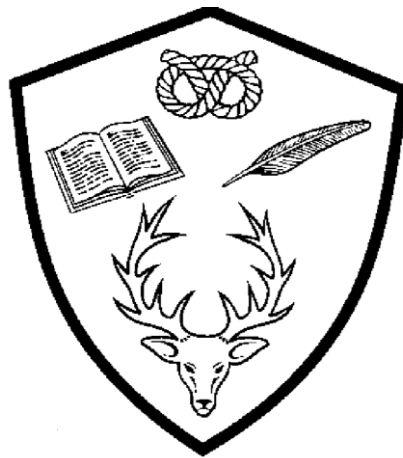


Chase Terrace Primary School

Reducing the Need for Restraint and Restrictive Intervention Policy



Together we Learn
Together we Aspire
Together we Succeed

Chase Terrace Primary School Reducing the Need for Restraint and Restrictive Intervention Policy	
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Person Responsible:	Headteacher
Approval Body:	Chair of Governors (using Chair's Power to Act) October 2024 Quality Of Education Committee October 2024
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Introduction

The school behaviour policy outlines how staff at Chase Terrace Primary School create and maintain good order and relationships through positive approaches. These approaches are successful for the vast majority of the time. This policy on the reducing the need for restraint and restrictive intervention supplements the main behaviour policy. Both should be read in conjunction with the school SEND policy, Keeping Children Safe in Education Policy, Health and Safety policy and the Child Protection policy.

Purpose of this policy

This policy aims to give all members of the school community clear guidance so that any physical intervention that they undertake is carried out in a way that supports the values and principles described above. In particular, it aims to describe the circumstances in which restrictive physical intervention is an appropriate response and how staff at school will fulfil their responsibilities in those circumstances.

The headteacher will be responsible for ensuring that staff and parents are aware of the policy. He will ensure that any necessary training/awareness-raising takes place so that staff know their responsibilities.

It is the objective of this policy: -

- that all methods of restrictive interventions are used as infrequently as possible;
- that restrictive interventions when used are used in the best interests of the pupil
- every reasonable effort is made to minimise risk or harm or injury to anyone involved and that the need to maintain an individual's respect, dignity and welfare is maintained; and
- that restrictive physical interventions are risk assessed, so that the impact of the restrictive physical intervention will be minimised when key factors are evaluated and a planned approach is taken to incidents whenever possible.

The safety of staff during restrictive physical intervention is of equal importance to the best interests of pupils and both take priority over care of property.

Appropriate use of Restrictive Physical Intervention

Chase Terrace Primary School believes that physical touch is an essential part of human relationships.

To use touch/physical support successfully, staff will adhere to the following principles. It must:

- be non-abusive, with no intention to cause pain or injury
- be in the best interests of the child and others
- have a clear educational purpose (e.g., to access the curriculum or to improve social relationships)
- take account of gender and other personal issues

There are occasions when physical contact with a child is proper and necessary e.g.:

- holding the hand of a pupil at the front /back of the line when going to assembly or when walking together on an outing
- when comforting a distressed child
- when congratulating or praising the young person
- to demonstrate how to use equipment or a skill e.g., musical instrument
- to demonstrate exercises during PE lessons or sports coaching
- to give first aid

At Chase Terrace Primary School, the headteacher is responsible for ensuring that relevant staff are aware of any pupil who finds physical touch unwelcome. Such sensitivity may arise from the pupil's cultural background, personal history, age etc.

When is restrictive physical intervention permissible at Chase Terrace Primary School?

The expectation is that as far as possible schools and children's services will be restraint free. The use of restrictive physical interventions will always be an act of last resort and not normal practice and based on the best needs of the person. Chase Terrace Primary school take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as possible.

The Education and Inspections Act 2006 states that school staff are able to use **such force as is reasonable in the circumstances** for the purposes of preventing a pupil from doing, or continuing to do, any of the following:

- **committing any 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 him/herself)
- **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

What is Reasonable Force?

A degree of force which:

- is in proportion to the circumstances and seriousness of the behaviour or consequence it is intended to prevent
- is the minimum needed for the least amount of time to make a situation safe?
- is not intended to cause pain or injury

Based on thoughtful, informed professional judgement and follows principles of good practice.

Strategies for the use of Restrictive Physical Intervention

Situations in which restrictive physical intervention may be appropriate or necessary fall into three broad categories: -

- Planned interventions
- Unplanned/Emergency Interventions
- As part of a Therapeutic or Education Strategy

Planned Intervention:

Pre-arranged strategies to deal with situations are planned where a risk assessment has identified the likelihood of the need for restrictive physical intervention.

Unplanned/Emergency Intervention:

Emergency use of restrictive physical interventions may be required when a young person behaves in an unforeseen way. At Chase Terrace Primary we use a dynamic risk assessment approach which is a quick on the spot assessment prior to acting (where possible). This allows staff to: -

Step Back	Don't rush into an intervention, is it necessary, do you have suitable justification.
Assess Threat	Assess the individual, the objects, the environment and the situational factors.
Find Help	Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc.
Evaluate Options	Primary – proactive actions to remove the triggers Secondary – communication, interpersonal skills, nonverbal body language e.g. open palms, directing, defusing, calming, switching staff etc. Tertiary – Enhanced observation, restrictive physical intervention.
Respond	Apply the principles of the least adverse method in responding. Continue to re-evaluate the situation and your response. Continually

monitor for changes in level of risk.

Therapeutic or Educational Strategy:

In most circumstances, restrictive physical intervention will be used reactively, to prevent injury or avoid serious damage to property. Occasionally, it may be agreed to be in the best interest of the pupil to use a restrictive physical intervention involving the use of some degree of control as part of a therapeutic or educational strategy.

Where this approach is employed, a clear rationale for the use of restrictive physical intervention will be documented and endorsed by a multidisciplinary team which includes, wherever possible, family/carers, the person with parental responsibility and or independent advocates.

Medication:

Medication must never be used as a sole method of gaining control over a person who displays violent or aggressive behaviour, but as part of a holistic care plan. Medication must be administered upon medical advice in accordance with the Staffordshire County Council's Medication Policy HR109 and their policy for Supporting Pupils with Medical Conditions 2015 and not used as a routine method of managing difficult behaviours.

Devices for Restricting Movement:

Devices that are required for a therapeutic purpose for a disabled adult or child, such as buggies, wheelchairs and standing frames (including supporting harness) may also restrict movement. Such devices should never be provided solely for the purpose of preventing problem behaviours.

Some devices are designed specifically to prevent problem behaviours and their use must be considered as a form of restrictive physical intervention. For example, arm splints or protective garments might be used to prevent self-injurious behaviours. Such devices should be a last resort and used only when other preventative strategies have not proved successful. They should only be introduced after a multidisciplinary assessment that includes consultation with family, carers and in the case of children, those with parental responsibility. If employed they should be selected carefully to impose the least restriction on movement required to prevent harm whilst attempts should continue to be made to achieve the desired outcomes with less restrictive interventions.

Where the use of self-harm prevention devices is indicated, staff must be fully trained in their use. This is always to be recorded using the Restrictive Physical Intervention Protocol HSF 57.

Risk assessment

The use of a restrictive physical intervention will be the outcome of a professional judgement made by staff on the basis of this school policy. It is avoided whenever possible and will not be used for staff convenience. Restrictive physical intervention must be used in a context of risk assessment and care or behaviour plan. The correct use of intervention, recording and reporting on the use and investigation and follow up is essential. It is essential that the

outcomes of any assessment are made known to all relevant staff and other parties such as parents/carers.

For each pupil who presents challenges, there needs to be individualised strategies for responding to incidents of violence and aggression/self injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the pupil. This must be documented in an individual behaviour plan.

When the need for restrictive physical intervention is agreed, it is important that appropriate steps are taken to minimise the risks to staff and pupils. Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

It is essential that following any intervention, risk assessments are reviewed. It may be necessary to call a formal review meeting and revise the risk assessment and management plan. When reviewing the risk assessments, it is important to review trends, personality dynamics, factors surrounding the incident and what happened in the days and hours beforehand in order to look for triggers or contributing factors.

Members of Staff are not expected to intervene physically against their better judgement nor are they expected to place themselves at unreasonable risk. In such circumstances, they must take steps to minimise risks, for example, by removing other pupils and calling for assistance.

Weapons

A weapon can be described as any implement that has the potential to cause harm when not used for the purpose it was designed and intended to be used. Staff must always attempt to observe if the service user/pupil maybe holding anything which may have the potential to cause harm prior to using a restrictive physical intervention.

Staff are not expected to disarm individuals with a weapon using restrictive physical interventions since the risks of injury to those involved are too great. The priority must be to contact the police and attempt to move other people in the immediate environment to a safer place.

If a service user/pupil uses a weapon in an attempt to harm themselves or others, the council recognises that staff have the legal right to use reasonable force to protect themselves and others.

The place of restrictive physical intervention within broader behavioural planning

If, through the school's special needs assessment procedures, it is determined that a restrictive physical intervention is likely to be appropriate to help a pupil make progress, a risk assessment will be carried out following the school's guidelines.

If appropriate, an individual behaviour plan (IBP) will then be drawn up for that pupil. This plan will aim to reduce the likelihood of the need for restrictive physical intervention as well as describing how such intervention will be carried out. This plan will be discussed with parents/carers. When it involves the use of a restrictive physical intervention, medical colleagues will be consulted.

Before the plan is implemented, any necessary training or guidance will be provided for the staff involved. The headteacher will be responsible for establishing staff needs and for organising necessary training.

What to do after the use of a restrictive physical intervention

After the use of an unplanned restrictive physical intervention, the following steps will be taken.

- details of the incident will be recorded by all adults involved *immediately* on the appropriate recording form (Appendix 1). A copy will be sent to the SCC 'Health & Safety' department.
- recording will be completed within 12 hours whenever possible. Staff will be offered the opportunity to seek advice from a senior colleague or professional representative when compiling their report.
- any injuries suffered by those involved will be recorded following normal school procedures.
- the headteacher will check that there is no cause for concern regarding the actions of adults involved. If it is felt that an action has 'caused or put a child at risk of significant harm' the headteacher will follow the school's child protection procedures and also inform parents/carers.
- parents/carers will be informed by the headteacher on the day of the incident. If this is initially done by phone, it will be followed up in writing. Parents/carers will be offered the opportunity to discuss any concerns that they may have regarding an incident.
- Support/debriefing will be available for adults and pupils who have been involved in any incident involving restrictive physical interventions. This will be provided by the headteacher.

Arrangements for recording and informing parents in the case of a planned restrictive intervention will be followed as agreed beforehand but broadly will follow the same pattern as above.

The headteacher will use the records kept to analyse patterns of behaviour and to decide whether responses are being effective. The headteacher will report on this information to the Governing Body *annually*.

Complaint's procedure

Any complaint will first be considered in the light of the school's child protection procedures, following Staffordshire County Council guidance. If child protection procedures are not appropriate, the school's complaint procedures will be followed.

Appendix 1

RECORD OF PHYSICAL INTERVENTION OR RESTRAINT

Date of incident:

Time of incident:

Pupil Name:

D.o.B:

Member(s) of staff involved:

Adult witnesses to restraint:

Pupil witnesses to restraint:

Outline of event leading to restraint (inc. alternative strategies used):

Outline of incident of restraint (including details of actions, method of restraint, words used, witnesses etc.):

Outcome of restraint:

Description of any injury(ies) sustained by injured pupil and any subsequent treatment:

Description of any property damage:

Date parent/carer informed of incident:

Time:

By whom informed:

Outline of parent/carer response:

Signature of staff completing report: Date:

Signature of Teacher-in-charge: Date:

Signature of Head STS: Date:

Brief description of any subsequent inquiry/complaint or action: (Has an Accident Investigation Report Form or Report of Violence and Aggression Form been completed and submitted to the Strategic Health and Safety Service?)

Risk Assessment and Restrictive Physical Intervention Protocol reviewed:

Yes/No

Outcomes:

Staffordshire County Council
Restrictive Physical Intervention Protocol

Workplace _____

Name		Date of Birth
Address		Gender
Provision		
Medical Conditions		

Assessment of Risk

History	
Physical size and strength	
Categories of people exposed	
How could exposure take place	
When and how often could exposure occur	
Possible consequences of exposure	
Benefits of not intervening	
Consequences of not intervening	
Views of service users/pupil, parents, family etc.	
Other information.	

Agreed Intervention Strategy

Antecedents		
Warning Signs 1. Tension 2. Non-Verbal 3. Verbal		
Critical Moment		
Restrictive Physical Intervention Procedure		
By whom and how often with this protocol be reviewed.	Date of next review:	
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:

Protocol to be retained on service users/pupils individual care plan/record.