



Greenmount Primary School

POLICY FOR RESTRICTIVE PHYSICAL INTERVENTION

February 27th 2018

1 Document Information

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|-----------------------------|-----------------------------------------------------|
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3 Background

We define restrictive physical intervention as follows:

Restrictive physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will.

All staff within this setting aim to help children take responsibility for their own behaviour. We do this through a combination of approaches, which include:

- positive role modelling
- teaching an interesting and challenging curriculum
- setting and enforcing appropriate boundaries and expectations
- and providing supportive feedback.

More details about this and our general approach to promoting positive behaviour can be found in our behaviour policy.

There are times when children's behaviour presents particular challenges that may require restrictive physical intervention. This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

- giving physical guidance to children (for example in practical activities and PE)
- providing emotional support when a child is distressed
- providing physical care (such as first aid or toileting).

This policy is consistent with our Child Protection and Equal Opportunities policies, and with national and local guidance for schools on safeguarding children.

We exercise appropriate care when using physical contact (there is further guidance in our Child Protection policy); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

4 Principles for the use of restrictive physical intervention

4.1 In the context of positive approaches

We only use restrictive physical intervention where the risks involved in using force are outweighed by the risks involved in not using force. It is not our preferred way of managing children's behaviour. Restrictive physical intervention may be used only in the context of a well-established and well implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our Behaviour Policy. We aim to do all we can in order to avoid using restrictive physical intervention. We would only use restrictive physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use restrictive physical intervention immediately. We would use restrictive physical intervention at the same time as using other approaches, such as saying, "Stop!" and giving a warning of what might happen next. Safety is always a paramount concern and staff are not advised to use restrictive physical intervention if it is likely to put themselves at risk. We will make parents/guardians aware of our Physical Intervention policy alongside other policies when their youngster joins our school.

4.2 Duty of care

We all have a duty of care towards the children in our setting. This duty of care applies as much to what we *don't* do as what we *do* do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along with a warning of what might happen next. However, if we judge that it is necessary, we may use restrictive physical intervention.

4.3 Reasonable force

When we need to use restrictive physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

5 When restrictive physical intervention can be used

The use of restrictive physical intervention may be justified where a pupil is:

- committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
- causing personal injury to, or damage to the property of, any person (including the pupil himself); or
- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

Restrictive physical intervention may also be appropriate where, although none of the above have yet happened, they are judged as highly likely to be about to happen.

We are very cautious about using restrictive physical intervention where there are no immediate concerns about possible injury or exceptional damage to property. Restrictive physical intervention would only be used in exceptional circumstances, with staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example stopping a younger child leaving the school site.

The main aim of restrictive physical intervention is usually to maintain or restore safety. We acknowledge that there may be times when restrictive physical intervention may be justified as a reasonable and proportional response to prevent damage to property or to maintain good order and discipline at the school. However, we would be particularly careful to consider all other options available before using restrictive physical intervention to achieve either of these goals. In all cases, we remember that, even if the aim is to re-establish good order, restrictive physical intervention may actually escalate the difficulty.

If we judge that restrictive physical intervention would make the situation worse, we would not use it, but would do something else (like go to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care.

Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips).

We never use restrictive physical intervention out of anger or as a punishment.

6 Who can use restrictive physical intervention

If the use of restrictive physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved, and where possible, trained through an accredited provider in the use of restrictive physical intervention. However, in an emergency, any of the following may be able to use reasonable force in the circumstances set out in Section 93 of the Education and Inspections Act (2006):

6.1 any teacher who works at the school, and

6.2 any other person whom the head teacher has authorised to have control or charge of pupils, including:

- a)** support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors; and
- b)** people to whom the head teacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying pupils on school-organised visits).

7 Planning around an individual and risk assessment

In an emergency, staff do their best, using reasonable force within their duty of care.

Where an individual child has an individual positive behaviour management plan, which includes the use of restrictive physical intervention, we ensure that such staff receive appropriate training and support in behaviour management as well as restrictive physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/carers.

In most situations, our use of restrictive physical intervention is in the context of a prior risk assessment which considers:

- What the risks are
- Who is at risk and how
- What we can do to manage the risk (this may include the possible use of restrictive physical intervention)

We use this risk assessment to inform the individual behaviour plan that we develop to support the child. If this behaviour plan includes restrictive physical intervention it will be as just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour.
- How we adapt our environment to better meet the child's needs.
- How we teach and encourage the child to use new, more appropriate behaviours.
- How we reward the child when he or she makes progress.
- How we respond when the child's behaviour is challenging (responsive strategies).

We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using restrictive physical intervention. We choose these responsive strategies in the light of our risk assessment.

We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. In particular, we include the child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school who work with the child, and any visiting support staff (such as Educational Psychologists, Behaviour Support Team workers, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services). We record the outcome from these planning meetings and seek parental signature to confirm their knowledge of our planned approach. We review these plans at least once every four to six months, or more frequently if there are any concerns about the nature or frequency of the use of restrictive physical intervention or where there are any major changes to the child's circumstances.

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact is troubling as a result of their personal history, in particular of abuse. We have systems to alert staff discreetly to such issues so that we can plan accordingly to meet individual children's needs.

6 What type of restrictive physical intervention can be used

Any use of restrictive physical intervention by our staff should be consistent with the principle of reasonable force. In all cases, staff should be guided in their choices of action by the principles in section 2 above.

Staff should not act in ways that might reasonably be expected to cause injury, for example by:

- holding a child around the neck or collar or in any other way that might restrict the child's ability to breathe
- twisting or forcing limbs against a joint
- holding a child by the hair or ear.

Where staff need specific training in the use of restrictive physical intervention, we arrange that they should receive Team Teach training. This training is accredited by the Institute of Conflict Management (ICM). We ensure that staff have access to appropriate refresher training.

Further, we actively work to ensure general training is accessed by our staff in the following areas:

- those relating to legal issues policy and risk assessment
- understanding behaviour and planning for change.
- de-escalation techniques.

A record of such training is kept and monitored. See Appendix three.

We do not plan for and do not advise, except in emergency situations, staff to use seclusion.

Seclusion is where a young person is forced to spend time alone in a room against their will.

Examples could include:

- Where a child has been escorted to a room in order to remove them from a dangerous situation and staff members observe them from outside of the room whilst holding the door shut (e.g. through a window), or the door being locked.
- Where a staff member has removed all the class members from a room and in order to prevent the pupil displaying the challenging behaviour from following, the door is shut so they are prevented from leaving.

If we need to seek further advice around the use of seclusion, other than in an isolated emergency situation, we would contact the SEN team at the Isle of Wight Council for further advice and guidance.

As part of the suite of interventions to support work with pupils with Autism, the specialist provision (Green Haven) has a quiet room. This is a low-arousal space and is designed to reduce sensory overload. There is a separate policy for its use which should be read by all Green Haven staff and made available to parents, when appropriate. The quiet room must not be used for seclusion.

8 Recording and reporting

We record any use of restrictive physical intervention using the record sheet in the Bound and Numbered Book (version 7) which is kept in the SEN office, Green Haven. We do this as soon as possible after an event, ideally within 24 hours. Where an incident causes injury to a member of staff, it should be recorded as per the school policy via the administrative team. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to pupil's parents.

After using restrictive physical intervention, we ensure that the head teacher and governing body are informed as soon as possible. We also inform parents by phone (or by letter or note home with the child if this is not possible). A copy of the record form is also available for parents to read.

In rare cases, we might need to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our general practice, informed by the DfE Guidance *Screening, Searching and Confiscation – Advice for Head Teachers, Staff and Governing Bodies* (2014) and Section 45 of the *Violent Crime Reduction Act 2006*.

9 Supporting and reviewing

We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened.

After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this¹. Where it is appropriate, we have the same sort of conversations with other children who observed what happened. In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

After a restrictive physical intervention, we consider whether the individual behaviour plan needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

10 Monitoring

We monitor the use of restrictive physical intervention in our school. The head teacher, together with the Senior Leadership Team are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using restrictive physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored.

11 Concerns and complaints

The use of restrictive physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of restrictive physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of restrictive physical intervention was inappropriate. This is why we are careful to

¹ We use the guidance in the Hampshire document *Planning and recording physical intervention in schools* (updated 2015) which can be found in appendix 5 – we support the child to help them record their views.

ensure all children have a chance to review the incident after they have calmed down.

If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the head teacher is immediately informed. We would also follow our child protection procedures. In the absence of the head teacher, in relation to restrictive physical intervention, we ensure that the deputy head teacher is informed. If the concern, complaint or allegation concerns the head teacher, we ensure that the Chair of Governors is informed.

Our staff will always seek to avoid injury to the pupil, but it is possible that bruising or scratching may occur accidentally. This is not to be seen as necessarily a failure of professional technique but a regrettable and infrequent side effect of making sure the service user remain safe.

If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaints procedure.

The results and procedures used in dealing with complaints are monitored by the governing body.

Appendix One: Summary guidance for staff on the use of physical intervention

1 Introduction

This guidance for staff is a summary of our school's detailed policy on the use of physical intervention. Where staff are in any doubt about the use of physical intervention, they should refer to the full policy.

This summary guidance refers to the use of restrictive physical intervention (restraint) which we define as "when a member of staff uses force intentionally to restrict a child's movement against his or her will". Staff should not feel inhibited from providing physical intervention under other circumstances, such as providing physical support or emotional comfort where such support is professionally appropriate. The use of such support must be consistent with our Child Protection policy.

Who can restrain? Under what circumstances can restraint be used?

Everyone has the right to use reasonable force to prevent actual or potential injury to people or damage to property (Common law power). Injury to people can include situations where a child's behaviour is putting him or herself at risk. In all situations, staff should always aim to use a less intrusive technique (such as issuing direct instructions, clearing the space of danger or seeking additional support) unless they judge that using such a technique is likely to make the situation worse.

Teachers and other authorised staff (see full policy for more details about this) may also use reasonable force where a child's behaviour is prejudicial to the maintenance of good order. Staff should be very cautious about using restrictive physical intervention under such circumstances, as it would only be appropriate in exceptional circumstances.

Statutory power - Section 93 of the *Education and Inspections Act* (2006) enables school staff under statutory power to use such force as is reasonable and proportionate to prevent a pupil from doing or continuing to do any of the following:

- committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
- causing personal injury to, or damage to the property of, any person (including the pupil himself) and
- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise).

Restraint should never be used as a substitute for good behaviour management, nor should it be employed in an angry, frustrated, threatening or punishing manner.

Although all staff have a duty of care to take appropriate steps in a dangerous situation, this does not mean that they have to use restraint if they judge that their attempts to do so are likely to escalate the situation. They may instead issue a direction to stop, call for additional assistance or take appropriate action to make the environment as safe as possible (e.g. by clearing the room of children).

Where it is anticipated that a individual pupil's behaviour makes it likely that they may be restrained, a risk assessment and intervention plan should be developed and implemented.

What type of restraint can be used?

Any use of restrictive physical intervention should be consistent with the principle of reasonable force. This means it needs to be in proportion to the risks of the situation, and that as little force is used as possible, for as short a period of time, in order to restore safety. Staff should:

Before physical contact:

Use all reasonable efforts to avoid the use of physical intervention to manage children's behaviour. This includes issuing verbal instructions and a warning of an intention to intervene physically.

Try to summon additional support before intervening. Such support may simply be present as an observer, or may be ready to give additional physical support as necessary.

Be aware of personal space and the way that physical risks increase when a member of staff enters the personal space of a distressed or angry child. (Staff should also note that any uninvited interference with a student's property may be interpreted by them as an invasion of their personal space.) Staff should either stay well away, or close the gap between themselves and the child very rapidly, without leaving a "buffer zone" in which they can get punched or kicked.

Avoid using a "frontal", "squaring up" approach, which exposes the sensitive parts of the body, and which may be perceived as threatening. Instead, staff should adopt a sideways stance, with their feet in a wide, stable base. This keeps the head in a safer position, as well as turning the sensitive parts of the body away from punches or kicks. Hands should be kept visible, using open palms to communicate lack of threat.

Where physical contact is necessary:

Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.

Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.

Beware in particular of head positioning, to avoid clashes of heads with the child.

Hold children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on the forearm or upper arm rather than the hand, elbow or shoulder.

Ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.

Do all that they can to avoid lifting children.

Keep talking to the child (for example, "When you stop kicking me, I will release my hold") unless it is judged that continuing communication is likely to make the situation worse.

Don't expect the child to apologise or show remorse in the heat of the moment.

Use as little restrictive force as is necessary in order to maintain safety and for as short a period of time as possible.

After an incident

It is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the incident should receive support to help them talk about what has happened and, where necessary, record their views.

Staff should inform the head teacher as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. The physical intervention record sheet (in the Bound and Numbered Book – kept in the SEN office – Green Haven) should be completed as soon as possible and in any event within 24 hours of the incident. There should also be a review following the incident so that lessons can be learned to reduce the likelihood of recurrence in the future.

Appendix Two: Authorised staff

Teachers and those whose contracts give them control and charge of pupils are authorised by statute to use reasonable force if necessary in order to prevent a pupil from doing, or continuing to do any of the following:

- committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil).
- causing personal injury to, or damage to the property (including the pupil himself).
- prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

However, we are cautious about the use of restrictive physical intervention under the “prejudicial to the maintenance of good order and discipline” clause and would only do this in exceptional circumstances, with staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention.

The head teacher may wish to specifically authorise other individuals to have control and charge of pupils for a specific period of time, e.g. for the duration of a school trip. The head teacher should ensure that these people, and everyone automatically authorised by contract, are aware of what the authorisation means. The head teacher should also ensure that those not authorised have been told what steps to take in the case of an emergency.

Appendix Three: Record of staff training

The table below is record of all staff training relating to behaviour management, preventative approaches, managing conflict and restrictive physical intervention techniques.

| Names of those trained | Dates of training | Course attended | Dates for future refresher training |
|-------------------------------|--------------------------|-----------------------------|-------------------------------------------------|
| Hayley Carpenter | January 2018 | Team Teach – 12 hour course | 2019 – 6 hour refresher 2020 – full training |
| Sophie Johnson | | | |
| Alison Woodward | | | |
| Karen Cotton | | | |
| Ellie Gawn | | | |
| Lisa Stanford | | | |
| Rachael Mead | | | |
| Becci Pannell | | | |
| Debbie Crick | | | |
| Josef Joshua | | | |

Appendix Four: Risk Assessment document

To be completed using local information & using the **Part 3 Guidance Notes** within this document

This assessment is in three parts:

Part 1 – General information & assessment summary comments

Part 2 – The assessment

Part 3 – Guidance notes for carrying out the assessment

| | |
|---------------|--------------------------------------------------------------|
| PART 1 | GENERAL INFORMATION & ASSESSMENT SUMMARY COMMENTS |
|---------------|--------------------------------------------------------------|

| | |
|---------------------------------|---------------------------|
| School / Site | Greenmount Primary School |
| | |
| Name of pupil | |
| | |
| Year group | |
| | |
| Assessment date | |
| | |
| Assessment serial number | |
| | |

| | |
|----------------------------|--|
| Assessor's comments | |
| | |

| Name of assessor | Signature of assessor | Date |
|------------------|-----------------------|------|
| | | |

| Assessment reviews | | | |
|--------------------|-------------|--------------------|---------|
| Review date | Reviewed by | Reviewer signature | Remarks |
| | | | |
| | | | |
| | | | |

| | |
|---------------|-----------------------|
| PART 2 | The Assessment |
|---------------|-----------------------|

Behaviours causing concern

Use Table One to record the first two aspects of the risk assessment.

Target

The target column should be used to indicate the person to whom the challenging behaviour is usually directed, using the following key:

| | |
|----------------|----------------------------------------------------------------------|
| Self | The pupil – him or herself |
| Staff | Members of staff |
| Visitor | Visitors to the school; members of the public when outside of school |
| Pupils | Other pupils |

Property The physical environment

Probability

Record an informed estimate of the likelihood that the behaviour will occur again, ranging from:

- HL** Highly likely. Existing evidence leads staff to conclude that the behaviour is more likely than not to occur again.
- L** Likely. There is a possibility that the behaviour will occur again.
- U** Unlikely. Although the behaviour has occurred before, the context has changed or can be changed to make it unlikely to happen again

Seriousness

Make a judgement about the seriousness of each predicted behaviour.

- A** This would include physical injury requiring medical attention beyond basic first aid; extensive damage to property; significant distress caused to self or others; or lengthy disruption to the normal school routines.
- B** This includes physical injury requiring basic first aid within the school; minor damage to property; some distress caused to self or others; or brief disruption to normal school routines.
- C** No physical injury or damage to property; minor distress or disruption.

Influencing factors

These are described in more detail in Table Two. The numbers referring to each factor may be transcribed as appropriate.

Table One

| BEHAVIOURS CAUSING CONCERN | | | | |
|----------------------------|--------|-------------|-------------|---------------------|
| Behaviour (risk) | Target | Probability | Seriousness | Influencing factors |
| Verbal aggression | | | | |

| | | | | |
|-------------------------------------------------------------|--|--|--|--|
| (threatening, swearing) | | | | |
| Physical aggression: | | | | |
| Kicking | | | | |
| Punching | | | | |
| Biting Scratching Spitting (circle as appropriate) | | | | |
| Hair pulling | | | | |
| Intimidation communicated by physical action | | | | |
| Other – please specify | | | | |
| Property destruction | | | | |
| Running away from immediate environment | | | | |
| Running off site | | | | |
| Refusal to move | | | | |
| Use of equipment as weapon | | | | |

| | | | | |
|---------------------------|--|--|--|--|
| (throwing or hitting) | | | | |
| Use of weapon | | | | |
| Other (please specify) | | | | |

Influencing factors

Risk assessment also involves an analysis of the “hazards” – the environmental factors which influence the probability of the behaviour causing concern. In a school situation, these “hazards” are likely to include features of the daily timetable, and interaction with other pupils, and even the skills that adults demonstrate when working with the pupil.

Use Table Two below to show the factors that are associated with the behaviours causing concern.

Table Two (overleaf)

| POSSIBLE INFLUENCING FACTORS | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Periods of unstructured activity | |
| 2. Transition times | |
| 3. Availability of dangerous equipment | |
| 4. Periods of increased pressure e.g. <ul style="list-style-type: none"> a Home factors (change of home circumstances) b School factors (assessment periods, routine changes) c Other (please specify) | |
| 5. Spaces which involve close physical proximity | |
| 6. Particular pupils/adults (please specify) | |

7. Other (please specify)

Some influencing factors will be particularly closely related to particular behaviours. You may choose to show this by recording the number relating to each influencing factor in the final column of Table One. This will enable you to plan your preventive measures more specifically.

Preventive measures

A range of common preventive measures can be taken to reduce the risk associated with challenging behaviour. Use the table below to show whether these are:

- Currently in place (**P**)
- Currently being actioned (**A**)
- Felt to be inappropriate to the particular risks presented (**I**)

Table Three

| PREVENTIVE MEASURES | P | A | I |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| A. Proactive measures | | | |
| Eliciting pupil view in planning and review | | | |
| Providing regular feedback and pastoral support to pupil | | | |
| Involving parent/carers in decision-making and planning | | | |
| Involving outside agencies (e.g. EP, EWO, Social Services) | | | |
| Establishing an individual plan | | | |
| Providing regular supervision to staff working with the pupil | | | |
| Adapting curriculum arrangements to reflect challenge, choice and structure levels appropriate to the pupil's assessed needs | | | |
| Adapting group arrangements to promote positive peer models and minimise inappropriate contact | | | |
| Arranging furniture and other equipment to minimise movement and frustration | | | |
| Providing frequent rest or change of activity opportunities | | | |
| Establishing a positive teaching programme to increase the pupil's range of appropriate skills | | | |
| Providing a range of rewards which the pupil can earn by demonstrating the skills defined in the teaching programme, and through other appropriate behaviour | | | |
| Identifying the message communicated by the pupil's behaviour | | | |
| Agreeing key reactive strategies for handling incidents of challenging behaviour with all staff likely to be in contact with the pupil, and ensuring that these plans are shared with parents | | | |

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|
| Providing staff support at difficult times, such as start of day, changeover between lessons, break times, specific lessons | | | |
| Systematically reviewing difficult incidents in order to improve upon practice and learn from experience | | | |
| Other proactive measures (Please specify) | | | |
| Reactive strategies to respond to early warning signs or an escalating situation | | | |
| | P | A | I |
| Active listening | | | |
| Environmental adaptation (removing triggers, changing peer/staffing arrangements) | | | |
| Diversion/distraction to a preferred activity (Please specify) | | | |
| Assistance in the use of an agreed strategy such as a particular communication symbol, or an exit card (Please specify) | | | |
| Physical intervention (See Note 1) (Please specify the planned technique) | | | |
| Other (Please specify) | | | |

Note 1

All physical intervention must take place within the context of Hampshire's policy and guidance for schools around physical intervention. Specific training in physical intervention is available through Hampshire Educational Psychology.

Key actions

It is expected that any pupil whose behaviour is challenging will have an individual behaviour management plan. This will already record many of the preventive and reactive strategies designed to reduce the level of risk presented by the pupil's behaviour. There is no need to repeat these below. Instead, note the date when this plan was initially drawn up, and its proposed review date, and use the space available below to record any *additional* measures to be employed to reduce risk and the person responsible for implementing changes.

Date of current individual management plan:

Proposed date for review of current plan:

| FURTHER MEASURES TO BE TAKEN | RESPONSIBLE PERSON |
|------------------------------|--------------------|
| | |
| | |
| | |
| | |
| | |
| | |

Table Four

| ASSESSMENT SUMMARY | | | | |
|----------------------------------------------------|-----------------------------------------------|-------------------------|---------------------------|-------------------------|
| Challenging behaviour risk assessment summary for: | | | | Completed on: |
| Behaviour(s) causing Concern | Environment(s) where it is likely to be shown | Seriousness (A, B or C) | Key preventive strategies | Key reactive strategies |
| | | | | |

[Type text]

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

B.

END OF ASSESSMENT

[Type text]

Introduction to risk assessment

The Health and Safety Executive recommend five steps to risk assessment:

1. Look for the hazards
2. Decide who might be harmed and how
3. Evaluate the risks and decide whether the existing precautions are adequate or whether more should be done
4. Record your findings
5. Review your assessment and revise it if necessary

Risk assessments of challenging behaviour are influenced by the complex, interactional nature of human behaviour. Most young people will already be supported through individual plans, which will include reference to many aspects of risk assessment.

The following format is offered as one way of addressing the five steps above, but should be seen in the context of all the other positive planning that already takes place. This detailed level of risk assessment will not be appropriate in all circumstances but is important where there is feeling that individual or collective behaviours represent a significant hazard.

The framework contains the following sections:

Behaviours causing concern

This section allows a clear description of risks – what types of behaviour does the pupil engage in, which present a risk to others? Action taken in response to this level of risk will vary according to the probability of the behaviour occurring, and the usual intended target for each behaviour.

Possible influencing factors

Behaviour is influenced by the context in which it occurs. This section allows staff to identify key contextual factors such as the physical and social environment, the curriculum and the recent personal history of the pupil.

Preventive measures

Schools can take a range of preventive measures to reduce the risk of challenging behaviour being shown, or to reduce its intensity and duration if it has started. Some preventive measures may be implemented before the challenging behaviour even occurs; others will be responses to early warning signs, or an escalating situation. Specific actions will be related to the assessment of the behaviour and its influencing factors.

Monitoring and review

Behaviour changes over time, and risk assessments will also need to change. Review cycles for individual plans are built into the Special Educational Needs Code of Practice, and it will be

important for risk assessments to be reviewed at least as often as twice yearly in order for them to be useful documents. In many cases, the review pattern will need to be more frequent.

These reviews need to be informed by data about the ongoing level of risk. This document does not recommended formats for gathering this data, as many sources will already be available within the school. Data sources will include:

- The young person's views
- The views of those that know the young person from school, at home and in other relevant settings
- Specific incident report forms, such as violent incident records, physical intervention report forms and pastoral records of serious incidents
- Details of points/merits etc. awarded for appropriate behaviour

Useful questions to ask at the review stage include:

- Are any new patterns emerging?
- Has the duration, frequency or intensity of the behaviour changed?
- Has the level of risk altered?
- Which preventive and reactive strategies are working/not working? Why? How do we know?
- Is there anyone else who needs to be involved in the planning and review process?

Key actions

It is important that the risk assessment process does not simply replicate planning and intervention already recorded in other places. The "Key actions" section simply provides a format for recording any actions that are additional to those already recorded.

Risk assessment summary

Some schools may choose to complete the Assessment Summary shown as Table Four so that the key points arising can be shared easily amongst staff. A number of separate behaviours can be recorded with recommended action against each behaviour.

Individual positive support plan guidance and pro forma

Individual Positive Support Plans

An Individual Positive Support Plan is:

- a planning, teaching and reviewing tool
- a summary of how the child's school experience can be tailored to better meet their needs
- a working document for all those who support the child.

It is important that individual plans are designed via active involvement with the child, produced in partnership with the child's parents/carers and are evidence based.

Detailed information on preparing an Individual Behaviour Management Plan can be found in *Preparing Individual Plans with children who are experiencing difficulties in relation to their social, emotional and behavioural development* issued by Hampshire County Council in February 2008.

The prompts below are adapted from that document and will help school staff to draw up multi-element plans addressing:

- the message communicated by the behaviour
- ecological change – how the physical, social and curricular environment can be adapted
- teaching new skills – which new skills should be taught and how this will be done
- reinforcement – how progress will be recognised and rewarded
- responsive strategies – planned responses to difficulties. This section should include any proposed physical interventions.

In order for an effective plan to be developed, staff working with the child must:

- define and establish a shared understanding of the areas causing concern
- collect baseline information that will inform the intervention (e.g. what factors influence the behaviours, the degree, frequency and impact of the behaviours). Useful frameworks for collecting the information include ABCC charts, tally charts, environmental checklists, etc.
- analyse the data and develop hypotheses, e.g. identifying any patterns in the behaviours as highlighted by the information collected and considering possible reasons and messages behind the behaviours. The 'Why-Why questioning' tool is a useful framework for this
- write the plan based on this information, implement it and review progress regularly.

The February 2008 Hampshire document mentioned above contains detailed advice relating to each of these areas, and includes the framework examples (ABCC, Why-Why, etc).

The pro forma included at the end of this section is an example Positive Support Plan framework, which includes the following information:

Child's strengths

- What skills and qualities does the child have? Who are the key people with whom the child has developed good relationships? What activities do they enjoy?

Inappropriate behaviours that may be displayed

- Which concerns have you prioritised for change? As far as possible, define in terms of observable behaviour, e.g. 'hits and kicks other children on most days when out in the playground'.

Possible messages being communicated by the behaviour

- What legitimate needs or goals is the child trying to satisfy by behaving in these ways? It might be helpful to imagine that the child is self-aware, articulate and an open communicator. What would they say that they are trying to achieve?

Agreed targets

- What will you see the child doing that will tell you that he/she has achieved the goal set for them?
- How can targets be expressed in a SMART (**S**pecific, **M**easurable, **A**ttainable, **R**elevant and **T**ime scaled) way?

Adaptations to the environment

- How can the environment be changed to make a better match with the child's current needs? (This may include adaptations to aspects of the physical, curricular or social environment, as well as modifications to the pastoral system and amount of choice available to the child.)

New skills to be taught

- How will the child be helped to feel motivated and confident to change?
- What skills does the child need to learn in order to meet their needs more effectively? These will include skills that replace their current methods of getting their needs met and also skills to help them tolerate the times when their needs cannot be met immediately.
- The Primary National Strategy Social and Emotional Aspects of Learning (SEAL), features a wide range of useful ideas and materials for supporting new skill development.
- How and when will these skills be taught? What resources (physical, curricular and human) will be needed to assist this process? How can family members, as well as school staff and staff from other agencies, be involved in teaching new skills?
- How will the child be enabled to generalise their new skills from one context to another? How can consistency between home and school be facilitated?
- How will the skills be broken down into SMART targets?

Ways of recognising effort and improvement

- What experiences and activities does the child find most rewarding?
- How will the child's efforts and/or progress be recognised, shared and rewarded?
- Who are the significant people in the child's life? How can they be involved in this process?

Responsive strategies

- What strategies can be used to re-direct inappropriate behaviour and prevent it from escalating?
- Which of these strategies are particularly appropriate for early intervention with minor difficulties and which ones are appropriate for more concerning situations?
- Which physical intervention strategies have been identified as appropriate for the child?

Arrangements for gathering data

- What methods of data collection will be used to monitor progress in the short and medium term?
- Who will be responsible for gathering and analysing information regarding progress?
- How will this information be shared with others, particularly between home and school?

Reviewing progress

- What arrangements will be made for a review meeting?
- When will there be a formal review of progress?
- Who should be involved in this process?

Key people for plan to be shared with

- Who will be responsible for each of the strands within this section?
- How will relevant family members, school staff and other agencies be involved within the development, implementation, monitoring and review stages of the plan?
- How will the information be shared and agreed with the child? The 'My Plan' pro forma is a primary version of an Individual Support Plan.

The pro forma should be tailored to meet the specific needs of the staff working with the child. Also included at the end of this section is an example of how a Hampshire special school has adapted the pro forma and the child-friendly 'My Plan' pro forma – which again can be tailored to suit the child.

Greenmount Primary School**Positive Support Plan**

| | | | |
|----------------------------------------|--------|----------|------|
| Name | d.o.b. | Plan no. | Date |
| Nominated staff member to oversee plan | | | |

| |
|------------------------------------------------|
| Strengths |
| Inappropriate behaviours that may be displayed |

| |
|-------------------------------------------------------|
| |
| Possible messages being communicated by the behaviour |
| Agreed targets |
| Adaptations to the environment |

| |
|------------------------------------------|
| New skills to be taught as SMART targets |
|------------------------------------------|

| |
|--------------------------------------------|
| |
| Ways of recognising effort and improvement |
| Responsive strategies |
| Arrangements for gathering data |
| Reviewing progress |

This plan was developed by:

To be shared with: (key people)

My Plan



Name:

Year group:

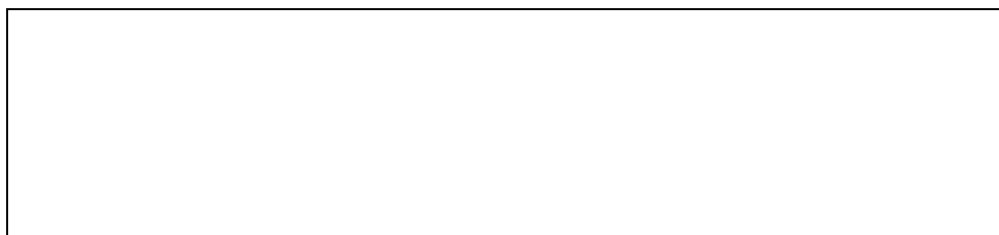
My Interests:

| |
|--|
| |
|--|

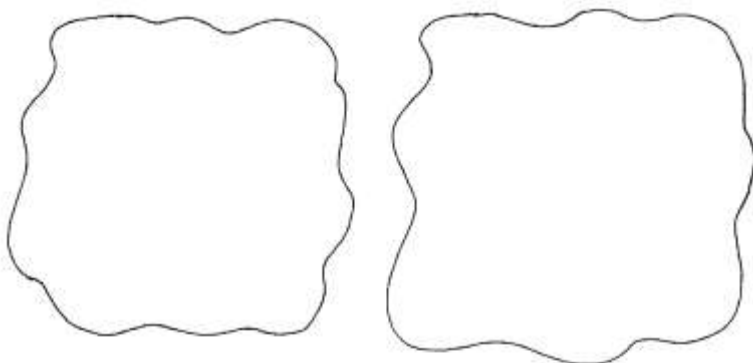
I feel good when:



I feel calm when:



Things I would like to change about my behaviour are:



To help me change, I need to set some targets:

At school I am going to try to:

A



-
-



-
-

I want to change my behaviour because:

I would like the following people to help me reach my targets:

People at school

.....

People at home

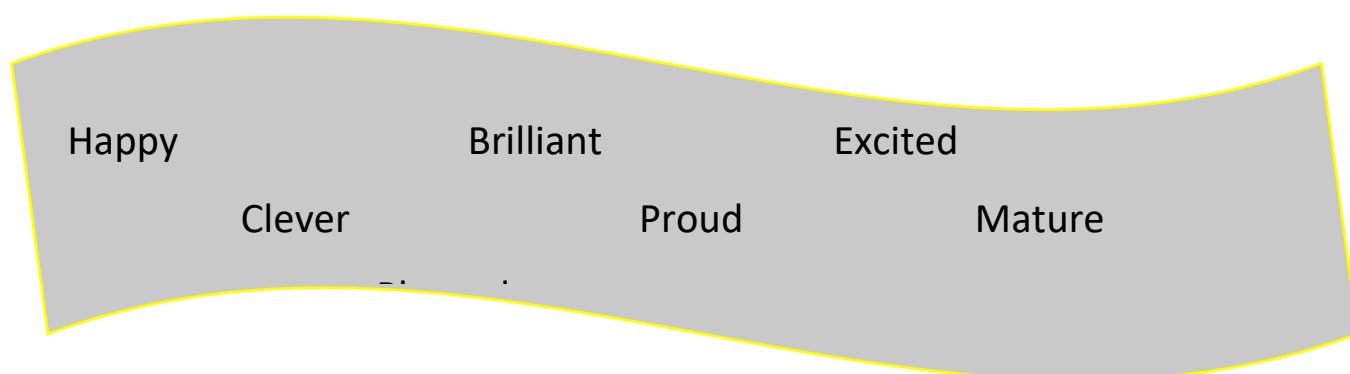
.....

We need to make sure that we ask them to help.

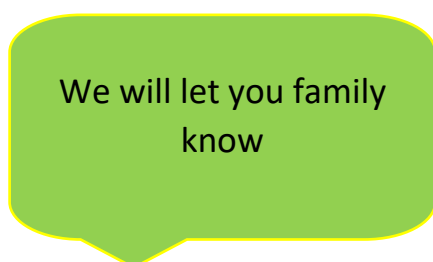
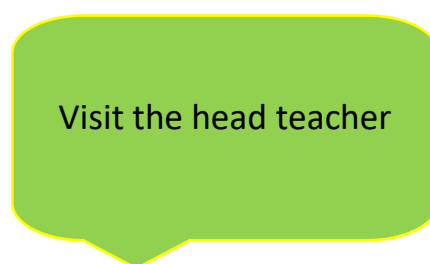
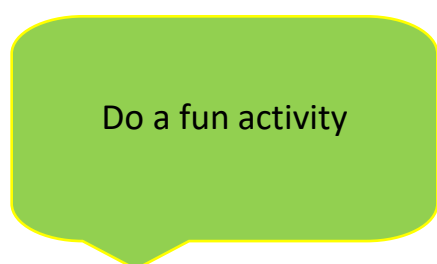
.....can help me by

.....can help me by

When I reach my targets I will feel:



When I reach my targets, I will celebrate in the following ways:



Your idea

I will have a review every term to review my targets

This will be a special meeting so I can see how I am doing with my targets.

This will be on at

The meeting will be held in

I would like these people to be there with me

.....

.....

.....

.....

.....

.....

Pupil restorative form

Name:

Year group:

Date of restorative meeting:

Date of incident:

| Questions | Pupil response |
|-------------------------------------------------------------------------------------------|----------------|
| Can you tell me what happened? | |
| How were you feeling? | |
| What happened afterwards? | |
| Who else was involved? | |
| How do you think you made them feel? | |
| How do you think your parents, grandparents, the head teacher or your class teacher feel? | |
| What have you learnt? What will you do different next time? | |
| How can you repair the damage? | |

Pupil signature: _____

Adult signature: _____

Recording, reporting and monitoring physical intervention

Recording, reporting and monitoring physical intervention

The forms in the Bound and Numbered Book should be completed whenever restrictive physical intervention (restraint) occurs. The book is kept in the SEN office, Green Haven. Restraint has been defined as follows: “circumstances where a member of staff uses force intentionally to restrict a child’s movement against his or her will.” (HCC, 2015).

The form should be completed by those staff involved in the incident as soon as possible and ideally within 24 hours.

The Senior Leadership Team will review incidents of physical intervention on a monthly basis. The SENCo, working with the support of the safeguarding governor, is responsible for this review in addition to the Designated Safeguarding Lead, and it will be important that issues of pupil and staff confidentiality are considered in this process. Review questions might include:

What patterns can be noticed across:

- young people involved in physical intervention
- setting events (times of day, lessons, social settings, areas in school, etc)
- the hypothesised function of the incidents (see reverse of report form)
- staff involved in physical interventions
- types of physical interventions used
- types of injuries.

What are the implications of these patterns for:

- risk assessment procedures
- individual management plans
- staff training (including initial and refresher training in behaviour management, risk assessment and physical intervention)
- supervision, timetabling and planning arrangements.

Support after an intervention

Support after a physical intervention

Physical intervention is distressing for both adults and the young people who are restrained. It can also be distressing to observe an incident where physical intervention has been necessary.

Debrief with young people

It is helpful to have clearly developed procedures for 'debriefing' young people. The form included at the end of this section can be used by schools to record the debrief with the young person. Again, this form is a suggested example framework which can be adapted to suit the school's needs, and the level of detail recorded will be determined by the school.

Staff will make a judgement about whether to record the discussion themselves or whether to allow the young person to record their view independently. In both cases, it is important to allow the young person an opportunity to sign the record form. **All pupils should be offered a debrief. It is important that this support is provided when the young person has calmed sufficiently to be able to reflect on what has happened. This may be as much as 90 minutes or more after the event has finished.**

One framework that can be used to support a pupil debrief is The Life Space Interview (LSI).

Life Space Interview

This was developed by Fritz Redl, an Austrian psychoanalyst. With his colleague, David Wineman, he thought that all young people, including those with challenging behaviour, possess the ability to understand and change their behaviour. In particular, he saw crises (such as those involving physical intervention) as opportunities for the young person to learn new ways of behaving, provided that appropriate support was provided.

The process can be remembered through the acronym I ESCAPE.

- I** Isolate the young person
- E** Explore the young person's point of view
- S** Share the adult view
- C** Connect with other events
- A** Alternatives – consider other possibilities
- P** Plan how the alternatives might be put into place
- E** Enter the normal routine.

Steps in the Life Space Interview

Isolate the young person into a neutral setting where it is possible to think and talk about what has happened. This has nothing to do with punishing, but with reducing the amount of distraction and stimulation, in order to maximise the chances of a helpful conversation. It will be important to allow the young person time to wash their face and fix their clothes, etc before the discussion begins.

Explore the young person's point of view. This stage comes before sharing the adult view, as the young person will feel most willing to receive this after they feel that they have been listened to with respect and without interruption or correction. As such, it is important at this stage for staff to simply listen, and resist the temptation to contradict or tell their stories.

This involves listening to their perception of what happened and trying to gain an understanding of why they chose the behaviour that they chose. It is helpful to encourage the young person to reflect on whether they feel their choices were good.

Share the adult view. The LSI process recognises that there will be more than one point of view. This is the stage for the adult to explain why certain courses of action were taken and to share their views about how they interpreted and reacted to the situation. If there was more than one adult involved (including those involved as observers) it may be helpful to include those adults in the LSI process.

Connect with other events that the young person has managed well, or not so well, so that the young person can look for patterns that help make sense of what happened and which offer hope of different solutions. It is helpful also to help the young person look for a connection between what they thought how they felt and what action they took. (This stage is called 'Looking for patterns' on the record sheet.)

Alternatives – What other options are available to the young person if they face a similar situation again? It is helpful to include discussion about the young person's view of how adults can best support them in similar situations. This will offer an insight into the most appropriate 'reactive strategies' for responding to difficulties in future.

Plan by choosing the best option from the alternatives and discussing what role the young person, and those around him or her, can have. How will new skills be taught and practised? How will the young person be rewarded and supported in following the plan? (This stage, and the alternatives stage, are summarised under 'Planning for the future' on the record sheet. There should be a clear link between these plans and any approaches recording on Positive Support Plans.)

Enter the normal routine that the young person follows, at a time when it is easier to re-join the group, such as at the end of a lesson or after break time. Support the young person in managing the consequences of their behaviour.

Other debrief methods

For pupils who are not verbal or who rely on visual forms of communication, a debrief should be done using visual prompts. Examples of visual debriefs can be found in the example forms that follow, but any visual debriefs used should be tailored to the individual pupil involved as far as possible.

Debrief with members of staff

It is the member of staff's choice whether to take up the offer of a debrief, but all staff involved with or observing an intervention should be offered this opportunity. That staff were indeed offered this opportunity should be recorded, and there is a box on the suggested Physical Intervention Record Form to indicate whether or not the offer was made and whether it was taken up.

Many of the steps in the Life Space Interview will be appropriate to consider during a staff debrief. An example form for recording staff debrief is included at the end of this section.

Greenmount Primary School

Supporting a young person after a physical intervention

What happened? (The young person's view)

What happened? (The adult's view)

Looking for patterns

Planning for the future

Young person's printed name Signature

Adult printed name Signature

Incident date Incident time

Greenmount Primary School

Staff Incident Debrief Form

Date:

Staff involved:

Supported by:

Discussion points:

Points for further consideration/sharing:

| |
|-----------------------------------------------------------------------------------------------|
| |
| To the staff involved. Is there anything further you require or person you would like to see? |

Signature of staff involved:

Signature support colleague:

Appendix Six: Related local and national guidance

This policy has been written in the light of more specific guidance that is available to schools.

The main national guidance refers to the Education and Inspections Act (2006) and is:

Department for Education (2013) *The Use of Reasonable Force*

Department for Education (2014) *Screening, Searching and Confiscation – Advice for Head Teachers, Staff and Governing Bodies*

Department for Education (2015) *Keeping Children Safe in Education: for schools and colleges*

Department for Education and Skills/Department of Health (2002) *Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders* LEA 0242/2002

Department for Education and Skills (2003) *Guidance on the Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties* LEA 0264/2003

Our school policy is based on guidance from Hampshire County Council:

Hampshire County Council (2010, updated 2015) *Planning and recording physical interventions in schools*