

Positive Handling and Restrictive Intervention Policy

Rood End Primary School



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1. Introduction

The document Keeping Children Safe in Education was reissued to schools in 2018 (updated 2024) detailing statutory guidance, placing a duty on schools to promote the welfare of children. This policy complies with the government guidance stated in the KCSIE document. The document, 'Positive Environments Where Children Can Flourish' (March 18, updated 2021) has also been considered.

At Rood End School we believe that pupils need to be safe, know how to behave, and know that the adults around them are able to manage them safely and confidently. For a very small minority of pupils the use of restrictive physical intervention may be needed, and, on such occasions, acceptable forms of intervention will be 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 the school staff need to feel able to manage inappropriate risk and behaviour, and to have an understanding of what and how challenging behaviours might be communicated. They need to know what the options open to them are, 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. During intervention there needs to be a limited amount of staff participation, a maximum of 4 adults. Intervention is not usually required if the child is damaging property as long as no harm is being caused to themselves or others.

All staff within Rood End Primary School aim to help children take responsibility for their own behaviour. This is done through a combination of approaches which include:

- positive role modelling
- teaching an interesting and challenging curriculum
- setting and enforcing appropriate boundaries and expectations
- providing supportive feedback.

There are times when a child's behaviour presents particular challenges that may require restrictive physical intervention. As such this policy sets out our expectations for the use of such intervention.

We exercise appropriate care when using any type of physical contact; and pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups. Staff are aware

of children who are particularly vulnerable including: have been missing from education, having a family member in prison, a child at risk of sexual exploitation, a child witnessing domestic abuse, when a family experiences financial hardship and homelessness (as identified in KCSIE 2018), CIC (Children in Care), children subject to Child Protection Plans, EHCP (Education, Health Care Plan).

2. Definition of restrictive physical intervention

The Law permits teachers and other persons authorised by the Head teacher to use Restrictive Physical Intervention to prevent a pupil from doing or continuing to do any of the following: -

- committing a criminal offence
- injuring themselves or others

“Restrictive Physical Intervention” is the term used by the DFE (Department for Education) to include interventions where bodily contact using force is used. It refers to any instance in which a teacher or other adult authorised by the Head Teacher has to, in specific circumstances, use “reasonable force” to control or restrain pupils, some members of staff have taken appropriate training. There is no legal definition of “reasonable force”. However, there are two relevant considerations:

1. the use of force can be regarded as reasonable only if the circumstances of an incident warrant it
2. 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 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.

3. Principles for the use of restrictive physical intervention

3.1 In the context of positive approaches

We aim to do all we can in order to avoid using restrictive physical intervention. It would only be used if the risks involving use of force are outweighed by the risks of not using force, and where we judge that there is no reasonably practicable less intrusive alternative. **It is not our preferred way of managing children’s behaviour.**

Restrictive physical intervention may be used only in the context of a well-established and well implemented positive behaviour management framework with the exception of emergency situations. There may be rare situations where restrictive physical intervention needs to be used immediately (for instance, in the event that another child or person was deemed to be in danger).

Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves or others at risk.

3.2 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, 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.

3.3 Reasonable force

If an occasion where restrictive physical intervention has to be used, 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, a minimum number of adults will be involved so as not to escalate the situation.

4. When can restrictive physical intervention be used?

The use of restrictive physical intervention may be justified where a pupil is:

- 1) committing a criminal offence (or for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
- 2) injuring themselves or others
- 3) prejudicing the maintenance of good order and discipline at school

Restrictive physical intervention may also be appropriate where, in instances where none of the above have yet happened but where they are judged as **highly likely** to be about to happen. We are very cautious about using restrictive physical intervention where there are no immediate concerns about possible injury or exceptional damage to property.

Restrictive physical intervention would only be used in exceptional circumstances, with staff that know the student 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.

The main aim of restrictive physical intervention is usually to maintain or restore safety. We acknowledge that there may be times when restrictive physical intervention may be justified as a reasonable and proportional response to prevent damage to property or to maintain good order and discipline at the school. However, we would be particularly careful to consider all other options available before using restrictive physical intervention to achieve either of these goals. In all cases, we remember that, even if the aim is to re-establish good order, restrictive physical intervention may actually escalate the difficulty.

If we judge that restrictive physical intervention would make the situation worse, we would not use it, but would do something else consistent with our duty of care. e.g seek help, make the area safe or warn about what might happen next and issue an instruction to stop.

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 as a punishment.

5. Who can use restrictive physical intervention?

If the use of restrictive physical intervention is appropriate and is part of a positive behaviour management framework. We have a team of Safety Intervention trained staff, all of whom have completed the Safety

Intervention Working with Children and Young People training by the Crisis Prevention Institute (CPI). Names of these staff members, and the expiration dates of their CPI training are recorded on the school Behaviour Policy. However, in an emergency, any of the following may be able to use reasonable force:

1. Any teacher who works at the school
2. Any other person whom the Headteacher has authorised to have control or charge of pupils, including:
 - (a) support staff whose job normally includes supervising pupils such as HLTAs (Higher Level teaching Assistants), teaching assistants, 1:1 support staff

6. Planning around an individual and risk assessment

In an emergency, staff 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 ensure that such staff receive appropriate training and support in behaviour management as well as restrictive physical intervention. We 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).

The behaviour plan will outline:

- 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

In a Behaviour Plan we consider 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 involve the parents and the child when writing a plan. Parents sign the plan to confirm their knowledge of the plan.

Plans are reviewed annually or more frequently if there are any concerns about the nature of frequency of the use of restrictive physical intervention or where there are any major changes to the child's circumstances.

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.

7. What type of restrictive physical intervention can be used

Physical intervention can take several forms. The following approaches are regarded as reasonable in appropriate circumstances:

- standing between pupils;
- blocking a pupil's path;
- leading a pupil by the hand or arm;
- ushering a pupil away by placing a hand in the centre of the back;
- in more extreme circumstances, using appropriate restrictive holds, which may require specific expertise or training

However, 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

- Slapping, punching or kicking a child
- Twisting or forcing limbs against a joint
- Tripping a child
- Holding a child by the hair or ear

Seclusion is where a young person is forced to spend time alone in a confined space against their will. We do not plan for and do not allow this except in emergency situations. We may, however, use withdrawal or time-out in a planned way. We define these as follows:

Withdrawal 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.

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 staff need specific training in the use of restrictive physical intervention, we arrange that they should receive training, through Sandwell MBC. This training is accredited by the Crisis Prevention Institute (CPI). We ensure that staff have access to appropriate refresher training. Further, we actively work to ensure general training is accessed by our staff in the following areas:

- Positive approaches to behaviour management
- de-escalation techniques

A record of such training is kept and monitored.

8. Recording and reporting

We record any use of restrictive physical intervention which is kept in the headteacher's documents. We do this as soon as possible and in any event within 24 hours of the incident, parents are also informed. According to the nature of the incident, we may also note it in other records, such as the accident book, violent incident records and shared with appropriate Children's Services Department, e.g. Health and Safety.

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 joint DfEE/Home Office (1999) publication *School Security: Dealing with trouble makers – protecting pupils and staff* and Section 45 of the Violent Crime Reduction Act 2006.

9. Supporting and reviewing

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 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. The child will be asked whether he or she has been injured so that appropriate first aid can be given.

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 review the situation and staff plan next steps together to reduce the possibility of needing to use restrictive physical intervention again.

10. Monitoring

We monitor the use of restrictive physical intervention in our school annually. 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 vulnerabilities and 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.

11. 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, Sandwell'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 Headteacher is immediately informed. We would also follow Child Protection procedures and POT (Position of Trust). In

the absence of the Head teacher, in relation to restrictive physical intervention, we ensure that the Deputy Head teacher and/or Assistant Headteacher in charge 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 the complaints procedure. The results and procedures used in dealing with complaints are monitored by the governing body.