

Manor Hall Academy



PHYSICAL SUPPORT POLICY

MANOR HALL ACADEMY TRUST

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LOXLEY HALL SCHOOL **PHYSICAL SUPPORT POLICY**

A policy on restrictive physical interventions should be an integral but discrete element of the school's wider behaviour management policy.

Introduction

At Loxley Hall there are children with severe behavioural difficulties and mental health issues who present behaviour that may necessitate the use of restrictive physical interventions to prevent injury, damage to property, or the breakdown of discipline. Section 550A of the Education Act 1996 clarifies the position about use of restrictive physical interventions by teachers and others authorised by the Head Teacher to control or restrain pupils. Teachers and other authorised school staff are reminded that use of physical force must be reasonable and comply with the local authority guidelines and documentation referenced in this policy alongside:

- DfEE Circular 10/98, "Section 550A of the education Act 1996; the use of force to control and restrain pupils"
- DfES letter dated 24 April 2001 to Chief Education Officers in England, "positive handling strategies for pupils with severe behavioural difficulties"
- Joint DfES/DH guidance issued July 2002, "The use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorder"
- LEA behaviour support plan
- School discipline and behaviour policies

All staff who have acknowledged that their health and fitness are compatible with SCIP principles and have attended the relevant SCIP refreshers are authorised to use restrictive physical interventions in school.

The italicised sections of this document are taken from Staffordshire's "Guidance on Restrictive Physical Intervention for Schools, Children and Young Peoples Services" and as such reflect Loxley Hall's position in adopting county approved best practice

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1. Application

This guidance applies to all Staffordshire County Council employed staff and managers and Headteachers who may use restrictive physical interventions with children.

This guidance must be read in conjunction with the Restrictive Physical Intervention Policy HR 119. The policy and these guidelines reflect national standards which form part of "Positive and Proactive Care: Reducing the need for restrictive interventions," Department of Health 2014 & Department for Education "Use of reasonable force- Advice for headteachers, staff and governing bodies" July 2013.

Within School settings the policy and this guidance does not limit or remove School staff powers to restrain pupils as outlined in Section 93 of the Education and Inspection Act 2006 but it does not authorise anything to be done in relation to a pupil which constitutes the giving of corporal punishment within the meaning of section 548 of the Education Act 1996.

2. Positive Behaviour Management

The expectation is that as far as possible schools and young people's settings and services will be restraint free. Poorly or incorrectly used, restrictive physical interventions are a source of risk to the young person and members of staff. The correct use of restrictive physical interventions must always be an act of last resort and not normal practice and be based on the best needs of the individual. Schools and settings should take all reasonable actions to reduce the potential need to use restrictive physical interventions as far as practicable.

All staff should adopt a positive approach to improving behaviour in order to reward effort and application, and to build self-esteem. The school should work in partnership with those who know the child to help those concerned:

- find out why this child behaves as he does
- understand the factors that influence the child's behaviour
- identify early warning signs that indicate foreseeable behaviours are developing

This approach will help to ensure that early and preventative intervention is the norm. It should reduce the incidence of extreme behaviours and make sure that the use of physical force is rare.

Individual behaviour plans to help manage pupil behaviour are a formalisation of the above. Such plans are developed in conjunction with the school's behavioural policy, with an input from significant adults in a child's life i.e. key worker, tutor, LSA, 'significant adult' and a member of the SMT.

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IBPs are the responsibility of the class tutor and teaching assistant, they are monitored and contributed to by the assistant Headteachers. All IBPs are reviewed regularly and are intended as a working document to run alongside behavioural risk assessments and are designed to:

- meet the pupil's needs
- encourage the pupil to make positive choices and develop self-control
- support the pupil in difficult situations
- safely manage crises if and when they occur

Parents and carers are encouraged to make contributions to IBPs whenever appropriate..

Students have access to a self-management tool in the Emotional Support Unit (ESU). The ESU is manned by 2 inclusion officers, whose role it is to encourage students to address and self-manage behaviours in learning conversations. In the short term the room can be used for calming and positive redirection activities.

Reduction in the need to use Restrictive Physical Interventions is achieved by analysing the interactions between each young person/pupil and their environment which identifies potential triggers that need to be avoided at critical periods. This involves:-

- *Helping young people to avoid possible situations known to provoke challenging behaviour;*
- *Having education plans/care programmes which are responsive to individual needs;*
- *Creating opportunities for service users/pupils to engage in meaningful activities which include opportunities for choice and a sense of achievement;*
- *Developing staff expertise in working with individuals that present challenges.*
- *Understanding that behaviour is often a method of communication*

3. Guidance on the use of Restrictive Physical Intervention

3.1 Types of incidents when Restrictive Physical Interventions may be appropriate.

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

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

Examples of situations where a restrictive physical intervention may be appropriate are:-

- *To prevent a young person/pupil from running towards a busy road;*
- *To prevent a young person/pupil from self-injuring or injuring another person;*
- *To prevent a young person/pupil from causing serious damage to property.*

School staff may also use reasonable force where a pupil is affecting the maintenance of good order and discipline. Examples of which include:

- *Removing a disruptive pupil from the classroom when they have been instructed to leave but have refused.*
- *Preventing a pupil behaving in a way that disrupts a school event or a school trip.*
- *Preventing a pupil leaving a classroom or school where allowing this would risk their safety or lead to behaviour that disrupts the behaviour of others;*

The decision to use reasonable force is a matter for professional judgement however staff should be aware that research clearly shows that injuries to staff and pupils are more likely when the intervention is not planned. Before physically intervening staff should, wherever practicable, attempt to resolve the situation by using other methods. Information about strategies is available in section 3.5 of this guidance.

There are occasions when physical contact, other than reasonable force, with a child is proper and necessary. Examples are:

- *holding the hand of the child at the front/back of the line when going to assembly or when walking together on an outing*
- *when comforting a distressed individual*
- *when congratulating or praising the young person*
- *to demonstrate how to use equipment or a skill e.g. a musical instrument*

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- *to demonstrate exercises or techniques during PE lessons or sports coaching*
- *to give first aid*

Restrictive physical intervention for the protection of property must only be for extreme circumstances. There must be an assessment on whether or not it is worth the risk of injury, to protect the property.

In extreme circumstances, such as an immediate and realistic threat of arson or where life is at risk (e.g. service user/pupil has weapon); the police are obliged to attend if you make the urgency clear to them.

Restrictive physical intervention maybe used as a preventative measure in order to prevent physical injury, for example if a young person attempts to obtain a weapon which would later make physical intervention problematic and dangerous to staff.

3.2 Planned Interventions

Pre-arranged strategies and methods to deal with situations should be planned where a risk assessment has identified the likelihood of the need for physical intervention. For many situations, an early intervention will be more effective, and be able to be implemented at a lower level and with less risk, than a later intervention.

Planned restrictive physical interventions should be:-

- *Agreed in advance by relevant professionals working in consultation with the service user, their family/carers and an independent advocate if appropriate, in the case of children, those with parental responsibility.*
- *Be in the best interests of the individual.*
- *Monitored during implementation by an identified member of staff who has relevant training and experience.*
- *Recorded in writing so that the method of restrictive physical intervention and the circumstances when its use has been agreed are clearly understood.*
- *Included as part of a care plan or individual service user records or pupil behaviour plan/records.*
- *Routinely monitored and reviewed.*
- *One component of a broader approach to meeting the individual's needs.*

A proforma, Restrictive Physical Intervention Protocol HSF57, is implemented for students identified as potentially requiring restrictive intervention on the IBP.

An individual behaviour support plan is most likely to be effective if it includes:

- *A description of the individual's positive qualities*

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- *Objective details of the challenging behaviours presented by the individual and the risks that these behaviours present*
- *Consideration of the function that the challenging behaviour serves for the individual (what need(s) are being met by the behaviour?). It is important to understand that behaviours have a purpose by communicating something about the individual's needs.*
- *What behaviour(s) could be taught/ encouraged that meet the same needs in a more acceptable way (i.e. 'replacement behaviours')*
- *What skills need to be taught/ encouraged to support these replacement behaviours*
- *What can be changed/ provided in the environment to make the individual feel included and successful and to avoid 'triggers'.*
- *How replacement behaviours can be encouraged*
- *What should be done to de-escalate potentially difficult situations*
- *An incident support plan to follow if the individual's behaviour requires significant intervention. If it is decided that it may be necessary to use restrictive physical intervention, this should be detailed.*

Restrictive interventions that result in the holding or restraint of an individual carry medical risk to the service user/pupil as these techniques may impact on the individuals breathing, circulation and place direct pressure on vulnerable areas of the body. Restraints on the floor hold the highest level of risk and must be an absolute last resort. Holds and restraints should only be used for shortest time possible. Staff involved in the use of such techniques must have received suitable training.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy. Single person restraints pose significant risks to both parties. If a single person restraint need is established (e.g. due to the small size of the individual), suitable training on the techniques to be used must have been provided and the process and rationale clearly documented.

3.3 Unplanned and Emergency Interventions

Emergency use of restrictive physical interventions may be required when a service user/pupil behaves in unforeseen ways. Research evidence clearly shows that injuries to staff and service users/pupils are more likely when the intervention is not planned.

An effective risk assessment procedure, together with well-planned preventative strategies (individual behaviour planning), will help to keep emergency use of restrictive physical interventions to an absolute minimum. Staff should be aware that in an emergency situation the use of reasonable and

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proportional force is permissible if it is the only way to prevent injury or serious damage to property.

Whenever practicable, before physically intervening a staff member should attempt to resolve the situation by other means. A calm and measured approach to a situation is needed and staff members should never give the impression that they have lost their temper, or are acting out of anger or frustration. The staff member should continue attempting to communicate with the service user/pupil throughout the incident, and should make it clear that the physical intervention will stop if it ceases to be necessary.

In unplanned/emergency interventions it is good practice for staff to use a dynamic risk assessment approach, which is a quick on the spot assessment prior to acting (where possible). This will allow staff to:-

| | |
|-------------------------|---|
| Step Back | Don't rush into an intervention, is it really necessary, do you have suitable justification. |
| Assess Threat | Assess the person, the objects, the environment and the situational factors. |
| Find Help | Can you reduce the risks by getting help from other trained colleagues or by using the physical environment, space, natural barriers etc. |
| Evaluate Options | <p>Proactive/Primary - proactive actions to remove the triggers</p> <p>Active/Secondary - interpersonal skills, non verbal body language e.g. open palms, directing, defusing, calming, switching staff etc.</p> <p>Reactive/Tertiary - avoid assaults - disengagement</p> |
| Respond | Apply the principles of the least adverse method in responding. Continue to re -evaluate the situation and your response. Continually monitor for changes in level of risk. |

Even in an emergency, the force used must be reasonable; that is, it should be proportionate to the risk posed by the situation. The staff member or members concerned should be confident of the potential adverse outcomes associated with the intervention (e.g. injury or distress) will be less severe than the adverse consequences which would occur without the use of a restrictive physical intervention.

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A staff member should not intervene in an unplanned situation without help:-

- *If dealing with a physically large individual or more than one service user/pupil;*
- *Where an intervention technique cannot be applied safely by one person;*
or
- *If the staff member believes he or she may be put at risk of serious injury.*

In these circumstances the staff member should, as appropriate, remove other people who might be at risk, summon assistance from colleagues, or where necessary phone the police. Until assistance arrives the staff member should continue to try to prevent the incident from escalating whilst remaining mindful of their own safety. It may be appropriate for staff to withdraw from the situation.

Once an unplanned or emergency restrictive physical intervention has taken place it must be reported and investigated. With this information it is essential that a risk assessment surrounding future use and primary and secondary prevention strategies are completed. This should assist in the reduction and use of further unplanned/emergency restrictive physical interventions.

3.4 Restrictive Physical Intervention as part of a Therapeutic or Educational Strategy.

Loxley Hall does not advocate the use of physical interventions as part of a therapeutic or educational strategy.

3.5. Physical Intervention Strategies

Restrictive physical intervention must be an act of last resort. Adopting good behaviour planning practices involving proactive (primary) and active (secondary) control strategies as well as reactive (tertiary) controls is important. Proactive measures to avoid the incidents of restrictive physical intervention must always be attempted first.

*a. **Proactive/Primary Control** refers to actions taken to prevent situations arising which may require the use of any intervention or to reduce their likely frequency.*

At an organisational level this includes establishing policies, safe systems of work, carrying out risk assessments and providing staff with training.

At an individual level this involves understanding the risks, complying with safe practice guidelines and putting training and learning into practice. Preventative action also includes reporting, recording and investigating incidents in order to learn from them. Preventative action is a continuous process.

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b. Active/Secondary Control refers to actions taken to prevent situations escalating. It typically involves the use of interpersonal skills, communication, defusing, de-escalating and calming strategies.

c. Reactive/Tertiary Control refers to action taken when situations escalate or violence occurs, or after it has occurred to prevent or reduce the potential for physical or psychological harm. Typically this may involve disengagement or other physical intervention tactics (such as applying holds) and emergency procedures. Reactive/tertiary controls will include providing post incident support and managing the situation through to recovery.

For each individual who presents challenges there need to be individualised strategies (individual behaviour planning) for responding to incidents of violence and aggression/self-injurious behaviour etc. Where appropriate the strategy may include directions for the use of restrictive physical intervention, including a personalised approach for the individual. This must be documented in a care plan/ on the individual's records.

Appropriate individual behaviour planning and training of staff in proactive and active control strategies will have a major impact in the reduction of the need to use of reactive controls such as restrictive physical interventions.

Adequate staff must be available to safely complete any holding and restraint that is undertaken as part of a planned strategy.

3.6 Risk assessment

When it is foreseeable that an individual might require a restrictive physical intervention then a risk assessment must be completed. At Loxley Hall this possibility is outlined in the student's IBP. The risk assessment process allows staff to identify and evaluate the benefits and risks associated with different intervention strategies. It also aids identification of opportunities for reducing the need for restrictive physical intervention.

When undertaking the risk assessment it should be ensured that there is involvement of relevant individuals and where suitable key professionals and the outcome of the risk assessment is communicated to all relevant staff and parents. Other issues that should be considered are included in section 5.1.3 of Restrictive Physical Intervention Policy HR119.

Among the main risks to service users/pupils are that restrictive physical intervention will:-

- Cause pain, distress or psychological trauma;
- Cause injury;
- Be used when a less intrusive method could have achieved the desired outcome;
- Become routine, rather than an exceptional method of management;
- Increase risk of abuse;

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- *Undermine dignity or otherwise humiliate or degrade those involved; and*
- *Create distrust and undermine personal relationships between staff and service users/pupils.*

The main risks to staff that result from applying restrictive physical interventions are:-

- *They suffer injury;*
- *They experience distress or psychological trauma;*
- *The legal justification for using the restrictive physical intervention is challenged in court; or*
- *Disciplinary action is taken for inappropriate or unjustified use of restrictive physical interventions.*

The main risks that may be associated with not intervening include:-

- *Staff may be in breach of duty of care responsibilities;*
- *The service user/pupil may injure themselves, other service users/pupils, staff or members of the public;*
- *Serious damage to property or valuable resources may occur; or*
- *The possibility of litigation in respect of these matters.*

3.7 Restriction of liberty

Seclusion is a term used to cover a range of alternative terms: time out, isolation, chill out or single separation. Loxley Hall does not advocate seclusion, or any other strategy inferred by similar terms, as a method of managing students' behaviour.

Seclusion is defined as:

*'The supervised confinement and isolation of a persona, away from other users of services, in an area from which the person is prevented from leaving'
(Department of Health, Para 87 P and P 2014)*

The use of seclusion contravenes Article 5 of the Human Rights Act: *The right to liberty and security.*

Guidance for special schools (DoH, DfES, 2002) classes seclusion as a restrictive physical intervention and therefore only for use in an emergency situation.

Therefore any restriction of a student's liberty at Loxley Hall will be specifically, and only for, emergency circumstances.

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Staff responding to an emergency situation will need to make a dynamic risk assessment in line with the school's policies and ethos. Any emergency response must be carried out with the duty of care to all students and fellow staff clearly in mind. There is no clear official guidance on what constitutes restriction of liberty in such an emergency situation.

Staff at Loxley Hall are directed to follow PROACT-SCIPr-UK® principles which establishes that reasonable force and physical intervention should only be used when:

- A student presents a risk to themselves
- A student presents a risk to others
- A student presents a significant risk to property
- A student persistently disrupts the good order of lessons and others' learning

OFSTED guidance on *The use of force, including restraint and the restriction of liberty, in care and education settings* states that reasonable force can be used in "preventing a pupil leaving the classroom where allowing the pupil to leave would risk their safety or lead to behaviour that disrupts the behaviour of others."

However, it should be noted that the same document states:

"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."

There is no circumstance foreseeable where Loxley Hall would advocate a student being locked in a room. This is false imprisonment and is in breach of Human Rights and criminal law.

What does this mean for Loxley Hall staff?

- Loxley Hall does not use seclusion as a management strategy.
- Loxley Hall does not permit students to be locked in rooms.
- Loxley Hall expects all staff to offer proportionate and measured responses at all times.

Pupils at Loxley Hall may be prevented from leaving a room - but this is only done as an emergency action and if the risk presented by allowing the student to

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leave the room is greater than retaining them. The risks must include the danger to either self, others or property.

In such an event where staff feel actions taken through a dynamic risk assessment may potentially restrict liberty a member of senior management should be called as an emergency action. Senior managers can then make an informed decision on how best to carry out the school's duty of care to students and staff.

Any further period of retention of the student in such circumstances should be to prevent or preclude risks to personal safety (absconding, climbing) or criminal acts or damage (breaking property, assault, fire lighting, arson). In such a circumstance further action should be considered by senior managers if necessary, including police involvement

3.8 Documenting Restrictive Physical Intervention Strategies

If it is agreed that a child or adult may require some form of restrictive physical intervention, there must be an up to date copy of a written protocol included in the individuals plan/records.

Standard Document HSF57 Restrictive Intervention Protocol form will be used for students identified as requiring 3 person floor holds.

If a School or Service chooses to develop their own documentation process it must, as a minimum, include the following:-

- *A description of the behaviour sequence and settings which may require intervention response;*
- *The results of an assessment to determine any counter reasons for the use of intervention strategies (e.g. medical conditions etc.);*
- *A risk assessment that balances the risk of using a restrictive physical intervention against the risks of not intervening;*
- *A record of the views of those with parental responsibility in the case of children and family members or independent advocates in the case of adults;*
- *A system of recording behaviours and the use of restrictive physical interventions;*
- *Previous methods which have been tried without success;*
- *A description of the specific restrictive physical intervention strategies/techniques which are agreed and the dates on which they will be reviewed;*
- *The ways in which this approach will be reviewed, the frequency of review meetings and members of the review team.*

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Communication

Information relating to intervention strategies should be discussed with the pupil and their parents/careers prior to the implementation. All parties should be in agreement with the intervention strategy. If this is not possible, differences of opinion must be documented and recorded in the individuals care plan/records.

3.9 Action to be taken following an incident of Restrictive Physical Intervention.

Recording, Reporting and Monitoring

The use of restrictive physical interventions, whether planned, unplanned, or emergency interventions must always be recorded. Staffordshire recommend use of the Restrictive Physical Intervention Record of Incident form HSF56. Loxley Hall has its own recording system which is thorough and detailed. The written record of the use of a restrictive physical intervention must indicate:-

- The names of the staff and service users/pupils and any other parties involved;*
- The reason for using the restrictive physical intervention employed;*
- The type and duration of the restrictive physical intervention;*
- Whether the service user/pupil or anyone else experienced injury or distress and, if they did, the action that was taken.*

*If the incident is also an act of violence or aggression then **HSF9** Violence and Aggression Report Form must also be completed, this form or **HSF40** Accident Investigation Report Form must be completed to record any injuries that result from the use of a restrictive physical intervention.*

In the instance of a restrictive floor hold the intervention will need to be reported immediately to line management and where this is the case, managers must ensure all staff are aware of when and how to do so.

*Staffordshire recommends that the contents of the Restrictive Physical Intervention Record Forms should be reviewed on a monthly basis as a minimum by Managers and where trends identified appropriate action taken. At Loxley Hall documentation and practices are reviewed weekly by the **SCIP Instructors** and a member of SMT. Findings are recorded and reported back at fortnightly senior leadership team meetings.*

Managers need to ensure that the individual service user/pupils individual plan/records are reviewed in light of incidents and amendments made if required to reduce those risks identified.

Debriefing

After the use of interventions it must be ensured that staff and service users/pupils receive suitable and sufficient support and a review of the risk assessment to identify factors contributing to the incident must take place.

Being involved in a restrictive physical intervention may be an unsettling experience for all parties, and managers should recognise that staff and service users/pupils may need some form of reassurance. Those involved, both staff and service users/pupils should be separately debriefed after the intervention, which is particularly important when the intervention was unplanned. The debriefing should be a reflective process that explores what happened before, during and after the incident. The intention should be to undertake an analysis and evaluation to inform how similar incidents may be avoided or better managed in the future.

Debriefing those involved ensures that lessons can be learned and staff service users/pupils have the opportunity to discuss the matter quickly. The debriefing should be undertaken without undue delay but should consider the physiological effects of such a situation and sufficient time should be allowed for all involved to reach a calmer state. Staff should be informed of the availability of confidential counselling from ThinkWell who can be contacted on 01785 276284.

*At Loxley Hall all restrictive floor holds are subjects to a recorded debrief by a member of the senior leadership team. All other incidents see a debrief performed by one of the PROACT **SCIP Instructors** or Assistant Head.*

When an injury has occurred as a result of Restrictive Physical Intervention

If there is any reason to suspect that a service user/pupil, member of staff or other person has experienced injury or distress following the use of a restrictive physical intervention, that person must receive immediate medical attention, and counselling and debriefing as required. Managers must ensure that the injury is reported to the Health, Safety and Wellbeing Service as detailed above.

Complaints and concerns regarding Restrictive Physical Intervention

Managers must ensure that any complaints or concerns about validity or methods of intervention should be thoroughly investigated in accordance with local and County Council complaints procedures.

Dependent on the nature of the complaint, consideration must be given to whether other processes need to be instigated such as Safeguarding protocols.

3.10 Information, Instruction and Training

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The level of information, instruction and training required by staff regarding physical interventions must be identified by managers and Headteachers. Training provided to staff should be suitable for the level of use they are identified as requiring. Where skills are not used they are soon lost. Staff involved in the use of planned interventions must have suitable training.

In emergency situations staff have the right to use reasonable force to protect themselves and others. It is recommended that where it is identified that staff are delivering services or working in situations where there is a high risk of being involved in unplanned and emergency restrictive physical interventions, they should receive a basic level of training.

Training provided must cover the use of Primary/Active and Secondary/Reactive control strategies (see section 3.5) as well as the physical techniques and should be suitable for the environment and service users/pupils it will be employed upon. It is not suitable to provide staff with physical intervention techniques without putting its use into appropriate context. Training in the use of restrictive physical interventions must be recorded and refreshed in accordance with the training provider's accreditation scheme which is often annually.

At Loxley Hall all staff are SCIPr-UK trained and yearly refreshers are held, which include the use of 3 person floor holds.

Contact

Health, Safety and Wellbeing Service
Staffordshire County Council
Staffordshire Place
Tipping Street
Stafford
ST16 2DH

01785 355777

LOXLEY HALL SCHOOL

PHYSICAL SUPPORT (RESTRAINT)

Name of Parent.....

Name of Pupil.....

I have read the Physical Support (Restraint) Policy of Loxley Hall School.

I understand why Loxley Hall should need such a policy given that the pupils who attend the school can display extreme and challenging behaviour.

Having read this policy I agree that should circumstances make it necessary staff at the school have my authority to employ methods of restraint as outlined in the policy statement.

Signed..... Date.....

INFORMATION FOR PARENTS

At Loxley we recognise that there are some pupils that will require some form of physical intervention. In recognition of this, Staffordshire LEA has adopted a non-punitive form of physical management called SCIP (Strategies for Crisis Intervention and Prevention). This is an inclusive form of de-escalation where physical intervention is used after a variety of other techniques have failed. With this in mind, SCIP complies with Circular 10/98, Section 550A of the Education Act 1996.

Restrictive physical interventions should always be considered within the wider context of other measures:

- Establishing and maintaining good relationships with pupils
- Diversion
- Defusion
- Negotiation
- Anticipation

Restrictive physical intervention should only be used as a last resort. The use of physical force that is unwarranted, disproportionate or punitive is not acceptable under any circumstances.

Managing Physical Intervention

- The need for physical intervention will be identified in the pupil's Individual Behaviour Plan and the subsequent Risk assessment, if required.
- Parents/Carers will have access to these plans
- Parents/carers will be informed by telephone on the same day as the incident, whenever possible
- Due to GDPR legislation copies of written forms will not be sent out to parents/carers. However you can view any documentation by visiting the school.
- Parents/Carers will be notified of any developments in a pupil's Risk Assessment. Should such developments result in a significant heightening of the risk assessment then Parents/Carers will be invited to attend school to discuss developments.

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- All staff involved in physical interventions have received training in the appropriate and acknowledged techniques of SCIP
- Such training will be updated annually
- Designated staff are responsible to oversee, monitor and support staff
- All staff are expected to adhere to the principle outlined in DfES Circular 10/98, Section 550A of the 1996 Education Act.
- Acceptance of these principles are implicit and will be refreshed on an annual basis