

PHYSICAL INTERVENTION POLICY

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| This policy was approved by the Local Governing Body on:- | January 2024 |
| The policy owner is: | Arden Grove Infant and Nursery School |
| This policy will be reviewed by the Local Governing Body in: (unless earlier review is recommended by the Trust) | January 2025 |
| Policy Version: | V2 (2024) |
| Signed by the Chair of the Local Governing Body: | Mrs Claire Hannant |
| Ratified by the Local Advisory Board: | January 2024 |

1. Introduction

In Arden Grove Infant and Nursery School we believe that pupils need to be safe, to know how to behave, and to know that the adults around them are able to manage them safely and confidently. Only for a very small minority of pupils will the use of restrictive physical intervention be needed. On such occasions, only acceptable forms of intervention are used.

The majority of pupils behave well and conform to the expectations of our school. We have the responsibility to operate an effective behaviour policy that encompasses preventative strategies for managing difficult and dangerous behaviour in relation to the whole school, each class, and individual pupils.

All school staff and staff within our specialist social and emotional mental health centre, The PLACE need to feel that they are able to manage behaviour, and to have an understanding of what difficult or dangerous behaviours might be communicating. They need to know what options are available for managing behaviour, and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention.

Parents need to know that their children are safe with us, and they need to be properly informed if their child is the subject of a physical Intervention, including the nature of the intervention, and the rationale for its use.

2. Acceptable forms of physical intervention

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

There are occasions when staff may have cause to have physical intervention (PI) with children:

- To comfort a child in distress (so long as this is appropriate to their age)
- To gently direct a child
- For curricular reasons (for example in PE, Drama, etc)
- First aid and medical treatment
- In an emergency to avert danger to children
- In rare circumstances, when Restrictive Physical Intervention is warranted (See Below)

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

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one child, in one set of circumstances, may be inappropriate in another,

or with a different child. In all situations where physical contact between staff and children takes place, staff must consider the following:

- The child's age and level of understanding
- The child's individual characteristics and history
- The duration of contact
- The location where the contact takes place (it should not take place in private without others present)

Arden Grove Infant and Nursery School and our specialist social and emotional mental health centre, The PLACE, have adopted an informed, evidence-based decision to allow safe touch as a developmentally appropriate intervention that will aid healthy growth and learning. Please refer to our **Positive Touch Policy** for further details.

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

Safer working practice

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

3. Definition of Restrictive Physical Intervention

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

- To prevent a child from committing a criminal offence (this applies even if they are 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 their own property)

There is no legal definition of "reasonable force". However, there are two relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of an incident warrant it
- The degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent

The definition of Restrictive Physical Intervention also includes the use of mechanical devices (e.g. splints on the child prescribed by medical colleagues to prevent self-injury), forcible seclusion, use of locked doors or changes to a child's environment. It is important for staff to note that, although no

physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention.

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

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

This document takes into account DfE Guidance on Use of Reasonable Force July 2013

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

Model Policy – Restrictive Physical Intervention Page 6 of 20 May 2017 In School Issue No.2 CS402

4. When the use of restrictive physical interventions may be appropriate

Restrictive Physical Interventions may be used when all other strategies have failed, and therefore only as a last resort. All staff should focus on de-escalation and preventative strategies rather than focusing solely on reactive strategies. However there are other situations when restrictive physical intervention may be necessary, for example in a situation of clear danger or extreme urgency. Certain children 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 children are important considerations. Under certain conditions this duty must be an over-riding factor.

Who may use restrictive physical intervention in Arden Grove Infant and Nursery School and the Base

The following staff (as well as the teachers employed at the school) are authorised by headteacher Sarah Waterfield to have control of children, and must be aware of this policy and its implications. However, non-inclusion on this list does not mean that an adult is necessarily barred from using physical intervention. If the Head has lawfully placed an adult in charge of children then that adult will be entitled to use Restrictive Physical Intervention

We take the view that staff should not be expected to put themselves in danger and that removing other children and themselves from risky situations may be the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for the children.

Names of authorised staff:

Jennie Gregson - STEP ON and STEP UP Practitioner Trainer for the main school

Liz Higgs - STEP ON and STEP UP Practitioner Trainer for The Place

Anne Oakley

Kerrie Boland

Hayley Palmer

Laura Edwards

Kate Hynes

Kieran Strike

5. Planning for the use of restrictive physical intervention

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

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

Elevated risks

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

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

The following can result in significant injury:

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

The principles relating to Restrictive Physical intervention are as follows:-

- Restrictive Physical Intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions
- Restrictive Physical Intervention will only be used in circumstances when one or more of the legal criteria for its use are met
- Staff will only use force when there are good grounds for believing that immediate action is necessary and that it is in the pupil's and/or other pupils' best interests for staff to intervene physically.
- Staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue and diversion. The child will be warned, at their level of understanding, that Restrictive Physical Intervention will be used unless they cease the dangerous behaviour
- Staff will use the minimum force necessary to ensure safe outcomes. Staff will be able to show that the intervention used was a reasonable response to the incident
- Every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses
- As soon as it is safe, the Restrictive Physical Intervention will be relaxed to allow the pupil to regain self-control
- A distinction will be maintained between the use of a one-off intervention which is appropriate to a particular circumstance, and the using of it repeatedly as a regular feature of school policy
- Escalation will be avoided at all costs, especially if it would make the overall situation more destructive and unmanageable

- The age, understanding, and competence of the individual child will always be taken into account
- In developing a risk reduction plan, consideration will be given to approaches appropriate to each child's circumstance

6. Developing a harm reduction plan

If a child is identified for whom it is felt that Restrictive Physical Intervention may be a likely result, then a Harm Reduction Plan will be completed. This Plan will help the child 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 child to ensure they are clear about what specific action the school may take, when and why
- A risk assessment (Appendix 2) 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 (Appendix 1 – Roots and fruits)
- Techniques for managing the pupil's behaviour i.e. strategies to de-escalate a conflict, and stating at which point a Restrictive Physical Intervention may be used
- Identifying key staff who know exactly what is expected. It is best that these staff are well known to the child
- Ensuring a system to summon additional support
- Identifying training needs
- Please refer to the Appendix 4 for a harm reduction plan

7. Guidance and training for staff

Guidance and training are essential in this area. We need to adopt the best possible practice in Arden Grove Infant and Nursery School and The PLACE and recognise that it is essential that it is arranged for all staff at a number of levels including :-

- Awareness of issues for governors, staff and parents,
- Behaviour management techniques for all staff
- Managing conflict in challenging situations - all staff

Recording and reporting

The use of a Restrictive Physical Intervention, whether planned or unplanned (emergency) must always be recorded as quickly as practicable (and in any event within 24 hours of the incident) by the person(s) involved in the incident, in a book with numbered pages. The written record (See Appendix 3) should indicate:

- The names of the staff and children involved
- The reason for using a Restrictive Physical Intervention (rather than another strategy)
- The type of Restrictive Physical Intervention employed
- How the incident began and progressed, including details of the child's behaviour, what was said by each of the parties, the steps taken to defuse or calm the situation, the degree of force used, how that was applied, and for how long

- The date and the duration of the intervention
- Whether the child or anyone else experienced injury or distress and, if they did, what action was taken

Training in practical techniques of Restrictive Physical Intervention may be required for staff where there is a significant likelihood of them needing to intervene physically due to the nature of the child (or children) that they are working with. Where there is an identified need for such training, staff will be trained by an accredited Norfolk Steps trainer.

(NB there is no legal requirement for staff to be trained in the use of practical techniques so staff may exercise their legal right to physically intervene even if they have not had such training. However, they would still need to demonstrate that their intervention was reasonable and proportionate).

8. Complaints

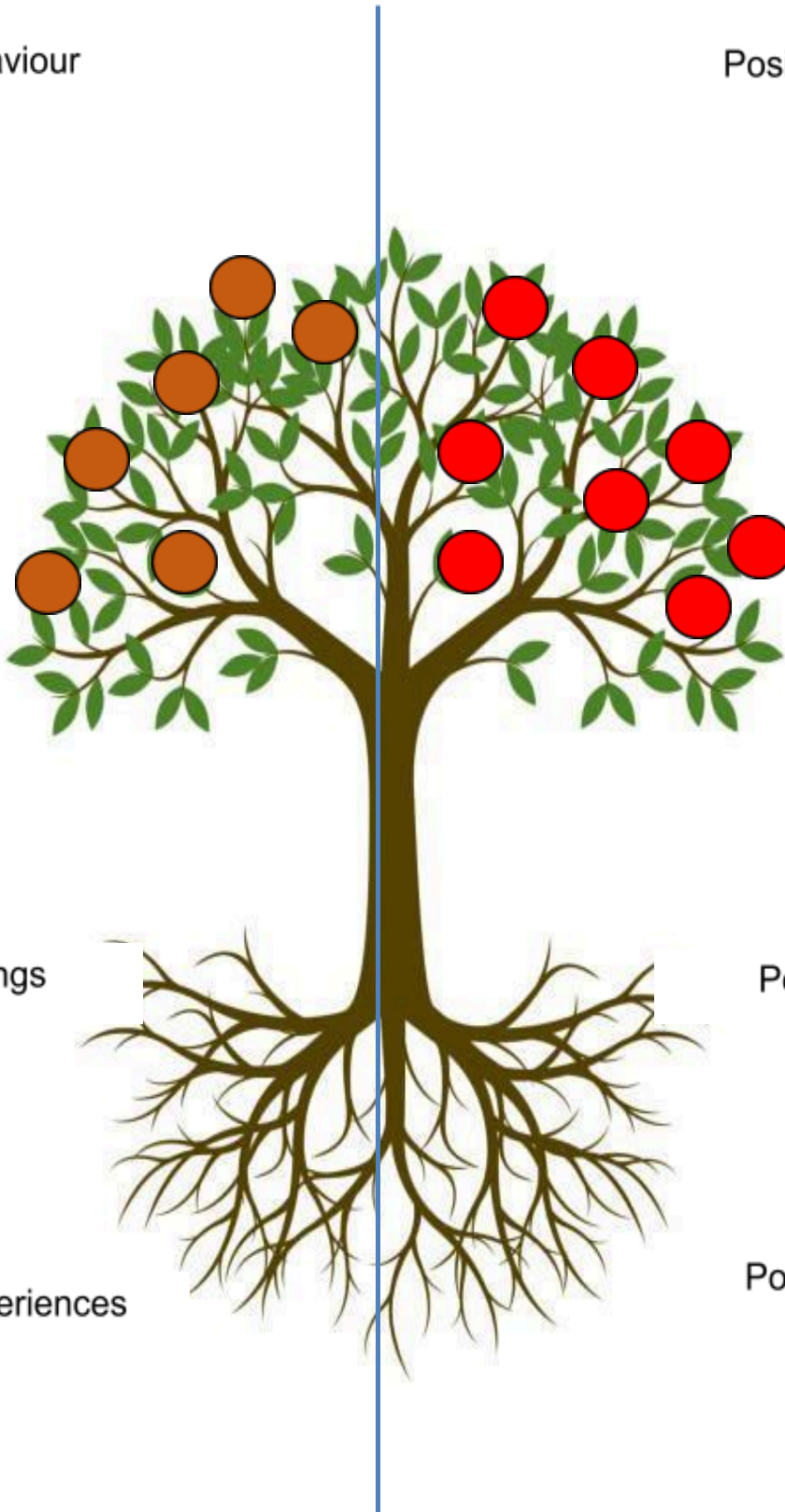
It is intended that by adopting this policy and keeping parents and governors informed we can avoid or minimise the likelihood of any complaints being made. All disputes which arise about the use of force by a member of staff will be dealt with according to Child Protection and Safeguarding policies.

Roots & Fruits Analysis

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|-----------------------------------|--|
| Pupil's name: | |
| Who contributed to this analysis? | |
| Date of review: | |

Negative behaviour

Positive behaviour



Negative feelings

Positive feelings

Negative experiences

Positive experiences

Risk Assessment Calculator

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|--------------------|--|
| 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 | | | | | |

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|--------------------|---|
| 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 a risk reduction plan in place.

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| Student Name: | |
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|------------------------------|--|
| Location of Incident: | |
|------------------------------|--|

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| D.O.B: | |
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| Time and Date of Incident: | |
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| Reporting Member of Staff: | |
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|---|--------------------------|
| Justification for physical intervention (tick all that apply): | |
| To prevent harm to self | <input type="checkbox"/> |
| To prevent harm to other children | <input type="checkbox"/> |
| To prevent harm to adults | <input type="checkbox"/> |
| To prevent damage to property | <input type="checkbox"/> |
| To prevent loss of learning (see plan) | <input type="checkbox"/> |

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| Predicted harm prevented by physical intervention with predicted levels (see Individual Plan) e.g. bruising to peers, lacerations, destruction of computer, 20 mins of geography lost for 15 pupils etc.) |
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| Incident Form/Book Complete | Y/N |
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| Name(s) of additional staff witness: | Name(s) of additional student witness: |
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| Medical Treatment / Injuries | Y/N |
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| Damage to Property | Y/N |
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| Unresolved Harm/ Details of damage to property (costs and details of harm to property and people including medical intervention: |
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| Triggers: |
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| Additional factors: |
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| Management: | Comments: |
|--|------------------|
| How was the incident resolved? | |
| What were the Consequences? Protective and Educational | |
| Has student reparation/ de-brief taken place? | Y/N |
| Has staff de-brief taken place? | Y/N |
| Has the Risk Management plan been reviewed or updated? | Y/N |
| Was there Police involvement? | Y/N |
| Has there been Internal Exclusion / FTEX / PEX? | Y/N |

Primary de-escalation techniques used

(please state order in which they were used)

| Verbal advice and support | | Offering services of other staff | |
|------------------------------|---|--------------------------------------|--|
| Calm talking | | Informing of consequences | |
| Distraction | | Taking non threatening body position | |
| Reassurance | | De-escalation script | |
| Humour | | Clear instruction / warning | |
| Negotiation | | Withdrawal from activity | |
| Offering choices and options | | Diversion | |
| Number | Description of how technique was employed | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

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

| Time | Technique | Shape | Staff name |
|-------------------------------|-----------|------------------------------|------------|
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| Duration of restraint: | | Duration of incident: | |

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|--|-----|---|
| Is there any physical mark or harm caused by the use of restraint? | Y/N | Details: |
| Has the student indicated that this was caused by the use of physical intervention? | Y/N | Actions: <ul style="list-style-type: none"> • • |

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

| Verification of account of incident: | | |
|--------------------------------------|-----------------|------|
| Staff name | Staff signature | Date |
| | | |
| | | |
| | | |
| | | |

Reporting staff name: _____ Signature: _____

Incident form coordinator check signature: _____ Date: _____

Planning for Restrictive Physical Intervention/Restraint

Audit of Need

| Name | DOB | Setting |
|--|-----|---------|
| Justification – what is the harm that will be prevented? | | |
| Is there a current individual risk management plan? | | |
| Is there a current 'Roots and Fruits' plan? | | |
| Is there a current 'Anxiety Map'? | | |
| Physical characteristics – any height, weight, physical differences that staff should be aware of? | | |
| Additional risk factors - medical or emotional diagnosis or needs, substance misuse etc | | |
| Communication differences (eg. visual/hearing impairment, adaptive communication) | | |
| Does any reasonable adjustment need to be made to ensure staff matching? | | |
| Environmental changes that will reduce risk | | |
| Preferred shape to hold individual – standing/sitting/kneeling/in chairs lone worker/figure of four/braced elbow tuck/shield | | |
| Tips to improve safety – (eg. spitting/headbutting/kicking/dropping) | | |
| Protective consequences – (eg. safe space/sensory room) | | |
| Educational consequences –(eg. social stories/assisting with repairs/restorative meetings) | | |
| Any additional information | | |

REASONABLE, PROPORTIONATE, NECESSARY

LAST RESORT TO PREVENT HARM