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GUIDELINES ON THE USE OF PHYSICAL INTERVENTION AND INTERPERSONAL CONTACT POLICY

Policy Review					
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Document Control – Revision History (Policies only)			
Author/Owner	**Summary of Changes**	**Date**	**Version**
Derrick Goddard/Scott Austin	New Policy	7/6/24	v1
Scott Austin & Tina Callow	Minor Amendments of wording, in line with Team Teach guidelines.	20.06.2025	v2
Tina Callow & Scott Austin	Minor Amendments	02.06.2026	V2.1

Initial Equality Impact Screening

Has anyone else been consulted on this policy and/or procedure?

Internal stakeholders, including staff within the Foundation Learning Department

What evidence has been used for this impact screening (e.g. related policies, publications)?

Reviewed against other college policies and processes. External documentation has also been reviewed when creating this policy.

Declaration (please tick one statement and indicate any negative impacts)

☒ I am satisfied that an initial screening has been carried out on this Policy and/or Procedure and a full Equality Impact Assessment is not required. There are no specific negative impacts on any of the Protected Characteristics groups.

☐ I recommend that an Equality Impact Assessment is required by the Equality and Diversity group, as possible negative impacts have been identified for one or more of the Protected Characteristics groups as follows:

- ☐ Age
- ☐ Disability
- ☐ Gender Reassignment
- ☐ Race
- ☐ Religion or belief
- ☐ Sex
- ☐ Sexual orientation
- ☐ Marriage & civil partnership
- ☐ Pregnancy & maternity

Completed by:	**Scott Austin**	**Position:**	**Assistant Principal**	**Date:**	**25.06.2025**

Reviewed by Equality & Diversity Group If Yes: Date:

I confirm that any recommended amendments have been made

Summary of Comments including Recommendations from Equality & Diversity Group Review:

Amended by Author:		**Position:**		**Date:**	

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1. INTRODUCTION

1.1 It must be recognised that due to the nature of the learning difficulties presented by some learners that attend Yeovil College, that the use of restrictive and non-restrictive physical interventions is an integral element of the teaching and learning process. It is likely that the necessity to employ restrictive physical interventions will be greater for those learners who are on the autistic spectrum and may be most likely to exhibit behaviour that challenges. Staff who support these learners should be experienced in employing a wide range of de-escalation strategies which can reduce the instances of challenging behaviour and therefore the need for physical intervention.

1.2 These guidelines have been developed in response to the recommendations of Circular10/98 'The use of Force to Control or Restrain Learners' issued following the implementation of the Education Act 1996 (Section 550A). It has also considered the implications from the DoH/DfES guidance on Restrictive Physical Interventions (July 2002), Guidance for Safer Working Practice for Adults who Work with Children and Young People from the DCSF (November 2007), DfE 'Use of Reasonable Force' July 2013 and must also be read in conjunction with other whole College and curriculum policies.

2. PURPOSE

2.1 In general, the College aims to avoid physical intervention except where absolutely necessary to ensure student and staff safety. In such situations, College staff may use reasonable force by deploying either control or restraint techniques. 'Control' refers to either passive or physical contact, for example, blocking a student's path to a busy road (passive) or guiding a student away from a situation (active). 'Restraint' refers to physically engaging with a student as part of any necessary measures in order to bring a situation to a place of safety.

2.2 The starting point for any approach to supporting students who are engaging in unsafe behaviour is for a resolution to be obtained without the need for any physical interventions, be they related to control or restraint. Solutions that do not require physical interventions are desirable because they are ultimately more sustainable and dignified. However, there may be occasions when the use of reasonable force

may be necessary. These fall into two categories:

2.2.1 **Control:** if it is anticipated that, as part of a considered and agreed approach to the management of a student's behaviour, elements of reasonable force (passive or active) may be required to support the student towards safer behaviour or environment, then such physical interventions must be detailed as part of a regularly reviewed written protocol. Any physical intervention outside of this written protocol must be recorded separately.

2.2.2 **Restraint:** this refers to physical interventions that are not pre-planned and are a proportionate and appropriate response to an unforeseen circumstance. As such, they should be treated as emergency physical interventions, as they refer to the use of any reasonable force necessary to bring a situation under control.

a. Physical restraint should ONLY be used:
   i. Rarely and as a last resort
   ii. When all other possible alternatives have been considered
   iii. As part of a 'total response' to the student's behaviour support plan (i.e. not in isolation)
   iv. When the purpose of physical restraint is to restore safety
   v. When it can be justified as being necessary and in the paramount interests of the student and/or when the student is considered to be in immediate danger of harming self or others.
   vi. By staff who have been fully trained in positive behaviour management and who are conforming to the guidance set in this policy and procedure
   vii. When it can be justified as being necessary a reasonable and responsible way of responding to a student's unsafe behaviour.

2.3 The use of force is reasonable if it is appropriate to the consequences it is intended to prevent. This means that the degree of force used should be no more than is needed to achieve the desired results. Incident report forms must be completed in SharePoint and submitted to a member of the Senior Leadership Team as soon as possible following any physical intervention and must be accurately logged. Yeovil College has regard to Deprivation of Liberty, which is a safeguard for people who

lack capacity to make decisions regarding their own safety. The College will provide a safe environment for the diverse needs of all its students, ensuring the safety and due liberty of them all as individuals.

2.4 The College will ensure that student choice, their voice and best interest is considered at all times and that decisions being made suit the needs of the student to which they pertain. In certain situations, for example where there is an immediate safeguarding risk to students or staff as a result of a behavioural incident or where safeguarding issues come to light as a result of a behavioural incident, it may be necessary to involve the Safeguarding team who will work with YC staff, police, families, the young person and any other relevant external agencies to ensure the safety of everyone within the College community.

2.4.1 Non-restrictive physical interventions are used (where necessary) to:

a. Enable learners to participate in teaching sessions, where there is a medical or physical reason for them to be supported with this. This would be recorded in their care plan
b. Allow learners to participate as active/independent learners.
c. Enable learners to participate in the College curriculum through the maximum use of their senses.
d. Ensure that the medical and physical care needs of the learners are catered for. Restrictive physical interventions such as seat belts, wheelchairs, wrist straps, straps on wedges, side lying boards and standing frames, doubled handled doors and self-locking doors etc are used to ensure the safety of learners in potentially dangerous situations.

2.4.2 Other methods of Restrictive Physical Intervention, which may involve the use of reasonable force, may be used to prevent:

a. Self-harming.
b. Injury to others.
c. Damage to property.
d. A criminal offence being committed.
e. Serious disruption to the extent that good order and discipline cannot be maintained.

2.5 Good personal and professional relationships between staff and learners are vital to ensure wellbeing of all in our college. It is recognised that most learners in Yeovil

College respond positively to the behaviour management and de-escalation techniques practised by staff. This ensures the well-being and safety of all learners and staff in college. Positive relationships between staff and learners, particularly those on the autistic spectrum, are developed over time and depend upon staff having a detailed knowledge of their learners and enabling learners to have a sense of trust in those adults with whom they work regularly. This means that consistency and a collegiate approach are essential in order that learners, particularly those on the autistic spectrum, know what is expected of them and understand how staff will respond to them. It is also acknowledged that in exceptional circumstances, staff may need to act in situations where the use of Team Teach techniques may be required.

2.6 These guidelines seek to ensure that staff at Yeovil College clearly understand their responsibilities in taking appropriate measures where reasonable force is required. It is essential that staff are well informed and appropriately trained to deal with these difficult situations and understand fully the rationale and implications of the guidance given in the DfES 'Guidance on the Use of Restrictive Physical Interventions for Staff working with Children and Adults Who Display Extreme Behaviour in Association with Learning Disability and / or Autistic Spectrum Disorders'.

2.7 The purpose of the Guidance is to ensure that restrictive physical interventions (which employ force) are used as infrequently as possible, that they are used in the best interests of the young person, and that when they are used, everything possible is done to prevent injury and maintain the person's sense of dignity. Restrictive physical intervention should be seen as one part of a broader strategy to address the needs of children and adults whose behaviour poses a serious challenge to services.

3 PRACTICAL CONSIDERATIONS

3.1 Restrictive physical intervention is considered as a 'last resort' in the College's approach to behaviour management and should be used where a learner's behaviour poses a risk to the health and safety of themselves, other learners and staff.

3.2 Reducing the triggers of challenging behaviour, seeking to de-escalate situations and the use of non-physical classroom / behaviour management strategies (see Behaviour Policy) are considered as imperative means of early intervention, promoting appropriate behaviour and reducing the need for restrictive measures. This is especially important for learners on the autistic spectrum who may not be able

to appreciate the effect of their behaviour both on themselves and others and who may need significantly more support to help to manage their own behaviour. Staff should ensure that they take all possible steps to reduce the likelihood of challenging and unsafe behaviour. This will require careful management of the environment to reduce excessive stimulation which may cause anxiety and to ensure that there is available space to enable learners to have 'time out' when necessary.

3.3 It is important that staff are familiar with the sensory needs of learners and support the reduction of anxiety by enabling the effective management of sensory difficulties. The use of minimal language by staff and the availability of effective means of communication for learners will have a positive impact on the reduction of anxiety and challenging behaviour and therefore reduce the need for physical intervention. Visual clues are extremely useful, even with learners who do not usually require this, as heightened levels of anxiety reduce the ability to effectively process information.

3.4 Restrictive physical interventions should always be designed to achieve outcomes that reflect the best interests of the child or adult whose behaviour is of immediate concern and others affected by the behaviour requiring intervention. The decision to use a restrictive physical intervention must take account of the circumstances and be based upon an assessment of the risks associated with the intervention compared with the risks of not employing a restrictive physical intervention. A restrictive physical intervention must also only employ a reasonable amount of force – that is the minimum force needed to avert injury or damage to property, or (in colleges) to prevent a breakdown of discipline – applied for the shortest period of time.

3.5 It is helpful to distinguish between:

a. Emergency or unplanned use of Restrictive physical interventions which occurs in response to unforeseen events.
b. Planned intervention, in which staff have identified and employed, where necessary, prearranged strategies and methods that are based upon a risk assessment, form part of a positive handling plan and are recorded in care plans /behaviour management plans.

3.6 Emergency or unplanned use of Restrictive physical interventions – may be necessary when a learner behaves in an unexpected way. In such circumstances, staff must retain their duty of care, and any response must be appropriate and

proportionate to the circumstances. Staff should use the minimum force for the shortest period necessary to prevent injury and maintain safety, consistent with appropriate Team Teach training they have received. It is essential that should an unplanned use of force have been necessary, the positive handling plan of the learner be immediately reviewed and updated to consider the potential for a similar incident occurring again.

3.7 Planned Interventions – should be agreed and described in writing, in advance, by a multidisciplinary or College team and a risk assessment should be carried out which identifies the benefits and risks associated with the application of different intervention techniques consistent with Team Teach training. Such interventions will form part of a learner's Behaviour Support Plan which will clearly state preventative strategies to be used before planned physical intervention may be necessary.

3.8 Behaviour Support Plans should be a highly personalised document, available to all staff, which is used to prevent the necessity of the use of force in the first place by careful management of the environment and the use of de-escalation techniques, including the consideration of the potential sensory issues which the learner may need support in managing. It should document the appropriate strategies should it be necessary to positively handle the learner to prevent damage to person, property or risk of serious disruption. The plan should be agreed and signed by the Tutors,

parents/carers, the Health and Safety coordinator and a member of the senior leadership team. reviewed annually or as necessary throughout the year.

3.9 Serious incidents can be traumatic for both staff and learners involved, and both must be given time, space and support to recover from an incident. It is important that where appropriate, steps are taken to repair relationships and that time is set aside to assess how a similar situation could be avoided in the future. This should involve reviewing positive handling plans as well as providing opportunities for discussion between staff and learners involved, where this is appropriate. It is reasonable that this may not be the same day as the incident to allow those involved to recover and to ensure the situation does not re-escalate. However, this should be as soon as reasonably possible.

3.10 Throughout this document the term 'physical intervention' is used to describe any method of responding to challenging or unsafe behaviour which involves some

degree of direct physical contact to limit or restrict movement or mobility. It is the aim of the College to avoid physical interventions wherever possible.

3.11 Early intervention strategies must be identified, in place and effectively deployed to minimise escalating challenging behaviour. In situations in which physical management of challenging behaviour is required to prevent injury to the student or others, staff will use physical interventions endorsed through Team Teach.

3.12 Staff receive regular training in Team Teach techniques, which reflect the College's shared concept of good practice. Internal College training and Team Teach training both focus on the use of proactive methods for avoiding challenging and unsafe behaviour, with the use of physical interventions only in an emergency and when other methods have been unsuccessful. The dignity and best interests of a student are always paramount in the planning, execution and subsequent evaluation of any physical interventions.

3.13 Any physical intervention must ensure the wellbeing of the student at all times by:

a. observing that students feel safe and secure when being moved.
b. using minimal force at all times, so that any holding of limbs is carried out with the minimum amount of pressure necessary and for the minimum time to prevent the risk of harm to the student or others.
c. use of effective and calm communication to diffuse stress and anger Every student who may present challenging behaviour must have individualised strategies within their Behaviour Support Plan including, where necessary, a Physical Hold Plan (PHP).
d. All staff directly supporting that student must be familiar with that Behaviour Support
e. Plan and be trained in any specific Team Teach techniques. Only staff trained in Team Teach and within their certificate period are allowed to use Team Teach techniques.
f. Planned physical interventions should be justified in respect of what is known of the student from a formal multi-disciplinary assessment, alternative approaches that have been tried, an evaluation of the potential risks involved, references to a body of expert knowledge and established good practice. Any physical intervention must be fully documented on the correct

recording log and made known to the Designated Safeguarding Lead and SLT as soon as possible after the incident.

g. Parents/carers must be informed immediately following any physical intervention.

h. The use of physical interventions is subject to regular (at least termly) review by the College's Senior Leadership Team. Risk Assessments must be reviewed in the light of any physical intervention.

i. Students have individual assessments to identify contra-indications to physical interventions before they are approved. Students who receive or witness a physical intervention are routinely assessed for signs of injury or psychological distress.

j. All parties involved receive a full debrief after the event through supervision.

3.14 Legal context The College must operate within the law when it sanctions the use of physical interventions. The College has a Duty of Care to take reasonable care to avoid acts or omissions that are likely to cause harm to students and staff. The law is intended to protect citizens from unwanted interference from others. It is recognised, however, that there are occasions when such interference is reasonable and in the best interest of the person involved. The potential hazards associated with the use of physical interventions should be systematically explored using a risk assessment procedure. Physical interventions should not involve unreasonable risk. Where possible all Behaviour Support Plans will be designed with the student and a parent/carer and if an intervention is used, parents/carers will be kept informed.

3.15 Yeovil College has regard to Deprivation of Liberty, which is a safeguard for people who lack capacity to make decisions regarding their own safety. The College will provide a safe environment for the diverse needs of all its students, ensuring the safety and due liberty of them all as individuals. The College will ensure that student choice and best interest is considered at all times and that decisions being made suit the needs of the student to which they pertain.

3.16 Where there is a threat to safety by and person or persons using a weapon the college policy is to follow Run Hide Tell guidance.

4 RESTRICTION AND DEPRIVATION OF LIBERTY

4.1 The Mental Capacity Act 2005 protects the rights of adults and young persons (those aged 16 and over) who lack the mental capacity to make a particular decision or take a particular action for themselves at the time the decision or action needs to be taken. In general, it allows certain actions to be taken if they are in the best interests of the person who lacks capacity and provides for Court authorisation of certain decisions and treatment.

4.2 The Mental Capacity Act Code of Practice18 provides statutory guidance on the use of the Act, including issues around care and treatment (including restraint). There is a separate Code of Practice on the deprivation of liberty of those who lack capacity. It should be referred to by those working with and/or caring for young people (16 and 17 olds) who may lack capacity to make particular decisions. It describes their responsibilities when acting or making decisions on behalf of individuals who lack the capacity to act or make these decisions for themselves.

4.3 The Act does not apply in cases where a person is under 16 years of age and/or does not lack capacity as defined in the Act. In those circumstances, valid consent must be obtained (from the person or someone with parental responsibility, as appropriate), or the action will need to be authorised by a Court. Whether parental consent can validly authorise a deprivation of liberty for children under 16 or with capacity has been subject to developing case law19. Practitioners should therefore seek legal advice before deciding whether consent is appropriate or whether a court order will be needed. The Codes of Practice on the Mental Health Act and Mental Capacity Act provide further information about when children and those with parental responsibility can give valid consent to the use of restrictive practices for children (where applicable) and young people (references to these Codes of practice for the Mental Health Act and Mental Capacity Act are at footnotes 1 and 18 respectively).

4.4 Planned Interventions – should be agreed and described in writing, in advance, by a multidisciplinary or College team and a risk assessment should be carried out which identifies the benefits and risks associated with the application of different intervention techniques consistent with Team Teach training. For any of the physical interventions to be agreed an Mental Capacity assessment should be agreed to be carried out first and followed by a Best Interest Meeting of MDT and other interested parties before a particular physical or restrictive interventions is agreed and added on

the young person's Behaviour Support Plan. Such interventions will form part of a learner's Behaviour Support Plan which will clearly state preventative strategies to be used before planned physical intervention may be necessary.

4.5 Useful information on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) can be accessed via the links provided in Section 8, Related Legislation, Policies and Procedures.

5 USE OF QUIET ROOMS AND BREAKOUT AREAS

5.1 There may be occasions where it is necessary for a learner to spend time alone, either for their own wellbeing or for the wellbeing of others. On occasions learners (especially those with Autistic Spectrum Disorder) may request the use of quiet rooms or breakout areas to enable them to retreat from a potentially stressful situation and allow themselves time to manage their own emotions. On other occasions, where a learner is at risk of harming either themselves or others it may be necessary for them to spend time in quiet rooms or breakout areas until they are calm. Both actions are perfectly legitimate if the following guidelines are strictly adhered to:

a. Learners should never be left unsupervised in quiet rooms or breakout areas. Staff must be able to view the learner through the window always, even if this is done discretely.

b. If a learner requests that they leave the quiet or breakout area, this request should be honoured if there is no further risk to the learner or to others.

c. If a learner does not indicate that they are ready to leave, they must be invited out at the earliest opportunity when it is deemed that they no longer present a risk to themselves or others.

5.2 The potential use of quiet rooms or breakout areas must be recorded on a learner's Behaviour Support Plan and in the Behaviour Log for the relevant incident. The use of quiet rooms or breakout areas should be recorded in the relevant log, including the duration of any period spent there and a brief description of the causes of the incident. This should supplement the information recorded in the learner incident / behaviour log.

6 RECORDING AND REPORTING

6.1 As soon as is reasonably practicable following an incident in which physical force has been used, the member of staff will record the incident on MyConcern. All safe involved/witnessing the incident will need to provide an individual statement. At this point the SLT Safeguarding lead will be informed by the Safeguarding team.

6.2 Staff will also inform parents / carers if an incident has taken place, either through the communication book or by telephone, as appropriate. In the case of physical injury occurring to the learner and / or other learners / staff the appropriate incident / accident forms also need to be completed. Serious incidents involving the use of Team Teach techniques must be recorded on MyConcern.

6.3 Yeovil College will keep an up-to-date record of all incidents where reasonable force has been used as part of an effective recording system which allows for incidents to be tracked and monitored. All parents, carers, and where appropriate, social workers will be informed as soon as possible.

7 AUTHORISED STAFF AND TRAINING

7.1 In line with Local Authority (LA) guidance on physical intervention all staff at Yeovil College are authorised, within the content of these guidelines to use reasonable force to control or restrain learners, where it is appropriate, proportionate, and necessary to keep them or others safe.

7.2 It is the duty of the Senior Leadership Team to ensure adequate training is provided for all authorised staff to operate within these guidelines. Members of staff will not be expected to undertake the use of reasonable force without knowledge of the Yeovil College's policies and guidelines. New staff will be fully briefed prior to authorising their participation. Training will be regular and include clarification of the circumstances when restrictive physical interventions should be used in line with the LA recommendations to follow Team Teach practice.

7.3 Untrained staff will not be expected to engage in physical interventions with learners except in an extreme emergency when the health and safety of others would be

seriously put at risk by failure to do so. This is in line with Team Teach guidelines.

7.4 Team Teach accreditation lasts for one or two years depending on the level of the award and must be renewed at the end of this period.

8 RELATED LEGISLATION, POLICIES & PROCEDURES

Learner Disciplinary Policy & Procedure

Codes of Practice on the Mental Health Act Mental Capacity Act Code of Practice - GOV.UK

Mental Capacity Act 2005 - https://www.legislation.gov.uk/ukpga/2005/9/contents

Education and Inspections Act 2006 (Sections 93–96) - Education and Inspections Act 2006

Deprivation of Liberty Safeguards (DoLS) Code of Practice - https://www.gov.uk/government/publications/deprivation-of-liberty-code-of-practice [gov.uk]

DoLS Code of Practice (direct PDF) - https://assets.publishing.service.gov.uk/media/6a19543359fb7a60f827f4c6/dols_eng.pdf