GREENSIDE SCHOOL

RESTRICTIVE PHYSICAL INTERVENTION (RPI) POLICY

(Adapted from Hertfordshire County Council's Model Policy – Restrictive Physical Interventions in Schools Dec, 2019 Issue No.2)

Restraint and restrictive intervention Policy

Greenside School

1. CONTEXT

Hertfordshire schools and educational establishments are encouraged to use this framework and to adapt it to their own setting. It is advised that all schools or settings should be familiar with this policy on reducing the need for restrictive interventions in schools.

This policy is written for schools or settings which have adopted Hertfordshire Steps, which is the local authority's preferred approach to supporting positive behaviour management in schools and settings. The Steps approach forms part of the authority's behaviour strategy. It has been agreed through the SEND Executive and forms part of Hertfordshire's Local Offer.

Policy Review

This policy will be reviewed in full by the Governing Body no less than every 2 years.

The policy was last reviewed and agreed by the Governing Body on 1.10.20.

It is due for review on 1.10.22 (up to 24 months from the above date).

Signature ……. Date ……

Head Teacher

Signature ……. Date ……

Chair of Governors

2. INTRODUCTION

In Greenside school we believe that every learner has a right to be treated with respect and dignity, deserves to have their needs recognised and be given the right support. All school staff need to be able to safely manage behaviour and understand what a learner is seeking to communicate through difficult or dangerous behaviours.

Parents and Carers need to:

- know that their children are safe at school;
- 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.

This policy should be read in conjunction with:

- the behaviour policy;
- the staff behaviour policy (sometimes called a code of conduct);
- the child protection policy;
- the safeguarding response to children who go missing from education; and
- the role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

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

National guidance

This policy is based on the 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 2019:
https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

DfE: mental health and behaviour in schools November 2018:
https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2

DfE: Behaviour and Discipline in Schools. Advice for head teachers and school staff, January 2016:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/488034/Behaviour_and_Discipline_in_Schools_-_A_guide_for_headteachers_and_School_Staff.pdf

The use of restrictive intervention will only be needed for a very small minority of learner. We know that the use of restraint and restrictive interventions are traumatising and this particularly so for learners, who are still developing both 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 learners. It can also have a negative impact on staff who carry out such interventions.

Learners with learning disabilities, autistic spectrum conditions 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 learners whose behaviour is difficult or dangerous should be: -

"What is in the best interest of the learner and/or those around them in view of the risks presented?"

A positive and proactive approach to behaviour

We operate a clear behaviour policy for meeting learner's individual needs, promoting positive relationships and emotional wellbeing.

Behavioural difficulties may signal a need for support and it is essential to understand what the underlying causes are. For example, a learner may exhibit such behaviours as a result of a medical condition or sensory impairment, previous trauma or neglect, or be exacerbated by an unmet need or undiagnosed medical condition. Behavioural difficulties may also reflect the challenges of communication, or the frustrations faced by learner with learning disabilities, autistic spectrum conditions and mental health difficulties - who may have little choice and control over their lives. Learners with behavioural difficulties need to be regarded as vulnerable rather than troublesome and schools have a duty to explore this vulnerability and provide appropriate support.

Behaviour that escalates and becomes difficult or dangerous may result from the impact of a learner being exposed to challenging or overwhelming environments, which they do not understand, where positive social interactions are lacking, and / or personal choices are limited. Learners exhibiting difficult or dangerous behaviours need support and differentiation of teaching and learning to have their needs met

and to develop alternative ways of expressing themselves that achieve the same purpose but are more appropriate.

We use behaviour analysis to understand learner's needs and the causes of poor emotional wellbeing.

By anticipating situations that may cause distress, and agreeing the steps to address them, whilst assessing, managing and reducing risk it is possible to reduce the use of restraint or restrictive intervention.

We aim to reduce restrictive practices by the proactive use of risk reduction plans drawn up with the involvement of the learner and their parents/carers. Co-produced risk reduction plans aim to better understand the experiences of parents/carers and learners as well as the agreement of the steps that should be taken to avoid escalation and promote emotional wellbeing.

Our Behaviour policy sets out the steps we will take as a school to ensure that we comply with the provisions of the Equality Act 2010.

Back to Index

3. DEFINITIONS

The term **learner** refers to all children and young people under the age of 19.

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

The terms **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.
- Restricting a learner's independent actions, including removing auxiliary aids, such as a walking stick, or coercion, including threats involving use of restraint to curtail a learner's independent actions.

- Mechanical restraint: the enforced use of mechanical aids such as belts, cuffs and restraints forcibly to control a learner's individual movement.
- Withdrawal: removing a learner 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. We also refer to this concept below as Imposed Withdrawal.
- Forceable seclusion: supervised confinement and isolation of a learner, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely dangerous behaviour which poses a risk of harm to others.

Although it may not be necessary to make physical contact in cases of Withdrawal (Impose Withdrawal) or Forceable seclusion, these are still regarded as forms of restrictive intervention.

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

Back to Index

4. ACCEPTABLE FORMS OF PHYSICAL INTERVENTION

There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention with learners; however, it is crucial that this is appropriate to their professional role and in relation to the child's individual needs.

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

- To comfort a learner in distress (so long as this is appropriate to their age or stage of development).
- For affirmation/praise.
- To gently direct a learner.
- For curricular reasons (for example in PE, Drama, etc).

- First aid and medical treatment.
- In an emergency to avert danger to the learner.

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

Staff should acknowledge that some learner 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 learner'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 learner.

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

- The learner's age and level of understanding.
- The learner'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.

Staff need to be clear and open about why they are using touch and be able to explain their practices.

There must be clarity and transparency in issues of touch.

Wherever possible, a description and rationale for physical contact and the details of how this contact is madeshould be documented in the young person's care plan following discussion with parents and other relevant people.
The use of touch should be discussed openly and regularly between staff.
People of any age can want and need physical support / touch. Staff are often concerned about the issue of age-appropriateness. However, the developmental age, emotional and communication needs of the individual are far more important than actual age.

While gender and cultural factors have relevance in issues of touch, the emotional and communication needs of the individual are due equal consideration. It should always be considered by staff that for touch to provide positive experiences it should be consensual. 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.
Staff should be sensitive to any changes in the young person's behaviour (e.g. over-excitement 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.
The people we support should be given opportunities to touch each other while interacting and playing as would happen naturally for any child or young person. Attention should always be given to ensure that both parties are safe and happy with this.

Physical intervention must not become a habit between a member of staff and a learner. Physical intervention should always be in the learner's best interest and staff must have an awareness that the learner may not have secure primary attachments. Staff must have an awareness of the need to differentiate physical intervention to ensure that learners 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/carers and siblings.

Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact **must not** be made with the learner's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints.

Safer working practice

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 2019)**
http://www.thegrid.org.uk/info/welfare/child_protection/allegations/safe.shtml

Back to Index

5. 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 learner), 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 learner's needs (including their vulnerabilities, learning disabilities, medical conditions and impairments), evidence of the risks to self and others (Annex 4 –

Audit of need) and the extent to which a restrictive intervention would be in the learner's best interests.

If it is necessary to undertake a restrictive intervention, then staff should employ the planned and agreed approaches/techniques as set out in the learner's individualised risk reduction plan (Annex 3 – Risk Reduction Plan).

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 learner, other learners, 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 learner - 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) learners, parents/carers and where appropriate (for example, where the learner or parent/carer wants it) advocates should be involved.

In an emergency such as a learner running into a road, or a learner 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 requiring 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 learner 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 multidisciplinary discussion to look at what support is needed to reduce the risk of future incidents. Staff should update and/or implement a new risk reduction plan depending on the circumstances of the unplanned incident.

Staff should not be expected to put themselves in danger and that removing other learner 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 learner.

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

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

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 learner or others. Staff should use their professional judgement to decide if restraint is necessary, reasonable and proportionate.

Since learner are developing both physically and psychologically this makes them particularly vulnerable to harm. The potentially serious impact of restraint on their development and wellbeing requires that the learner's best interests is the paramount consideration when reaching a decision on whether to, and how to, restrain a learner. However, this does not mean that the learner'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 court order (inherent jurisdiction – or s16 Mental Capacity Act Order); Mental Capacity Act Code of Practice:

https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

Back to Index

6. ASSESSING AND MANAGING RISKS

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

Restrictive intervention which have any of the following 3 effects are wholly inappropriate:

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

Clearly the use of a restraint technique that negatively impacts on a learner'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:

- 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 and must also be avoided:

- Forcing a learner up or down stairs
- Dragging a learner 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 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 learner 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 learner's and/or other learner'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 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 learner to regain self-control.
- Escalation will be avoided at all costs.
- The age, understanding, and competence of the individual learner will always be considered.
- In developing a risk reduction plan, consideration will be given to approaches appropriate to each learner's circumstance.
- Procedures are in place, through the pastoral system of the school, for supporting and debriefing learners and staff after every incident of restrictive intervention, as it is essential to safeguard the emotional well-being of all involved at these times.

Back to Index

7. DEVELOPING A RISK REDUCTION PLAN IN GREENSIDE SCHOOL

If a learner is identified as presenting a risk that restraint or restrictive intervention may be required, a risk reduction plan will be completed. This plan will help the learner 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 a Roots and Fruits analysis (to explore the link between experiences, feeling and behaviours (Annex 1)) plus whichever of the following documents as deemed necessary: -

- Anxiety mapping to understand the factors that underlie or influence the behaviour as well as the triggers for it (e.g. staff, peers, activity, location etc. Annex 2)
- 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 need or undiagnosed conditions.
- Recognition of the early warning signs that indicate that 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 learner.
- Details of a communication plan with the learner including for those who are non-verbal (including those with speech, language and communication needs).
- Co-produced with parents/carers and the learner to ensure their views 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 (Annex 5).
- 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

*[*A school may also need to take medical advice about the safest way to hold a learner with specific medical needs.]*

Please refer to the Annex for a risk reduction plan format.
Back to Index

8. TRAINING AND DEVELOPMENT OF STAFF

Guidance and training are essential in this area. We adopt the best possible practice in Greenside School and provide training for all staff at several levels including: -

- Awareness of issues for governors, staff parents and carers,
- Positive behaviour management - all staff
- Emotional well-being and trauma informed practices - all staff
- Managing conflict in difficult situations - all staff

Training and development play a crucial role in promoting positive behaviour and supporting those whose poor emotional wellbeing has the risk of becoming difficult or dangerous. Settings have a statutory responsibility to enable staff to develop the understanding and skills to support learners and help parents/carers to secure consistent approaches.

Hertfordshire Steps is the foundation of our thinking and the umbrella that all other training sits within. Hertfordshire Steps training covers two distinct developmental areas:

"Step On" – **(De-escalation training)** It is considered best practice that all teachers, Teaching Assistants and Midday Supervisory Assistants complete this de-escalation training. 'Step On' is a therapeutic approach to behaviour management, with an emphasis on consistency, on teaching internal discipline rather than imposing external discipline and on care and control, not punishment. It uses techniques to de-escalate a situation before a crisis occurs and, where a crisis does occur, it adopts techniques to reduce the risk of harm.

"Step Up" – **(Restrictive intervention training)** This 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 learner who displays dangerous behaviour.

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

Back to Index

9. 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 on CPOMS and in a book with numbered pages. The written record should include:

- the type of restrictive intervention employed;
- the reason for using a restrictive intervention (rather than non-restrictive strategies);
- how the incident began and progressed, including details of the learner'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 the duration of the whole intervention;
- whether the learner or anyone else experienced injury or distress and, if they did, what action was taken.

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 or colleges are always effective and comply with the law.

Governing bodies and proprietors should have a senior board level (or equivalent) lead to take **leadership** responsibility for their schools or college's restraint arrangement.

The nominated governor is:

NAME: Tish Chowles

Back to Index

10. COMPLAINTS

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

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

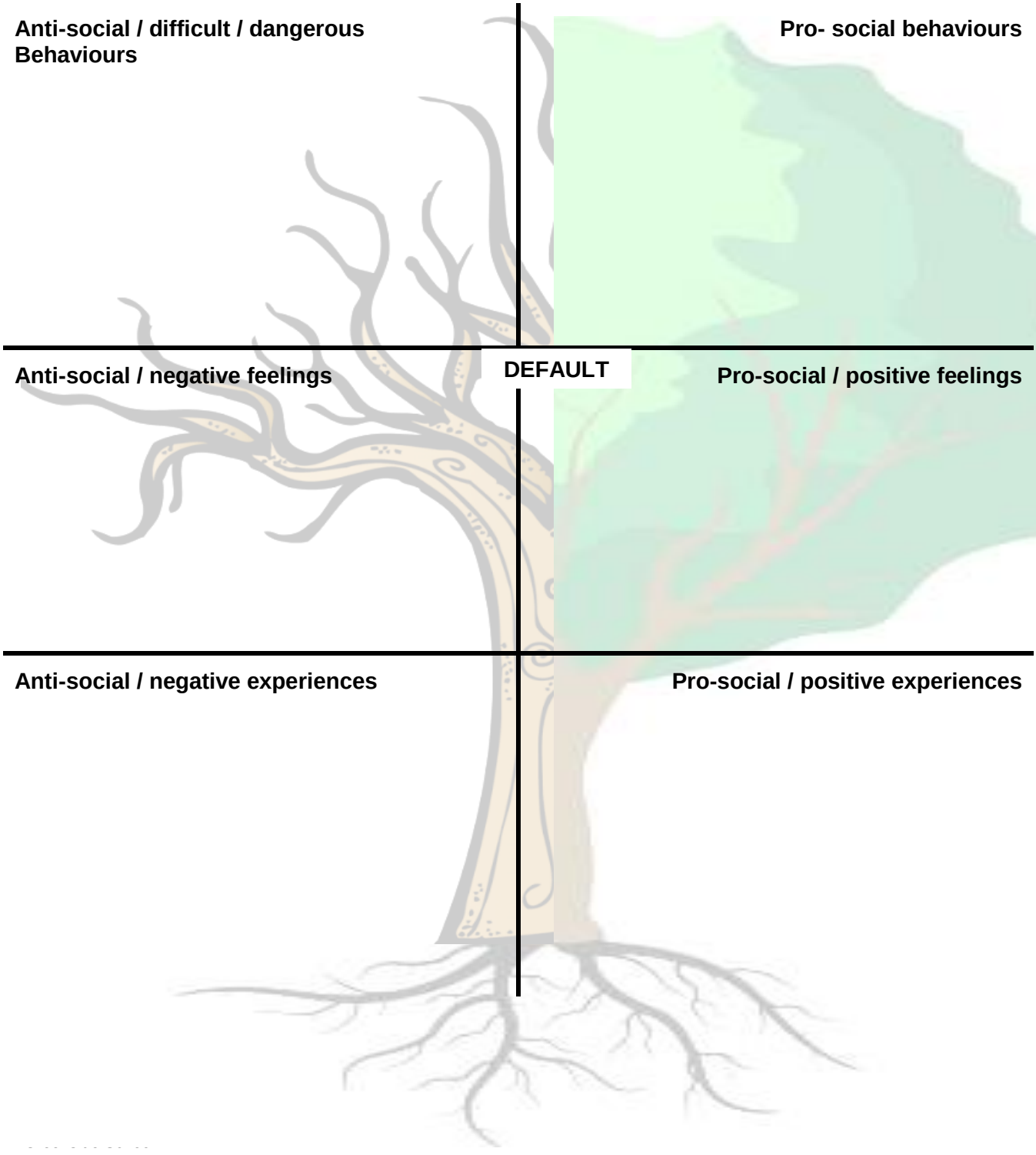
If staff members have concerns about another staff member then this should be referred to the Head Teacher or Principal. Where there are concerns about the Head Teacher, this should be referred to the Chair of Governors as appropriate. Where the head teacher is also the sole proprietor of an independent school, allegations should be reported directly to the designated officer(s) at the local authority. Staff may consider discussing any concerns with the school's designated safeguarding lead and make any referral via them.

Back to Index

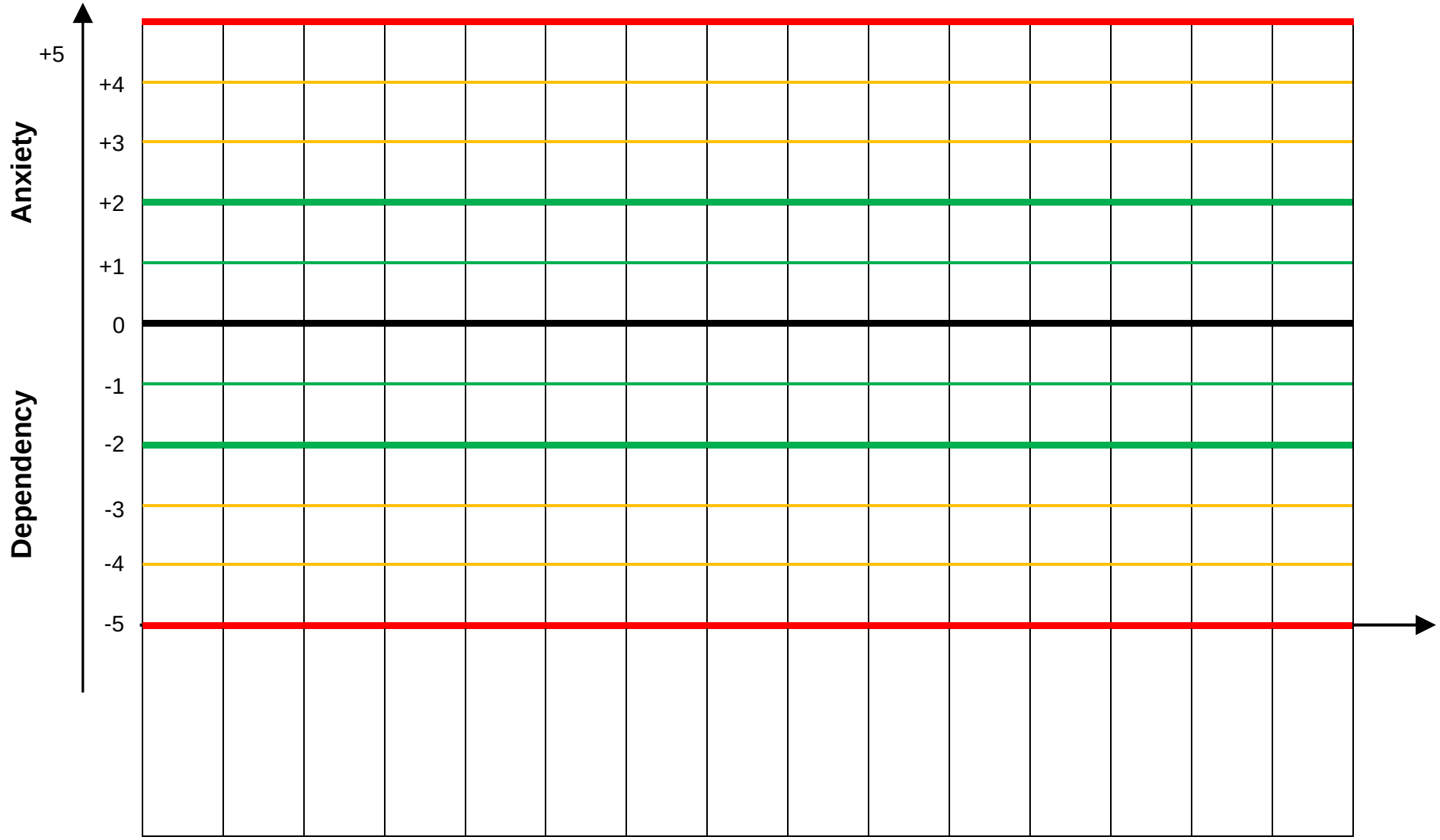
ANNEX. 1. Roots and Fruits
Analysis tool to explore behaviours, feelings and experiences

Roots and Fruits

Name	
Supporting Staff	
Date	
Review Date	



Anxiety Mapping



Time of day, days of the week, supporting staff, location, activity, learning style, peers, etc

Anxiety Mapping Analysis and Evidence of Differentiation

	Score	Staff/Location/Activity/Peer/Time **Predict it**	Evidence of action **Prevent it**
Raised Anxiety	**+2 - +5**	**These items overwhelm the pupil** • • • • •	**Planned Differentiation required to reduce anxiety** • • • • •
	+2	**These items run the risk of overwhelming the pupil** • • •	**Monitoring needed** • • •
	0		
Increased dependency	**-2**	**These areas run the risk of developing an over reliant** • • •	**Monitoring needed** • • •
	-2 - -5	**These areas have developed an over reliance** • • •	**Differentiation needed to reduce this over reliance** • • •

ANNEX 3 Risk reduction plan

For assessing and managing foreseeable risks for child or young persons who are likely to need Restrictive Intervention

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					
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 Reduction Plan

Name	DOB	Date	Review Date

Photo	Risk reduction measures and differentiated measures (to respond to triggers)

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……

ANNEX. 4 Audited Need for identifying Restrictive Intervention or Restraint needs

Name	DOB	Age
How well equipped is the school/setting to manage the inclusion of this child or young person (position in circles)?		
Is the child or young person's 'Roots and Fruits' updated?		
Experiences affecting the child or young person		
Feelings affecting the child or young person		
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 child or young persons 'Individual Risk Reduction 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. 5 – Restrictive Intervention Record Form

Learner Name				**Staff name**	
Age		**Location**		**Date and Time**	

Details of incident (include witnesses – general picture of day, potential triggers, what did it look like when It went wrong? Where were you? Who else was there?			
Tick any de-escalation techniques used			
Calm reassuring voice		Choices offered	
Using script – clear simple language/advice		Non-threatening stance/body language	
Distraction		Option to leave	
Humour		Swapping staff	
Injuries?		Y/N	
To whom? Was first aid needed? Did anyone go to hospital?			

Details of RPI			
Why did you use physical intervention? Remember harm can include emotional distress			
Harm to self		Harm to property	
Harm to others		Persistent loss of learning	

Which techniques were used?		
Technique? See front page for examples	**How long for?**	**Staff names**

What happened after the incident? What was the outcome for the learner? Was the harm reduced? Was it safe and effective? Would you do it again? Why/why not?
Has the learner's wellbeing been assessed
What you must do next…

1. Inform the class team	4 Check the learner is OK
2. Speak with debrief team (if wanted)	5. Inform member of SLT
3. Review risk management plan	

Page to be completed by SLT or Behaviour Team Member

Checklist	Complete
All boxes correctly completed as necessary?	
Child clearly identified	
SLT aware of incident	
CPOMs completed	
Behaviour team to check if risk management plan is needed or in place (RPI)	
Debrief arranged if wanted?	
Passed to Head Teacher	

Signed …… Position……. Date ……..

Head teacher's actions	Sign here
Parent carer informed? Reported to SOLERO online (where necessary) Any further action required? Comments	

Learner Name				**Staff name**	
Age		**Location**		**Date and Time**	

Details of incident (include witnesses – general picture of day, potential triggers, what did it look like when It went wrong? Where were you? Who else was there?

Tick any de-escalation techniques used			
Calm reassuring voice		Choices offered	
Using script – clear simple language/advice		Non-threatening stance/body language	
Distraction		Option to leave	
Humour		Swapping staff	

Injuries?	Y/N
To whom? Was first aid needed? Did anyone go to hospital?	

Details of RPI			
Why did you use physical intervention? Remember harm can include emotional distress			
Harm to self		Harm to property	
Harm to others		Persistent loss of learning	

Which techniques were used?		
Technique? See front page for examples	**How long for?**	**Staff names**

What happened after the incident? What was the outcome for the learner? Was the harm reduced? Was it safe and effective? Would you do it again? Why/why not?

Has the learner's wellbeing been assessed

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