

# **Egerton Rothesay School**

## **Restrictive Intervention Policy**

### **Introduction**

ERS believes that every pupil has a right to be treated with respect and dignity, deserves to have their needs recognised and be given the right support. All school staff need to be able to safely manage behaviour and understand what a pupil is seeking to communicate through their behaviour, particularly when it is difficult or dangerous.

This policy aims to reduce any incidents of, and the risks associated, with restrictive interventions and to eliminate unnecessary and inappropriate use of restraint in the event that it is needed.

### **Definitions**

Physical intervention – describes contact between staff and pupil(s) where no force is involved (eg, comfort, affirmation, facilitation)

Restrictive intervention and/or restraint – refer to planned or reactive acts that restrict a pupil's movement, liberty and/or freedom to act independently

### **Background**

All staff within this setting aim to help children learn to take responsibility for their own behaviour. We do this through a combination of approaches, which include:

positive role modelling - listening to and showing respect to both pupils and adults  
providing a calm, supportive environment  
teaching an interesting and appropriate curriculum, adapted to the needs of the pupils  
giving supportive feedback  
providing specialist support according to the needs of the pupil  
setting and maintaining appropriate boundaries and expectations

More details about this and our general approach to promoting positive behaviour can be found in our behaviour policy.

There are times when children's behaviour presents particular challenges that may require restrictive physical intervention. This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

- giving physical guidance to children (for example in practical activities and PE)
- providing emotional support when a child is distressed
- providing physical care (such as first aid or toileting).

We should exercise appropriate care when using physical contact and recognise there are some children for whom physical contact would be inappropriate.

### **Principles for the use of restrictive physical intervention**

Restrictive physical intervention may only ever be used as a last resort and if the risks involved in its use are outweighed by the risks involved in not doing so. Restrictive physical intervention may be used only in the context of a well-established and well implemented positive behaviour management framework with the exception of emergency situations. The school's approach to promoting positive behaviour can be found in our Behaviour Policy.

Restrictive physical intervention should never be used in anger or as a punishment.

### **Positive approaches to behaviour**

ERS operates a clear behaviour policy focused on meeting the needs of our pupils, promoting positive relationships and emotional wellbeing. We recognise that difficulties with behaviour may signal a need for support and it is essential that we understand the underlying causes of the behaviour.

Difficulties with behaviour may occur as a result of medical needs, sensory impairment, an unmet need or past experiences. Triggers for difficult behaviour could also be the result of frustration related to pupils' needs, including communication challenges and/or a feeling of having no choice or control in a situation they find difficult or overwhelming.

Where pupils are known to have difficulties with behaviour which might lead to a need for restrictive intervention, a personal risk assessment will be put in place, identifying specific triggers, if known and the warning signs that difficult behaviour is beginning to emerge. This includes children who have displayed difficult behaviours prior to joining the school.

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

Before resorting to the use of restrictive intervention staff will make every attempt to de-escalate the situation, using techniques appropriate for the pupil and the situation. These may include:

- modelling the behaviour they want the child to emulate
- appearing calm and assured
- maintaining a neutral facial expression
- allowing space
- controlling their breathing
- lowering the voice and keeping tone even
- using de-escalating body language
- maintaining a good distance
- adopting a sideways stance
- leaving the door open
- keeping hands relaxed
- managing height
- distracting and diverting
- giving the child choices
- acknowledging the child's feelings
- telling the child what they want them to do, rather than what they want them to stop doing
- using words and phrases that de-escalate – eg,
  - 'I wonder...'
  - 'Let's try...'
  - 'Maybe we can...'
- giving the child time to follow any direction – avoiding backing them into a corner, either verbally or physically

### **Duty of care**

We all have a duty of care towards the children in our setting. This duty of care applies as much to what we *don't* do as what we *do* do. When children are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. When considering restrictive interventions, the key question for those involved should be 'What is in the best interest of the child and/or those around them in view of the risks presented?'

## **Reasonable force**

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

## **When restrictive physical intervention might be used**

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

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

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

Restrictive physical intervention would only be used in exceptional circumstances, with trained staff who know the pupil well and who are able to make informed judgements about the relative risks of using, or not using, restrictive physical intervention; for example, stopping a child leaving the school site.

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

We recognise that there may be some children within our school who find physical contact in general particularly unwelcome. Staff will be alerted to such issues so that we can plan accordingly to meet individual children's needs.

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

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

## **Who can use restrictive physical intervention?**

If the use of restrictive physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well and is trained in the use of restrictive physical intervention should be involved. However, in an emergency, any of the following may be able to use reasonable force in the circumstances set out in the DfE guidance: Use of reasonable force, 2013

1. any member of school staff
2. any person who has been put temporarily in charge of pupils by the Head, such as an unpaid volunteer.

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

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

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

- holding a child around the neck or collar or in any other way that might restrict the child's ability to breathe
- holding the child in a basket type hold where the adult's arms, pupil's arms or their clothing are held in a way that could restrict free movement of the abdomen, diaphragm or chest
- slapping, punching or kicking a child
- twisting or forcing limbs against a joint
- tripping a child
- holding a child by the hair or ear.

Where staff need specific training, we arrange that they should receive external training in both de-escalation and restrictive physical intervention.

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

- understanding behaviour and planning for change.
- Individualised positive behaviour support
- de-escalation techniques.
- those relating to legal issues, policy and risk assessment

A record of such training is kept and monitored.

### **Reporting**

An incident which has resulted in the use of physical restraint should be reported to the Head as soon as possible.

In very rare cases, it might be necessary to inform the police, such as in incidents that involve the possession of weapons. This would be in line with our safeguarding duties and procedures.

Parents or carers will be advised as soon as possible of an incident involving their child and given the opportunity to discuss it.

### **Support and Review**

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

After a restrictive physical intervention, we give support to the child so that they can understand why it was necessary. Where appropriate, we will also provide support for other children who observed what happened. In all cases, we will wait until the child has calmed down enough to be able to engage with this support.

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

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

After a restrictive physical intervention, the individual risk assessment will be reviewed so that we can reduce the risk of needing to use restrictive physical intervention again.

### **Monitoring**

The use of restrictive physical intervention is reviewed regularly by the Head and Leadership Team and by the governing body when this policy and other related policies are reviewed.

### **Concerns and complaints**

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

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

Where there is an allegation of assault or abusive behaviour, we ensure that the headteacher is immediately informed and follow our child protection procedures. If the concern, complaint or allegation concerns the headteacher, we ensure that the Chair of Governors is informed and follow child protection procedures.

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

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

Policy approved by: Alison Walker (on behalf of Governing Body) Date: February 2024
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Next Review (latest): September 2026
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