



Policy for Restrictive Physical Intervention Manor Primary school.

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APPROVED BY GOVERNORS:

DUE FOR REVIEW: May 2018

School Values and Policies

The school behaviour policy outlines how staff at Manor Primary 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 restrictive physical interventions supplements the main behaviour policy. Both should be read in conjunction with the school SEN policy, the Health & Safety policy, and the Child Protection policy.

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 restrictive physical intervention is an appropriate response and how staff at school will fulfil their responsibilities in those circumstances.

The *headteacher* will be responsible for ensuring that staff and parents are aware of the policy. He/she will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

Physical touch

The staff at Manor Primary school believe that physical touch is an essential part of human relationships. In our school, adults may well use touch to prompt, to give reassurance or to provide support in PE.

To use touch/physical support successfully, staff will adhere to the following principles. It must:

- be non-abusive, with 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

At our school, the headteacher is responsible for ensuring that relevant staff are aware of any pupil who finds physical touch unwelcome. Such sensitivity may arise from the pupil's cultural background, personal history, age etc.

What do we mean by ‘physical intervention’?

It is helpful to distinguish between:

Definition	Example	
Non-restrictive physical interventions. (As already stated touch/physical contact is a small but important and natural part of teacher-pupil relationships in our school).	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	For example: <ul style="list-style-type: none"> • guiding/shepherding a person from A to B • use of a protective helmet to prevent self-injury • removal of a cause of distress
Restrictive physical interventions	Prevent, impede or restrict movement or mobility. Restraint. To use force to direct.	For example: <ul style="list-style-type: none"> • isolating a child in a room • holding a pupil • blocking a person’s path • interpositioning • pushing/pulling

and between:

Emergency/unplanned interventions	Occur in response to unforeseen events
Planned 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

When is restrictive physical intervention permissible at Manor Primary school?

Restrictive physical intervention is rarely used at Manor Primary school. However, it will be necessary when its aim is to prevent a pupil injuring themselves or others (For example, pupils playing in a dangerously rough manner) or to prevent them damaging property (For example, pupils throwing a heavy object at/near to expensive computer equipment). [Section 550A, DFES Circular 10/98].

Section 550A also allows the use of force ‘to prevent a pupil from engaging in any behaviour prejudicial to maintaining good order and discipline....’. However, the use of restrictive physical intervention for this purpose **is acceptable only in rare circumstances** at Manor Primary school.

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.

Restrictive physical intervention 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 weigh up whether the risk of not intervening is greater than the risk of intervening. 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. Guidance on this and more formal risk assessment is given in the CCES policy on risk assessment.

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.

Who may use restrictive physical interventions?

In this school all teachers are authorised. In addition, a list will be attached to this policy of non-teaching support staff who are also authorised. The headteacher will ensure that those on this list are aware and understand what is involved. The headteacher will review this list *annually* to ensure that it is up to date.

Supply staff will not be authorised to use restrictive physical interventions except if they have been specifically authorised by the headteacher.

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. This means that visiting staff will need to ask the headteacher for authorisation.

How staff at Manor Primary school 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.

Staff will:

- use the minimum amount of force for the minimum amount of time;
- avoid causing pain or injury; avoid holding or putting pressure on joints;
- in general hold long bones.
- *never* hold a pupil face down on the ground or in any position that might increase the risk of suffocation.

During an incident the member of staff involved will tell the pupil that his or her behaviour may be leading to restraint. 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 try to adopt a calm, measured approach and maintain communication with the pupil at all times.

*Examples, appropriate to the school, of acceptable restrictive physical intervention should be discussed, agreed and included here. It may also be helpful to give examples of actions that are **unacceptable**.*

In an emergency, staff must summon assistance by *sending a child with a 'red hand' card to the Headteacher or in their absence, the Deputy Headteacher.*

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 will be carried out following the school's guidelines.

If appropriate, an individual management 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. This plan will be discussed with parents/carers. When it involves the use of a restrictive physical intervention, medical colleagues will be consulted.

Before the plan is implemented, any necessary training or guidance will be provided for the staff involved. The *headteacher and SENCo* 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 an unplanned restrictive physical intervention, the following steps will be taken.

- details of the incident will be recorded by all adults involved *immediately* on the attached form. A copy will be sent to the CCES 'Health & Safety' department.
- recording will be completed within 12 hours whenever possible. Staff will be offered the opportunity to seek advice from a senior colleague or professional representative when compiling their report.
- any injuries suffered by those involved will be recorded following normal school procedures.
- the headteacher 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 headteacher will follow the school's child protection procedures and also inform parents/carers.
- parents/carers will be informed by *the headteacher* on the day of the incident. If this is initially done by phone, it will be followed up in writing. Parents/carers will be offered the opportunity to discuss any concerns that they may have regarding an incident.
- Support/debriefing will be available for adults and pupils who have been involved in any incident involving restrictive physical interventions. This will be provided by *headteacher*.

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.

The *headteacher* will use the records kept to analyse patterns of behaviour and so decide whether responses are being effective. The headteacher will report on this information to the Governing Body *annually*.

Complaints procedure

Any complaint will first be considered in the light of the school's child protection procedures, following ACPC guidance. If child protection procedures are not appropriate, the school's complaint procedures will be followed.

Appendices

APPENDIX 1

SCHOOL POLICY FRAMEWORK

INTRODUCTION

- Staff will be informed directly if a pupil in their care has particular needs with regards to physical contact.
- A physical intervention will prevent a child gaining access to a certain area but will not enter their body space areas (for example barring a doorway). A restrictive physical intervention will invade a child's body space and will involve the child being held to prevent them damaging themselves either directly or by their position towards danger.
- All staff will have a copy of the policy and it will be referred to at inset and staff meetings.
- Parents may ask for a copy of the policy at any time.

WHEN RESTRICTIVE PHYSICAL INTERVENTION MAY BE USED

- When a child is in danger of hurting themselves or other pupils. Property damage is not sufficient reason to restrain a child.
- If staff have any doubt regarding a physical intervention they must seek advice.
- It is accepted that this intervention will often require a very quick risk assessment.

WHO MAY USE RESTRICTIVE PHYSICAL INTERVENTION

- Only full time teaching staff may undertake a physical intervention.

APPENDIX 2

Links to other relevant documents

- Circular 10/98 particularly Section 550A
- Staffordshire ACPC procedural handbook
- Circular 10/95. 'Protecting Children from Abuse: The Role of the Education Service'. (About to be replaced)
- Health and Safety: Managing Violence against Staff
- LEA manual handling policy
- Risk Management in Educational Establishments
- Education Act 1996. Section 550A
- Education Act 2002. Section 275
- Joint DfES and Department of Health Guidance on the use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders. July 2002
- DfES Guidance on the use of restrictive physical interventions for pupils with severe behavioural difficulties

APPENDIX 3

KEY POINTS FOR TEACHERS

Physical touch

Physical touch is an essential part of human relationships. In school, adults should feel able to use touch for professionally appropriate reasons. For example, to prompt, to give reassurance, to provide support in PE. However, any touch must:

- be non-abusive with no appearance of indecency or intention to cause pain or injury.
- be in the best interests of the child and others.
- have a clear educational purpose.
- take account of gender issues.

You **must make yourself** aware of any pupil who might find physical touch unwelcome. Such sensitivity may arise from the pupil's cultural background, personal history, age etc.

Your school's policy

On any day, you may find yourself in a situation where you have to make a snap judgment about whether to make a physical intervention or not. So it is very important that you are familiar with your school's policy on its use. You may wish also to read the County Education Service's guidance. **Ask for clarification and/or more advice if you feel unsure.**

Who can use restrictive physical interventions?

Whether they are formally authorised or not, all staff have the right to use reasonable force to defend themselves and others from an attack and to prevent immediate risk of injury to themselves or others. Restrictive physical intervention can be used *in certain other circumstances* (see below) by any of the school's teachers and by other staff, *if specifically authorised by the headteacher*.

What is a restrictive physical intervention?

The term restrictive physical intervention covers a wide range of actions that prevent, impede or restrict movement or mobility or use force to direct. For example: isolating a child in a room; holding a pupil; blocking a pupil's path; inter-positioning between pupils; pushing and/or pulling a pupil. It can be a planned or an emergency, unplanned action.

In what circumstances can a restrictive physical intervention be used?

The use of a restrictive physical intervention should be very rare. It should be avoided whenever possible and must not be used for staff convenience. It must be justifiable as 'being in the child's best interests'.

Restrictive physical intervention is allowed, and most obviously justified, when its aim is to prevent a pupil injuring themselves or others (e.g. by playing in a dangerously rough manner) or to prevent them damaging property (e.g. throwing a heavy object at/near to expensive computer equipment). [Section 550A, DFES Circular 10/98]. Such an intervention is also allowed when its aim is 'to prevent a criminal offence'.

A pupil absconding can only be restrained if they are putting themselves at significant risk by leaving school.

Section 550A allows the use of force 'to prevent a pupil from engaging in any behaviour prejudicial to maintaining good order and discipline....'. However, **the use of force for this purpose is unlikely to be acceptable educational practice particularly with pupils in KS2 and above**. In many cases, the use of force to achieve compliance will exacerbate the problem. You should be extremely circumspect about using a physical intervention for such a reason. Most attacks on staff are triggered by a member of staff initially touching the pupil.

It is more possible with a KS1 child that limited restraint (e.g. holding a reception child's hand without significant struggle; gently holding them back - again without significant struggle) will be appropriate and acceptable. However, it is essential that such action has the *child's best interests at heart* and that it is not used simply for convenience.

The use of a restrictive physical intervention becomes increasingly inappropriate with older pupils.

Making a judgement about whether or not to intervene physically

Restrictive physical intervention should *only* be considered if other behaviour management options have proved ineffective or are judged to be inappropriate. Before deciding to intervene, you should weigh up whether the risk of not intervening is greater than the risk of intervening. Any intervention should be carried out with the child's best interests at heart. Physical contact must not be used to punish a pupil or cause pain, injury or humiliation.

Guidance on this and more formal risk assessment should be given in your school policy. However, in the end, to intervene physically or not will be a professional judgment. It will be easier to make and justify that judgement if you are fully familiar with your school's policies and risk assessment procedures.

Whatever, you should not feel obliged to intervene against your better judgement. You should not place yourself at unreasonable risk. In such circumstances, you should take steps to minimise risks. For example, by removing other pupils and calling for assistance.

Making a plan

If you are concerned that a situation may arise with a pupil that requires a restrictive physical intervention, you should carry out a formal risk assessment following the school's guidelines. If appropriate, an individual management plan should then be drawn up for that pupil. This plan should aim to reduce the likelihood of such a situation arising as well as how to deal with it if it does. Such a plan should be discussed with parents/carers. If it involves the use of a restrictive physical intervention, medical colleagues should be consulted. You should receive any necessary guidance or training *before* you implement such a plan.

What you should do in a restrictive physical intervention

When a restrictive physical intervention is justified, you can use 'reasonable force'. This is the degree of force 'warranted by the situation'. It should 'be proportionate to the circumstances of the incident and the consequences it is intended to prevent'. Any force used should always be the minimum needed to achieve the desired result and for the shortest amount of time, (for example, it would be unacceptable forcefully to drag or pull a pupil when they had refused to leave the room).

If restrictive physical intervention is to be used, you should: use the minimum amount of force for the minimum amount of time; avoid causing pain or injury; avoid holding or putting pressure on joints; in general hold long bones. You should *never* hold a pupil face down on the ground or in any position that might increase the risk of suffocation.

During an incident you must caution the pupil that his or her behaviour may be leading to restraint but this should not be used as a threat or said in a way that would inflame the situation. You must not act out of anger or frustration. It is important to adopt a calm, measured approach and maintain communication with the pupil at all times.

You should be aware of how to summon assistance in an emergency.

After an incident

All incidents of restrictive physical intervention should be reported and recorded as soon as possible, following the school procedures. Witnesses should make statements as well as the direct participants. Parents/carers should be informed, again by following the school procedures. You may wish to seek advice from your professional association.

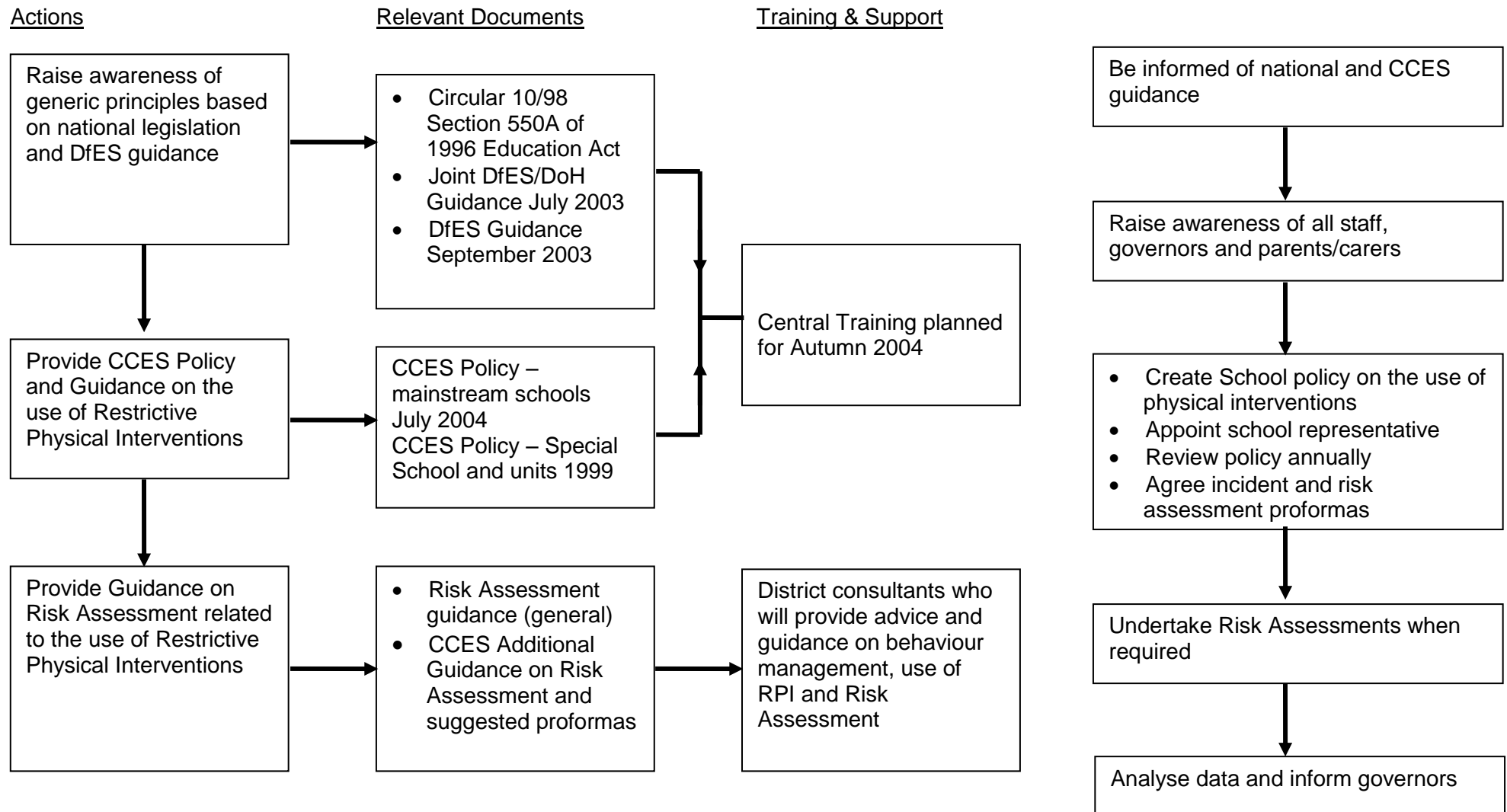
After an incident you should seek/receive debriefing support. Similarly the pupil involved should be given such support.

APPENDIX 4

GUIDANCE ON RISK ASSESSMENT

Education Service Responsibilities

Whole School Responsibilities



IMPORTANT NOTE

Behaviour Support Co-ordinators/Assistants provide practical advice. They do not have the established relationship with the pupil to be expected to use physical management. To do so would require written authorisation from the Headteacher.

UNFORESEEN RISKS ~ Risk Assessment Process

Pupils sometimes present challenging behaviour that poses previously unforeseen risks to themselves or others

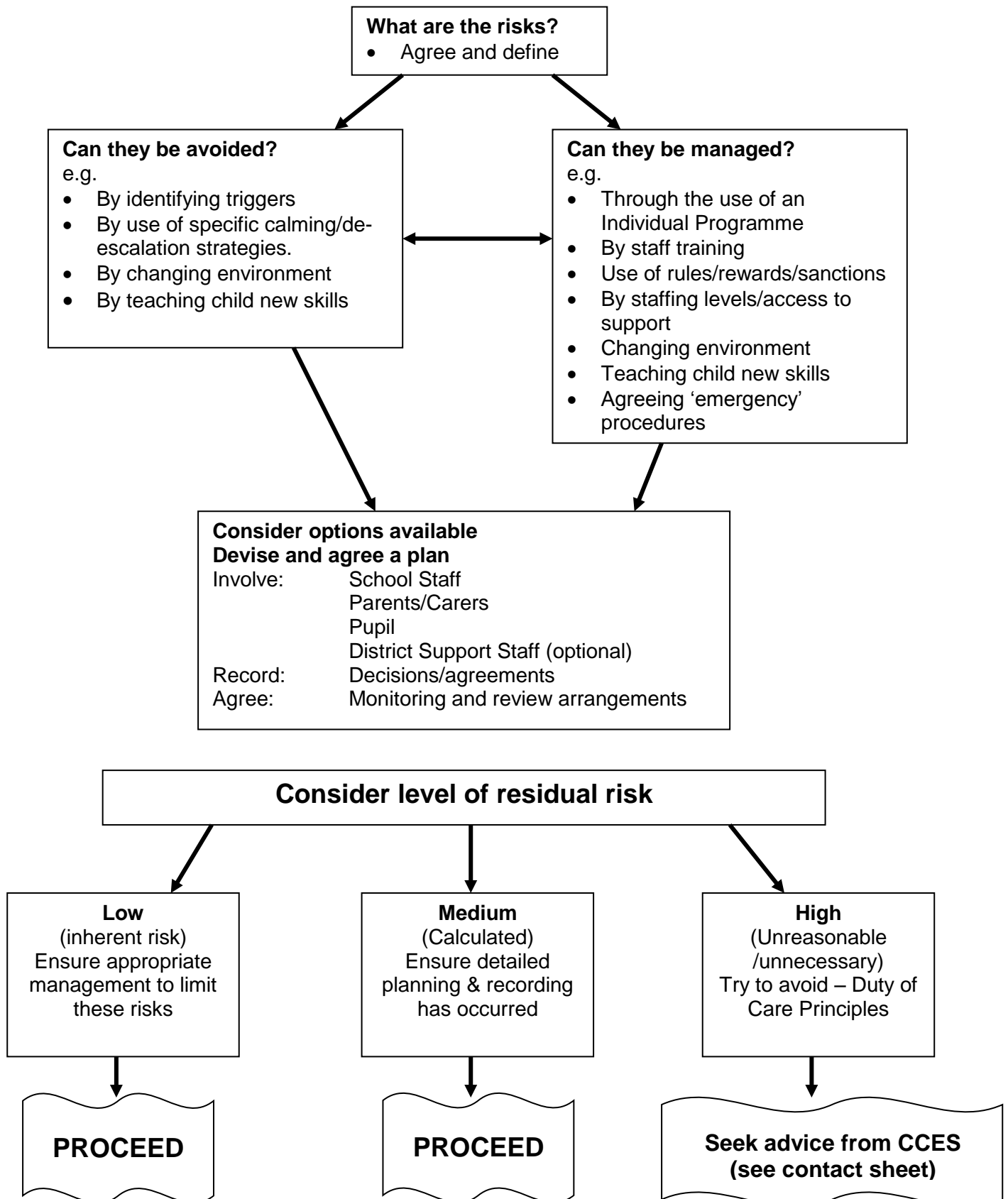
Unforeseen risk assessment and management may require rapid decision making. If so:

1. Consider any risks to pupils, staff and environment.
2. Consider options available for management of the risks (think policies, procedures, the law).
3. Remember that the use of unplanned physical intervention carries a higher risk than that of planned physical intervention (risks include – injury to self/pupil; disciplinary procedures; litigation). Avoid if at all possible.
4. Take reasonable action to support and safeguard people you work with (Duty of Care).
5. Report and record risks presented, decisions made and actions taken (see incident form).
6. Decide if the risk is likely to recur. If so refer for risk assessment and management.

FORESEEN RISKS ~ Risk Assessment Process

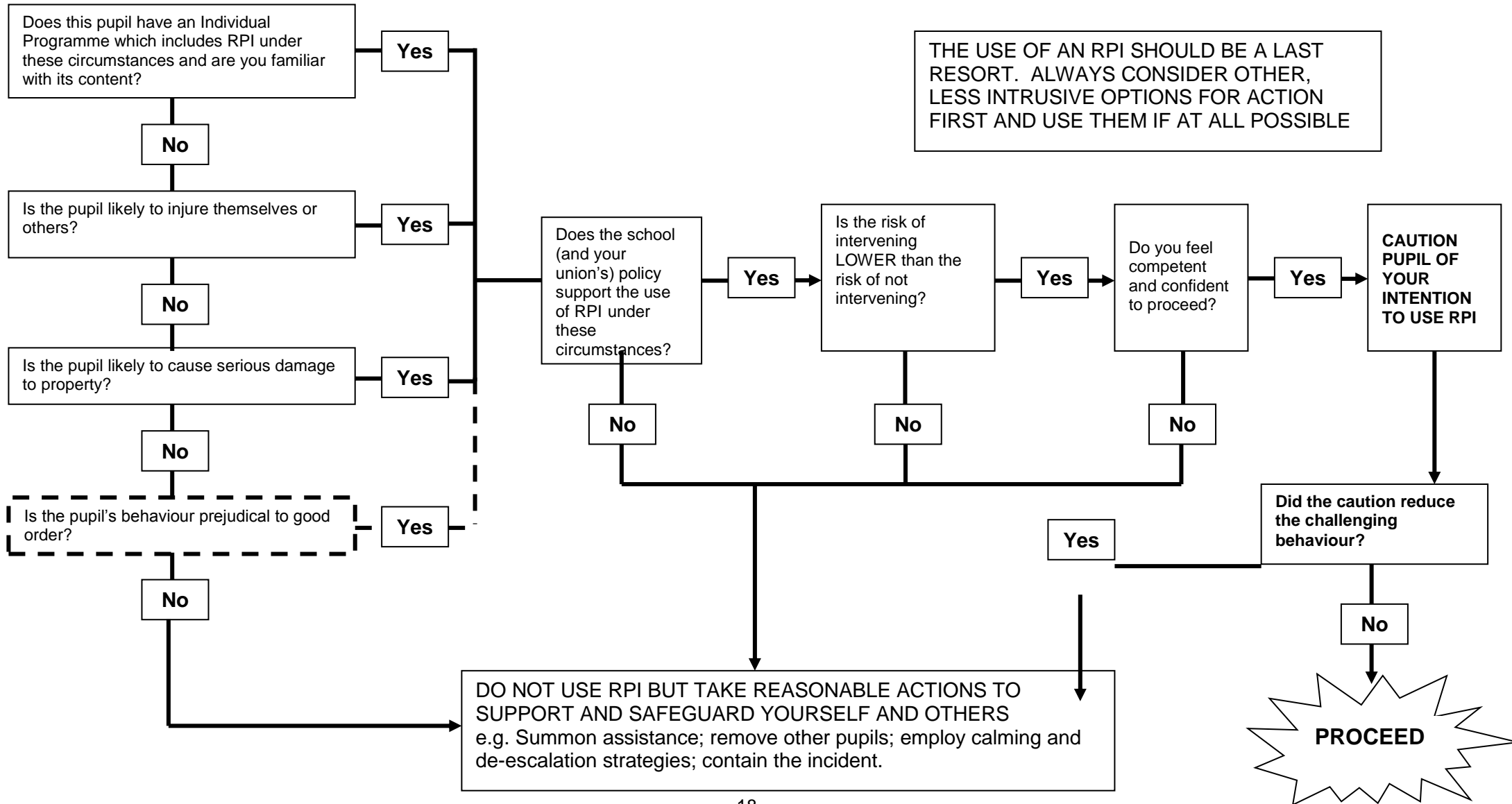
Where risks are foreseen, they should be examined and decisions made about strategies to reduce and manage them.

SEE RISK ASSESSMENT PROFORMA FOR ADDITIONAL GUIDANCE



Risk Assessment and the use of Restrictive Physical Interventions

Using a restrictive interventions carries increased risks. Use is also covered by legal guidance and DfES advice. Questions to consider BEFORE using a Restrictive Physical Intervention (RPI):



Actions to take after the use of RPI

After using a Restrictive Physical Intervention, the following actions should be taken.

Actions to take after the use of RPI

1. Inform others
 - Headteacher/SMT
 - Parents/Carers
 - Union

2. Record what happened
 - Risks presented
 - Decisions made
 - Actions taken
 - Effects of actions

3. Seek post-incident support
 - For self
 - Pupil
 - Others

4. Repair and rebuild relationships which may have been affected during the incident.

5. Initiate/carry out a Risk Assessment.

Risk Assessment Proforma

Pupil Name:	Date of Birth:	Age:
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Nature of Behaviour: (What? When? How?)
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Frequency: (Be specific. Support with available data)
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	Nature of risk	Degree of risk*		
		Severity / Intensity A	Frequency / likelihood B	Overall level of risk AxB
To the pupil				
To others (specify who)				
Property				

(Reference Policy document)

Either rate: * Low (L) Med (M) High (H)
or use CCES numerical ratings (see over)

Risk Reduction Options

Are the following in place?

	Information attached
Individual Behaviour Plan or Pastoral Support Plan	
Staff Training / Information	
Staffing / access to support	

Options	Benefits	Drawbacks

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Risk Assessment Proforma (cont'd)

Agreed strategies, actions and procedures for managing risks

Focus of measures	By whom?

STOP! Are the strategies REASONABLE and PROPORTIONATE to the risks presented by the behaviour?

Level of Residual Risk (i.e. after risk reduction options have been agreed)

	Nature of risk	Degree of risk*		
		Severity Intensity A	Frequency / likelihood B	Overall level of risk AxB
To the pupil				
To others (specify who)				
Property				

Either rate: * Low (L) Med (M) High (H)
or use CCES numerical ratings (below)

Low (Inherent / acceptable risk)	Medium (Calculated)	High (Unreasonable / unacceptable)
Ensure appropriate management to limit these risks	Ensure detailed planning and recording has occurred	Try to avoid – Duty of care principle – Seek advice from CCES

Review date:

Consultation and agreement:

	Staff		
Consulted			
Agreed			

CCES Numerical Rating:

Hazard Ratings (A)	1=Minor Injury	Likelihood (B)	2=Unlikely	Risk Priority (C)	12-30=High
	2=Major Injury		4=Occasional		6-12=Medium
	5=Death		6=Probable		2-4=Low

<p>_____ SCHOOL</p>			
<p>INCIDENT FORM – USE OF PHYSICAL INTERVENTION</p>			
<p>1. GENERAL DETAILS</p>			
CLASS:	TERM:	NUMBER:	DATE:
NAME(S) OF PUPILS INVOLVED: _____			
LOCATION: _____		TIME: _____	
WITNESSED BY: _____			
<p style="margin-left: 40px;">Adults:</p> <p style="margin-left: 40px;">Pupils:</p>			
STAFF WRITING THIS REPORT: _____			
REPORTED TO HEAD/DEPUTY (DELETE): _____ (Date/time)			
FORM RETURNED: _____ (Date/time)			
<p>2. DESCRIPTION OF THE INCIDENT (WHAT HAPPENED?)</p>			
<i>Who was involved? Focus of incident</i>	<i>Nature of incident</i>	<i>Effects</i>	
Pupil to pupil <input type="checkbox"/>	Verbal abuse/outburst <input type="checkbox"/>	Disruption	<input type="checkbox"/>
Pupil to adult <input type="checkbox"/>	Threatened violence <input type="checkbox"/>	Distress to self (pupil)	<input type="checkbox"/>
Self harm <input type="checkbox"/>	Risk of injury <input type="checkbox"/>	Distress to others	<input type="checkbox"/>
Damage to property/equipment <input type="checkbox"/>	Physical abuse/attack <input type="checkbox"/>	Injury	<input type="checkbox"/>
Antecedents (What lead up to the incident): _____			
Behaviour: _____			
Action taken to manage/de-escalate the behaviour prior to use of physical intervention: _____			
Description of the physical intervention used:			
<ul style="list-style-type: none"> Was this a planned (IBP)/unplanned intervention? (delete as appropriate) Duration of physical intervention: Was anyone injured? YES/NO If YES, give details of injury and any medical support given: 			
<p>3. CONSEQUENCES</p>			
Incident reported to Headteacher/Deputy/Other member of SMT (specify) _____			
Parents Contacted – Phone/Letter <input type="checkbox"/> Time: _____ By Whom: _____			
In School/Class Sanctions:			
Detention <input type="checkbox"/> Date: _____			
Outside Agencies Involved YES/NO If YES, who? _____			
Accident/Incident form/book <input type="checkbox"/>	Health and safety form/book	<input type="checkbox"/>	
Other recording (specify) <input type="checkbox"/>	Other notification	<input type="checkbox"/>	
Signed: _____ (Member(s) of Staff)			
Date _____			

4. FURTHER ACTIONS

Post Incident Support:

Staff

Staff 'Debrief' Requested YES/NO

Provided by _____ Date _____

Follow Up Session Requested YES/NO

Details _____

Pupil

Post Incident Support given
by _____ Date _____

Signed _____ (Member of Staff)
Date _____

Signed (optional) _____ (Pupil)

PLANNING AND FURTHER ACTIONS

Do any of the following need review and possible change? Please tick appropriate ones.

- Pupil individual programme (e.g. IBP/PSP)
- Teaching targets/curriculum offered
- Teaching groups
- Aspects of physical environment
- Defusing and calming strategies
- Staffing

What steps have/will be taken to address identified areas?

Was any further, related action taken by Head/Deputy YES/NO

Specify:

Signed: _____ (Head/Deputy)

Date: _____

