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Holywell Primary School

Restrictive Physical Intervention Policy

(based on Herts Model Policy issued May 2017)

| | |
|--------------------------|----------------|
| Status: | Non-Statutory |
| Approval Body: | Governing Body |
| Review Frequency: | Annually |
| Last Review: | December 2021 |
| Next Review: | Autumn 2022 |

Restrictive Physical Intervention Policy

1. Introduction

- 1.1 In Holywell Primary school we believe that pupils need to be safe, to know how to behave, and to know that the adults around them are able to manage them safely and confidently. Only for a very small minority of pupils will the use of physical intervention be needed. On such occasions, acceptable forms of intervention are used.
- 1.2 The majority of pupils behave well and conform to the expectations of our school. We have responsibility to operate an effective behaviour policy that encompasses preventative strategies for tackling inappropriate behaviour in relation to the whole school, each class, and individual pupils.
- 1.3 All school staff need to feel that they are able to manage inappropriate behaviour, and to have an understanding of what challenging behaviours might be communicating. They need to know what options are available for managing behaviour, and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention. Parents need to know that their children are safe with us, and they need to be properly informed if their child is the subject of a Restrictive Physical Intervention, including the nature of the intervention, and the rationale for its use.

2. Acceptable forms of physical intervention in Holywell Primary School

- 2.1 “Physical intervention” (PI) is the term used to describe contact between staff and pupils where no force is involved. There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention (PI) with children, however, it is crucial that they only do so in ways appropriate to their professional role and in relation to the pupil’s individual needs. There are occasions when staff may have cause to have physical intervention (PI) with pupils:
 - To comfort a pupil in distress (so long as this is appropriate to their age)
 - To gently direct a pupil
 - For curricular reasons (for example in PE, Drama, etc)
 - First aid and medical treatment
 - In an emergency to avert danger to the pupil or pupils
 - In rare circumstances, when Restrictive Physical Intervention is warranted (See below)
- 2.2 Not all children feel comfortable about certain types of physical contact; this should be recognised and, wherever possible, adults should seek the pupil’s permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed. Staff should acknowledge that some pupils are more comfortable with touch than others and/or may be more comfortable with touch from some adults than others. Staff should listen, observe and take note of the child’s reaction or feelings and, so far as is possible, use a level of contact and/or form of communication which is acceptable to the pupil. It is not possible to be specific about the appropriateness of each physical contact,

since an action that is appropriate with one pupil, in one set of circumstances, may be inappropriate in another, or with a different child. 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 duration of contact
- The location where the contact takes place (it should not take place in private without others present)

2.3 Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact shall not be made with the pupil's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints. It must not become a habit between a member of staff and a particular pupil. Physical intervention should be in the pupil's best interest and should only be used with an awareness of the need to differentiate the attachment to staff from the attachment to key adults such as parents and siblings. Staff should also be aware that a pupil might use unacceptable behaviour to invite or seek physical contact. Where a member of staff is concerned that this may be the case, they should refer the matter to the school's DSP.

2.4 Safer working practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/school Code of Conduct /staff behaviour policy and Safer Recruitment Consortium document: **Guidance for safer working practice for those working with children and young people in education settings (September 2015)**.

http://www.thegrid.org.uk/info/welfare/child_protection/allegations/safe.shtml

3. Definition of "Restrictive Physical Intervention"

3.1 "Restrictive Physical Intervention" (RPI) is the term used to describe interventions where bodily contact using force is used to control or manage a child's behaviour. It refers to any instance in which a teacher or other adult authorised by the Headteacher has to use "reasonable force" to control or restrain pupils in circumstances that meet the following legally defined criteria.

- To prevent a child from committing a criminal offence (*this applies even if the child is below the age of criminal responsibility*)
- To prevent a child from injuring self or others
- To prevent or stop a child from causing serious damage to property (*including the child's own property*)
- To stop the child from engaging in any behaviour which is prejudicial to maintaining the good order and discipline at the school.

3.2 There is no legal definition of "reasonable force". However, there are two relevant considerations:

- the use of force can be regarded as reasonable only if the circumstances of an incident warrant it;
 - the degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent.
- 3.3 The definition of physical force also includes the use of mechanical devices (eg splints on the pupil prescribed by medical colleagues to prevent self-injury), forcible seclusion or use of locked doors. It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention.
- 3.4 Legal defence for the use of force is based on evidence that the action taken was:
- Reasonable, proportionate and necessary
 - In the best interest of the young person

This document takes into account DfE Guidance on Use of Reasonable Force July 2013
<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

4. When the use of restrictive physical interventions may be appropriate in Holywell Primary School

- 4.1 Restrictive Physical Intervention will be used when all other strategies have failed, and therefore only as a last resort. However there are other situations when physical handling may be necessary, for example in a situation of clear danger or extreme urgency. Certain pupils may become distressed, agitated, and out of control, and need calming with a brief Restrictive Physical Intervention that is un-resisted after a few seconds.
- 4.2 The safety and well-being of all staff and pupils are important considerations. Under certain conditions this duty must be an over-riding factor.

4.3 Who may use restrictive physical intervention in Holywell Primary School?

The teachers and teaching assistants employed at the school are authorised by the Headteacher to have control of pupils, and **must** be aware of this Policy and its implications. However, non-inclusion on this list does not mean that an adult is necessarily barred from using physical intervention. If the Head has lawfully placed an adult in charge of children then that adult will be entitled to use restrictive physical intervention

We take the view that staff should not be expected to put themselves in danger and that removing other pupils and themselves from risky situations may be the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for the pupils.

5. Planning for the use of restrictive physical interventions in Holywell Primary School

- 5.1 Staff will use the minimum force needed to restore safety and appropriate behaviour.

5.2 When considering the use of restrictive physical intervention, there are only 3 components that can be judged as wrong.

- If there is a negative impact on the process of breathing
- The pupil feels pain as a direct result of the technique
- The pupil feels a sense of violation

The following Elevated risks should be noted

The following can result in a sense of violation, pain or restricted breathing

- The use of clothing or belts to restrict movement
- Holding a person lying on their chest or back
- Pushing on the neck, chest or abdomen
- Hyperflexion or basket type holds
- Extending or flexing of joints (pulling and dragging)

The following can result in significant injury:

- Forcing a child up or down stairs
- Dragging a child from a confined space
- Lifting and carrying
- Seclusion, where a person is forced to spend time alone against their will (requires a court order except in an emergency)

5.3 The principles relating to the intervention are as follows:

- Restrictive Physical Intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions.
- Restrictive Physical Intervention will only be used in circumstances when one or more of the legal criteria for its use are met.
- staff will only use it when there are good grounds for believing that immediate action is necessary and that it is in the pupil's and/or other pupil's best interests for staff to intervene physically.
- staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue and diversion. The pupil will be warned, at their level of understanding, that Restrictive Physical Intervention will be used unless they cease the unacceptable behaviour.
- only the minimum force necessary will be used.
- staff will be able to show that the intervention used was a reasonable response incident.
- every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses.
- as soon as it is safe, the Restrictive Physical Intervention will be relaxed to allow the pupil to regain self-control.

- a distinction will be maintained between the use of a one-off intervention which is appropriate to a particular circumstance, and the using of it repeatedly as a regular feature of school policy.
- escalation will be avoided at all costs, especially if it would make the overall situation more destructive and unmanageable.
- the age, understanding, and competence of the individual pupil will always be taken into account in developing Individual Education/Behaviour Plans, consideration will be given to approaches appropriate to each pupil's circumstance.
- procedures are in place, through the pastoral system of the school, for supporting and debriefing pupils and staff after every incident of Restrictive Physical Intervention, as it is essential to safeguard the emotional well-being of all involved at these times.

6. Developing a Risk Reduction Plan

If a pupil is identified for whom it is felt that Restrictive Physical Intervention may be a likely result, then a Risk Reduction Plan will be completed. This Plan will help the pupil and staff to avoid difficult situations through understanding the factors that influence the behaviour and identifying the early warning signs that indicate foreseeable behaviours that may be developing. The plan will include:

- involving parents/carers, medical practitioners where appropriate and pupils to ensure they are clear about what specific action the school may take, when and why
- a risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens
- a record to be kept in school of risk reduction options that have been examined and discounted, as well as those used (*Annex – Roots and Fruits*)
- Techniques for managing the pupil's behaviour i.e. strategies to de-escalate a conflict, and stating at which point a Restrictive Physical Intervention may be used
- identifying key staff who know exactly what is expected. It is best that these staff are well known to the pupil
- ensuring a system to summon additional support
- identifying training needs

[A school may also need to take medical advice about the safest way to hold a pupil with specific medical needs.]

Please refer to the Appendix for a risk reduction plan

7. Guidance and training for staff

7.1 Guidance and training is essential in this area. We need to adopt the best possible practice in Holywell Primary School and recognise that it is essential that this is arranged for all staff at a number of levels including:

- awareness of issues for governors, staff and parents,
- behaviour management techniques for all staff
- managing conflict in challenging situations - all staff

- 7.2 Training in practical techniques of Restrictive Physical Intervention may be required for staff where there is a significant likelihood of them needing to intervene physically due to the nature of the pupil (or pupils) that they are working with. Where there is an identified need for such training, staff will be trained by an approved instructor. (NB there is no legal requirement for staff to be trained in the use of practical techniques so staff may exercise their legal right to physically intervene even if they have not had such training. However, they would still need to demonstrate that their intervention was reasonable and proportionate).
- 7.3 Hertfordshire Steps is the Local Authority's preferred approach to supporting positive behaviour management in schools and services.

Hertfordshire Steps training covers two distinct developmental areas:

“Step On” – is a therapeutic approach to behaviour management, with an emphasis on consistency, on teaching internal discipline rather than imposing external discipline and on care and control, not punishment. It uses techniques to de-escalate a situation before a crisis occurs and, where a crisis does occur, it adopts techniques to reduce the risk of harm.

“Step Up” – provides training on elements of restrictive physical intervention and personal safety. This training can only be provided within services where staff have already completed ‘Step On’ training and are still within certification. ‘Step Up’ training is only delivered where there is an audited need with an individual young person.

8. Recording and reporting

The use of a Restrictive Physical Intervention, whether planned or unplanned (emergency) must always be recorded as quickly as practicable (and in any event within 24 hours of the incident) by the person(s) involved in the incident, in a book with numbered pages. The written record should indicate:

- The names of the staff and pupils involved
- The reason for using a Restrictive Physical Intervention (rather than another strategy)
- The type of Restrictive Physical Intervention employed
- How the incident began and progressed, including details of the pupil's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation, the degree of force used, how that was applied, and for how long
- The date and the duration of the intervention
- Whether the pupil or anyone else experienced injury or distress and, if they did, what action was taken

9. Complaints

It is intended that by adopting this policy and keeping parents and governors informed we can avoid the need for complaints. All disputes which arise about the use of force by a member of staff will be dealt with according to Child Protection and Safeguarding policies.

10. Monitoring and evaluation

10.1 The effectiveness of this policy will be monitored by the Governing Body.

10.2 This policy will be reviewed annually.

Appendix

Annex 1 Analysis tool to explore behaviours, feelings and experiences

Roots and Fruits

| | |
|------------------|--|
| Name | |
| Supporting Staff | |
| Date | |
| Review Date | |

Anti-social / difficult / dangerous Behaviours

Pro-social behaviours

DEFAULT

Anti-social / negative feelings

Pro-social / positive feelings

Anti-social / negative Experiences

Pro-social / positive experiences

Annex 2 Audited Need for identifying Restrictive Physical Intervention or Restraint needs

| Name | DOB | Age |
|--|-----|-----|
| How well equipped is the school/setting to manage the inclusion of this pupil (position in circles)? | | |
| Is the pupil's 'Roots and Fruits' updated? | | |
| Experiences effecting the pupil | | |
| Feelings effecting the pupil | | |
| Physical characteristics (height, weight, physical differences) | | |
| Additional risk factors (medical or emotional diagnosis or needs, substance misuse etc.) | | |
| Communication differences (visual or hearing impairment, adaptive communication) | | |
| Is the pupils 'Individual Risk Reduction Plan' updated? | | |
| Context or Triggers (high risk times, places, people, activities etc) | | |
| De-escalation options to use (unusual strategies that are effective) | | |
| De-escalation options to avoid (common strategies that have proved ineffective) | | |
| Principle of 'last resort' why may de-escalation be ineffective (triggers are hidden, difficulty in communicating) | | |
| Staff matching (who is best to de-escalate, who is safest for involvement with RPI)? | | |
| Training needs (does anybody require additional training in de-escalation, RPI, Communication)? | | |
| JUSTIFICATION (what harm will be prevented at what level)? | | |
| Environmental Risk Assessment (necessary changes chairs etc, limited access) | | |

| |
|--|
| |
| Student Shape (standing, seated on chairs, seated on the floor) |
| Adult shape (standing, kneeling, seated in chairs) |
| Destination technique (elbow tuck lone worker, elbow tuck figure 4, shield etc.) |
| Transitions (describe the 'messy' bits, taking hold, letting go etc.) |
| What makes it safe (reminders of detail)? |
| What makes it effective (reminders of detail)? |
| Social validity (how will it feel for the child, how will it look to others)? |
| Protective consequences (limits to freedom to CONTROL risk of harm) |
| Educational consequences (how are we going to TEACH internal discipline) |
| Unresolved risk factors (issues for management) |

Annex 3 Risk Reduction Plan

For assessing and managing foreseeable risks for pupils who are likely to need Restrictive Physical Intervention

Risk Assessment Calculator

| | |
|--------------------|--|
| Name | |
| DOB | |
| Date of Assessment | |

| Harm/Behaviour | Opinion Evidenced | Conscious Sub-conscious | Seriousness Of Harm A | Probability Of Harm B | Severity Risk Score |
|----------------------|-------------------|-------------------------|-----------------------|-----------------------|---------------------|
| | O/E | C/S | 1/2/3/4 | 1/2/3/4 | A x B |
| Harm to self | | | | | |
| Harm to peers | | | | | |
| Harm to staff | | | | | |
| Damage to property | | | | | |
| Harm from disruption | | | | | |
| Criminal offence | | | | | |
| Harm from absconding | | | | | |
| Other harm | | | | | |

| | |
|--------------------|---|
| Seriousness | |
| 1 | Foreseeable outcome is upset or disruption |
| 2 | Foreseeable outcome is harm requiring first aid, distress or minor damage |
| 3 | Foreseeable outcome is hospitalisation, significant distress, extensive damage |
| 4 | Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage |
| Probability | |
| 1 | There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain |
| 2 | The risk of harm has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely |
| 3 | The risk of harm is more likely than not to occur again |
| 4 | The risk of harm is persistent and constant |

Risks which score 6 or more (probability x seriousness) should have strategies listed on next page

Individual Risk Management Plan

| | | | |
|-------------|------------|-------------|--------------------|
| Name | DOB | Date | Review Date |
|-------------|------------|-------------|--------------------|

| | |
|--------------|---|
| Photo | Risk reduction measures and differentiated measures (to respond to triggers) |
|--------------|---|

| | |
|--|------------------------------|
| Pro social / positive behaviour | Strategies to respond |
| Anxiety / DIFFICULT behaviours | Strategies to respond |
| Crisis / DANGEROUS behaviours | Strategies to respond |
| Post incident recovery and debrief measures | |

Signature of Plan Co-ordinator..... Date

Signature of Parent / Carer..... Date

Signature of Young Person.....Date.....

| | |
|----------------------|--|
| Student Name: | |
|----------------------|--|

| | |
|------------------------------|--|
| Location of Incident: | |
|------------------------------|--|

| | |
|---------------|--|
| D.O.B: | |
|---------------|--|

| | |
|-----------------------------------|--|
| Time and Date of Incident: | |
|-----------------------------------|--|

| | |
|-----------------------------------|--|
| Reporting Member of Staff: | |
|-----------------------------------|--|

| | |
|---|---|
| Justification for physical intervention (tick all that apply): | Predicted harm prevented by physical intervention with predicted levels (see Individual Plan) e.g. bruising to peers, lacerations, destruction of computer, 20 mins of geography lost for 15 pupils etc.) |
| To prevent harm to self | <input type="checkbox"/> |
| To prevent harm to other children | <input type="checkbox"/> |
| To prevent harm to adults | <input type="checkbox"/> |
| To prevent damage to property | <input type="checkbox"/> |
| To prevent loss of learning (see plan) | <input type="checkbox"/> |

| | |
|------------------------------------|-----|
| Incident Form/Book Complete | Y/N |
|------------------------------------|-----|

| Name(s) of additional staff witness: | Name(s) of additional student witness: |
|---|---|
| | |
| | |
| | |
| | |
| | |

| | |
|-------------------------------------|-----|
| Medical Treatment / Injuries | Y/N |
|-------------------------------------|-----|

| | |
|---------------------------|-----|
| Damage to Property | Y/N |
|---------------------------|-----|

| |
|---|
| Unresolved Harm/ Details of damage to property (costs and details of harm to property and people including medical intervention: |
| |
| |
| |

| |
|----------------------------|
| Triggers: |
| |
| |
| Additional factors: |
| |
| |

| Management: | Comments: |
|--|------------------|
| How was the incident resolved? | |
| What were the Consequences? Protective and Educational | |
| Has student reparation/ de-brief taken place? | Y/N |
| Has staff de-brief taken place? | Y/N |
| Has the Risk Management plan been reviewed or updated? | Y/N |
| Was there Police involvement? | Y/N |
| Has there been Internal Exclusion / FTEX / PEX? | Y/N |

Primary de-escalation techniques used
(please state order in which they were used)

| | | | |
|------------------------------|--|--------------------------------------|--|
| Verbal advice and support | | Offering services of other staff | |
| Calm talking | | Informing of consequences | |
| Distraction | | Taking non-threatening body position | |
| Reassurance | | De-escalation script | |
| Humour | | Clear instruction / warning | |
| Negotiation | | Withdrawal from activity | |
| Offering choices and options | | Diversion | |

| Number | Description of how technique was employed |
|--------|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

Restraint techniques including sequence of techniques, time and staff involved:

| Time | Technique | Shape | Staff name |
|-------------------------------|-----------|------------------------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Duration of restraint: | | Duration of incident: | |

| | | |
|--|-----|--------------------|
| Is there any physical mark or harm caused by the use of restraint? | Y/N | Details: |
| Has the student indicated that this was caused by the use of physical intervention? | Y/N | Actions: • • |

| Incident reporting and monitoring | |
|--|---|
| Incident reported to: Head Teacher by: | |
| Parents / Carer informed by: | @ |
| Student wellbeing verified by: | @ |
| Staff wellbeing verified by: | @ |
| Incident form completed by: | @ |

| Verification of account of incident: | | |
|--------------------------------------|-----------------|------|
| Staff name | Staff signature | Date |
| | | |
| | | |
| | | |
| | | |

Reporting staff name: _____ Signature: _____

Incident form coordinator check signature: _____ Date: _____

Staff Training Issues

| Identified training needs | Training provided to meet needs | Date training completed |
|---------------------------|---------------------------------|-------------------------|
| | | |

Evaluation of risk reduction Plan and School Risk Management Strategy

| Measures set out | Effectiveness in supporting the child | Impact on risk |
|---|---------------------------------------|----------------|
| Proactive interventions to prevent risks | | |
| Early interventions to manage risks | | |
| Reactive interventions to respond to adverse outcomes | | |

ACTIONS FOR THE FUTURE

Plans and strategies evaluated by:

Title:

.....

.....

Date:

.....

[Adapted from DfE document]