

Children's Services



RESTRICTIVE PHYSICAL INTERVENTION IN SCHOOL

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HERTFORDSHIRE COUNTY COUNCIL

Restrictive Physical Intervention in School

A Model School Policy

CONTEXT

Hertfordshire schools and educational establishments are encouraged to use this framework and to adapt it to their own setting. It is advised that all schools should be familiar with the Hertfordshire Policy on the use of Restrictive Physical Intervention.

This policy is written for schools or settings which have adopted Hertfordshire Steps which is the local authority's preferred approach to supporting positive behaviour management in schools and settings. Schools and settings should ensure if they have commissioned training packages other than Steps that this policy is amended to ensure it is consistent with the principles and ethos of those packages. The Steps approach forms part of the authority's behaviour strategy. It has been agreed through the SEND Executive and forms part of Hertfordshire's Local Offer.

Hertfordshire Steps training

Hertfordshire Steps training covers two distinct developmental areas:

“Step On” – (De-escalation training) It is considered best practice that all teachers, TA's and MSA's complete this de-escalation training. 'Step On' is a therapeutic approach to behaviour management, with an emphasis on consistency, on teaching internal discipline rather than imposing external discipline and on care and control, not punishment. It uses techniques to de-escalate a situation before a crisis occurs and, where a crisis does occur, it adopts techniques to reduce the risk of harm.

“Step Up” – (Restrictive physical intervention training) provides training on elements of restrictive physical intervention (restraint) and personal safety. This training can only be provided within services where staff have already completed 'Step On' training and are still within certification. 'Step Up' training is only delivered where there is an audited need with an individual young person who displays dangerous behaviour.

This policy is recommended to be referenced within the school's Behaviour Policy; it will be part of a graded response, and needs to be agreed in consultation with staff, governor's parents/carers, and pupils. The behaviour policy should aim at improving educational outcomes for all pupils by promoting and supporting their engagement with education. It also connects to, and should be consistent with, policies on Health and Safety, Child Protection and Safeguarding, Equal Opportunities, and Pastoral Care.

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1. INTRODUCTION

In Commonswood school 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 restrictive physical intervention be needed. On such occasions, only acceptable forms of intervention are used.

[*Schools may wish to add their own statement here.]

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 managing difficult and dangerous behaviour in relation to the whole school, each class, and individual pupils.

All school staff need to feel that they are able to manage behaviour, and to have an understanding of what difficult or dangerous 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.

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2. ACCEPTABLE FORMS OF PHYSICAL INTERVENTION IN COMMONSWOOD SCHOOL

“Physical intervention” (PI) is the term used to describe contact between staff and pupils where no force is involved. There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention (PI) with children, however, it is crucial that they only do so in ways appropriate to their professional role and in relation to the pupil’s individual needs. There are occasions when staff may have cause to have physical intervention (PI) with pupils:

- 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)
- First aid and medical treatment
- In an emergency to avert danger to the pupil or pupils
- In rare circumstances, when Restrictive Physical Intervention is warranted (See Below)

Not all children feel comfortable about certain types of physical contact; this should be recognised and, wherever possible, adults should seek the pupil's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed. Staff should acknowledge that some pupils are more comfortable with touch than others and/or may be more comfortable with touch from some adults than others. Staff should listen, observe and take note of the child's reaction or feelings and, so far as is possible, use a level of contact and/or form of communication which is acceptable to the pupil.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one pupil, in one set of circumstances, may be inappropriate in another, or with a different child. 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 duration of contact
- The location where the contact takes place (it should not take place in private without others present)

Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact shall not be made with the pupil's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints. It must not become a habit between a member of staff and a particular pupil. Physical intervention should be in the pupil's best interest and should only be used with an awareness of the need to differentiate the attachment to staff from the attachment to key adults such as parents and siblings.

Safer working practice

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/ school code of conduct / staff behaviour policy and Safer Recruitment Consortium document **Guidance for safer working practice for those working with children and young people in education settings (September 2015)**

http://www.thegrid.org.uk/info/welfare/child_protection/allegations/safe.shtml

3. DEFINITION OF “RESTRICTIVE PHYSICAL INTERVENTION”

“Restrictive Physical Intervention” (RPI) is the term used to describe interventions where the use of force to control a person’s behaviour is employed using bodily contact. It refers to any instance in which a teacher or other adult authorised by the Headteacher has a duty to use “reasonable force” to control or restrain pupils in circumstances that meet the following legally defined criteria.

- To prevent a pupil from committing a criminal offence (this applies even if they are below the age of criminal responsibility)
- To prevent a pupil from injuring self or others
- To prevent or stop a pupil from causing serious damage to property (including their own property)

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 Restrictive Physical Intervention also includes the use of mechanical devices (eg splints on the pupil prescribed by medical colleagues to prevent self-injury), forcible seclusion, use of locked doors or changes to a pupil’s environment. 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.

Legal defence for the use of force is based on evidence that the action taken was:

- Reasonable, proportionate and necessary
- In the best interest of the young person

This document takes into account DfE Guidance on Use of Reasonable Force July 2013 <https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

4. WHEN THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS MAY BE APPROPRIATE IN COMMONSWOOD SCHOOL

Restrictive Physical Interventions may be used when all other strategies have failed, and therefore only as a last resort. All staff should focus on de-escalation and preventative strategies rather than focusing solely on reactive strategies. However there are other situations when restrictive physical intervention 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 IN COMMONSWOOD SCHOOL

The following 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 this list does not mean that an adult is necessarily barred from using physical intervention. If the Head has lawfully placed an adult in charge of pupils 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.

Names of Authorised staff

All members of the senior leadership team, Class Teachers, Teaching Assistants and MSAs. The school Step On trainers run a rolling programme to ensure that new members of staff are trained as they join the school. All staff who have completed Step on Training.

5. PLANNING FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS IN COMMONSWOOD SCHOOL

Staff will use the minimum force needed to restore safety and appropriate behaviour. When considering the use of Restrictive Physical Intervention there are only 3 components that can be judged as wrong.

- If there is a negative impact on the process of breathing
- The pupil feels pain as a direct result of the technique
- The pupil feels a sense of violation

Elevated risks

The following can result in a sense of violation, pain or restricted breathing

- The use of clothing or belts to restrict movement
- Holding a person lying on their chest or back
- Pushing on the neck, chest or abdomen
- Hyperflexion or basket type holds
- Extending or flexing of joints (pulling and dragging)

The following can result in significant injury:

- Forcing a pupil up or down stairs
- Dragging a pupil from a confined space
- Lifting and carrying
- Seclusion, where a person is forced to spend time alone against their will (requires a court order except in an emergency)

The principles relating to Restrictive Physical 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 force 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 and diversion. The pupil will be warned, at their level of understanding, that Restrictive Physical Intervention will be used unless they cease the dangerous behaviour
- Staff will use the minimum force necessary to ensure safe outcomes
- Staff will be able to show that the intervention used was a reasonable response to the 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 feature of school policy

- 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 a risk reduction plan, consideration will be given to approaches appropriate to each pupil's circumstance
- 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.

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6. DEVELOPING A RISK REDUCTION PLAN IN COMMONSWOOD SCHOOL

If a pupil is identified for whom it is felt that Restrictive Physical Intervention may be a likely result, then a Risk Reduction 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 (*Annex – Roots and fruits*)
- 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

Please refer to the Appendix for a risk reduction plan

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7. GUIDANCE AND TRAINING FOR STAFF

Guidance and training are essential in this area. We need to adopt the best possible practice in Commonswood school and recognise that it is essential that it 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
- Managing conflict in challenging situations - all staff

Recording and reporting

The use of a Restrictive Physical Intervention, whether planned or unplanned (emergency) must always be recorded as quickly as practicable (and in any event within 24 hours of the incident) by the person(s) involved in the incident, in a book with numbered pages. The written record should indicate:

- The names of the staff and pupils involved
- The reason for using a Restrictive Physical Intervention (rather than another strategy)
- The type of Restrictive Physical Intervention employed
- How the incident began and progressed, including details of the pupil's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation, the degree of force used, how that was applied, and for how long
- The date and the duration of the intervention
- Whether the pupil or anyone else experienced injury or distress and, if they did, what action was taken

Training in practical techniques of Restrictive Physical Intervention may be 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 accredited Hertfordshire Steps trainer.

(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).

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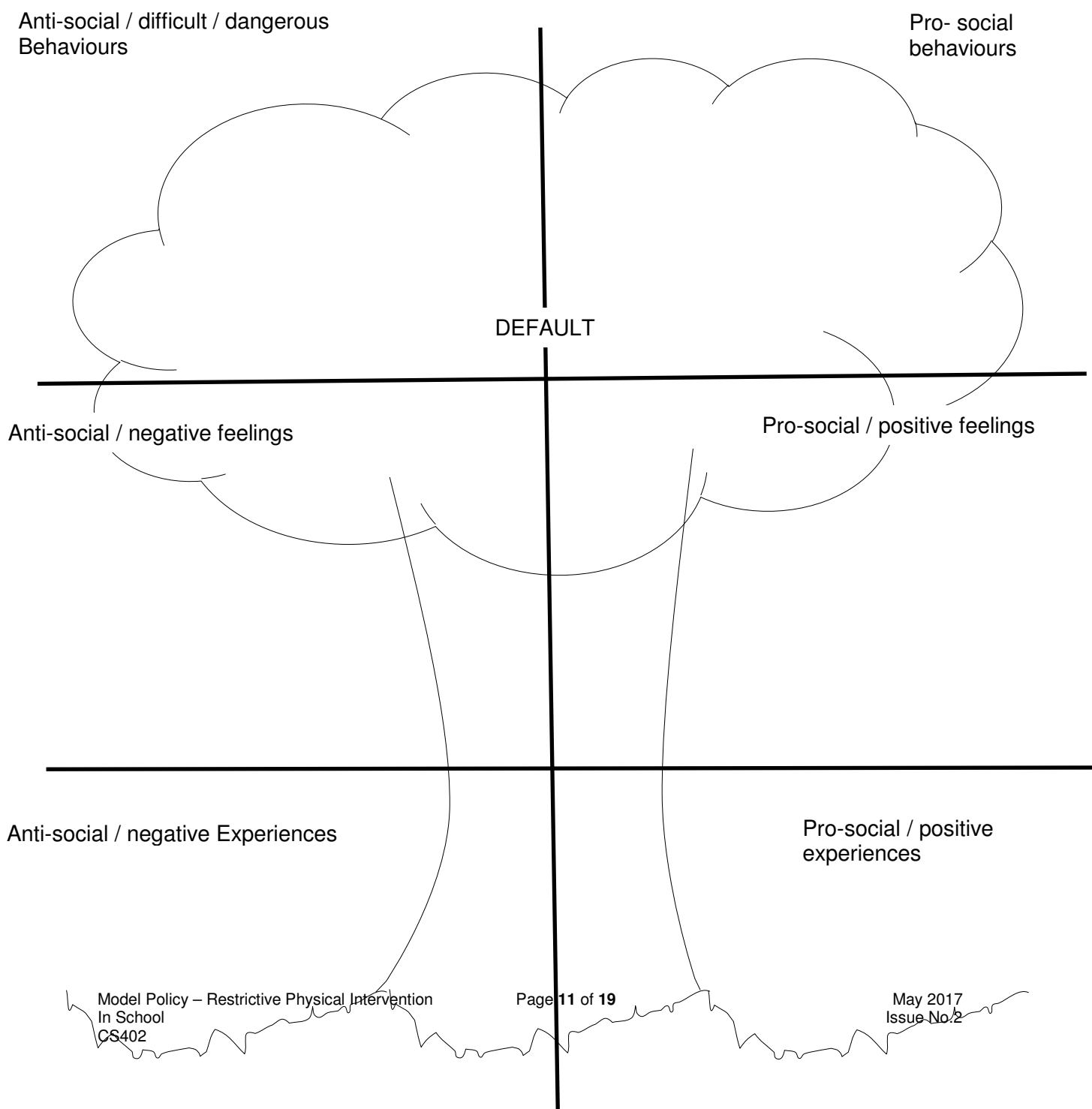
8. COMPLAINTS

It is intended that by adopting this policy and keeping parents and governors informed we can avoid or minimise the likelihood of any complaints being made.. 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.

ANNEX. 1. Analysis tool to explore behaviours, feelings and experiences

Roots and Fruits [Back to Index](#)

Name	
Supporting Staff	
Date	
Review Date	



ANNEX. 2 Audited Need for identifying Restrictive Physical Intervention or Restraint needs

Name	DOB	Age
How well equipped is the school/setting to manage the inclusion of this pupil (position in circles)?		
Is the pupil's 'Roots and Fruits' updated?		
Experiences effecting the pupil		
Feelings effecting the pupil		
Physical characteristics (height, weight, physical differences)		
Additional risk factors (medical or emotional diagnosis or needs, substance misuse etc.)		
Communication differences (visual or hearing impairment, adaptive communication)		
Is the pupils 'Individual Risk Reducation Plan' updated?		
Context or Triggers (high risk times, places, people, activities etc)		
De-escalation options to use (unusual strategies that are effective)		
De-escalation options to avoid (common strategies that have proved ineffective)		
Principle of 'last resort' why may de-escalation be ineffective (triggers are hidden, difficulty in communicating)		
Staff matching (who is best to de-escalate, who is safest for involvement with RPI)?		
Training needs (does anybody require additional training in de-escalation, RPI, Communication)?		

JUSTIFICATION (what harm will be prevented at what level)?
Environmental Risk Assessment (necessary changes chairs etc, limited access)
Student Shape (standing, seated on chairs, seated on the floor)
Adult shape (standing, kneeling, seated in chairs)
Destination technique (elbow tuck lone worker, elbow tuck figure 4, shield etc.)
Transitions (describe the 'messy' bits, taking hold, letting go etc.)
What makes it safe (reminders of detail)?
What makes it effective (reminders of detail)?
Social validity (how will it feel for the child, how will it look to others)?
Protective consequences (limits to freedom to CONTROL risk of harm)
Educational consequences (how are we going to TEACH internal discipline)
Unresolved risk factors (issues for management)

ANNEX. 3.**Risk reduction plan**

For assessing and managing foreseeable risks for pupils who are likely to need Restrictive Physical Intervention

Risk Assessment Calculator

Name	
DOB	
Date of Assessment	

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

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

Individual Risk Management Plan

Name	DOB	Date	Review Date
-------------	------------	-------------	--------------------

Photo	Risk reduction measures and differentiated measures (to respond to triggers)
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Pro social / positive behaviour	Strategies to respond
Anxiety / DIFFICULT behaviours	Strategies to respond
Crisis / DANGEROUS behaviours	Strategies to respond
Post incident recovery and debrief measures	

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

Signature of Parent / Carer..... Date

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

Student Name:	
----------------------	--

Location of Incident:	
------------------------------	--

D.O.B:	
---------------	--

Time and Date of Incident:	
-----------------------------------	--

Reporting Member of Staff:	
-----------------------------------	--

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

Incident Form/Book Complete	Y/N
------------------------------------	-----

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

Medical Treatment / Injuries	Y/N
-------------------------------------	-----

Damage to Property	Y/N
---------------------------	-----

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

Triggers:
Additional factors:

Management:	Comments:
How was the incident resolved?	
What were the Consequences? Protective and Educational	
Has student reparation/ de-brief taken place?	Y/N
Has staff de-brief taken place?	Y/N
Has the Risk Management plan been reviewed or updated?	Y/N
Was there Police involvement?	Y/N
Has there been Internal Exclusion / FTEX / PEX?	Y/N

Primary de-escalation techniques used
(please state order in which they were used)

Verbal advice and support		Offering services of other staff	
Calm talking		Informing of consequences	
Distraction		Taking non-threatening body position	
Reassurance		De-escalation script	
Humour		Clear instruction / warning	
Negotiation		Withdrawal from activity	
Offering choices and options		Diversion	

Number	Description of how technique was employed
1	
2	
3	
4	
5	

Restraint techniques including sequence of techniques, time and staff involved:

Time	Technique	Shape	Staff name

Duration of restraint:

Duration of incident:

Is there any physical mark or harm caused by the use of restraint?	Y/N	Details:
Has the student indicated that this was caused by the use of physical intervention?	Y/N	Actions: • •

Incident reporting and monitoring	
Incident reported to: Head Teacher by:	
Parents / Carer informed by:	@
Student wellbeing verified by:	@
Staff wellbeing verified by:	@
Incident form completed by:	@

Verification of account of incident:		
Staff name	Staff signature	Date

Reporting staff name: _____ Signature: _____

Incident form coordinator check signature: _____ Date: _____

Staff Training Issues		
Identified training needs	Training provided to meet needs	Date training completed

Evaluation of risk reduction Plan and School Risk Management Strategy		
Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

ACTIONS FOR THE FUTURE

Plans and strategies evaluated by:

Title:

.....

.....

Date:

.....

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[Adapted from DfE document]