

Use of Restrictive Physical Interventions Policy

This policy is based on guidance issued jointly by the DfE, Department of Health and Keeping Children Safe in Education.

Ethical and Legal Considerations

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

A restrictive physical intervention must also only employ a reasonable amount of force - that is the minimum force needed to avert injury or damage to property or to prevent a breakdown of discipline - applied for the shortest period of time.

The scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled, and the nature of the harm he or she might cause.

The techniques deployed should be those with which the staff involved are familiar and able to use safely and are described in the individual pupil's Positive Handling Plan.

The use of force is likely to be *legally defensible* when it is required to prevent:

- self-harming;
- injury to other pupils, staff or others;
- damage to property;
- an offence being committed;
- any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils.

Restrictive physical interventions should always be designed to achieve outcomes that reflect the best interests of the child whose behaviour is of immediate concern and others affected by the behaviour requiring intervention.

Where planned physical intervention strategies are in place, they should be one component of a broader approach to behaviour management as set out in an individual behaviour passport and, in general terms, in the school policy on *Behaviour*.

Prevention and De-escalation

The use of restrictive physical interventions should be minimised by the adoption of *preventative strategies*.

Preventative and de-escalation strategies include:

- ensuring that the number of staff deployed and their level of competence corresponds to the needs of the pupils and the likelihood that physical interventions will be needed;
- helping pupils to avoid situations which are known to provoke violent or aggressive behaviour;
- Individual Behaviour Passports, which are responsive to individual needs and include current information on their Individual Risk Assessment;

- creating opportunities for pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement;
- developing staff expertise in working with pupils who present challenging behaviours;
- talking to pupils and those with parental responsibility about the way in which they prefer to be managed when they pose a significant risk to themselves or others;
- recognising the early stages of a behavioural sequence that is likely to develop into violence or aggression;
- employing 'de-escalation' techniques to avert any further escalation.

Proactive use of restrictive physical interventions

In most circumstances, restrictive physical interventions will be used reactively.

Where there is clear documented evidence that particular sequences of behaviour rapidly escalate into serious violence, the use of a restrictive physical intervention at an early stage in the sequence may, potentially, be justified.

It is important to establish in a written Individual Behaviour Passport and Positive Handling Plan a clear rationale for the use of the restrictive physical intervention and to have this endorsed by a meeting which includes the school team and, wherever possible, those with parental responsibility. This may include use of the safe space(Appendix 1).

Emergency Use of Strategies

It is recognised that unplanned or emergency intervention may be necessary when a pupil behaves in an unexpected way. In an emergency, the use of force can be justified if it is reasonable to use it to prevent injury or serious damage to property and, to prevent a pupil engaging in any behaviour prejudicial to the maintenance of good order and discipline in the school or among any of its pupils.

In such circumstances, members of staff retain their **duty of care** to the pupil and any response must be proportionate to the circumstances. Staff should use the minimum force necessary to prevent injury and maintain safety, consistent with the Team-Teach training they have received.

Effective risk assessment together with well-planned preventative strategies will help to keep emergency use of restrictive physical interventions to an absolute minimum.

Liaison with parents/carers and other agencies

Communication with parents/carers is essential when a pupil's behaviour requires consistent management. The standard home/school planner is not the best medium to raise concerns or report incidents. Staff will try to communicate by telephone or sealed letter. Parents/carers should be informed following the use of any physical restraint on a pupil and a record should be completed and recorded on CPOMs.

Staff Training

All staff require induction training before being required to work with people who present challenging behaviours. All staff will be given additional, more specialised Team-Teach training in a 12-hour course.

The nature and extent of the training will depend upon the characteristics of the pupils who may require a physical intervention, the behaviours they present and the responsibilities of individual members of staff.

Staff should normally only use Team-Teach methods of restrictive physical intervention for which they have received training. Specific techniques should be closely matched to the characteristics of individual pupils.

It is not appropriate for staff to modify the Team-Teach techniques they have been taught.

All staff will receive updates and refresher courses at least once every three years.

Normally, only staff who have received Team Teach training should use restrictive physical interventions. However, in an emergency the use of force by any person (trained or untrained) can be justified if it is the only way to prevent injury or to prevent an offence being committed.

Reviewed: May 2017

Reviewed again: October 2018

Next review in 3 years time (Autumn 2021) unless new changes occur, in which case this policy will be reviewed sooner to reflect these.

Presented to Governors: 7th November 2018



Appendix 1 - Safe Space

Introduction

The Safespace is a safe room, designed to provide a safe, calming atmosphere. This equipment is designed primarily for people with a learning/intellectual disability or with severe and complex special needs, but can also be used by anyone who experiences a rise in stress levels in busy environments. The soft PVC walls will flex when hit, or kicked, reducing the risk of injury from hard surfaces. This policy guide is for use with Safespaces bought from Safespaces (Cornholme) Ltd.

Safespaces have set out this policy and procedural framework to advise on the appropriate use of the Safespace. In setting out the framework we will use terminology that reflects a positive behaviour support approach. A key purpose of the Safespace is to allow people space to express feelings, which may be inappropriate perhaps in a classroom situation, but are functional for the person expressing them. The use of Safespaces equipment should be based on the findings of a functional behaviour risk assessment. "A functional assessment of any behaviour(s) will look beyond the observable behaviour and attempts to understand what motivates the person to use that behaviour, or what makes the behaviour meaningful to the person" Paley (2013). The aim of a positive behaviour support plan would be to reduce the need for restrictive intervention by helping the person to regulate his or her own behaviour.

It is not our intention to provide detailed information on each of the concepts referred to in this document. We are able to provide a more in depth „induction“ training for the use of Safespaces, as well as advise on sources of further training, tailored to the needs of the setting in which the product is being used, if required.

This advisory policy has therefore been produced to offer initial guidance and advice around appropriate use of Safespaces.

Terminology The main terminology we refer to is:

Positive Behaviour Support - This is an approach based on the values of a person centred approach, a focus on quality of life and involvement, i.e. all those who are involved in an individual's care having a stake and a role. It is based on evidence and theory about how behaviour serves important functions for people who display it and how individuals can be supported by properly designed comprehensive support. The approach is based on good data collection and functional assessment of the behaviour and the environment, (internal, physical and interpersonal), it occurs in. **Positive Behaviour Support Plan** - This is where all information about a person's behaviour is documented. The plan should clearly note the known triggers and settings that cause behaviours to occur and will list the primary, secondary and reactive strategies that are agreed responses to known behaviour. **Positive reinforcement** - Anything added that follows a behaviour that makes it more likely that the behaviour will occur again in the future.

Negative Reinforcement - Involves strengthening a behaviour through the removal of an aversive stimulus. People often confuse negative reinforcement with punishment, but the two are not the same. Restrictive practices - These fall into the category of reactive, rather than proactive, strategies. They should be considered a last resort and are used to manage the risks associated with behaviours. They are not aimed at changing behaviour.

Any such interventions should be documented within an Individual person/pupil support plan, agreed by the staff team in consultation with those who care for the individual. This will preferably be a multi-disciplinary team.

The plan must be agreed with the following in mind:

- The best interests of the person, including an assessment of available alternative interventions and individual risk assessment
- Person centred approaches, which enhance the quality of life ☐ An appropriately designed schedule of positive reinforcement
- The current legislative, guidance and policy framework for supporting behaviour that challenges. including Duty of Care, Health and Safety and Restraint as a Last Resort
- ☐The need for continual review, post incident management and debrief
- It is foreseeable that the space may be used as an alternative to restrictive physical interventions. We recommend that the Safespace be used when it is the least restrictive practice available
- Wherever the space is intentionally used as a restrictive intervention, ordinarily this would be termed an environmental or mechanical restraint, it should be accompanied by a restraint reduction plan
- As a Safespace may be used by a number of individuals with different needs and for different purposes, the Safespace should be adequately prepared for the use to which it is to

2. Safespaces should not be used for the following:

- The Safespace should never be used as a punishment.
- As an unplanned or informal restrictive practice
- Any intervention which is not regularly monitored
- As a substitute for inadequate staffing
- Any intervention which is not legal
- Storage of any equipment within it or its immediate vicinity

3. Use of Safespace within a wider organisational policy

All organisations using the Safespace should have in place a clear policy on supporting and managing behaviour that challenges. This should include the specific procedure for identifying use of the Safespace as an appropriate intervention, and should be regularly reviewed.

Staff should receive induction training in behaviour support approaches and methods. This should be regularly updated and include the policy and practice around use of the Safespace as part of a behaviour intervention.

Positive Behaviour Support plans, for individuals will document how the Safespace is to be used as part of behaviour interventions, including any use of reward or positive reinforcement systems as part of that plan

All staff or carers using the Safespace must be familiar with the Use and Care Guide supplied. We recommend that a key worker is appointed to have overall responsibility for communication with staff about use of the Safespace as well as liaison with Safespaces, with regard to appropriate use and care of the Safespace unit.

4. Monitoring and Record Keeping Whatever purpose the Safespace is being used for, it is essential that it is used within a clear monitoring procedure. This should indicate whether, for example, when used as part of a crisis management plan, the frequency and duration of crises is reducing.

Monitoring will also be useful to understand the settings, triggers and antecedents to behaviour and help teach alternative skills and communication with the person, so that, for example, they might ask for use of the space in a more appropriate way; or they might avoid needing to use the Safespace by managing their behaviour in other ways.

It will also indicate if the Safespace is being misused as an intervention.

Monitoring will highlight the need for reassessment of any behaviour support plan/behaviour risk assessment. Everyone involved in the persons' care should also be kept informed of monitoring outcomes with regard to use of the Safespace on a regular basis.

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