

Elevate Positive Handling & RPI policy

Policy Type	
Adopted by	Trustees
Chair of the Trustees	Rev Nigel Sinclair
Date	23.05.2019
To be reviewed	23.05.2021

Policy Statement:

Elevate Multi Academy Trust (Elevate) and its Academies regard the need for physical intervention of children as something they hope can be avoided but in extreme cases, especially to prevent a child harming themselves or others, including physically assaulting staff, then this policy is agreed as necessary.

This policy seeks to fulfil responsibilities to the fullest extent, to ensure the provision of a safe environment for staff, children, volunteers, parents and visitors.

This policy is to be read in conjunction with the following policies:

- Elevate Child Protection and Safeguarding;
- Elevate Intimate Care;
- Elevate Anti-Bullying;
- Behaviour;
- Elevate Health and Safety;
- Code of Conduct setting out standards and acceptable behaviour for staff;
- Elevate On line safety and ICT Acceptable Use;
- NYCC/Leeds Managing allegations of abuse against staff;
- Equality Objectives;
- Admissions;
- Whistleblowing.

Underpinning Values:

Everyone attending or working in an Elevate Academy has a right to:

- a recognition of their unique identity;
- be treated with respect and dignity;
- learn and work in a safe environment;
- be protected from harm, violence, assault and acts of verbal abuse.

Aims:

- to offer a secure, carefully structured environment, promoting positive behaviour, where children develop as confident and independent learners;
- to provide all staff with the necessary support and information to enable them to understand their professional and legal responsibility in carrying out their duty of care which may, at times, involve the use of positive physical intervention;
- to inform staff, children, parents, carers and outside agencies about the rationale and use of physical interventions in managing challenging behaviours warranting their use;
- to establish consistent procedures for the use of all physical interventions ranging from positive handling to restrictive physical intervention of children throughout the Academy;
- to embed procedures in Elevate practice that work towards minimal use of Restrictive Physical Intervention (RPI) and maximum use of non-intrusive intervention such as positive reinforcement, distraction and other de-escalation techniques (**Appendix 1**).

Legal Framework:

Section 93 of the **Education and Inspections Act 2006** enables Academy staff to use such force as is reasonable in the circumstances to prevent a child from doing, or continuing to do, any of the following:

- *committing any offence* (or, for a child under the age of criminal responsibility, what would be an offence for an older child);
- causing personal injury to, or damage to the property of, any person (including the pupil him/herself); prejudicing the maintenance of good order and discipline at the Academy or among any children receiving education at the Academy, whether during a teaching session or otherwise.

NYCC Guidance on the Use of RPI with Children and Young Persons – September 2016

NYCC power point presentation on guidance on positive behaviour approaches, de escalation and safe holding for children and young people 2017-18

Definition:

No legal definition of reasonable force exists, however for the purpose of this policy and the implementation of it in Elevate and its Academies:

Positive Handling uses the minimum degree of force necessary for the shortest period of time to prevent a child harming himself, herself, others or property.

Positive Handling by staff can take several forms. At different ages, it could be appropriate to involve:

Escorting and Holding:

The most commonly used forms of physical intervention are escorting and holding. These depend upon the degree of compliance from the child as to whether they constitute 'restrictive'. The development of trusting, confident relationships is of high priority so that children are accepting of the use of the friendly escort and calming holding to support their own efforts to manage their behaviour. These positive handling holds rarely need force and are not 'restraint'.

Physical Intervention:

This may be used to divert a child from a destructive or disruptive action, for example guiding or leading a pupil by the hand, arm or shoulder with little or no force.

Physical Contact:

Situations in which proper physical contact occurs between staff and children, eg in the care of pupils with learning disabilities; in games/PE; to comfort children.

Restrictive Physical Intervention (RPI)

- This will involve the use of reasonable force when there is an immediate risk to children, staff or property;
- It is important to note that the use of *'reasonable force'* should be seen as a last resort;
- All such incidents must be recorded and stored in an accessible way;

- The level of compliance from the child determines whether or not the interaction is an intervention or a method of physical control.

Academy staff use RPI as opposed to holding or escorting as the last resort after:

- appropriate de-escalation techniques have failed to help the child to control him/herself (**Appendix 1**);
- instant risk assessment by staff lead them to believe that injury, or serious damage to property, is an immediate danger;
- knowledge of the child's history and behaviour pattern leads staff to believe that speedy removal from the room is necessary to prevent escalation or breakdown of the session or other children behaving in a similar manner;
- the child has been cautioned that his/her continued choice of behaviour may lead to restraint.

The Support of Parents or Carers:

Behaviour expectations are set out in the Behaviour policy.

The use of RPI can be a source of anxiety for parents or carers. Elevate and its Academies therefore attempt to establish as a priority, close working relationships with parents and carers so that they fully understand why it has been used. Where a child has a history or pattern of requiring RPI strategies are to be agreed and documented in advance.

Staff Training:

Staff participate in Behaviour Management Training and attend a refresher course every 3 years. Only those staff members who have received training will carry out RPI.

Recording and Reporting:

It is essential that a risk assessment is completed to assess and manage foreseeable risks for children who present challenging behaviours (**Appendix 2**).

It is important that on occasions necessitating its use, RPI is recorded **in the major incident book**. This is to:

- prevent later misunderstanding of the incident;
- prevent misrepresentation of the facts;
- identify patterns of behaviour;
- encourage children to acknowledge/take responsibility for their actions;
- allow parents/carers to check the use of RPI at any time;
- allow the Head teacher to monitor the operation of the policy;
- allow Positive Handling Plans or individual risk assessments to be developed for individual children who are assessed as being at greatest risk of needing RPI.

Incidents will be reported to parent or carer (if there is social worker involvement then this should be reported to them and any other involved professionals). Report to SLT member.

Complaints:

Staff seek to involve parents/carers in the effective management of such situations because home involvement is frequently key to behavioural change.

Despite the care taken by staff to follow procedures and ensure that incidents are positively resolved, a small number of complaints following restrictive intervention may be expected for many reasons, eg:

- children with severe emotional and behavioural needs may take time to accept responsibility for their actions and seek to transfer ownership of negative behaviour to others – often the staff who have ‘controlled’ them;
- some parents or carers have yet to accept that their child can behave in the Academy in a manner dangerously violent or disruptive enough to have needed RPI;
- any act of RPI carries with it a risk of accidental harm which is difficult for the injured party (who could be either the child, member of staff or passing member of the public) to accept as such.

Dealing with Complaints:

Parents or carers must be informed by telephone (the most immediate and favoured communication method), in person, by letter or by note in home-school books of serious incidents of challenging behaviour necessitating RPI. This is the first opportunity for parents or carers to discuss any concerns they might have.

If the parent or carer or child remains anxious, an appointment can be made to discuss the incident with the staff concerned and/or the Head teacher. At this point, written records and other evidence may be consulted and shared with the parent or carer to help him/her to understand the facts. Presented with the evidence, parents or carers are enabled to see that procedures are followed and actions justified. The child concerned will also now, having been given the chance to re-evaluate and accept what has happened, in all likelihood confirm the facts postulated by staff and reassure the parent or carer.

If the situation cannot be resolved through informal discussion, the parent/carer may make an official complaint, which will be investigated according to **Elevate Complaints Policy**.

Monitoring of the Policy and Practice of Procedures:

Following any incident of RPI, the Head teacher will receive and read the detailed account of the incident, and interview those involved if necessary. Appropriate follow-up action may then be taken. Any complaints will be recorded, including the nature of the complaint, the time taken to deal with them and the outcome.

Health and Safety:

The Academy will ensure that children are given support to understand the need for and respond to clearly defined limits, which govern behaviour in the Academy. RPIs are performed with due regard to ensuring the minimum risk to the safety of all concerned. Where either a child has a medical condition (which may make some methods of intervention

inappropriate), or a history of aggressive/victim behaviour all staff should be informed of the circumstances so that an accurate risk assessment can be made (**Appendix 2**).

On occasions, the decision to apply RPI procedures will be based on the need to prevent a child from harming him/herself. A member of staff may request to be exempted from obligation to apply if it may endanger their own health and safety, eg someone who is pregnant, temporarily suffering from an injury etc. In such a case, arrangements will be made to minimise the possibility of the member of staff becoming involved in a situation requiring the use of RPI. Check no injuries to child or person applying RPI.

Appendix 1: Behaviour Management Techniques for De-escalation:

Choice:

Gives children some control over the situation; is less likely to initiate point blank refusal (Give 2 positive and negative choices & 2 consequences).

Partial Agreement:

Deflects confrontation with children by acknowledging concerns, feelings and actions.

When-then Direction:

Avoids the negative by expressing the situation positively.

Privately Understood Signals:

Draws the class together and builds in sharing times. Also can reduce noise.

Take-up Time:

Allows children not to lose face. Watching and waiting is, in a way, issuing a challenge.

Tactical Ignoring:

May be appropriate for attention-seeking behaviour. 'Know your child.' How long?

Redirect Behaviour

By reminding the children of what they should be doing and trying to avoid getting involved in discussions about what the children are doing wrong.

Immediate and Deferred Consequences:

Deals sooner, if appropriate, and/or later with a child who is misbehaving and therefore removes the 'audience', that is the rest of the class, who are watching the drama unfold. Also avoids a possible confrontation.

Avoiding and de-escalating conflict: Some do's and don'ts

<p>DO</p> <ul style="list-style-type: none"> • Talk about the effect on LEARNING and articulate the interruption of your TEACHING • Be prepared to alter your lesson plan and differentiate accordingly • Focus on children doing things RIGHT • Intervene early • Appear calm and confident • Vary height and talk quietly • Sit down • Avoid an audience • Restate expectations calmly • Use silence and the art of the pause! 	<p>DO</p> <ul style="list-style-type: none"> • Break eye contact • Divert the focus (e.g. by humour – not sarcasm – by suggesting a different activity, even work!) • Encourage, talk and be prepared to listen. Use a 'Help' script. • Be prepared to lose face and apologise. • Get someone else to take over if you think it's personal or more than you can manage. • Use the 'antiseptic bounce' • Allow time and space (classroom-change the furniture round, personal, intimate space)
<p>DON'T</p> <ul style="list-style-type: none"> • Shout unless it is a strategy and then warn the children first! • Appear angry • Ask 'open' questions (e.g. "why? Or "Are you?") • Make promises you cannot fulfil • Make personal comments • Back the child into a corner (literally or metaphorically). 	<p>DON'T</p> <ul style="list-style-type: none"> • 'Invade' personal space • Insist on 'getting your own way' • Take angry comments personally. Know what your buttons are!

Appendix 2: Risk Assessment

Academy logo

CYPS risk assessment for managing high-level challenging behaviours			
<i>Name of child/young person:</i>		<i>Risk assessment No:</i>	
<i>Date of birth:</i>		<i>Risk assessment date:</i>	
<i>Risk assessor(s):</i>		<i>RA review date:</i>	
<i>Information provided by:</i>			

Identification of risk	
1. Clear and detailed factual description of high level challenging behaviour.	
2. Who is affected by the behaviour (injured or harmed)? This could be in or out of school. Children, staff, other adults, family and/or the person who is the subject of the risk assessment.	

<p>3. In which situations does the behaviour occur/not occur? Be specific, as this information can help to identify triggers and shape plans.</p>	
<p>4. What kinds of injuries or harm are likely to occur? Please note that this could be physical and/or emotional.</p>	
<p>5. What relevant records, reports or other documents are already in place? (eg IEP, PSP, lesson planning, General Risk Assessment, Health Care Plan, Education Health and Care Plan, Individual Provision Map).</p>	
<p>Risk rating matrix</p>	

<p>Severity</p> <p>1. Property damage</p> <p>2. Minor injury</p> <p>3. >3 day injury</p> <p>4. Major injury</p> <p>5. Death/Disability</p>	<p>Severity (Emotional) N.B could be on those affected and/or the person who is the focus of the risk assessment</p> <p>1. Upset/ distress that subsides relatively quickly and with minimal additional support i.e. within a day or so.</p> <p>2. Significant distress or upset that can be addressed or resolved within a few days i.e. has no lasting negative impact.</p> <p>3. Emotional response that results in deteriorating/ erratic attendance, withdrawing/ not engaging, anxiety, fear, worry; impacts on behaviour of others (e.g. negativity, irritability, negative emotions, lack of concentration, lack of motivation), developing signs of stress.</p> <p>4. Long term/ repeated deliberate risk-taking. Emotional impact severe enough to trigger referral to another service e.g. CAMHS/GP/EP and/or significant medical intervention e.g. serious self-harm including attempted suicide/ anorexia/ school refusal.</p> <p>5. Death/ suicide, severe depression, long term mental health issues.</p>	<p style="text-align: center;">Severity</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 2px solid black;">1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td style="border: 2px solid black;">2</td> <td>2</td> <td>4</td> <td>6</td> <td>8</td> <td>10</td> </tr> <tr> <td style="border: 2px solid black;">3</td> <td>3</td> <td>6</td> <td>9</td> <td>12</td> <td>15</td> </tr> <tr> <td style="border: 2px solid black;">4</td> <td>4</td> <td>8</td> <td>12</td> <td>16</td> <td>20</td> </tr> <tr> <td style="border: 2px solid black;">5</td> <td>5</td> <td>10</td> <td>15</td> <td>20</td> <td>25</td> </tr> <tr> <td style="border: 2px solid black;">X</td> <td style="border: 2px solid black;">1</td> <td style="border: 2px solid black;">2</td> <td style="border: 2px solid black;">3</td> <td style="border: 2px solid black;">4</td> <td style="border: 2px solid black;">5</td> </tr> </table> <p style="text-align: center;">Likelihood</p> <p>Score</p> <p>1 – 8 = LOW RISK (L) 9 – 15 = MEDIUM RISK (M) 16 – 25 = HIGH RISK (H)</p>	1	1	2	3	4	5	2	2	4	6	8	10	3	3	6	9	12	15	4	4	8	12	16	20	5	5	10	15	20	25	X	1	2	3	4	5
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X	1	2	3	4	5																																	
<p>Likelihood</p> <p>1. Very unlikely</p> <p>2. Unlikely</p> <p>3. Possible</p> <p>4. Likely</p> <p>5. Very Likely</p>																																						

Description of High-level challenging behaviour (From Box 1, Page 1)	Degree of risk Severity x likelihood										Risk rating		New risk rating (after further measures)		
	1	2	3	4	5	X	1	2	3	4	5	Score	LMH	Score	LMH
						X									
						X									
						X									
						x									
						x									

Behaviour management plan		
Interventions	Measures in place	Further measures (if required)

Proactive interventions to reduce/ remove risk		
Reactive interventions in response to escalating behaviours		

Communication of risk assessment and behaviour management plan		
Shared with	Communication method	Date actioned and by whom

Notes: As a result of the review, an up-dated risk assessment should be completed and recorded, including the allocation of a new number, and all previous ones should be retained.

Parents/carers should always be actively included in the planning/monitoring and reviewing process. The child or young person (CYP) should always be actively included in the process, in a manner appropriate to their age and social/ emotional maturity, and with support from key staff. A child friendly version of this risk assessment is available for this purpose.

Review of risk assessment and behaviour management plan
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Any significant changes since last assessment?

Include any feedback from staff, the pupil and appropriate others to inform the risk assessment review.

(Consideration needs to be given to the impact of measures on behaviour, in the review, and the impact on the risk rating).

