

Restrictive Physical Intervention Policy

Document Control Information Restrictive Physical Intervention (RPI) Policy, Issue 3 – August 2017 **Review Period Review Committee** Every 3 years MAT Trustees **Revision History Author** Summary of changes Issue **Date Authorised** D Allison **New Policy** 1 6th January 2015 Group Policy audit 31st August 2017 R Righini 2 R Hollingsworth **Policy Amendment** 3 31st January 2018 **Authorisation** Approved By: Trustees 31/01/2018 **Date Approved:** Date of Next review: 31/01/2021 Director of Child Protection and Emotional Well-being **Document Owner &** Reviewer: **Equality Impact** Statement We welcome feedback on this document and the way it operates. We are interested to know of any possible or actual adverse impact that may affect any groups in respect of any of the Equality Act 2010 protected characteristics. The person responsible for equality impact assessment for this document is the Director of Equality and Diversity. Screening This document has been screened by the Equality Team and the impact has been assessed as: □ Not applicable □ Low ☐ Medium ☐ High

1. Purpose

1.1. The New Bridge Group promotes a pro-active approach to the effective support and management of challenging behaviours. The term "Positive" Handling" includes a wide range of supportive strategies for managing challenging behaviour. Included in this framework are a small number of responses which may involve the use of force to control or restrain a pupil. The term "physical restraint" is used when force is used to overcome active resistance. These are referred to as "Restrictive Physical Interventions" in national Guidance (DfES/DOH 2002). Pupils sometimes present a risk to themselves and others. Section 550A of the Education Act 1996 describes the circumstances in which teachers and others authorised by the Headteacher may use reasonable force to control or restrain pupils. Examples of when such action may be reasonable are to prevent injury to people, damage to property or the breakdown of discipline. This policy details how we implement the guidance in this school. It is designed to help staff to ensure that any actions they take are reasonable, proportionate and absolutely necessary and to make staff aware that Restrictive Physical Intervention (RPI) is always used a last resort when all other appropriate strategies and interventions have been used.

2. Scope of Policy

2.1. This policy applies to all New Bridge Group employees. It explains when physical intervention is and is not acceptable in any of our organisations. It also details what RPI means.

3. Reason for Review

3.1. This policy was reviewed as part of a Group audit.

4. Aim(s)

4.1. The aim is to ensure that all employees understand the importance of using physical intervention as a last resort; to ensure that any actions they take are reasonable, proportionate and absolutely necessary; and that where it is used, a full report is completed and submitted.

5. Procedures and Practice

5.1. Important definitions

- 5.1.1. Seclusion a young person is forced to spend time alone against their will Seclusion is also sometimes defined as confinement alone in a room. This use, where a young person is forced to spend time on their own against their will, is considered to be a restriction of liberty and should usually only be used under the Mental Health Act, where secure accommodation has been approved, or where a court order is in operation. It is an offence to lock a person in a room without a court order except in an emergency, for example where the use of a locked room is a temporary measure while seeking assistance.
- **5.1.2.** *Time out* restricting positive reinforcement as part of a planned behavioural programme.

5.1.3. *Withdrawal* - a young person is removed from the situation but observed and supported until they are ready to resume.

6. Restrictive Physical Interventions

- 6.1. The New Bridge Group promotes a pro-active approach to the effective support and management of challenging behaviours. Restrictive Physical Intervention (RPI) is always used a last resort when all other appropriate strategies and interventions have been used. RPI techniques allow for verbal communication and safety remains paramount.
- 6.2. Any intervention, whether it is verbal or physical, should have a clear explanation of why it has come about and should inform the individual as to an appropriate form of behaviour for the future.
- 6.3. Restrictive Physical Interventions may be appropriate when:
 - **6.3.1.** there is a risk of injury to the young person or others;
 - **6.3.2.** there is imminent risk of damage to property;
 - **6.3.3.** there is imminent risk of an offence being committed;
 - **6.3.4.** a young person is compromising good order and discipline (i.e. causing distress to other young people or continually preventing others from learning).
 - 6.3.5. there is a risk of the young person absconding
- 6.4. Restrictive physical interventions can be employed to achieve a number of different outcomes:
 - 6.4.1. to separate the young person from a 'trigger', for example, removing one pupil who responds to another with physical aggression;
 - 6.4.2. to protect a young person from a dangerous situation, for example, the hazards of a busy road.
- 6.5. It is helpful to distinguish between:
 - 6.5.1. *planned intervention*, in which staff employ, where necessary, prearranged strategies and methods which are based upon a risk assessment and recorded in care plans;
 - 6.5.2. **emergency or unplanned** use of force which occurs in response to unforeseen events.
- 6.6. Restrictive Physical Interventions should only be used in the young person's best interest and where:
 - 6.6.1. actions are reasonable, proportionate and necessary;
 - 6.6.2. minimum force is used for the shortest time;
 - 6.6.3. techniques are the least intrusive and maintain the dignity of the individual and the positive relationships of those involved.

7. Unacceptable use of physical interventions

- 7.1. It is unacceptable to use physical interventions when:
 - 7.1.1. less intrusive methods would be more effective;
 - 7.1.2. force is used as a punishment;
 - 7.1.3. there is pain, distress or psychological trauma;
 - 7.1.4. it increases the risk of abuse;
 - 7.1.5. it becomes routine;
 - 7.1.6. it undermines the dignity of staff and the young person or humiliates or degrades those involved;
 - 7.1.7. it creates distrust and undermines personal relationships.

8. Examples of Restrictive Physical Intervention

- 8.1. Examples of Restrictive Physical Intervention are:
 - 8.1.1. using an approved hold to minimise danger to others or danger of selfharm:
 - 8.1.2. using an approved hold to move a young person away from a dangerous situation.

9. The Last Resort Principal

- 9.1. At this school we only use physical restraint when there is no realistic alternative. This does not mean that we always expect people to methodically work their way through a series of failing strategies, before attempting an intervention in which they have some confidence. Nor does it mean always waiting until the danger is imminent, by which time the prospect of safely managing it may be significantly reduced. National guidance is clear on this point
- 9.2. "If necessary staff have the authority to take immediate action to prevent harm occurring even if the harm is expected to happen sometime in the predictable future."
- 9.3. Para 10 Page 4 Department of Health 1997 "The Control of Children in the Public Care: Interpretation of the Children Act 1989" London HMSO
- 9.4. It does mean that we expect staff to conduct a risk assessment and choose the safest alternative. It also means that we expect staff to experiment and think creatively about any alternatives to physical intervention which may be effective.

10. Proactive Physical Interventions

10.1. It is sometimes reasonable to use physical controls to prevent extreme behaviour from becoming dangerous. Examples of this are where a pupil has shown ritual patterns of behaviour, which in the past have led to the child becoming more distressed and violent. In such circumstances it may be reasonable to withdraw the child to a safer place when the pattern of behaviour begins, rather than wait until the child is distressed and out of control. The paramount consideration is that the action is taken in the interest of the child and that it reduces, rather than increases risk.

11. Reasonable and Proportionate

- 11.1. Any response to extreme behaviour should be reasonable and proportionate. People should not react in anger. If they feel they are becoming angry they should consider withdrawing to allow someone else to deal with the situation. Where staff act in good faith, and their actions are reasonable and proportionate, they will be supported.
- 11.2. When physical controls are considered staff should think about the answers to the following questions:
 - 11.2.1. How is this in the best interest of the pupil?
 - 11.2.2. Why is a less intrusive intervention not preferable?
 - 11.2.3. Why do we have to act now?
 - 11.2.4. Why am I the best person to be doing this?
 - 11.2.5. Why is this absolutely necessary?
- 11.3. If staff can answer these questions it is more likely that a physical intervention will be judged to be reasonable and proportionate.

12. Risk Assessment

- 12.1. The New Bridge Group identifies young people who are likely to pose severe and challenging behaviours by a risk assessment procedure. This procedure is reviewed continually at the annual review or earlier if required. The risk assessment will identify preferred learning styles, strategies to minimise unacceptable behaviours, diversion, de-escalation and defusion strategies and appropriate levels of intervention.
- 12.2. Staff should be aware that there may be pupils who present behaviours which are challenging, unacceptable and/or dangerous, which have not been risk assessed. At these times staff should use their professional judgment to assess the risk in the particular situation.

13. Physical Intervention Training for Staff

13.1. Training is available for all staff and this is the responsibility of the CEO and the Director of Child Protection and Emotional Well-being. No member of staff will be expected to undertake the use of reasonable force without appropriate training.

14. Team Teach

- 14.1. The New Bridge Group has adopted the Team Teach system of positive interventions and handling that will be delivered in-house by trained staff. Team Teach provides an accredited training framework designed to reduce risk and, through working together, to help safeguard people and service users. All staff working closely with pupils are trained in the pre-emotive and responsible positive handling strategies and techniques of Team Teach.
- 14.2. The Team Teach course is endorsed by the Department for Education, the Department of Health and the Institute of Conflict Management in addition

- to professional teaching bodies. Further details of the Team Teach approach can be found in the Team Teach documents and on the Team Teach website (www.team-teach.co.uk).
- 14.3. Staff have a legal duty when using reasonable force to make reasonable adjustments for young people with special educational needs.
- 14.4. The Team Teach approach employs gradual and graded responses which allow practitioners to move between techniques to respond to individual need whilst maintaining control.
- 14.5. The New Bridge Group will keep a list of all Team Teach trained staff. It should be noted that in an emergency situation any person can assist in an intervention but this must fall within legal boundaries. All members of staff have a legal power to use reasonable force (Use of Reasonable Force Guidance 2013).
- 14.6. Authorisation to carry out physical invention should not be given to any member of staff unless they have undergone training.

15. Support during Incidents

15.1. If staff feel uncomfortable or feel the individual will be safer if released from a hold, they should release and withdraw as trained.

16. Alternatives to Physical Controls

- 16.1. A member of staff who chooses not to make a physical intervention can still take effective action to reduce risk. They can:
 - 16.1.1. Show care and concern by acknowledging unacceptable behaviour and requesting alternatives using negotiation and reason;
 - 16.1.2. Give clear directions for pupils to stop;
 - 16.1.3. Remind them about rules and likely outcomes;
 - 16.1.4. Remove an audience or take vulnerable pupils to a safer place;
 - 16.1.5. Make the environment safer by moving furniture and removing objects which could be used as weapons;
 - 16.1.6. Use positive touch to guide or escort pupils to somewhere less pressured;
 - 16.1.7. Ensure that colleagues know what is happening and get help.

17. Modifications to Environment

- 17.1. Ideally, staff will not be waiting until a crisis is underway before conducting a risk assessment of the environment. We know that some pupils at this school may exhibit extreme and possibly dangerous behaviour. In general, it is a good rule to keep the environment clutter free. This may mean giving consideration to secure storage for a range of everyday objects when they are not being used. For example:
 - 17.1.1. How is the availability of pointed implements (including pens, pencils, compasses) controlled? What small items are available to an angry pupil who may be tempted to use them as missiles?

- 17.1.2. What objects are available to be used as blunt instruments?
- 17.1.3. Do they all need to be left out all the time?
- 17.1.4. Are there sharp edges or corners which present a risk?
- 17.1.5. Is the arrangement of furniture safe and appropriate for pupils who exhibit extreme behaviour?
- 17.1.6. Is there a comfortable place to sit with an agitated pupil?
- 17.1.7. Are protocols in place to encourage angry pupils to take themselves to a safer place?

18. Help Protocols

18.1. The expectation at this school is that all staff should support one another. This means that staff always offer help and always accept it. Help does not always mean taking over. It may mean just staying around in case you are needed, getting somebody else or looking after somebody else's group. Supporting a colleague does not only mean agreeing with their suggestions and offering sympathy when things go wrong. Real support sometimes means acting as a critical friend to help colleagues become aware of possible alternative strategies. Good communication is necessary so that colleagues avoid confusion when help is offered and accepted. They need to agree scripts so that all parties understand what sort of assistance is required and what is available.

19. Well Chosen Words

19.1. A well-chosen word can sometimes avert an escalating crisis. When pupils are becoming angry there is no point in getting into an argument. Telling people to calm down can actually wind them up. Pointing out what they have done wrong can make things worse. The only purpose in communicating with an angry person is to prevent further escalation. It is better to say nothing and take time to choose your words carefully than to say the wrong thing and provoke a further escalation.

20. Post Incident Procedures

- 20.1. Following an incident, staff and the individual must be given the opportunity to re-establish their inter-personal relationships through the listening and learning reflection process, providing the opportunity to discuss the incident, any underlying issues, and seek to establish a more appropriate alternative behaviour for future situations.
- 20.2. Staff and the young person involved will be offered support guidance and the opportunity to seek advice and assistance by other professional bodies should they be deemed necessary.
- 20.3. It is essential that staff complete the physical intervention form and bound and numbered book. Families will be contacted with an explanation and an appropriate plan of action may need to be established towards ensuring a safe environment for the individual and the community.

21. Recording the use of Restrictive Physical Intervention (RPI)

- 21.1. It is essential that New Bridge Group keeps up-to-date records of any incidents where RPI is used. We will always inform families of such an incident and to allow an opportunity to discuss it at the earliest opportunity.
- 21.2. Records of incidents include the following information:
 - 21.2.1. the name(s) of the young person(s) involved;
 - 21.2.2. the date, time and location of where the incident took place;
 - 21.2.3. why the use of RPI was deemed necessary;
 - 21.2.4. a detailed account of the incident, including all steps taken to diffuse the situation and resolve it without force and the nature of the RPI used:
 - 21.2.5. the young person's response;
 - 21.2.6. the outcome of the incident;
 - 21.2.7. the debrief process;
 - 21.2.8. a description of any injuries suffered by the young person or others and/or any property damaged during the incident. New Bridge Group will inform the Local Authority of all serious injuries.
- 21.3. New Bridge Group will retain records of incidents involving the use of RPI for 25 years from the date of the incident, alongside the current policy.

22. First Aid

- 22.1. After a physical intervention the named person responsible for first aid should assess the young person. Out of school the qualified first aider or responsible person should make an immediate assessment. Medical advice, where appropriate, should be sought on restraining young people with certain conditions, e.g. asthma, brittle bones etc.
- 22.2. The Use of Reasonable Force Guidance 2013 acknowledges the potential for injury to both young people and staff involved in RPI and this should not automatically be seen as evidence of malpractice: "Team-Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally, and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent "side-effect" of ensuring that the service user remains safe".
 (George Matthews Team Teach Director)

23. Other useful documents

- 23.1. Guidance on the Use of Restrictive Physical Interventions for Staff
- 23.2. Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders 2002 (modified 2012)
- 23.3. DOH & DFES Guidance for Restrictive Physical Interventions July 2002
- 23.4. Use of Reasonable Force Guidance July 2013 (England)
- 23.5. Allegations of abuse against staff policy

23.6. Whistleblowing Policy

24. **Monitoring**24.1. This policy will be monitored through the Group's accountability framework.