

# BENWICK PRIMARY SCHOOL



## Physical intervention and touch Policy

**School Name: Benwick Primary School**

**Date Agreed at FGB: 16.12.21**

**Next Review: Dec 2023**

**Date shared with staff: 17.12.21**

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke at the bottom.

**Signed: .....**

**Role: Chair of Governors**

## 1. Introduction

This policy is to be read in conjunction with the school's Behaviour Policy; also connects to, and should be consistent with, policies on Health and Safety, Child Protection and Safeguarding, Equal Opportunities, and SEND. It is based on training from Cambridgeshire Steps training; this covers two distinct developmental areas:

**"Step On"** – (De-escalation training) It is considered best practice that all teachers, TA's and MSA's 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 physical intervention training) provides training on elements of restrictive physical 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 audited need with an individual young person who displays dangerous behaviour.

In Benwick School we believe that pupils need to be safe, to know how to behave, and to know that the adults around them are able to manage them safely and confidently. Only for a very small minority of pupils will the use of restrictive physical intervention be needed. On such occasions, only acceptable forms of intervention are used.

- Staff will take steps in advance to avoid the need for restrictive physical intervention through dialogue and diversion
- Only the minimum force necessary will be used
- Staff will be able to show that the intervention used was a reasonable response to the incident

The majority of pupils behave well and conform to the expectations of our school. We have responsibility to operate an effective behaviour policy that encompasses preventative strategies for managing difficult and dangerous behaviour in relation to the whole school, each class, and individual pupils.

All school staff need to feel that they are able to manage behaviour, and to have an understanding of what difficult or dangerous behaviours might be communicating. They need to know what options are available for managing behaviour, and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention. Parents need to know that their children are safe with us, and they need to be properly informed if their child is the subject of a Restrictive Physical Intervention, including the nature of the intervention, and the rationale for its use.

## 2. Acceptable Forms of Physical Intervention

"Physical intervention" (PI) is the term used to describe contact between staff and pupils where no force is involved. There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention (PI) with children, however, it is crucial that they only do so in ways appropriate to their professional role and in relation to the pupil's individual needs. There are occasions when staff may have cause to have physical intervention (PI) with pupils:

- To comfort a pupil in distress (so long as this is appropriate to their age)
- To gently direct a pupil
- For curricular reasons (for example in PE, Drama, etc)
- First aid and medical treatment

- In an emergency to avert danger to the pupil or pupils
- In rare circumstances, when Restrictive Physical Intervention is warranted (See Below)

Not all children feel comfortable about certain types of physical contact; this should be recognised and, wherever possible, adults should seek the pupil's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed. Staff should acknowledge that some pupils are more comfortable with touch than others and/or may be more comfortable with touch from some adults than others. Staff should listen, observe and take note of the 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 pupil.

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

- The pupil's age and level of understanding
- The pupil's individual characteristics and history
- The duration of contact
- The location where the contact takes place (it should not take place in private without others present)

Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact shall not be made with the pupil's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints. It must not become a habit between a member of staff and a particular pupil. Physical intervention should be in the pupil's best interest and should only be used with an awareness of the need to differentiate the attachment to staff from the attachment to key adults such as parents and siblings.

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff handbook/ school code of conduct / staff behaviour policy and Safer Recruitment policy for safer working practice for those working with children and young people in education settings.

### **3. Definition of "Restrictive Physical Intervention"**

"Restrictive Physical Intervention" (RPI) is the term used to describe interventions where the use of force to control a person's behaviour is employed using bodily contact. It refers to any instance in which a teacher or other adult authorised by the Headteacher has a duty to use "reasonable force" to control or restrain pupils in circumstances that meet the following legally defined criteria.

- To prevent a pupil from committing a criminal offence (this applies even if they are below the age of criminal responsibility)
- To prevent a pupil from injuring self or others
- To prevent or stop a pupil from causing serious damage to property (including their own property)
- There is no legal definition of "reasonable force". However, there are two relevant considerations:
  - The use of force can be regarded as reasonable only if the circumstances of an incident warrant it
  - The degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent

The definition of Restrictive Physical Intervention also includes the use of mechanical devices (eg splints on the pupil prescribed by medical colleagues to prevent self-injury), forcible seclusion, use of locked doors or changes to a pupil's environment. It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention.

Legal defence for the use of force is based on evidence that the action taken was:

- Reasonable, proportionate and necessary
- In the best interest of the young person

This document takes into account DfE Guidance on Use of Reasonable Force July 2013

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

Restrictive Physical Interventions may be used when all other strategies have failed, and therefore only as a last resort. All staff should focus on de-escalation and preventative strategies rather than focusing solely on reactive strategies. However there are other situations when restrictive physical intervention may be necessary, for example in a situation of clear danger or extreme urgency. Certain pupils may become distressed, agitated, and out of control, and need calming with a brief Restrictive Physical Intervention that is un-resisted after a few seconds.

The safety and well-being of all staff and pupils are important considerations. Under certain conditions this duty must be an over-riding factor.

## **4. Who May Use Restrictive Physical Intervention in School**

All staff employed by the school, and who have completed the full “**Step On**” and/or “**Step Up**” training (as well as the teachers employed at the school) are authorised by the Headteacher to have control of pupils, and must be aware of this policy and its implications. However, non-inclusion on this list does not mean that an adult is necessarily barred from using physical intervention. If the Head has lawfully placed an adult in charge of pupils then that adult will be entitled to use Restrictive Physical Intervention.

We take the view that staff should not be expected to put themselves in danger and that removing other pupils and themselves from risky 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 the pupils.

## **5. Planning For the Use of Restrictive Physical Interventions in School**

Staff will use the minimum force needed to restore safety and appropriate behaviour. When considering the use of Restrictive Physical Intervention there are only 3 components that can be judged as wrong.

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

### **Elevated risks**

The following can result in a sense of violation, pain or restricted breathing

- 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:
- Forcing a pupil up or down stairs
- Dragging a pupil 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 Physical intervention are as follows:-
- Restrictive Physical Intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions
- Restrictive Physical Intervention will only be used in circumstances when one or more of the legal criteria for its use are met
- Staff will only use force when there are good grounds for believing that immediate action is necessary and that it is in the pupil's and/or other pupils' best interests for staff to intervene physically.
- Staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue and diversion. The pupil will be warned, at their level of understanding, that Restrictive Physical Intervention will be used unless they cease the dangerous behaviour
- Staff will use the minimum force necessary to ensure safe outcomes
- Staff will be able to show 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 Physical Intervention will be relaxed to allow the pupil to regain self-control
- A distinction will be maintained between the use of a one-off intervention which is appropriate to a particular circumstance, and the using of it repeatedly as a regular feature of school policy
- Escalation will be avoided at all costs, especially if it would make the overall situation more destructive and unmanageable
- The age, understanding, and competence of the individual pupil will always be taken into account
- In developing a risk reduction plan, consideration will be given to approaches appropriate to each pupil's circumstance
- Procedures are in place, through the pastoral system of the school, for supporting and debriefing pupils and staff after every incident of Restrictive Physical Intervention, as it is essential to safeguard the emotional well-being of all involved at these times.

## **6. Developing a Risk Reduction Plan in School**

If a pupil is identified for whom it is felt that Restrictive Physical Intervention may be a likely result, then a Risk Reduction Plan will be completed. This Plan will help the pupil and staff to avoid difficult situations through understanding the factors that influence the behaviour and identifying the early warning signs that indicate foreseeable behaviours that may be developing. The plan will include:-

- Involving parents/carers and pupils to ensure they are clear about what specific action the school may take, when and why
- A risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens
- A record to be kept in school of risk reduction options that have been examined and discounted, as well as those used (eg Roots and fruits)
- Techniques for managing the pupil's behaviour i.e. strategies to de-escalate (De-escalation Script) a conflict, and stating at which point a Restrictive Physical Intervention may be used
- Identifying key staff who know exactly what is expected. It is best that these staff are well known to the pupil
- Ensuring a system to summon additional support
- Identifying training needs

It may be also necessary to take medical advice about the safest way to hold a pupil with specific medical needs.

## 7. Guidance and Training for Staff

Guidance and training are essential in this area. We need to adopt the best possible practice in school and recognise that it is essential that it is arranged for all staff at a number of levels including :-

- Awareness of issues for governors, staff and parents,
- Behaviour management techniques for all staff
- Managing conflict in challenging situations - all staff

## 8. Recording and Reporting

The use of a Restrictive Physical 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 the Physical Intervention Book (blue book), kept in the Headteacher's office. The written record should indicate:

- The names of the staff and pupils involved
- The reason for using a Restrictive Physical Intervention (rather than another strategy)
- The type of Restrictive Physical Intervention employed
- How the incident began and progressed, including details of the pupil's behaviour, what was said by each of the parties, 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 intervention
- Whether the pupil or anyone else experienced injury or distress and, if they did, what action was taken

Training in practical techniques of Restrictive Physical Intervention "**Step Up**" may be required for staff where there is a significant likelihood of them needing to intervene physically due to the nature of the pupil (or pupils) that they are working with. Where there is an identified need for such training, staff will be trained by an accredited Cambridgeshire Steps trainer.

(NB there is no legal requirement for staff to be trained in the use of practical techniques so staff may exercise their legal right to physically intervene even if they have not had such training. However, they would still need to demonstrate that their intervention was reasonable and proportionate).

## 9. Restrictive Physical Intervention

When considering the use of physical intervention or restrictive physical intervention there are only 3 components that can be judged as wrong.

- A negative impact on the process of breathing
- Pain as a direct result of the technique
- A sense of violation

## **Hyperflexion (Positional Asphyxia)**

Hyperflexion of the body is EXTREMELY HIGH RISK. Hyperflexion results when the shoulders are held forward of the hips sufficiently to restrict the natural movement of the abdomen, diaphragm and chest. Factors such as mania, stress, obesity, breathing difficulties and heart conditions could increase the risk.



## **Basket Type Holds**

Basket type holds are HIGH RISK. A basket-type hold is any hold where adult arms, the student's own arms or their clothing is held in a way that could restrict the free movement of the abdomen, diaphragm and chest. Factors such as height, weight, obesity, breathing difficulties and heart conditions could increase the risk.



## **Pulling and Dragging**

The dangers of pulling and dragging young children are well documented, as they can lead to dislocation of joints.



## Elevated risk

The following can all result in significant injury:

- Forcing a student up or down steps or stairs
- Dragging a student from a confined space
- Lifting and carrying (including young students capable of walking)
- Seclusion, where a person is forced to spend time alone against their will (requires a court order except in an emergency)

## 10. Physical Intervention

Physical intervention should be in the student's best interest and should be conscious of the need to differentiate the attachment to staff from the attachment to key adults such as parents and siblings.

**Regardless of age, physical intervention should not provide intimacy within a transient relationship.**

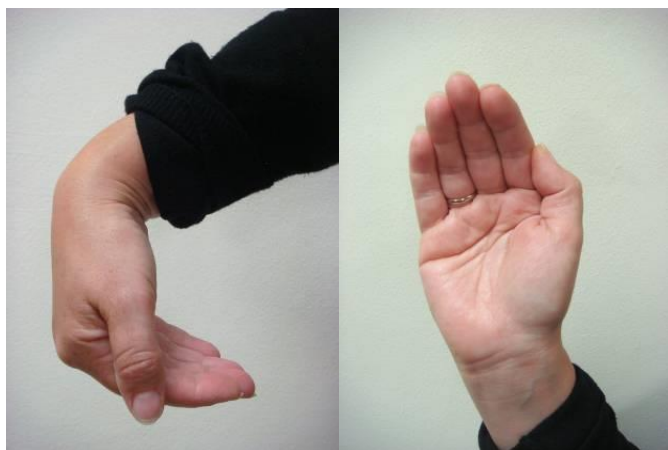
**Open mitten – Used to move a student away**



- Fingers together
- Thumb away from fingers
- Palms parallel to floor
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice



## Closed mitten(used to draw a student close)



- Flat hand
- Fingers and thumb together
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice

## Offering an arm



- Hip in
- Head away
- Sideways stance
- Arm is offered
- Student accepts the invite
- Draw elbow in for extra security

## Supportive hug (School Hug)

This should be referred to as a school hug, and children and staff should be encouraged to refer to it as such. If a child seeks a hug from school staff then staff should guide children into a 'School Hug' nursery children should be encouraged to use this hug rather than being held by staff. Lap sitting should be discouraged in the same way and children moved into a school hug.



To communicate comfort or reward:

- Hip in
- Head away
- Sideways stance
- Closed mittens contain each shoulder
- Communicate intention
- Use 'de-escalation script' if needed

### **Supportive Arm**



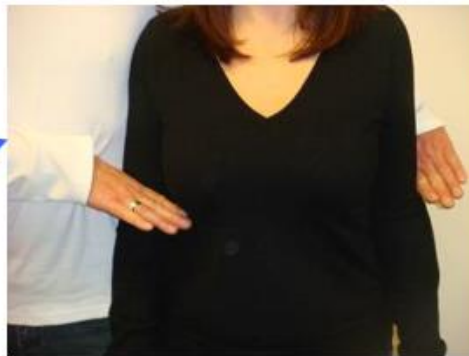
- Hip in
- Head away
- Sideways stance
- Positioned behind the elbow
- Closed mittens used above the elbows to maintain safe shape (penguin shape)
- Communicate intention

### **Open mitten guide**



- Open mitten hand, placed on the arm above the elbow
- Safe shape (penguin shape)
- Palm parallel to the floor
- Staff positioned behind with extended arm
- Communicate intention
- Use 'de-escalation script' if needed

### Open mitten escort



- Hip in
- Head away
- Open mitten hands above the elbows
- Safe shape (penguin shape)
- Arm resting across the shoulders
- Communicate intention
- Move assertively (prevent kicking / dropping)
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.

## Open mitten escort – paired



- Hip in
- Head away
- Open mitten hands above the elbows
- Safe shape (penguin shape)
- Arms resting across the shoulders
- Communicate intention
- Move assertively (prevent kicking / dropping)
- The hand should remain in a mitten to avoid the possibility of gripping. Gripping hands can result in bruising consistent with poor practice.

Students who are allowed to plant their feet may choose to drop or kick or spit at staff. Keeping the feet occupied with movement occupies the brain and reduces the disruptive options.

If the student digs their feet in resist the temptation to oppose the force, relax, give a little and the student will reduce resistance.

**Remember the desired outcome is SAFETY NOT DESTINATION.**

## 11. Complaints

It is intended that by adopting this policy and keeping parents and governors informed we can avoid or minimise the likelihood of any complaints being made. All disputes which arise about the use of force by a member of staff will be dealt with according to Child Protection and Safeguarding policies, including Whistleblowing.