



## Restrictive Physical Intervention Policy

<b>Document Control</b>
<b>Policy Review Date</b>
December 2017
<b>Date Policy Finalised</b>
January 2018
<b>Version No</b>
1
<b>Review period</b>
2 yearly
<b>People involved in writing/reviewing this policy</b>
Mark Oliver, Annette Fearn, Amanda Caton
<b>Responsible Person</b>
Mark Oliver
<b>Approved by</b>
<b>Governing Body</b>
<b>Print name</b>
G. B. Weekes
<b>Signature</b>
G. B. Weekes
<b>Date Approved</b>
22/02/2018



## Restrictive Physical Intervention Policy

### Contents

1. Purpose
2. Aims and expectations
3. Restrictive Physical intervention and the law:
  - *Definition of “restrictive physical intervention”*
  - *Use of “safespace”*
4. When the use of restrictive physical interventions may be appropriate in the Woodlands Academy.
5. Authorised staff
6. Planning for use of restrictive physical intervention at the Woodlands Academy.
7. Acceptable forms of physical contact and positive touch
8. Planning and recording physical interventions
9. Guidance and training for staff
10. Involving other Agencies
11. Complaints
12. Roles and responsibilities
13. Additional information and resources

## 1. Purpose

The purpose of this policy is to make clear the position of the Academy with regards to necessary Restrictive physical interventions and to safeguard the well-being of students and staff when a situation or incident requires the use of Restrictive Physical Intervention (RPI). This policy should not be read in isolation and forms part of the Academies positive behaviour policy.

This Policy Covers:

- Touch and physical intervention
- Use of the Safespaces
- Protocol for Staff in dealing with a violent or distressing incident
- Incident recording and monitoring

## 2. Aims and expectations

This policy is intended to set clear parameters for the use of RPI and details the recording and reporting of incidents. The policy follows the ethos of the Academy and underpinned by the training principles and philosophies of Non-Abusive Psychological and Physical Intervention (NAPPI).

As such Restrictive Physical Intervention (RPI) can be used following careful planning where it forms part of a **planned programme** for a pupil likely to exhibit challenging behaviours. It can also be used in **emergency situations**. In both cases, Restrictive Physical Intervention (RPI) should always be regarded as a last resort and used only where all other possibilities have been exhausted and where there are imminent risks to the safety of pupils or staff, where the behaviour seriously disrupts the safe and efficient education of other pupils in the Academy or where serious property damage may result if left unchecked.

## 3. Restrictive Physical Intervention and the Law

The law allows all adults who are authorised by the Headteacher to be responsible for students to use such intervention as is reasonable to prevent a student:

- a) Committing a criminal offence (or for younger children that which would be an offence)
- b) Causing personal injury, injury to others or damage to property
- c) Engaging in any behaviour prejudicial to maintaining good order and discipline

### ***Definition of Terms: Restrictive Physical interventions and when***

***All forms of physical contact must be planned and be a “Smart Psychological response” to a pupil’s behaviour. At all times staff are to reflect on what is being communicated by pupil’s behaviour and de-escalation strategies applied.***

**Handling**– refers to any physical intervention applied by a member of staff where it necessary to make physical contact with a student in order to manage their conduct or ensure their own or others safety. Handling strategies may be restrictive or non-restrictive and include contingent touch, shepherding, guiding, supporting to a place of safety. The duration of all handling will be for the least amount of time and with the least amount of force required. During any use of handling reference will be made to a pupils individual Positive Behaviour support plan, which will have been agreed by parents/carers and agencies involved with the child.

**Use of Reasonable Force** – is the application of appropriate and proportionate force required to achieve the required outcome from the handling strategy employed (see above) without further endangering the student, member of staff or others present at the time of physical intervention.

**Restraint** - is the positive application of force in order to actively prevent a child from causing significant injury\* to him/herself or others or seriously damaging property. (See appendix 1 for further examples) It must be shown that on any occasion where physical restraint is used there were strong indicators that **if immediate action had not been taken, significant injury would have followed.**

**Safespace use to Support Behaviour Management:** -The Safespace may also provide a safe area for pupils to take themselves or for staff to place pupils to calm when their behaviour is challenging and causing a risk to themselves or others. This reduces the need for physical holds or removing the child from the classroom. It will be used as a Positive Behaviour Supportive strategy to help children to regulate their own behaviour. Where the Safespace is to be used as a restrictive intervention for behaviour management to help a child calm, this will be documented in the child's behaviour plan and agreed with the Parents and Professionals involved. Its' use will be recorded using the schools incident recording, as for physical intervention reviewed and evaluated. Parents are welcome to visit our Safespace to see it in use with the children.

For more information visit: <http://www.safespaces.co.uk/safespace-in-schools/>

#### **4. When the use of restrictive physical interventions may be appropriate in the Woodlands Academy.**

Restrictive Physical Interventions will usually only be used when all other strategies have been unsuccessful, and therefore only as a last resort. However, there are other situations when physical management may be necessary, for example in a situation of clear danger or extreme emergency. 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.

#### **5. Authorised staff**

Only NAPPI trained staff are authorised to use reasonable force in **planned** restrictive physical interventions. We ensure that the majority of staff are trained and updated in NAPPI approaches relevant to the needs of the pupils the have a duty of care for.

Staff are responsible for attending training and ensuring their training remains up to date. A list of current NAPPI trained Staff is available from the Admin team and is used in the systematic planning of the Academies training needs.

However all staff responsible for supervision of pupils are authorised by the Headteacher to use **reasonable force** where required, in adherence of this policy in the event of an emergency.

## **6. Planning for use of restrictive physical intervention at the Woodlands Academy.**

The Academies Positive Behaviour policy sets out the environment we wish to create for all pupils and staff. To this end, classes are grouped both by ability and socially in order to help deliver positive modelling for relationships and encourage mutual respect. Pupils are encouraged to manage their own behaviour through the strategies developed with the pupil. Our day has structure built in to try to manage pupil anxieties and contribute to a calm and well-ordered environment.

All staff are trained to use de-escalation strategies wherever possible when problems arise. For pupils who present a significant risk or who have repeated problems with behaviour there will be a Positive Behaviour Support Plan (reviewed at least once a term). This plan is created through a multi agency meeting and involves parents/cares and the pupil where appropriate, it will include details of what handling strategies are most appropriate for this child as well as the best way to avoid the need for such intervention. This plan is shared with parents and will include opportunity for parents to contribute or comment on the use of RPI or safespaces. Only where the risks of not intervening outweigh the risks of doing so should RPI be used and for the least amount of time possible. For pupils where a planned programme is required a "Positive Behaviour Support plan & Risk Assessment" (appendix 2) will be completed and updated at regular intervals. In common with this policy, such plans will include detailed information about likely behaviours, possible strategies to manage behaviour and clear advice about how RPI might best be applied if it becomes necessary.

Crucially, these plans include parental input and are a way of informing and advising parents about our approach to RPI. Wherever possible it is best to have parental approval of the methods being used, though it is clear that in emergency situations parental approval is not required by law.

## **7. Acceptable forms of physical contact and positive touch**

(Staff should refer to the Academies safe touch Guidance)

There are occasions when staff will have cause to have physical contact with pupils for a variety of legitimate and beneficial reasons, for example:

- To comfort a pupil in distress
- Use of voluntary isolation or time out or Safe Space to calm or regulate emotions
- To gently direct or guide a pupil in transition
- To support supervision and safety – ie holding a child's hand or linking arms on a trip, or crossing the road
- For curriculum activities involving contact (for example in PE, Drama, Play etc)
- To deliver therapy interventions such as Occupational therapy – sensory input, massage, etc
- To offer physical support with an activity during teaching a skill, eg hand over hand cutting
- Support with self-care routines such as toileting or washing (where this is required an *Intimate Care Sheet* will be completed and agreed with parents).
- During Intensive interaction sessions where a child seeks contact, eg tickling, action games or songs
- When using contingent touch.
- In an emergency to avert danger to the pupil or pupils

- In rare circumstances, when Restrictive Physical Intervention is warranted to manage risk behaviours

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 location where the contact took place (it should not take place in private without others present)

Physical contact is **never** made as **punishment, or to inflict pain**. All forms of corporal punishment are prohibited. Physical contact will not be made with the participants neck, breast, abdomen, genital area, other sensitive body parts, or to put pressure on joints. It will not become a habit between a member of staff and a particular pupil.

## 8. Post incident management and record keeping

The emotional needs of the person being supported, other people who use our services, and their support staff will be addressed after any incidents. There will also be structured opportunities for debrief and to discuss the incident in full. This will support on going risk management and provide the opportunity to review the interventions that are in place for effectiveness, reliability, and always maintaining the best interests of the individual. Accurate and comprehensive records will be kept for any incidents of behaviours which challenge and for all occasions when Restrictive Physical Interventions are used. The specific method for recording an individual's incidents of behaviour will be detailed within their behaviour support plan.

Written records and reports must be monitored and evaluated for ongoing review and adaptation of the behaviour-support plan. This will periodically feed into functional assessment and intervention planning, and will be shared by all employees working with the individual.

## 9. Guidance and training for staff

Guidance and training is essential in this area. We aim to adopt the best possible practice. At the Woodlands Academy this is arranged at a number of levels including:

- Awareness for governors, staff and parents
- Staff and Governors annually review and ratify policies related to Behaviour and RPI
- Behaviour management updates for all staff via staff briefings, emails and solution meetings.
- Specific training on Restrictive Physical Intervention techniques and Positive Touch – all staff
- Full NAPPI training and updates – identified staff
- The use of the Positive Behaviour Support cloud and Positive Behaviour Support plans (PBS)
- Consultations with the NAPPI trainers for specific pupils and situations – as required
- If any staff continue to have concerns, feel vulnerable or that they need further support, guidance or training they must raise this with the SLT.

## 10. Involving Other Agencies

- Parents will always be consulted in the planning process and kept informed of progress.
- The Educational Psychologist may be referred to for support and guidance on strategies and approach.
- The NAPPI trainer may be asked in to observe and consult on individual situations and plans for a particular child
- School doctor and Nurse – may be asked in to observe and consult on individual situations and plans for a particular child
  
- Educational and clinical psychology- may be asked in to observe and consult on individual situations and plans for a particular child
- Learning disability service a (LDS) - may be asked in to observe and consult on individual situations and plans for a particular child
- Medical referral / medication review- may be asked in to observe and consult on individual situations and plans for a particular child

## 11. Complaints and Allegations

Parents are informed of their right to make complaints in the Academy prospectus. Where complaints or allegations of misconduct are made against staff the Headteacher will investigate

(following guidance in Safeguarding Children and Safer Recruitment in Education [www.teachernt.gov.uk/wholeschool/familyandcommunity/childprotection/saferrecruitment/guidance](http://www.teachernt.gov.uk/wholeschool/familyandcommunity/childprotection/saferrecruitment/guidance)

e) and report back to parents with reference to this policy, the Academy behaviour policy and any parental approval sought/granted through any Behaviour Management Plan & Risk Assessment that might exist for their child. Where the designated safeguarding lead is the subject of any allegation the Designated safeguarding officer(s) will investigate but will seek the support from the Chair of Governors in this role and in feeding back to parents.

If parents are not satisfied by this, a panel of governors may be convened at his point. Again, this panel will follow the guidance published in Safeguarding Children and Safer Recruitment in Education.

## 12. Roles and Responsibilities

This procedure supports the application of the both statutory and none statutory guidance in the use of Restrictive Physical Intervention. All staff should study this policy carefully – it can be found **on the school website and server.**

1. The person responsible for authorising staff to use restrictive physical intervention as part of a structured and planned intervention within this school are **Ms A Caton (Headteacher)**

2. The persons responsible for ensuring that all planned use of restrictive physical intervention is risk assessed are **Mark Oliver (SMT-lead behaviour) Ms A Caton (Headteacher)**

3. Copies of all risk assessments are held ***in classes and on the server*** and are reviewed after every use of force and termly.

4. As of ***January 2018*** the people who are authorised to use reasonable force in planned restrictive physical interventions are listed within the school office. No other person should engage in planned intervention.

5. Only those trained in appropriate techniques within the last twelve months may be authorised. The person responsible for ensuring that appropriate training is provided, including regular updates, is ***Mark Oliver (SMT-lead behaviour)***

6. Training records are held ***by the admin team and Mark Oliver (SMT-lead Behaviour)***

7. Those not involved in risk assessment but whose roles included the supervision of children may use “reasonable force” in an emergency unplanned intervention where it is necessary to prevent a serious injury from occurring.

8. Every use of restrictive physical intervention is to be reported using an incident form the same day to the Head teacher or the Deputy in charge if the Head teacher is off-site. The Head teacher or Deputy will ensure that a parent of the child who has had force used against them is notified that day.

9. In addition, the details of each use of physical intervention must be recorded on the the PBS cloud, The person leading the planned or unplanned intervention must complete this form within 24hrs. The lead for behaviour will review every use of physical intervention. Termly NAPPI Physical Intervention monitoring reports are reviewed by the SLT, the Academies Governors and class leaders/teams

### **13. Further sources of information**

- 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 (2002)
- Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties (2003)
- Screening, searching and confiscation – advice for headteachers, staff and governing bodies.
- Dealing with allegations of abuse against teachers and other staff – guidance for local authorities, headteachers, school staff, governing bodies and proprietors of independent schools
- Guidance for the use of Seclusion British Institute of Learning Disabilities (BILD) July 2002
- Mental Health Act 1983 (amended 2009)
- Human Rights Act 1998
- Equality Act 2010
- Children Act 1989
- Health & Safety at Work Act 1974 & Management of Health & Safety at Work Regs 1999
- Mental Health Act 1983: Code of Practice 2008
- Mental Capacity Act 2005: Code of Practice 2007
- Deprivation of Liberty Safeguards: Code of Practice 2009

## Appendixes

1. **\*Significant Injury would include:** actual or grievous bodily harm, physical or sexual abuse, risking the lives of, or injury to, themselves or others by wilful or reckless behaviour, and self-poisoning.
2. Positive behaviour support plan and risk assessment.  
Please note that all new students joining us from February 2018 will have the new PBS from admittance, if necessary. All students who have the 'old style' Care Plans will be transferred over to the new system by the start of the new Academic Year in September 2018, if not before.

## Appendix 2

## The Woodlands Academy

### Positive behaviour support plan and risk assessment

#### 1. Behaviour

Likes	<i>Keep these in the voice of the child and where possible include them in the creation of these sections</i>
Dislikes	<i>As above</i>
General description	<i>General presentation</i>
Preferred strategies for any low-level challenge	<i>Think SMART responses</i>
Clear and detailed description of any high-level challenging behaviours	<b>Self:</b> <b>Others:</b> <b>Property:</b>
Known Triggers	<i>Link to sensory needs</i> <i>Key pupils</i> <i>Key events or activities</i>
Any apparent pattern during recent days / months /years	<i>Is this needed is it as reactive as the information in IRC?</i>
Pattern changes with reasons. If known	<i>As above</i>
Location factor: <ul style="list-style-type: none"> <li>• At Home</li> <li>• In Public</li> <li>• In Social care settings</li> </ul>	
What kinds of injuries or harm are likely to occur?	<b>Self:</b> <b>Others:</b>

	<b>Property:</b>
Known worst incidents. Include the 'what', 'where', 'when', 'why' etc..	

## 2. Initial Risk Assessment (see matrix at the end of this document)

How well would any risk be managed in general classroom environment without specific measures being put in place

	High level challenging behaviour	Degree of Risk										Risk Rating	
		LIKELIHOOD					SEVERITY					Score	Rating
		1	2	3	4	5	1	2	3	4	5		
<b>Self:</b>													
<b>Others:</b>													
<b>Property:</b>													

## 3. Current Action Plan – designed to reduce risk

Detail behaviour specific action / responses

<p><b>Proactive Responses</b> to prevent risk:  think Lelemand psychological smart responses what can be done to keep the pupil in the green</p> <ul style="list-style-type: none"> <li>Indicate how each identified behaviour would be responded to by staff including use of:</li> <li>Calming 'de-stressing' techniques, facilities or specifically designated rooms.</li> </ul>	
---	--

<ul style="list-style-type: none"> <li>Any other approaches adopted, e.g. use of music, light, massage, etc.</li> </ul>	
<p><b>Reactive interventions</b> in response to adverse outcomes</p> <p><b>RPI / Emergencies</b></p> <ul style="list-style-type: none"> <li>If RPI is envisaged, identify the parameters for this.</li> <li>Outline any other emergency actions proposed.</li> </ul>	<ul style="list-style-type: none"> <li>This should be taken from the PBS behaviour scale</li> </ul>
<ul style="list-style-type: none"> <li>Resource Implications</li> <li>Staffing levels during the day / night</li> <li>During an incident, the number of staff required to manage the situation</li> <li>Special skills required by staff</li> <li>Specialist staff required, e.g. nurse</li> <li>Staff required for effective support and supervision in public places</li> <li>Special equipment required</li> </ul>	
Identify the people <b>involved and consulted</b> in drawing up the plan.	<i>This should reflect parents and staff teams (inclusion of Multiagency meetings)</i>
Date of last and next review plan	<i>At least termly or when required due to a change in presentation and behaviour.</i>
Summary of monitoring activity linked to plan with names, etc, of key people.	<i>Feel that this is not necessary</i>

**4 Residual Risk Assessment (see matrix at the end of this document)**

How well is the risk controlled using the measure described above?

		Degree of Risk	Risk Rating
--	--	----------------	-------------

	High level challenging behaviour	LIKELIHOOD					SEVERITY					Score	Rating
		1	2	3	4	5	1	2	3	4	5		
<b>Self:</b>													
<b>Others:</b>													
<b>Property:</b>													

### 5. Further Action Plan

--	--

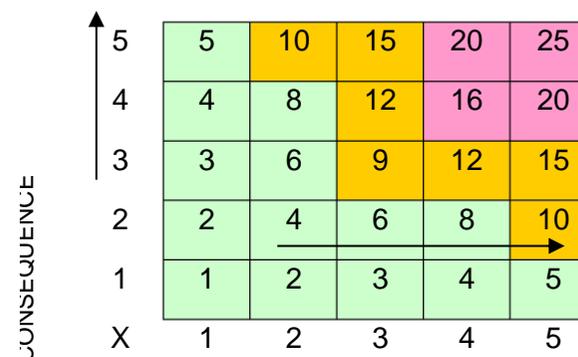
## Risk Rating Matrix

### LIKELIHOOD

- 1 very unlikely
- 2 unlikely – e.g. occasionally a problem
- 3 fairly likely -e.g. weekly
- 4 likely – e.g. more than once a week
- 5 very likely –e.g. daily or more frequent

### CONSEQUENCE

- 1 insignificant – no injury/no upset
- 2 minor – minor injury/pupil complains or shows signs of distress
- 3 moderate – up to 3 days' absence/upset that affects the behaviour of others



LIKELIHOOD

### Rating

**16-25** High Risk- immediate action required