Kings Meadow School

Believe and Achieve

The Use of Positive Physical Intervention

Reviewed: October 2016, 2017, 2018, 2019
Next review date: October 2020

Chair of Governors……

Vision and Beliefs

At Kings Meadow School we believe that all behaviours are an outward expression of emotions and directly correlate to an individual's ability to manage their feelings and self-regulate. We are committed to working in partnership with parents/carers, other agencies and the wider community towards achieving our vision which is to create:

- A learning community where pupils have the right to learn and grow intellectually, emotionally and socially in a nurturing environment.
- A school where all pupils are accepted as individuals and encouraged to achieve their greatest potential.

Introduction

This policy has been written in accordance with

- DfE Advice for headteachers and school staff, "Behaviour and discipline in schools", January 2016
- DfE advice for headteachers, staff and governing bodies "Use of Reasonable Force" July 2013
- DfE Mental Health and Behaviour in schools, Departmental advice for school staff, March 2016
- DfE, Keeping Children Safe in Education, Statutory guidance for schools and colleges September 2016
- Statement on Restrictive Physical Interventions with Children. The Challenging Behaviour Foundation January 2016
- Health & Safety at Work Act 1974 & 1999.
- The Children Act 1989.
- United Nations Convention of the Rights of the Child (Ratified UK 1991)
- NCC. Policy & Guidelines for the Use of Physical Intervention in Schools and Care Settings December 2010
- "Reducing the Need for Restraint and Restrictive Intervention" June 2019 HM Government

Overall Aims:

- To provide a happy, positive, secure and nurturing community where social and emotional needs are met and pupils have the opportunity to experience success in learning.
- To give every pupil the necessary skills and knowledge to develop as a person and equip them for their role in society.
- To ensure that practice in the school is informed by the latest developments and research to meet pupil needs.

Objectives:

- To provide a structured framework built on effective communication systems, knowledge and understanding in order to reduce risk and promote the safety and well-being of all pupils, staff and visitors to school.
- To provide opportunities for all children to practice and develop personal self-regulation and self-management skills
- To provide opportunities to debrief, reflect, problem solve, repair and re-evaluate strategies and support plans.

Principles:

Kings Meadow School believes that academic achievement and personal development are interlinked and that both must be addressed equally. They can be fostered by ensuring that school is a place where:

- ✓ emotional well-being is promoted through valuing, noticing, appreciating, recognising potential and giving room to grow
- ✓ there are positive and trusting relationships
- ✓ individual needs are recognised and valued
- ✓ everyone belongs

Practice

We encourage positive behaviour in many ways, teach social and emotional developmental skills and endeavour to create a climate which has a positive effect on pupils' learning and well-being. We celebrate successes and achievements, motivate and encourage positive behaviours that are the result of improved self-regulation skills. (See Behaviour Policy).

How we address dysregulated behaviour

Over the years evidence has shown that a variety of behavioural strategies have successfully reduced inappropriate or problematic behaviour but the results are comparatively short-term, the behaviours tend to return with increased intensity and frequency (Sugai & Horner, 2002) and do not promote emotion regulation (Daunic, et al 2012) or reduce high levels of anxiety. Consequently, many children with SEMH difficulties are often at risk of academic failure, (Daunic, et al 2012), exclusion (Office of the Children's Commissioner, 2012) antisocial behaviour (Reicher 2010), suffering mental health problems or imprisonment in adult life (Lane et al, 2006) (Eber et al, 2002). Children are social beings making sense of the world within a cultural and historical context. Cognitive development is seldom, if ever, decontextualized but is typically located in a social and physical context, and whilst neurological research brings valuable insights, it is the culture in which the child is situated that shapes his development. At Kings Meadow School we endeavour to model and teach the skills our children need to emotionally regulate.

When a child becomes dysregulated there are a number of strategies and distraction techniques that staff can use. Sensory stimulus can often trigger dysregulation and equally it can calm a child. Attuned

relationships between the staff and children will facilitate effective early intervention. It is essential that the adults remain regulated and for these reasons all staff undergo Team Teach training. (Team Teach is a national organisation; for further information got to www.team-teach.co.uk) Physical intervention is a last resort and if possible all other strategies should be explored first. We are fully committed to the key expectation that 95% of team teach is about risk reduction strategies, which is a holistic approach that includes self-awareness, diversion, diffusion and de-escalation. Only 5% of the positive handling techniques involve physical intervention or restriction. However, Staff need to be aware that as part of their employment obligations, they owe a duty of care to their children in order to maintain an acceptable level of safety. The conduct of young people can on occasions require physical intervention. Written guidelines cannot anticipate every situation: the sound judgement of staff at all times therefore remains crucial.

Staff training is ongoing. At Kings Meadow we currently have two Intermediate Team Teach tutors who provide regular refresher training and training for new staff. All staff participate in the 12 hour basic training, which includes the background theory, the rationale behind the Team Teach approach, an understanding of personal space and body language and the underlying causes of challenging behaviour.

Risk assessment. As the majority of the children at Kings Meadow School have undergone managed moves or been excluded from their main stream school, due to their challenging behaviour, all pupils are risk assessed and have a Support and Intervention Plan in place because we know that a planned consistent response is most effective.

Support and Intervention Plans

All children are risk assessed so that the likelihood of anyone causing harm, damage or disruption can be minimized and individual plans put in place to support and reduce risk, restraint and restriction. Class teams agree and compile the plans with the pupils, which are then shared with the child's parents/carers. Proactive strategies may involve changing the environment or altering routines to reduce the risk of problems. There should also be strategies and responses to defuse, de-escalate, divert attention and reassure.

Physical contact can take many forms, including supporting, comforting, reassuring, relaxing and safeguarding. Some children seek out physical contact because they need it whereas others will respond negatively to contact. This should be noted particularly as some children are calmed by deep pressure touch and have learned to provoke a restraint by unsafe behaviour. Plans should include activities that elicit positive behaviour and responses from the child. The adult responses to dysregulated behaviour should be gradual and graded.

Plans should be reviewed an annotated as and when necessary and when agreed with staff teams in debrief sessions at the end of each day. They should be regularly reviewed and updated in November, March and July.

Graded and gradual responses

When responding to dysregulated behaviour adult responses are gradual and graded. Dynamic risk assessment will determine the risk to the safety of others and how staff will respond. Staff responses should be CALM (Communication, Assessment and Awareness, Listening and Learning, Making Safe). Responses are likely to include the following although not necessarily in this order and will be differentiated to suit the individual.

- Reminders

- Adults from class team to move to provide 1:1 support
- Acknowledgement of the child's feelings
- Distraction
- Sensory break such as going for a walk, having a drink, fresh air, use of calm box.
- Change of environment
- Solution focussed problem-solving, initially within the class
- Use of a quiet space such as the Dens, the Snug, Treehouse and Secret Garden.

If these strategies are not successful and a situation becomes unsafe, it may be necessary to use a physical intervention. Guides are low level physical controls, the positive application of reasonable force to overcome minimal resistance prompting and encouraging a person's free movement.
Staff understand that the techniques taught in Team Teach training are to be used. Anyone who has not completed their training should ask for assistance or someone to take over.

Restraint is the positive application of force to overcome rigorous resistance; completely directing, deciding and controlling a person's free movement in order to keep people safe. It is a last resort and is used when it is in the best interest of the child. Paramount consideration is the welfare of the child. In every decision the question should be, "what would I want somebody else to do if that was my child?" (The Children Act 1989). Physical restraint is applied as an act of care and containment with the intention of re-establishing verbal control as soon as possible and, at the same time, allowing the pupil to regain self-control. It never takes a form which could be seen as punishment.

Restriction ranges from minimal temporary restrictions of movement to significant deprivations of liberty. At Kings Meadow this means a temporary restriction of movement. This may include guides, escorts, restraints, time out, withdrawal and seclusion.

Time Out is used informally at Kings Meadow to allow a pupil some time and space to calm. This may take the form of sitting on the sofa, or at a work station or planned ignoring.

Withdrawal involves assisting a person to move away from a situation they are struggling to cope with to a safer more comfortable place where they have a better chance of becoming emotionally regulated, such as the chairs outside the classroom, the library or going for a walk.

Seclusion is forcing a person to spend some time alone monitored and supported by a member of staff who is generally in the same room with them. Exceptional circumstances may be that the child is becoming more distressed with another person in close proximity (i.e. some children with Autistic Spectrum Disorders). Again, risk assessment and open communication is important. Some children pose a significant risk to others when in a highly aroused state. While it would not be reasonable to hold a door shut to prevent someone from leaving it may be justifiable as a protection against personal attack. In these incidents, a member of the Senior Leadership Team should also be consulted.

Restrictive physical intervention must be reasonable, proportionate and necessary depending upon the particular circumstances and is only used when
- There is significant risk of injury to the child, another pupil or an adult
- Serious damage to property is being threatened or caused
- Serious disruption is being threatened or caused

Escorts we use include; Inside elbow, Double inside elbow, Small child hold, Figure of four and half shield.
Restraints we use include Inside elbow seated, Double inside elbow seated and Figure of four seated Restrictive physical intervention will always be a last resort after all other strategies have been exhausted or used in response to the seriousness or potential danger of the incident. Unless restrictive physical intervention is used in response to an emergency situation it will be identified in the pupil's Support and Intervention Plan. In all cases reasonable force will be used.

Reasonable force, according to the non-statutory advice from the Department for Education, means using no more force than is needed to control or restrain. This can range from guiding a pupil to safety by the arm through to more extreme circumstances such as breaking up a fight or where a student needs to be restrained to prevent violence or injury. Reasonable force is always proportionate to the circumstances it was intended to prevent.
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.
- 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 take into account:

- the size of the child;
- the relevance of any disability, health problem or medication to the behaviour in question and the action that might be taken as a result;
- the child's previously sought views on strategies that they considered might de-escalate or calm a situation, if appropriate;
- the method of restraint which would be appropriate in the specific circumstances; and
- the impact of the restraint 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 young people 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 <u>any</u> degree of force is unlawful if the particular circumstances do not warrant it. Physical force must not be used to prevent a young person 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 deliberately inflict pain or cause injury, for example by:

- Slapping, punching, kicking or tripping a young person;
- Twisting or forcing limbs against joints;
- Holding or pulling a young person by the hair, ear or neck; or

- Using 'nose distraction' techniques
- Using a 'seated double embrace' or 'double basket-hold'
- 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 initiate the use of a front ground recovery hold. In circumstances *where a young person takes themselves to the ground during a restraint* ***and*** *there remains a high risk of injury*, staff with relevant and current **advanced** team-teach training may use an appropriate ground hold using minimum force for the shortest period of time. The use of any such technique will be reviewed by the Head teacher and may result in seeking further advice from the Local Authority Designated Officer and/or the Local Authority Health and Safety representative.

Authorisation. At Kings Meadow School the staff that have been trained in Team Teach are authorised to use restrictive physical intervention using Team Teach methods when absolutely necessary, as a last resort, in the child's best interest and when it is documented in the pupils Support and Intervention Plan.

Some children may need to access the Burrow, which is a non-stimulating environment. This should be reflected in their Support and Intervention Plan and stated how it should be used. Children have their own rights but staff also have a duty of care. Restricted liberty must be shown to be necessary and proportionate. (United Nations Convention of the Rights of the Child, 1991). It is the staff's duty to reduce foreseeable risks. However, dynamic risk assessment is carried out in real time and an unforeseen event may require an emergency response. Thereafter, staff have a duty to plan ahead.

Northamptonshire County Council's (now West Northamptonshire Council) "Policy and Guidelines for the Use of Physical Intervention in Schools and Care Settings December 2010" document acknowledges that reasonable force may be used in exercising the statutory power introduced under Section 45 of the Violent Crime Reduction Act 2006 to search pupils without their consent for weapons. However, there is a clear emphasis that advises schools NOT to search a pupil where resistance is expected, but rather call the police. At Kings Meadow School, staff should NOT search a pupils for weapons but should consult with a member of the senior leadership team who may decide it is necessary to call the police for advice.

Post Incident
Incidents requiring the use of restrictive physical intervention can be emotionally upsetting for both staff and children and it is important that everyone involved receives the support they need post incident.
Debrief for the members of staff and pupils is a vital part of the restoration process.
Staff may debrief with; their class teams at the end of the day, on a 1:1 basis with a line manager or member of SLT, or another member of staff with whom they feel comfortable. They also may be able to access supervision with a member of school staff or CAMHs staff.
Children need to debrief in order to unpick the incident. Staff may learn the child's perspective of the incident and the child may be able to problem solve how they could have done things differently. It also gives the child the opportunity to think about how they can make things right and what strategies they could put in place for the future.

All this is really important to ensure relationships are not damaged but are least repaired, at best improved. Prompt sheets are available for staff to use when they debrief a child to facilitate an in depth discussion around the incident.

Injuries. Unfortunately, at times staff or children may become injured during an incident or when restricted physical invention is applied. Health and safety involves anticipating foreseeable risks and taking practical steps to reduce them. The fact that someone may have been hurt does not necessarily mean that someone is to blame. Team Teach supports a range of techniques that have been risk assessed and is important that communication is clear.

Reporting and recording

Incidents requiring the use of restrictive physical intervention will be recorded on Positive Physical Intervention Reports. These reports should be completed as soon as possible after the incident and recorded in the bound and numbered book. All staff involved with the incident will sign the report as a true record of events. Both the report and the bound and numbered book will be monitored and signed by the headteacher.

Parents and carers will be notified of any serious incident on the day if possible and definitely within 48 hours, as will other agencies that are involved with the child. Initially parents may receive a telephone call and then receive the reports by post.

All incidences are monitored by the governing body and kept in school for 25 years. The County Council will also monitor.

Kings Meadow Expectations

Staff are trained to seek assistance by asking a colleague for "help". This may be because the member of staff does not know the child well, may feel their resilience is low or may think that the child needs a change of face. Alternatively, a colleague may offer "help". Staff are encouraged to accept this. We consider it a professional strength to seek assistance or for staff to change over and not decline this offer of support.

Staff are given the opportunity to debrief at the end of each day so that any incident that has occurred can be unpicked in the class teams and an open, non-judgemental discussion around what worked and what could have been better can take place. Support and Intervention Plans can be adapted and staff can support each other when difficulties arise.

Measures to Reduce Risk, Restraint and Restriction

- Monitoring and analysis of all serious incidents and physical intervention reports.
- Regular reviews of Support and Intervention Plans with class teams and pupils
- Risk assessment of school/class activities and off site activities.
- Planning and management of activities to take account of risk assessments
- Continued professional development
- Supervision and case studies
- Transparent discussion with parents/carers and other agencies
- Admission and post admission planning with parents and previous schools enable us to plan how to best meet the pupils' needs
- Annual review meeting provide opportunities to discuss progress and the way forward with parents and other agencies involved.
- Social and emotional developmental target setting with pupils
- Staff to ask for "help" from other staff who have a relationship with the pupil

To be read in conjunction with the following:

- Safeguarding and child protection Policy
- Behaviour Policy
- Inclusion Policy
- Equal Opportunities Policy
- Health and Safety Policy
- Complaints procedure
- Disciplinary procedure
- Whistleblowing policy
- School Vision and Aims

Appendix 1

Advice Sheet Physical Interventions

Positional Asphyxia

Deaths during and following restraint continue to occur in the UK in a variety of workplace settings. It is essential that all staff are made aware of the potential dangers associated with restraints, understand their mechanisms and can recognise their early signs.

Background

A number of adverse effects (including some deaths) have been reported following the application of restraints. These deaths have been attributed to positional asphyxia (asphyxiation resulting from an individual's body position). Adverse effects of restraint include being unable to breathe, feeling sick or vomiting, developing swelling to the face and neck and development of petechiae (small blood-spots associated with asphyxiation) to the head, neck and chest. This advice sheet serves to remind staff of the dangers of restraint and signs of impending asphyxiation.

Mechanics of Breathing

In order to breathe effectively, an individual must not only have a clear airway but they must also be able to expand their chest, since it is this that draws air into the lungs. At rest, only minimal chest wall movement is required and this is largely achieved by the diaphragm and the intercostal muscles between the ribs. Following exertion, or when an individual is upset or anxious, the oxygen demands of the body increase greatly. The rate and depth of breathing are increased to supply these additional oxygen demands. Additional muscles in the shoulders, neck, chest wall and abdomen are essential in increasing lung inflation. Failure to supply the body with the additional oxygen demand (particularly during or following a physical struggle) is dangerous and may lead to death within a few minutes, even if the individual is conscious and talking.

Positional Asphyxia

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

There is a common misconception that, if an individual can talk, they are able to breathe. This is not the case. Only a small amount of air is required to generate sound in the voice box, a

much larger volume is required to maintain adequate oxygen levels around the body, particularly over the course of several minutes during a restraint. A person dying of positional asphyxia may well be able to speak prior to collapse.

When the head is forced below the level of the heart, drainage of blood from the head is reduced. Swelling and blood spots to the head and neck are signs of increased pressure in the head and neck which is often seen in asphyxiation.

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

Risk Factors for Positional Asphyxia

Any factors that increase the body's oxygen requirements, (for example, physical struggle, anxiety and emotion), will increase the risk of positional asphyxia. A number of specific risk factors are listed below:

• Restriction of or pressure to the neck, chest and abdominal
• Prolonged restraint after physical struggle causing fatigue
• Restraint of an individual of small stature
• Any underlying respiratory disease (eg asthma)
• Obesity
• Alcohol or drug intoxication (alcohol and several other drugs can affect the brain's control of breathing and an intoxicated individual is less likely to reposition themselves to allow effective breathing)
• Unrecognised organic disease
• Psychotic states
• Recent head injury
• Presence of an 'excited delirium state', a state of extreme arousal often secondary to mania, schizophrenia or use of drugs such as cocaine, characterised by constant, purposeless activity, often accompanied by increased body temperature.

Individuals may die of acute exhaustive mania and this may be precipitated by restraint asphyxia.

Appendix 2

Support and Intervention Plan (sample)

Name:	DoB:	Plan No:	Date:
Medication:		Nominated member of staff to oversee the plan:	

What helps:

- A calm, quiet room
- Reading books on his own on the sofa
- 1:1 with an adult
- He likes short achievable tasks
- Being able to move around
- Notice and verbalise it when child is getting right

Triggers:

- Anxieties - about learning and environment
- Noise
- Children moving around
- Unkind comments from others
- When he feels unsafe or threatened
- Disappointment
- If he perceives there is an injustice
- Not being listened to
- When he wants to play with others and he's not sure how to ask.

Description of observable behaviour:

- Energy levels increase
- He will run around.
- Will verbally respond to others unkind comments
- Appears to be unable to listen to instructions
- Throws objects at other people in the room
- Runs out of the room
- When adults approach or walk past he will lash out
- Pinch, scratch and grab at the adults legs
- Bites legs

De-escalation and support (strategies that help to CALM the situation)

Verbal advice and support	✓	Reassurance	✓	Time out offered		Success reminded	✓
Humour	✓	Choices/consequences	✓	Time out directed	✓	Planned ignoring	✓

Staff changeover	✓	Choices offered	✓	Change of location offered	✓	Calm Talking	✓
Distraction	✓	Negotiation		Count down	✓		
Other:							

Preferred and agreed intervention strategies (gradual and graded)
Give clear boundaries using verbal support and a count down.

- Distract child by giving him something to think about, encourage him to sit and read
- Walk up and down the corridor or around the hall reminding of kind hands & feet.
- Talk to Child about how his body is feeling, check heart rate
- Give him a countdown to sit on a chair
- Once sitting on a chair encourage child to practice his deep breathing whilst the adult counts.
- If this does not help, direct child to the Burrow.
- Encourage him to use this as a calming down space.
- If all fails and as a very last resort use a two person standing inside elbow, until child is processing information.

Numerical Risk Assessment: How likely is it to occur?

Violence to staff / peers (level)	
Frequency	**1 2 3 4 5 6 7 8 9 10**
Damage to property (level)	
Frequency	**1 2 3 4 5 6 7 8 9 10**

Review Date:

Copy sent to parents: