



**HARTSBOURNE PRIMARY SCHOOL**  
**Valuing Potential; Creating Opportunities**

**RESTRICTIVE INTERVENTIONS POLICY (Previously Positive Handling)**

This policy is part of our overall pastoral care procedures and should be read in conjunction with our Behaviour Policy, Child Protection Policy, (and Local and National Child Protection Guidelines) Equality Policy, Inclusion Policy and SEND Policy.

**POLICY REVIEW**

This policy has been agreed by staff and Governors and will be regularly reviewed:

<b>DATE OF POLICY:</b>	SEPTEMBER 2020	<b>DATE OF NEXT REVIEW:</b>	SEPTEMBER 2022
<b>MONITORED BY:</b>	SENIOR LEADERSHIP TEAM	TEACHING & LEARNING COMMITTEE	

**VISION**

Hartsbourne Primary School is an inclusive learning community where we are:

Building a strong school **community**; inspiring pupils to gain the **confidence**, resilience and independence to become **life-long learners**, making the best **progress** possible and creating happy memories.

**RATIONALE**

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. It has been agreed through the SEND Executive and forms part of Hertfordshire's Local Offer. 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. 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.

At Hartsbourne Primary School we believe that every child and young person 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 child (or young person) is seeking to communicate through difficult or dangerous behaviours.

Parents 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.

The use of restrictive intervention will only be needed for a very small minority of children or young people. We know that the use of restraint and restrictive interventions can be traumatizing, particularly so for children, who are still developing both physically and emotionally. We know that the use of restraint and restrictive interventions can have long-term consequences on the health and wellbeing of children and young people. It can also have a negative impact on staff carrying out such interventions.

Children and young people 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 children and young people whose behaviour is difficult or dangerous should be: -

**“What is in the best interest of the child and/or those around them in view of the risks presented?”**

## **NATIONAL GUIDANCE**

This policy is based on the principles set out and in supplement to 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](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)

## **POSITIVE AND PROACTIVE APPROACH TO BEHAVIOUR**

Hartsbourne operates a clear behaviour policy for meeting children and young people'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 child or young person may exhibit such behaviours because 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 children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties - who may have little choice and control over their lives. Children and young people 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 child or young person being exposed to challenging or overwhelming environments, which they do not understand, where positive social interactions are lacking, and / or personal choices are limited.

Children and young people 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 children and young people'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 child(ren) (or young person) and their parents. Co-produced risk reduction plans aim to better understand the experiences of parents and children as well as the agree the steps that should be taken to avoid escalation and promote emotional wellbeing.

## TERMS AND DEFINITIONS

The term **child** refers to all children and young people under the age of 18.

The term **physical intervention** is used to describe contact between staff and a child (or children) 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 child or young person's independent actions, including removing auxiliary aids, such as a walking stick, or coercion, including threats involving use of restraint to curtail a child or young person's independent actions.
- Mechanical restraint: the enforced use of mechanical aids such as belts, cuffs and restraints forcibly to control a child or young person's individual movement.
- Withdrawal: removing a child or young person 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 child or young person, 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 child or young person 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' 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.

## **ACCEPTABLE FORMS OF PHYSICAL INTERVENTION**

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

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

- To comfort a child in distress (appropriate to their age).
- For affirmation/praise.
- To gently direct a child or young person.
- For curricular reasons (for example in PE, Drama).
- First aid and medical treatment.
- In an emergency to avert danger to the child.

Not all children feel comfortable with certain types of physical contact; this should be recognised and, wherever possible, adults should seek the child's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed. Staff should listen, observe and take note of the child's reaction or feelings and so far as is possible, use a level of contact and/or form of communication which is acceptable to the child.

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

- The child's age and level of understanding.
- The child's individual characteristics and history.
- The duration of contact.
- The location where the contact takes place (others should be present/in the vicinity)
- The purpose of the physical contact.

Children can be distressed by a range of events or circumstances that are beyond their control, eg an accident, bereavement, loss of a pet, personal possession etc. Strategies for comforting a distressed child will include the following:

- Verbal reassurance and expressions of sympathy
- Making eye contact and crouching down at the child's level
- Holding the child's hand(s) gently between the adult's hands
- A gentle pat on shoulder, arm or hand
- Sitting or standing alongside, with appropriate body language

The above will also apply to children who are anxious about separating from a parent first thing in the day and teaching staff will exercise their professional judgement on the appropriate level of intervention, when encouraging children to say goodbye to their parent(s).

Physical intervention will not become a habit between a member of staff and a child. Physical intervention should always be in the child's best interest and staff must have an awareness of children and young people who may not have secure primary attachments. Staff must have an awareness of the need to differentiate physical intervention to ensure that children or young people 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 and siblings.

Physical contact will never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact **will not** be made with the child or young person'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 and the Keeping Children Safe in Education document on the school intranet.

### **RESTRAINT AND RESTRICTIVE INTERVENTION**

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 child), to minimise the likelihood of, and avoid the need to use, restraint.

There may, 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 child's needs (including their vulnerabilities, learning disabilities, medical conditions and impairments), evidence of the risks to self and others and the extent to which a restrictive intervention would be in the child'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 child's individualised risk reduction plan (Annex 3.) 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 child, other children, staff or the 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 child - 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) children, parents and where

appropriate (for example, where the child or parent/carer wants it) advocates should be involved.

In an emergency such as a child running into a road, or a child 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 child at that moment to make themselves safe.
- requires responses which are reasonable and proportionate and use the minimum force necessary 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 children 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 children or young persons.

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

- To prevent a child from committing a criminal offence (this applies even if they are below the age of criminal responsibility)
- To prevent a child from injuring themselves or others
- To prevent or stop a child or young person 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 use their professional judgement and 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 child or young person or others.

Since children are developing both physically and psychologically this makes them particularly vulnerable to harm. The potentially serious impact of restraint on their development requires that the child's best interests is the paramount consideration when reaching a decision on whether to, and how to, restrain a child. However, this does not mean that the child'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

## 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 child feels pain as a direct result of the technique
- The child feels a sense of violation.

Clearly the use of a restraint technique that negatively impacts on a child'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 child or young person up or down stairs
- Dragging a child or young person 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 child 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 child's and/or other children'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 child to regain self-control.
- Escalation will be avoided at all costs.
- The age, understanding, and competence of the individual child will always be considered.

- In developing a risk reduction plan, consideration will be given to approaches appropriate to each child or young person's circumstance.
- Procedures are in place, through the pastoral system of the school, for supporting and debriefing children or young persons and staff after every incident of restrictive intervention, as it is essential to safeguard the emotional well-being of all involved at these times.

## **DEVELOPING RISK REDUCTION PLANS**

If a child 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 child and staff to avoid situations that escalate through understanding the factors that influence the behaviour and identifying the early warning signs to manage and reduce risk. The plan will include: -

- "Roots and fruits" to explore the link between experiences, feeling and behaviours (Annex 1)
- 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 children and young people.
- Details of a communication plan with the children including for those who are non-verbal (including those with speech, language and communication needs).
- Co-produced with parents/carers and the child 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 such as the safest way to hold a child with a specific medical need or condition.

## **CONTINUING PROFESSIONAL DEVELOPMENT**

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

- Awareness of issues for governors, staff and parents,

- 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 children and young people and help parents 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 child who displays dangerous behaviour.**

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

## 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, in a book with numbered pages. The written record should include:

- the names of the staff and child or young persons involved;
- 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 child '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 child or young person 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 school's restraint arrangement.

The nominated governor is the SEND Governor:

NAME \_\_\_\_\_

## **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 or Principal, this should be referred to the Chair of Governors/ Chair of the Management Committee/Proprietor 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.

**ANNEX. 1. Roots and Fruits**

Analysis tool to explore behaviours, feelings and experiences

**Roots and Fruits**

Name	
Supporting Staff	
Date	
Review Date	

**Anti-social / difficult / dangerous Behaviours**

**Pro- social behaviours**

**DEFAULT**

**Anti-social / negative feelings**

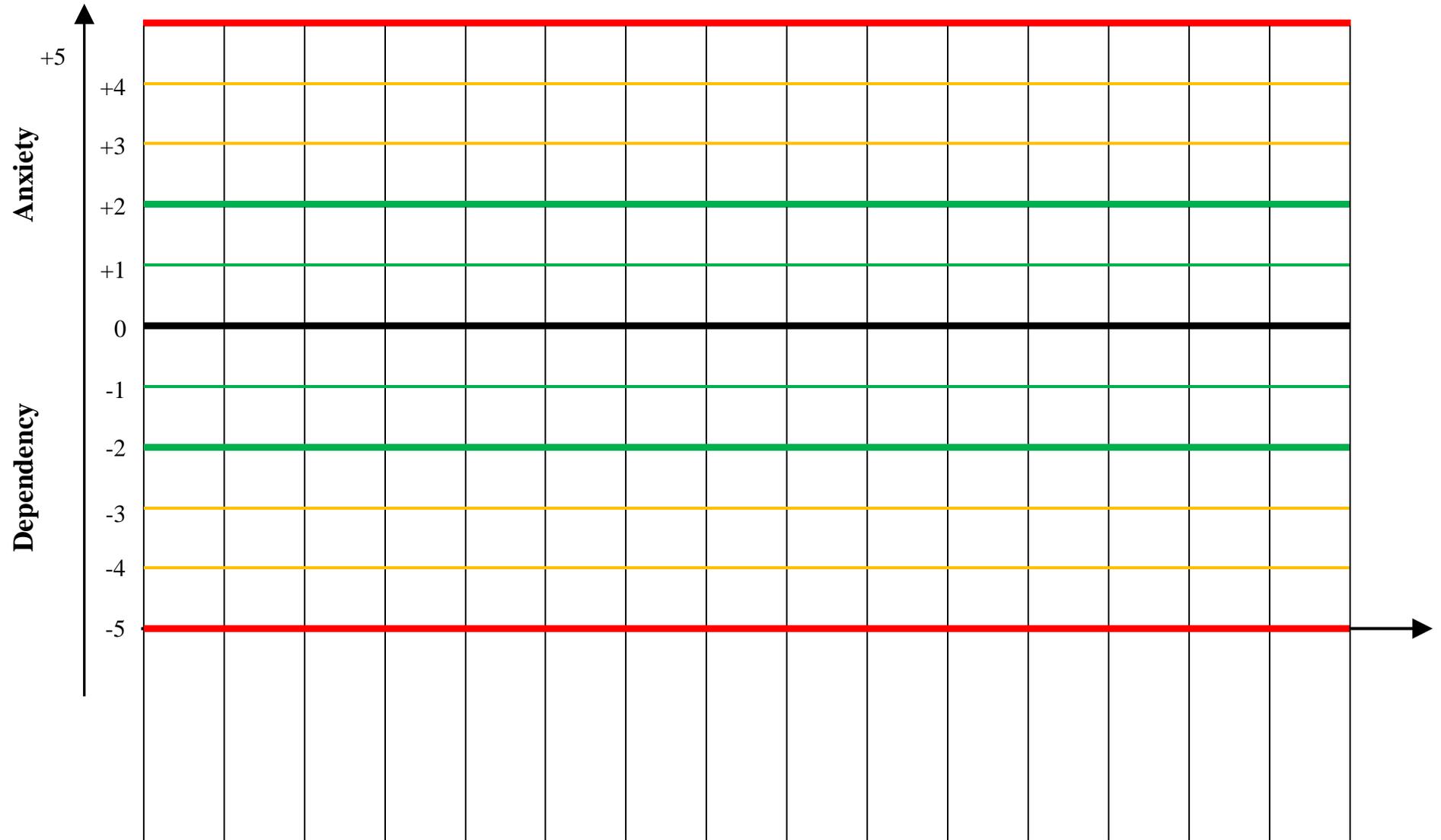
**Pro-social / positive feelings**

**Anti-social / negative experiences**

**Pro-social / positive experiences**

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# 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 <b><u>Predict it</u></b>	Evidence of action <b><u>Prevent it</u></b>
<b>Raised Anxiety</b>	+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 • • •
	<b>0</b>		
<b>Increased dependency</b>	-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					

<b>Seriousness</b>	
<b>1</b>	Foreseeable outcome is upset or disruption
<b>2</b>	Foreseeable outcome is harm requiring first aid, distress or minor damage
<b>3</b>	Foreseeable outcome is hospitalisation, significant distress, extensive damage
<b>4</b>	Foreseeable outcome is loss of life or permanent disability, emotional trauma requiring counselling or critical property damage
<b>Probability</b>	
<b>1</b>	There is evidence of historical risk, but the behaviour has been dormant for over 12 months and no identified triggers remain
<b>2</b>	The risk of harm has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
<b>3</b>	The risk of harm is more likely than not to occur again
<b>4</b>	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

<b>Name</b>	<b>DOB</b>	<b>Date</b>	<b>Review Date</b>
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<b>Photo</b>	<b>Risk reduction measures and differentiated measures (to respond to triggers)</b>
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<b>Pro social / positive behaviour</b>	<b>Strategies to respond</b>
<b>Anxiety / DIFFICULT behaviours</b>	<b>Strategies to respond</b>
<b>Crisis / DANGEROUS behaviours</b>	<b>Strategies to respond</b>
<b>Post incident recovery and debrief measures</b>	

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)?
<b>JUSTIFICATION</b> (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**

<b>Student Name:</b>	
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<b>D.O.B:</b>	
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<b>Reporting Member of Staff:</b>	
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<b>Location of Incident:</b>	
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<b>Time and Date of Incident:</b>	
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<b>Justification for physical intervention (tick all that apply):</b>		<b>Predicted harm prevented by physical intervention with predicted levels (see Individual Plan)</b> e.g. bruising to peers, lacerations, destruction of computer, 20 mins of geography lost for 15 child or young person's etc.)
To prevent harm to self	<input type="checkbox"/>	
To prevent harm to other children	<input type="checkbox"/>	
To prevent harm to adults	<input type="checkbox"/>	
To prevent damage to property	<input type="checkbox"/>	
To prevent loss of learning (see plan)	<input type="checkbox"/>	

<b>Incident Form/Book Complete</b>	Y/N
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<b>Medical Treatment / Injuries</b>	Y/N
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<b>Damage to Property</b>	Y/N
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<b>Name(s) of additional staff witness:</b>	<b>Name(s) of additional student witness:</b>

<b>Unresolved Harm/ Details of damage to property (costs and details of harm to property and people including medical intervention:</b>

<b>Triggers:</b>
<b>Additional factors:</b>

<b>Management:</b>	<b>Comments:</b>
How was the incident resolved?	
What were the Consequences? Protective and Educational	



Has student reparation/ de-brief taken place?	Y/N	
Has staff de-brief taken place?	Y/N	
Has the Risk Management plan been reviewed or updated?	Y/N	
Was there Police involvement?	Y/N	
Has there been Internal Exclusion / FTEX / PEX?	Y/N	



**Primary de-escalation techniques used**  
(please state order in which they were used)

Verbal advice and support		Offering services of other staff	
Calm talking		Informing of consequences	
Distraction		Taking non-threatening body position	
Reassurance		De-escalation script	
Humour		Clear instruction / warning	
Negotiation		Withdrawal from activity	
Offering choices and options		Diversion	

Number	Description of how technique was employed
1	
2	
3	
4	
5	

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

Time	Technique	Shape	Staff name

**Duration of restraint:**

**Duration of incident:**

<b>Is there any physical mark or harm caused by the use of restraint?</b>	Y/N	Details:
<b>Has the student indicated that this was caused by the use of physical intervention?</b>	Y/N	Actions: <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

Incident reporting and monitoring	
Incident reported to: Head Teacher by:	
Parents / Carer informed by:	@
Student wellbeing verified by:	@
Staff wellbeing verified by:	@
Incident form completed by:	@

Verification of account of incident:		
Staff name	Staff signature	Date



Reporting staff name: \_\_\_\_\_ Signature: \_\_\_\_\_

Incident form coordinator check signature: \_\_\_\_\_ Date: \_\_\_\_\_

Positive Handling is the positive application of force with the intention of protecting the child from harming himself or others, or seriously damaging property. Positive handling should only be used when all other strategies have been tried and found unsuccessful or in an emergency situation.

SECTION 550a OF THE Education Act 1996 and the DFEE Circular 10/98 allow teachers and other members of staff at a school who are authorised by the Head teacher to use such force as is reasonable in the circumstances, where the pupil may need to be prevented from engaging in behaviours which are likely to:

- Result in committing a criminal offence
- Cause personal injury to, or damage to the property of, any person including the pupil
- Be prejudicial to the maintenance of good order and discipline at the school or among its pupils, whether during a teaching session or otherwise.

'Reasonable amount of force' will be the amount of force that is the minimum needed to avert injury or damage to property or to prevent a breakdown in discipline – applied for the shortest period of time.

**When Restraint will be used:**

The decision to use positive handling must take account of the circumstances and be based on an assessment of the risks associated with the intervention compared with the risks of not employing a restrictive intervention.

Positive handling will be used to:

- Avert danger by preventing or deflecting a child's action
- Removing a physical object which could be used to harm him/herself or others

**AIMS**

The staff at Hartsbourne Primary School recognises that the use of reasonable force is only one of the strategies available to secure pupil safety and well being and to maintain good order and discipline and our Positive Behaviour Policy should be consistently implemented at all times.

**We aim to:**

- Protect every person in the school community from harm and all pupils against any form of physical intervention which is unnecessary, inappropriate, excessive or harmful.
- Provide adequate information and training for all staff so they are clear as to what constitutes appropriate behaviour and to deal effectively with violent or potentially violent situations.
- Use minimum degree of force necessary to accomplish positive handling



- Give full support to staff that have been assaulted or have suffered verbal abuse from pupils or others.
- Maintain accurate records of incidents where positive handling has been employed.
- Undertake risk assessment if a pupil is displaying disturbed, distressed or distressing behaviour and plan how to respond if a situation arises (using de-escalation strategies).

**Inappropriate contact will include holding a child on an adult's lap, cuddling, general lifting/picking up (unrelated to an injury or fall for example), hugging and/or kissing.**

## **Risk Assessment and Planning**

Although most young people at Hartsbourne Primary School will never require any form of positive handling, staff may occasionally have to deal with pupils who exhibit disturbed, distressed or distressing behaviour. Staff will attempt to reduce risk by managing:

- The environment, body language, the way we talk, the way we act, our emotions

If positive handling is likely to be necessary this will be included in the pupil's Personal Provision Map (PPM) together with information on: de-escalation strategies; the manner in which the pupil will be held; how support can be summoned if needed; any medical factors to be considered. Parents/carers will be involved in IEP planning to ensure they are clear about the specific action the school might need to take.

The school's respect for the rights of the individual takes into consideration the context of The Human Rights Act (1998) and The United Nations Convention on the Rights of the Child (1991). The school's ethos and the guidance in this policy are based on the presumption that every adult and child is entitled to:

- Respect for his/her private life
- The right not to be subjected to inhuman or degrading treatment
- The right to liberty and security: and
- The right not to be discriminated against in his/her enjoyment of those rights.

## **PROCEDURES**

A calm and measured approach to any situation will be adopted and staff will not give the impression that they have lost their temper or are acting out of anger or frustration when handling a problem. In the event of positive handling being used the following strategies and recording procedures are deemed acceptable:

### **Action Steps (Used in conjunction with our Behaviour Management Policy)**

1. Tell the pupil who is misbehaving to stop and state possible consequences of failure to do so
2. Use distraction or de-escalation techniques and allow take-up time
3. If possible summon another adult for support
4. Continue to communicate calmly with the pupil throughout the incident
5. Make it clear that restraint will be removed as soon as it ceases to be necessary
6. Appropriate follow-up action should be taken, which may include:
  - i. Providing medical support
  - ii. Providing respite for those involved
  - iii. Parents/carers will be contacted as soon as possible



## **Recording**

Staff should record all incidents of restraint in accordance with School Policy and report these to the Head teacher (See Appendix 1). Parents/carers should be contacted as soon as possible, and the incident explained to them. This action should also be recorded.

## **COMPLAINTS**

We will involve parents when an incident occurs, adhere to the policy and make clear and accurate records. A dispute about the use of force by a member of staff might lead to an investigation, either under disciplinary procedures or by the Police and social services department under child protection procedures.

Staff subjected to physical violence or assaults have the right to be supported in making a formal complaint to the police and, if necessary, taking private action against an assailant.

It is our intention to inform all staff, pupils, parents and governors about these procedures and the context in which they apply.



## **GUIDELINES**

### **When might it be appropriate to use reasonable force?**

1. Pupil committing an offence
2. Causing personal injury to, or damage to the property of, any person (including the pupil); or
3. Engaging in any behaviour prejudicial to the maintenance of good order and discipline at the school or amongst its pupils, whether during a teaching session or otherwise.

Examples of situations that fall into one of the first two categories are:

- A pupil attacks a member of staff, or another pupil.
- Pupils fighting.
- A pupil is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials, substances or objects.
- A pupil is running in a corridor or on a stairway in a way in which he/she might have or cause an accident likely to injure her/himself or others.
- A pupil absconds from a class or tries to leave school (NB this will only apply if a pupil could be at risk if not kept in the classroom or at school).

Examples of situations that fall into the third category are:

- A pupil is behaving in such a way that is seriously disrupting a lesson. (However, the first step should be to remove the rest of the class to a safe place eg the Hall).
- A pupil endangering self or others on the playground. Again, the first step is to remove other pupils from the area to a safe place.

### **Strategies**

All teachers need to be aware of strategies and techniques for dealing with difficult pupils and steps, which they can take to defuse and calm a situation.

- Move calmly and confidently.
- Make simple, clear statements with an expectation of compliance (say 'thank you' for compliance, but avoid saying 'please').
- Intervene early and try and offer choices eg you can choose to do... this or this.....
- Try to maintain some eye contact without being threatening or demanding.
- If necessary summon help before the problem escalates.
- Remove an 'audience from the immediate location.
- Assistance should be sought when dealing with a physically large or more than one pupil, or when the teacher believes that s/he may be at risk of injury.

In those circumstances where the member of staff has decided that it is not appropriate to restrain the pupil without help they should:

- Remove other pupils who might be at risk.
- Summon assistance from colleagues.
- Where necessary, telephone the police.
- Inform the pupil(s) that help will be arriving.
- Until assistance arrives, the member of staff should continue to attempt to defuse the situation orally, and try to prevent the incident from escalating.



The method of restraint employed must use the minimum force for the minimum time and must observe the following requirements. Restraint must NOT:

- Involve hitting the pupil or deliberately inflicting pain on the pupil;
- Restrict the pupil's breathing;
- Involve contact with sexually sensitive areas.

In no circumstances should a member of staff act in such a way that injury might be inflicted such as:

- Holding around neck or collar so that breathing could be restricted;
- Slapping, punching, kicking, tripping
- Twisting or forcing limbs against the joint
- Holding or pulling by hair or ear
- Holding a pupil face down on the ground

**Staff should avoid touching or holding in any way that might be construed as indecent.**

During any incident the restrainer should:

- Offer verbal reassurance to the pupil;
- Cause the minimum level of restriction of movement;
- Reduce the danger of any accidental injury.

**Physical intervention can take several forms. It might involve staff in:**

- Physically interposing between pupils
- Blocking a pupil's path
- Holding
- Pushing
- Pulling
- Leading a pupil by the hand or top of the arm
- Shepherding a pupil away by placing a hand in the centre of the back; or
- (In extreme circumstances) using more restrictive holds.

**DO:**

- Be aware of any feelings of anger (employ calming techniques eg deep breathing)
- Summon help
- Continue to talk to the pupil in a calm way
- Provide a soft surface if possible
- Be aware of any accessories worn by you or pupil that could be harmful
- Hold the pupil's arms by his/her sides (at the top of the arm)
- Keep classroom/office doors open during 1:1 interviews/conversations

**DON'T:**

- Try to manage on your own
- Stop talking even if the pupil does not reply
- Straddle the pupil
- Push arms up the back
- Touch the pupil near the throat or head
- Put pressure on joints



## Authorised Staff

From section 550A of The Education Act 1996:

The Act allows all teachers at a school to use reasonable force to control or restrain pupils. It also allows other people to do so, in the same way as teachers, provided they have been authorised by the Head teacher to have control or charge of pupils.

The Head teacher will identify the people, other than teachers, whom they wish to authorise to have control or charge of pupils and therefore be able to use force if necessary. Authorisation may be on a permanent or long term basis because of the nature of the person's job, or short term for a specific event such as a school trip. The Head will inform the people concerned, and ensure that they are aware of and properly understand what the authorisation entails.

## Training

There are no government approved training techniques for Positive Handling. We will consult with the Local Education Authority for additional advice and support on managing behaviour, including the Educational Psychology Service and the Behaviour Support Service.

DATE OF POLICY	MARCH 2016	DATE OF NEXT REVIEW	MARCH 2018
MONITORED BY	SENIOR LEADERSHIP TEAM	STRATEGY COMMITTEE	



## HARTSBOURNE PRIMARY SCHOOL

### RECORD OF RESTRAINT

Date of Incident:		Time of Incident:	
Pupil Name:		Date of Birth:	
Year Group:		Class teacher:	
Staff Member involved		Staff Member involved:	
Adult witness to restraint:		Pupil witness to restraint:	
Outline of event leading to restraint – including other strategies tried and reasons for using Positive Handling rather than another strategy:			
Outline of incident of restraint (including restraint method used):			
Outcome of restraint:			
Description of any injury(ies) sustained by pupil and any subsequent treatment:			
Date parent/carer informed of incident:		Informed by:	
Time parent informed:		Signature of adult completing report:	
Outline of Parental Response:			
Brief description of any subsequent inquiry/complaint or action:			
Signature of Head:			Date: