

# Lee-on-the-Solent Junior School

## Restrictive Physical Intervention Policy



Review Date:

June 2022

Signed by Chair of Governors:

Signed by Headteacher:

# Lee on the Solent Junior School

## Restrictive Physical Intervention Policy

### 1. Background

Restrictive physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will. All staff within this setting aim to help children take responsibility for their own behaviour. We do this through a combination of approaches, which includes:

- Positive role modelling.
- Teaching an interesting and challenging curriculum.
- Setting and enforcing appropriate boundaries and expectations and;
- Providing supportive feedback.

More details about this and our general approach to promoting positive behaviour can be found in our **behaviour-management-for-learning policy**.

There are times when children's behaviour presents particular challenges that may require restrictive physical intervention. This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

- Giving physical guidance to children (for example in practical activities and PE).
- Providing emotional support when a child is distressed.
- Providing physical care (such as first aid or toileting).

This policy is consistent with our Safeguarding and Equal Opportunities policies, and with national and local guidance for schools on safeguarding children.

We exercise appropriate care when using physical contact (there is further guidance in our **child protection policy**); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural and religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

#### Definition of "Restrictive Physical Intervention"

"Restrictive Physical Intervention" is the term used to describe interventions where bodily contact using force is used to control or manage a child's behaviour.

-It refers to any instance in which a teacher or other adult authorised by the Headteacher has to use "reasonable force" to control or restrain pupils in circumstances that meet the following legally defined criteria:

- To prevent a child from committing a criminal offence (this applies even if the child is below the age of criminal responsibility)
- To prevent a child from injuring self or others
- To prevent or stop a child from causing serious damage to property (including the child's own property)

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- To stop the child from engaging in any behaviour which is prejudicial to maintain the good order and discipline at the school.

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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 physical force also includes the use of mechanical devices (e.g splints on the pupil prescribed by medical colleagues to prevent self-injury), forcible seclusion or use of locked doors. 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.

## 2. Principles for the use of restrictive physical Intervention

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### In the context of positive approaches

We only use restrictive physical intervention where when all other strategies have failed and therefore only as a last resort. We also consider whether the risks involved in using force are outweighed by the risks involved in not using force. It is not our preferred way of managing children’s behaviour. However there are other situations when physical handling 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.

Restrictive physical intervention may be used only in the context of a well-establishedwell-established and well implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our **behaviour management for learning policy**. We aim to do all we can in order to avoid using restrictive physical intervention. We would only use restrictive physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use restrictive physical intervention immediately. We would use restrictive physical intervention at the same time as using other approaches, such as saying, “Stop!” and giving a warning of what might happen next. Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk.

### Duty of care

We all have a duty of care towards the children in our setting. This duty of care applies as much to what we *don’t* do as what we *do* do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to “Stop!” along with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention.

### Reasonable force

When we need to use restrictive physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

Each pupil who has been identified as requiring one will have an Individual Behaviour Management [PlanRisk Assessment and Plan](#) where comprehensive information gathered from parent/carers, teachers and from the child itself is recorded. The information recorded includes details concerning the triggers for arousal and the mechanisms that work best in de-escalating the pupil. Any physical contact that should be avoided with an explanation of why will also be noted.

All staff working with the pupil should access this information and consequently there should be both a 'personalised' and consistent response to the manner that de-escalation is being implemented in the work of all staff with any specific child and across the whole school.

### **3. When can restrictive physical intervention be used?**

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Statutory power - Section 93 of the Education and Inspections Act 2006 enables school staff under statutory power to use such force as is reasonable and proportionate to prevent a pupil from doing or continuing to do any of the following:

- Committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil).
- Causing personal injury to, or damage to the property of, any person (including the pupil himself); or
- 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.

Restrictive physical intervention may also be appropriate where, although none of the above have yet happened, they are judged as highly likely to be about to happen.

Restrictive physical intervention would only be used in exceptional circumstances, with staff that know the child well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example stopping a younger child leaving the school site.

Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips).

We never use restrictive physical intervention out of anger or punishment.

Key elements of the use of Physical Restraint as discussed in the review of practice at Lee on the Solent Junior School are as follows:

1. It should follow the Team Teach model and training, where possible.

2. Its use should be undertaken whilst being mindful of the real need to preserve Safeguarding at all times.
3. It should only be employed if 'de-escalation' has failed to be effective or if the situation's volatility precludes the efficacy of the use of de-escalation alone.
4. It should where possible involve two members of staff in its delivery.
5. The recipient of restraint should receive verbal explanation and re-assurance throughout and following its use.
6. Restraint should not be used to effect simple compliance, it should only be implemented if the staff concerned assess the situation as posing a real threat to:
  - a. The child themselves,
  - b. Other pupils and staff,
  - c. And serious damage to property.

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7. All incidents involving the use of restraint are to be recorded using the designated Hampshire recording sheets and these should be presented to the Head Teacher as soon after the incident as possible. The sheets should be completed with as much detail as possible.

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8. The Parent/Carer of the child who has been subject to the use of Restraint should be informed on the same day as the incident. They should be provided with a description of the events that required the use of physical intervention, how that proceeded and what the outcome has been. A copy of this report should be included in the case notes.

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9. Staff are required to take part in a debriefing following any incidents of restrictive physical intervention

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#### **4. Who can use restrictive physical intervention?**

If the use of restrictive physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved.

However, in an emergency, any of the following may be able to use reasonable force:

- Any teacher who works at the school
- Any other person whom the headteacher has authorised to have control or charge of pupils, including support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors

#### **5. Planning around an individual and risk assessment**

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In an emergency, staff will do their best, using reasonable force within their duty of care.

Where an individual child has an individual positive behaviour management plan, which includes the use of restrictive physical intervention, we will ensure that relevant staff receive appropriate training and support in behaviour management as well as restrictive physical intervention. We will consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians.

In most situations, our use of restrictive physical intervention is in the context of a prior risk assessment which considers:

- What the risks are.
- Who is at risk and how.
- What we can do to manage the risk (this may include the possible use of restrictive physical intervention).

We use this risk assessment to inform the individual behaviour plan that we develop to support the child. If this behaviour plan includes restrictive physical intervention it will be as just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour
- How we adapt our environment to better meet the child's needs.
- How we teach and encourage the child to use new, more appropriate behaviours.
- How we reward the child when he or she makes progress.
- How we respond when the child's behaviour is challenging (responsive strategies).

We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using restrictive physical intervention. We choose these responsive strategies in the light of our risk assessment.

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact is troubling as a result of their personal history, in particular of abuse. We have systems to alert staff discreetly to such issues so that we can plan accordingly to meet individual children's needs.

#### **6. What type of restrictive physical intervention can be used?**

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Any use of restrictive physical intervention by our staff should be consistent with the principle of reasonable force. In all cases, staff should be guided in their choices of action by the principles in section 2 above.

Staff should not act in ways that might reasonably be expected to cause injury, for example by:

- Holding a child around the neck or collar or in any other way that might restrict the child's ability to breathe.
- Holding a child face down on the ground
- Slapping, punching or kicking a child.
- Twisting or forcing limbs against a joint.
- Tripping a child.
- Holding a child by the hair or ear.

Such actions are considered inappropriate.

We do not plan for and do not allow, except in emergency situations, staff to force children to spend time alone in a confined space against their will. We may, however, use Seclusion or time-out in a planned way. We define these as follows:

**Seclusion** involves taking a young person, with their agreement, away from a situation that has caused anxiety or distress, to a place where they can be observed continuously and supported until they are ready to resume their usual activities. At times, seclusion may be used as a sanction for a period of time if it is deemed time-out is inappropriate. The child is always made aware of the reason and the time scale if this is used as a sanction

**Time-out** is where a response to a young person's inappropriate behaviour includes a specific period of time with no positive reinforcement as part of an overall intervention plan.

#### **Where physical contact is necessary:**

- Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.
- Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are smaller than us.
- Beware in particular of head positioning, to avoid clashes of heads with the child.
- Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder.
- Ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.
- Do all that they can to avoid lifting children.
- Keep talking to the child (for example, "When you stop kicking me, I will release my hold") unless it is judged that continuing communication is likely to make the situation worse.
- Don't expect the child to apologise or show remorse in the heat of the moment.
- Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

#### The Calming Room

~~Whilst not in "Public View" the Safe room has windows in the doors and natural light from the ceiling. It is sparsely furnished but are not without floor cushions.~~

~~The use of the schools Safe Room needs to be separated into two:~~

- ~~1. The voluntary use of Safe Rooms for pupils
  - ~~a. to practice self de-escalation techniques or~~
  - ~~b. as a place where they may 'self isolate' if and as they require this themselves.~~~~
- ~~2. The use of the Safe Room to safely contain an aroused pupil in order to prevent them hurting themselves or and others, or from delivering serious damage to property.~~

~~It is the use of the Safe Room for the safe containment of pupils who are agitated that raises issues for us at Lee on the Solent Junior School. Some of our pupils can and do~~**Pupils can sometimes** ~~pose a serious physical threat to themselves and to others when they become~~

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agitated and aroused. If they are not contained, they frequently become more aroused and consequently more of a danger to themselves and others. Ongoing containment by the use of physical restraint may not be possible or in fact desirable for the following reasons:

1. Classrooms usually only have two staff present and restraint at this level requires two if not three adults. To attempt to use restraint this way is therefore not practicable and not desirable.

2. Some pupils react negatively to ongoing restraint and continue to escalate with potentially damaging and dangerous outcomes to themselves.

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~~So when a child, despite attempts to de-escalate them, becomes aroused to the point of presenting seriously challenging behaviour then restraint of the pupil often becomes necessary along with their removal from the main classroom to a place where they can begin to de-escalate in an area that is safe, safe and free from potential triggers that might stimulate their re-arousal. The Safe Room, provides this environment; it is safe, has reduced levels of visual/physical stimulation and is away from other children who might either:~~

~~1. Add to the level of the pupil's arousal by making comments etc. or~~

~~2. Whom might themselves become aroused by witnessing other pupils in this state.~~

~~In this instance, the area must be evacuated by all staff and children, parents called immediately to assist and a member of senior member of staff to take over. The rest of the school site will be put into a 'lockdown' situation until it is resolved. Should the child leave the school building, the school building should be locked down. Key elements of the use of the Safe Room as identified in the review of practice at Lee on the Solent Junior School are as follows:~~

~~1. When a child is restrained and taken to the Safe Room they should always be provided with an explanation of why this is taking place,~~

~~2. Prior to the child being released from restraint in the Safe Room they should be given clear simple instructions as to what they need to do to de-escalate themselves:~~

~~3. Where possible the child should remain accompanied by an adult when using the Soft Room to de-escalate.~~

~~i. If a child requests that they be left alone this should be respected though the adult should remain close and keep the pupil under observation throughout the time they are in the Safe Room.~~

~~ii. If a child remains extremely aggressive to a point of seriously threatening staff then they should be left alone though the adult should remain close and keep the pupil under observation throughout the time they are in the Safe Room.~~

~~4. If the pupil attempts to slam open or shut the Soft Room door and this poses a danger to the pupil, to staff or to property then the door should be held fixed by the member of staff accompanying the pupil; but only as long as is necessary and explanation of this action should be provided to the pupil.~~

~~5. Following use of the Soft Room the following details should be logged on CPOMS~~

~~a. If the use of the Soft Room was through pupil choice~~

~~b. If the use of the Soft Room has been under adult guidance~~

~~c. Length of time spent in the Soft Room~~

~~d. Whether a physical restrictive intervention was used~~

~~The use of the Safe Room will be reviewed weekly to ensure that use if appropriate and in line with Hampshire Guidance~~

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## 7. Recording and reporting

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We record any use of restrictive physical intervention using the record sheet in the Hampshire *Interim physical intervention record forms booklet*. We do this as soon as possible and in any event within 24 hours of the incident. According to the nature of the incident, we may also note it in other records, such as the accident book, violent incident report via the Health Safety portal and shared with appropriate Children's Services Department, e.g. Health and Safety. All incidents should be recorded on CPOMS. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to pupil's parents.

After using restrictive physical intervention, we ensure that the Headteacher is informed as soon as possible. We also inform the parents by phone (or by letter or note home with the child if this is not possible). A copy of the CPOMS record is available for parents to read.

In rare cases, we might need to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our general practice, informed by the DfE Guidance 'Screening, Searching and Confiscation – Advice for Headteachers, Staff and Governing Bodies' (2011) and Section 45 of the Violent Crime Reduction Act 2006.

## 8. Supporting and reviewing

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We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened.

After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. Where it is appropriate, we have the same sort of conversations with other children who observed what happened. In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

After a restrictive physical intervention, we consider whether the individual behaviour plan needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

Where appropriate, we also encourage staff to contact the Employee Support Line (ESL), a free and confidential counselling/support line on 023 8062 6606 or Teacher Support Line on 08000 562 561.

## 9. Monitoring

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We monitor the use of restrictive physical intervention in our school. The Headteacher and Chair of Governors are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using restrictive physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored.

## **10. Concerns and complaints**

The use of restrictive physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of restrictive physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of restrictive physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down.

If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the head teacher is immediately informed. We would also follow our child protection procedures. In the absence of the head teacher, in relation to restrictive physical intervention, we ensure that our assistant headteacher (inclusion) is informed. If the concern, complaint or allegation concerns the head teacher, we ensure that the Chair of Governors is informed.

If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaints procedure.

The results and procedures used in dealing with complaints are monitored by the governing body.

Our school has access to physical intervention training, this is provided by Team Teach. This training is only undertaken by specific staff members with specific children in mind. Team Teach are accredited to the Institute of Conflict Management.

