



Milverton Community Primary School

Policy adopted: Jan 2013
Policy reviewed: Nov 2016
Date of next review: Nov 2019

Physical Intervention Policy

RATIONALE

At Milverton Community School children 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 children, the use of physical intervention may be needed, and, on such occasions, acceptable forms of intervention are used.

The majority of children behave well and conform to the expectations of our setting. We have responsibility to operate an effective behaviour policy that encompasses preventative strategies for tackling inappropriate behaviour in relation to the whole group of children, and to individuals.

All the staff must be able to manage inappropriate behaviour. They must know what options are open to them. Trained staff need to be able to use physical intervention in the appropriate circumstances. 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 must 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.

DEFINITION OF “RESTRICTIVE PHYSICAL INTERVENTION”

The Law allows for members of staff authorised by the Headteacher to use Restrictive Physical Intervention to prevent a child from doing or continuing to do any of the following:

- injuring themselves or others
- causing damage to property
- engaging in any behaviour which is prejudicial to the maintenance of good order and discipline.

“Restrictive Physical Intervention” is the term used by the DfE to include interventions where bodily contact using force is used. It refers to any instance in which a member of staff authorised by the Headteacher has to, in specific circumstances, use “reasonable force” to control or restrain a child. **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.

WHEN THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS MAY BE APPROPRIATE IN MILVERTON COMMUNITY SCHOOL

Restrictive Physical Interventions will be used when all other strategies have failed, 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 children may become distressed, agitated, and out of control, and need calming with a brief Restrictive Physical Intervention until they feel reassured and are able to calm down.

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 MILVERTON COMMUNITY SCHOOL?

Staff employed by the school are authorised by the Headteacher to have control of children, and **must** be aware of this Policy and its implications **and** the contents of the school Behaviour Policy.

We take the view that staff should not be expected to put themselves in danger, and that removing children and themselves is 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.

PLANNING FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS IN MILVERTON COMMUNITY 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.
- staff will only use it when there are good grounds for believing that immediate action is necessary and in the child's and/or other children's best interests
- staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue and diversion, and the child 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 to prevent severe distress, injury, or damage
- staff will be able to show that the intervention used was in keeping with 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 child 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 the setting

- 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 Individual Education/Behaviour Plans, consideration will be given to approaches appropriate to each child's circumstance
- procedures are in place 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.

ACCEPTABLE FORMS OF INTERVENTION IN MILVERTON COMMUNITY SCHOOL

All forms of corporal punishment are prohibited.

There are occasions when staff will have cause to have physical contact with children for a variety of reasons, for example:

- to comfort a child in distress (so long as this is appropriate to their age);
- to gently direct a child;
- in an emergency to avert danger to the child or children;
- in rare circumstances, when Restrictive Physical Intervention is warranted.

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 location where the contact takes place (i.e. it should take place in private rather than in front of a crowd, if possible, to reduce embarrassment).
- Physical contact is never made as a punishment, or to inflict pain.
- Physical contact will not be made with the participant's 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 child.

DEVELOPING A POSITIVE HANDLING PLAN IN MILVERTON COMMUNITY SCHOOL

If a child is identified for whom it is felt that Restrictive Physical Intervention is likely, then a Positive Handling Plan will be completed (see **Appendix 1**). 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 to ensure staff and others act reasonably, consider the risks, and learn from what happens.
- managing the child, strategies to de-escalate a conflict, and stating at which point a Restrictive Physical Intervention is to be used (**Appendix 2** can be helpful in foreseeing risk and managing intervention)
- 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

A **record** needs to be kept on EEClive of risk reduction options that have been examined and discounted, as well as those used. A record (use the form in **Appendix 3**) will also be kept of any physical intervention cases by those personnel involved in a file known as the “Restrictive Physical Intervention (or RPI) file”. Entries must state the date and time of the incident, which child was involved, a brief summary of the circumstances and action taken, and which adults were involved and any debrief and de-escalation methods used. The RPI file will be kept in the Headteacher’s office.

GUIDANCE AND TRAINING FOR STAFF

Guidance and training are essential in this area. The best possible practice needs to be adopted. In Milverton Community School this is arranged at a number of levels including:

- awareness for governors, staff and parents
- behaviour management guidance for all staff (in the Behaviour Policy)
- specific training on Restrictive Physical Intervention techniques - all staff (Team Teach)

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 dealt with according to Safeguarding and Complaints policies.

Appendix 1

Positive handling plan for assessing and managing foreseeable risks for children who are likely to need Restrictive Physical Intervention

Settings:

Name of Child:

Group:

Staff member(s):

Name of parents/Carers:.....

Name of Support Service Member/s:

<u>Identification of Risk</u>	
Describe the foreseeable risk (ie what specific behaviours have occurred)	
Is the risk potential or actual? (ie has this happened before)	
List who is affected by the risk	
<u>Assessment of Risk</u>	
In which situations does the risk occur?	
How likely it is that the risk will arise? (ie how often has it happened before)	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

Assessment completed by:
.....

Signature: Date:

Team-Teach Positive Handling Plan (PHP)

Name:

Setting:

TRIGGER Behaviours: (Describe common behaviours / situations which are known to have led to Positive Handling being required. When is such behaviour likely to occur?)

TOPOGRAPHY of behaviour: (Describe what the behaviour looks / sounds like?)

PREFERRED Supportive & Intervention Strategies: (Other ways of C.A.L.M.ing such behaviours. Describe strategies that, where and when possible, should be attempted before positive handling techniques are used)

Verbal advice and support	<input type="checkbox"/>	Distraction (Known Key words, objects, etc. Likes)	<input type="checkbox"/>
Reassurance	<input type="checkbox"/>	Take up Time	<input type="checkbox"/>
C.A.L.M talking / stance	<input type="checkbox"/>	Time out (Requires a written plan)	<input type="checkbox"/>
Negotiation	<input type="checkbox"/>	Withdrawal (Requires Staff/Carer Observation)	<input type="checkbox"/>
Choices / Limits /	<input type="checkbox"/>	Cool Off: Directed / Offered (Delete as appropriate) Time allowed out to calm down or cool off	<input type="checkbox"/>
Humour	<input type="checkbox"/>	Contingent Touch	<input type="checkbox"/>
Consequences	<input type="checkbox"/>	Transfer Adult (Help Protocol)	<input type="checkbox"/>
Planned Ignoring	<input type="checkbox"/>	Success Reminder	<input type="checkbox"/>
Others?	<input type="checkbox"/>		

Praise Points / Strengths: (Areas that can be developed and built upon) Please state at least 3 Bridge builders.

- 1.
 - 2.
-

3.

Medical Conditions that should be taken into account before physically intervening.

i.e. Asthma, Brittle bones

Preferred Handling Strategies: (Describe the preferred holds: standing, sitting, ground, stating numbers of staff, what "get outs" that can be used when holding, etc)

De-briefing process following incident: (What is the care to be provided)

Recording and notifications required:

Please print:

Please sign:

Establishment:

Name:

Placing Authority:

Name:

Parents/Guardians:

Name:

Name:

Signature:

Date:

Review Date:

Other Factors to Consider:

- Key behaviour difficulties
- Our understanding of the behaviour
- What we want to see instead
- Environmental Changes that might help
- Monitoring progress
- How the individual can help
- How Parents or Carers can help
- Rewarding progress

Milverton C.P. School
Physical Intervention Debrief Form (staff)

Appendix 3

Staff Involved: 1st 2nd

Events Leading up to Physical Intervention:

Details of Physical Intervention:

Planning for Future: (Any changes in Positive Handling Plan?)

Details of injuries to staff:

Incident dateIncident time

1st Staff Signature

2nd Staff signature

Headteachers Signature