



### St Peter's Catholic Primary School, Waterlooville Policy for Physical Intervention

#### Control Box

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<b>Committee</b>		<b>Responsibility</b>	Full Board of Governors
<b>Associated Policies, Documents, Agencies:</b> Complaints			

#### Our approach

At St Peter's we always try to avoid physical interventions, and regard them as a last resort for a small minority of situations. We provide a well planned and differentiated curriculum that challenges all pupils appropriately, and maintain an effective school positive behaviour policy that is known and understood by staff and pupils. Our mission statement and values underpin the school expectation of all staff and pupils.

When we need to use restrictive physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

#### Who May Use Physical Intervention and When

At St Peter's all staff are authorised by the headteacher to have control of pupils and use physical intervention when deemed necessary. All staff must be made aware of this policy and its implications. 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. Where required (for example in a setting with children presenting significant behavioural challenges) staff should be trained through an accredited provider in the use of restrictive physical intervention; St Peter's is not deemed to be such a school which requires this type of training for all staff. A record of physical intervention training for selected key staff in the school will be kept and updated annually. All school staff are allowed to use reasonable force (the minimum necessary) to defend themselves.

We take the view that staff are not expected to put themselves in danger and that removing other pupils and themselves from a source of danger is a proper thing to do. We appreciate the integrity of our staff and value their efforts to rectify situations that are difficult and in which they exercise their duty of care for their pupils. We do not, however, require them to go beyond what is reasonable. In particular it is acceptable for any member of staff to decide that they will not use physical intervention for personal reasons.

## **Using Physical Intervention**

Except in cases where there is immediate danger, we would normally try other ways of resolving or de-escalating a situation. These could include:

- Calmly restating the rules and expectations for the situation.
- Distraction to an alternative activity which takes the pupil away from a situation or thought that is causing distress and may lead to violent behaviour.
- Removing other pupils from the situation and thus from danger, or from being an audience.
- Use of physical proximity, but not in a threatening way.
- Encouraging pupil to withdraw to safer and calmer environment.
- Calling another adult for support or take over.

If physical intervention is judged necessary the teacher or adult should:

- Send for the assistance of another adult.
- Remove other pupils from the scene if possible.
- Continue to talk calmly to the pupil explaining what will happen and under what circumstance the physical intervention will cease.
- Use minimum force necessary and cease the intervention as soon as it is judged safe.
- Avoid where possible intervening physically with the child on the floor.

In some circumstances it may be appropriate to call the police.

Guidance on restrictive physical intervention in schools:

- Use as little restrictive force as is necessary in order to maintain safety, and for as short a period of time as possible.
- Aim for side-by-side contact with the child. Staff should avoid positioning themselves in front of the child (to reduce the risk of being kicked) and should also avoid adopting a position from behind that might lead to allegations of sexual misconduct. In the side-by-side position, staff should aim to have no gap between the adult's and child's body. This minimises the risk of impact and damage.
- Aim to keep the adult's back as straight and aligned (untwisted) as possible. We acknowledge that this is difficult, given that the children we work with are frequently smaller than us.
- Beware in particular of head positioning, to avoid clashes of heads with the child.
- Hold (but do not grip) children by "long" bones, i.e. avoid grasping at joints where pain and damage are most likely. For example, staff should aim to hold on to the forearm or upper arm rather than the hand, elbow or shoulder. Staff should use enough force in the hand shape and position to contain a child's arm or leg movements without gripping tight on the child's arms or legs.
- Ensure that there is no restriction to the child's ability to breathe. In particular, this means avoiding holding a child around the chest cavity or stomach.
- Do all that they can to avoid lifting children.
- Keep talking to the child (for example, "When you stop kicking me, I will release my hold") unless it is judged that continuing communication is likely to make the situation worse.
- Don't expect the child to apologise or show remorse in the heat of the moment.

## **After a incident of physical intervention**

Staff should inform the headteacher as soon as possible after an incident of restrictive physical intervention; parents/carers should also be informed. The physical intervention record sheet should be completed as soon as possible and in any event within 24 hours of the incident. Any Individual Behaviour Management Plan (IBMP) for the child will be reviewed and a risk assessment will be carried out. If an IBMP does not exist for a pupil whose behaviour has required physical intervention, consideration will be given as to whether the child needs an IBMP creating.

After physical intervention we give support to the child so that they can understand why it was necessary. We also support the adults involved, either actively or as observers, by giving them the chance to talk through what happened.

Parents will be informed either verbally or in writing, and a copy of the physical intervention record sheet is available if requested.

It is distressing to be involved in a restrictive physical intervention, whether as the child being held, the person doing the holding, or someone observing or hearing about what has happened. All those involved in the incident should receive support to help them talk about what has happened and, where necessary, record their views.

Where appropriate, we also encourage staff to contact the Hampshire County Council Employee Support Line<sup>1</sup> (ESL), a free and confidential counselling/support line on 0800 030 5182 or the Education Support Partnership<sup>2</sup> on 08000 562 561.

<sup>1</sup> <https://www.hants.gov.uk/hampshire-services/occupational-health/schools/employee-support>

<sup>2</sup> <https://www.educationsupportpartnership.org.uk/>

## **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 behaviour management plan, which includes the use of restrictive physical intervention, we ensure that such staff receive appropriate training and support in behaviour management. 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 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. In particular, we include the child's perspective.

We 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).

*'To walk hand in hand with God, loving Him, loving each other and loving ourselves, doing our best with the gifts He gave us to make the world a better place.'*

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact is troubling as a result 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.

### **Monitoring**

We monitor the use of restrictive physical intervention in our school. The Headteacher and the Chair of the Governing Body are 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 in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any 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**

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 an assistant headteacher is informed. If the concern, complaint or allegation concerns the headteacher, we ensure that the Chair of Governors is informed.

Our staff will always seek to avoid injury to the pupil, but it is possible that some bruising or scratching may accidentally occur in the course of a physical intervention. This is not to be seen as necessarily a failure of professional technique, but a regrettable and infrequent side effect of making sure the pupil in question, other pupils and adults working with children remain safe.

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 complaints procedure.

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