

Springside School

Restrictive Physical Intervention Policy



JANUARY 2021

Introduction

Rochdale Authority takes seriously its duty of care towards pupils, employees and visitors. Touch is a sensitive issue requiring careful judgement. In order to safeguard both children and staff, the Authority aims to provide clear guidance and appropriate training within the resources that can reasonably be made available. The Policy acknowledges guidance from Team Teach “*Use of Support Rooms’ (May 2012)* and ‘*Summary of Seclusion’ (May 2012)* as well as the DfE guidance ‘*Use of reasonable force Guidance’ Advice for Headteachers, staff and Governing Bodies (July 2013)* and ‘*Reducing the Need for Restraint and Restrictive Intervention’ (June 2019)* alongside the Rochdale Borough Council information and guidance document ‘*Care and Control’ (March 2020)*.

This policy has a clear focus:

- The paramount consideration is to safeguard the welfare of the child
- To safeguard the welfare of staff and others working in schools/settings and services who act in good faith.

The Children Act 1989 places a duty upon staff to consider the welfare of the child first, and for the welfare of the child to take precedence when practical over every other consideration.

Preventative approaches to risk reduction involve identifying and communicating early warning signs, situations, settings and other factors which may influence behaviour, then taking steps to divert behaviours which lead towards foreseeable risk. Pupils with severe behavioural difficulties sometimes present a risk to themselves and others.

Section 93 of the Education & Inspections Act 2006 (EIA2006) describes the circumstances in which teachers and others, authorised by the Headteacher, may use reasonable force to control or restrain pupils.

Section 95 (EIA2006) defines the Staff to which this power applies.

The Children Act 2004 places a duty on key partners to cooperate in the safeguarding of children. Risk Assessments and Positive Handling Plans will be shared with all key partners, who will cooperate to provide consistent approaches to meet the needs of individual children.

Parent(s)/carer(s) are encouraged to view this policy.

Objectives

- This policy is intended to safeguard the welfare of the child and protect staff by describing the circumstances in which physical contact may be necessary, and how we can act safely and preserve the learner’s dignity.

- To promote the development of effective relationships and interpersonal skills and focus on the de-escalation to minimize the need to use Restrictive Physical Intervention.
- To promote clarity of expectation for staff in order to provide a consistent and safe environment for young people and staff.

Aims

- At Springside School our aim is to provide clear guidance to school staff on the use of physical contact. We want them to meet the needs of the children with confidence, whilst safeguarding themselves and those in their care. Physical contact maybe necessary and justifiable when it meets the needs of the learner.
- This policy acknowledges that good management of relationships is at the core of managing all behaviour. All staff understand the importance of listening and respecting pupils to create an environment that is calm and supportive. Skilled management by staff of pupils' behaviour is an essential prerequisite for an effective learning and teaching environment as challenging behaviour can be a significant barrier to effective learning and teaching.
- All staff manage challenging behaviour using a range of strategies detailed in our behaviour policy and physical intervention policy, which include crisis de-escalation and the effects of our own actions.
- At Springside School the use of Restrictive Physical Intervention is a last resort in accordance with current guidance and Rochdale Care, Control and Physical Intervention Policy. When Restrictive Physical Intervention is used it will be carried out in a respectful, supportive and dignified manner in order to maintain a positive relationship with the learner.
- We aim to reduce the requirement for use of force by creating a calm, orderly and supportive environment. Staff are encouraged to always offer and accept help.
- A new face is often an opportunity to divert an incident away from a crisis, thus reducing the need for force to be used.

Positive relationships

Staff develop effective working relationships with children to promote positive relationships, which ensures better outcomes. Through the positive relationships staff are able to recognise the early changes in the learner's behaviour:

- Distress
- Agitation
- Anxiety
- Increasing anger/aggression

Because of our positive relationships with pupils, all staff are able to recognise the difference between their normal behaviour and a developing crisis.

Early intervention is essential; staff should use behaviour management strategies as a proactive response to de-escalate, diffuse and divert in order to prevent crisis behaviours.

A member of staff who chooses not to make a physical intervention can still take effective action to reduce risk.

They can:

- Show care and concern by acknowledging unacceptable behaviour
- Request alternatives using negotiation and reason
- Give clear directions to the pupils to stop
- Remind them about rules and likely outcomes
- Remove an audience or take vulnerable pupils to a safer place
- Make the environment safer by moving furniture
- Make the environment safer by removing objects which could be used as weapons
- Use positive touch to guide or escort pupils
- Ensure that colleagues know what is happening
- Get help if needed

Staff recognise that all children have individual needs, some have statements for additional need. All staff have a working knowledge of individual plans and support the children by following them, particularly in the case of those with Behaviour Support and Positive Handling Plans.

Staff only use Restrictive Physical Intervention where the risks involved in using a Restrictive Physical Intervention are outweighed by the risk in not using a Restrictive Physical Intervention.

All school staff who are authorised to be in control or charge of pupils are automatically authorised to use force where necessary. If others, such as colleagues from the behaviour support team, therapists and volunteers, have temporary charge and control of children, they are also authorised to use reasonable force where necessary.

- Staff have a duty of care to act in the best interests of the children.
- Staff do not have a duty to use force.
- Staff should use their own judgement and make their own dynamic risk assessment before acting.
- When staff are not expected to be in control or charge of children, this is made clear in their job descriptions.

Visitors and those who are not expected to be in control or charge of children should be accompanied by authorised staff on the school site and when accompanying pupils outside.

If staff have any questions relating to control and charge of pupils they should ask senior leaders for clarity.

When can Restrictive Physical Intervention be used?

This policy should not be treated as the complete and authoritative statement of the law, interpreting the law is a matter for the courts.

Factors which might influence a more immediate risk assessment, and therefore a decision about how to intervene, might include:

- The state of health and fitness of the staff member
- Their physical stature
- Competence
- Confidence
- Experience and relationships with the pupils concerned

All staff need to be aware of their own physical and emotional abilities and limitations. If necessary they should seek the help assistance of another member of staff.

All staff are encouraged to get into the habit of stopping and thinking before taking action, thus enabling a dynamic risk assessment to be made.

The following checklist can be helpful.

Act

- Stop and think
- Adopt a calm, non-threatening stance and posture
- Use a slow controlled voice
- Give clear verbal directions
- Pause and allow time for delayed compliance and help to arrive

Balance

- Likely outcomes if force is used against likely outcomes if force is not used short-term risks against term risks
- The best interests of the child against the best interests of the other children and the rights and powers of staff

Choose

- Persons who are most likely to succeed
- Best place available
- Best time available

- Minimum use of force necessary to achieve the desired result

The Legal Framework

The best justification for the use of reasonable force is that it is in the interest of the child. The Children Act 1989 in the UK states that the welfare of the child shall be the paramount consideration. The law also recognises that people make honest mistakes. A common law defence could be offered whenever a person acts reasonably in good faith.

Staff in our school, have the right under **section 93 of The Education and Inspections Act 2006** to use force as is reasonable in the circumstances to prevent a learner from doing or continuing to do, any of the following:

- Committing a criminal offence (or, for a learner under the age of criminal responsibility, what would be an offence for an older learner).
- Causing injury to self or others.
- Damaging property.
- 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.

Any Positive Handling must use the minimum degree of force necessary for the shortest period of time.

There is no legal definition of reasonable force, staff will use their knowledge and judgement by using a dynamic risk assessment, on accessing the risk presented and the level of physical intervention required to manage this.

Staff should be able to answer the three key questions:

- **How was this intervention in the best interests of the child?**
- **Why was it absolutely necessary?**
- **How was it reasonable and proportionate?**

Use of Restrictive Physical Intervention

Staff at Springside School view Restrictive Physical Intervention as a **last resort** to keep individuals safe and maintain a safe environment for all.

Even where physical intervention is considered legally justifiable and seems appropriate, it may not be safe or **in the best interest of the learner** or others; staff may have to focus instead on removing others from harm or making the environment safer.

Before the use of any Restrictive Physical Intervention, staff should take into account the age, gender, level of physical, emotional and intellectual development, additional needs, social context, and medical needs of the learner concerned. Staff should use a gradual, graded system of response. The degree of force used should be the minimum to achieve the desired result. Good training provides techniques which rely on a combination of psychology and biomechanics to reduce the amount of force required.

Restrictive physical intervention is a supportive, caring and reassuring way of managing crisis behaviour. Staff never use Restrictive Physical Intervention as a punishment, threat or out of anger.

Safety is always a paramount concern and as such staff are not required or advised to use Restrictive Physical Intervention if it is likely to put their own safety or the safety of others at risk. All staff have a duty of care towards the pupils and must fulfil this duty of care by telling the learner to “**stop**” what they are doing and warn that if they do not do so a Restrictive Physical Intervention may be used.

Staff who have, or acquire, permanently or temporarily, any medical condition that may impact on their ability to carry out pupils’ behaviour support & positive handling plans have a duty to report these to the Headteacher and the Deputy Headteacher as there could be an impact on their own safety and that of colleagues and/or pupils.

During the use of Restrictive Physical Intervention

- Consider the deployment of appropriately trained staff.
- Consider the minimum force for shortest time.
- Consider whether the hold is correct.
- Consider whether the amount of pressure could be reduced.
- Consider how best to communicate.
- Accept help and encourage other staff involvement somebody else to take over.

Staff are supported by a back-up system to enable them to call for help in emergencies. If staff should be in a room with a pull cord/button to call for help this should be the first method used. This sounds an alarm in the immediate area and in the reception area. In all other situations the staff member should shout ‘help now’ and support should be given immediately.

The expectation should be that all staff should support each other. In fact, they have a responsibility to do so.

At Springside School staff are committed to the use of Team Teach. This approach avoids any techniques which may impair breathing. All staff are trained to recognise and act upon the signs of positional asphyxia, releasing the child and calling for the emergency services immediately. If Staff are unsure about any aspect of their training or Restrictive Physical Intervention, it is their responsibility to discuss this with the Assistant Headteacher, as a trained Team Teach trainer.

Staff should make every effort to avoid acting in a way that might reasonably be expected to cause injury. However, in some extreme circumstances, it is possible that bruising or scratching a learner may occur accidentally.

It is acknowledged that with some disengagement techniques pupils may encounter some minimal discomfort when appropriate release techniques are used. However, this is very brief, transient and poses less of a risk than the behaviour they are employed in response to, e.g. biting.

What type of Restrictive Physical Intervention can be used?

Springside School believe that there are circumstances in where physical contact maybe necessary in order to meet the emotional, safety and individual care needs of children. Research has established that physical contact is important in developing relationships.

The paramount consideration is the welfare of the child. This policy is intended to safeguard the welfare of the child and protect staff by describing the circumstances in which physical contact may be necessary, and how to act safely and preserve the learner's dignity. As stated in *Rochdale Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings April 2007*.

Staff who work closely with younger pupils should, where possible, avoid allowing them to sit on laps. If members of staff need to sit on the floor to support children, they should position the child to the side rather than between the staff legs. This reduces the risk of misunderstandings and allegations.

Clear rules about how to touch appropriately need to be explained to pupils and modelled by staff. A positive way of teaching respectful touch is by introducing peer massage into the school environment i.e. Child2Child Peer Massage Programme.

There may be some pupils for whom touching is particularly unwelcome. For example, some pupils may be particularly sensitive to physical contact because of sensory issues, communication difficulties, and their cultural background or because they have been abused.

It is important that staff who may come into contact with these pupils or groups of pupils should have the relevant information and that the school has a system for informing them.

Behaviour Support & Positive Handling Plans / Risk Assessments

We all have a shared responsibility to identify risk, communicate potential risks and take active steps to reduce risk wherever possible.

Health and Safety legislation applies to children who may present a risk to themselves or others. Wherever a risk can reasonably be foreseen there must be an assessment of the risk and a plan to reduce the risk. It is not always possible to eliminate risk but staff will need to be able to show that they have attempted to reduce it. Children who present a risk should have a positive handling plan. Staff likely to come into contact with a child presenting a risk should be given guidance and training to enable them to assess and reduce the risk.

Behaviour Support & Positive Handling Plans may be written **without** the inclusion of Restrictive Physical Intervention to ensure a consistent approach from all adults working with a learner – *in this situation it is good practise to have these overseen by a member of the SLT and parents/guardians, however this is not essential*. Where Restrictive Physical Intervention **is considered necessary** to be included within a plan staff **must share this with a member of**

the SLT who will authorise and sign it, every effort must be taken to ensure this is also shared with learner's parents/ guardians with a signature. Where possible, these will be designed through multi agency collaboration and, shared with other agencies/services supporting the child to facilitate consistency of approach. We consider staff and children's physical and emotional health when we make these plan's and consult with child's parents/guardians and supporting external agencies.

Staff should use de-escalation strategies as stated in the learner's individual BS&BS&PHP to ensure that the best possible outcome is achieved for the learner. Staff are aware of individual BS&PHPs to ensure consistency when needing to manage incidents. Staff have access to BS&PHPs which are stored in each of the children's Health and welfare files within the classroom. All staff involved with the child should be familiar with the behaviour support & positive handling plan. A copy of the plan should be kept in the Assistant Head's office in the behaviour file.

Developing a Behaviour Support & Positive Handling Plan (BS&PHP)

If it is felt that Restrictive Physical Intervention is likely to be required (or if the child has been held in a Restrictive Physical Intervention) to support the individual learner then a Behaviour Support & Positive Handling Plan will need to be completed.

School need to take medical advice about the safest Restrictive Physical Intervention suitable for a child with specific medical needs.

When completing a BS&PHP we include the child's perspective, child's parents (or those with parental responsibility), staff from our school who work with the child, and any visiting support staff (such as Educational Psychologist, SEN Team, Fair access team, Speech and Language Therapists, Social Workers and colleagues from CAMHS) as part of a child's review process for their statement BS&PHP discussed and agreed.

Where a learner has a medical condition, which could make them vulnerable to injury, particular care has to be taken. Medical advice must be sought on whether their condition puts the young person at particular risk if certain forms of intervention were to be used. In all such cases parents/carers must be involved in the planning process. Parents must be reminded to advise the school on any updated information or developments which might make it necessary to seek updated medical advice.

As part of a Behaviour Support & Positive Handling Plan, **Withdrawal** or **Time Out** may be used.

Withdrawal: the withdrawal of attention and/or things a learner finds rewarding (it could be as simple as turning away from a child who is attention seeking, or positioning a child away from the class/group). This withdrawal of attention could also be achieved by sending a learner to another class/group or a quiet area - in this case the learner should be able to freely leave the room or area.

Time Out: this involves a learner moving away from a situation that causes anxiety or distress

to a location where he/she can be continuously observed and supported until he/she is ready to resume usual activities. This may involve a learner choosing to spend time away from the situation or staff removing him/her from the situation to provide time to calm down or to prevent the situation from escalating.

Seclusion: this is where a learner is required to spend time alone against his/her will in a room which he/she is not permitted to leave until they no longer present a significant degree of danger to other people. The door to the room may be closed or prevented from being opened by the learner: under no circumstances would the door to the room be locked. Seclusion is considered a form of Restrictive Physical Intervention. **Seclusion can NEVER be used as a planned intervention** and if it is used, it must be in a **One-off emergency** - an alternative intervention must be put in place in case of a reoccurrence of the situation.

Seclusion should only be considered:

in a one-off emergency situation where there is a clear and identified risk that the learner who is to be secluded presents a significant degree of danger to other people from an unexpected or previously unseen severe risk/ severe behaviour and the situation cannot be managed more safely or appropriately by any other means. [SEP]

Staff Training

We recognise that in practice it is not possible to completely remove all need for Restrictive Physical Intervention; therefore, the governors and senior leaders within Springside School needs to ensure that staff have the necessary training and skills to identify, minimise and communicate the risk.

The Headteacher is responsible for organising and booking staff training although this is delegated to the Assistant Headteacher as a trained Team Teach trainer. The training should be accredited by and tailored to meet the specific needs of our school. Staff will have access to regular refresher training sessions to keep them up to date with appropriate techniques, refresh skills in this area and advise them of changes in legislation. If the techniques used are not seen as being effective, further training will be organised. When staff feel that they need additional training needs, they have a duty to speak to their line manager.

Springside School acknowledge that physical techniques are only part of a whole setting approach to behaviour management. All training will include theory on at least the following:

- De-escalation
- Causes of challenging behaviour
- Preventative strategies
- Positive behaviour management
- Risk Assessment
- Behaviour support planning
- De- brief following incidents

A holistic approach is the preferred method of whole staff training. The level of training recommended is related to the level of risk faced by the members of staff. All staff benefit from whole school training.

Post Incident Support

Immediate action should be taken to ensure medical help is sought if there are any injuries which require more than basic first aid. All injuries should be reported and recorded using the school systems. Springside School will ensure that the learner and the member of staff have immediate access to first aid for any signs of injury. Where any injury has occurred, we will complete the on-line schools' incident report form available from the School Safety Team.

Learner Support

At this time it can be helpful to reiterate some simple messages.

- *We hold children to keep them safe from harm.*
- *We hold children when they cannot hold themselves safely.*
- *We hold children to prevent them from doing something they will regret.*
- *We care too much to allow them to be out of control.*

"I care enough about you not to let you be out of control."

Post incident interviews which encourage positive listening and learning is recognised as being one of the most important parts of a Restrictive Physical Intervention. It should be used to enable the young person to gain insights into his or her own behaviour, understand the impact this has on others and as a learning opportunity to work out better self-management strategies in future situations, so as to lessen the likelihood that physical interventions will be needed again in future.

In cases where it is not possible to speak to the learner on the same day as the incident occurred, staff will ensure a positive listening and learning interview takes place as soon as possible after the learner returns to school.

Once basic physical, emotional and psychological needs have been addressed, reparation and any consequences should be presented as inevitable outcomes of poor choices. Staff should be seen as helping the child to put things right and resolve the problem.

Staff and Learner support

Following a significant incident, the school should offer support to all involved. People take time to recover from a significant incident. Until the incident has subsided, the priority is to reduce risk and calm the situation down.

Procedures are in place within our 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. Springside is responsible for offering support to all staff involved, after such incidents.

Any member of staff or learner at the school involved in or witnessing a significant incident involving the use of RPI may require additional support following the incident.

All members of staff involved will be allowed a period to debrief and recover from the incident if needed. This may involve access to external support. A senior member of our staff will provide support to the member of staff involved.

Recording and Reporting

This area, as do many other areas of our work, requires judgment. We do not want staff to spend undue time filling in unnecessary paperwork at the expense of looking after the children. However, staff need to understand that recording incidents safeguards them as well as the children.

When recording a significant incident staff will follow these points;

- Record the incident on CPOMS asap and inform a member of SLT immediately.
- Complete the significant incident form once everyone has recovered, but normally within 24 hours of the incident.
- The member of staff who initiated the Restrictive Physical Intervention should complete the significant incident form. Any staff involved in the incident, including witnesses, must complete their section of the form.
- Return the completed form to Assistant Headteacher who is responsible for cross referencing the incident on CPOMS.
- Consider the effectiveness of the learner's behaviour support and positive handling plan and amend the plan if necessary.
- A record of communication with parents/carers to inform of incident
- A record of medical examination (checking for accidental bruising/scratching)

At Springside we use the School's Service Team structured significant incident form, as this form meets the information requirements as stated in guidance.

Storing records of Restrictive Physical Intervention

- Completed significant incident forms copies are kept in the school's Physical intervention log file in the Assistant Head's office.
This is part of the learner's education record and is open to inspection by parents.
- CPOMS and accompanying significant incident forms are archived at the end of each academic year, together with a copy of the current policies for behaviour and Rochdale's Care, Control and Physical Intervention Policy. These records are kept until the youngest member of staff involved in the incident reaches normal retirement age.

Any incident which could be open to misinterpretation or place staff in a position where they could be vulnerable to allegations should be recorded. If a learner or member of staff is unusually distressed by an incident, or the learner and/or family, has a history of problematic relationships, it is safer to record the incident on a significant incident form.

Reporting Incidents

The Headteacher will be informed of the incident at the earliest possible opportunity. Once post-incident measures have been put into place, the Headteacher then has a duty to inform governors of such incidents.

Parents/carers will be informed by telephone as soon as is practicable after the incident; the person informing parents need not have been directly involved but should keep a record of the communication.

If it is likely that reporting a significant incident to a parent will result in harm to the learner, then the incident should be reported to the school's designated teacher for child protection, and to follow locally agreed Local Authority Designated Officer procedures and inform Louise Hurst (LADO).

Monitoring and reviewing

The use of physical intervention in our school will be monitored in order to help our staff learn from experience, promote the well-being of pupils in our care and provide a basis for appropriate support and school organisation. Monitoring will help us to determine what specialist help is needed for pupils. Information on trends and emerging problems will be shared within our school. Monitoring information will be reported on a regular basis to school governors by the Headteacher.

As a school we now use CPOMS to record our incidents. This system has a full audit history. Senior key holders can view, edit and delete incidents; however, all changes are logged and a copy of all versions of the incidents (even those deleted) is kept by CPOMS and these cannot be removed by anyone. Ultimately, any incident uploaded is unable to be deleted or altered permanently.

Our CPOMS log is available for monitoring by authority Team Tutors and signed termly by the governor with responsibility for safeguarding. The bound and numbered book is monitored regularly by senior leaders to identify trends, necessary changes in policies and practice along with training needs. Significant incidents also provide an opportunity to review behaviour support and positive handling plans.

Complaints and allegations

Complaints and allegations will be investigated in accordance with the guidance on dealing with allegations against teachers and other staff in schools. A copy of this guidance may be obtained from senior leaders.

Further information

This policy should be considered alongside other relevant policies within the school, specifically those policies involving

- Behaviour
- Health and safety
- SEN
- Equal Opportunities
- School Complaints and allegations procedures
- Safe Working Practice
- Safeguarding

This policy is consistent with our Safeguarding and Child Protection for children and Safe working practice for staff. It has been written with reference to the documents referenced throughout the Policy.

Addendum to support the safe return of all stakeholders to Springside after COVID-19 Lockdown

This policy should be read in conjunction with the latest Government guidelines, these are regularly changing. The Government guidelines for social distancing and all health and safety advice override the guidance contained within this policy. For all learners who require behaviour support plans, Government guidance must be considered when these are written. If Physical Intervention is considered likely and a regular occurrence for that learner this will be considered alongside the whole school risk assessment to decide if they are safe to be taught in school. For learners who display specific behaviours, known to increase the risk of infection to others (e.g. spitting) then additional PPE must be worn and/ or the learner may be educated remotely to reduce the risk to an acceptable level for all.