



# Restrictive Physical Intervention Policy



This Model Policy was released in:	<b>July 2015</b>
School Staff were consulted on this document in :	July 2017 .....
It was ratified by the Directors on:	July 5 <sup>th</sup> 2017



## RESTRICTIVE PHYSICAL INTERVENTION IN SCHOOL

---

### INDEX

	<b>Page</b>	<b>Section</b>
Introduction	<b>3</b>	1
Definition of "Restrictive Physical Intervention"	<b>3</b>	2
When the Use of Restrictive Physical Interventions may be Appropriate	<b>4</b>	3
Who May Use Restrictive Physical Intervention	<b>4</b>	3
Planning for the Use of Restrictive Physical Interventions	<b>5</b>	4
Acceptable Forms of Intervention	<b>6</b>	5
Developing an Individual Child Risk Management Plan	<b>7</b>	6
Guidance and Training for Staff	<b>7</b>	7
Complaints	<b>8</b>	8
Individual Child Risk Management Plan	<b>10</b>	Appendix 1
Risk Assessment Calculator	<b>11</b>	Appendix 2
Audited Need Student Specific	<b>12</b>	Appendix 3
Audited Need Intervention Specific	<b>13</b>	Appendix 4
Record of Restrictive Physical Intervention	<b>14-15</b>	Appendix 5
Record of Harm	<b>16</b>	Appendix 6
Record of Staff Training	<b>17</b>	Appendix 7
Evaluation and Action	<b>18</b>	Appendix 8
Staff authorised to use Restrictive Physical Intervention	<b>19</b>	Appendix 9



# RESTRICTIVE PHYSICAL INTERVENTION IN SCHOOL

## 1. INTRODUCTION

In the schools of The Learning Partnership Trust 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.

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.

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. DEFINITION OF “RESTRICTIVE PHYSICAL INTERVENTION”

“Restrictive Physical Intervention” 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 the maintenance of good order and discipline at the school.

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.

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.

Seclusion is an approach to restrictive physical intervention which may only be deemed acceptable in emergency situations, for example, a student wielding a knife, and cannot be part of a planned approach to dealing challenging behaviour.

### **3. WHEN THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS MAY BE APPROPRIATE**

Restrictive Physical Interventions will be used when all other strategies have been considered, 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.

The safety and well-being of all staff and pupils are important considerations. Under certain conditions this duty must be an over-riding factor.

#### **WHO MAY USE RESTRICTIVE PHYSICAL INTERVENTION**

Designated staff (as well as the teachers 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 the list of designated staff 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.

The Headteacher should consider whether members of staff require any additional training to enable them to carry out their responsibilities and should consider the needs of the pupils in doing so.



## **Names of Authorised staff**

EACH SCHOOL WILL KEEP ACCURATE RECORDS OF STAFF TRAINING IN PHYSICAL AND RESTRICTIVE PHYSICAL INTERVENTION AND THIS WILL ACT AS THE HEADTEACHER AND GOVERNORS' AUTHORITY FOR STAFF TO CARRY OUT RESTRICTIVE PHYSICAL INTERVENTION. THIS LIST CAN BE SEEN IN APPENDIX 9 AND WILL ALSO BE DISPLAYED CLEARLY IN EACH SCHOOL SO THAT TRAINED STAFF CAN BE EASILY IDENTIFIED.

## **4. PLANNING FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS**

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

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 pupils' best interests for staff to intervene physically.
- Staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue, de-escalation 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 for the minimum amount of time.
- Staff will be able to show that the planned intervention will be a reasonable response to an 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 planned intervention with a specific pupil.



- 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 Child Risk Management Plans/Behaviour Plans, consideration will be given to approaches appropriate to each pupil's circumstance following an audit of their behavioural needs.
- 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.

## **5. ACCEPTABLE FORMS OF INTERVENTION**

- There are occasions when staff will have cause to have physical contact with pupils for a variety of reasons, for example:
  - ❑ 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);
  - ❑ in an emergency to avert danger to the pupil/pupils or staff;
  - ❑ in rare circumstances, when Restrictive Physical Intervention is warranted;
  - ❑ to praise a pupil.
- 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 location where the contact takes place (it should not take place in private without others present).

Physical contact is never used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the participant's neck, breasts, abdomen, genital area, other sensitive body parts, or to put pressure on joints. It will not become a habit between a member of staff and a particular pupil. [Should a pupil appear to enjoy physical contact this must not be sought via Restrictive Physical Intervention].



## 6. DEVELOPING AN INDIVIDUAL CHILD RISK MANAGEMENT PLAN

If a pupil is identified, for whom it is felt that Restrictive Physical Intervention is likely, then an Individual Child Risk Management 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 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, and shared with staff;
- ❑ 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;
- ❑ Whether medical advice needs to be sought about the safest way to hold a child with specific medical needs.

Please refer to the **Appendices for an Individual Child Risk Management Plan Pro-forma and Audit of Need.**

## 7. GUIDANCE AND TRAINING FOR STAFF

Guidance and training is essential in this area. We need to adopt the best possible practice. In the schools in The Learning Partnership Trust 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; incorporating 'Step On' and 'Step Up' training courses;
- managing conflict in challenging situations - all staff.

Training in practical techniques of physical intervention is 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. Audited need forms the basis for the training which should be specific to each setting.

*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. A plan would then need to be formulated in order to address this potential need for recurring restrictive physical intervention specific to the needs of the child.*

## 8. 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.

The following guidance on complaints following a restrictive physical intervention is from the section within the DfE 2013 document.

### **What happens if a pupil complains when force is used on them?**

- All complaints about the use of force should be thoroughly, speedily and appropriately investigated.
- Where a member of staff has acted within the law – that is, they have used reasonable force in order to prevent injury, damage to property or disorder – this will provide a defence to any criminal prosecution or other civil or public law action.
- When a complaint is made the onus is on the person making the complaint to prove that his/her allegations are true – it is not for the member of staff to show that he/she has acted reasonably.
- Suspension must not be an automatic response when a member of staff has been accused of using excessive force. Schools should refer to the “Dealing with Allegations of Abuse against Teachers and Other Staff” guidance (see the ‘Further sources of information’ section below) where an allegation of using excessive force is made against a teacher. This guidance makes clear that a person must not be suspended automatically, or without careful thought.
- Schools must consider carefully whether the circumstances of the case warrant a person being suspended until the allegation is resolved or whether alternative arrangements are more appropriate.
- If a decision is taken to suspend a member of staff, the school should ensure that the staff member has access to a named contact who can provide support.





- Governing bodies should always consider whether a staff member has acted within the law when reaching a decision on whether or not to take disciplinary action against them.
- As employers, schools have a duty of care towards their employees. It is important that schools provide appropriate pastoral care to any member of staff who is subject to a formal allegation following a use of force incident.



## Appendix 1. Individual Child Risk Management Plan

<b>Name</b>	<b>DOB</b>	<b>Date</b>	<b>Review Date</b>
-------------	------------	-------------	--------------------

<b>Photo</b>	<b>Potential Triggers &amp; Reduction Measures (eg being shouted at)</b>
--------------	--

<b>What we want to see</b>	<b>Strategies to maintain</b>
<b>First signs that things are not going well</b>	<b>Strategies to support</b>
<b>Where this behaviour leads next</b>	<b>Strategies needed</b>
<b>What we are trying to avoid</b>	<b>Interventions necessary</b>

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

Signature of Parent / Carer..... Date .....

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



## Appendix 2

## Risk Assessment Calculator

Name	
DOB	
Date of Assessment	

Harm/Behaviour	Opinion Evidenced O/E	Conscious Sub-conscious C/S	Seriousness Of Harm A 1/2/3/4	Probability Of Harm B 1/2/3/4	Severity Risk Score 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	
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage
2	Foreseeable outcome is harm requiring first aid, distress or minor damage
1	Foreseeable outcome is upset or disruption
Probability	
4	The risk of harm is persistent and constant
3	The risk of harm is more likely than not to occur again
2	The risk of harm has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain

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

**Appendix 3****Audited Need Student Specific**

Name	DOB
Position in Circles (Step On)	
Physical characteristics (age, height, weight, physical differences, visual or hearing impaired etc)	
Risk Factors (medical or emotional conditions, substance misuse, communication differences etc)	
Environmental Risk Assessment (where will the student potentially be held, is there risk assessed furniture, floor coverings?)	
Staff Matching (are there certain staff who should be present or should not attempt to physically intervene)	
Training Needs	
Roots and Fruits	
Consequences / Limits to freedom ( are there restrictions to freedom necessary due to the above)	
Individual Risk Management Plan	
Unresolved Risk Factors (issues for management)	

**Appendix 4****Audited Need Intervention Specific**

Name	DOB
Context (what is happening? times, place, people, activities)	
Justification (what HARM will be prevented?)	
Last resort (why would nothing else other than RPI have worked?)	
De-escalation options in/out	
Student shape (penguin, elbow tuck, shield / standing, seated on chairs seated on the floor)	
Adult shape (standing, seated on chairs, seated on the floor, hips in head away etc.)	
Destination shape (named technique)	
Transition (describe the messy bits)	
Social validity (how does it look and feel?)	
What makes it safe?	
What makes it effective?	
Unresolved Risk Factors (issues for management)	

**Appendix 5**

**Record of Restrictive Physical Intervention**

Student Name:

Location of Incident

D.O.B.

Time and Date of Incident:

Reporting Member of Staff:

<b>Justification for physical intervention (tick all that apply):</b>		<b>Predicted harm prevented by physical intervention with predicted levels ( see Individual Plan)</b> 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"/>	

Physical Management Log Complete Y/N

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

Accident Book Complete Y/N

Medical Treatment / Injuries Y/N

Damage to Property Y/N

Triggers:

---



---

Additional factors:

---



---

Unmanaged Harm/ Details of damage to property including costs and details of harm to people including medical intervention:

---



---

Management:	Comments:
Reparation <input type="checkbox"/>	
Consequences (imposed limits to freedom) <input type="checkbox"/>	
Police involvement <input type="checkbox"/>	
Internal Exclusion / FTEX / PEX <input type="checkbox"/>	
Student response form completed <input type="checkbox"/>	
Student requested further meeting <input type="checkbox"/>	
Review and update of Harm Reduction Plan <input type="checkbox"/>	



**Appendix 6**

**Record of Harm**

Record of Harm			
Name:			
Date:	Time:	Activity:	
<b>Harm caused:</b>			
<u>Physical Harm / Injury</u>		<u>Emotional Harm / Injury</u>	
<u>To self</u>		<u>To self</u>	
<u>To others (staff / peers)</u>		<u>To others (staff / peers)</u>	
<u>To property</u>		<u>Disruption / loss of learning</u>	
		No. of children	
		No. of minutes	
Description of harm caused		Potential	Actual
Behaviour:			
Staff present.			



**Appendix 7**

**Staff Training**

<b>Staff Training Issues</b>		
<b>Identified training needs</b>	<b>Training provided to meet needs</b>	<b>Date training completed</b>

<b>Evaluation of Individual Child Risk Management Plan and School Risk Management Strategy</b>		
<b>Measures set out</b>	<b>Effectiveness in supporting the child</b>	<b>Impact on risk</b>
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		
<b>ACTIONS FOR THE FUTURE</b>		

**Plans and strategies evaluated by: Title:**

.....

**Date:**

.....

**Appendix 9      Names of staff authorised to use Restrictive Physical Intervention**

**The following staff at .....school are authorised to use Restrictive Physical Intervention.**

<b>NAME</b>	<b>LOCATION</b>

**This list should be displayed in the staff room and all staff made aware of its existence.**