First Aid' and hold relevant certificates.
- SecuriCare techniques seek to avoid injury; however, it is possible that bruising or scratching may occur accidentally to either a pupil 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 skin map, HS1 and/or HS2. These forms will be sent to the LA.
- 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 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.

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 school, specifically the Headteacher and Management Committee, to ensure that the policy in place on the use of Physical Intervention 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 programme is in place for all young people who require physical restraint on more than one occasion. A Behaviour Management Programme should include a Risk Assessment and a Positive Handling Plan (DCSF, 2007, paragraph 23b Use of Force to Control and Restrain Students). The Positive Handling Plan (Appendix 3) needs to be signed by parents/carers who should be made aware of any changes during the year.

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 is 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 were attempted and found to be insufficient).

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

- Where there is risk of injury to children and young people.
- Where there is risk of injury to adults.
- Where there is risk of significant damage to property.
- Where a child or young person is behaving 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 tutor.**

**Children and 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 school 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 Headteacher and the parents/carers. In Southampton, incidents should be recorded using the Restrictive Physical Intervention (RPI) 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 school requirement processes.
4. Prevent misunderstanding or misinterpretation of the incident.
5. Provide a record for any future enquiry.

**Compass School will monitor its own records**, and complete a PI Review and Actions report every half term. This is shared with the Management Committee and other relevant colleagues as required as per outcome of the actions each half term.

The effects of an incident of physical restraint 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.

## Pupil Risk Assessment

The aim of this document is to allow as full as participation as possible by the pupil 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 and pupils in an educational setting. In the event of a serious incident arising from pupil 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 and pupil 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, such as Office and Site Management)

Ensure the parent/carer of the pupil 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 Compass School.
- Agency networks

# Identification of Student Risk

 **Print Risk Assessment**



Name of student		Point of assessment (tick one box)	Prior to admission	
Age			At induction	
Current School			At review meeting	
Name of persons completing or assisting with assessment			Following one serious incident	
			Following a series of incidents	

Type of behaviour causing concern <small>(Select those known to have occurred) Hover over red triangle for more details</small>	Risk Rating			Details of Risks and Control Measures	
	Hazard (H) 1-4	Probability (P) 1-4	Level of risk (H X P) 1-16	Triggers	Details including control measures to reduce risk
Self harm	4		0		
Bullying	2		0		
Swearing/abusive	2		0		
Sexually inappropriate	4		0		
Violent/aggressive	4		0		
Impulsive dangerous	4		0		
Substance/alcohol misuse	4		0		
Absconding absenting	4		0		
Damage to property	3		0		
Offending (e.g. stealing)	2		0		
Carrying/using weapons	4		0		
Discrimination towards others	2		0		
Other – specify	2		0		
Please use this space to highlight any other information which will help staff reduce risks.					

Signed		Date completed	
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# SPIG

(Southampton Physical Intervention Group, trained by Securicare)



## RESTRICTIVE PHYSICAL INTERVENTION (RPI) RECORD 2019/20

<b>1</b>	<b>RPI Number</b>		
<b>2</b>	<b>Pupil Details</b>		
	Forename:		Class:
	Surname:		Year Group:
	Age/DOB :		Child looked after (Y/N):
<b>3</b>	<b>Incident Details/RPI</b>		
	Date:		Start time of RPI:
	Location:		End time of RPI :
	Lesson:		Duration of RPI:
<b>4</b>	<b>What happened in the run up to the incident? Consider what may have been the trigger to the incident.</b>		
<b>5</b>	<b>What exactly happened? Describe the de-escalation techniques used <i>before</i> the physical intervention.</b>		
<p>What was the duration of the whole incident? (The behaviour, the RPI and the de-escalation)  <b>THIS MUST BE ANSWERED.</b></p>			
<b>6</b>	<b>Medical check and injuries</b>		
	Medical check carried out by (initials)		Injuries to pupil (Yes/ No):
			Injuries to staff (Yes/ No):
	Brief description of any injuries: (See HS2/medical log for further details)		



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## RESTRICTIVE PHYSICAL INTERVENTION (RPI) RECORD 2019/20

7		Securicare trained staff involved in physical intervention			
Name:		Name:			
Name:		Name:			
Name:		Name:			
Name:		Name:			
Informed Observer(s): (Securicare PI trained)					
8		Reason for Physical Intervention			
Overall level of risk: (Please tick)		High	Medium	Low	
Risk of injury to staff / student					
Other students liable to injury					
Property about to be damaged/being damaged					
Good order compromised					
Student trying to abscond					
Significant disruption to others education or well being					
9		De-escalation Techniques used (Please tick)			
Advice / Support		Planned ignoring			
Calm talking / stance		Reassurance			
Distraction		Reminders about consequence			
Firm clear directions		Time out			
Humour		Touch			
Limited choices		Other:			
Negotiations		Other:			
10		Physical Intervention strategies used (please tick)			
OTHER INTERVENTIONS		ESCORTS			
Disengagement (high level, please detail)		Please detail if one or two person			
Wrap		Single elbow (1 or 2 person)			
Seated or floor wrap		Single double elbow (1 person)			
Half Shield		Secure hold (1 or 2 person)			
Shield		Figure of 4 (1 or 2 person)			
Double elbow (2 person)		Seated secure hold (2 person)			
Other		Escort to seated			
If other intervention or physical barrier used (e.g. mat) please describe					

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## RESTRICTIVE PHYSICAL INTERVENTION (RPI) RECORD 2019/20

<b>11</b>	<b>Information shared (Please initial)</b>		
<b>Parents / carers (by whom and how)</b>			
Social worker		Medical staff (who)	
Police		Local authority	
Chair of Governors		Other:	
<b>12</b>	<b>Supporting records completed</b>		
Incident log (Sims)		Racial incident form	
Accident form HS1		CP form (body map)	
Violent incident form HS2		RIDDOR report	
<b>13</b>	<b>Why do you think this action was in the best interest of the pupil? (REASONABLE, PROPORTIONATE AND NECESSARY)</b>		
<b>14</b>	<b>How can we reduce the likelihood of need to physically intervene in the future?</b>		
Date of most recent Challenging Behaviour Plan:			
<b>15</b>	<b>Do you feel you require further training or support?</b>		
<b>16</b>	<b>RPI reported to (tick)</b>		
Head		Head of School	
		A. Head	
		Senior Leader	
<b>Signed: (staff member reporting/completing form)</b>			
<b>Designation/Post held:</b>			
I confirm that I have read this form. <b>Signed (Securicare lead trainer):</b>			
I confirm that I have read this form. <b>Signed (Head teacher):</b>			

**This is a restricted form. Please seek permission from the Head of the establishment before sharing the information contained in the form.**



Appendix 3

POSITIVE HANDLING PLAN					
Pupil		D.O.B		Class	
Staff completing plan		Date of completion		Review Date	
<p>Positive physical intervention will be used as an option of last resort when staff perceive that they have no alternative course of action. The following behaviours are those where the use of positive physical intervention could be considered, after a range of other de-escalation options (See Individual Behaviour Plan) have been tried, or have been considered and have been thought to be unsafe:</p> <ul style="list-style-type: none"> <li>•</li> </ul>					
<p>Positive physical intervention will not be used as a response to the following behaviours:</p> <ul style="list-style-type: none"> <li>•</li> </ul>					
<p>The following positive physical interventions have been agreed for use in appropriate circumstances within the context of Team Teach practice. Minimal appropriate force applied for the shortest possible period of time will always be the first option:</p> <ul style="list-style-type: none"> <li>•</li> </ul>					
<p>Emergency use of positive physical intervention may be required when a pupil behaves in a way that has not been foreseen by the Individual Behaviour Plan. Ideally the use of positive physical interventions in this situation will be agreed by two members of staff</p>					
<p>Any contra indications to use of positive physical intervention:</p> <ul style="list-style-type: none"> <li>•</li> </ul>					
Signed Teacher:		Signed Parent/Carer			
Date		Date			