Springwell School

PHYSICAL INTERVENTION

Last review: September 2024

Next review: September 2025

Signed: Sian Cook

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Policy and Guidelines

Springwell School is a special school for primary pupils aged 4-11 years for whom mainstream school is inappropriate. All pupils have an Education Health Care Plan (EHCP). Some pupils have individual behavioural and positive handling plans, which are regularly reviewed and shared with parents/ carers. Plans include behavioural management strategies that staff will employ to support each pupil to achieve their full potential.

The school serves the community of Southampton City and may sometimes admit pupils from other authorities. All pupils are referred by 'The Children and Young people Panel, through the SEND team.

Aims

- To ensure that Springwell School provides a safe and secure environment where all pupils can achieve their full potential.
- To ensure that staff remain safe and feel confident to effectively support the needs of every pupil, both academically and behaviourally.
- **To ensure correct and positive handling of pupils to support regulation.**

Rationale

At Springwell School, we use a holistic approach to meet the needs of every pupil so that they can access the school curriculum. All our pupils have EHCPs for complex learning difficulties.

- Some have a medical diagnosis of ADHD and Autism
- Some pupils are unable to recognise situations that may cause harm or a threat to themselves or others.
- Some pupils may have been abused and / or neglected or experienced trauma. This can manifest in extreme fear and anxiety.
- Some pupils have failed to develop appropriate adult-child or peer – peer relationships and require extra support to meet their developmental and emotional needs.
- Some pupils struggle to self-regulate and require support.

Some pupils will require physical intervention to prevent them from causing harm or danger to others and/ or themselves. All physical interventions within Securicare multi-disciplinary approach endeavour to keep people safe, whilst supporting the learning of pupils in developing better ways to manage their own emotions and behaviour.

Springwell also recognises the importance of developing social skills, which are taught throughout our practice, during small group / 1:1 session; these are reinforced during class assemblies and PSHE lessons.

Principles

Springwell School has adopted the use of Securicare, promoting a multi-disciplinary approach between education, social care, and health. Through the Securicare approach, staff receive annual training in de-escalation skills and positive handling techniques. Time is also set aside in reviewing the effectiveness of any de-escalation strategies and handling techniques identified in children's individual plans in staff meetings and class teams.

We endeavour to work closely with the Local Authority (LA), Educational Psychologist Service and Social Care in ensuring that pupils' needs are addressed, and advice is considered / implemented.

The Key Principles are:

- Physical Intervention (PI) and restraint should be used as a last resort to support children and young people in times of crisis. Restraint should be avoided wherever possible.
- Staff will continuously seek opportunities to communicate, assess the situation through dynamic risk assessment, look and listen and divert / de-escalate.
- Any physical intervention will be **REASONABLE, PROPORTIONATE AND NECESSARY** – in the pupil's and staff's best interest.
- Where there is an element of foreseeable risk, this will be dynamically assessed and, where possible recorded.
- All staff involved in any physical intervention are responsible for completing the RPI/Restraint form on the same day as the incident and handed to the Deputy Headteacher / Assistant Head.
- Parents / carers will be contacted by the school when their child has been involved in physical intervention. This may be by telephone, direct contact or by letter on the day the incident occurred.
- The school will keep records of any incident and physical intervention in a bound and numbered book and/or on the behaviour database, Sleuth. This is analysed and recorded by the Behaviour Lead/Class teachers and shared with staff and Governors.
- Where pupils require a physical intervention, an individual Behaviour plan, incorporating positive handling, will be developed by the class team after the first PI incident. This will identify agreed strategies, non-verbal, verbal, and physical support that will help the pupil learn, develop emotional and socially.
- Staff that are trained and not physically involved in the intervention will be expected to act as advocates for the pupil and members of staff.
- All class staff will be trained in Securicare to the basic level. This is refreshed yearly with regular proactive and reactive refreshers throughout this period. Five staff members are trained at a Trainer level and deliver initial and refresher training.
- Securicare techniques seek to avoid injury; however, it is possible that bruising or scratching may occur accidently to either pupil or member of staff supporting them. These are not necessarily as a failure of professional techniques, but a regrettable and infrequent side effect of attempts to keep people safe. There will always be a verbal and visual check of injury after physical intervention and any injury will be treated and recorded on a skin map, HS1 and/ or HS2. These will be sent to the LA. Staff are instructed to keep nails short to limit scratching.
- It is the duty of all staff to offer appropriate support during and after a physical intervention or serious incident.

This policy was developed by the Physical Intervention Southampton Trainers Group, representatives from all the Special Schools and mainstream partners in Southampton.

Procedures

Guidelines for Staff

Physical Intervention is any method of physically intervening to resolve a difficult or dangerous situation and is not necessarily physical restraint. Physical restraint is defined as when a member of staff uses force with the intention of restricting a young person's movement against their will.

Physical Intervention and Restraint should be used as a last resort to support children and young people in times of crisis. Restraint should be avoided wherever possible. It is never a substitute for good behaviour management. Other methods (such as defusing conflict, non-physical calming, etc) of managing the situation should always be tried first, unless this is impractical.

It is the responsibility of the school, specifically the Co-Headteachers and Governors to ensure that the policy in place on the use of PI which should be communicated to the school community, updated, and reviewed on an annual basis.

It is the responsibility of the school, delegated to the class teacher, to ensure that an Individual Behaviour Management programme is in place for all young people who require physical restraint on more than one occasion. Any behaviour management programme should include a Risk Assessment and a Positive Handling Plan (DCSF, 2007, paragraph 23b Use of Force to Control and Restrain Pupils).

The plan needs to be shared with parents and carers and should be made aware of any changes during the year.

Teachers have a duty of care to maintain good order and safeguard young people's health and safety. However, teachers are not under a duty to run risk of serious personal injury by intervening when it is not safe to do so.

Physical restraint must

- never be entered into lightly.
- involve the minimum force necessary.
- be used to de-escalate a potentially dangerous situation.
- be applied only until the immediate threat has passed.
- support the pupil to maintain self-control.
- not be used offensively as a threat or a punishment (aversive consequence)
- not inflict pain.
- be administered calmly and rationally, not in response to anger or frustration.
- be the result of a professional judgement about the young person's safety, taking account of the age and abilities of the young person.
- be in the child/young person's best interests and not for convenience of staff.

- not be a substitute for a positive intervention/behaviour management programme.
- be planned; an emergency response is only justified on the first occasion.
- always be the last resort (i.e. other strategies were attempted and found to be
- insufficient).

The following situations may legitimately require physical restraint as a response:

- where there is risk of injury to pupils or staff
- where there is risk of significant damage to property
- where a young person is behaving in a way that is compromising good order and discipline
- to prevent the committing of a criminal offence
- to prevent a pupil absconding
- where there is significant disruption to others' education or well-being

Physical restraint should only be considered as an option if:

- calming and de-fusing strategies have failed to de-escalate the situation.
- the response is in the paramount interests of the young person.
- not intervening is likely to result in more dangerous consequences than intervening.

Holding techniques should take account of the following.

- Airway – no obstruction of airway
- Breathing – no restriction of chest area
- Circulation – no pressure on arterial pressure points
- Good body alignment
- Avoid pressure on joints.

Young people should always be monitored for health and safety during physical restraint. Holds should stop immediately if the following signs are noted:

- difficulties in breathing
- sudden change in colour of skin
- vomiting

All incidents of restraint should be recorded and the Government Guidance (DCSF 2007 'Use of Force to Control and Restrain Pupils') clearly states that schools should keep systematic records of every significant incident in which force has been used, in accordance with school policy and procedures or the use of force and it's Child Protection requirements.

When a pupil has been restrained it should be reported to the Co Headteacher and/or Deputy Headteacher and/or Assistant Head and the parents/carers. In Southampton, incidents should be recorded using the Restrictive Physical Intervention (RPI) Record Form within 24 hours of the incident, in order to:

1. ensure policy guidelines are followed.
2. inform parents.
3. inform future planning as part of school requirement processes.
4. prevent misunderstanding or misinterpretation of the incident.
5. provide a record for any future enquiry.

The effects of an incident of physical restraint should be monitored and support provided to young people and staff where necessary.

In an emergency or a case of self-defence everyone has the right to use 'reasonable force' to defend themselves or others against attack. Circular 10/98 makes it clear that force should only be used if the situation warrants it, and that such force must be in proportion to the circumstances and consistent with the age, gender and understanding of the young person.

Time out and Supervised withdrawal

On occasion, pupils will be supported to calm and take time out in a 'safe place' (At Springwell, this could be in the Soft Playroom or cloakroom). Under no circumstances will a pupil be left alone, and a member of staff will always be in the immediate vicinity or observing using supervised withdrawal.

The legal position in the use of Time out (referred to as Break Out Rooms) for the purpose of calming pupils is held in "Guidance for Restrictive Physical Interventions" Department of Health (2002) and the DfE document *Behaviour and discipline in schools: Advice for Headteachers and school staff February 2014*

Procedures for Supervised withdrawal (SW)

- Supervised withdrawal can only be used after all de-escalation strategies have been used and a further intervention is needed.
- In line with the pupil's state of anxiety, the pupils can be supported to a place of supervised withdrawal (A room/space where the pupil can move around)
- The pupil can be left to calm, with a staff member in the vicinity and observing constantly.
- Visual or verbal (child dependent) calming strategies and timers should be shown to the child so there is a clear ending to the withdrawal period.
- The supervised withdrawal and the escort to supervised withdrawal are recorded on the class recording sheet and the time/reason for that the supervised withdrawal. (If a physical intervention is used to move the pupils safely e.g. escort for transition, this is recorded on an RPI form and parents informed, as per usual procedure.
- Each incident of supervised withdrawal must be logged on the SW log and recorded on Sleuth.
- Supervised withdrawal is detailed on the pupil's Behaviour Plan, which is sent home to parents for info.

Monitoring and Evaluation

Special Schools will monitor their own records, and complete report to governors termly. The school will review this Policy annually.