

**Lawford C of E Primary School**

# **Restrictive Physical Intervention Policy**



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(To be reviewed annually)**

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Annual Review**

## RESTRICTIVE PHYSICAL INTERVENTION IN SCHOOL POLICY

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# RESTRICTIVE PHYSICAL INTERVENTION IN SCHOOL

## Lawford C of E Primary School.

### 1. INTRODUCTION

In Lawford Primary 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 physical intervention be needed. On such occasions, acceptable forms of intervention are used.

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 tackling inappropriate behaviour in relation to the whole school, each class, and individual pupils.

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

As detailed in the recent DfE documentation, '**Keeping Children Safe in Education**', it states the importance of taking action to enable all children to have the best outcomes. All staff have a responsibility to provide a safe environment in which children can learn.

### 2. 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*)
- To stop the child from engaging in any behaviour which is prejudicial to the maintenance of good order and discipline at the school.

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.

Seclusion is an approach to restrictive physical intervention which may only be deemed acceptable in emergency situations, for example, a student wielding a knife, and cannot be part of a planned approach to dealing with challenging behaviour.

All members of staff have a legal power to use reasonable force. Reasonable force can be used to prevent pupils from hurting themselves or others, from damaging property or from causing distress.

### **3. WHEN THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS MAY BE APPROPRIATE IN LAWFORD PRIMARY SCHOOL**

Restrictive Physical Interventions will be used when all other strategies have been considered, and therefore only as a last resort. 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.

#### **Names of Authorised staff**

While all staff have the power to use reasonable force, the staff listed below have received specific training that teaches de-escalation techniques to help support and calm a child.

Step on trainers: Headteacher and SENco (completed May 23 next update June 24)  
Teachers and Support staff trained June 23.

NB: Step On Training teaches de-escalation techniques to help support and calm a child. The physical contact is an open hold which guides children to move in a specific direction. Should the school have a child for whom restrictive holds are needed for protection key staff will be trained using the Step On course run by Essex STEPS.

### **4. PLANNING FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS IN LAWFORD PRIMARY SCHOOL**

Staff will use the minimum force needed to restore safety and appropriate behaviour.

The principles relating to the 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 it when there are good grounds for believing that immediate action is necessary and that it is in the pupil's and/or other pupil's best interests for staff to intervene physically.

- Staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue, de-escalation and diversion. The pupil will be warned, at their level of understanding, that Restrictive Physical Intervention will be used unless they cease the unacceptable behaviour.
- Only the minimum force necessary will be used for the minimum amount of time.
- Staff will be able to show that the planned intervention will be a reasonable response to an 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 planned intervention with a specific pupil.
- 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 Individual Child Risk Management Plans/Behaviour Plans, consideration will be given to approaches appropriate to each pupil's circumstance following an audit of their behavioural needs.
- 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.

## 5. ACCEPTABLE FORMS OF INTERVENTION IN LAWFORD PRIMARY SCHOOL

- There are occasions when staff will have cause to have physical contact with pupils for a variety of reasons, for example:
  - ❑ 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);
  - ❑ in an emergency to avert danger to the pupil/pupils or staff;
  - ❑ in rare circumstances, when Restrictive Physical Intervention is warranted;
  - ❑ to praise a pupil
- 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 takes place (it should not take place in private without others present).

Physical contact is never used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the participants neck, breasts, 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. [Should a pupil appear to enjoy physical contact this must not be sought via Restrictive Physical Intervention]

## 6. DEVELOPING AN INDIVIDUAL CHILD RISK MANAGEMENT PLAN IN LAWFORD PRIMARY SCHOOL

If a pupil is identified for whom it is felt that Restrictive Physical Intervention is likely, then 'An Individual Child Risk Management 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, and shared with staff.
- ❑ 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.
- ❑ *A school may also need to take medical advice about the safest way to hold a child with specific medical needs.*

## 7. GUIDANCE AND TRAINING FOR STAFF

Guidance and training are essential in this area. We need to adopt the best possible practice. In Lawford Primary School this 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; incorporating Step On and Step Up training courses.
- managing conflict in challenging situations - all staff

Training in practical techniques of physical intervention is 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 approved instructor. Audited need forms the basis for the training which should be specific to each setting.

*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. A plan would then need to be formulated in order to address this potential need for recurring restrictive physical intervention specific to the needs of the child.*

## **8. COMPLAINTS**

It is intended that by adopting this policy and keeping parents and governors informed we can avoid the need for complaints. All disputes which arise about the use of force by a member of staff will be thoroughly investigated and dealt with according to Child Protection and Safeguarding policies.

## **9. Record Keeping.**

- If we identify that there is a potential to use restrictive physical intervention with a child in the future we will complete an 'Individual Child Risk Management Plan'. This will be agreed with the parents and signed by all involved.
- Risk Assessment Calculator – This will be completed with the aim of assessing the likelihood of specific behaviours being seen as well as implementing strategies we can take to avoid them. This will be agreed with the parents and signed by all involved.
- If restrictive physical intervention is used then it will be recorded on a 'record of restrictive physical intervention' sheet.
- If harm is caused to an adult this will be recorded on an incident form.
- Staff training is recorded to show who is trained to use restrictive physical intervention with a child.

The parents of a child who is documented in any of the above forms will be informed and involved in any of the planning stage. Staff, however, do not need parental consent in order to use restrictive physical intervention.

## Appendix 1. Individual Child Risk Management Plan

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

Photo	<b>Potential Triggers &amp; Reduction Measures</b> (eg Being shouted at)
-------	-----------------------------------------------------------------------------

What we want to see	Strategies to maintain
First signs that things are not going well	Strategies to support
Where this behaviour leads next	Strategies needed
What we are trying to avoid	Interventions necessary

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

Signature of Parent / Carer..... Date .....

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



## Appendix 2

## Risk Assessment Calculator

Name	
DOB	
Date of Assessment	

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

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

**Appendix 3****Audited Need Student Specific**

Name	DOB
Position in Circles (Step On)	
Physical characteristics (age, height, weight, physical differences, visual or hearing impaired etc)	
Risk Factors (medical or emotional conditions, substance misuse, communication differences etc)	
Environmental Risk Assessment (where will the student potentially be held, is there risk assessed furniture, floor coverings?)	
Staff Matching (are the certain staff who should be present or should not attempt to physically intervene)	
Training Needs	
Roots and Fruits	
Consequences / Limits to freedom ( are there restrictions to freedom necessary due to the above)	
Individual Risk Management Plan	
Unresolved Risk Factors (issues for management)	

**Appendix 4****Audited Need Intervention Specific**

Name	DOB
Context (what is happening? times, place, people, activities)	
Justification (what HARM will be prevented?)	
Last resort (why would nothing else other than RPI have worked?)	
De-escalation options in/out	
Student shape (penguin, elbow tuck, shield / standing, seated on chairs seated on the floor)	
Adult shape (standing, seated on chairs, seated on the floor, hips in head away etc.)	
Destination shape (named technique)	
Transition (describe the messy bits)	
Social validity (how does it look and feel?)	
What makes it safe?	
What makes it effective?	
Unresolved Risk Factors (issues for management)	

## Appendix 5 - Record of incident Requiring Physical Intervention (RPI)

<b>Child name:</b>	<b>DoB:</b>	<b>Year group:</b>

<b>Reporting member of staff:</b>		
<b>Date of incident:</b>		
<b>Start time of incident:</b>		
<b>End time of incident:</b>		
<b>Location of incident:</b>		
<b>Name(s) of additional staff witness:</b>	<b>Name(s) of additional child witness:</b>	

<b>Stressors leading up to the hyperarousal and distress</b>

<b>Co-regulation prior to the decision to use of RPI</b>			
Verbal advice and support		Swapping of staff	
Calm talking and Reassurance		Distraction/diversion	
Personalised co-regulation script		Offering choices and options	
Humour		Offering safe space	
Other (specify)			

<b>Why the RPI was deemed absolutely necessary</b>	To prevent harm to self	
	To prevent harm to another child (children)	
	To prevent harm to adults	
	To prevent damage to property	
	To prevent harm from absconding (in accordance with policy)	

<b>The harm predicted to be prevented by the RPI</b> (e.g. bruising to peers, lacerations, destruction of computer, climbing over high fence, climbing on roof)	
<b>Unresolved harm/ details of damage to property (costs and details of harm to people including medical intervention or damage to property)</b>	
<b>Was a medical record completed</b>	<b>Yes / No</b>

<b>Specific details of the RPI including sequence of techniques, time and staff involved</b>		
<b>Time</b>	<b>Technique</b>	<b>Staff name</b>

Duration of RPI:		Duration of the incident:
<b>Was there any physical mark or harm caused by the use of RPI to the child?</b>	Yes / No	Details
<b>What action has been taken?</b>		
<b>Has the incident been reported to the Children Safeguarding Team (Local Authority Designated Officer)?</b>	Yes / No	Details
<b>Incident reporting and monitoring</b>		
	<b>Name</b>	<b>Time and date</b>
Incident reported to Senior staff by:		
Parents / Carer verbally informed by:		
Parents / Carer letter sent:		
Child wellbeing check by:		
Staff wellbeing verified by:		
Restorative conversation with child		

<b>Care for Child following the RPI</b>

<b>Verification of account of incident</b>		
Staff name	Staff signature	Date
<b>Reporting staff name</b>	<b>RPI checker and approver name</b>	
<b>Signature</b>	<b>Signature</b>	

## Appendix 6

## Record of Harm

Record of Harm				
Name:				
Date:		Time:		Activity:
<b>Harm caused:</b>				
<u>Physical Harm / Injury</u>		<u>Emotional Harm / Injury</u>		<u>Disruption / loss of learning</u>
To self		To self		No. of children
To others (staff / peers)		To others (staff / peers)		No. of minutes
To property				
Description of harm caused		Potential		Actual
Behaviour:				
Staff present.				

**Appendix 7****Staff Training**

<b>Staff Training Issues</b>		
Identified training needs	Training provided to meet needs	Date training completed

<b>Evaluation of Individual Child Risk Management Plan and School Risk Management Strategy</b>		
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		
<b>ACTIONS FOR THE FUTURE</b>		

**Plans and strategies evaluated by:**      **Title:**

.....

**Date:** .....



## Appendix 9 - Letter to inform parents of an incident

Dear *(parent / carer)*

Further to our earlier telephone conversation, I am writing to confirm our discussion about the incident in school today. As discussed, it was deemed necessary to use a physical intervention with *(pupil)*. You will be aware that such an intervention is used in our school only as a last resort, where other interventions and de-escalation techniques have not been effective in reducing the harmful behaviour. As shared with you, it was felt by staff involved that, on this occasion, it was absolutely a necessary and appropriate response to *(pupil's)* behaviour at the time in order to keep them and everyone else safe.

As I explained, the detail of this incident is available in school and forms part of *(pupil's)* records. If you would like to discuss this matter further, please feel free to contact me and I would be happy to meet with you.

*Or..*

It is important that we continue to work together, going forward. I would like to invite you to a meeting to *write / review* a risk management plan for *(pupil)* and I can share more detail about the recent incident with you

Yours sincerely

## Appendix 10 - Stress Mapping

### Stress Mapping

	Not evident	Occasionally	Often	Always
Stress response is easily triggered				
Stress response is not equal with the stressor				
Individual is extremely restless/volatile				
Hard to co-regulate after 'alarm' is triggered				

### Harm Mapping

Harm/Behaviour	Yes/No	Harm/Behaviour	Yes/No
Harm to self		Damage to property	
Harm to peers		Harm from disruption	
Harm to staff		Harm from running away	
Other harm			

### For Reference:

One Planning Guidance & Templates, from the Essex Local Offer:

<http://www.essexlocaloffer.org.uk/one-plan-templates/>

## Appendix 11 – Levels of reporting and recording behaviour

<b>Level 1</b>  When there was no need for first aid or medical attention, or when there is no long-term anxiety or stress as a result of the incident for a member of staff	<b>Level 2</b>  When there was a need for first aid or medical attention, or if the staff member experiences long term anxiety or stress as a result.  When there was a need for non-restrictive physical intervention	<b>Level 3</b>  When it was deemed absolutely necessary to use restrictive physical intervention in order to co-regulate the child/young person and prevent harm (where this is an agreed intervention to manage the harm as part of the Adult Response Plan / Behaviour Support / Management Plan)	<b>Level 4</b>  When it was deemed absolutely necessary to use restrictive physical intervention in order to co-regulate the child/young person and prevent harm (when this has not been an agreed intervention to manage the harm as part of the Adult Response Plan / Behaviour Support / Management Plan)
<p>These are behaviours that are likely to be responsive to the usual range of support and interventions set out within the school behaviour policy. They will be also be monitored and reviewed through personalised 'One Planning' when appropriate.</p> <p>Examples of such behaviours:</p> <ul style="list-style-type: none"> <li>Eating or mouthing non-edible items, such as stones, dirt, pen lids, bedding, metal, faeces</li> <li>Smearing of faeces</li> <li>Rocking, repetitive speech and repetitive actions or manipulation of objects</li> <li>Absconding</li> <li>removing of clothing items</li> <li>Self-injury/harming, including head banging, scratching, hitting, kicking, biting and poking</li> <li>Language-based personal abuse or sexual comments</li> <li>Racist, sexist, or homophobic behaviour or comments</li> </ul>	<p>These will encompass behaviours that have duration, frequency, intensity or persistence and are beyond the typical range for the school. Such behaviour is less likely to be responsive to the usual range of support and interventions identified within the school behaviour policy.</p> <p>These behaviours may also:</p> <ul style="list-style-type: none"> <li>compromise the child or young person's own and / or other CYPs learning</li> <li>disrupt the day to day functioning of the school, making it a less safe and routine environment</li> <li>Language-based persistent personal abuse or persistent sexual comments</li> <li>Persistent racist, sexist, or homophobic behaviour or comments</li> </ul>	<p>These will encompass behaviours that are harmful in that they compromise the safety and wellbeing of the child/young person or staff.</p> <p>This will include:</p> <ul style="list-style-type: none"> <li>causing harm towards adults or other children/young people (including pushing, punching, kicking, biting, scratching, spitting, head-butting)</li> <li>causing harm to the learning environment, including that of property</li> <li>striking another adult / child or young person with an object</li> </ul>	<p>These will encompass behaviours that are harmful in that they compromise the safety and wellbeing of the child/young person or staff:</p> <p>This will include:</p> <ul style="list-style-type: none"> <li>a one-off serious incident involving behaviour not previously observed in the child or young person</li> <li>causing harm towards adults or other children/young people (including pushing, punching, kicking, biting, scratching, spitting, head-butting)</li> <li>causing harm to the learning environment, including that of property</li> <li>striking another adult / child or young person with an object</li> </ul>
Expected Reporting and Recording			
Systematic reporting and recording at the school/setting level in accordance with policy.	Systematic reporting and recording at the school level in accordance with policy.  When Headteacher deems appropriate, these incidents may also be reported to ECC via MySafety	Systematic reporting and recording at the school level in accordance with policy.  These incidents must be reported to ECC via MySafety	Systematic reporting and recording at the school level in accordance with policy.  These incidents must be reported to ECC via MySafety

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