



## **Restrictive Physical Intervention Policy**

### **1 Background**

We define restrictive physical intervention as follows:

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 at Froxfield School aim to support children to take responsibility for, and to manage, their own behaviour. We do this through a combination of approaches, which include:

- positive role modeling
- providing 1:1 behaviour systems to meet individual needs
- teaching an interesting and challenging curriculum
- setting and enforcing appropriate boundaries and expectations
- providing supportive feedback
- use of Thrive techniques, including rocking, cradling and positive physical contact

More details about this and our general approach to promoting positive behaviour can be found in our behaviour policy.

There may be 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 Child Protection and Equal Opportunities policies, and with national and local guidance for schools on safeguarding children. We exercise appropriate care when using physical contact; there are some children for whom physical contact may be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

## **2 Principles for the use of restrictive physical intervention**

### **2.1 In the context of positive approaches**

We only use restrictive physical intervention where the risks involved in using physical intervention are outweighed by the risks involved in not using physical intervention. 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. We describe our approach to promoting positive behaviour in our Behaviour 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 trained not to use restrictive physical intervention if it is likely to put themselves at risk.

## **2.2 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, 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.

## **2.3 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.

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

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

1. committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
2. causing personal injury to, or damage to the property of, any person (including him/herself); or
3. 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. 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 child well and who are able to make informed judgments 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 (like go to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent



with our duty of care. 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).

#### **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, and where possible, accredited trained staff in the use of restrictive physical intervention. However, in an emergency, any of the following may be able to use reasonable force:

1. any teacher who works at the school, and
2. any other person whom the headteacher has authorised to have control or charge of children, including:

(a) support staff whose job normally includes supervising pupils such as teaching assistants and lunchtime supervisors;

and

(b) people to whom the headteacher has given temporary authorisation to have control or charge of children such as paid members of staff whose job does not normally involve supervising pupils (for example office) and unpaid volunteers (for example parents accompanying pupils on school organised visits).

#### **5 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)

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 draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. In particular, we include the child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school who work with the child, and any visiting support staff (such as Educational Psychologists, Primary Behavior Support, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services). We record the outcome from these planning meetings and seek parental signature to confirm their knowledge of our planned approach. We review these plans at least once every 4 to 6 months, or more frequently if there are any concerns about the nature or 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.

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

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 will not act in ways that might reasonably be expected to cause injury. We do not plan for and do not allow, except in emergency situations, staff to use seclusion. Seclusion is where a child is forced to spend time alone in a confined space against their will. We may, however, use withdrawal or time-out in a planned way. We define these as follows:

**Withdrawal** involves taking a child, 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.

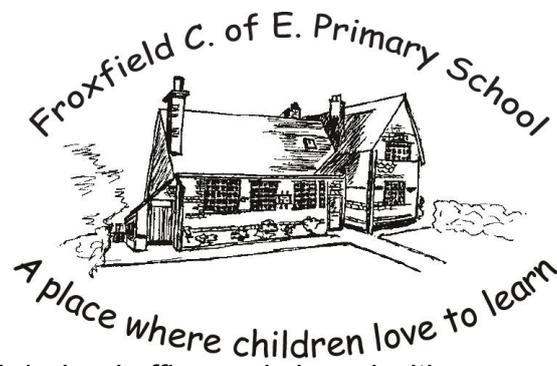
Where staff need specific training in the use of restrictive physical intervention, we arrange that they should receive Team Teach training, through Hampshire County Council. We ensure that staff have access to appropriate refresher training. Further, we actively work to ensure general training is accessed by our staff in the following areas:

- relating to legal issues policy and risk assessment
- in addition to behaviour management strategies such as positive
- approaches to behaviour management
- de-escalation techniques and managing

A record of such training is kept and monitored.

## **7 Recording and reporting**

We record any use of restrictive physical intervention using the record sheet in the Hampshire *Planning and recording physical interventions in schools* booklet. We do this as soon as possible after an event, ideally within 24 hours. According to the nature of the incident, we may also note it in other records, such as the accident book, violent incident records or child tracking sheets which



are also kept in headteacher's/school office and shared with appropriate Children's Services Department, e.g. Health and Safety. 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 parents, in person or by phone. A copy of the record form is also 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 Head Teachers, Staff and Governing Bodies* (2018) and Section 45 of the *Violent Crime Reduction Act 2006*.

## **8 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 we can, we record how the child felt about this<sup>1</sup>. 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.

## **9 Monitoring**

We monitor the use of restrictive physical intervention in our school. The Head teacher is 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

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<sup>1</sup> We use the guidance in the Hampshire document *Planning and recording physical intervention in schools* (updated 2015) – we support the child to help them record their views.



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 (or chair of governors in the case of allegation against head teacher) is immediately 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.

Review Cycle:-	Bi-annually	Date of Next Review:-	Summer 2020
Approver:-	Signed:-	Approver:-	Signed:-
Chair of H&S	Date:-	Head Teacher	Date:-