



# **Bel Royal School Physical Intervention Policy (PI) including (RPI) November 2020**

## **Aims and Scope of this Policy**

- This policy applies to all staff and volunteers working for Bel Royal School
- This policy applies to all pupils
- This policy intends to clarify the legal boundaries to which all staff at Bel Royal work when considering the use of Physical Intervention.
- The policy sets out the training, procedures and documents that must be in place should there be a need to implement physical intervention.
- This policy relates directly to the following UNCRC articles:
  - Article 2: Right to non-discrimination
  - Article 3: Best interests of the child
  - Article 5: Child's evolving capabilities
  - Article 12: Respect for the child's views
  - Article 13: Freedom of expression
  - Article 19: Protection from violence, abuse and neglect
  - Article 28: Right to education
  - Article 29: Goals of education
  - Article 31: Right to play

## **Legal status**

In this area the school's approach is bound by:

- Children's Act (1989)
- Health and Safety at Work (Jersey) Law 1989
- Education (Jersey) Law 1989
- Human Rights (Jersey) Law 2000
- The United Nations Convention on the Rights of the Child (UNCRC) (Ratified by Jersey in 2014)
- SEN Code of Practice 2017

It is important to emphasise that support needs to be positive and therefore it is not acceptable, and against the UNCRC principles and in some cases Jersey Law, to:

- shout in anger
- direct a parent or family member to impose sanctions against a pupil
- conduct personal body searches (where significant concern exists a senior manager should be contacted or support of the police should be sought)
- display aggressive verbal or non-verbal actions or behaviours
- physically punish a pupil or to verbally threaten to do so, this includes the use of physical interventions
- use demeaning tasks or punishments such as wearing inappropriate clothing
- lock a pupil in a room or prevent them from leaving a room (except in very extreme situations of high risk)
- deprive pupils of food or drink
- withhold medical treatment

A duty of care is imposed on staff. They must therefore take reasonable care to avoid acts which may cause harm. This duty of care applies to all employees of the Education Directorate and they remain personally responsible and accountable for their actions at all times.

CYPES has a duty of care as an employer to those professionals in its employment to offer appropriate training and guidance. It recognises that at times they may face situations where they have to make a judgement about the use of RPI. Employees have the right to protect themselves and/or others from harm and where they decide to do this they must not use a disproportionate level of force.

### **Linked and Related Policies**

- Positive Behaviour, Exclusions & Part-Time Timetables Policy & Practice, CYPES (2019)
- Safeguarding and Child Protection Policy 2019
- Intimate Care (2020)
- Lone Worker Policy 2017

### **Positive Behavioural Support**

We follow the set of key actions described below. These are based on evidence based practices which work well in supporting children and young people with challenging behaviour.

Some children at Bel Royal have a Record of Need which may detail their needs in the areas of Communication and Interaction or Social, Emotional and Mental Health. They will have individualised targets based on their Record of Need. They may need SAFER Handling plans as part of their programme.

This Policy supports our Behaviour Policy and is to be used when the child's needs differ from those described in the Behaviour Policy and they need additional or more bespoke provision, including the possibility of physical intervention.

This policy includes guidance on:

- the measures taken to encourage effective communication and positive behaviour, including adjustments to the environment which help to reduce stress and anxiety and the potential for challenging behaviour.
- The way staff interact/communicate with children and young people
- How support is provided for those whose behaviour challenges – including strategies for prevention, diffusion or de-escalation which can avert and reduce the need for PI, and the development and regular review of support plans for individual children and young people
- How children/young people and parents/carers and other agencies are involved in supporting positive behaviour (including individual support plans);
- Those circumstances in which it may be appropriate to use RPI
- How staff are trained in supporting positive behaviour, assessing and managing risk, and using RPI appropriately where necessary, including how training is maintained and reviewed
- Arrangements for reporting and recording use of RPI
- Arrangements for providing support (emotional and, where necessary, medical) to children and young people and staff following use of RPI
- Arrangements for monitoring the use of RPI

## **Accountability**

We use SIMS and the relevant forms (see appendices) to record, monitor and review our use of PI and RPI.

## **Lead Staff**

Our Behaviour Lead, David Mills, leads on the implementation and monitoring of our positive behaviour policy. Staff training in this is led by Diane Marsay up to and including MAYBO (accredited) Positive Behavioural Support (previously referred to as Level 1). Our behaviour lead works closely with Diane Marsay who leads on 'Safer Handling' aspects, including organising MAYBO (accredited) De-escalation and RPI techniques training and overseeing subsequent plans.

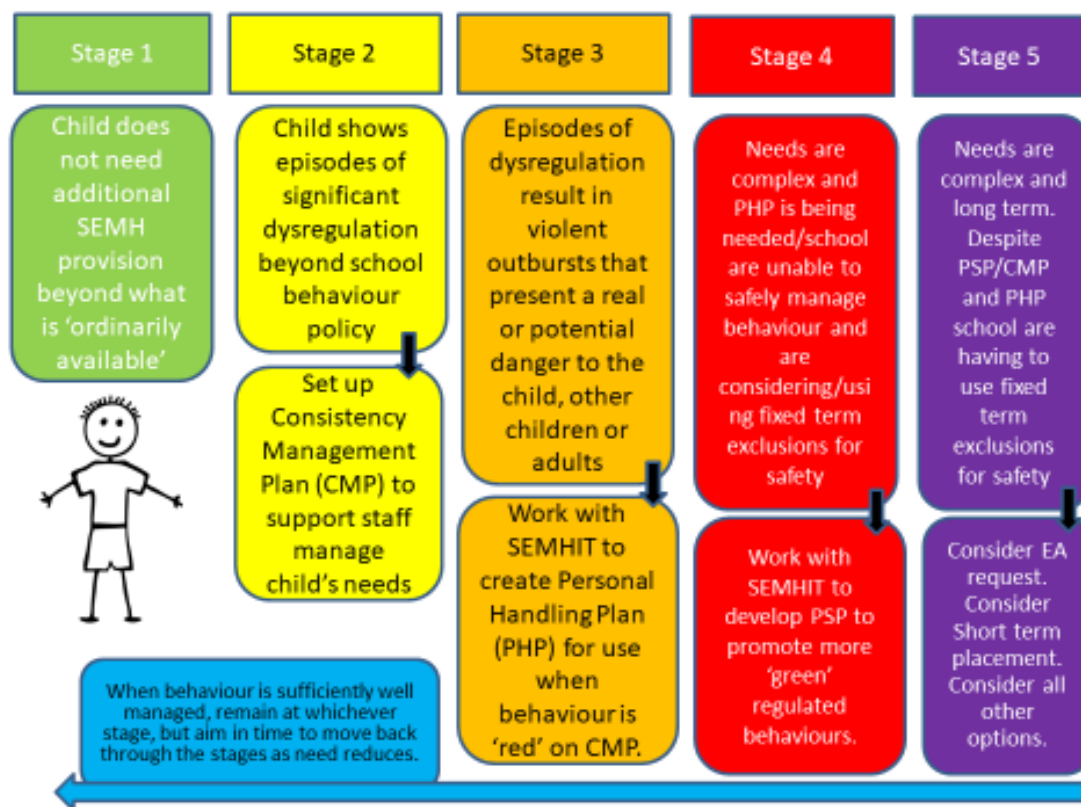
## **Evidence Based Approaches and training**

Training and development play a crucial role in promoting positive behaviour. They enable staff to develop the understanding and skills to support those whose behaviour challenges.

- All teaching and most support staff are trained in MAYBO (accredited) Positive Behavioural Support (previously referred to as Level 1). This training is updated biannually.
- Where children have higher levels of need which may require a consistent management plan, a personal handling plan or a pupil support plan, relevant staff are trained by SEMHIT to MAYBO (accredited) De-escalation and PI techniques. In these circumstances staff are required to attend individualized MAYBO courses on Safer Handling Techniques and as part of this demonstrate competence in the techniques being taught. This training is updated annually.

Individualised plans are drawn up where children are showing a need for additional support regularly. The graduated approach is central to this. Approaches using the positive behavioural support framework typically involve:

- person-centred planning – assisting the child/young person to develop personal relationships and for staff to understand them as individuals
- skilled assessment – to understand why a child/young person presents behaviours that concern or challenge; what predicts their occurrence or causes the child/young person to continue presenting them or regularly reverting to them. This can help to identify areas of unmet need
- consistent management plans – to describe how the child/young person is to be supported, addressing aspects of their environment which they find challenging and support to help them develop strategies to better meet their own needs



These plans consist of:

Plan	Purpose of plan	Who accesses this plan	Who draws it up
Handling Checklist	This is a comprehensive list of the possible handling that staff will undertake with children within the ARC provision at Bel Royal	<ul style="list-style-type: none"> <li>All relevant staff</li> <li>Parents sign off</li> </ul>	ARC Team Leader
Consistency Management Plan AND Risk Assessment	Consistent Management Plan which outlines: <ul style="list-style-type: none"> <li>communicative function of the behaviour</li> <li>the environmental changes to be made</li> <li>new skills to be taught</li> <li>how these will be reinforced</li> <li>reactive strategies</li> <li>if the pupil's behaviour presents a significant risk, RPI may be identified as one of the reactive strategies</li> </ul>	<ul style="list-style-type: none"> <li>All relevant staff</li> <li>Parents made aware</li> </ul>	Behaviour Lead/SENCo (sometimes in conjunction with SEMHIT) and always with input from key relevant staff.
Personal Handling Plan	The information in the risk assessments will help to inform this plan which will outline: <ul style="list-style-type: none"> <li>who has been consulted about the plan</li> <li>the type of physical intervention to be used</li> </ul>	<ul style="list-style-type: none"> <li>MAYBO2 trained staff</li> <li>Parents have seen and signed the plan.</li> <li>A pictorial copy of the Handling Plan will also be provided by the SEMHIT.</li> <li>Handling plans should be reviewed on a monthly basis</li> </ul>	SEMHIT in conjunction with the lead school staff.

	<ul style="list-style-type: none"> <li>• which adults are authorised to use this intervention</li> <li>• parental consent for the plan</li> <li>• Headteacher authorisation for the plan</li> </ul>	<ul style="list-style-type: none"> <li>• with SEMHIT to assess whether they need updating or are no longer required.</li> <li>• This will also provide an opportunity to practice RPI skills.</li> </ul>	
Personal Support Plan	<ul style="list-style-type: none"> <li>• To manage high level behaviours and recognise and respond in fine detail to changes and patterns in behaviours.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff working directly with the child.</li> <li>• HT/DHT/SENCo/Behaviour Lead.</li> </ul>	SEMHIT in conjunction with the lead school staff.

Individualised plans for individual children and young people are kept under review so that the strategies remain current and relevant based on evidence of what has worked and what has not worked in practice. The quality of assessment, intervention and review underpinning it is key to success.

The process should, wherever possible, include involvement of the child/young person and their family or advocates.

### **Restrictive Physical Intervention and Associated Risks**

It is important to highlight that a level of risk is associated with any form of restrictive physical intervention. For this reason it should be avoided wherever possible. High levels of risk are associated in particular with:

- taking a pupil to the floor or holding them on the floor
- restricting breathing
- bending, flexing or holding over the joints
- pressure on the neck, chest abdomen or groin area
- mechanical restraint (this policy does not address this and it will not be supported within the Education Directorate)

Only the physical intervention techniques covered in MAYBO training can be used.

### **The Use of Restrictive Physical Intervention (RPI)**

The following underpinning principles apply for the use of RPI in schools and settings:

- the use of force should, wherever possible, be avoided. It may not be used as a punishment.
- there are occasions when the use of force is unavoidable in response to the risks presented in a particular situation. When force is unavoidable, it must be used in ways that maintain the safety and dignity of all concerned.
- RPI should only be used when there is no alternative, less intrusive, course of action.
- RPI should only be used in the context of our behaviour policy.

### **Appropriate Use of RPI**

RPI should only be used in very extreme circumstances. Jersey Law states this would include preventing a pupil from doing or continuing to do any of the following:

- committing any offence
- causing personal injury or damage to property
- prejudicing the maintenance of good order and discipline, whether during a teaching session or otherwise

**The most usual circumstances where reasonable force might be used is when a pupil's behaviour is likely to cause personal injury or serious damage to property which poses a risk to others.**

**You must not use RPI for any other reason, including where a child is not following instructions or being 'wilful'.**

**ONLY STAFF TRAINED TO MAYBO2 FOR THAT SPECIFIC CHILD SHOULD BE USING RPI. Other staff ARE NOT covered even if they have previously done MAYBO2 for another child.**

Staff should also be aware that a restriction of personal freedom is also a physical intervention. It is **illegal** to lock a pupil in a room or to prevent them from leaving a building except in very extreme circumstances of high risk that are unforeseen.

RPI can only be used when the child is dysregulated according to their Safer Handling Plan which will only be applied in relation to the Consistent Management Plan. This means where they are no longer in control of their behaviour (they are in the RED zone), and posing a danger to themselves, others and/or property.

Staff need to be aware that staff members in the UK and Jersey have been through court cases, disciplinary action and even lost their jobs over incorrect use of RPI. This guidance is drawn from CYPES, Education Dept policy, (which is supported by legal guidance), and is there to guide and protect staff.

### **Terminology**

A number of terms can be used interchangeably (and inaccurately), however for the purpose of this policy the following definitions apply:

- **Non-restrictive physical intervention** is manual guidance, e.g. to assist a pupil in crossing the road safely
- **Restrictive physical intervention (RPI)** would include holding a pupil's hand to prevent them from hitting another pupil. This policy applies to the use of restrictive physical interventions and in no way comments on appropriate therapeutic or appropriate support given to assist pupils in given daily tasks. This policy does not make reference to the use of mechanical restraint nor should any form of mechanical restraint be used.
- **Unplanned (emergency) physical intervention** refers to the use of force, which occurs in response to unforeseen/emergency circumstances. There are occasions when the use of RPI is unavoidable in response to the risks presented in a particular situation. However, the scale and nature of any physical intervention must be proportionate to both the behaviour of the individual to be controlled, and the nature of the harm they might cause. In an unexpected, emergency situation, the member of staff must make an immediate assessment of risk and act accordingly to maintain the safety of all involved. The incident should be recorded as with other RPI, and parents should be informed.
- **Planned intervention** refers to the use of RPI using pre-arranged, approved techniques detailed in a support plan and based upon a risk assessment. This will always be accompanied by alternative behavioural approaches aimed at supporting the development of socially acceptable behaviour

## **Before using RPI**

You must:

- have tried a range of other strategies first (verbal and visual cues and other de-escalation techniques, including seeking support from a colleague, allowing time and space to 'cool off', even when this means instructing other children away from the area)

## **Using RPI**

- only use the moves listed in the Personal Handling Plan, for the shortest time possible
- only use the minimum RPI possible (ideally non-restrictive (guiding and disengagement), and continue to use other de-escalation strategies)
- Always alert a colleague when in this situation, principally to support you, but in extremeness, be a witnesses should a challenge arise due to a use of RPI
- Use a RPI form for ALL RPI incidents (appendix 4 or 5 depending if restrictive/non-restrictive) and report this to the HT/DHT/AHT on the same day, within 24 hours.

## **Recording the use of RPI**

You must record what RPI you used and why you decided to do this on the recording form. Every effort must be made to hand this in to the HT/DHT on the same day, and at least within 24 hours of the incident. Ideally there will be a witness to support your account if needed.

RPI forms have to be logged on SIMs and retained, if restrictive RPI is used, these forms are sent to CYPES.

There are two forms:

- Appendix 2 is a SAFER handling plan detailing restrictive Physical Intervention (i.e. holds and escorts) (This form has to be signed by the HT and sent in to SEMHIT)
- Appendix 3 is for non-restrictive interventions (i.e guiding and disengagement) (This form is a log and must be retained in school. Please complete and send it to the HT/DHT/AHT.)

## **Informing Parents**

Parents should always be informed of any incident involving RPI. Parents should be included in any review of a pupil's individual education plan, which follows an incident of RPI.

## **Safeguarding the Welfare of Staff**

We recognise our duty to ensure, the health, safety and welfare of staff and of others at work is safeguarded, so far as is reasonably practicable.

As part of this we:

- assess the risks to employees and others (including the risk of reasonably foreseeable violence) and implement steps to reduce these risks
- provide adequate information, instruction, training and supervision
- monitor and review arrangements put in place to reduce the risks to ensure they are effective
- establish transparent processes to acknowledge the hazardous nature of any foreseeable incidents, and of any restrictive interventions

The duty includes risks arising from both violence and the use of RPI.

Staff members have a duty to inform a senior colleague if they see inappropriate use of RPI so that advice or retraining can be offered. This is a safeguarding issue for the child and for

the member of staff. Staff must be aware that breaches to this guidance on the use of PI could result in disciplinary action for the member of staff involved.

### **Post-incident Support**

After incidents, the child/young person and the staff involved should be given emotional support and basic first aid for any injuries as soon as possible. Immediate action should be taken to secure medical help for injuries that require other than basic first aid. All injuries should be recorded in accordance with reporting procedures and reported as appropriate to the health and safety officer.

We try to ensure appropriate lessons are learned from instances where RPI has been used. This will usually involve de-briefing, post-incident review (see Appendix 6) and monitoring of the use of RPI.

It is best practice to involve the child/young person and, wherever possible, parents/carers, advocates and other relevant representatives in planning, monitoring and reviewing how and when restrictive interventions are used. If the child/young person and parents/carers are not involved this should be documented and reasons given.

As soon as possible after the use of RPI, the member of staff involved should be debriefed by an appropriate manager to allow for reflection and the manager to deal with the emotions raised by the incident. This would support staff learning and professional development.

Children/young people should have separate opportunities to reflect on what happened, and wherever possible a choice as to who helps them with this. Families of children/young people should also have the opportunity to participate in post-incident reviews – though this may not always be appropriate.

### **Monitoring and Reviewing the Use of RPI**

We monitor information from reviews to consider improvements to policies and practices, including the school or setting's approach to reducing potential triggers to challenging behaviour or conflict situations. Where needed, we take action to change policies or practices where approaches have been used for some time but they have not been found effective.

We aim to involve parents/carers, pupils (where appropriate) and SEMHIT in this review.

### **Children Looked After**

In any circumstance where a Child Looked After experiences the use of RPI in our school, someone appropriate and trusted by the child/young person (e.g. the designated teacher, the VSH, the child/young person's carer) needs to be involved in the post incident review.

It is highly likely these children/young people will have experienced some form of trauma and therefore a carer who knows and understands the child/young person's needs will provide invaluable information and support with future planning.

In addition, it is suggested that someone who was not involved in the incident should be involved in post-incident reviews to understand from the child/young person's perspective, what upset the child/young person most, whether and how staff actions were helpful or unhelpful, and how things could be better in the future.



If there is a pattern of persistent use of RPI, the reviewer should consider, with the child/young person, and as appropriate, their parents/carers and/or advocates, revising their individual support plan.

