Use of Physical Intervention and Team Teach Policy

Date written	October 2023
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Headteacher signed	
Chair of Governors signed	
Review Cycle	Every two years

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This policy applies to The Hub that provide education and care for children.

1. Purpose

The purpose of this policy document is:
1. To state The Hub's philosophy towards Physical intervention (s) within the relevant legal and regulatory framework.
2. To give guidance to staff in order to enable them to be clear as to what forms of Physical interventions are permissible and when they should be considered.
3. To give clear guidance to staff about which forms of Physical interventions are never acceptable and the reasons for this.
4. To ensure that the use of Physical interventions are minimized and clear reduction plan (s) and strategies exist for those where Physical intervention is necessary.

The rights and dignity of people who use The Hub, even when behaving in a physically challenging way, must always be borne in mind. Any Physical intervention must be used with a view to keeping them and others safe, with the aim of allowing the individual not only to recover self-control, but also to acquire alternative adaptive behaviours that, over time, decrease the level of intervention needed.

2. Introduction

Children with Autism sometimes behave in ways that others can find challenging and which, on some occasions, may be dangerous; potentially resulting in harm to the person displaying the behaviour, peers, staff or the public. Such behaviours may initially appear to be unpredictable and can be frightening for all concerned including the person displaying the behaviour.

The primary duty of The Hub as a care and education provider is to ensure the people we support are safe from harm. The fundamental but complex need to balance the right to freedom, dignity and respect, with ensuring safety from harm is at the heart of this policy and guidance.

There are a variety of approaches and strategies that can be used to prevent situations from developing into incidents likely to cause harm such as: de-escalation, low arousal techniques and other examples of Positive Behaviour Support. However, on some occasions it may be necessary to use, as a last resort, a strategy that includes a Physical intervention. Any form of Physical intervention will only be used in order to maintain the welfare and safety of the people we support and others.

Staff will be trained in approved techniques in line with Team Teach (an accredited physical intervention) and any unplanned interventions outside of an individual's positive behaviour support plan, will be investigated to ensure that action taken was proportionate and applicable at the time to prevent harm to the individual or others.

3. Legal context

British Institute of Learning Disabilities define a Physical intervention as:
'The implementation of any practice or practices that restrict an individual's movement, liberty and freedom to act independently without coercion or consequence. Physical interventions are highly coercive actions that are deliberately enacted to prevent a person from pursuing a particular course of action" - BILD Code of practice 4th edition.

Regarding physical intervention, the crux of common law (both criminal and civil) is that;

- Any threat of non-consensual touching is an **assault**,
- Any actual touching is **battery**
- Any wrongful hindrance to mobility is **false imprisonment.**

The law recognises that there are situations where some Physical intervention is necessary as an act of care. For example, if someone has a learning disability, mental illness or related disorder, that puts someone at risk, carers may have a legal duty to restrain the person in his or her own interests. Where someone takes on a caring role, he or she owes a 'duty of care' to the person. This means that the carer must do what is reasonable to protect the person from reasonably foreseeable harm. If someone's actions could put other people at risk, staff have a duty of care to respond positively, which might include as a last resort restraining the person to prevent harm.

There is no specific piece of legislation dealing with 'restraint', setting out what is lawful in a care setting and what is not. The law relating to the use of restraint is largely the common law. This is law which has developed over the years as cases come before the courts. Certain powers to restrain may be available under the Adults with Incapacity (England) Act 2000 and implied under the Mental Health (Care and Treatment) (England) Act 2003. There are also regulations under the Regulation of Care (England) Act 2001 concerning the use of restraint by care providers. See also Safeguarding Board Act (England) 2011 and Mental Capacity.

Restraint exercised without legal authority may be a criminal offence. In these circumstances the individual carrying out the restraint may face prosecution as well as disciplinary action. Any physical act which causes injury, affront or harm to the victim could constitute an assault if there is no lawful justification for its use. The common law recognises that someone may use force or restraint if there is reason to believe another person is about to cause him or her harm. No more than the minimum necessary force can be used. If the person acts in bad faith or uses more force than is reasonably necessary, his or her action is outside the law. No client is to be restrained other than in exceptional circumstances. Staff should use restraint only if this is the only practicable means of securing the welfare of the client or of other clients.

A Physical intervention is only justified in law if there is the presence of a clear and **immediate danger**. The term 'immediate' in this context refers to seconds as opposed to minutes. It does not justify action taken to prevent a possible danger unless incident data clearly shows that a given behaviour or cue quickly results in escalation to a dangerous

level, in which case a planned intervention may be justified in the short term, whilst further more positive and proactive strategies are developed (See British Institute of Learning Disabilities Code of Practice).

As well as the presence of a clear and immediate danger staff must also be able to demonstrate that all other available less restrictive options have been tried and failed before the use of a Physical intervention. A useful acronym in this situation is 'TINA' - There Is No Alternative.

The Managing Challenging Behaviour framework and training offers guidance and a series of non-restrictive and non-aversive techniques to avoid/reduce the use of Physical interventions. There is an expectation that alternatives to a Physical intervention would increase with staff training, experience and knowledge of the individual. If you can find no alternative to using a Physical intervention then you should use it.

- **Duty of Care** – The Hub staff have a duty of care towards the people supported , which requires the organization to take reasonable care to avoid doing something or failing to do something which results in harm to another person. There are situations where some action must be taken and it is a matter of choosing the course of action that would result in the least harm.

- **Best Interest** - The principle of best interest applies. A member of staff must demonstrate that in the presence of a clear and immediate danger they have considered all available alternatives, acted in the best interest of the person in their charge, have considered that not acting could result in greater harm, and does not use unreasonable or excessive force, then the action can be defended in law.

- **Reasonable & Proportionate** - Any force used must be 'reasonable and proportionate', reasonable in that it is the minimum force required to prevent injury and proportionate in that it is not excessive given the seriousness and likely harmful consequences of the person's behaviour. As with all issues to do with caring for, developing and teaching the children, young people and adults we support, decisions need to be made on the best available knowledge at the time. A useful concept to bear in mind when carrying out any Physical intervention is that of **Social Validity.** During any Physical intervention we should be conscious both of how our intervention may look to others not involved in the interaction and how we would like ourselves, family members or friends to be interacted with in similar circumstances.

4. Restrictive Physical Interventions

All those supported by The Hub who require any form of behavioural intervention will have a Positive Behaviour Support Plan / Positive Individual Support Plan that provides detailed information relating to all aspects of a person's behaviour and how to support them.

The plan is person centred in its approach setting out details about the individual's behaviours including hypotheses about the functions of a particular behaviour, known as contributory environmental factors, antecedents, triggers, as well as how known behaviours should be recorded when they occur. Whenever possible the plan ought to be produced in collaboration with the autistic individual. The plan described the proactive and reactive strategies that are to be followed by those supporting the individual to improve the person's quality of life and reduce the risk of harm to themselves or others. Part of this reactive plan may include Physical interventions where necessary and deemed in an individuals' best interest.

Where someone has capacity to consent, then they need to agree and sign their plan. Where someone does not have capacity, the plan must be agreed as in their best interest by the relevant people involved in their care.

Physical interventions can be categorised as planned or unplanned practices:

Planned Physical intervention - pre-arranged interventions based on risk assessments and clearly recorded in care and positive behaviour support plans. These interventions should be Team Teach techniques and staff will be fully trained to carry out these interventions. They will be agreed as in an individual's best interest and as the least restrictive intervention and used for the least amount of time possible (when the present and immediate danger has passed). The time frame for reporting the use of a Planned Physical intervention is within 24 hours of the Practice/Intervention taking place.

Unplanned Physical interventions - an action used in response to unforeseen hazardous events such as a person supported is about to run out in front of a car and There Is No other Alternative. The time frame for reporting the use of an Unplanned Physical intervention is within 24 hours of the Practice/Intervention taking place.

Wherever possible, an unplanned response should still be Team Teach trained technique. However, in an emergency situation if this was not practicable, but an intervention is still urgently needed to prevent harm to self and/or others, staff must follow the legal principles laid out at the start of this policy and the Managing Challenging Behaviour training, by providing a reasonable and proportionate response.

Where unplanned or unintentional incidents of Physical interventions occur they should always be recorded, opportunity given to debrief, followed by a reflective session to ensure learning and continuous safety improvements.

If monitoring shows that an unplanned Physical intervention is required on more than one occasion in a 4 week period the individual behaviour support plan/Individual Behaviour Support Plan and risk assessments should be amended to include a planned Physical interventions, along with proactive measures to reduce the need for such interventions over time.

Unacceptable and dangerous intervention - There are a number of interventions that are either unacceptable, dangerous and often both:

- Prone restraint - Chest on floor / other surface

- Supine restraint - Back on floor / other surface
- Any restraint using the locking of joints
- Any restraint using pain to achieve compliance
- Any restraint that involves forcing the head forward onto the chest area.

The above interventions should be avoided even in emergency situations unless the situation is life threatening. Particular care should be taken with any Physical Practice involving a person with underlying health problems such as swallowing, obesity or heart problems.

When assessing the needs of any individual that requires the use of a Physical intervention as part of their support plan, it is essential that advice is sought from the relevant medical professionals around the use of such practices for the individual when underlying medical conditions are diagnosed and/or apparent.

The following processes should be applied and followed;

- Underlying medical issues identified at assessment stage
- Advice sought as part of any proposed offer of service around the use of Physical intervention and the how this may influence any potential regression, relapses or risks to the person
- A risk management plan developed including input and guidance from the relevant professionals around the diagnosis and safe uses of agreed Physical interventions.
- Risk Management plans of this nature should not be carried out without external support from medical services (Consultants etc.)
- Comprehensive post incident checklist and guidance around ensuring any potential effects from the use of such practices have been monitored, recorded and reported to the relevant professionals
- Where an individual currently accessing our services with underlying medical issues does not have a plan in place, this must be organized internally and the relevant professionals contacted in order to implement the strategies and documentation to support policy expectation. Medical attention should be sought if a Physical intervention has been used to support someone with underlying health issues.

5. Principles for the use of Physical interventions

When facing behaviour that is potentially dangerous to self and others, staff must act in a measured way, bearing in mind their duty to try to keep the people we support, staff members and themselves safe. Additionally, staff have a responsibility to take all reasonable steps –through the inclusion in Positive Individual Behaviour Support Plans of up-to-date risk assessments related to individuals we support – to safeguard the wider public and property from any potential physical danger from people we support when in the wider community.

Where Physical interventions are used they must be proportionate to the risk of harm and the seriousness of that harm. Individuals should, where possible, be involved in any discussion about the use of Physical intervention. Almost all individuals will have some ability to express, verbally or otherwise (e.g. by gesture or by signing), their views about how they wish to be treated, or may have expressed their views in the past. Wherever possible and reasonable, the person's informed, free and full consent to any restraining

action should be obtained. The individual's relatives, advocates, welfare attorneys or guardians, circle of support should be involved in discussions about the use of Physical intervention should be agreed as in a person's best interest. In all cases explanation should be given, at a level the person can understand.

Under no circumstances should the use of Physical interventions result in pain or pressure on joints. Wherever possible, staff should consult and collaborate with colleagues. The person who is most familiar with the individual and has the best understanding of how to respond to the behaviour should take the lead role. This may cut across line management and seniority. Staff should always explore other possible alternatives. For example Physical interventions should not be used when a change of staff could have meant it was not necessary.

Except in an emergency or where the behaviour support guideline indicates to the contrary the only Physical interventions involving bodily contact used should be those approved by Team Teach and only used by staff with appropriate training. It is understood that this may not always be possible during an emergency or where the bespoke behaviour support guideline indicates to the contrary. All Physical interventions should be carried out for the least time necessary. Where appropriate the environment should be made safe or the person or others (depending on which is the least restrictive) supported to move to a safer environment to reduce the intervention time. Staff should refer to positive individual behaviour support guidelines which detail all the strategies and interventions used, including Physical interventions, to help the child, young person or adult manage their behaviour .

Particular care needs to be taken over the use of Physical interventions when a person we support is engaging in self-injurious behaviour (SIB) or deliberate self-harming. A full risk assessment needs to inform the strategy to support individuals who engage in SIB or self-harm. Only agreed, trained Physical interventions can be used, only as a last resort and only when it has been decided that more harm will result from not using them. After any Physical intervention has been used an independent person who has not been involved should check the child, young person or adult for any injuries or any signs of potential injuries.

6. Debriefing

- For reference, debriefing in the context of this document, is giving the opportunity to an individual after an incident has occurred to discuss the emotional impact the incident has had on them. It allows the person to speak freely and openly about how the incident has made them feel and be supported to move on from the incident.

- The debriefing session should always remain confidential and not be used to influence changes to behaviour support guidelines or used as an opportunity to analyse or reflect on the individual's practice. Reflective Supervision or Debrief Analysis are two other forms of post incident processes, which offer the opportunity to reflect, analyse and where possible, improve on practice, and should only take place after the debrief proper has been offered/completed.

- The Debrief is optional and the individual member of staff, or person we support has the right to refuse the opportunity to be debriefed after an incident. This should be logged on the CPOMS and Physical intervention incident form in the appropriate section.

- Debriefing must be given to the child, young person or adult who has been restrained in line with the guidance in their positive behaviour support guidelines.

- Debrief should be offered or sought out as soon after the incident as is possible

- Narrative around the content of the debriefing session should not be taken, however, the offer of and acceptance/refusal of the session should be logged on the PII form.

7. Training

- Authorised staff will receive relevant initial and refresher training in the use of Physical interventions from Team Teach trainers within the Every Child Matters Trust. All contact staff will receive the 2 day Management of Challenging Behaviour course. Refresher training must be completed every 12 – 15 months. Should the Refresher training not be completed within the allotted timescale, then staff will be required to complete the 2 day Management of Challenging Behaviour Course again.

- Non-contact staff will receive Team Teach training as identified by risk assessment and agreed with their line manager.

- All staff considered to be contact staff should complete the full Team Teach training.

- Where any additional staff training in the use of Physical interventions is identified through staff review (Support & Supervision) or through other means this will be provided.

- Where an individual has a bespoke planned Physical intervention in their support plan any agency or temporary member of staff who is allocated to work with that person must have a full induction to the service and the individual and have been trained to use the planned physical intervention technique.

8. Recording, reporting and monitoring

For any incident involving the use of Physical intervention, a Physical intervention incident report and recorded on CPOMS must be completed as soon as practicable and where appropriate, formally reported to outside agencies (CQC, Ofsted, Care Inspectorate, CIW, RQIA) within 24 hours in writing in accordance with the protocol in the school or adult service.

- The above is to be written and kept by the service, and will be monitored and signed off by the senior leadership team.

- An accident record should be completed if there is any injury.

- The completed record, with the incident form should be signed off by the appropriate senior staff member in accordance with the school's or service's protocol.

- Positive Behaviour Support plans must give clear strategies to reduce dependency on Physical intervention over time.

- The use of all Physical intervention programmes must be reviewed by the support team following any incident that results in use of a Physical intervention. All plans must be reviewed formally at least 6 monthly.

- After any use of Physical intervention, the positive behaviour support plan and risk assessments should be reviewed and updated if/as necessary.

9. Responsibilities

Governors

- Governors review of policy on the use of Physical interventions.
- Governors will monitor the reduction in use of Physical interventions on a quarterly basis.

Headteacher

- Monitoring of implementation of this policy
- Monitor the use of Physical interventions on a regular basis

Teacher for The Hub

- Enforcing the implementation of this policy in The Hub
- Maintaining a comprehensive recording and reporting process relating to the use of Physical interventions
- Ensuring relevant staff undergo training in the use of Physical intervention, with regular refreshers; currently provided Team Teach – Every child Matters trust
- Supporting care teams in developing risk assessments and behaviour support and care plans with regard to Physical interventions – with particular reference to calling for external or internal expert opinion as required.
- Ensuring plans are shared with parents/advocates, purchasers and other interested agencies, and where appropriate with the child or adult concerned, recognising the importance of consent in terms of the fundamental issues of respect and dignity.
- Regular monitoring of such plans.

All Staff

- Working always in the best interests of the child or adult.
- Taking part in training provided in the use of Physical interventions and applying the principles and strategies taught.
- Satisfying themselves that they are clear on what they may and may not do in terms of Physical interventions, seeking clarification as necessary.
- Using Support & Supervision sessions to confirm their understanding of this policy and to seek further explanation or personal development as necessary.

- Following the recording and reporting procedures.
- Contributing to the development of behaviour support or care plans, and good practice.

10. Complaints

Adults, parents, guardians, carers or children and young people have the right to offer comments and refer to the local complaints procedure in the case of any disagreement in the use of Physical interventions. Alternatively contact can be made with the appropriate external regulator: Care Quality Commission (England) / Care Inspectorate Wales / the Care Inspectorate, Scotland / Regulation and Quality Improvement Agency (Northern Ireland) / Ofsted – details can be found on the internet.

11. Whistleblowing

Employees of The Hub- Laithes Primary have a duty to voice any concerns over care practice. Please refer to the Policy on Whistleblowing for further information.

12. Equal Opportunities

Those children or adults for whom Physical interventions are required to support their behaviour will continue to be valued as individuals of merit and worth.