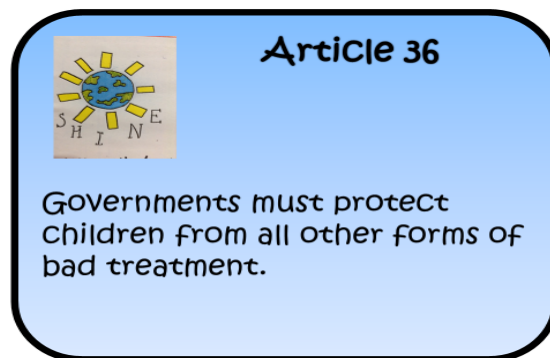


Shotton Hall Primary School
Working together to
SHINE
Successful, Happy, Inspired and Nurtured towards Excellence
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Restrictive Physical Intervention & Team Teach Policy



Reviewed: March 2021
Next Review: April 2022
Ratified by the governing body on 15.03.21
Amended by K. Morgan

Signed *A.M.Boyd* HT
C Barclay COG

Restrictive Physical Intervention Policy **Incorporating the ‘Team Teach’ Policy Statement**

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**Team-Teach – Policy Statement, Supporting Shotton Hall Primary
School’s
Behaviour Policy**

Introduction

This policy statement is intended as a supporting guide to the school’s behaviour management policy, outlining the ethos and role that Team-Teach is used in Shotton Hall Primary School, what is acceptable practice and that, which clearly is not.

Team-Teach is a whole setting, **Holistic** behaviour management response that aims to use de-escalation & behaviour strategies as a standard response to challenging behaviour. However, this is incorporated with restrictive positive handling techniques that are graded & gradual (up or down) as the situation requires. (see: free-standing **RPI Policy**)

Restrictive Positive Handling techniques are never used in isolation.

The Team-Teach approach will also:

- Reinforce policy and practice, inform of current legislation, legal considerations and circular guidelines concerning restrictive physical interventions
- Reinforce the essential verbal & non-verbal skills required in crisis situations
- Make staff groups aware of necessary interventions appropriate to the level of behaviour reached by the pupil.
- Following training, providing staff with knowledge, understanding and physical skills required for their personal safety, and the management of children in their care.
- Offers post-incident structure to both the pupil & member of staff

Team Teach Aim

Is to provide an accredited training framework designed to reduce risk and through working together to safeguard people and services.

Team Teach Objectives

- To develop shared values which promote the attitude, skill and knowledge needed to implement Team Teach in the workplace.
- To develop positive handling skills in behaviour management, including: verbal and non-verbal communication, diversion, de-escalation and safe, effective, humane physical interventions.
- To develop skills in positive listening and learning.

The basic principles of Team-Teach are:

- Staff numbers – emphasis on at least two members of staff when a situation occurs. This is protection for both staff and pupils concerned.
- Stresses that 95% of crisis situations can be resolved through calm, controlled, dignified and skilled de-escalation strategies.
- Minimum force & time – important not to react emotionally but professionally & composed.

- Last resort (where possible) – all other behaviour management strategies to be tried & used first.
- Restrictive physical intervention techniques that provide a gradual, graded system of response – commensurate with the situation, task and individuals involved.
- Techniques allow for verbal communication – utilising positive relationships.
- Techniques that do not rely on pain or “locks” for control.
- Staff safety & protection issues addressed – important for staff to have a range of break-away and release techniques in a serious situation where health & safety are at risk.
- Emphasis on staff awareness & communication skills – verbal & non-verbal used to de-escalate a possible crisis situation.
- Following restraint there should be both a supportive and reflective structure for both staff and pupils.
- All incidents involving pupils being physically managed should be reported, recorded, monitored & evaluated.

Team-Teach is governed by the **Institute of conflict management (ICM)** code of practice.

Entitlements and Requirements.

All teaching, childcare and support staff are entitled as part of their annual professional development and training to :

- A **minimum** of 6 hours re-accreditation Team Teach training (existing 12hr certificated staff) within a two year period of completing a basic training course or previous refresher course.
- A minimum of a 12 hours Team Teach basic training course (new staff)
- Availability of additional Team Teach training for areas not covered in the mandatory 6hr/12hr training courses.
- Notification of any updates and changes in the management of challenging behaviour and handling techniques, and changes in current legislation / legal considerations.
- Review / assess and express their own perceived areas of additional training requirements through risk assessment and situations arising in their own school / class environment.
- An individual copy of the Team Teach policy and positive handling guideline booklet made available for them, and evidence of it being read and understood.
- The availability of being able to approach a Team Teach instructor and be reminded / demonstrated on any particular Team Teach recognised / approved positive handling technique.
- To express their views on any particular handling techniques efficiency or inadequacy on any particular pupil (which must then be recorded by that particular member of staff in that pupils individual support plan / risk assessment)
- Continual assessment (By Senior Management) of presenting behaviours and risks within the school environment, with a view to the possible re-introduction of Advanced level Team Teach training techniques assisting them

- with responses and risk reduction strategies (on a risk assessment basis) in situations involving children using blunt / impact objects used as weapons; sharp / pointed objects used as weapons; and regard to pool cues, chairs and missiles used as weapons.
 - Guidance on other Advanced Level Team Teach training techniques involving management of challenging behaviour and handling strategies, (if and when necessary) eg: Front Ground recovery, Transport etc.
- (See **Elevated Risks** – attached RPI Policy)

All Parents / Carers are entitled to, before admission of their child to Shotton Hall Primary School, information on the behavioural management and positive handling techniques which staff employ in last resort situations, if requested.. They are also invited to contribute to their child’s individual Behaviour Management Plan / Support Plan – (See: relevant section in the RPI Policy) It is considered ‘good practice’ for Parents / Carers to be given a copy of the school’s policy on the use of force (RPI Policy, along with the Behaviour Management Policy) to read.

Shotton Hall Primary School’s Governing Body

- Are entitled to attend any behaviour management and/or Team Teach training.
- A copy of all relevant policies / guidelines and documents.
- Any relevant information and data which allows them to monitor and make decisions about school improvement issues.
- It is good practice for the Governing Body to monitor incidents where RPI has been used. Head teachers have an important role in reporting such incidents to them
- Governing bodies must ensure that a procedure is in place for recording each significant incident in which a member of staff uses force on a pupil, and reporting each such incident to each parent / carer of the pupil as soon as practicable after the incident.
- If it is likely that reporting an incident to a parent / carer will result in significant harm to the pupil, significant incidents should be reported to the local authority, after first seeking advice from a member of the senior management team.

Staff at Shotton Hall Primary School

- All teaching / support staff within Shotton Hall Primary School listed are fully trained to use the Team Teach approach / strategies and techniques, and re-accredited accordingly on a rolling basis as their certificate is about to / or prior to expire.
- All teaching / support staff within Shotton Hall Primary School should provide supported evidence that they have read and understand the annually updated / reviewed ‘Team Teach & RPI Policy Statement’ – This is done by signing and dating the Policy Document Sheet situated in the staff room when the Policy is renewed.

Expectations of Team Teach trained staff

Team Teach trained tutors / trainers have a responsibility to make course participants aware that they have a duty of care to report the following to the appropriate member of staff (Head teacher) or to the appropriate authorities:

- Observed inappropriate sexual behaviour, such as inappropriate physical contact or comments.
- Indications of the mistreatment of people using the services
- Poor performance in terms of skills, knowledge or attitudes required for the safe use of restrictive physical interventions.

The tutors / trainers have the right to exclude from the training courses anyone who they believe to be unsuitable for training on the basis of health, physical status or attitude.

. Shotton Hall Primary School Team Teach Trained Staff

Mrs J. Egglestone
Miss T. Holcroft
Mrs D. Hoyland
Miss P.Hardy
Mrs L. Hoyland
Mr D. Scorer
Mr K. Morgan
Mrs D. Pearson
Mrs A. Scollen
Mrs A. Suter
Mrs S. Sands
Mrs S. Caden

Training may have lapsed in some cases due to refresher courses being postponed indefinitely until Covid restrictions are eased.

(Also See: Free-standing ‘Restrictive Physical Intervention Policy’ and ‘Behaviour Management Policy’)

Revised: March 2021
K.Morgan

Restrictive Physical Intervention Policy

Restrictive Physical Intervention / Restraint ‘is the positive application of force with the intent of overpowering the client’ in order to:

- **Restrict movement**
- **Restrict mobility**
- **Disengage from dangerous or harmful physical contact**

The proper use of physical control requires judgement, skills and knowledge of non-harmful methods of control.

All members of school staff have a legal power to use ‘reasonable force’

This power applies to any member of staff at the school. It can also apply to people whom the head teacher has temporarily put in charge of pupils, such as unpaid volunteers, or parents accompanying students on a school organised visit.

As a general rule nobody has the right to touch, move, hold or contain another person. However, people with a duty of care operate in exceptional circumstances where it is sometimes necessary to act outside this norm. Whenever they do so they should be clear about why it is **NECESSARY**. The best legal defence would be to show that any actions were in the child’s **BEST INTEREST** and that they were **REASONABLE AND PROPORTIONATE**, along with being for the **LEAST AMOUNT OF TIME**, and using the **LEAST AMOUNT OF FORCE**.

Schools can use reasonable force to:

- Remove disruptive children from the classroom where they have refused to follow an instruction to do so
- Prevent a pupil behaving in a way that disrupts a school event or a school trip or visit
- Prevent 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
- Prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground
- Restrain a pupil at risk of harming themselves through physical outbursts

Physical intervention in the Breakfast club/Tea time club can only be used:

- Where a child is at risk of harming themselves or others.
- Where a child is deliberately being destructive toward the environment.
- Prevent a pupil leaving the premises where allowing the pupil to leave would risk their safety or be subjected to significant harm.

Introduction.

On occasions when de-escalation and conflict resolution techniques have failed, the use of Restrictive Physical Intervention (RPI) may be required to safely and appropriately manage a situation. The concept of RPI involves ensuring that pupils with a high level of personal stress; a dangerous lack of self control; and a serious desire to challenge and threaten, are diverted from harming themselves or others; seriously damaging property; disruptive behaviour prejudicial to the safe and secure learning environment of the school, or are protected from the likelihood of them doing so. When no one is in control the desire to challenge and threaten often escalates. A proactive, orderly, caring and learning environment is impossible to achieve and sustain when pupils or adults believe they are not safe.

Restrictive Physical Intervention (RPI) includes the use of Physical Presence; Restriction of Access; Restriction of Exit; Physical Diversion; Increased Staffing; High Level Supervision; Restrictive Physical Intervention (RPI) and the necessary Prevention from Leaving the Premises without Permission, so that dangerous and / or violent behaviour is controlled and prevented from spreading to others.

(All in line and accordance with the current ICM code of practice)

The ICM (Institute of Conflict Management code of practice)

The ICM code of practice stresses that:

- RPI should only be used in the best interests of the service user
- The minimum force for the shortest time
- Prevent injury, pain & distress
- Maintain dignity
- Reasonable and proportionate
- All actions should be necessary

Restrictive Physical Intervention must only be used when it is required to prevent a pupil:

- from self harming
- Injury to other children, service users, staff or teachers
- Damaging property
- Prevent a pupil leaving the premises, where allowing the pupil to leave would risk their safety
- An offence is being committed, and
- In school settings, any behaviour prejudicial to the maintenance of good order & discipline within the school, or among any of its pupils

It is each member of staff's responsibility to make an assessment of the particular circumstances. Staff will need to decide if control is appropriate, and if it is, at what level. It is not considered appropriate at Shotton Hall Primary School to adopt a blanket approach to the use of Restrictive Physical Intervention exercised by staff simply because the pupil has emotional and behavioural difficulties. **Staff will need to take the following factors into consideration:**

- The behaviour of the pupil
- The known intention of the pupil
- Their known wishes, feelings and emotional state
- The pupils personal history
- The influence of other pupils, family and friends
- Any events that may be causing the pupil anxiety

- Knowledge of the pupil
- How long the pupil has been attending Shotton Hall Primary School
- The time of day
- The antecedents to the situation

Children & young people who have difficulties with speech, language & communication, have limited speech, or physically cannot speak will use different ways of communicating. It is important that approaches to engaging them in decisions involve those means of communication. Some children may not have sufficiently developed language skills to communicate verbally & may not be able to understand or respond to verbal de-escalation. Verbal and / or non-verbal strategies should be used to ensure the child or young person understands what is happening & has adequate time to process information & respond.

In considering these factors particular attention needs to be given to the age, understanding and maturity of the pupil. As a pupil matures he / she becomes more able to make considered decisions. However, competency is not only determined by age and maturity. The possible consequences of behaviour should be a significant factor in decision making.

A decision, which involves an assessment of the risk of potential harm, must not be left to a pupil to make alone. It will be a matter for negotiation, or solely the responsibility of the member of staff. The more danger that can be foreseen in a particular situation, the less likely it will be that the pupil is competent to make a decision.

Where a pupil is proposing to do something where there is clear potential for him / her injuring themselves; others, or seriously damaging property, then staff can properly affect RPI to prevent him / her from doing so.

Dialogue

It is essential that wherever possible the use of RPI, particularly Restrictive Physical Intervention (RPI), should be avoided in favour of lower level de-escalation, through verbal persuasion and dissuasion, and positive handling prompts.

Persuasion and dissuasion is where the staff focus the discussion with pupils with the aim of persuading or dissuading them from an intended course of action. It is in effect focused guidance. Only when dialogue is clearly not producing a satisfactory resolution and a situation continues to be unsafe, or to deteriorate then staff should consider the use of RPI.

Physical Presence

Staff member's physical presence is often all that is necessary to communicate authority, and to re-establish safety and security. Presence by implication of one's authority may restrict pupil's movement for a brief period, but is limited to:

- Standing close by, or in front of a pupil
- Standing momentarily or temporarily in the way of a pupil

Presence should become neither oppressive, or of excessive duration. It is likely to be most effective if complemented by a range of non-verbal communication signals, and Persuasion or Dissuasion. Physical presence must be:

- Considered appropriate in the context of a particular situation or incident

- Used only in the context of engaging the pupil in discussion about the significance, relevance and consequences of his / her behaviour
- Ended if it is met with resistance, when a decision will need to be made whether or not another form of intervention is appropriate

Restriction of Access / Exit

In the ordinary course of maintaining a supportive and stable educational experience, staff may limit pupil's liberty by requiring them not to do things that they may prefer to do, including restricting them within a building. However, if the pupil complies with the reasonable request, restriction of liberty is not an issue.

There may be occasions, however, when a pupil has lost self control, and is intent on serious self damage; inflicting injury on others; damage to property, or is considered potentially likely to do so, that it would be appropriate to prevent access to dangerous environments by locking doors to them. Restricting access under such circumstances is considered appropriate staff action.

Occasionally in respect of the types of behaviour described previously, it may be necessary to prevent a distressed pupil from exiting a room by blocking the doorway by Physical Presence. This type of control is appropriate and permissible provided that:

- The duration of the intervention is only brief, and the pupil is engaged in conversation aimed at de-escalating the situation
- The action is a response to a particular situation and not regular practice
- If the pupil physically resists, a considered decision is made in respect of justification for, and use of, alternative forms of intervention

Physical Diversion

As part of a range of Restrictive Physical Interventions, Physical Diversion differs from Restrictive Physical Intervention (RPI) in the degree of 'force' used. Physical Diversion may be for example, holding a hand; placing a hand on the forearm; or putting an arm around the shoulder. Physical Diversion is a means of deflecting a pupil from destructive and / or disruptive behaviour. It involves little force but serves to reinforce staff attempts to 'reason'. It is persuasive rather than coercive. It is important that:

- It should guide, comfort and reassure
- If possible the intervening member of staff should already have an established relationship with the pupil
- Physical Diversion should not arouse sexual expectations or feelings (if it does holding should cease)
- It should be ended if it is met with resistance. When a further decision will need to be made whether or not another form of intervention is appropriate

Increased Staffing Levels

Whilst not a true RPI technique the temporary physical presence of Increased Staffing Levels when a particular class or residential unit are experiencing severe difficulties in functioning, because of the behaviour of a particular pupil / pupils, it may be a means

of managing the situation. A temporary increase of staffing levels is particularly useful because it does not label individual pupils.

The deployment of staff to provide Increased Staff Levels is determined by the Deputy Head and Duty Managers during the school day.

Withdrawal & Seclusion

Withdrawal involves removing a child or young person from a situation which causes anxiety or distress & taking them to a safer place where they have a better chance of composing themselves. Staff would normally stay with the child to support them & monitor their progress until they are ready to resume their usual activities. This form of restraint could be regarded as a restriction of liberty but one taken under a setting's 'duty of care' in order to protect the child from risk of harm, to themselves and / or others. Reasonable force can be used by staff in those circumstances.

Time Out

If a pupil is unsettled, and it is felt that they would benefit from being away from a situation, then they might take 'Time out'. Time out can either be requested by a pupil, or directed by staff. The objective should be to give a pupil the opportunity to regain their composure, without the pressure associated with being in a formal location or being near staff or other pupils. Time out is an important tool in encouraging and supporting pupils to manage their own behaviour prior to reaching a crisis point. Staff must be conscious of the fact that some pupils might ask for time out as a way of getting out of a lesson without real reason. Staff should take steps to support them and monitor their progress. Where this is the case, appropriate provision should be made in their support plan and kept under review.

In Durham LEA any area or room used for 'Time Out' must be unlocked and be monitored by staff at all times.

Removal of a child to the **support room** is one strategy used within the range of restrictive physical interventions. The support rooms are specifically designated and designed areas. The use of, and design, of the support rooms reflects the principles underpinning the de-escalation, therapeutic and counselling techniques within the Team Teach ethos and code of practice.

If a pupil is unsettled, and continues to be disruptive to the safe and secure learning environment of other pupils, it may be considered by staff to separate a pupil from their peers, and supervise him / her by a member or members of staff with the purpose of providing him / her with continuous focused supervision and support.

Seclusion

Seclusion refers to the supervised containment & isolation of a child or young person away from others, in a room or area from which they are prevented from leaving. It is designed to contain severely disturbed behaviour which is likely to cause harm to others. The courts have found that seclusion could be used with a child or young person where it was necessary in order to control aggressive behaviour, but only for

so long as was necessary, proportionate and the least restrictive option likely to succeed, and in accordance with a risk assessment & restraint reduction plan & support plan designed to safeguard their psychological & physical health.

(Ofsted- 'Positive environments where children can flourish' March 2018)

'As with other disciplinary penalties, schools must act lawfully, reasonably & proportionately in all cases. Any separate room should only be used when it is in the best interests of the child and other pupils. Any use of isolation that prevents a child from leaving a room of their own freewill should only be considered in exceptional circumstances and if it reduces the risk presented by child to themselves and others. The school must also ensure the health and safety of pupils and any requirements in relation to safeguarding & pupil welfare. Isolation can also be used as a means of giving a child a place of safety'.

'Whether an act is called seclusion or isolation should not be our focus. Children's experiences are what matters'

High Level Supervision

High Level Supervision and / or Isolation is where a pupil may require the provision of higher levels of staff supervision and support to enable them to overcome temporary difficulties that are preventing them from successfully engaging in normal classroom routines / activities. It should be:

- Used positively and constructively. It should be aimed at actively engaging the pupil; promoting their safety, welfare and emotional stability, and returning the pupil to a less extraordinary means of management.
- Not exceed in duration a morning or afternoon school session. The length of time involved should be reviewed a minimum of every 15 minutes
- Have had the approval of the Senior Management Team or Duty Manager/s

The use of High Level Supervision must be recorded in the School's CPOMS system.

Restrictive Physical Intervention (RPI)

Restrictive Physical Intervention (RPI) is the positive use of minimum force to divert a pupil from harming himself / herself or others; seriously damaging property; disrupting the safety and security of the school's learning environment, or to protect a pupil from the likelihood of their doing so.

Restrictive Physical Intervention (RPI) at Shotton Hall Primary School must only be used to prevent:

- Self harming
- Injury to other children, service users, staff or teachers
- Damage to property
- An offence being committed, and
- In school settings, any behaviour prejudicial to the maintenance of good order and discipline within the school or among any of its pupils.

And as a means of preventing a pupil leaving if:

- The pupil is so acutely and seriously troubled that it is clear he / she is in immediate danger of inflicting serious self-harm; serious harm to others, or seriously damaging property
- Lesser interventions have either not been understood or successful, and the pupil would upon absconding be potentially in physical or moral danger
- The pupil is socially immature and vulnerable, consequently potentially at physical and moral risk
- Its use is intended to return a pupil to a less dangerous situation
- The pupil is very likely to interrupt the safe and secure learning environment of the school
- It is described as a course of permitted action in the pupil's Behaviour Management Plan

The use of Restrictive Physical Intervention (RPI) is not a substitute for using alternative strategies.

Normally lesser forms of intervention should have been used first and all de-escalation techniques exhausted. The onus is upon the member of staff to decide when this position has been reached.

Restrictive Physical Intervention (RPI) is used only:

- When there is *NO OTHER WAY*, and
- Where any other course of action would be likely to fail

Restrictive Physical Intervention (RPI) must not be used:

- To punish
- To gain pupil compliance with staff instruction (unless the instruction is to cease from a course of behaviour leading to injury, damage or serious disruption)
- To cause or threaten hurt / pain
- Oppress; threaten; intimidate and bully

There are occasions when to safeguard a pupil's dignity or safety, it would be in his / her interests to be moved to a less public place, or safer environment. This may also be the case in establishing or maintaining a safe and settled learning environment, or to prevent / lessen disruption to the environment. However, the movement of non co-operative pupils can be problematic, and needs careful consideration. Staff will need to assess the necessity of such an action, against the potential risks involved, and take into consideration all potential dangers.

When pupils co-operate with movement it is usually indicative of their desire to regain self-control.

Staff using Restrictive Physical Intervention (RPI) must always adhere to the following principles:

- Follow the 'Team Teach' training given
- De-escalation and conflict resolution techniques must have been exhausted

- Always warn the pupil quietly, yet clearly and firmly that you are likely to take Restrictive Physical Intervention (RPI) *BEFORE* taking action
- *NEVER* act out of temper. If you are losing control, the professional approach is to call another member of staff to replace your involvement at this time
- The Restrictive Physical Intervention (RPI) techniques should provide a gradual, graded system of response commensurate with the situation; task and individual involved. Consideration should be made to any risk involved in any particular situations. Techniques used should allow for phasing up and down as dictated by the circumstances at that time
- Whenever possible, more than one member of staff should be present or involved. This prompts teamwork; requires less effort and is therefore likely to minimise the possibility of damage or injury. It also prevents particular staff becoming associated with physical methods of control
- It is good practice, but not absolutely necessary, where a male member of staff is involved in controlling a pupil of the opposite sex, that a female member of staff should be present. Best interests of the child and Health & Safety issues are the main drivers for staff actions in this area. The least intrusive method of control should be employed
- **IN EVERY CASE, no more than the reasonable amount of force, with the maximum amount of care for the minimum amount of time should be used to keep safe.** Nor more time taken, than is necessary to effectively resolve the situation
- The pupil should repeatedly be offered the opportunity of exercising his own self- control. Physical management should cease as *SOON AS POSSIBLE*. The skilled use of non-verbal; Intonation and verbal strategies aid de-escalation
- Whilst it may be necessary for staff to be given support in physically controlling pupils, staff should be aware that creating an audience can often escalate the situation
- As soon as possible after the incident, when the pupil is calm and ready, he / she should be given the opportunity to talk through the incident
- **ALL INCIDENTS CONCERNING RESTRICTIVE PHYSICAL INTERVENTION (RPI) must be recorded on a Major Incident Record Form.** The report should consider the circumstances and justification for using Restrictive Physical Intervention (RPI)
- Staff involved should be afforded supportive discussion, if required as soon as possible

Procedure for Restrictive Physical Intervention (RPI)

Only staff that have undertaken the school based training programmes in ‘Team Teach’ methods of Restrictive Physical Intervention (RPI) and have valid confirmation of their approval to do so from the Head teacher and the Team Teach instructor are permitted to physically control pupils. Only those techniques of the ‘Team Teach’ approach can be employed (see the Team Teach Instruction Manual or ask a Team Teach instructor for clarification)

The following procedure for Restrictive Physical Intervention (RPI) must always be followed:

- Try to give the pupil clear warning i.e.: “*Look you’re giving me no other option...*” Still try to offer an alternative escape route from the situation by encouraging the pupil to calm down and talk things through. (This offer must stand all the way through the incident and must be repeated to the pupil)
- The vast majority of crisis situations can be resolved through appropriately calm, controlled, dignified and skilled intervention
- Once physical intervention is necessary then it is important that it happens quickly, smoothly, confidently and successfully providing the maximum amount of care, control and therapeutic support

The choices for Restrictive Physical Intervention (RPI) are:

- Controlling the pupil in a standing position
- Controlling the pupil in a seated position (Chair / Sofa or Floor)

It is only possible to decide which of these options to take as one’s experience, expertise and knowledge of the individual pupil grows, although inevitably they represent a gradual and graded increase in the extent of control used.

The paramount decision should be based on ‘Safety’ for all concerned.

****Pupils should only be held on the floor in either the front or back ground recovery position (Prone or Supine) if they have received and are competent in the Advanced level Team Teach training or unless after a ‘Dynamic Risk Assessment there are ‘Cogent’ reasons to do so.***

If a pupil takes themselves to the floor in this position, then untrained Advance level staff should release holds completely until the pupil can be managed in a recognised ‘Floor seated’ RPI technique, with safety as paramount concern, or until a chair / sofa seated or standing position is available / suitable.

Elevated Risks

Physical restraint involves risk, as do all the alternatives. A reasonable response involves choosing an option which reduces rather than increases the risk. Sometimes the only effective techniques available involve a degree of danger to the staff or the child. In these difficult circumstances the risks have to be balanced carefully. Such judgements are never simple. There are positive handling techniques that reduce risk by taking people to the ground in a controlled manner. They do not involve pressure to the torso. As the risks are exceptional, Team Teach distinguishes very precisely which strategies it is willing to support and places the training for any such ‘Prone or Supine’ ground position within its advanced level courses. The nature of the risk must be understood along with necessary planning, training, additional safeguards, risk assessment and post incident structure. When an individual goes to the ground, or is taken to the ground by staff, it is vital that they are closely monitored. The goal should be to recover into a seated or standing position at the earliest safe opportunity.

There are risks associated with ineffective attempts to prevent a person from going to the ground. Any attempt to lift or support body weight risks spinal injury. There are also risks associated with suddenly breaking away and allowing people to fall to the ground in an uncontrolled manner. These should be balanced against the risks associated with a controlled descent and effective ground techniques. We cannot eliminate risks but we must make a balanced judgement and ensure that all agreed procedures are fully documented. All Team Teach techniques have been passed through the Risk Assessment Panel. Team Teach has issued safeguards for establishments in need of advanced ground recovery techniques.

The techniques require advanced training which is only available to people who have already completed the basic course. In settings where ground restraints occur, it is crucial that staff are adequately trained and that vital signs are monitored. It is a requirement that any staff who are expected to use Team Teach advanced ground techniques should also hold a current first aid qualification to enable them to recognise signs of distress - **Danger - Response – Airways – Breathing**

Positional Asphyxia

This term has been used to describe deaths which have been attributed to an individual's body position. Adverse effects of restraint include being unable to breathe, feeling sick or vomiting. Signs may include swelling to the face and neck, and Petechiae (small blood- spots associated with asphyxiation) to the head, neck and chest. In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand the chest and stomach to draw air into the lungs. At rest, only minimal chest wall movement is required and this is largely achieved by the diaphragm and the intercostal muscles between the ribs. Following exertion, or when an individual is upset or anxious, the oxygen demands of the body increase greatly. The rate and depth of breathing need to increase to supply these additional oxygen demands. To achieve this additional muscles in the shoulders, neck, chest wall and abdomen are essential in increasing lung inflation. Failure to supply the body with the additional oxygen demand (particularly during or following a physical struggle) is dangerous and may lead to death within a few minutes, even if the individual is conscious and talking.

Any position that compromises the airway or expansion of the lungs may seriously impair a subject's ability to breathe and lead to asphyxiation. This includes pressure to the neck region, restriction of the chest wall and impairment of the diaphragm (which may be caused by the abdomen being compressed in a seated, kneeling or prone position) Some individuals who are struggling to breathe will 'brace themselves' with their arms: this allows them to recruit additional muscles to increase the depth of breathing. Any restriction of this bracing may also disable effective breathing in an aroused physiological state.

The fact that a person can complain does not mean that they can breathe adequately

There is a common misconception that, if an individual can talk, they are able to breathe. This is not the case. Only a small amount of air is required to generate sound in the voice box. A much larger volume is required to maintain adequate oxygen levels around the body, particularly over the course of several minutes during a

restraint. A person dying of positional asphyxia may well be able to talk until they collapse.

A degree of positional asphyxia can result from any restraint position in which there is restriction of the neck, chest wall or diaphragm, particularly where the head is forced downwards towards the knees. Restraints where the subject is seated require particular caution, since the angle between the chest wall and the lower limbs is already partially decreased. Compression of the torso against or towards the thighs restricts the diaphragm and further compromises lung inflation. This also applies to prone restraints, where the body weight of the individual acts to restrict the chest wall, abdomen and diaphragm movement.

Pressure to the neck

Necks are extremely fragile. Whiplash injuries are common. Some people with Down Syndrome are especially vulnerable to serious damage in this area. No attempt should be made to hold a neck. No pressure should be placed on the neck to move the head forward. This can damage the spine and restrict breathing.

Prone Holds / Restraints - The prone position is when a person lies on their front, usually with their head to one side. Any pressure placed on a person in this position can seriously compromise breathing. The person's own body weight may sufficiently restrict breathing to produce an adverse outcome. In a prone position restriction to the abdomen can prevent the lungs from fully expanding. Any restriction to the ribcage will exacerbate the problem. No pressure may be placed on the torso of a person in any Team Teach ground recovery position. No techniques allow straddling the torso under any circumstances.

Supine Holds / Restraints - The supine position is when a person lies on their back. With the additional complication of alcohol and / or vomiting this position may increase the risk of choking.

Seated Holds / Restraints

In seated holds forcing the body forward into hyperflexion at the hips is likely to limit the expansion of the abdomen and restrict breathing. Young children can be extremely flexible and may throw themselves forward. In Team Teach seated holds the staff should allow the torso to come back to a comfortable position naturally rather than follow the child into a hyperflexed position. 'Basket holds' which involve the arms being pulled across the rib cage and locked under the armpit can severely restrict the expansion of the rib cage and impede breathing. Team Teach techniques do not allow this. In the Team Teach 'Wrap' the arms are not pulled across the rib cage, but placed on the hips. For extremely obese children or those with short arms the 'Wrap' may not be an appropriate response.

Standing Holds / Restraints

Hyperflexion can be a risk in standing holds if the body is forced forward. Some standing holds involve forcing the shoulders forward. No Team Teach techniques allow this. Some standing 'basket holds' allow the child's arms to be locked under the armpits. In this position the expansion of the rib cage can be compromised. **The 'basket hold' is not an approved Team Teach technique. (See Diagram. Page 17)**

In the standing 'Wrap' the child's arms are not pulled but placed down at the hips to allow the rib cage to expand normally. As in the seated position, if a flexible child throws their body forward the staff do not follow, but allow the body to return to a comfortable position.

Extreme exertion and other factors

Extreme exertion can be a risk factor in itself. An oxygen debt can build up over time in any form of restraint. Staff should always be ready to release at any signs of medical

distress. In addition obesity, small stature, asthma, bronchitis, a blocked nose or a range of pre-existing medical conditions could impair breathing.

Team-Teach T Wrap



- Heel of Hand on front of Hip
- Elbows apart wrists together
- Cannot see hands from behind
- Shoulders over shoes (natural cricket position)
- No pressure to abdomen
- No pressure to ribcage



ALERT - TEAM-TEACH T WRAP - ELBOWS APART WRISTS TOGETHER

BASKET HOLD (NOT TEAM-TEAM) - ELBOWS TOGETHER WRISTS APART

Team-Teach

www.team-teach.co.uk

Working together to safeguard people and services

Extreme exertion and other factors

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Warning signs

During a restraint and in the period following children must be monitored and supported closely. Danger signs include

- Struggling to breathe
- Complaining of being unable to breathe
- Evidence or report of feeling sick or vomiting
- Swelling, redness or blood spots to face or neck
- Marked expansion of the veins in the neck
- Subject becoming limp or unresponsive
- Changes in behaviour either escalative or de-escalative
- Loss of or reduced levels of consciousness
- Respiratory or cardiac arrest

Immediate Action

Release or modify the restraint as far as possible to improve breathing. Immediately summon medical attention and provide appropriate first aid in line with local policy.

Team Teach Protocols

The Team Teach instruction is comprehensive and staff that are unsure about approaches, de-escalation, protocols, techniques or holds should seek clarification from one of the instructors. The following is a brief outline of some of the main principles:

- Staff should always be aware of their own safety. Only in exceptional circumstances should staff use Restrictive Physical Intervention (RPI)s without another member of staff being present to support
- Remember to use the HELP protocols for both pupils and staff
- It is always easier if one member of staff takes the lead and directs events
- With two staff present, take one arm each. Always be aware of kicks, punches, knees, head butts, spitting, bites etc.
- Take hold at the lower forearm / wrist.
- Keep close contact with pupil, with 'no daylight' between you
- Maintain only the pressure that is required to keep safe
- Communicate with each other *and* the pupil
- If sitting in an upright chair keep well to the side and slightly behind the pupil
- Once the situation is under control, safe and secure, counselling of the pupil should begin. Use ploys like - *"Look this need not have happened !"*
- It is not unusual to meet a continuous stream of abuse, obscenities etc. Ignore these, try to be calm, look beyond the behaviour, and talk deliberately and in a pacifying tone. Use phrases like - *"Ok If you want to talk, I'll listen !"* and - *"We can get out of this situation once you have told me and shown me you are calm !"*
- Offer positive feedback as soon as possible - *"Good that's better. You're much calmer now !"*
- With a particularly reserved pupil it may be possible to progress the 'letting go' process by distraction methods e.g. Talking to other involved colleagues about absolutely anything appropriate, or positive talk about the pupil, or appropriate humour.
Eg - *"You know Ben's had an excellent week so far !"*
Or - *"You know I would have thought Ben would have been able to get himself out of this situation by now. He's normally quite sensible !"*
Or - *"Did you see the match last night ?"*
- Once the situation begins to calm down, significant decreases in the grades of Restrictive Physical Intervention (RPI) should commence. However these should be on staff terms and not when demanded by the pupil. If he / she asks sensibly, calmly and politely staff must adhere to the request, however exercise caution.
- The overall aim is to (when the pupil is calm and ready to talk) discuss what provoked the whole episode, getting the pupil to examine the problem and its consequences. Staff need the pupil to realise that there was a more acceptable and appropriate way of dealing with the situation.
- The pupil should be asked if they are hurt and / or if they need medical treatment.

- The event should be discussed with all involved staff, so that positive feedback is given, and the potential for improved approach, teamwork and skills is achieved.
- A Major Incident Report Form must be written with all involved staff and the pupil given the opportunity to record their own feelings and opinions.

Any use of Restrictive Physical Intervention (RPI) must be reported as soon as possible to the Head Teacher, and a Major Incident Report Form completed. The completed form should be passed to the Head before, if possible, the member of staff goes off duty or shift in the case of a contentious incident, or within a 24 hour period in all other incident cases. Once monitored, and recorded in the MIR Bound & numbered Book, the form will be passed onto the Head teacher / Deputy Head teacher.

If Restrictive Physical Intervention (RPI) is judged by the Head teacher to have been used with a pupil too frequently, a Case Discussion may be called. This meeting should, whenever possible, involve the pupil, parents/carers, member of the Senior Management Team, Head teacher, and any other involved parties.

The aim of the minuted meeting is to plan strategies to:

- Safeguard and promote the pupil's welfare
- Appropriately meet the pupil's needs
- Manage his / her behaviour
- Minimise the need for external controls

The meeting must also consider:

- The wishes and feelings of the pupil and his / her parents / carers
- The appropriateness of Shotton Hall Primary School as a placement for the pupil
- The circumstances under which future meetings should be convened with the same agenda
- The need to establish an Individual Behaviour Management Plan, or amend an existing one

Additionally, information regarding Restrictive Physical Intervention (RPI) used with pupils will frequently be discussed amongst staff. This information will be used to positively amend practice and intervention strategies, risk assessments etc.

Behaviour is a means of communication and all behaviour has a purpose. Behaviour that challenges may signal a need for support. Behaviour policies & practice should recognise this & support children & young people to develop alternative ways of expressing themselves that achieve the same purpose but in more appropriate ways.

Sometimes restraint will be necessary. Staff must have reasonable grounds for believing that restraint is necessary in order to justify its use. Staff will need to use their professional judgement in each case, assessing the risks involved & taking into account of the needs and circumstances of the child or young person (as set out in relevant support plans drawn up for the individual person)

Monitoring

The Senior Management Team should monitor the use of Restrictive Physical Intervention, particularly Restrictive Physical Intervention (RPI), by examining:

- The frequency of their use
- The justification of their use
- Their nature
- Their users
- The views of the pupils concerning them

He / she must ensure that:

- The need to use Restrictive Physical Interventions are minimised
- Restrictive Physical Interventions are used only in the appropriate circumstances
- Only the appropriate Restrictive Physical Interventions are used in particular situations in line with the BILD code of practice.

He / she must also:

- A summary report on the use of Restrictive Physical Interventions to the school's **Governing Body**
- Take appropriate action over issues of concern of either a generic or specific nature
- Make available on request the Major Incident Report Forms to the authorities officers

It is the responsibility of the Senior Management Team to bring to the attention of the Head teacher at an early stage any concerns about the frequency or nature of RPI used with any particular pupils, and hopefully before any crisis point is reached.

It is the responsibility of any member of the schools staff team to alert a member of the Senior Management Team of any concerns they have regarding any individual pupils in their care, where frequent RPI is evident, and any malpractice on a member of staff's behalf.

Policy and Guidance

Schools must have a policy on the use of reasonable force to control or restrain pupils. The policy should be approved formally by the governing body and made known to staff, pupils and parents.

The guidance acknowledges the potential for injury to both pupils and staff involved in physical intervention responses.

The Policy:

- Should be value driven
- Should inform staff clearly what they should do
- Should explain how to do it
- Should be supported by training where necessary
- Should be updated / reviewed annually
- Should be supported by evidence that staff have read & understood it

Recording, Reporting and Monitoring

Record Keeping

‘Schools are not required to record and report incidents of the use of restraint’. Similarly, informing parents is also good practice but not required. It is just good practice to inform. If parents have not been informed, we can ask why. If the rationale is that this would place the child at greater risk, then we should expect that a safeguarding referral has been made’

(Ofsted- ‘Positive environments where children can flourish’ March 2018)

However, Shotton Hall Primary School deems it ‘good practice to complete a MIR form whenever the below mentioned incidents have taken place:

Major Incident Report Forms

All incidents using RPI should be recorded, reported, monitored and evaluated using the school’s MIR report form.

It is the responsibility of staff involved in an incident to complete a Major Incident Report Form (MIR) if possible before they go off duty / shift in the case of a contentious incident, or within a 24 hour period in all other incident cases. The MIR form is comprehensive and staff should ensure that they complete all relevant sections thoroughly and accurately, checking details with all colleagues involved in the incident. Parents / carers should also be notified that the child has been involved in Restrictive Physical Intervention (RPI) resulting in a MIR. Upon completion this form should be handed in to the Deputy Head teacher.

The MIR system is an essential tool in helping to track behaviour trends for individual children, this in turn can positively affect our practice.

The term ‘Major Incident’ is imprecise, certainly any incident where Restrictive Physical Intervention (RPI) has been used will require the completion of a MIR form, however, a MIR form should also be completed in the event of a child absconding from school, or presenting other dangerous behaviours not involving RPI. Other ‘minor’ incidents are reported either on an CPOMS or discussed at the ‘End of Day’ meeting, and are reported largely according to staff judgement. If in doubt, staff should check with a member of the SMT or Deputy Head teacher as to whether a MIR form should be completed.

‘Any individual pupil records are kept for a period of 75 years after the date of birth of the child or are passed to the next school and a receipt obtained. This retention period is the minimum period that any pupil file should be kept’

In addition to the above, Team Teach strongly recommends that all services should keep records / copies of incidents of restraint, for a minimum period of 75 years from the date of the incident.

The behaviour of some individuals presents a hazard to themselves and others. In settings which cater for individuals who exhibit hazardous behaviours, records serve a number of purposes:

- They can be an invaluable aid to risk assessment and risk reduction by communicating information about known hazards.
- They can provide evidence of both poor and preferred practice to help managers target training.
- They can direct managers towards improving the quality of the guidance they provide for staff.
- They can expose malpractice and protect staff against false allegations.
- Employers who fail to establish effective recording and reporting systems to protect children, young people, vulnerable adults and staff are in breach of their statutory duties under Health & Safety legislation.

Records

- Should be completed after everyone has recovered.
- Should use structured recording forms (MIR’s) and entered into a bound and numbered book
- Should include the de-escalation techniques used
- Should state briefly exactly what happened
- Should be signed and dated
- Should be monitored and evaluated
- Should inform positive handling plans (PHP’s)
- Should be archived along with the current policy and guidance

Behaviour Management / Individual Support Plans / Risk Assessments

Planned responses and techniques should be written out and included in support plans: Behaviour Management and Support Plans.

The plans need to be developed for individuals assessed as being at greatest risk of needing restrictive physical intervention or ‘high’ levels of de-escalation techniques in consultation with the pupil and his / her parents / carers.

Such plans would include strategies to prevent and deal with any recurrence of behaviour that could lead to the use of force.

Assessing & Managing Risks

Any use of restraint carries risks. Risks may be to the child or young person whose behaviour challenges, other children & young people, staff, other adults or property.

They may arise as a result of interactions between the child or young person & their environment, the direct impact of the child or young person's challenging behaviour, or measures & interventions used to limit or manage risks to the child and / or others.

Those risks need to be balanced against the risks associated with other causes of action, including the risks of taking no action at all. Risks associated with applying restraint or deciding not to do so include causing physical injury, causing a flight response, psychological trauma, distress & emotional disturbance to the child or young person and to staff.

Assessing risk involves using what is known from experience to make rational judgements about risks & weighing up options. It is about trying to predict the situations in which risks may occur, estimating the likelihood of the risk and potential harm that may occur, and gauging the seriousness of any harm that could result.

This will enable decisions to be made which:

- Limit the level of inherent risk to which the child or young person and others are exposed.
- Avoid unreasonable risks for the child or young person or others.
- Ensure that an intervention is reasonable & proportionate to the risks that it presents.

When considering whether to use restraint with a child or young person, staff should ask themselves:

'What would I want somebody to do in similar circumstances if this was my child?'

In assessing risk staff should take into account:

- The size, age & understanding of the child or young person
- The specific hazards they face
- Any relevant disability, health problem or medication
- The relevant risks of not intervening
- The child or young person's previous sought views, and those of parents and carers, on strategies & approaches they considered might de-escalate or calm a situation.
- The method of restraint that would be appropriate in the circumstances
- The impact of the restraint on the future relationship with the child or young person.

These plans should include:

- risk assessments where necessary, and alert people / staff to foreseen risks.
- Should warn against strategies which have been ineffective in the past.
- Should include preferred strategies and suggest ideas for the future.
- Should bring together contributions from key partners (including Parents / Carers) working in partnership, and signed by all concerned.
- Should be reviewed regularly and / or when changes to the individual child's circumstances are evident

CPOMS

Less serious incidents should be recorded on CPOMS, which when completed should alert the Head Teacher, Deputy Head and BASO for monitoring. CPOMS is a school wide system for the easy recording of specific incidents that occur. CPOMS enables the recording of the type of incident that occurred:

Behaviour:

- Disruption
- Conflict with peers / staff
- Unauthorised absence from class / activity
- Bullying
- Racist / sexist abusive language
- Defiance / Uncooperativeness
- Physical aggression

And the type of **Intervention** that was used to support the pupil:

- Additional support in class
- Withdrawn and returned
- Out of class / activity support
- Positive handling

Along with the **Recording** method used:

- MIR form
- Home / school diary

Phone Calls / Letters Home (Notification of RPI)

‘Informing Parents is good practice but not required. If parents have not been informed, we can ask why. If the rationale is that this would place a child at greater risk, then we should expect that a safeguarding referral has been made’
(Ofsted- ‘Positive environments where children can flourish’ March 2018)

At Shotton Hall Primary School it is deemed good practice to notify Parents / Carers. They should be contacted by phone after any form of RPI in which a member of staff uses force on a pupil. Each such incident should be reported to the parent / carer as soon as practicable after the incident. If it is likely that reporting an incident to a parent / carer will result in significant harm to the pupil, significant incidents should be reported to the local authority. The Secretary of States view is that, significant harm is where a child is chastised inappropriately and / or significantly. The person who makes the telephone call need not be the person who compiled the MIR report. In the event of parents not being able to be contacted by phone regarding RPI, a letter should be sent home notifying them accordingly of the incident. Shotton Hall Primary School maintains good telephone contact with the majority of parents / carers, however there are times when behaviour may become a concern and it is appropriate to formally notify parents / carers in writing. Such occasions would include property damage, regular absenting, bullying and increased levels of violence to staff or peers. The letters serve a dual purpose of notifying parents / carers and eliciting their support.

Search for weapons & other prohibited items

- Reasonable force may be used to search pupils without their consent for weapons.
- This power of search may be exercised by Head teachers and staff authorised by them, where they have reasonable grounds for suspecting that a pupil has a weapon.
- From September 2010, the power to search pupils without their consent was extended to include alcohol, illegal drugs & stolen property.
- Where resistance is expected school staff may judge it more appropriate to call the police.

Pupil Complaints / Suspension

*(*See also freestanding 'Complaints policy & Grievance policy')*

When a complaint is made the onus is on the person making the complaint to prove that his / her allegations are true – it is not for the member of staff to show that he / she has acted reasonably.

Governing bodies should always consider whether a member of staff has acted within the law when reaching a decision on whether or not to take disciplinary action against the teacher.

If a decision is taken to suspend a member of staff, the school should ensure that the teacher has access to a named contact who can provide support.

Suspension must not be an automatic response when a member of staff has been accused of using excessive force.

As employers, schools and local authorities have a duty of care towards their employees. It is important that schools provide appropriate pastoral care to any member of staff who is subject to a formal allegation following a 'use of force' incident.

Police Involvement

Shotton Hall Primary School actively seeks to develop positive links with the local community Police Force in an attempt to promote a positive view of the Police Service with the pupils. Unfortunately sometimes it is necessary to involve the Police following a **serious incident** in the school, or the **unauthorised absence** from the school premises by a pupil/s.

The decision to involve the police will never be taken lightly. On extremely rare occasions it may be necessary to make an emergency call to summon urgent assistance, wherever possible this decision would ordinarily be made by at least two members of the SMT team, including the Head teacher. Although it has to be appreciated that a certain situation may make it necessary to bypass this protocol. In other cases, for example, following vandalism the Head teacher will decide on whether to involve the Police. In cases of assaults on pupils, parents / carers will be informed and the decision to take further action will be theirs. In cases of assault on staff, the individual member of staff must involve the Police if they choose to do so.

Staff are urged to discuss this with the Head teacher, or other members of the SMT first, so that the school can be appropriately supportive.

(See also Free-standing ‘Team Teach policy statement’ and ‘Behaviour Management Policy’)

Reviewed: March 2021
K.Morgan