



# Oakridge Schools Federation

  

## Physical Intervention Policy

Approved by:	Full Governing Body
Review frequency:	Every 2 Years
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Next review date due:	Spring 2027

### When can restrictive physical intervention be used?

The use of restrictive physical intervention may be justified where a pupil is:

1. Committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil)
2. Causing personal injury to, or damage to the property of, any person (including the pupil himself); or
3. Prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise

Restrictive physical intervention may also be appropriate where, although none of the above have yet happened, they are judged as highly likely to be about to happen.

We are very cautious about using restrictive physical intervention where there are no immediate concerns about possible injury or exceptional damage to property. Restrictive physical intervention would only be used in exceptional circumstances, with staff that know the student well and who are able to make informed judgments about the relative risks of using, or not using, restrictive physical intervention; for example, stopping a younger child leaving the school site.

The main aim of restrictive physical intervention is usually to maintain or restore safety. We acknowledge that there may be times when restrictive physical intervention may be justified as a reasonable and proportional response to prevent damage to property or to maintain good order and discipline at the school. However, we would be particularly careful to consider all other options available before using restrictive physical intervention to achieve either of these goals. In all cases, we remember that, even if the aim is to re-establish good order, restrictive physical intervention may escalate the difficulty.

If we judge that restrictive physical intervention will make the situation worse, we will not use it but will do something else (like go to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care.

Our duty of care means that we might use a restrictive physical intervention if a child is trying to leave our site, and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use restrictive physical intervention when we have control or charge of children off site (e.g. on trips).

We never use restrictive physical intervention out of anger or as a punishment.

### Who can use restrictive physical intervention?

If the use of restrictive physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved, and where possible, BILD accredited trained in the use of restrictive physical intervention. However, in an emergency, any of the following may be able to use reasonable force in the circumstances set out in Section 93 of the Education and Inspections Act (2006):

1. any teacher who works at the school, and
2. any other person whom the headteacher has authorised to have control or charge of pupils, including:
  - (a) support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors.  
and
  - (b) people to whom the headteacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying pupils on school organised visits) but not prefects.

### Planning around an individual and risk assessment

In an emergency, staff do their best, using reasonable force within their duty of care.

Where an individual child has an individual positive behavior management plan, which includes the use of restrictive physical intervention, we ensure that such staff receive appropriate training and support in behaviour management as well as restrictive physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians.

In most situations, our use of restrictive physical intervention is in the context of a prior risk assessment which considers:

#### **What the risks are**

#### **Who is at risk and how**

**What we can do to manage the risk** (this may include the possible use of restrictive physical intervention)

We use this risk assessment to inform the individual behavior plan that we develop to support the child. If this behaviour plan includes restrictive physical intervention, it will be just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

- Our understanding of what the child is trying to achieve or communicate through his/her behaviour
- How we adapt our environment to better meet the child's needs
- How we teach and encourage the child to use new, more appropriate behaviours
- How we reward the child when he or she makes progress
- How we respond when the child's behaviour is challenging (responsive strategies)

We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using restrictive physical intervention. We choose these responsive strategies in the light of our risk assessment.

We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of restrictive physical intervention. We include the child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school who work with the child, and any visiting support staff (such as Educational Psychologists, Behaviour Support Team workers, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services). We record the outcome from these planning meetings and seek parental signature to confirm their knowledge of our planned approach. We review these plans at least once every four to six months, or more frequently if there are any concerns about the nature or frequency of the use of restrictive physical intervention or where there are any major changes to the child's circumstances.

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome because of their culture/religious group or disability. There may be others for whom such contact is troubling because of their personal history, in particular of abuse. We have systems to alert staff discreetly to such issues so that we can plan accordingly to meet individual children's needs.

### **What type of restrictive physical intervention can be used?**

Any use of restrictive physical intervention by our staff should be consistent with the principle of reasonable force. In all cases, staff should be guided in their choices of action by the principles in section 2 above.

Staff should not act in ways that might reasonably be expected to cause injury, for example by:

- holding a child around the neck or collar or in any other way that might restrict the child's ability to breathe
- slapping, punching or kicking a child
- twisting or forcing limbs against a joint
- tripping a child
- holding a child by the hair or ear

Such actions would normally be considered potentially inappropriate.

We do not plan for and do not allow, except in emergency situations, staff to use seclusion. Seclusion is where a young person is forced to spend time alone in a confined space against their will. We may, however, use withdrawal or time-out in a planned way. We define these as follows:

**Withdrawal** involves taking a young person, with their agreement, away from a situation that has caused anxiety or distress, to a place where they can be observed continuously and supported until they are ready to resume their usual activities.

**Time-out** is where a response to a young person's inappropriate behaviour includes a specific period with no positive reinforcement as part of an overall intervention plan.

Where staff need specific training in the use of restrictive physical intervention, we arrange that they should receive Team Teach training, through Hampshire County Council. This training is accredited through the national accreditation system set up by BILD (British Institute of Learning Disabilities). We ensure that staff have access to appropriate refresher training.

Further, we actively work to ensure general training is accessed by our staff in the following areas:

- relating to legal issues policy and risk assessment
- in addition to behaviour management strategies such as positive approaches to behaviour management

- de-escalation techniques and managing

A record of such training is kept and monitored.

### **Recording and Reporting**

We record any use of restrictive physical intervention using the record sheet in the Hampshire *Planning and Recording Physical Interventions in Schools* booklet. We do this as soon as possible and at any event within 24 hours of the incident. According to the nature of the incident, we may also note it in other records, such as the accident book, violent incident records or child tracking sheets which are also kept and shared with appropriate Children's Services Department, e.g. Health and Safety. Further, our governing body ensures that procedures are in place for recording significant incidents and then reporting these incidents as soon as possible to pupils' parents.

After using restrictive physical intervention, we ensure that the headteacher is informed as soon as possible. We also inform parents by phone (or by letter or note home with the child if this is not possible). A copy of the record form is also available for parents to read.

In rare cases, we might need to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our general practice, informed by the DfE Guidance 'Screening, Searching and Confiscation – Advice for Head Teachers, Staff and Governing Bodies' (2011) and Section 45 of the Violent Crime Reduction Act 2006.

### **Supporting and Reviewing**

We recognise that it is distressing to be involved in a physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened.

After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. Where it is appropriate, we have the same sort of conversations with other children who observe what happened. In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team.

A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the restrictive physical intervention.

After a restrictive physical intervention, we consider whether the individual behaviour plan needs to be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

### **Monitoring**

We monitor the use of restrictive physical intervention in our school. The Headteacher is responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture and religion issues to make sure that there is no potential discrimination; we also consider potential child protection issues.

We look for trends in the relative use of restrictive physical intervention across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using restrictive physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored.

### **Concerns and Complaints**

The use of restrictive physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. A child might complain about the use of restrictive physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of restrictive physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down.

If a child or parent has a concern about the way restrictive physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Where there is an allegation of assault or abusive behaviour, we ensure that the headteacher is immediately informed. We would also follow our child protection procedures. In the absence of the headteacher, in relation to restrictive physical intervention, we ensure that the deputy headteacher is informed. If the concern, complaint or allegation concerns the headteacher, we ensure that the Chair of Governors is informed.

If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaint's procedure.

The results and procedures used in dealing with complaints are monitored by the governing body.