



**RUSKIN
JUNIOR SCHOOL**

Ruskin Junior School Restrictive Physical Intervention Policy

Introduction

This policy outlines how staff at Ruskin Junior School create and maintain good order and relationships through positive approaches. These approaches are successful for the vast majority of the time. This policy on the use of holding safely or restrictive physical interventions supplements the main behaviour policy. Both should be read in conjunction with other Safeguarding Policies, most notably: SEN policy, Health & Safety policy and Child Protection policy.

Ruskin Junior School trains staff in 'Team Teach', a system that promotes positive handling. This term is used to cover a wide spectrum of risk reduction strategies. It includes an integrative holistic approach involving training, policy, guidance, management of the environment and the deployment of staff. 95% of Team Teach training is about de-escalation of a situation and does not involve physical intervention but in some circumstances this is necessary to ensure the safety of the child and others.

At Ruskin Junior School, we use the terms Safe Holding or Positive Handling in place of Restrictive Physical Intervention. We believe in the Team Teach philosophy and, as a Team Teach trained school, we implement the practices in which we have been trained.

Purpose of this policy

This policy aims to give all members of the school community clear guidance so that any physical intervention that they undertake is carried out in a way that supports the values and principles described above. In particular, it aims to describe the circumstances in which holding safely or positive handling is an appropriate response and how staff at the school will fulfil their responsibilities in those circumstances. The Head Teacher will be responsible for ensuring that staff, Governors and parents are aware of the policy. He or she will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

Physical touch

The staff at Ruskin Junior School believe that physical touch is an essential part of human relationships. In our school adults may well use touch to prompt, to guide such as in music tuition, to demonstrate appropriate care for example if a child has fallen over, to give comfort if a child is upset, to provide reassurance when they may be worried or to support in PE. To use touch/physical support successfully, staff will adhere to the following principles.

It must always:

- be non-abusive: no intention to cause pain or injury
- be in the best interests of the child and others
- have a clear educational purpose (e.g. to access the curriculum or to improve social relationships)
- take account of gender issues
- be open and transparent

Staff need to be aware of sensitivities associated with any form of physical contact with students and should refer to other policies such as intimate care, child protection and working alone. Guidance should be sought from the Head Teacher or the Chair of Governors if there is any concern regarding appropriate action or behaviour.

More guidance and advice on physical contact other than the exercise of the power to use force is provided by the Education and Inspections Act 2006.

What the law says on when is restrictive physical intervention permissible

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

- a) Committing any offence (or for a student under the age of criminal responsibility, what would be an offence for an older pupil);
- b) Causing personal injury to, or damage to the property of, any person (including the student himself); Injury to self/self-harm, injury to others, rough play, hitting another pupil or adult or fighting, damage to property including their own property.
- c) Prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

What is reasonable force?

It cannot be stated too often that when working with challenging behaviour, interventions of any nature should be: **in the best interests of the child, reasonable, proportionate and necessary.**

The term 'reasonable force' covers the broad range of actions used by most teachers at some point in their career that involve a degree of physical contact with pupils.

Force is usually used either to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury.

'Reasonable in the circumstances' means using no more force than is needed.

As mentioned above, schools generally use force to control pupils and to restrain them. Control means either passive physical contact, such as standing between pupils or blocking a pupil's path, or active physical contact such as leading a pupil by the arm out of a classroom.

Restraint means to hold back physically or to bring a pupil under control. It is typically used in more extreme circumstances, for example when two pupils are fighting and refuse to separate without physical intervention.

School staff should always try to avoid acting in a way that might cause injury, but in extreme cases it may not always be possible to avoid injuring the pupil.

"Team Teach techniques seek to avoid injury to the service user but it is possible that bruising or scratching may occur accidentally and these are not to be seen necessarily as a failure of professional technique but a regrettable and infrequent 'side effect' of ensuring that the service user remains safe."

George Matthews, Director of Team Teach.

Team Teach does not advocate the use of pain or locks. However, Team Teach recognises that with regard to personal safety responses, getting away from bites, hair grabs, etc... there may be some slight and momentary discomfort and surprise experienced by the service user. However, the intention of the person applying the taught response is not to deliberately hurt the person who is holding or biting them, but to affect a release from a situation with the potential for significant injury.

What do we mean by 'physical intervention'?

Non-restrictive physical interventions:

- Either where the child's movement is not restricted or where the child is held supportively but such that they will be released immediately should they so wish. E.g. a child or student wishing to hold an adults hand or asking a child to hold an adults hand for safety reasons.
- For example: supporting a child who has fallen in the playground holding safely/positive handling interventions: prevent, impede or restrict movement or mobility.

Restrictive physical interventions:

- Hold or Guide - application of force to overcome minimal resistance, prompting and encouraging a pupil
- Controls - application of force to overcome moderate resistance, prompting and encouraging a pupil
- Holding Safely, Positive Handling when referring Restrictive Physical Intervention Restraint: to use force to direct.
- a positive application of force to overcome rigorous resistance, completely directing, deciding and controlling a pupils free movement
- For example: more restrictive hold and restraints emergency/unplanned interventions:
- Occur in response to unforeseen events (staff have a duty of care to safe guide pupils, an emergency can only happen once, once it has happened plans must be in place to reduce the foreseeable risk)

Planned physical interventions:

- In which staff employ, where necessary, pre-arranged strategies and methods which are based on a risk assessment and recorded in an individual plan for the management of a pupil
- For example: an agreed response to a specific behaviour which is designed to support the child's overall education in which is part of a 'De-escalating Behaviour Plan' (also known as a positive handling plan).

Risk assessment

The use of a restrictive physical intervention will be the outcome of a professional judgement made by staff on the basis of this school policy. It is avoided whenever possible and will not be used for staff convenience. Positive Handling will only be considered if other behaviour management options have proved ineffective or are judged to be inappropriate (or in an emergency situation). Before deciding to intervene in this way, staff will consider whether the risk of not intervening is greater than the risk of intervening. The member of staff will carry out a dynamic risk assessment. Any actions will be carried out with the child's best interests at heart. Physical intervention will never be used to punish a pupil or cause pain, injury or humiliation. Staff are not expected to intervene physically against their better judgement nor are they expected to place themselves at unreasonable risk. In such circumstances, they must take steps to minimise risks. For example, by removing other pupils and calling for assistance.

All members of staff have a legal power to use reasonable force when it is in the best interests of the child. Parents and volunteers in the school are not given authorisation. Staff from the local education authority may have their own policies about the care and control of pupils but, whilst on the premises, they will be expected to be aware of, and operate within, the policy of this school.

How staff might intervene

When a restrictive physical intervention is justified, staff will use 'reasonable force'. This is the degree of force 'warranted by the situation'. It will 'be proportionate to the circumstances of the incident and the consequences it is intended to prevent'. Any force used will always be the minimum needed to achieve the desired result and for the shortest amount of time. It will be necessary to ensure the safety of the pupil and/or others, prevention of damage to property or to maintain good order.

During an incident, where possible, the member of staff involved will ask the pupil to STOP, ask other pupils to move away and send for help. Then they will tell the pupil that his or her behaviour may be lead to being held safely or

guided to a safer place. This will not be used as a threat or said in a way that could inflame the situation. Staff will not act out of anger or frustration. They will adopt a calm, measured approach and maintain communication with the pupil at all times. Staff will refrain from telling the pupil what they have done and explain 'We are just going to walk to the quiet area.' Staff will try to calm and diffuse the situation. There is guidance for staff in Appendix 1 on how to manage and de-escalate a challenging situation.

However, if the situation escalates and the safety of the pupil and/or others is at risk and/or there is risk of damaging property and/or there is risk of prejudicing the maintenance of good order, the member of staff may need to use restrictive physical intervention.

There may be times when it is not possible to de-escalate a situation due to its emergency nature and staff may have to physically intervene straight away.

The place of restrictive physical intervention within broader behavioural planning

If, through the school's special needs assessment procedures, it is determined that a restrictive physical intervention is likely to be appropriate to help a pupil make progress, a risk assessment must will be carried out following the school's guidelines. If appropriate, an individual 'de-escalating behaviour plan' will then be drawn up for that pupil. This plan will aim to reduce the likelihood of the need for restrictive physical intervention as well as describing how such intervention will be carried out. The plan will focus on the known triggers for the individual child and how to prevent these escalating. This plan will be discussed with parents/carers.

It may be necessary to use directed and undirected time out sessions as a strategy to de-escalate a situation. In the event of this, the child will be supported by the company of an adult. However if the direct presence of an adult is escalating the situation, the child will be monitored through close proximity of an adult. Some children ask to have time alone and this is recognised. However at Ruskin Junior School no child is forced to spend time alone as consequence of their behaviour or as a punishment. This is known as seclusion – 'forcing a person to spend time alone'. Seclusion is not used under any circumstances.

Before the risk assessment is implemented, any necessary training or guidance will be provided for the staff involved. The Head Teacher will be responsible for establishing staff needs and for organising necessary training.

What to do after the use of a restrictive physical intervention

After the use of restrictive physical intervention, the following steps will be taken:

1. Details of the incident will be recorded by all adults involved in the Bound and Numbered Page book held in the school office. This is a summary record of what has happened and the rationale for using restrictive physical intervention.
2. Staff will record the incident using the school's Restrictive Physical Intervention / Serious Incident Record (see Appendix 2).
3. Recording will be completed as soon as possible after the intervention and within 24 hours. Staff will be offered the opportunity to seek advice from a senior colleague or professional representative when compiling their report and any other personal / professional support they may need.
4. Any injuries suffered by those involved will be recorded following normal school procedures.
5. The Head Teacher will check that there is no cause for concern regarding the actions of adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the Head Teacher will follow the school's child protection procedures and also inform parents/carers.
6. Parents/carers will be informed verbally by the Head Teacher/SENCO/Class Teacher on the day of the incident. For children in the SRP this will be communicated via their home-school link book and where possible verbally by a member of the SRP Team.
7. Parents/carers will be offered the opportunity to discuss any concerns that they may have regarding an incident and are entitled to see a copy of the incident form, which the school would aim to do in person.

8. Support/debriefing will be available for adults and pupils who have been involved in any incident involving restrictive physical interventions. This will be recorded on a 'Debriefing Record' (see Appendix 3). This will be stored with the corresponding 'Restrictive Physical Intervention / Serious Incident Record'.
9. Staff will record the views of the child requiring a restrictive physical intervention. This will be recorded in the Bound and Numbered Book and/or 'Restrictive Physical Intervention / Serious Incident Record'.
10. Pupil's 'de-escalating behaviour plans' will be updated where necessary following an intervention (see Appendix 4).
11. Arrangements for recording and informing parents in the case of a planned restrictive intervention will be followed as agreed beforehand but broadly will follow the same pattern as above.
12. The Senior Leadership Team will use the records kept to analyse patterns of behaviour and so decide whether responses are being effective. The Head Teacher/SENCO will report this information to the SEN Governor at their termly meetings.

Complaints

We believe our school to be a successful and happy place, where everyone is an active learner. However we understand that very occasionally some issues may arise over which not everyone is in agreement. The school and Governing Body have therefore created a procedure to enable legitimate concerns or complaints to be made and properly investigated.

We aim to seek resolution to any disagreements at the lowest possible level and encourage any party who may wish to make a complaint to discuss any concerns with the appropriate person in the first instance.

The school and Governing Body will work with any complainant to resolve the concern of complaint as quickly as possible. We have therefore adopted a staged approach, which is outlined in the school's Complaints Procedure; this is readily available on the school website, or can be requested directly in paper copy from the school.

Schools do not require parental consent to use reasonable force where necessary.

Monitoring

Any incidents of restrictive physical intervention are recorded and reported to the Curriculum and Learning Committee as part of the school's monitoring. Analysis of such incidents is used in support of school improvement and evaluation.

The Bound and Numbered Book will be monitored by the head teacher. The head teacher is responsible for checking and signing the incident record. In the head teacher's absence or if the head teacher is involved this action will be performed by a member of the Senior Leadership Team.

Chair of Governors signature _____ Date: _____

This Policy is due for renewal March 2019

Appendix 1 – Guidance for staff on how to manage and de-escalate a challenging situation

Anticipate and prevent:

- Get to know each child well: a strong relationship based on trust and respect is one of the most effective preventative measures.
- Be aware of children's de-escalating behaviour plans so that you are aware of possible triggers for that child.
- Involve the children: in decisions about their treatment and about reasonable limits appropriate to each child's age and understanding.
- Teach by example: model respect for the children and for each other in all of our work.
- Encourage age appropriate behaviour: notice and respond when children are being helpful or constructive, friendly or just quiet and co-operative.
- Be consistent: all members of staff should endeavour to maintain consistent limits within the team and find out about the limits the child is used to at home and elsewhere.
- Be clear: children need to be aware of what is expected of them in terms of their behaviour and responsibilities. Problems often occur when expectations are unclear or unreasonable.
- Work as a Team: make use of your team to avoid unnecessary conflict and engage in ways that help the child think.
- Praise and positively reinforce behaviour whenever possible – remember you generally 'get more of what you talk about'. Promote positive behaviour through feedback, celebrations and rewards, certificates etc.
- Measures to combat bullying (see anti-bullying policy).

When things become difficult, what helps?

- Try and avoid head on conflict: try distraction or compromise - defuse the situation wherever you can and stop it escalating.
- Relaxed humour is not out of order on occasions but be aware of individual children's sense of humour.
- Use the opportunity for the child to learn: try and teach a positive alternative to an unacceptable behaviour - i.e. "let's do this" rather than "don't do that". Always aim to increase the child's own self-control, at least until they demonstrate that they have control.
- Make a distinction between the child and the behaviour: make it clear that you will go on caring for the child whatever he or she might do and recognise yourself that the behaviour is not really a personal affront to you.
- Encourage children to find a way out of difficult situations: offer alternatives, make sure the child has a way out of the confrontation without losing face and make sure there are gains in getting out of the conflict.
- If you have to use sanctions, make them immediate, fair and reasonable and try to ensure that the child understands why. If it does not make sense and means nothing to the child there is probably isn't any point in doing it.
- Recognise the child's feelings: it may be unreasonable for the child to kick, bite or scream but it is not unreasonable for them to feel cross or unhappy. Confirm the feeling with/for the child and help find acceptable ways to express the feelings.
- Keep your own self-control: get help and do not be afraid to go away and hand over the situation to others if you feel you are losing your own self-control.
- Move confidently but calmly.
- Make simple clear statements to the child.
- Make sure your voice is quiet, firm and assured.

- Reduce the threat of your presence by sitting, kneeling or giving space for the child to move about. If you are challenging the child it can help to avoid direct eye contact.
- Talk to the child even if it appears he/she is not listening - try to maintain eye contact and focus on being reassuring, offering comfort and security through staying with the child when distressed and out of control.
- Don't try to sort things out in the heat of the moment; leave that for later when the child is calmer. Together you can agree what needs to happen next in order to resolve the entire situation.
- Use restraint, including reasonable force only after other alternatives have been tried: if a child is presenting a risk to themselves or others, physically intervene, with the minimum force necessary and for just long enough to calm the child down. Never use restraint or reasonable force as a form of punishment. Know and believe that restraint and reasonable force can be used positively.
- Don't leave a child alone when upset unless you are sure the child is safe and only use "time out" where this has been agreed as appropriate for that child.

When things become difficult avoid further unnecessary problems – some dos and don'ts:

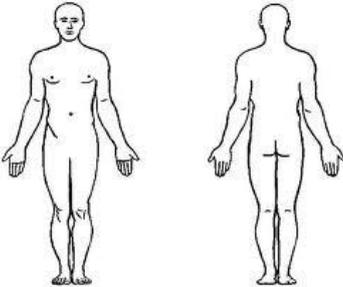
- Don't take it personally or make it personal.
- Don't try and deal with situations, if you feel out of your depth: ask for help or ideas or advice.
- Don't throw your weight around and make alarming, woolly or unrealistic threats you cannot carry out.
- Don't corner and overcrowd or inhibit a child's movement unless the child or others are at risk.
- Don't use sarcasm: or tease or belittle or shame a child into obeying you.
- Don't shout as a routine response, or give complicated garbled messages with a high-pitched voice.
- Don't try to sort things out by bombarding the child with statements and questions, loudly or harshly put.
- Do use strategies included in the child's De-escalating Behaviour Plan/Risk Assessment.
- Do ensure that one person takes the lead in talking to the child during the interventions. This can avoid creating further confusion.
- Do reassure the child that you care about them and will keep them safe.
- Do communicate between staff so that information about the child is shared.

Managing very challenging situations:

It is most effective for just one person to be in dialogue with the child, whilst other members of staff support that adult in any way that is appropriate. This support might be to get someone else who has more experience of managing this type of situation, or has a stronger relationship with the child, to take over to talk with the child. Alternatively it might be to be quietly alongside the situation. It is often unhelpful to have a series of adults giving the child attention at these times, as this can prolong the incident or intensify it.

Appendix 2 – Restrictive Physical Intervention/Serious Incident Record

Name of child:		Age of child:	Year group:	Witnesses:																
Date:	Day:	Location:																		
Start time:	End time:	Duration:		Class teacher informed? Yes / No	SENCO / SRP Lead informed? Yes / No															
Antecedent: <i>What happened leading up to the incident?</i>																				
<p>De-escalation strategies used:</p> <table border="0"> <tr> <td><input type="checkbox"/> Positive touch</td> <td><input type="checkbox"/> Consequences</td> <td><input type="checkbox"/> Environment managed</td> </tr> <tr> <td><input type="checkbox"/> Verbal advice/ support</td> <td><input type="checkbox"/> Humour</td> <td><input type="checkbox"/> Rewards/Success reminders</td> </tr> <tr> <td><input type="checkbox"/> Planned ignoring</td> <td><input type="checkbox"/> Diversion/ distraction</td> <td><input type="checkbox"/> Withdrawal</td> </tr> <tr> <td><input type="checkbox"/> Change of face</td> <td><input type="checkbox"/> Calm body language/ tone</td> <td><input type="checkbox"/> Time out offered/ taken</td> </tr> <tr> <td><input type="checkbox"/> Reassurance</td> <td><input type="checkbox"/> Limited choices to give back control to the child</td> <td><input type="checkbox"/> Negotiation</td> </tr> </table> <p>Any other strategy used?</p>						<input type="checkbox"/> Positive touch	<input type="checkbox"/> Consequences	<input type="checkbox"/> Environment managed	<input type="checkbox"/> Verbal advice/ support	<input type="checkbox"/> Humour	<input type="checkbox"/> Rewards/Success reminders	<input type="checkbox"/> Planned ignoring	<input type="checkbox"/> Diversion/ distraction	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Change of face	<input type="checkbox"/> Calm body language/ tone	<input type="checkbox"/> Time out offered/ taken	<input type="checkbox"/> Reassurance	<input type="checkbox"/> Limited choices to give back control to the child	<input type="checkbox"/> Negotiation
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<input type="checkbox"/> Reassurance	<input type="checkbox"/> Limited choices to give back control to the child	<input type="checkbox"/> Negotiation																		
Incident: <i>What happened?</i>																				
Was a restrictive physical intervention used? Yes / No		Bound Book Number:		Bound Book Unique Record Number:																

Restrictive physical intervention used:		
<input type="checkbox"/> Caring C's	<input type="checkbox"/> 1 Person Single Elbow	<input type="checkbox"/> 1 Person Double Elbow
<input type="checkbox"/> Friendly Hold	<input type="checkbox"/> 2 Person Single Elbow	<input type="checkbox"/> 2 person Double Elbow
		<input type="checkbox"/> Figure of Four
		<input type="checkbox"/> T-wrap standing
		<input type="checkbox"/> T-Wrap escort
		<input type="checkbox"/> T-Wrap seats/floor
Has the child been checked that they are ok? Yes / No Checked by? Any injuries to the child: Yes / No Any injuries to the adult: Yes / No Details:		Any damage caused: Yes / No Details:
Accident form: Yes / No SBC Incident form: Yes / No		
Actions Required:		
Parent(s) / Carer(s) contacted: Yes / No How have they been contacted?	Comments by parent(s) / carer(s):	
Listening and Learning Comments of the child:		
Do they understand what has happened and why? Yes / No / Refused to engage in de-brief		
What is the agreed strategy to manage this if it occurs again:		
Do they have a De-escalation plan? Yes / No (If not SENCO/SRP Lead now needs to action one) De-escalation plan updated / changed? If so what has been added:		
Name of person writing report:	Signature of person writing report:	Date:
Names of witnesses agreeing to accuracy of report:	Signatures of witnesses agreeing to accuracy of report:	Date:
Signature of child involved in incident:		Date:
Name of SENCO/SRP Lead:	Signature of SENCO / SRP Lead:	Date:

Appendix 3 – De-brief Record

De-brief date:	De-brief Lead:	Serious Incident or Restrictive Physical Intervention	Bound Book No:
			Bound Book Unique No:
Child:	Age:	Year Group:	Adults involved:
Date of incident:	Timings:	Location:	
What led up to the incident?			
What happened?			
How was it de-escalated?			
What actions were taken by the adult(s)?			
Was Team Teach necessary? Was it effective? If not what would have worked better?			

Was anyone hurt? Was there potential for someone being hurt?

Was there any damage? Could this have been prevented?

How did the adults respond together?

Was there anything that could have been managed differently?

Any suggestions to prevent this re occurring in the future?

Anything to add to the child's de-escalation plan?

Name and signature of those involved in the de-brief:

Appendix 4 – De-escalation Plan

Name:	D.o.B:	Year:	Teacher:	
Pen Picture: •				
Anxieties / Triggers:	Strategies to Manage (Level 1) Anxiety / Trigger Behaviours:		Behaviours that have happened previously:	
Strategies to Manage (Level 2) Defensive / Escalation Behaviours:	Strategies to Manage (Level 3) Crisis Stage Behaviours:		Most effective restrictive physical intervention:	
Ways to support X to calm:	How to help X to recover:		Child:	
			Parent(s)/ Carer(s):	
			Class teacher:	
			SRP Lead:	
			Date of plan:	Review date: