



RESTRICTIVE PHYSICAL INTERVENTION (RPI) POLICY

(Adapted from Hertfordshire County Council's Model Policy – Restrictive Physical Intervention in School May, 2017 Issue No.2)

INTRODUCTION

At Greenside school we believe that learners 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 learners will the use of restrictive physical intervention be needed. On such occasions, only acceptable forms of intervention are used.

The majority of learners behave well and conform to the expectations of our school. We have a responsibility to operate an effective behaviour policy that encompasses preventative strategies for managing difficult and dangerous behaviour in relation to the whole school, each class, and individual learners.

All school staff need to feel that they are able to manage behaviour, and to have an understanding of what difficult or dangerous 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.

This policy should be read in conjunction with the school's: Touch and Physical Contact policy (see below) Intimate Care policy; Safeguarding policy; Child Protection policy; Health & Safety policy; Moving and handling policy.

ACCEPTABLE FORMS OF PHYSICAL INTERVENTION AT GREENSIDE SCHOOL

"Physical intervention" (PI) is the term used to describe contact between staff and learners where no force is involved. There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention (PI) with children, however, it is crucial that they only do so in ways appropriate to their professional role and in relation to the pupil's individual needs. There are occasions when staff may have cause to have physical intervention (PI) with learners:

- To comfort a pupil in distress (so long as this is appropriate to their age/level of development)
- To gently direct a pupil
- For curricular reasons (for example in PE, Drama etc.)
- When giving first aid and medical treatment
- In an emergency to avert danger to a pupil or learners

- In rare circumstances, when Restrictive Physical Intervention is warranted (See Below)

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

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

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

- The pupil's age and level of understanding
- The pupil's individual characteristics and history
- The duration of contact
- The location where the contact takes place.

TOUCH AND PHYSICAL CONTACT

Greenside has a Touch / Physical Contact policy, which is based on the Intensive Interaction model policy (developed by Dave Hewitt).

At Greenside touch and physical contact is regarded as essential in order to provide sensitive, high quality care and educational provision.

Used in context and with empathy, touch supports the development of natural interactions with the young people we teach and care for.

Touch and physical contact at Greenside may be used for:

Communication: Placing a hand on someone's shoulder when speaking to them, Greeting someone (shaking hands). Supporting early communication (e.g. sensitively directing, guiding, supporting children in an educational task)

Learning: To assist, prompt and enable interactions with peers and staff. To support engagement with resources and classroom activities. Dance PE; Climbing; Using the trampoline; Intensive interaction; Sensory Integration.

Transitions: Offering a hand to guide, prompt a learner during changes between activities.

Play: Many aspects of play activities naturally involve touch.

Therapy: Massage, Sensory stimulation, Physiotherapy, Rebound therapy, Drama therapy; Intensive Interaction

Emotional reasons: To communicate affection and warmth. To give reassurance. Reduce risk of harm. Protect children and young people from danger by physically intervening

Intimate care: To give medical and nursing care. Support a learner to access the toilet. To ensure that each learner feels clean and fresh. Assist learners after they

have used the toilet to ensure that their bottom is clean. Assist learners manage their menstruation

Safer working practice

The school's Touch and physical contact policy provides guidelines for staff, a summary of which is:

- 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.
- Wherever possible, a description and rationale for physical contact and the details of it should be documented.
- The use of touch should be discussed openly and regularly between staff. People of any age can want and need physical support and touch.
- Staff may be concerned about the issue of age-appropriateness. However, the developmental age and emotional and communication needs of the individual are more important than actual age.
- Gender and cultural factors have relevance in issues of touch,
- The emotional and communication needs of the individual are due equal consideration.
- As far as possible, the young person involved should consent to any touch given and staff should be sensitive to any verbal and non-verbal communication they give that might indicate that they don't want to be touched. It should always be considered by staff that for touch to provide positive experiences it should be consensual.
- Staff should be sensitive to any changes in the young person's behaviour (e.g. overexcitement or negative reactions) that might indicate the need to reduce or withdraw touch; particularly during play or intensive interaction. Significant changes in behaviour should be clearly recorded (using CPOMS).
- Learners should be given opportunities to touch each other while
- interacting and playing, as would happen naturally for any learner.
- Staff must be aware of potential hazards in respect of sexual issues:
- Staff must be sensitive to the danger of touch being misunderstood and triggering sexual arousal and must be alert to all feedback signals from the person they are working with.
- Learners may occasionally inadvertently touch intimate parts of a member of staff's body when there is no sexual intent or understanding. The member of staff should withdraw without giving significant negative feedback in this situation and the incident should be recorded.
- It is *never* appropriate for staff to touch a young person's intimate body areas except as part of intimate or medical care.
- It is not appropriate for staff to kiss learners.
- If staff are in any doubt about issues concerning appropriate touch or observe any practice that causes concern they should discuss this with the Lead Person for Child Protection.

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 staff handbook/ school

code of conduct / staff behaviour policy and Safer Recruitment Consortium Document **Guidance for safer working practice for those working with children and young people in education settings (September 2015)**
http://www.thegrid.org.uk/info/welfare/child_protection/allegations/safe.shtml

DEFINITION OF “RESTRICTIVE PHYSICAL INTERVENTION”

“Restrictive Physical Intervention” (RPI) is the term used to describe interventions where the use of force to control a person’s behaviour is employed using bodily contact. It refers to any instance in which a teacher or other adult authorised by the Headteacher has a duty to use “reasonable force” to control or restrain learners in circumstances that meet the following legally defined criteria:

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

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

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

- Reasonable, proportionate and necessary
- In the best interest of the young person

This document takes into account DfE Guidance on Use of Reasonable Force July 2013 <https://www.gov.uk/government/publications/use-of-reasonable-force-inschools>

In order to maintain the safety of all learners, many parts of the school site have controlled access (e.g. use of high handles; electronic and mechanical locks. The Head is responsible for providing an explanation, based on a risk assessment for each access control. This is reviewed at least every term by the Leadership Team (LT). This document is shared with governors.

WHEN THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS MAY BE APPROPRIATE

Restrictive Physical Interventions may be used when all other strategies have been considered and therefore only as a last resort. All staff should focus on de-escalation

and preventative strategies rather than focusing solely on reactive strategies. However, there are other situations when restrictive physical intervention may be necessary, for example in a situation of clear danger or extreme urgency. Certain learners 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 learners are important considerations. Under certain conditions this duty must be an over-riding factor.

WHO MAY USE RESTRICTIVE PHYSICAL INTERVENTION

The following staff (as well as the teachers employed at the school) are authorised by the Headteacher to have control of learners, and must be aware of this policy and its implications. However, non-inclusion on this list does not mean that an adult is necessarily barred from using physical intervention. If the Head has lawfully placed an adult in charge of learners, 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 learners 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 learners.

Names of Authorised staff

Greenside school has a named person to lead and co-ordinate Herts Steps policy, practice and support. This person maintains a database of the level of all staff training.

PLANNING FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS

Staff will use the minimum force needed to restore safety and appropriate behaviour. When considering the use of Restrictive Physical Intervention there are only 3 components that can be judged as wrong.

- If there is a negative impact on the process of breathing
- The pupil feels pain as a direct result of the technique
- The pupil feels a sense of violation

Elevated risks

The following can result in a sense of violation, pain or restricted breathing

- The use of clothing or belts to restrict movement
- Holding a person lying on their chest or back
- 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:

- Forcing a pupil up or down stairs
- Dragging a pupil from a confined space

- Lifting and carrying
- Seclusion, where a person is forced to spend time alone against their will (requires a court order except in an emergency)

The principles relating to Restrictive Physical 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
- 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 force when there are good grounds for believing that immediate action is necessary and that it is in the pupil's and/or other learners' best interests for staff to intervene physically
- Staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue and diversion. The pupil will be warned, at their level of understanding, that Restrictive Physical Intervention will be used unless they cease the dangerous behaviour
- Staff will use the minimum force necessary to ensure safe outcomes
- Staff will be able to show that the intervention used was a reasonable response to 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 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 using of it repeatedly as a regular feature of school policy
- 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 an Individual Risk Management plan consideration will be given to approaches appropriate to each pupil's circumstance
- Procedures are in place, through the pastoral system of the school, for supporting and debriefing staff. A debrief team ensure that support is readily available to support colleagues (if they want to and at the time of their choosing).

DEVELOPING A RISK REDUCTION PLAN

If a pupil is identified for whom it is felt that Restrictive Physical Intervention may be a likely result, then a Risk Reduction 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 learners 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 (*Annex – Roots and fruits*)
- Techniques for managing the pupil's behaviour i.e. strategies to de-escalate a conflict, and stating at which point a RPI may be used
- 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

GUIDANCE AND TRAINING FOR STAFF

Guidance and training are essential in this area. We need to adopt the best possible practice at Greenside School and recognise that it is essential that it 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

Recording and reporting

The use of a Restrictive Physical 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 a book with numbered pages. The written record should indicate:

- The names of the staff and learners involved
- The reason for using a Restrictive Physical Intervention (rather than another strategy)
- The type of Restrictive Physical Intervention employed
- How the incident began and progressed, including details of the pupil's behaviour, what was said by each of the parties, 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 the duration of the intervention
- Whether the pupil or anyone else experienced injury or distress and, if they did, what action was taken

Training in practical techniques of Restrictive Physical Intervention may be required for staff where there is a significant likelihood of them needing to intervene physically due to the nature of the pupil (or learners) that they are working with. Where there is an identified need for such training, staff will be trained by an accredited Hertfordshire Steps trainer.

(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).

COMPLAINTS

It is intended that by adopting this policy and keeping parents and governors informed we can avoid or minimise the likelihood of any complaints being made. 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.

REVIEW of POLICY

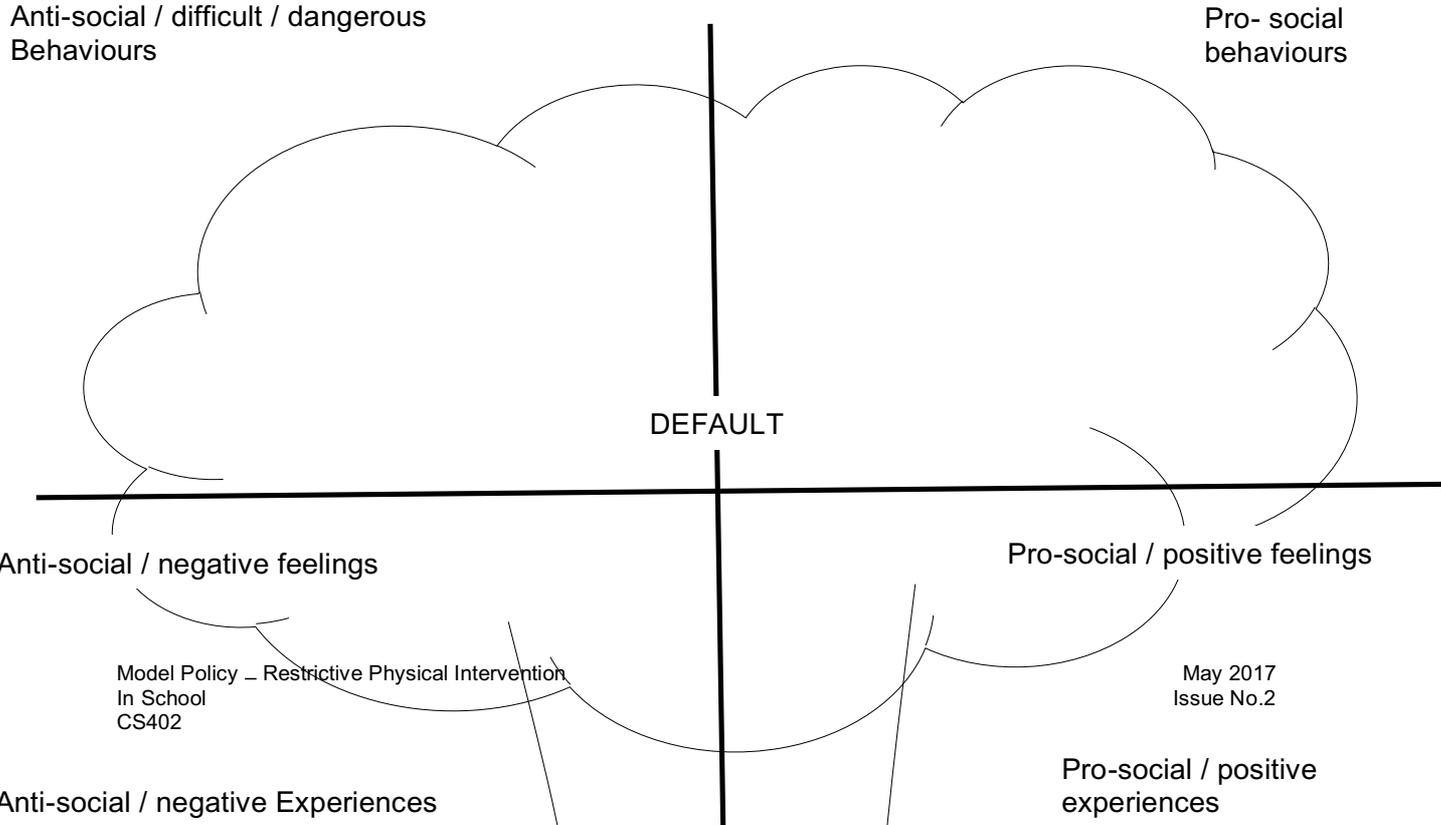
The RPI policy is based on the model policy provided by Hertfordshire County Council. The school RPI policy is updated and amended to ensure that includes changes as and when they are made by the LA.

The school RPI policy is reviewed every 2 years. This process is led by the Herts Steps co-ordinator.

ANNEX. 1. Analysis tool to explore behaviours, feelings and experiences

Roots and Fruits

Name	
Supporting Staff	
Date	
Review Date	



ANNEX. 2 Audited Need for identifying Restrictive Physical Intervention or Restraint needs

Name	DOB	Age
How well equipped is the school/setting to manage the inclusion of this pupil (position in circles)?		
Is the pupil's 'Roots and Fruits' updated?		
Experiences effecting the pupil		
Feelings effecting the pupil		
Physical characteristics (height, weight, physical differences)		
Additional risk factors (medical or emotional diagnosis or needs, substance misuse etc.)		
Communication differences (visual or hearing impairment, adaptive communication)		
Is the learners 'Individual Risk Re-education Plan' updated?		
Context or Triggers (high risk times, places, people, activities etc.)		
De-escalation options to use (unusual strategies that are effective)		
De-escalation options to avoid (common strategies that have proved ineffective)		
Principle of 'last resort' why may de-escalation be ineffective (triggers are hidden, difficulty in communicating)		
Staff matching (who is best to de-escalate, who is safest for involvement with RPI)?		

Training needs (does anybody require additional training in de-escalation, RPI, Communication)?
JUSTIFICATION (what harm will be prevented at what level)?
Environmental Risk Assessment (necessary changes chairs etc., limited access)
Student Shape (standing, seated on chairs, seated on the floor)
Adult shape (standing, kneeling, seated in chairs)
Destination technique (elbow tuck lone worker, elbow tuck figure 4, shield etc.)
Transitions (describe the 'messy' bits, taking hold, letting go etc.)
What makes it safe (reminders of detail)?
What makes it effective (reminders of detail)?
Social validity (how will it feel for the child, how will it look to others)?
Protective consequences (limits to freedom to CONTROL risk of harm)
Educational consequences (how are we going to TEACH internal discipline)

Unresolved risk factors (issues for management)

ANNEX. 3.**Risk reduction plan**

For assessing and managing foreseeable risks for learners who are likely to need Restrictive Physical Intervention

Risk Assessment Calculator

Name	
DOB	
Date of Assessment	

Harm/Behaviour	Opinion Evidenced	Conscious Sub-conscious	Seriousness Of Harm A	Probability Of Harm B	Severity Risk Score
	O/E	C/S	1/2/3/4	1/2/3/4	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	
1	Foreseeable outcome is upset or disruption
2	Foreseeable outcome is harm requiring first aid, distress or minor damage
3	Foreseeable outcome is hospitalisation, significant distress, extensive damage
4	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage
Probability	

1	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain
2	The risk of harm has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
3	The risk of harm is more likely than not to occur again
4	The risk of harm is persistent and constant

Risks which score 6 or more (probability x seriousness) should have strategies listed on next page

Individual Risk Management Plan

Name	DOB	Date	Review Date
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Photo	Risk reduction measures and differentiated measures (to respond to triggers)
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Pro social / positive behaviour	Strategies to respond
Anxiety / DIFFICULT behaviours	Strategies to respond
Crisis / DANGEROUS behaviours	Strategies to respond

Post incident recovery and debrief measures

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

Signature of Parent / Carer..... Date

Signature of Young Person.....Date.....



Restrictive Physical Intervention Record

Student Name		Location of Incident	
Age		Time & Date of Incident	
Details of Incident (include staff/student witnesses, - general picture of day, potential triggers before incident, what did it look like when it started to go wrong)			
Details of de-escalation techniques used i.e. methods used to try to calm the incident down			
Verbal Support e.g. calm talking, distraction, reassurance, humour, offering choices & clear instruction			
Other e.g. De-escalation stance, diversion, removal of other students or equipment, swapping adult			
Injuries to student and/or others (include any medical treatment given)		Y/N	
Details of restrictive physical interventions (RPI) used			
Duration of RPI	Technique e.g. Elbow tuck figure of 4 (see front page for examples)	Staff Names	
Reasons for RPI (tick all that apply)		Details of potential Harm that RPI prevented e.g. restraint used to prevent harm to self	
Harm can be physical and/or emotional			
	<input checked="" type="checkbox"/>		
To prevent harm to self	<input type="checkbox"/>		
To prevent harm to other children	<input type="checkbox"/>		
To prevent harm to adults	<input type="checkbox"/>		
To prevent harm to property	<input type="checkbox"/>		
To prevent harm persistent loss of learning	<input type="checkbox"/>		
Post Incident comments e.g. was RPI effective, how was it in the best interests of the student, creation of and/or review of IRM plan			



Restrictive physical Intervention Record

Page to be completed by Senior Leadership/Managers only

Management checklist	Comments
Child clearly Identified	
Name, designation and signature of person completing the record	
Date and Time of written record	
Student wellbeing verified	
Other parties (staff, students, public) wellbeing verified	
Incident described in sufficient detail i.e. no further clarification necessary	
Distinguished between fact and opinion	
Reported to Head Teacher	
Reported to parents/carers	
IRM plan updated	
Reported to other e.g. Police/Social worker (give details)	
Reported to Solero (HCC online)	
Other	
Pupil's views	

SLT/ Manager's Name	Position Held	Signature	Date