

Beaucroft School



Physical and Restrictive Interventions Policy

Issue Date: April 2023
Date Adopted: 27/04/2023
Signed By: J Kenciman

Physical and Restrictive Interventions Policy

Introduction

At Beaucroft School we believe that every child and young person has a right to be treated with respect and dignity, deserves to have their needs recognised and be given the right support. WE understand that the students at our school are particularly vulnerable and that no physical or restrictive intervention should be carried out without very careful consideration.

Parents need to know:

- that their children are safe at school
- that staff will use physical touch appropriately (in line with this policy)
- be properly informed if their child is the subject of a restrictive intervention (including the nature of the intervention); and
- know why a restrictive intervention has been used.

The policy should be read in conjunction with:

- Behaviour Policy
- Staff code of conduct
- Child Protection Policy
- Intimate Care Policy

This policy is designed to reduce the incidents of, and the risks associated with physical and restrictive interventions – and to eliminate unnecessary and inappropriate use of restraint.

This policy is based on principles set out in, and is prepared to supplement, Government guidance:

DfE Guidance on Use of Reasonable Force July 2013

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

DfE and DHSC Reducing the need for restraint and restrictive intervention, July 2019

<https://www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention>

DfE Keeping children safe in Education, September 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf

DfE Mental Health and behaviour in schools November 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf

DfE Behaviour and Discipline in Schools. Advice for head teachers and school staff, January 2016

<https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>

The use of restrictive intervention will only be needed for a very small minority of students. We know that the use of restraint and restrictive interventions are traumatising and this is particularly

so for children, who are both developing physically and emotionally. We know that the use of restraint and restrictive interventions can be traumatic – and have long-term consequences on the health and wellbeing of students. It can also have a negative impact on staff who carry out such interventions.

Students with learning difficulties, autistic spectrum conditions and/or mental health difficulties may react to distressing or confusing situations by displaying behaviours which may be harmful to themselves and others and are at a heightened risk of restrictive interventions. Wherever possible, restrictive interventions should be avoided and proactive, preventative, non-restrictive approaches adopted.

Whenever considering restrictive interventions, the key question for everyone involved with children and young people whose behaviour is difficult or dangerous should be:

“What is in the best interest of the students and/or those around them in view of the risks presented?”

Definitions

The term **physical intervention** is used to describe contact between staff and a student (or students) where no force is involved (e.g. comfort, affirmation, facilitation).

The term **restrictive intervention** and **restraint** are used interchangeably in this policy to refer to:

- planned or reactive acts that restrict an individual’s movement, liberty and/or freedom to act independently; and
- the sub-categories of restrictive intervention using force or restricting liberty of movement or threatening to do so).

In this policy restrictive interventions and restraint can include, depending on the circumstances:

- Physical restraint: a restrictive intervention involving direct physical contact where the intervener’s intention is to prevent, restrict, or subdue movement of the body, or part of the body of another person. The point at which it becomes restraint is when the student resists the intervention and the adult uses force to maintain control of their movements.
- Restricting a student’s independent actions, including removing auxiliary aids, such as a walking stick, or coercion, including threats involving use of restraint to curtail a student’s independent actions.
- Mechanical restraint: the enforced use of mechanical aids such as belts, cuffs and restraints forcibly to control a student’s individual movement. This includes arm splints and cushioned helmets to prevent self-harm.
- Imposed Withdrawal: removing a student involuntarily from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves.
- Forcible seclusion: supervised confinement and isolation of a student, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of the severely dangerous behaviour which poses a risk of harm to others.

Although it may not be necessary to make physical contact in cases of imposed withdrawal or forcible seclusion, these are still regarded as forms of restrictive intervention.

The term **difficult** used throughout this policy refers to behaviour that a student displays that does not cause harm or injury. Staff may find these behaviours challenging.

The term **dangerous** used throughout this policy refers to behaviours that cause evidenced injury to self or others, damage to property, or committing a criminal offence.

The term **parent** used throughout this policy refers to all those with parental responsibility, including parents and those who care for the students (as defined in section 576 of the Education Act 1996). Where there is a care order on force (within the meaning of section 31 of the Children Act 1989) the local authority has the power to restrict the exercise by the student's parents of their parental responsibility, if the welfare of the student so requires.

Acceptable Forms of Physical Intervention

There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention with students. Used in context and with empathy, touch supports the development of natural interactions with the young people we teach and care for. However, it is crucial that this is appropriate to their professional role and in relation to the student's individual needs.

Occasions where staff may have cause to have physical intervention with a student may include:

- To comfort a student in distress
- For affirmation/praise
- To gently guide a student e.g. during transitions between activities
- To guide and escort students as part of a de-escalation strategy e.g. to direct a student away from a developing situation in order to prevent greater harm being caused. This will not be considered restrictive if the adult uses Step On strategies which allow for the student to move away from the adult/s freely if desired. In rare situations, a more secure hold (e.g. a figure of four elbow tuck) might be used to escort a student briefly, providing the student is not resisting and that it is an agreed and documented intervention in the student's Behaviour Support Plan.
- To aid communication e.g. to greet someone (shaking hands); to support early communication e.g. sensitively directing / guiding / supporting students in an educational task.
- To support learning e.g. to assist, prompt and enable interactions with peers and staff. To support engagement with resources and classroom activities.
- To develop play e.g. many play activities naturally involve touch. People of any age who are at an early stage of development are likely to be tactile and physical.
- For therapy e.g. occupational therapy, sensory programmes or activities, physiotherapy...
- To support students who have physical difficulties e.g. transfers in and out of wheelchairs, to guide people between places, rooms or activities.
- For curricular reasons (for example in PE activities or during approaches such as Intensive Interaction).
- For First Aid or medical treatment.
- While attending to personal care (see Intimate Care Policy).

Not all students feel comfortable with certain types of physical contact; this should be recognised and, wherever possible, adults should seek the student's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed.

Staff should acknowledge that some students 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 student's reaction or feelings and, so far as possible, use a level of contact and/or form of communication which is acceptable to the student.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with a student, in one set of circumstances, may be inappropriate in another, or with a different student. In all situations where physical contact between staff and children takes place, staff must consider the following:

- The student's age and level of understanding
- The student'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)
- The purpose of the physical contact

Adults should not encourage students to sit on their laps and if a student initiates this, staff should gently redirect the student to a more appropriate interaction. We understand that some students are at a very early developmental stage and are seeking close contact but sitting on a lap has the potential for an adult to put themselves in a vulnerable position (in terms of bodily areas in contact) and may create intimacy for the student which is more appropriate with a parent/carer. There may, on occasion, be activities in which a closer physical interaction is required (e.g. an interactive song) but this will be a planned activity and will take place with other adults around. If in doubt, teachers should seek guidance from SLT. It is important to establish a consensus regarding appropriate approaches for individual students (through minuted discussions involving parents where necessary), so that a consistent approach is used by all staff in the class team and a student is able to get their needs met in a safe way.

Physical intervention must not become a habit between a member of staff and a student. Physical intervention should always be in the best interest of the student and staff must have an awareness of students who may not have secure primary attachments. Staff must have an awareness of the needs to differentiate physical intervention to ensure that students are able to distinguish and separate the attachment to staff (who are transient adults in their life) from the primary attachment to key adults such as parents and siblings. It is not appropriate for staff to kiss students, therefore.

Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Pressure should never be applied to joints. Physical contact **must not** be made with the student's neck, breast, abdomen, genital area or any other sensitive body areas, unless it is agreed medical or intimate care. Staff should take care that their sensitive body areas are not in contact with students during close work such as Intensive Interaction.

Safer working practice

Staff need to be clear and open about why they are using touch and be able to explain their practice. There must be clarity and transparency in issues of touch. 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 school code of conduct.

Restraint or Restrictive Interventions

Restraint or restrictive interventions may be used when all other strategies have failed, and therefore only as a last resort. All staff should focus on promoting a positive and proactive approach to behaviour and emotional wellbeing, including de-escalation techniques (appropriate to the student), to minimise the likelihood of, and avoid the need to use, restraint.

There will, however, be times when the only realistic response to a situation will be a planned restraint or restrictive intervention.

Before implementing a planned restraint or restrictive intervention it is necessary to undertake a careful risk assessment. This will need to include a record of the student's needs (including their vulnerabilities, learning disabilities, medical conditions and impairments), evidence of the risks to self and others and the extent to which a restrictive intervention would be in the best interests of the students.

If it is necessary to undertake a restrictive intervention, then staff should employ the planned and agreed approaches/techniques as set out in the student's individualised Behaviour Support Plan (referred to as a Risk Reduction Plan in Dorset Steps documentation).

The planned intervention will be based on the following principles:

- The assessment of risk to safeguard the individual or others i.e. restraint will only be used where it is necessary to prevent the risk of serious harm, including injury to the student, or other students, staff or the school community (as opposed to if no intervention or a less restrictive intervention was undertaken).
- An intervention will be in the best interests of the student – balanced against respecting the safety and dignity of all concerned.
- Restraint will never be used to force compliance or with the intention of inflicting pain. Suffering or humiliation.
- If restraint is appropriate then techniques used will be reasonable and proportionate to the specific circumstances and risk of seriousness of harm; they will be applied with the minimum force needed, for no longer than necessary, by appropriately trained staff.
- When planning support and reviewing any type of planning document that references restraint or restrictive interventions (such as risk reduction plans) students, parents / carers and where appropriate (for example, where the parent / carer wants it) advocates should be involved.

In an emergency such as a student running into a road, or a student attacking a member of staff and refusing to stop when asked, then reasonable force may be necessary. This would be an unplanned intervention which:

- Requires professional judgement to be exercised in difficult situations, often required split-second decisions in response to unforeseen events or incidents where trained staff may not be on hand.
- Will include judgements about the capacity of the student at that moment to make themselves safe.

- Requires responses which are reasonable and proportionate and use the minimum force necessary in order to achieve the aim of the decision to restrain.

An unplanned intervention should trigger a discussion with Steps tutors, class team and SLT to look at what support is needed to reduce the risk of future incidents. Parents / carers must be informed of this discussion and any outcomes. Staff should update and/or implement a new Risk Management Plan depending on the circumstance of the unplanned incident.

Staff should not be expected to put themselves in danger and that removing other students and themselves from escalating 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 all students.

The circumstances when reasonable force may be used will need to meet the following criteria:

- To prevent a student from committing a criminal offence (this applies even if they are below the age of criminal responsibility)
- To prevent a student from injuring themselves or others
- To prevent or stop a student from causing serious damage to property (including their own)

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

- Reasonable, proportionate and necessary

Staff should have reasonable grounds for believing that restraint is necessary to justify its use. They should only use restraint where they consider it is necessary to prevent serious harm, including risk of injury to the student or others. Staff should use their professional judgement to decide if restraint is necessary, reasonable and proportionate.

Since students are developing both physically and psychologically this makes them particularly vulnerable to harm. The potentially serious impact of restraint on their development requires that the student's best interests is the paramount consideration when reaching a decision on whether to, and how to, restrain a student. However, this does not mean that a student's best interests automatically take precedence over other considerations such as other people's rights, but they must be given due weight in the decision.

Deprivation of liberty or segregation

Deprivation of liberty is unlawful – unless sanctioned by process of law (Mental Health Act 1983, Mental Capacity Act 2005 – Deprivation of Liberty Safeguards) and / or by way of Mental Capacity Act Code of Practice:

[Mental Capacity Act Code of Practice - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Assessing and Managing Risks

Staff will use the minimum force needed to gain safe outcomes.

Restrictive intervention which have any of the following three effectiveness are wholly inappropriate:

- If there is a negative impact on the process of breathing

- The student feels pain as a direct result of the technique
- The student feels a sense of violation

Clearly the use of a restraint technique that negatively impacts on the student's breathing presents a real risk of causing serious harm.

The following interventions have elevated risks and can result in a sense of violation, pain or restricted breathing and must be avoided:

- Holding a person lying on their chest or back
- The use of clothing or belts to restrict movement
- 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 and must also be avoided:

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

The principles relating to Restrictive Intervention are as follows:

- Restrictive intervention will only be used in circumstances when one or more of the legal criteria for its use are met.
- Restraint or restrictive intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions.
- Staff will take steps in advance to avoid the need for restrictive intervention through dialogue and diversion.
- The student will be warned, at their level of understanding, that restrictive intervention will be used unless they stop the dangerous behaviour.
- Staff will use the minimum force necessary to ensure safe outcomes.
- Staff will only use force when there are good grounds for believing that immediate action is necessary and that it is in the student's best interests for staff to intervene physically.
- Staff will be able to evidence that the intervention used was a reasonable response to the incident.
- Every effort will be made to secure the presence of the other staff, and these staff may act as assistants and /or witnesses.
- As soon as it is safe, the restrictive intervention will be relaxed to allow the student to regain self-control.
- Escalation will be avoided at all costs.
- The age, understanding, and competence of the individual student will always be considered.
- In developing a risk management plan, consideration will be given to approaches appropriate to each student's circumstance.
- Procedures and in place, through the pastoral system of the school, for supporting and debriefing students and staff after every incident of restrictive intervention, and it is essential to safeguard the emotional wellbeing of all involved at these times.

Developing an Individual Risk Management plan

If a student is identified as presenting a risk that restraint or restrictive intervention may be required a risk management plan will be completed. The plan helps the student and staff to avoid situations that escalate through understanding the factors that influence the behaviour and identifying the early warning signs in an effort to manage and reduce risk.

The plan will include:

- 'Roots and Fruits' to explore the link between experiences, feelings and behaviours
- Anxiety mapping to understand the factors that underlie or influence the behaviour as well as triggers for it (e.g. staff, peers, activity, location etc.)
- Analysis of both conscious and subconscious behaviour with solutions and differentiation of environment or teaching and learning.
- An understanding of the wider causes of behaviours – such as those that stem from medical conditions, sensory issues and unmet needs or undiagnosed conditions.
- Recognition of the early warning signs that indicate the poor emotional wellbeing is beginning to emerge.
- Alternatives to restraint, including effective techniques to de-escalate a situation and avoid restrictive interventions.
- Details of the safe implementation of restraint, including how to minimise associated risks, particularly taking into account the growth and development of students.
- Details of a communication plan with the students including those who are non-verbal (including those with speech, language and communication needs).
- Co-produced with parents/carers and the student to ensure their view and experiences are considered.
- A dynamic risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens.
- Explanation of how to record any planned or unplanned interventions.
- How to find the record in school of risk reduction options that have been examined and discounted, as well as those used.
- A clear description stating at which point a restrictive intervention will be used.
- Identification of key staff who know exactly what is expected and how to build positive relationships.
- A system to summon additional support if needed.
- Identification of training needs or unresolved risk factors.

(Staff may also need to take medical advice about the safest way to hold a student with specific medical needs.)

Training and development of staff

Teachers, TAs and staff who work regularly in the classroom receive Dorset Steps 'Step On' training as part of their induction. Where there is identified need (via the Risk Calculator and in consultation with a Steps tutor) for the management of dangerous behaviour, Dorset Steps 'Step Up' training will be given, relevant to the behaviour exhibited.

'Step up' – Restrictive intervention training provides training on elements of restrictive intervention (restraint) and personal safety. This training can only be provided within services where staff have already completed 'Step On' training and are still within certification . **'Step Up' training is only**

delivered where there is an identified need for an individual student who displays dangerous behaviour.

Additional training should be tailored to take account of the needs of the student being taught and/or cared for and the role of the specific tasks that staff will be undertaking.

Recording and Reporting

The use of a restraint or restrictive 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 the bound and numbered book held in the Middle School Office alongside a RPI form. The written record must include:

- The names of the staff and student/s involved.
- The type of restrictive intervention employed.
- The reason for using a restrictive intervention (rather than de-escalation strategies).
- How the incident began and progressed, including details of the student's behaviour, what was said by all those involved, and 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 duration of the whole intervention.
- Whether the student or anyone else experienced injury or distress and, if they did, what action was taken.

Staff should also record the incident in the class Incident Log (so that a 'whole picture' of the student is captured). It may also be necessary to complete an Accident/Injury form if an injury has occurred to anyone involved.

In recording what has happened, staff should be mindful not to over or under-describe but ensure that they write an accurate and non-judgmental account.

All records should be open and transparent and enable consideration to be given to the appropriateness of the use of restraint.

Governing bodies and proprietors must ensure that they comply with their duties under legislation. They must also have regard to this guidance to ensure that the policies, procedures and training in their schools and colleges are always effective and comply with the law.

Complaints

All staff and volunteers should feel able to raise concerns about poor or unsafe practice and potential failures in the school's safeguarding arrangements.

Appropriate whistleblowing procedures, which are suitably reflected in staff training, should be in place for such concerns to be raised with the school's leadership team.

If staff members have a concern about another staff member then this should be referred to the Co-Headteachers. Where there are concerns about either of the Co-Headteachers, this should be referred to the Chair of Governors. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.