

St Paul's CE (VC) First School
Coven



Restrictive Physical Intervention
Updated March 2023



St Paul's First School, Coven
Restrictive Physical Intervention Policy

Comments:	Adopted by the Governing Body in May 2018
Signed:	<p><u>L. E. Jones</u></p> <p>18/5/2018</p>
Reviewed:	To be reviewed annually
Reviewed:	<p><u>L. E. Jones</u></p> <p>17th May 2019</p>
Reviewed:	<p><u>[Signature]</u></p> <p>27th January 2020</p>
Reviewed:	<p><u>A. F. Knight</u></p> <p>22nd March 2021</p>
Reviewed:	<p><u>A. F. Knight</u></p> <p>14th March 2022</p>
Reviewed:	<p><u>A. F. Knight</u></p> <p>21st March 2023</p>

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Restrictive Physical Intervention Policy

Values

SUAT is committed to achieving a level of excellence which ensures the success of every pupil. Ensuring the success of every pupil requires pupils who are responsive to learning, staff who are committed to the success of all pupils, and all parents to be supportive of the educational process.

The SUAT Behaviour Policy outlines how staff at SUAT academies 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 Health & Safety Policy and the Safeguarding Policy.

Purpose

This policy aims to give our academies 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 SUAT academies will fulfil their responsibilities in those circumstances.

The Principal at each academy will be responsible for ensuring, in an appropriate fashion, that staff and parents in their community are aware of the policy. He / she will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

This policy applies to all SUAT employed staff and managers and Principals who may use restrictive physical interventions with children.

The policy reflects national standards which form part of "Positive and Proactive Care: Reducing the need for restrictive interventions," Department of Health 2014 & Department for Education "Use of reasonable force— Advice for headteachers, staff and governing bodies" July 2013.

Within SUAT academy settings the policy does not limit or remove academy staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006 but it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

The Trust Board has an expectation that as far as possible our academies will be restraint free. Poorly or incorrectly used, restrictive physical interventions are a source of risk to the young person and members of staff. The correct use of restrictive physical interventions must always be an act of last resort and not normal practice and be based on the best needs of the individual. Our academies will take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

An individual behaviour support plan (which may support or be part of an EHCP) should be written for children and young people whose behaviour presents a significant challenge. This plan should detail the steps that are being taken to address the individual's particular social, emotional and learning needs. It should also include the steps that staff should take to de-escalate challenging situations as well as what they should do if these steps are not successful ('an incident management plan'). The individual behaviour support plan should consider risks and how they are being minimised and managed.

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Reduction in the need to use Restrictive Physical Interventions is achieved by analysing the interactions between each pupil and their environment which identifies potential triggers that need to be avoided at critical periods. This involves: -

- Helping young people to avoid possible situations known to provoke challenging behaviour
- Having education plans/care programmes which are responsive to individual needs
- Creating opportunities for pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement
- Developing staff expertise in working with individuals that present challenges.
- Understanding that behaviour is often a method of communication

Success Indicators

The following indicators will demonstrate an appropriate level of compliance with this document and its procedures:

- Practises and procedures are based on the expectation that as far as possible academies will be restraint free
- Academies that have to manage challenging situations have clearly implemented lower level/suitable controls to reduce the frequency and level of restrictive interventions required to manage challenging behaviours
- Restrictive physical interventions are used within a context that promotes prevention and alternative ways of responding to challenging behaviour, and are a last resort and not routine
- Pupils have individual risk assessments and restrictive intervention protocol /plans documenting when and how restrictive interventions will be used and these are produced following reference to the individual behaviour support plans
- Restrictive interventions are accurately recorded and risk assessments reviewed to allow continuous improvement in management of challenging behaviours
- Staff working with pupils that require planned restrictive physical interventions have received appropriate training

Physical Touch

In SUAT academies we believe that physical touch is an essential part of human relationships. In our academies, adults may well use touch to prompt, to give reassurance or to provide support in PE, for example.

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
- take account of the age of the child

In our academies the Principal 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.

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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 academies).	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

Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be: -

- Agreed in advance by relevant professionals working in consultation with the pupil, their family/carers and an independent advocate if appropriate, in the case of children, those with parental responsibility.
- Be in the best interests of the individual.
- Monitored during implementation by an identified member of staff who has relevant training and experience.

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- Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.
- Included as part of a care plan or pupil behaviour plan/records.
- Routinely monitored and reviewed.
- One component of a broader approach to meeting the individual's needs.

An individual behaviour support plan is most likely to be effective if it includes:

- A description of the individual's positive qualities
- Objective details of the challenging behaviours presented by the individual and the risks that these behaviours present
- Consideration of the function that the challenging behaviour serves for the individual (what need(s) are being met by the behaviour?). It is important to understand that behaviours have a purpose by communicating something about the individual's needs.
- What behaviour(s) could be taught/ encouraged that meet the same needs in a more acceptable way (i.e. 'replacement behaviours')
- What skills need to be taught/ encouraged to support these replacement behaviours
- What can be changed/ provided in the environment to make the individual feel included and successful and to avoid 'triggers'.
- How replacement behaviours can be encouraged
- What should be done to de-escalate potentially difficult situations
- An incident support plan to follow if the individual's behaviour requires significant intervention. If it is decided that it may be necessary to use restrictive physical intervention, this should be detailed.

Restrictive interventions that result in the holding or restraint of an individual carry medical risk to the pupil as these techniques may impact on the individuals breathing, circulation and place direct pressure on vulnerable areas of the body. Restraints on the floor hold the highest level of risk and must be an absolute last resort. Holds and restraints should only be used for shortest time possible. Staff involved in the use of such techniques must have received suitable training.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy. Single person restraints pose significant risks to both parties. If a single person restraint need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a pupil behaves in unforeseen ways. Research evidence clearly shows that injuries to staff and pupils are more likely when the intervention is not planned.

An effective risk assessment procedure, together with well-planned preventative strategies (individual behaviour planning), will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency situation the use of reasonable and proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening a staff member should attempt to resolve the situation by other means. A calm and measured approach to a situation is needed and staff members should never give the impression that they have lost their temper, or are acting out of

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anger or frustration. The staff member should continue attempting to communicate with the pupil throughout the incident, and should make it clear that the physical intervention will stop if it ceases to be necessary.

In unplanned/emergency interventions it is good practice for staff to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible).

This will allow staff to: -

Step Back	Don't rush into an intervention, is it really necessary, do you have suitable justification.
Assess Threat	Assess the person, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	Proactive/Primary – proactive actions to remove the triggers Active/Secondary – interpersonal skills, non-verbal body language e.g. open palms, directing, defusing, calming, switching staff etc. Reactive/Tertiary – avoid assaults - disengagement
Respond	Apply the principles of the least adverse method in responding. Continue to re-evaluate the situation and your response. Continually monitor for changes in level of risk.

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. The staff member or members concerned should be confident of the potential adverse outcomes associated with the intervention (e.g. injury or distress) will be less severe than the adverse consequences which would occur without the use of a restrictive physical intervention.

A staff member should not intervene in an unplanned situation without help: -

- If dealing with a physically large individual or more than one pupil
- Where an intervention technique cannot be applied safely by one person
- If the staff member believes he or she may be put at risk of serious injury

In these circumstances the staff member should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives the staff member should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported and investigated. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

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When is restrictive physical intervention permissible in SUAT Academies?

Restrictive physical intervention is rarely used in SUAT academies. 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).

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 Trust policy. It is avoided whenever possible and will not be used for staff convenience.

When it is foreseeable that an individual might require a restrictive physical intervention then a risk assessment must be completed. The risk assessment process allows staff to identify and evaluate the benefits and risks associated with different intervention strategies. It also aids identification of opportunities for reducing the need for restrictive physical intervention.

When undertaking the risk assessment, it should be ensured that there is involvement of relevant individuals and where suitable key professionals and the outcome of the risk assessment is communicated to all relevant staff and parents.

Among the main risks to pupils are that restrictive physical intervention will: -

- Cause pain, distress or psychological trauma
- Cause injury
- Be used when a less intrusive method could have achieved the desired outcome
- Become routine, rather than an exceptional method of management
- Increase risk of abuse
- Undermine dignity or otherwise humiliate or degrade those involved
- Create distrust and undermine personal relationships between staff and pupils

The main risks to staff that result from applying restrictive physical interventions are: -

- They suffer injury
- They experience distress or psychological trauma
- The legal justification for using the restrictive physical intervention is challenged in court
- Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions

The main risks that may be associated with not intervening include: -

- Staff may be in breach of duty of care responsibilities
- The pupil may injure themselves, other pupils, staff or members of the public
- Serious damage to property or valuable resources may occur
- The possibility of litigation in respect of these matters

Who may use restrictive physical interventions?

In SUAT academies teachers can be authorised. In addition, the following non-teaching staff can also have authorised:

- Cover Supervisors
- Teaching Assistants
- Caretakers
- Behaviour Support Officer / Pastoral coordinators
- Educarers

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- Before / After School Club staff
- Personal Welfare Assistants

The Principal of a SUAT academy may, at their discretion, modify this list to include only those staff who are specifically named and/or trained in this type of intervention. The Principal will ensure that those on this list are aware and understand what is involved. The Principal will review this list termly 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 Principal.

Parents and volunteers in any SUAT academy are not given authorisation. Staff from the Local 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 that academy. This means that visiting staff will need to ask the Principal for authorisation.

How staff at a SUAT Academy 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.

In an emergency, staff must summon assistance by sending a responsible person to the reception in order to summon a member of the Senior Leadership Team.

The place of restrictive physical intervention within broader behavioural planning

If, through any of the SUAT academies' 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 that academy'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 Principal will be responsible for establishing staff needs and for organising necessary training.

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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.
- 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 academy procedures.
- The Principal 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 Principal will follow the academy's child protection procedures and also inform parents/carers.
- Parents/carers will be informed by the relevant senior member of staff 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 the Principal or his / her designated representative.

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 Principal will use the records kept to analyse patterns of behaviour and so decide whether responses are being effective. The Principal will report on this information to the Local Academy Council annually.

Complaints procedure

Any complaint will first be considered in the light of the academy's child protection procedures. If child protection procedures are not appropriate, the SUAT standard complaints procedures will be followed.

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Staffordshire University Academies Trust

INCIDENT FORM – USE OF PHYSICAL INTERVENTION

1. GENERAL DETAILS

CLASS: _____ TERM: _____ NUMBER: _____ DATE: _____

NAME(S) OF PUPILS INVOLVED: _____

LOCATION: _____ TIME: _____

WITNESSED BY: _____
Adults: _____
Pupils: _____

NAME OF STAFF WRITING THIS REPORT: _____

REPORTED TO PRINCIPAL: _____ (Date/time)
 FORM RETURNED: _____ (Date/time)

2. DESCRIPTION OF THE INCIDENT (WHAT HAPPENED?)

<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:

- 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:

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3. CONSEQUENCES

Incident reported to Principal /Deputy/Other member of SLT (specify) _____

Parents Contacted – Phone/Letter Time: _____ By Whom: _____

In School/Class Sanctions:

Detention Date: _____

Outside Agencies Involved YES/NO. If YES, who? _____

Accident/Incident form/book Health and safety form/book

Other recording (specify) Other notification

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
- Teaching targets/curriculum offered
- Teaching groups
- Aspects of physical environment
- Defusing and calming strategies
- Staffing

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

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

Specify:

Signed: _____ (Principal)

Date: _____