



# Physical Intervention Policy

## Including Intimate Care and Restrictive Physical Intervention (RPI)

**Date Implemented:** 1<sup>st</sup> September 2012  
**Date Last Reviewed:** 1<sup>st</sup> September 2019  
**Date Governing Body Approved:** 1<sup>st</sup> September 2019  
**Review Period:** Every 2 years  
**Staff Responsibility:** Josh Pollard

**Date for Next Review:** 1 September 2021

## Contents

1. Aims .....	2
2. Legislation and other guidance .....	2
3. Definitions .....	2
4. Roles and responsibilities .....	3
5. Physical Intervention .....	4
6. Intimate Care .....	5
7. Restrictive Physical Intervention (RPI).....	6
Appendix 1: A non-exhaustive list of some examples of PI and RPI techniques that staff are trained in and may use.....	8

### 1. Aims

- To safeguard the rights and promote the welfare of children
- To provide consistent guidance and reassurance to staff across the federation
- To assure parents/carers that their child's needs will be met
- To remove barriers to learning and participation and ensure inclusion for all children
- To ensure all use of Restrictive Physical Intervention is lawful and is used as a last resort
- To ensure the safety of students and staff when Restrictive physical Intervention is required to manage serious challenging behaviour
- To ensure the use of Restrictive Physical Intervention is monitored and Risk Reduction Plans are designed to support the reduction in its frequency and duration of use

### 2. Legislation and other guidance

- DfE Guidance - Use of Reasonable Force in Schools, 2013
- DfE Advice and Guidance - Behaviour and Discipline in Schools, January 2016
- The Equalities Act, 2010
- Hertfordshire County Council's Restrictive Physical Intervention in school, 2017
- Hertfordshire County Council's Continence guidance in Early Years Foundation Stage settings

### 3. Definitions

#### 3.1. Hertfordshire Steps

Hertfordshire Steps training covers two distinct developmental areas:

**“Step On”** – (De-escalation training) It is considered best practice that all teachers, TA's and other relevant staff complete this de-escalation training. 'Step On' is a therapeutic approach to behaviour management, with an emphasis on consistency, on teaching internal discipline rather than imposing external discipline and on care and control, not punishment. It uses techniques to de-escalate a situation before a crisis occurs and, where a crisis does occur, it adopts techniques to reduce the risk of harm.

**“Step Up”** – (Restrictive physical intervention training) provides training on elements of restrictive physical intervention (restraint) and personal safety. This training can only be provided within services where staff have

already completed 'Step On' training and are still within certification. 'Step Up' training is only delivered where there is an audited need with an individual young person who displays dangerous behaviour.

### **3.2. Physical Intervention (PI)**

*"Physical intervention" (PI) is the term used to describe contact between staff and pupils where no force is involved.*

– HCC Restrictive Physical Intervention in school, 2017

### **3.3. Intimate Care (IC)**

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some students are unable to do because of their young age, physical difficulties or other special needs. Examples include care associated with continence and menstrual management as well as more ordinary tasks such as help with washing, toileting or dressing. It also includes supervision of students involved in intimate self-care.

### **3.4. Restrictive Physical Intervention (RPI)**

*"Restrictive Physical Intervention" (RPI) is the term used to describe interventions where the use of force to control a person's behaviour is employed using bodily contact. It refers to any instance in which a teacher or other adult authorised by the Headteacher has a duty to use "reasonable force" to control or restrain pupils in circumstances that meet the following legally defined criteria.*

- *To prevent a pupil from committing a criminal offence (this applies even if they are below the age of criminal responsibility)*
- *To prevent a pupil from injuring self or others*
- *To prevent or stop a pupil from causing serious damage to property (including their own property)*

*There is no legal definition of "reasonable force". However, there are two relevant considerations:*

- *The use of force can be regarded as reasonable only if the circumstances of an incident warrant it*
- *The degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent*

*The definition of Restrictive Physical Intervention also includes the use of mechanical devices (eg splints on the pupil prescribed by medical colleagues to prevent self-injury), forcible seclusion, use of locked doors or changes to a pupil's environment. It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention. Legal defence for the use of force is based on evidence that the action taken was:*

- *Reasonable, proportionate and necessary*
- *In the best interest of the young person*

– HCC Restrictive Physical Intervention in school, 2017

## **4. Roles and responsibilities**

### **4.1. The Executive Head, Designated Safeguarding Lead and Heads of School**

The above named will ensure the consistent implementation of this policy. They shall also ensure that any use of PI, IC and RPI that they witness is to an acceptable standard. The Designated Safeguarding Lead will ensure that staff

receive appropriate training to allow them to carry out PI, IC or RPI as necessary and maintaining records of staff training. This training is refreshed on an annual basis.

The Designated Safeguarding Lead is responsible for reviewing and signing off records of RPI which will be made in the *"Bound and Numbered Book"* kept at each site.

If the Designated Safeguarding Lead or Heads of School are involved in the use of RPI, the record will be reviewed and signed off by the other or Executive Head. If the Executive Head is involved in the use of RPI, the record will be reviewed and signed off by the chair of governors.

#### **4.2. Hertfordshire Steps Tutors**

Staff members trained by Hertfordshire County Council to deliver Step On and Step Up training in our settings are responsible for working collaboratively with the Designated Safeguarding Lead to ensure that all staff receive appropriate levels of training. Steps Tutors are also responsible for witnessing, supporting and correcting if necessary. This training is refreshed on an annual basis.

#### **4.3. All staff**

Members of staff are made aware at interview that providing intimate care to students may be part of their role in this school.

All staff employed at The Blue Tangerine Federation are responsible for reading and understanding this policy and will seek advice from leadership if they are unclear.

All staff are responsible for ensuring that any use of PI, IC or RPI is carried out in accordance with this policy. All staff members are able to professionally challenge one another, regardless of "seniority" on the necessity of use or techniques being employed.

All staff must report concerns to the Designated Safeguarding Lead, Heads of School, Executive Head or Chair of Governors if they are concerned about the use of PI, IC or RPI they have observed.

### **5. Physical intervention**

There are occasions when it is entirely appropriate and proper for staff to have contact or physical intervention (PI) with children, however, it is crucial that they only do so in ways appropriate to their professional role and in relation to the student's individual needs. Occasions when staff may have cause to have physical intervention (PI) with students include but are not limited to:

- To comfort a student in distress (so long as this is appropriate to their age)
- To gently direct a student
- For curricular reasons (for example in PE, Drama, etc)
- First aid and medical treatment
- In an emergency to avert danger to the student or students
- In rare circumstances, when Restrictive Physical Intervention is warranted (See Below)

Not all children feel comfortable about certain types of physical contact; this should be recognised and, wherever possible, adults should seek the student's permission before initiating contact and be sensitive to any signs that they may be uncomfortable or embarrassed. Staff should acknowledge that some students are more comfortable with touch than others and/or may be more comfortable with touch from some adults than others. 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 and/or form of communication which is acceptable to the student.

It is not possible to be specific about the appropriateness of each physical contact, since an action that is appropriate with one student, in one set of circumstances, may be inappropriate in another, or with a different child. In all situations where physical contact between staff and students takes place, staff must consider the following:

- The student's age and level of understanding
- The student's individual characteristics and history
- The duration of contact
- The location where the contact takes place (it should not take place in private without others present)

Physical contact must never be used as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact shall not be made with the student's neck, breasts, abdomen, genital area, or any other sensitive body areas, or to put pressure on joints. It must not become a habit between a member of staff and a particular student. Physical intervention should be in the student's best interest and should only be used with an awareness of the need to differentiate the attachment to staff from the attachment to key adults such as parents and siblings.

### **Safer working practice**

To reduce the risk of allegations, all staff should be aware of safer working practice and should be familiar with the guidance contained in the staff code of conduct and Safer Recruitment Consortium **document Guidance for safer working practice for those working with children and young people in education settings (September 2015)**

[http://www.thegrid.org.uk/info/welfare/child\\_protection/allegations/safe.shtml](http://www.thegrid.org.uk/info/welfare/child_protection/allegations/safe.shtml)

## **6. Intimate Care**

Some students across the federation have intimate care needs at some level. Parents/carers are aware that these procedures are carried out on a daily basis as well procedures for when and how intimate care will be carried out on off-site trips or visits.

Any historical concerns (such as past abuse) are taken into account when undertaking intimate care.

**An individual member of staff must inform another appropriate adult when they are going alone to assist a student with intimate care to promote safe and open working practices for both student and staff alike.**

The Medical HLTA/Support Assistant may undertake medical procedures along with other staff as necessary or in case of emergencies.

All students will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual student to do as much for themselves as possible.

Staff will be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and cleaning of changing beds etc.

Staff will be supported to adapt their practice in relation to the needs of individual students taking into account developmental changes such as the onset of puberty and menstruation.

There must be careful communication with each student who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the student is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the student personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each student's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. Wherever possible, the student's wishes and feelings should be sought and taken into account.

The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the gender of the carer.

Where possible students will have their routines carried out by a person of the same gender. However with a preponderance of female staff this is not possible and female staff will carry out procedures with male pupils. Male staff will not carry out intimate care with female students because this is in line with society's norms and gives protection for male staff from accusations.

Adults who assist students with intimate care will only be employees of the federation, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the federation's Safeguarding and Child Protection policy. Sensitive information will be shared only with those who need to know.

Health & Safety guidelines should be adhered to regarding waste products and the bins provided for sanitary waste must be used.

**No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.**

## **7. Restrictive Physical Intervention (RPI)**

Restrictive Physical Interventions may be used when all other strategies have failed, and therefore only as a last resort. All staff should focus on de-escalation and preventative strategies rather than focusing solely on reactive strategies. However there are other situations when restrictive physical intervention may be necessary, for example in a situation of clear danger or extreme urgency. Certain students may become distressed, agitated, and out of control, and need calming with a brief Restrictive Physical Intervention that is un-resisted after a few seconds.

The safety and well-being of all staff and students are important considerations. Under certain conditions this duty must be an over-riding factor.

All class-based staff, premises staff and leadership are authorised by the Executive Head to have control of students, and must be aware of this policy and its implications. However, non-inclusion on this list does not mean that an adult is necessarily barred from using physical intervention. If the Executive Head has lawfully placed an adult in charge of students then that adult will be entitled to use Restrictive Physical Intervention

We take the view that staff should not be expected to put themselves in danger and that removing other students and themselves from risky situations may be the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for the pupils.

### **7.1. The implementation of Restrictive Physical Intervention**

Staff will use the minimum force needed to restore safety and appropriate behaviour. When considering the use of Restrictive Physical Intervention there are only 3 components that can be judged as wrong.

- If there is a negative impact on the process of breathing
- The student feels pain as a direct result of the technique

- The student feels a sense of

### **Elevated risks**

The following can result in a sense of violation, pain or restricted breathing

- The use of clothing or belts to restrict movement
- Holding a person lying on their chest or back
- Pushing on the neck, chest or abdomen
- Hyperflexion or basket type holds
- Extending or flexing of joints (pulling and dragging)

The following can result in significant injury:

- Forcing a student up or down stairs
- Dragging a student from a confined space
- Lifting and carrying
- Seclusion, where a person is forced to spend time alone against their will (requires a court order except in an emergency)

The principles relating to Restrictive Physical intervention are as follows:-

- Restrictive Physical Intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions
- Restrictive Physical Intervention will only be used in circumstances when one or more of the legal criteria (see 3.4.) for its use are met
- Staff will only use force when there are good grounds for believing that immediate action is necessary and that it is in the student's and/or other students' best interests for staff to intervene physically.
- Staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue and diversion. The student will be warned, at their level of understanding, that Restrictive Physical Intervention will be used unless they cease the dangerous behaviour
- Staff will use the minimum force necessary to ensure safe outcomes
- Staff will be able to show that the intervention used was a reasonable response to the incident
- Every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses
- As soon as it is safe, the Restrictive Physical Intervention will be relaxed to allow the student to regain self-control
- A distinction will be maintained between the use of a one-off intervention which is appropriate to a particular circumstance, and the using of it repeatedly as a regular feature of federation policy
- Escalation will be avoided at all costs, especially if it would make the overall situation more destructive and unmanageable
- The age, understanding, and competence of the individual student will always be taken into account

- In developing a Risk Reduction Plan, consideration will be given to approaches appropriate to each student's circumstance

After the use of Restrictive Physical Intervention:

- Students will be supported and debriefed at the nearest appropriate opportunity as judged by federation staff.
- Staff will be supported and debriefed at the nearest opportunity. This includes the option of a short break away from their duties.
- Parents/Carers will be informed about the incident and use of Restrictive Physical Intervention
- The incident will be recorded in the "*Bound and Numbered Book*" without delay or as soon as is practicable.

It is essential to safeguard the emotional well-being of all involved at these times.



**Appendix 1: A non-exhaustive list of some examples of PI and RPI techniques that staff are trained in and may use**

Examples of Physical Intervention care include 'offering an arm' (pictured) and a 'supportive hug' (pictured).



*Offering an arm*



*Supportive hug*



*Open mitten*



*Open mitten guide*



*Closed mitten*

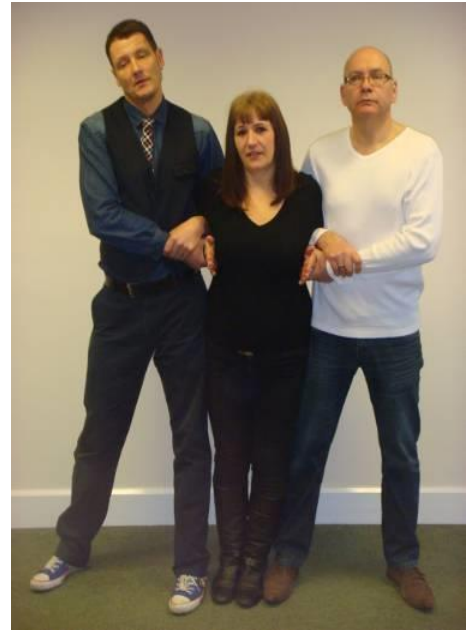


*Closed mitten*

Examples of RPI holds that staff may use include 'Figure of 4' (pictured) alone or with a colleague (paired).



*Figure of 4*



*Figure of 4 (paired)*