Howbridge Infant School

Restrictive Physical Intervention Policy

Ratified by the governing body: February 2025

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ESSEX STEPS

RESTRICTIVE PHYSICAL INTERVENTION IN SCHOOL

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Restrictive Physical Intervention in School

Howbridge Infant School

CONTEXT

Essex schools and educational establishments are encouraged to use this framework, and to adapt it to their own situation.

It is advised that all schools should be familiar with the *Department for Education 'Use of reasonable force. Advice for headteachers, staff and governing bodies July 2013'* when considering their own policy on the use of restrictive physical intervention.

Any Policy is best placed within the Behaviour and Relationships Policy; it will be part of a graded response, and needs to be agreed in consultation with staff, governors, parents/carers, and pupils. It also connects to, and should be consistent with, policies on Health and Safety, Child Protection /Safeguarding, Equal Opportunities, and Relationships and Behaviour.

1. **INTRODUCTION**

Aims

- To create a learning environment in which young people and adults feel safe;
- To protect every person in the school community from harm;
- To protect all pupils against any form of physical intervention that is unnecessary, inappropriate, excessive or harmful.
- To put in place guidance for staff so that they are clear about the circumstances in which they might use reasonable force to restrain pupils and how such reasonable force might be applied.

In Howbridge Infant 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 physical intervention be needed. On such occasions, acceptable forms of intervention are used.

Some examples of situations where reasonable force might be used are:

• to prevent a pupil from attacking a member of staff, or another pupil, or to stop a fight between two or more pupils;
• to prevent a pupil causing deliberate damage to property;
• to prevent a pupil causing injury or damage by accident, by rough play, or by misuse of dangerous materials or object;
• to ensure that a pupil leaves a classroom where the pupil persistently refuses to follow an instruction to do so;

• to prevent a pupil behaving in a way that seriously disrupts a lesson; or
• to prevent a pupil behaving in a way that seriously disrupts a school sporting event or school visit.

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

All school staff need to feel that they are able to manage inappropriate behaviour, and to have an understanding of what challenging 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 Restrictive Physical Intervention, including the nature of the intervention, and the rationale for its use.

2. DEFINITION OF "RESTRICTIVE PHYSICAL INTERVENTION"

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

- To prevent a child from committing a criminal offence *(this applies even if the child is 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 the child's own property)*
- To stop the child from engaging in any behaviour which is prejudicial to the maintenance of good order and discipline at the school.
  (Section 93 of the Education and Inspections Act 2006)

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 physical force also includes the use of mechanical devices (e.g. splints on the pupil prescribed by medical colleagues to prevent self-injury), 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.

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Seclusion is an approach to restrictive physical intervention which may only be deemed acceptable in emergency situations, for example, a student wielding a knife, and cannot be part of a planned approach to dealing challenging behaviour.

3. WHEN THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS MAY BE APPROPRIATE IN HOWBRIDGE INFANT SCHOOL

Restrictive Physical Interventions will be used when all other strategies have been considered, 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 pupils 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 pupils are important considerations. Under certain conditions this duty must be an overriding factor.

WHO MAY USE RESTRICTIVE PHYSICAL INTERVENTION IN HOWBRIDGE INFANT SCHOOL

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

The Headteacher should consider whether members of staff require any additional training to enable them to carry out their responsibilities and should consider the needs of the pupils in doing so.

4. PLANNING FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS IN HOWBRIDGE INFANT 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. It is never used to force compliance with staff instructions.

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- 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 it when there are good grounds for believing that immediate action is necessary and that it is in the pupil's and/or other pupil's best interests for staff to intervene physically.

- Staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue, de-escalation and diversion. The pupil 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 for the minimum amount of time.

- Staff will be able to show that the planned intervention will be a reasonable response to an 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 use of it repeatedly as a regular planned intervention with a specific pupil..

- 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 pupil will always be taken into account.

- In developing Individual Child Risk Management Plans/Behaviour Plans, consideration will be given to approaches appropriate to each pupil's circumstance following an audit of their behavioural needs.

- Procedures are in place, through the pastoral system of the school, 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.

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5. ACCEPTABLE FORMS OF INTERVENTION IN HOWBRIDGE INFANT SCHOOL

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

  - to comfort a pupil in distress (so long as this is appropriate to their age);
  - to gently direct a pupil;
  - for curricular reasons (for example in PE, Drama etc);
  - in an emergency to avert danger to the pupil/pupils or staff;
  - in rare circumstances, when Restrictive Physical Intervention is warranted;
  - to praise a pupil

- In all situations where physical contact between staff and pupils takes place, staff must consider the following:

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

Physical contact is never used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the participants 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 pupil. [Should a pupil appear to enjoy physical contact this must not be sought via Restrictive Physical Intervention]

6. DEVELOPING AN INDIVIDUAL CHILD RISK MANAGEMENT PLAN IN HOWBRIDGE INFANT SCHOOL

If a pupil is identified for whom it is felt that Restrictive Physical Intervention is likely, then An Individual Child Risk Management Plan will be completed. This Plan will help the pupil 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 pupils 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.
- A **record** to be kept in school of risk reduction options that have been examined and discounted, as well as those used, and shared with staff.
- 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.

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- Identifying key staff who know exactly what is expected. It is best that these staff are well known to the pupil.
- Ensuring a system to summon additional support.
- Identifying training needs.
- *A school may also need to take medical advice about the safest way to hold a child with specific medical needs.*

Please refer to the Appendices for an Individual Child Risk Management Plan Pro-forma and Audit of Need.

7. GUIDANCE AND TRAINING FOR STAFF

Guidance and training is essential in this area. We need to adopt the best possible practice. In Howbridge Infant School this 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

Training in practical techniques of physical intervention is required for staff where there is a significant likelihood of them needing to intervene physically due to the nature of the pupil (or pupils) that they are working with. Where there is an identified need for such training, staff will be trained by an approved instructor. Audited need forms the basis for the training which should be specific to each setting.

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. A plan would then need to be formulated in order to address this potential need for recurring restrictive physical intervention specific to the needs of the child.

8. 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 Child Protection and Safeguarding policies.

The following guidance on complaints following a restrictive physical intervention is from the section within the DfE 2013 document.

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What happens if a pupil complains when force is used on them?

- All complaints about the use of force should be thoroughly, speedily and appropriately investigated.
- Where a member of staff has acted within the law – that is, they have used reasonable force in order to prevent injury, damage to property or disorder – this will provide a defence to any criminal prosecution or other civil or public law action.
- When a complaint is made the onus is on the person making the complaint to prove that his/her allegations are true – it is not for the member of staff to show that he/she has acted reasonably.
- Suspension must not be an automatic response when a member of staff has been accused of using excessive force. Schools should refer to the "Dealing with Allegations of Abuse against Teachers and Other Staff" guidance (see the 'Further sources of information' section below) where an allegation of using excessive force is made against a teacher. This guidance makes clear that a person must not be suspended automatically, or without careful thought.
- Schools must consider carefully whether the circumstances of the case warrant a person being suspended until the allegation is resolved or whether alternative arrangements are more appropriate.
- If a decision is taken to suspend a member of staff, the school should ensure that the member of staff has access to a named contact who can provide support.
- Governing bodies should always consider whether a member of staff has acted within the law when reaching a decision on whether or not to take disciplinary action against the member of staff.
- As employers, schools and local authorities have a duty of care towards their employees. It is important that schools provide appropriate pastoral care to any member of staff who is subject to a formal allegation following a use of force incident.

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Statement on the use of Physical Interventions

- There are occasions when staff will have cause to have physical contact with pupils for a variety of reasons, for example:
  - to comfort a pupil in distress (so long as this is appropriate to their age);
  - to gently direct a pupil;
  - for curricular reasons (for example in PE, Drama etc);
  - in an emergency to avert danger to the pupil or pupils;
- In all situations where physical contact between staff and pupils takes place, staff must consider the following:
  - the pupil's age and level of understanding;
  - the pupil's individual characteristics and history;
  - the location where the contact takes place (it should not take place in private without others present).

Within Howbridge Infant School this means that as a member of staff may physically guide, touch or prompt children in appropriate ways at appropriate times. It is extremely important that you have read and understood all relevant policy to appreciate the reasons why we may choose to use physical intervention or restrictive physical intervention with children and the appropriate ways in which we do so.

Why Do We Use Touch?

We may choose to use a physical intervention with children for a variety of reasons, but in general terms we would normally do so for either comfort reward or guidance.

How Do We Use Touch?

Hugging

At Howbridge Infant School, we encourage staff that are using touch for comfort or reward to use a 'school hug'. This is a sideways on hug, with the adult putting their hands on the child's shoulders. This discourages 'front on' cuddling and the adult's hands on the shoulders limits the ability of the child to turn themselves into you.

Hugging can be used either standing or seated

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Hand-Holding

We recognise that children sometimes enjoy being able to hold hands with adults around them. This is perfectly acceptable when the hand holding is compliant. However, if the handholding is being used by an adult as a method of control to move children, this can become a restraint. Therefore, we encourage the use of the 'offering an arm'. This is done by the adult holding their arm out, and the child is encouraged to wrap their hand around the adult's lower arm. The adult's other hand can then be placed over the child's for a little extra security if it is required.

In summary, it is generally deemed appropriate to touch others on the upper arm and shoulders.

Lap-Sitting

At our school we actively discourage lap-sitting. Children should be taught to seek comfort/attention through other means, explored within Steps training. If a child attempts to sit on your lap, explain and ask them to sit next to you if it is appropriate.

At times, children may in such crisis or distress that they hold you in a way which is not described as above (e.g. 'front on' hug/lap sitting). If this should happen please
ensure that you have informed a senior member of staff. You will be asked to make a note of this, this will be in order to record and monitor the amount of times the student is seeking this support from staff and to analyse the child's unmet need.

Please note that although we have a touch policy and believe that contingent touch can be a positive experience for the children that we care for, this does not mean that you have to use physical interventions with children.

It should also be realised that some children will not want to be touched. Please respect this.

Staff have a 'Duty of Care' towards the children in their care. Therefore if a student is likely to be at risk from harm if you do not physically intervene in an emergency situation, you must take action. The action you take will be dependent on the dynamic risk assessment that you make at that moment in time.

We also have within our behaviour policy, a section on restrictive intervention in line with Essex Steps training.

Parents/carers will be made aware of this statement when their child is admitted to this school.

If you have any questions or would like a further discussion regarding this policy, please speak to your line manager at the earliest available opportunity.

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Appendix 1. Individual Child Risk Management Plan

Name	DOB	Date	Review Date

Photo	Potential Triggers & Reduction Measures (eg Being shouted at)

What we want to see	Strategies to maintain
First signs that things are not going well	Strategies to support
Where this behaviour leads next	Strategies needed
What we are trying to avoid	Interventions necessary

Signature of Plan Co-ordinator…… Date …….

Signature of Parent / Carer…… Date ……

Signature of Young Person……Date…….

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Appendix 2 Risk Assessment Calculator

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					

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

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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 strategies listed on next page*

Name DOB
Position in Circles (Step On)
Physical characteristics (age, height, weight, physical differences, visual or hearing impaired etc)
Risk Factors (medical or emotional conditions, substance misuse, communication differences etc)
Environmental Risk Assessment (where will the student potentially be held, is there risk assessed furniture, floor coverings?)
Staff Matching (are the certain staff who should be present or should not attempt to physically intervene)
Training Needs
Roots and Fruits
Consequences / Limits to freedom (are there restrictions to freedom necessary due to the above)
Individual Risk Management Plan
Unresolved Risk Factors (issues for management)

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Appendix 3 **Audited Need Student Specific**

Name	DOB
Context (what is happening? times, place, people, activities)	
Justification (what HARM will be prevented?)	
Last resort (why would nothing else other than RPI have worked?)	
De-escalation options in/out	
Student shape (penguin, elbow tuck, shield / standing, seated on chairs seated on the floor)	
Adult shape (standing, seated on chairs, seated on the floor, hips in head away etc.)	
Destination shape (named technique)	
Transition (describe the messy bits)	
Social validity (how does it look and feel?)	
What makes it safe?	
What makes it effective?	
Unresolved Risk Factors (issues for management)	

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Appendix 4 **Audited Need Intervention Specific**

Appendix 5 **Record of Restrictive Physical Intervention**

Student Name:	Location of Incident
D.O.B.	Time and Date of Incident:
Reporting Member of Staff:	

Justification for physical intervention (tick all that apply):		**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.)**
To prevent harm to self	☐	
To prevent harm to other children	☐	
To prevent harm to adults	☐	
To prevent damage to property	☐	
To prevent loss of learning (see plan)	☐	

Physical Management Log Complete Y/N	
Accident Book Complete Y/N	
Medical Treatment / Injuries Y/N	
Damage to Property Y/N	

Name(s) of additional staff witness:	**Name(s) of additional student witness:**

Triggers:
Additional factors:

Unmanaged Harm/ Details of damage to property including costs and details of harm to people including medical intervention:

Management:		Comments:
Reparation	☐	
Consequences (imposed limits to freedom)	☐	
Police involvement	☐	

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Internal Exclusion / FTEX / PEX	☐	
Student response form completed	☐	
Student requested further meeting	☐	
Review and update of Harm Reduction Plan	☐	

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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		Step away	
Humour		Clear instruction / warning	
Negotiation		Use of physical location and presence	
Offering choices and options		Diversion	

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

Time	Technique	Shape	Staff Initials
Duration of restraint:		**Duration of incident:**	

Student response form completed by:	
Incident reported to:	
Parents / Carer informed by:	@
Diary completed by:	@
Student wellbeing verified by:	@
Staff wellbeing verified by:	@
Incident form completed by:	@
Date report completed:	

Verification of account of incident:		
Staff name	Staff signature	Date

Reporting staff name: _____ Date: _____

Signature: _____

Incident form coordinator/SMT check name: _____

Signature: _____ Date: _____

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Appendix 6 Record of Harm

Record of Harm					
Name:					
Date:		Time:		Activity:	
Harm caused:					
Physical Harm / Injury		Emotional Harm / Injury		Disruption / loss of learning	
To self		To self		No. of children	
To others (staff / peers)		To others (staff / peers)		No. of minutes	
To property					
Description of harm caused		Potential		Actual	
Behaviour**:**					
Staff present.					

Appendix 7 **Staff Training**

Staff Training Issues		
Identified training needs	Training provided to meet needs	Date training completed

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Appendix 8 **Evaluation of Planning**

Evaluation of Individual Child Risk Management Plan and School Risk Management Strategy		
Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		
ACTIONS FOR THE FUTURE		

Plans and strategies evaluated by: **Title:**

…… ……

Date:

……