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SECTION 1 PHYSICAL INTERVENTIONS AND INTERPERSONAL CONTACT GUIDELINES POLICY

Definitions

The definition of Restrictive physical intervention and restraint refers to:

- planned or reactive acts that restrict an individual's movement, liberty and/or freedom to act independently; and
- the sub-categories of restrictive intervention using force or restricting liberty of movement (or threatening to do so).

Restrictive physical intervention can include:

- Restraint
- Mechanical restraint – the use of seatbelts
- Body blocking – blocking a person's path
- Withdrawal – removing a child involuntarily from a situation which causes distress and anxiety and taking them to a safer place to calm and compose
- Seclusion – supervised confinement where a child is prevented from leaving. This is only ever used as a last resort where a child is at risk of harm to self or others if allowed to leave

The definition of non- restrictive physical intervention refers to:

- Physical presence, non-verbal prompts and directions
- Guiding/shepherding a person from A to B using the Caring 'C's method
- This is where a child movement is not restricted

1. Physical Interventions and Interpersonal Contact Guidelines Policy Statement

- 1.1. At Oakhurst School we endeavour to adopt a positive and proactive approach to behaviour and will only ever resort to restrictive physical intervention if absolutely necessary. Any use of physical intervention will be reasonable and proportionate. The long term use of physical restraint on children can impact on their emotional well-being and this is why we produce Stress Reduction Plans (SRPs) to reduce the need for this. De-escalation training is provided for staff and regular reviews of the SRPs, enable staff to make informed choices about the needs and triggers for an individual child. As we recognise, every child is different and therefore no two plans are the same. If a child has an SEN need, it may be imperative that in order to reduce physical intervention, the child is allowed to leave the classroom before a particular trigger point. All of this information will form part of a robust plan for the individual child and the staff.
- 1.2. It is likely that the necessity to employ restrictive physical interventions will be greater for those pupils who are on the autistic spectrum or with communication and Interaction difficulties and may be most likely to exhibit challenging behaviour. Staff who support these pupils should be experienced in employing a wide range of de-escalation strategies that can reduce the instances of challenging behaviour and therefore the need for physical intervention (see later notes on the development of Stress Reduction plans).
- 1.3. These guidelines have been developed in response to the recommendations of Circular 10/98 **The use of Force to Control or Restrain Pupils** issued following the implementation of the Education Act 1996 (Section 550A).
- 1.4. These guidelines have also considered the implications from the following:
 - a. Department of Health (DoH) / Department for Education and Skills (DfES) Reducing the need for restraint and restrictive intervention (June 2019).
 - b. Guidance for Safer Working Practice for Adults who work with Children and Young People in Education settings (May 2019).
 - c. Department of Health (DoH) / Department for Education and Skills (DfES) Use of reasonable force in schools (July 2013).
- 1.5. The above must also be read in conjunction with other school and curriculum policies, primarily the following:
 - a. Behaviour Policy.
 - b. Equalities Policy.



SECTION 2

DELIVERY AND MANAGEMENT OF THE PHYSICAL INTERVENTIONS GUIDELINES

1. Purpose

- 1.1. Non-Restrictive Physical Interventions are used (where necessary) to:
 - a. Enable pupils to participate in teaching sessions.
 - b. Allow students to participate as active / independent learners.
 - c. Enable students to participate in the school curriculum through the maximum use of their senses.
 - d. Ensure that the medical and physical care needs of the students are catered for.
- 1.1.1. Restrictive Physical Interventions such as seat belts / harnesses (for safe transportation), wheelchairs, wrist straps, straps on wedges, side lying boards and standing frames, doubled handled doors and self-locking doors etc are used to ensure the safety of pupils in potentially dangerous situations.
- 1.2. Other methods of Restrictive Physical Intervention, which may involve the use of reasonable force, may be used to prevent:
 - a. Self-harming.
 - b. Injury to others.
 - c. Damage to property.
 - d. A criminal offence being committed.
 - e. Serious disruption to the extent that good order and discipline cannot be maintained.
- 1.3. Good personal and professional relationships between staff and pupils are vital to ensure good order in Oakhurst School.
- 1.4. It is recognised that the majority of pupils in Oakhurst School respond positively to the discipline and control practised by staff. This ensures the well-being and safety of all pupils and staff in Oakhurst School.
- 1.5. Positive relationships between staff and pupils, particularly those on the autistic spectrum, are developed over time and depend upon staff having a detailed knowledge of their pupils and enabling them to have a sense of trust in those adults with whom they work regularly. This means that consistency and a collegiate approach are essential in order that pupils, particularly those on the autistic spectrum, know what is expected of them and understand how staff will respond to them. It is also acknowledged that in



exceptional circumstances, staff may need to take action in situations where the use of reasonable force may be required.

- 1.6. These guidelines seek to ensure that staff at Oakhurst School clearly understands their responsibilities in taking appropriate measures where reasonable force is required. It is essential that staff are well informed and appropriately trained to deal with these difficult situations and understand fully the rationale and implications of the guidance given in the DoH / DfES **Guidance on the Use of Restrictive Physical Interventions for Staff working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and / or Autistic Spectrum Disorders (ASD)**.

2. Practical Considerations

- 2.1. Restrictive Physical Intervention is considered as a **last resort** in Oakhurst School's approach to behaviour management and should be used where a pupil's behaviour poses a risk to the health and safety of themselves, other pupils and staff. However, it may be deemed necessary to use body blocking **not** as a last resort, but as a proactive approach in order to prevent a child who has escalated from potential harm or danger.
- 2.2. Reducing the triggers of challenging behaviour, seeking to defuse situations and the use of non-physical classroom / behaviour management strategies (see Behaviour Policy) are considered as imperative means of early intervention, promoting appropriate behaviour and reducing the need for restrictive measures. This is especially important for pupils on the autistic spectrum who may not be able to appreciate the effect of their behaviour both on themselves and others and who may need significantly more support to help to manage their own behaviour.
- 2.3. Staff should ensure that they take all possible steps to reduce the likelihood of challenging behaviour. This will require careful management of the environment to reduce excessive stimulation that may cause anxiety and to ensure that there is available space to enable pupils to have **time in** when necessary.
- 2.4. It is important that staff are familiar with the sensory needs of pupils and support the reduction of anxiety by enabling the effective management of sensory difficulties.
- 2.5. The use of minimal language by staff and the availability of effective means of communication for pupils will have a positive impact on the reduction of anxiety and challenging behaviour and therefore reduce the need for physical intervention. Visual clues are extremely useful, even with students who do not usually require this, as heightened levels of anxiety reduce the ability to effectively process information.
- 2.6. It is helpful to distinguish between:
 - a. Emergency or unplanned use of reasonable force that occurs in response to unforeseen events.
 - b. Planned Intervention, in which staff have identified and employed, where necessary, prearranged strategies and methods that are based upon a risk assessment, form part of a positive handling plan and are recorded in care plans / behaviour management plans.

2.7. Emergency or Unplanned Use of Reasonable Force:

- a. This may be necessary when a pupil behaves in an unexpected way. In such circumstances, staff must retain their duty of care and any response must be proportionate to the circumstances.
- b. Staff should use the minimum force for the shortest period necessary to prevent injury and maintain safety; consistent with appropriate Team Teach training they have received.
- c. It is essential that should an unplanned use of force have been necessary, the Stress Reduction plan of the pupil be immediately reviewed and updated to take into account the potential for a similar incident occurring again.

2.8. Planned Interventions:

- a. Planned Interventions should be agreed and described in writing, in advance, by a multidisciplinary or school team and a risk assessment should be carried out which identifies the benefits and risks associated with the application of different intervention techniques consistent with Team Teach training.
- b. Such interventions will form part of a pupil's Stress Reduction Plan that will clearly state preventative strategies to be used before planned physical intervention may be necessary.
- c. Stress Reduction Plans should be a highly personalised document, available to all staff, which is used to prevent the necessity of the use of force in the first place by careful management of the environment and the use of de-escalation techniques, including the consideration of the potential sensory issues which the pupil may need support in managing.
- d. Stress Reduction Plans should document the appropriate strategies **should** it be necessary to positively handle the pupil in order to prevent damage to person, property or risk of serious disruption.
- e. The Stress Reduction Plan should be agreed and signed by the parents, and should be reviewed annually or as necessary throughout the year.
- f. Serious incidents can be traumatic for both staff and students involved and both must be given time, space and support to recover from an incident.
- g. It is important that where appropriate, steps are taken to repair relationships and that time is set aside to assess how a similar situation could be avoided in the future. This should involve reviewing Stress Reduction Plans as well as providing opportunities for discussion between staff and pupils involved, where this is appropriate.
- h. Support services are provided by SBC, available to all SBC Employees, details of which can be found on the staffroom notice board or from the HT.

3. Use of the Sensory Room / Safe Space and Breakout Areas

- 3.1. There may be occasions where it is necessary for a pupil to spend time alone, either for their own wellbeing or for the wellbeing of others. On occasions, pupils (especially those with Autistic Spectrum Disorder {ASD}) may request the use of the sensory room or Breakout areas in order to enable them to retreat from a potentially stressful situation and allow themselves time to manage their own emotions. On other occasions, where a pupil is at risk of harming either themselves, staff or others it may be necessary for them to spend time in the Breakout areas until such time as they are calm.
- 3.2. As well as the sensory room, pupils also have access to a Safe space or a Quiet room attached to the classroom, (not all are attached to the classroom) as it is recognised that some pupils (especially those who have attachment / disorganised attachment disorder) need a safe place to de-escalate, but with a **time in** approach rather than **time out**.
- 3.3. These actions are perfectly legitimate providing that the following guidelines are strictly adhered to:
- Pupils should **never** be left unsupervised in the sensory rooms / Safe space / Quiet rooms or Breakout areas. Staff must be able to view the pupil through the window **at all times**, even if this is done discretely.
 - If a pupil requests that they leave the Sensory / Safe space / Quiet room or Breakout area, this request should be honoured providing that there is no further risk to the pupil or to others.
 - If a pupil does not indicate that they are ready to leave, they must be invited out at the earliest opportunity when it is deemed that they no longer present a risk to themselves or others.
 - The potential use of Sensory rooms / Safe space / Quiet room or Breakout areas must be recorded on a Stress Reduction Plan and where the child has required significant de-escalation strategies then this will be recorded on CPOMs. The Sensory room must never be used when the child is already heightened, however, can be used after time in the break out room has been accessed.
 - When recording using the Bound and Numbered book, staff should provide a detailed description of the incident / student behaviour, handling staff if Team Teach was used and the Team Teach manoeuvre used to positively handle the young person to the Safe place. This should supplement the information recorded on CPOMs. Staff only need to record in the Bound and Number book if physical intervention has taken place. However, all other incidents where a child has required significant de-escalation strategies and time in the break out room should be logged on CPOMs.
 - Information recorded using the CPOMs system is monitored. The information gathered for CPOMs will help to track patterns in student behaviour and identified actions / strategies can then be put in place which should in turn see a significant reduction in sanctuary use. The data collected for individual students will be shared with other professionals as appropriate such as with the Educational Psychologist, Community Nurses, Child and Adolescent Mental Health Services (CAMHS), Targeted Mental Health

in Schools (TaMHS) and other relevant professionals to help in identifying the best way of supporting the young person(s).

4. Recording and Reporting

- 4.1. As soon as is reasonably practicable following an incident in which physical force has been used, the member of staff will record the incident in the Bound and Numbered Book and will inform the class teacher / SENDCo / Head Teacher. Staff will also inform parents if an incident has taken place, either through the home schoolbook or by telephone, as appropriate.
- 4.2. In the case of physical injury occurring to the pupil and / or other students / staff the appropriate incident / accident forms also need to be completed (see Mrs Barkham). Serious incidents involving the use of Team Teach techniques / Advanced Team Teach Techniques e.g. must be recorded in the Bound and Numbered Book which is kept in the SENDCo's Office.
- 4.3. Oakhurst School will keep an up to date record of all incidents where reasonable force has been used as part of an effective recording system that allows for incidents to be tracked and monitored (CPOMs). All parents, carers, and where appropriate, social workers will be informed as soon as possible.
- 4.4. Some pupils may have individual risk assessments in place as well as Stress Reduction Plans in place due to the nature of their complex, social, emotional and behavioural difficulties.

5. Authorised Staff and Training

- 5.1. In line with Local Authority (LA) guidance on physical intervention all staff at Oakhurst School are authorised, within the content of these guidelines to use reasonable force to control or restrain students.
- 5.2. It is the duty of the HT to ensure adequate training is provided for all authorised staff in order to operate within these guidelines. Members of staff will not be expected to undertake the use of reasonable force without knowledge of the school's policies and guidelines. New staff will be fully briefed prior to authorising their participation. Training will be regular and include clarification of the circumstances when restrictive physical interventions should be used in line with the LA recommendations to follow Team Teach practice.
- 5.3. It is recognised that inevitably there will be a period of time between new staff joining the school and the opportunity for them to undertake Team Teach training arising. During this interim time, untrained staff will not be expected to engage in physical interventions with students except in an extreme emergency when the health and safety of others would be seriously put at risk by failure to do so. This is in line with Team Teach guidelines.



6. Summary

- 6.1. These guidelines are designed to help pupils learn and practise a good standard of behaviour to promote healthy social and emotional development and positive attitudes to learning.
- 6.2. These guidelines will be shared with all parents via the website as a student enters the school and with outside agencies as and when appropriate. All school staff will be familiarised with these guidelines upon entry to the school.

7. Related Documents

- 7.1. The following documents should be read in conjunction with this policy:
 - a. Health and Safety Policy.
 - b. Section 3 - Guidelines for Interpersonal Contact.
 - c. Team Teach documentation.
 - d. Training Records.
 - e. Incident Files.
 - f. Risk Assessments.
 - g. Stress Reduction Plans.

SECTION 3 DELIVERY AND MANAGEMENT OF THE INTERPERSONAL CONTACT GUIDELINES

1. Underpinning Principles

- 1.1 These guidelines have been drawn up in order to ensure the protection of both students and staff.
- 1.2 Staff at Oakhurst School necessarily come into regular physical contact with pupils, much of which plays an integral part in the development of the student's physical, emotional and social development.
- 1.3 It is not intended that normal physical contact between staff and pupils be deterred, simply that staff are mindful of the purpose and consequences of that contact.
- 1.4 Many pupils, especially those with Profound Multiple Learning Difficulties (PMLD) and ASD value physical interaction as a way of communicating and interacting with others and it is important that staff feel that they are fully supported when engaging in such interaction, such as rough and tumble play or sensory activities such as deep pressure massage.
- 1.5 It should also be remembered however that we are preparing our pupils for adulthood and as such should be teaching them acceptable ways of interacting with others. Behaviour that may seem acceptable when pupils are 11 or 12 will not be so when they are 25. This should be kept in mind when engaging in physical contact with students.



- 1.6 For guidance pertaining to Physical Intervention and Manual Handling, staff should refer to the relevant separate policies.
- 1.7 If staff are unsure about any aspect of these guidelines or have a concern regarding interpersonal contact, they should speak with the Designated Safeguarding Lead (DSL) Lizzie Christopher or the Deputy DSLs.
- 1.8 All staff have a duty of care to keep young people safe and to protect them from physical and emotional harm. This duty is in part exercised through the development of respectful, caring and professional relationships between staff and pupils and behaviour by staff that demonstrates integrity, maturity and good judgement. These guidelines have drawn upon **DfES Guidance for Safe Working Practice for the Protection of children and Staff in Education Settings 2019**.

2. Pupil to Pupil Contact

- 2.1. Where an apparent problem has been identified this must be communicated to all staff associated with the pupil and the action required written into a Positive Handling Plan which should be shared with parents.
- 2.2. Physical contact between pupils is generally discouraged as being inappropriate in the school environment although contact between pupils to greet, congratulate or comfort when upset is acceptable.

3. Staff Physical Contact with Pupil

- 3.1. It is acceptable to support, comfort, congratulate or greet in traditional ways.
- 3.2. Cuddling and **big squeezes** within the context of intensive interaction, communication and sensory activities is acceptable provided two members of staff are present. Cuddling in this context should be from the side or front to back where possible. Other cuddling is to be discouraged.
- 3.3. Staff will necessarily need to use hand holding or friendly holds where appropriate to escort and guide pupils and to ensure their safety and the safety of others in the community.
- 3.4. Staff should listen, observe and take note of the child's reaction or feelings, and so far as is possible, use a level of contact that is appropriate to the child for the minimum time necessary.
- 3.5. In the summer months it is acceptable and may be necessary for staff to apply sun cream to students. Where possible students should be encouraged to apply it themselves but in many cases it will be necessary for staff to offer assistance. It is essential that students are offered full protection from the sun and parents will be asked to sign a permission slip to enable staff to support pupils in this.

4. Intimate Care

4.1. Please refer to the Schools Intimate Care Policy.

5. Residential Activities

5.1. During residential activities pupils will not share a room with those of the opposite sex. Male staff members will not share a room with female pupils. It may be necessary at times for female members of staff to share a room with male pupils, depending on their level of need. Staff should be discreet at all times. They should wear pyjamas and seek privacy when changing. Female pupils should also be asked to wear pyjamas.

