Physical intervention

The Management of the School recognises the right of the individual child to receive both care and education, conducive to developing independence and learning and subject to an appropriate Health & Safety Risk Assessment of the individual. Specifically, this Policy summarises the measures to be taken regarding the use of physical intervention s, which will only be employed where there is a serious risk of harm to themselves or others:

1. The Loddon School® follows and is the UK provider of PROACT-SCIPr-UK®, a BILD Association of Certified Training, certified training package that complies with The Restraint Reduction Network Standards 2019 (accreditation was initially gained from BILD, for PROACT-SCIPr-UK® in November 2002, then certificated with BILD ACT in 2019 against the new RRN Standards and is supported by both DfE and DoH). Regular recertification is required by BILD Association of Certified Training.

2. The Loddon School prefers the term physical intervention rather than restraint - this term will be used throughout this document. Our use of the term physical intervention means physically holding a child who is likely to hurt him/herself, be a danger to others or be destructive to the environment (if this compromises safety). Approved physical interventions are risk assessed and agreed by a multidisciplinary team for each child. Staff are taught these identified physical interventions as well as any further interventions identified by an organisational audit of need, shown on our physical intervention tracker.

3. The School uses the PROACT-SCIPr-UK® approach to support children and young people who engage in behaviours that challenge, that we call restrictive behaviours as they restrict their learning & leisure opportunities. It is a "whole approach" to working with an emphasis on using proactive strategies to reduce or avoid restrictive behaviours with physical interventions being used as a last resort.

4. PROACT-SCIPr-UK® physical interventions used at Loddon comply with the Restraint Reduction Network Standards 2019. All staff are trained and updated regularly and have signed to agree that they will use no other physical interventions from alternative training providers. Physical interventions are taught in the context of "proactive, active and reactive" strategies by certified PROACT-SCIPr-UK® Instructors in line with an organisational audit of need. Physical interventions in use do not cause pain or panic and are part of a positive strategy working towards independence and PERSONAL control - i.e., enabling a child or young person to work towards coping strategies and management of their own behaviour. Parents and social workers sign the child or young person's Risk Assessment Behaviour Support Guidelines (RABSGs) at each statutory review to say they understand and agree the use of identified physical interventions.

5. All staff are trained in the PROACT-SCIPr-UK® approach and receive refresher training at least annually. Core curriculum subject areas are delivered through a blended style (both on-line and face to face) and is in the form of a modular approach. If staff require additional training at any point, following the weekly review of incident reports by the Leadership Team, Department of Behaviour Analysis and Support and Principal PROACT-SCIPr-UK® Instructors, this will be arranged on a 1:1 basis. This may include additional training, mentoring, or shadowing for the staff member.

6. The School recognises the right of the individual child or young person to receive both care and education, conducive to developing independence and learning and subject to an appropriate Risk Assessment of the individual. Specifically, this Policy summarises the measures to be taken regarding the use of physical interventions, which will only be employed where there is a serious risk of harm to the individual or others, and as a last resort when less restrictive alternatives have been tried and failed. The use of physical intervention for children or young people as a normal practice is not advocated at the school. However, it is recognised that under certain circumstances physical intervention may be a necessary component of care & to ensure the safety of the child or young person, staff, other children or young people and the general public.

7. Physical interventions are specified within children and young people's Risk Assessment Behaviour Support Guidelines. These are based on known and emerging risks and are discussed and agreed as part of the review cycle by a multi-disciplinary team including parents and the local authority. Physical interventions identified for use are reviewed at pre-review meetings every 5 months, when completing training needs analysis for training courses, and at incident database meetings weekly. If a physical intervention has been used twice within a 6-month period this will be added to the child or young person's Risk Assessment Behaviour Support Guidelines and the staff team trained in its use. If a physical intervention has not been used for a period of 12 months, this will be removed from the child or young person's Risk Assessment Behaviour Support Guidelines. In the case of high-risk behaviours, a physical intervention may be added to Risk Assessment Behaviour Support Guidelines after one occurrence and the staff team trained in its use. Adapted person-specific physical interventions may be required for particular restrictive behaviours that a child or young person may use. These will be risk assessed by the Principal PROACT-SCIPr-UK® Instructor team in consultation with Loddon Training via an Admin 68 form. This will then be added to the child or young person's Risk Assessment Behaviour Support Guidelines and all staff within the team will be trained in its use.

- Staff should not use a physical intervention unless specified for a particular child in their Risk Assessment and Behaviour Support Guidelines, unless in the event of an emergency, staff will then use their professional judgement to keep the child or young person and others safe, within the principles of using the least restrictive approach, for the least amount of time, that is proportionate to the level of risk posed. This may include holding a door as this may be less restrictive than using a physical intervention. If staff need to physically intervene, they will apply basic PROACT-SCIPr-UK® health and safety principles, for example avoiding joints, holding long bones, keeping their fingers together. All incidents should be written up with a senior member of staff as soon as practicably possible after the occurrence, as part of a planned debrief; this must be done within 24 hours. Incident books are available in all houses. If the incident involves two children or young people a 'child on child incident' form should be completed. It should be recognised that although the child or young person may not understand the context of a debrief, they still need to be supported to recover following the incident and the welfare checked and monitored. This will be individualised strategies that are outlined within the 'Rebuilding the relationship, Aftercare and Debrief ' section within the child or young person's Risk Assessment Behaviour Support Guidelines.

8. The physical intervention used should be a proportionate response to the restrictive behaviour shown, and the least restrictive intervention necessary. Depending on the individual, door holding may be regarded as less restrictive than physical support. A door will only be held if it has been identified that this promotes calming for the child and is not at any point seen as a form of punitive seclusion. Door holding may also be needed to ensure the safety of the child or young person and/or others. If a door holding recording book is in place this must be completed as stated in the child or young person's Risk Assessment Behaviour Support Guidelines. The incident book alongside the 'Restriction of Liberty for children/ young people Monitoring Form' will be completed if a door hold has been used for any amount of time. Walking belts may be regarded similarly to avoid more restrictive holding while not limiting access to the community. Other therapeutic methods which may be considered restrictive practice include the planned use of Occupational

Therapy equipment such as specified seating to assist positioning, these will be clearly stated on restriction reduction plans, with the intent to reduce the level of restriction through specific targets for each child.

9. A space pad may need to be used to protect a child or young person, staff or others. Staff can use the pad to protect a child or young person that may be self-injuring, for example banging their head on surfaces by placing the pad between the child or young person and the surface they are banging their head against. It may also be used if a child or young person is displaying aggressive behaviours towards others. The space pad is used as a protective barrier, staff can place the pad between the child or young person and whomever the child young person is directing their aggression towards, this allows space between the child or young person and those around them. If a space pad is used, the incident book will be completed following this, giving details, such as, for how long the space pad was used and why this level of support was required. Staff should use their professional judgement as to whether a space pad would be the least restrictive approach in the circumstances.

10. Non-physical (but potentially restrictive) interventions, such as holding doors to separate a child or young person from others to prevent injury, will be clearly included in the Risk Assessment Behaviour Support Guidelines, this will give clear guidance that is individual to the specific child. This is reviewed by the weekly monitoring process and communicated to the relevant people/authorities at least monthly and discussed at statutory reviews. This will include ways to reduce the use of physical interventions for specific individuals. Data collected can be processed to give a clear indication of whether behaviours and interventions are increasing or decreasing.

11. The Loddon School recognises the physical interventions that are deemed as having a restrictive component or are restrictive in accordance with definitions from the Restraint Reduction Network Standards 2019. These are outlined within the PROACT-SCIPr-UK® audit-based physical intervention book, from which PROACT-SCIPr-UK® Instructors use to teach physical interventions to staff. Instructors will talk about the level of restriction when teaching physical interventions to staff. Prone or face down restraint is strictly prohibited at The Loddon School. There may be occasions, in a medical emergency, where a child or young person may need to be supported in a seated position or on the floor. Where this level of restriction is necessary, only staff trained in these interventions will support the child or young person (the Children's Services Managers and where practicably possible a Principal PROACT-SCIPr-UK® instructor), but a familiar member of staff will also be present. In the instance of a medical procedure being required for a child or young person, a 'best interests form 'must be completed prior to the procedure in collaboration with the child or young person's parents or guardians to agree the level of support hat may be necessary for that procedure.

12. Any identified restrictive practice is subject to a "restriction reduction plan" to ensure that the current level of support is regularly monitored and reviewed. This ensures that strategies are always in place to offer progressive development to the child, through the teaching of alternative or replacement skills to reduce the level of restriction required.

13. The Statement of Purpose and the Policies on Positive Behaviour Support and Safeguarding should be read in conjunction with this document.