



RESTRICTIVE PHYSICAL INTERVENTION (RPI) POLICY

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

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UFFCULME SCHOOL

RESTRICTIVE PHYSICAL INTERVENTION (RPI) POLICY

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UFFCULME SCHOOL

RESTRICTIVE PHYSICAL INTERVENTION (RPI) POLICY

Uffculme School is committed to safeguarding and promoting the welfare of children and requires all staff to act in the best interests of learners at all times.

I. Introduction

Uffculme School acknowledges the obligations associated with:

[The Children Act 1989 guidance and regulations](#), [Equality Act 2010](#) and the [United Nations Convention on the Rights of the Child \(UNCRC\)](#). We also have regard to: [Reducing the need for restraint and restrictive intervention \(2019\)](#). We follow current DfE guidance [Keeping children safe in education \(2023\)](#), ['Working together to safeguard children' \(2018\)](#)), HM Government advice ['What to do if you're worried a child is being abused' \(2015\)](#) and the Local Safeguarding Children Partnership's policies, procedures, guidance and protocols.

We also recognise the importance of effective health and safety management in compliance with the [Health and Safety at Work etc Act 1974](#) and [The Management of Health and Safety at Work Regulations 1992](#); and acknowledge our responsibility for ensuring the health, safety and welfare of all those we work with especially our employees, children and visitors to our premises.

We will take immediate action, where we believe an individual may be at risk, or it is alleged that a child is suspected of being abused. Our primary concern, at all times, is the welfare and safety of all members of Uffculme School's community, including children, staff and visitors.

This policy and all associated procedures apply to all Uffculme School Staff, consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of Uffculme School and children; and should be read in conjunction with other safeguarding and employment policies including (not an exhaustive list):

- Administration of Medication Policy
- Anti-Bullying Policy
- Child Protection Policy
- Compliments and Complaints Policy
- Driver and Vehicle Policy
- Drugs, Alcohol and Tobacco Policy
- Equality and Diversity Policy
- Grievance Procedure
- Health and Safety Policy
- Management of Behaviour: Rewards and Sanctions Policy
- Off-Site Visits Policy
- Online Safety and Multi-Media Policy
- Privacy Policy
- Recruitment and Selection Policy
- Uffculme Code of Conduct
- Whistle Blowing Policy

Failure to comply with these policies and procedures may result in disciplinary action, which might include summary dismissal (and referral to the Disclosure and Barring Service and the Teacher Regulation Agency (TRA), where appropriate) or termination of agreement or contract.

2. Roles and responsibilities

Restrictive physical intervention (RPI) is always an act of last resort and must only be used when there is no other way of stopping a child from doing themselves or others significant harm or causing serious damage.

Where an RPI is used, children will always be treated with compassion, dignity, and respect before, during and after the incident. A member of staff should communicate, according to need with the child throughout the restraint (RPI), in order to continually de-escalate the situation and monitor their physical and emotional well-being.

However, where communication with the child is known or found, to escalate a particular situation, staff must adjust their level of interaction accordingly whilst continuing to monitor the child's wellbeing. A record of any such strategy must be recorded in the child's risk reduction plan and details recorded, as part of the restrictive physical intervention record. If the child's physical or emotional condition, gives rise to any concern, the restraint (RPI) must stop immediately; and all appropriate steps must be taken to safeguard the child's physical and emotional well-being.

All relevant staff must follow the procedures outlined in this policy; and report any safeguarding/child protection concerns to The Designated Safeguarding Lead (DSL) as a matter of utmost urgency and submit any written documentation within 24 hours, or by the end of the working day.

3. The legal context

The use of force increases risks to the safety of children and staff; and inevitably affects personal freedom and choice. We are committed to ensuring that all restrictive interventions are used in a transparent, legal and ethical manner.

For further information on the legal context, see Appendix 2.

4. Duty to make reasonable adjustments

We recognise our obligations under the Equality Act 2010 and acknowledge our legal duty to make reasonable adjustments for disabled children and children with special educational needs (SEN). We will take positive and proactive steps to remove, reduce or prevent the obstacles faced by a disabled child and/or a child with special educational needs (SEN), as far as is reasonable.

5. Team Teach

Team Teach is a national organisation, which has developed approved methods of dealing with situations in which restrictive physical intervention might be required. For further information, visit [Team Teach – Training in positive behaviour management](#)

For further information on Team Teach and our use of it, see Appendix 3.

6. Prevention of restrictive physical intervention

Uffculme School is committed to improving the quality of life, for the children and young adults attending our schools by increasing the use of proactive, preventative, non-restrictive approaches in response to the behaviour of concern (behaviours that challenge); while at the same time, reducing the use of restraint and other restrictive practices, wherever possible.

In adopting the Team Teach approach to behaviour support, we are fully committed to the key expectation that 95% of Team Teach is about risk and restraint reduction. Positive handling techniques centre upon calm communication, diversion and de-escalation.

Staff must have the skills and confidence to communicate easily; and understand the importance of listening to, involving and responding to the children in their care. Staff should understand that they have a responsibility to observe, notice and respond to children who are expressing their views, acknowledging that it is not the sole responsibility of the child to 'tell'. They should also understand how children might communicate their feelings, through their behaviour.

Staff must use appropriate de-escalation techniques and creative alternative strategies that are effective and specific to the needs of each child; and designed in consultation with them, where possible.

7. Behaviour support plans and risk assessments

Some children at Uffculme School will have a 'Risk Reduction Plan' (RRP). The RRP will be co-constructed and shared with the student and parent/carers where possible.

These documents may initially be created using information generated via referral and admission procedures, including discussions with parents, carers, any other adult with parental responsibility (e.g., social worker), other local authority representatives and medical practitioners (where appropriate). Additional evidence, associated with early observations, experiences and conversations with the individual child, is incorporated, as soon as possible.

The student's RRP will identify what the students baseline behaviours look, any known triggers and how the varying stages of crisis may manifest. The RRP will include useful de-escalation techniques and will detail what recovery will look like for the student. Each RRP will be reviewed, updated by the class teacher and class staff on a regular basis, including the development or cessation of risk-taking behaviours, details will be communicated to relevant staff, as soon as reasonably possible; and the RRP will normally be reviewed, updated and redistributed (where appropriate), within 72 hours.

All relevant staff are obliged to familiarise themselves with the current RRP and for every child they are likely to have responsibility for educating, engaging, supporting or supervising.

All RRP's are developed and then reviewed and updated regularly, in consultation with children and parent/carers.

The period of review will vary from child to child, depending on changes in their behaviour, responses to particular strategies and/or other matters of concern.

However, every RRP must be reviewed in full and updated, at least every academic term. Parents, carers, and any other adult with parental responsibility (e.g., social worker) must be informed of any significant updates.

Any health-related conditions that may have implications for how staff (and the child) manage their risk-taking behaviour, and specifically in relation to the use of restrictive physical interventions, must always be referred to a medical practitioner, as soon as reasonably possible. It is not appropriate to rely solely on the views of parents, carers or any other adult with parental responsibility (e.g., social worker) or other local authority representatives, when considering health-related matters. Any relevant details will be recorded in the individual behaviour RRP and where appropriate medical care plan and circulated to all relevant staff.

In conducting dynamic risk assessments, in response to specific incidents:

- Staff are not permitted to engage the support of members of the public in the direct management of children's behaviour under any circumstances, particularly in the use of restrictive physical intervention. This includes parents, carers or any other adult with parental responsibility (e.g., social worker). However, where appropriate, a member of the public who offers their assistance, may (subject to dynamic risk assessment considering the best interests of all the children present) be asked to contact Uffculme School to let them know about the situation, observe the situation from a safe distance or help in the reduction of environmental risks such as redirecting pedestrians and/or slowing traffic. Any wider contacts, such as police, would only be considered if the dynamic risk assessment indicated the risk cannot be reduced and managed without their input.

Where a member of the public expresses grave concerns about the nature of the incident and/or seeks to intervene in order to protect the child, staff should, if possible, present their staff ID card and advise the individual to contact Uffculme School or, if they are not satisfied with this option, call the police.

- Staff must not assist parents, carers or any other adult with parental responsibility (e.g., social worker), in using a restrictive physical intervention to manage a child's behaviour. Where such circumstances arise while the child is on Uffculme School's premises, staff should ask the parent/carer etc. to withdraw from the situation and allow staff to manage the incident, in accordance with this Restrictive Physical Intervention (RPI) Policy. If the parent/carer etc. refuses to withdraw and the child is suffering or is likely to suffer, significant harm, a member of staff must call the police immediately.

- Where parents, carers or any other responsible adult (e.g., social worker), instigate a restrictive physical intervention, in the presence of a member of staff, when the child is considered to be in

their care (i.e., off-site), staff should monitor the situation and inform the School's Designated Safeguarding Lead.

• **Staircases and steps**

Staff must not, under any circumstances, use restrictive physical interventions to escort children up or down a staircase, containing three or more steps. Given the potential risk of a slip, trip or fall, any decision to move a child up or down, one or two steps, must be based on a dynamic risk assessment, where the potential risk of not escorting the child away from the area is greater.

• **Response to unauthorised climbing**

Given the potential risk of serious injury and death, associated with falling from a height, it is important to emphasise that there is no such thing as a 'safe climbing height' for children. Uffculme School will do everything possible to identify, educate and support children at risk; while at the same time, minimising access to roofs, balconies and temporary works, such as scaffolding; and planning internal and external environments, to reduce opportunities for unauthorised climbing. However, it is imperative that all staff, with responsibility for educating, engaging, supporting or supervising children, are vigilant and proactive in preventing them from climbing on fixtures, fittings, furniture and other objects, both inside and outside buildings.

If a child is attempting to climb, above ground/floor level, staff must conduct a dynamic risk assessment to establish whether it is safer to either, support the child verbally and encourage them to return to ground/floor level or, where the risk is deemed unacceptably high, to physically manoeuvre the child back to ground/floor level. In all cases, the desired outcome is to prevent access to an area of height and therefore prevent the risk of clear and present danger arising.

Any such decision must be based on the principles of best interests (of the child) and duty of care. Failure to intervene in a situation, where clear and present danger exists, may result in disciplinary action.

If the child has succeeded in climbing out of reach of staff, it is imperative not to do anything that may increase the risk of harm, either to the child or to staff involved, in seeking to deescalate the situation. Ideally, a member of staff, with a good relationship with the child, should engage and negotiate with the child to either climb down themselves, or if they are unable to do so, accept the offer of support from Uffculme School staff, or in high-risk situations, rescue by the emergency services.

If a child has managed to gain access to the roof of a building, staff must not, under any circumstances follow a child onto the roof. Staff should safeguard themselves and others from the risk of contact with items thrown or dislodged from the roof while again, seeking to engage and negotiate a safe resolution to the situation. Following such events, steps must be taken to close off the identified access route to the roof, as soon as possible.

- Staff should not engage in any restrictive physical interventions in a 1-to-1 situation with a child, unless there is an immediate, foreseeable and significant risk to the child, other children or the staff member present (unauthorised climbing, being one such example).

- Staff should not attempt any physical contact (whether or not such contact would qualify as a restraint (RPI)) in incidents where they are outnumbered by the number of children involved; and there is a risk that the personal safety of staff will be compromised, due to the actions of other children present.

- Staff should not attempt to remove a child's shoes, or any other item of outer clothing e.g., jacket or blazer, during a restrictive physical intervention, when to do so may place the child or any member of staff at risk of greater injury.

However, where there is an immediate, foreseeable and significant risk to staff members involved in a seated or kneeling position from a child deliberately kicking staff and it is not considered safe to use a controlled release or breakaway, the child's shoes may be removed for the shortest time possible, using minimum force. Any such intervention must be recorded in the child's RRP and the reasons and details documented, as part of the restrictive physical intervention record.

- Staff should be aware that certain members of staff are not trained or authorised to use restraint (RPIs), including Team Teach holds and escorts. Trained members of staff must immediately help and enable such a person to physically withdraw from the situation with a child who is displaying physically aggressive behaviour, without

undermining the member of staff concerned. The untrained member of staff must contribute to the reporting and recording of the incident, in accordance with the procedures outlined in this policy document.

8. The use of withdrawal

HM Government guidance '[Reducing the need for restraint and restrictive intervention \(2019\)](#)' differentiates between 'imposed withdrawal' and 'autonomous withdrawal', as follows:

- Imposed withdrawal involves removing a child or young person involuntarily from a situation that causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves.

Where withdrawal is against the individual's will, it is a form of restraint carried out under a setting's duty of care to protect the child from harm, or risk of harm, to themselves and/or others.

- Autonomous withdrawal occurs when a child or young person actively chooses to move to a quiet space for a period, for example when their anxiety levels rise and they become agitated, in order to calm down and 'self-regulate' their behaviour, averting the need for restraint.

Staff must take care to ensure that their use of language is clear regarding when withdrawal is autonomous or imposed. For information on our use of withdrawal see Appendix 4.

For further information on definitions associated with the use of reasonable force and restrictive physical intervention, see Appendix 5.

9. Reporting and recording incidents of restrictive physical intervention

All incidents involving the positive application of force by staff to overcome moderate or rigorous resistance where staff guide, direct, decide or control a person's free movement, must be regarded as a restrictive physical intervention. This includes, but is not limited to, all recognised Team Teach holds and escorts, except the friendly hold.

The team teach friendly hold is considered a very low-level intervention intended to overcome the very lowest level of resistance. It is therefore by definition NOT a restrictive physical intervention.

Any incident in which staff use only a team teach friendly hold should be recorded as an incident NOT a restrictive physical intervention. However, in a situation where a more restrictive technique becomes necessary, the use of a friendly hold must be recorded as part of the overall RPI process.

All incidents of restrictive physical intervention must be reported to senior staff and recorded in a clear, accurate and comprehensive manner on a 'Restrictive Physical Intervention Record', as soon as is reasonably possible (and normally within 24 hours of the incident) in the bound book and on Impero.

In addition, staff witnesses who saw whole, or part of, a restraint (RPI) must also make a record of their observations on a the RPI report.

Where there is a common antecedents/causal link between separate RPIs for the same child, on the same day, these may be recorded as part of the same incident, on the same RPI record. However, it must be evident, both in practice and on paper, that the behaviours described are consistent with the transitions identified in the 6 stages of crisis model advocated by Team Teach.

Entries in all records must be complete, legible, clearly expressed, non-stigmatising and distinguish, as far as possible, between fact, opinion and third-party information.

Responsibility for ensuring all documentation is completed in full, rests with both the:

- member of staff who instigated the physical intervention; and
- the most senior/experienced staff member present, during the physical intervention.

Injuries to any individuals involved must be reported and recorded on an Accident and Injury Record, in accordance with the 'Health and Safety Policy'. All reportable incidents will be reported in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013).

All use of reasonable force must be reported to parents/carers and relevant authorities (as appropriate) by a nominated member of staff within 24 hours. The nature of communication may include email, telephone, voicemail, or face-to-face conversation.

Where an individual cannot be contacted within 24 hours, the details of the restrictive physical intervention must be communicated as soon as is reasonably possible. All such communications must be recorded in accordance with Uffculme School's procedures.

Any person physically involved in an incident of restrictive physical intervention **MUST NOT** be responsible for monitoring, evaluating or 'signing off' the incident.

10. Post-incident support for children

Talking to children about incidents of restrictive physical intervention, and the behaviour that led to it is fundamental to empowering them to understand and manage their own behaviour.

For further information on post-incident support for children, see Appendix 6.

11. Post-incident support for staff

First aid/medical assistance must be summoned immediately if there are any specific health concerns for staff, arising from a restraint (RPI) incident and/or the antecedents.

The process of reflecting on an incident of restrictive physical intervention with staff can serve a number of purposes. For example, it provides an opportunity to:

- establish, monitor and promote the physical and emotional well-being of staff.
- express and/or address any thoughts, feelings or behaviours associated with the specific incident.
- reflect on the nature and sequence of events, to identify what led to the incident and what, if anything, could have been done differently.
- determine whether alternatives, including less restrictive interventions, such as autonomous withdrawal, were considered.
- review and update the child's RRP, to ensure that any new behaviours, useful de-escalation techniques and unhelpful strategies are included, where appropriate.
- determine whether barriers or constraints within policy, procedure or practice make it difficult to avoid the same course of action in the future.
- recommend, where appropriate, changes or updates to the policies, procedures, practice, environment or staff training within the setting.

All staff physically involved in an incident of restrictive physical intervention should normally be debriefed within 24 hours by a member of staff nominated by the Head Teacher.

In addition, all staff and children must be given an opportunity to discuss incidents of restrictive physical intervention they have witnessed or been affected by, with an appropriate member of staff, who, if they were physically involved in the incident, must be accompanied by someone who was not.

12. Monitoring incidents of restrictive physical intervention

The DHT has delegated responsibility for the regular monitoring and evaluation of restrictive physical interventions on a daily, weekly and monthly basis to the Head Teacher. The information generated during this process is shared, as appropriate, with:

- Members of the Leadership Team.
- Uffculme Governing Body
- Teachers and class staff

The DHT meets regularly with the Head Teacher and reviews specific incidents and general trends. Restrictive physical intervention records and other associated documentation are also monitored by The DHT.

The use of positive handling and restrictive physical intervention also a standing item on all relevant staff meeting agendas.

13. Individual welfare support

Where a child's behaviour generates the need for a RRP with a high likelihood of harm, for example, drug abuse or self-harming, steps will be taken to communicate such information to parents, carers, any other adult with parental responsibility (e.g., social worker) or other local authority representatives, as soon as reasonably possible (and in any event within 24 hours).

Where it is agreed that we are still able to meet the needs of the child, pro-active strategies will be adopted to reduce the likelihood, and therefore risk, of harm.

The focus of welfare support is to engage with the child to identify and address (where possible) any underlying issues or concerns whilst keeping them safe from harm. The process and outcome of any such work will be recorded and shared with parents, carers and any other adult with parental responsibility (e.g., social worker) or other local authority representatives, in accordance with our policies and procedures.

We also work in partnership with other agencies such as hospitals, general practitioners, and Children and Young People's Mental Health Services/Forward Thinking Birmingham.

14. The use of medication

It is not our normal policy to administer medication as a means of managing behaviour. However, if parents, carers, and any other adult with parental responsibility (e.g., social worker) or other local authority representatives or specialists wish a child, already taking medication to continue with it, while at Uffculme School this is open to discussion and maybe agreed, under very controlled conditions.

15. Powers to search children

Uffculme School has clear thresholds and comprehensive procedures to be followed, concerning room, bag and personal searches. All searches must be authorised by a senior member of staff.

16. Seeking the views of children, parents, carers, any other adult with parental responsibility (e.g., social worker) or other local authority representatives and staff

Regular enquires are made with all children as to how safe they feel at Uffculme School and ways in which services and outcomes can be improved. The views of parents, carers, and any other adult with parental responsibility (e.g., social worker), other local authority representatives and staff are also sought through existing mechanisms for consultation and feedback. Records are kept of these enquiries as well as any associated actions.

17. Safeguarding and child protection

Uffculme School will always consider whether a child's behaviour gives cause to suspect that they are suffering, or are likely to suffer, significant harm; or whether their behaviour might be the result of unmet educational or other needs.

All child protection concerns will be addressed in accordance with our 'Child Protection Policy'.

18. Police involvement

We are committed to minimising the criminalisation of children's behaviour and endorse the view that children should not be charged with offences resulting from behaviour within school.

Careful, child-centred decision-making is made about reporting their behaviour to the police, though appropriate notifications are always made and clearly documented.

If the behaviour could be criminal or poses a serious threat to a member of the public, the police should always be informed.

A decision about whether to involve the police in an RPI-related incident will be made by the Head Teacher.

19. Complaints

Children, staff, parents, carers, and any other adult with parental responsibility (e.g., social worker) or other local authority representatives are all able to complain to Uffculme School if they are unhappy with any aspect of the education or care provided. All complaints are taken seriously and will be dealt with without delay. For further information, see our 'Complaints Policy'.

All complaints concerning allegations of child abuse will always be addressed in accordance with our 'Safeguarding Policy'.

20. Implementation, monitoring, evaluation and review

The Head Teacher has overall responsibility for the implementation, monitoring and evaluation of the 'Restrictive Physical Intervention (RPI) Policy'.

A copy of this policy document is available for inspection on the premises during office hours and an electronic copy is posted on our school website:

This policy document will be reviewed and publicised in writing, at least annually and, if necessary, more frequently in response to any significant incidents or new developments in national, local and organisational policy, guidance and practice.

APPENDIX I

Roles and Responsibilities

The Head Teacher has overall responsibility for the 'Restrictive Physical Intervention (RPI) Policy' at Uffculme School.

The Head Teacher will:

- ensure that a written policy on the use of reasonable force/restrictive physical intervention (RPI) is in place and reviewed every 12 months.
- ensure that all relevant staff are aware of and follow current legislation, regulations, and statutory guidance on the use of reasonable force and restrictive physical interventions (RPI).
- ensure a sufficient number of suitably qualified, skilled and experienced persons are employed; and that the number of staff deployed, and their level of competence corresponds to the needs of children.
- ensure that all staff receive appropriate training, in accordance with their roles and responsibilities.
- establish effective systems to record, monitor and analyse RPI incidents, in such a way as to be able to use this information to inform future actions; and report these findings to Uffculme School's Governing Body
- provide advice, guidance and support to staff involved in/affected by incidents of restrictive physical intervention.
- provide advice, guidance and support to children involved in/affected by incidents of restrictive physical intervention.
- Regularly liaise or facilitate communication with Team Teach

All relevant staff must follow the procedures outlined in this policy; and report any safeguarding/child protection concerns to a Designated Safeguarding Lead (DSL) as a matter of utmost urgency and submit any written documentation within 2 hours, or by the end of the working day, whichever is sooner.

APPENDIX 2

The Legal Context

Any use of force or restraint (RPI) involves risks to the safety of children and staff (including causing physical injury, psychological trauma or emotional disturbance) and inevitably affects personal freedom and choice.

Restrictive physical intervention must only be used:

- in the best interests of the child and/or others affected by the behaviour.
- within the context of our wider behaviour support policy.
- when all de-escalation strategies have been exhausted or in an emergency; and
- when the risks of not employing a restrictive intervention are greater than the risks of using force.

Restrictive physical intervention **must never** be used as a form of punishment or to make a child behave.

Any child who has been restrained should be given the opportunity to express their feelings about their experience of the restraint (RPI), as soon as is practicable, ideally within 24 hours of the restraint incident, taking the age of the child and the circumstances of the restraint into account. In some cases, children may need longer to work through their feelings, so a record that the child has talked about their feelings should be made no longer than 5 days after the incident of restraint (RPI). Children should be encouraged to add their views and comments to the record of restraint.

Children should be offered the opportunity to access an advocacy support to help them with this.

2.2 Reasonable Force

The use of any degree of force can only be deemed reasonable if:

- it is warranted by the particular circumstances of the incident, including a dynamic assessment of the relative risks associated with using a physical intervention, compared with using other strategies.
- it is proportionate to the seriousness of the incident and the consequences it is intended to prevent, including the application of gradually increasing or decreasing levels of force, in response to the person's behaviour.

The force used must not be more than is necessary and should be applied in a way that ensures the minimum amount of force (to avert injury or serious damage to property), for the shortest possible time. A controlled release or breakaway must be used as soon as it is safe to do so.

- the age, understanding, special educational needs, social, emotional, and physical development, medical history, cultural background, gender and personal circumstances of the child, are taken into account.

In addition, staff must also consider:

- the size of the child.
- the relevance of any disability, health condition or medication to the behaviour in question and the action that might be taken as a result.
- the relevance of any past life experiences, including physical, sexual and emotional abuse; and the potential impact of any physical contact.
- the child's previously sought views and preferences on strategies that they considered might deescalate or calm a situation, if appropriate.
- the method of restraint (RPI) which would be appropriate in the specific circumstances; and
- the impact of the restraint (RPI) on the staff members' future relationship with the child.

There is no legal definition of "reasonable force" - it will always depend on the judgements made at the time, taking due account of all circumstances, including any known history of other events involving the individual concerned.

Where records of incidents involving particular children show that there are set patterns to their behaviour which, if unchecked, will lead to it becoming dangerous or exceptionally disruptive, then reasonable force may be justified at an earlier stage.

The use of any degree of force is unlawful if the particular circumstances do not warrant it. Physical force must not be used to prevent a child from committing a trivial misdemeanour, not likely to cause harm or damage, or in a situation that clearly could be resolved without it.

Staff must not act in a way that could be reasonably expected to affect the child's airway, breathing or circulation or deliberately inflict pain or cause injury, for example by:

- slapping, punching, kicking or tripping a child.
- twisting or forcing limbs against joints.
- using wrist flexion techniques (WFT).
- applying pressure to the neck region or abdomen.
- holding or pulling a child by the hair, ear or neck.
- covering a child's mouth and/or nose.
- using 'nose distraction' techniques.
- using a 'seated double embrace' or 'double basket-hold'; or
- using any technique that may interfere with breathing.

Any such intervention, however lightly used, may constitute a criminal offence, and render the member of staff liable to prosecution and/or disciplinary action. Staff are not permitted to use any form of prone restraint technique, including a Team Teach front ground recovery hold. In circumstances where a child takes themselves to the ground, during a restraint (RPI), staff must be proactive in instigating a controlled release or breakaway as soon as it is safe to do so. If a child gets to their feet, after staff disengage, and their behaviour continues to present a risk of injury and/or significant damage, it may be necessary to re-engage, using another restrictive physical intervention.

In order to ensure that staff are able to handle children safely and confidently, we have adopted the principles and techniques of the Team Teach approach (see Appendix 3). However, while Team Teach techniques seek to avoid injury to children, it is possible that occasional bruising or scratching may occur accidentally, and these should not be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the child remains safe.

It is also recognised that staff may very rarely have no alternative, but to respond with a technique from outside the Team Teach framework. This does not necessarily render the use of any such skill or technique improper, unacceptable or unlawful.

Each incident will be monitored and evaluated, in accordance with section 12 above, to enable the Team Teach Lead to be sure that a Team Teach technique could not have been used.

All use of restrictive physical intervention must be reasonable, proportionate and necessary in those particular circumstances.

APPENDIX 3

Team Teach

Team Teach is a national organisation which has developed positive behaviour support strategies that emphasise team building, personal safety, communication, and verbal and non-verbal de-escalation techniques for dealing with challenging behaviour, which reduces the need for physical intervention. Whilst, at the same time, providing approved training in positive handling responses to disruptive, disturbing, angry and aggressive behaviour; that maintains positive relationships and provides safety for all.

Team Teach training is affiliated to The General Services Association and its courses have been accredited by the British Institute of Learning Disabilities and The Institute of Conflict Management. All physical techniques have undergone a medical risk assessment review, carried out by independent, medical experts as part of these accreditations.

For further information, visit www.teamteach.co.uk.

While responsibility for the coordination, monitoring and evaluation of our Team Teach training programme rests with the Head Teacher only staff appropriately trained may use any form of restrictive physical intervention, including all Team Teach holds or escorts.

Uffculme School maintains a list of those who have been authorised and the training that has been provided and staff who successfully complete the various levels of the training programme receive official certification from the Team Teach organisation.

Authorisation is not given to agency staff i.e., staff without a valid Team Teach certificate; volunteers, students on placement, parents, carers, any other adult with parental responsibility (e.g., social worker) or other local authority representatives at Uffculme School or external contractors.

If a staff member's official certification expires during their employment, they must be given specific guidance by the Head teacher, on or before the date on which their certification expires.

We are committed to training all staff authorised in the use of Team Teach positive handling strategies to Level 2. All staff trained in the use of Team Teach strategies must attend refresher courses, in accordance with Team Teach Protocols.

The outcome of all Team Teach courses, including staff achievement, feedback, and summary evaluation records, are forwarded to Team Teach Limited and shared with the Head Teacher.

Under no circumstances should an Uffculme member of staff seek to train or coach a colleague, parent, or carer in how to use Team Teach personal safety techniques or restrictive physical interventions.

Any such enquiry or request from a representative of children's services, the police or any other external agency must be directed immediately to the Head Teacher.

APPENDIX 4

The use of withdrawal

HM Government guidance 'Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings' (June 2019), differentiates between 'imposed withdrawal' and 'autonomous withdrawal'.

Withdrawal must only be used at Uffculme School, for the following reasons:

- To ensure the safety and well-being of an individual or other people.
- To allow a child time to calm down and reflect, after exhibiting behaviour of concern. This may be instigated by the child, offered by staff or directed by staff if the circumstances warrant it.
- To prevent and/or diffuse any behaviour prejudicial to maintaining good order and discipline, inschool settings only.

The use of withdrawal must be reasonable and proportionate to the risks and behaviours concerned, considering the child's history in similar circumstances. Uffculme School has an equal duty of care to other children and staff and a child should not be allowed to return to normal groups while a reasonable possibility of physical and/or psychological harm to anyone exists.

Withdrawal may only be operated under particular conditions:

- Children must be actively monitored at all times while in withdrawal.
- No child must be kept on withdrawal longer than absolutely necessary.
- A member of staff must offer the child an opportunity to discuss the situation in withdrawal at least every 15 minutes to establish whether they are willing and/or able to return to the normal group.
- All incidents of withdrawal exceeding 15 minutes, must be reported to senior staff and recorded, as soon as is reasonably possible.
- A designated senior member of staff must be identified on a case-by-case basis, to ensure that no single period of withdrawal exceeds 60 minutes in duration.
- Should there be a need for further staff input following an initial 60-minute period of withdrawal, the designated senior member of staff identified above, must actively consider the use of alternative behaviour support strategies.

When a child enters Uffculme School, there is a discussion about how the child should be supported if/when they pose a significant risk to themselves or others. If it is thought that withdrawal might be necessary at some point, this is explored during that discussion.

The use of appropriate withdrawal may then be recorded in the child's RRP identifying the benefits and risks associated with withdrawal for the child concerned.

APPENDIX 5

Definitions

Team Teach has defined the term Positive Behaviour Support as the “full range of strategies which are intended to improve relationships, mental fitness and quality of life while safeguarding people and services. These include a range of primary, secondary and tertiary strategies.”

Outlined below are some other relevant definitions:

Primary strategies: Identifying and removing sources of stress and triggers for challenging behaviour affecting each individual.

Secondary strategies: Calming, de-escalating, diverting attention and managing moods to prevent agitated and disordered behaviour from becoming hazardous.

Tertiary strategies: Controlling risk by preventing and managing hazardous behaviour using the least restrictive methods judged most likely to achieve the desired result.

Guides: The positive application of reasonable force to overcome minimal resistance prompting and encouraging a person's free movement.

Controls: The positive application of reasonable force by staff to overcome moderate resistance, guiding and directing a person's free movement.

Restraint: The positive application of force to overcome rigorous resistance; completely directing, deciding and controlling a person's free movement in order to keep them safe.

Extract from the Team Teach Workbook V.2.1 p.9-10

Restrictive Physical Interventions are designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact. For this reason, both controls and restraint would be considered a form of restrictive physical intervention and should be recorded in accordance with policy, procedures and guidance.

Under HM Government guidance 'Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings' (June 2019), the term **Seclusion** is defined as follows:

Supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the containment of severely disturbed behaviour which poses a risk of harm to others. This would include holding inward opening doors or restricting outward-opening doors, in such a way that a person would be unable to leave the room or area. Given the inherent restriction of liberty associated with this intervention, Uffculme School would not employ such a strategy.

APPENDIX 6

Post-incident support for children

6.1 Health Checks

An immediate visual check must be conducted after every restrictive physical intervention, by the most senior/experienced member of staff present, to establish whether or not there are any urgent health concerns. If a visual check does provoke specific health concerns, first aid/medical assistance must be summoned immediately. Irrespective of the findings of the visual check, if a child requests medical attention this must be provided, as soon as possible.

Regardless of the outcome of a visual check, a health check must be conducted and recorded, as soon as reasonably possible, (and in any event within 1 hour of the incident) by a nominated member of staff, with a first aid qualification.

The purpose of the health check is to identify any visible marks, injuries, or health concerns, associated with the physical intervention; details of which must be reported to senior staff. Moreover, any child held must be monitored following release, in accordance with the timescales outlined below.

6.2 Discussion and reflection

Talking to children about incidents of restrictive physical intervention is fundamental to empowering them to understand and manage their own behaviour. Discussion and reflection must not focus on the behaviours and consequences associated with the incident per se, but should seek to:

- establish, monitor and promote the physical and emotional well-being of the child.
- identify how feelings drive behaviour.
- establish any underlying needs, issues or concerns that may have prompted the individual's behaviour/reaction.
- consider alternative ways of managing particular feelings or responding to specific circumstances, and
- explore whether staff responses to the situation were helpful or unhelpful and how things could be done better next time.

In essence, discussion and reflection should focus on the thoughts, wishes and feelings of the child, not the facts of the incident. The decision as to who completes this process will be based on several considerations, including the child's views and preferences. However, irrespective of the circumstances, discussion and reflection must be conducted by someone who was not involved in the restraint (RPI) or the incident. Where a child explicitly requests to speak to someone involved in the restraint incident, as part of the debrief process, their wishes should be accommodated and clearly recorded by an independent member of staff, as part of the discussion and reflection. In the interests of safeguarding and child protection, an additional member of staff (acceptable to the child) must be present throughout the discussion and reflection.

An independent member of staff must also talk to the individual about their experience, the content of the documentation completed and encourage the child to express and record their views, feelings and/or version of events, as soon as is reasonably possible, ideally within 24 hours of the incident. Details of this conversation must also be recorded, in accordance with policy and procedures.

Regardless of who conducts the discussion and reflection with the child, the staff involved in the incident must take all reasonable steps to ensure their relationship(s) with the child are not adversely affected by the incident.

In addition, all children must be given an opportunity to discuss incidents of restrictive physical intervention they have witnessed or been affected by, with an appropriate member of staff.