



North Tyneside Council

CHILDREN, YOUNG PEOPLE AND LEARNING

**POLICY AND GUIDANCE ON
RESTRICTIVE PHYSICAL INTERVENTION IN
SCHOOLS**

Revised February 2010

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NORTH TYNESIDE CHILDREN, YOUNG PEOPLE AND LEARNING

ACCESS AND INCLUSION

POLICY AND GUIDANCE FOR THE USE OF RESTRICTIVE PHYSICAL INTERVENTIONS (PI) WITH CHILDREN AND YOUNG PEOPLE – SCHOOLS

Note

For the purpose of this policy, *School* means all schools and other educational establishments and settings within North Tyneside. *Pupils* means pupils and students.

This policy is broadly based on and widely quotes from the DCSF document "Use of Force to Control or Restrain Pupils" -

http://www.teachernet.gov.uk/_doc/12187/ACFD89B.pdf

INTRODUCTION

Section 93 of the Education and Inspections Act 2006 offers guidance and clarification of the powers of teachers and other staff who have lawful control or charge of pupils, to use such force as is "reasonable" to prevent a range of extreme behaviours.

It is recognised that there will be extraordinary circumstances where the "physical control" of pupils by teachers or other staff will be necessary. However, it is important that, in those rare circumstances, "physical control" operates within the framework of both the council and a school/institution policy, which outlines:

- the aims and rationale;
- a set of principles;
- a definition of terms;
- the legal framework,
- entitlements and responsibilities of all parties;
- a transparent method of recording incidents of physical control;
- an effective method of identifying and managing known risks.

It should be noted that it is always unlawful to use force as a punishment. This is because it would fall within the definition of corporal punishment, abolished by section 548 of the Education Act 1996.

The key principles of the Policy and Guidance are as set out below:

- The vast majority of our pupils behave well, bringing credit to themselves, their parents/carers and school, and such behaviour should be recognised and shared.

- Where such circumstance arises when the use of restrictive physical intervention is necessary, every possible step should have been taken to de-escalate the situation by employing conflict resolution strategies (including primary and secondary prevention. See appendix 3 and 4).
- In all cases, the age, health, emotional state and level of understanding should be taken into consideration and any restrictive physical interventions employed should be through the use of reasonable, minimum force to control the child or young person, ensuring that their dignity is protected at all times.
- Specific responsibilities and entitlements are outlined for:
 - schools, other establishments and their staff;
 - governors;
 - pupils;
 - the Council;
 - parents/carers.
- Training and guidance
- Entitlements and responsibilities for all parties.

CONTEXT OF THE POLICY

Rather than use the terminologies 'force' and 'restraint', North Tyneside Council prefers to refer to the restrictive physical intervention strategies that allow for consideration to be given to a range of physical control techniques and approaches, from physical presence, through physical diversion, and full restraint.

The Council recognises that there will be extraordinary circumstances where the 'physical control' of pupils by members of staff will be necessary. However, it is important that, in those rare circumstances, 'restrictive physical intervention' operates within the framework of both a council and an establishment policy which outlines certain principles and a set of approaches, procedures and arrangements which makes the use of such interventions as safe and secure as possible, for all staff and pupils.

It is important to set the Restrictive physical intervention Policy in context. The vast majority of pupils behave well and conduct themselves in such a manner as to bring credit to themselves, their parents/carers and their school. However, a small number of pupils may not meet the standards of behaviour and conduct schools and other establishments expect of them and will challenge and break codes of conduct, expectations, rules and routines.

To address these circumstances, schools and other establishments will have developed a behaviour policy which:

- sets high expectations for the behaviour of all those who attend the establishment;
- promotes a positive ethos and a safe and secure learning and nurturing environment;
- fosters mutual respect amongst staff and pupils;
- encourages in pupils the development of self-worth and self-esteem.

The Behaviour Policy should recognise the achievements and positive behaviour of pupils and ensure that these are recognised and shared. It should also recognise that sanctions may need to be applied. These sanctions need to be identified together with the circumstances in which they should be used. It should emphasise the need for all staff to be aware of situations which may contribute to stress and tension in individuals and which may be the precursor to aggressive outbursts, to take steps to avoid these and to use de-escalation and conflict resolution strategies in situations in which a pupil is beginning to lose control. Finally, it should be recognised that, in certain circumstances, the use of restrictive physical intervention is warranted i.e. where a pupil is likely to harm him/herself or others, damage property or is posing a significant threat to the establishment of a safe and secure environment and where de-escalation has failed.

For the application of any restrictive physical intervention strategies used by a teacher or other authorised person to be justified, it has to be demonstrated that it is warranted by the circumstances of the incident which precipitated it; the teacher or other authorised person has taken into consideration the age, health, emotional state etc. of the pupil; every possible step has been taken to de-escalate the situation and therefore sought to avoid the use of any restrictive physical intervention.

Staff working with children and young people may thus, in exceptional circumstances, be required to use restrictive physical intervention or restraint. Their duty of care may sometimes mean that if they do not apply any form of restrictive physical intervention, the consequence could be that a child or young person suffers harm.

In such difficult circumstances, schools, other establishments and their staff need clear guidance from the Council, from Governing Bodies and from their managers or Head teachers. This Policy provides a framework of principles, guidance and advice to schools and other establishments within which they can operate and further develop their own policies and arrangements.

POLICY DOCUMENT

AIM:

To establish a policy based upon sound principles for restrictive physical intervention that will help schools, other educational establishments and settings within North Tyneside to:

- Develop and sustain an ethos/culture and practice that protects the dignity and safety of children, young people and staff;
- create and maintain a safe and secure learning and nurturing environment;
- promote a shared understanding that, although always the last resort, restrictive physical intervention is still an option that authorised individuals may have to take;
- uphold the responsibility and respect of all parties.

RATIONALE:

The Council Policy on the Restrictive physical intervention of Children and Young People:

- recognises the need to make a clear, unambiguous statement about the practice of restrictive physical intervention of children and young people in schools and other establishments;
- describes the context and circumstances in which it may be appropriate to use different forms of restrictive physical intervention;
- recognises that restrictive physical intervention is, at times, necessary but only after all other strategies have been used and that children's or students behaviour should, at all times, be managed using a proactive and preventative approach;

See Appendix 3 and 4.

- sets out the responsibilities and entitlements of the Council, children and young people, parents/carers, staff and school governors;
- provides guidance reflecting legislation and national practices.

Types of Restrictive physical intervention that may be employed

- a. Passive physical contact resulting from standing between pupils or blocking a pupil's path;
- b. Active physical contact such as:

- i. Leading a pupil by the hand or arm;
- ii. Ushering a pupil away by placing a hand in the centre of the back;
- iii. In more extreme circumstances, using appropriate restrictive hold, which may require specific expertise or training.

Why/when do we use Restrictive physical interventions?

Restrictive physical interventions must only be used as a last resort.

Schools will adhere to Section 93 of the education and Inspections Act 2006. This “enables school staff to use such force as is reasonable in the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

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

Who can use Restrictive physical intervention?

The staff to which this power applies are defined in section 95 of the Act. They are:

- a. any teacher who works for the school, and
- b. any other person whom the head has authorised to have control or charge of the pupils. This includes support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors. Can also include people to whom the head has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example parents accompanying pupils on organised visits). Does not include prefects.

How are staff other than teachers authorised?

Written authorisation from the headteacher.

Risk Assessment

Restrictive physical interventions have inherent risks. Health and Safety legislation requires us to identify, assess and then manage risk.

An effective assessment of risk facilitates a better understanding of the situation. It helps us to focus on the risks that really matter. It quantifies the probability of a given risk, gives information on the possible settings and the severity of dangers linked to

the risk being left unmanaged. This “better understanding” then allows us to plan to manage the risk.

A template for risk assessment and risk management can be found in annex .

Duty of Care

The duty of care requires that reasonable measures be taken to prevent harm.

Schools owe a duty of care towards their pupils, staff and visitors.

School staff have a duty to act within their potential capacity to intervene successfully.

See Appendix 5 for further guidance.

Incident Recording

Schools have a duty to record all instances of restrictive physical intervention. The use of restrictive physical intervention, whether planned or unplanned (emergency) should always be recorded as quickly as practicable (and in any event within 24 hours of the incident) by the person(s) involved in the incident in a book with numbered pages.

See Appendix 6 for exemplars.

Responsibilities and Entitlements

North Tyneside Council, in its active role as a partner, will:

- 1) advise on the creation of a learning environment that is safe and secure for all;
- 2) offer support, guidance and information;
- 3) be committed to keeping this policy current;
- 4) facilitate opportunities for training and the sharing of good practice;
- 5) monitor and evaluate the impact of training provided and how the outcomes are sustained and embedded in whole school policy;
- 6) ensure current and quality research is available to plan a strategy for the use of restrictive physical intervention in managing extreme behaviour;
- 7) provide a standardised reporting proforma and support in order for schools to monitor and evaluate restrictive physical interventions;
- 8) liaise with Children’s Services and other appropriate agencies in order to address issues relating to the management of challenging behaviour;
- 9) liaise with Children’s Services to address related issues concerning child protection;
- 10) respond to the views of children, young people, parents/carers, schools, governors and other agencies.

North Tyneside Council has an entitlement:

- 1) to know that all schools will have a clear restrictive physical intervention policy that is based on DSCF guidance “The Use of Force to Control or Restrain Pupils” and that reflects the principles and content of the council’s policy;
- 2) to receive adequate information and relevant records as requested;
- 3) to support from school staff, governors, children, young people and parents/carers in implementing this policy.

Schools and their staff in their active role as partners, will:

- 1) develop a policy on restrictive physical intervention “that is based on DSCF guidance “The Use of Force to Control or Restrain Pupils” and reflects the principles and contents of this policy;
- 2) develop a whole school behaviour policy and an inclusive learning policy that meets the needs of all pupils, including those with challenging behaviour;
- 3) develop and sustain an ethos/culture and practice that protects the dignity and safety of pupils and staff;
- 4) maintain positive values when working with pupils who challenge;
- 5) develop and sustain strategies for primary prevention;
- 6) develop and sustain strategies for secondary prevention;
- 7) risk assess (see Appendix 7 for exemplar of risk assessment and risk management plan for behaviour);
- 8) identify appropriate restrictive physical intervention techniques for individual pupils who challenge;
- 9) record and report all restrictive physical interventions on standardised forms;
- 10) identify and meet training needs and monitor impact and sustainability of outcomes;
- 11) provide the council with data regarding the use of PI in schools;
- 12) provide pupils and staff with opportunities for post critical incident debriefing and, where appropriate, provide access to counselling;
- 13) provide parents with details of any restrictive physical intervention used with their child;
- 14) co-operate with the local authority in instances where legal enforcement with regard to behaviour may be considered appropriate as a last resort.

Schools and their staff have an entitlement to:

- 1) support from pupils, governors, parents/carers and the council in implementing the restrictive physical intervention policy;
- 2) be supported by the council in the provision of relevant training;
- 3) be supported by their partners in the training and use of restrictive physical interventions;
- 4) be treated with respect and dignity;
- 5) be supported by senior staff when critical incidents occur.

Governing bodies in their active role as partners will:

- 1) support the creation of a safe environment for all;
- 2) monitor the use of restrictive physical interventions within their school;

- 3) make appropriate resources available for the policy to be fully implemented;
- 4) ensure the whole school behaviour and inclusive learning policies are being fully and appropriately implemented.

Governing bodies have an entitlement to:

- 1) restrictive physical intervention awareness training;
- 2) an awareness of the legal framework surrounding restrictive physical intervention;
- 3) access to data on restrictive physical interventions carried out in school;
- 4) accurate information with regard to the implementation of the whole school behaviour and inclusive learning policies and their impact on behaviour and attendance.

Pupils in their active role as partners will:

- 1) behave in such a way as to eliminate the need for any restrictive physical intervention;
- 2) resolve conflicts amicably and try their best to follow instructions from staff during attempts at de-escalation;
- 3) try their best to move away from and act responsibly when they see another pupil being restrained.

Pupils have an entitlement to:

- 1) primary and secondary prevention and de-escalation, prior to being restrained;
- 2) a safe, secure, non-oppressive environment;
- 3) an explanation of why they are being restrained;
- 4) an explanation of when they might be restrained;
- 5) an explanation of the full consequences of violent / serious disruptive behaviour;
- 6) a warning before a restrictive physical intervention is used, unless this would prejudice the safety of others;
- 7) the opportunity to talk to someone after they have been restrained;
- 8) be treated with respect and dignity, regardless of who they are (i.e. race, religion, family circumstances, sexual orientation, gender, age, special educational needs);
- 9) have their feelings, views and needs considered by the other partners;
- 10) access to a complaints procedure.

Parents/Carers in their active role as partners will:

- 1) support the creation of a safe, non-oppressive working environment in school;
- 2) support the use of necessary Restrictive physical intervention;
- 3) work with the school or other establishment in a supportive role to resolve difficult incidents;
- 4) encourage attitudes and responses in their children which avoid aggression and physical conflicts.

Parents/Carers have an entitlement to:

- 1) be informed of techniques used/approved by school, and (where appropriate) be involved in resolving related problems;
- 2) be informed of any Restrictive physical intervention used on their child;
- 3) have access to any Restrictive physical intervention records relating to their child;
- 4) know that their child will experience a safe, secure non-oppressive environment;
- 5) access to a complaints procedure.

Training in Restrictive Physical Interventions.

Should a risk assessment predict that staff will need to use some form of restrictive physical interventions with a young person then, in order to reduce the inherent risks associated with restrictive physical interventions and manual handling and to comply with Health and Safety at Work legislation, an employer may need to provide staff with appropriate training. Training **must only** be provided by an agency/organisation accredited by the British Institute of Learning Disabilities (BILD). There are two BILD accredited training providers currently represented in North Tyneside-

- C.A.L.M. Training Services Ltd
- Team Teach.

See end of appendices for the contact details for BILD, CALM and Team Teach.

APPENDICES

APPENDIX 1 - Action in self-defence or in an emergency

Section 93 of the Education and Inspections Act 2006 does not cover all the situations in which it might be reasonable for someone to use a degree of force. For example, everyone has the right to defend themselves against an attack provided they do not use a disproportionate degree of force to do so. Similarly, in an emergency, for example if a pupil was at immediate risk of injury or on the point of inflicting injury on someone else, any member of staff would be entitled to intervene. The purpose of Section 93 is to make it clear that teachers, and other authorised staff, are also entitled to intervene in other, less extreme situations.

Decisions on whether the precise circumstances of an incident justify the use of significant force must be reasonable. Typically such decisions have to be made quickly, with little time for reflection. Nevertheless, staff need to make the clearest possible judgements about:

- a. the seriousness of the incident, assessed by the effect of the injury, damage or disorder which is likely to result if force is not used. The greater the potential for injury, damage or serious disorder, the more likely it is that using force may be justified;
- b. the chances of achieving the desired result by other means. The lower the probability of achieving the desired result by other means, the more likely it is that using force may be justified; and
- c. the relative risks associated with restrictive physical intervention compared with using other strategies. The smaller the risks associated with restrictive physical intervention compared with other strategies, the more likely it is that using force may be justified.

Examples of situations

Examples of situations that particularly call for judgments of this kind include:

- a) a pupil attacks a member of staff, or another pupil;
- b) pupils are fighting, causing risk of injury to themselves or others;
- c) a pupil is committing, or on the verge of committing, deliberate damage to property;
- d) a pupil is causing, or at risk of causing, injury or damage by accident, by rough play, or by misuse of dangerous materials or object;
- e) a pupil absconds from a class or tries to leave school other than at an authorised time. Refusal of a pupil to remain in a particular place is not enough on its own to justify use of force. It would be justifiable where allowing a pupil to leave would: i) entail serious risks to the pupil's safety (taking into account age and understanding), to the safety of other pupils or

- staff, or of damage to property; or ii) lead to behaviour that prejudices good order and discipline, such as disrupting other classes;
- f) a pupil persistently refuses to follow an instruction to leave a classroom;
 - g) a pupil is behaving in a way that seriously disrupts a lesson;
 - h) a pupil is behaving in a way that seriously disrupts a school sporting event or school visit.

APPENDIX 2 - Reasonable Force

There is no legal definition of 'reasonable force'. So it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used. It will always depend on all the circumstances of the case.

There are two relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it. The use of any degree of force is unlawful if the particular circumstances do not warrant the use of physical force. Therefore physical force could not be justified to prevent a pupil from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force.
- The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. Any force used should always be the minimum needed to achieve the desired result.

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, might also depend on the age, understanding, and sex of the pupil.

APPENDIX 3 - Primary Prevention

'Primary prevention' is the use of pro-active strategies that are based on an understanding and assessment of an individual's aggressive behaviour in order to structure the environment and staff responses to that individual and thus "prevent" the occurrence of factors that could contribute towards that individual becoming aggressive (i.e. setting conditions and triggers that would be described as 'reasonable adjustments' in accordance with the Disability Discrimination Act 2003).

The setting conditions can be divided into two types : environmental and personal. Primary prevention can be achieved through:-

- understanding the nature of the individual's needs and difficulties (for example:- Autism, ADHD...);
- observation and analysis of incidents and especially their antecedents;
- discussion with the individual;
- discussion with carers;
- an understanding of how the individual is feeling at the time.

For example, in the case of a child with Autism, by first understanding the nature of Autism certain triggers that might contribute towards that child becoming anxious and liable to an aggressive outburst can be predicted. Examples of triggers might be:-

- changes to routines
- noisy environment
- flashing lights
- being expected to eat certain foods or combinations of foods
- too much language
- certain individuals
- certain objects

Through observation and analysis of incidents, together with, if possible, discussion with the child and her/his carers it should be possible to identify many of the triggers that lead to frustration and the subsequent aggressive outbursts. The potential triggers in the child's environment may then be reduced or removed.

The DCSF, in their publication 'Guidance on the Use of Restrictive physical interventions for Pupils with Severe Behavioural Difficulties', identify the need for primary prevention as part of what they term "positive behaviour management".

They advise teachers to:

- Find out why this child behaves as he or she does
- Understand the factors that influence this child's behaviour

They advise that: *"this approach will help to ensure that early and preventative intervention is the norm"*.

In order to support this type of approach the DCSF included in the above publication a practical risk assessment template that refers to 'primary prevention'. The risk assessment pro-forma in Appendix 6 is based on this template.

APPENDIX 4 - Secondary Prevention

'Secondary prevention' is a re-active response and, whilst it is still advantageous to understand what lies behind an individual's behaviour in order to de-escalate the situation and help calm them down, it is not a process that actually works towards reducing the occurrence of that behaviour. It simply identifies when an individual is becoming aggressively aroused and provides strategies that might help to de-escalate the behaviour. In other words, fire fighting rather than fire prevention.

While primary prevention of aggression is a means with which we seek to prevent an individual becoming aggressive by removing or reducing the setting conditions that trigger the violent behaviour, secondary prevention is a system whereby we seek to de-escalate a potentially aggressive subject who has already come into contact with these setting conditions that trigger his/her aggression, but who has yet to become violent.

The main aim of secondary prevention is to de-escalate the situation thereby avoiding further escalation. This means that staff should be trained in techniques that reduce the level of tension and aggression and avoid the situation escalating to a point where the subject becomes violent, and a restrictive physical intervention is required in order to prevent the subject harming themselves or others.

The British Institute of Learning Disabilities (BILD) states that: *“Secondary prevention procedures should be developed to ensure that problematic episodes are properly managed with non-restrictive physical interventions before service users become violent”*.

De-escalation techniques (secondary prevention procedures) can be separated into two categories: 1) What should be done and 2) What shouldn't be done.

The actual details of a secondary prevention plan would depend on the nature of the subject, i.e. the reasons why the pupil becomes aroused and his/her own level of understanding, past history of aggression, does the subject target specific

individuals... Whatever the details of the plan might be, the primary responsibility in secondary prevention is to de-escalate and avoid the situation escalating into one that requires a restrictive physical intervention. All restrictive physical interventions carry an inherent risk of injury to all parties involved.

There are a number of techniques that may be employed, depending on the individual concerned, in order to de-escalate a situation and prevent it developing into one where a restrictive physical intervention is required.

For example:

- Distraction;
- script interruption;
- removal of target;
- removal of source of frustration;
- use of humour (NOT sarcastic humour);
- empathy;
- offering of choices;
- listening;
- waiting, in silence, for a pupil to calm down;
- offering help;
- remaining calm and using a calm voice;
- conditional limit setting;
- removing peer audience.

Equally, there are actions that should be avoided in order to prevent escalation, among these should be considered:

- Conveying threat;

- issuing ultimatums;
- attempting to teach new skills during arousal;
- collusion in order to win pupil's approval and co-operation;
- admonishing in front of an audience of peers;
- attempting to instruct, ask 'why?', elicit a verbal response or admonish during periods of high arousal.

In addition to applying the above techniques, personal safety should also be considered. When dealing with a violently aroused pupil, staff should try to avoid conveying threat through body language by not facing the subject front on and remaining outside their personal space.

This can be achieved by adopting a posture of standing at a slight angle, weight on the back foot, knees flexed (slightly bent), arms down by the sides and relaxed, and standing out of striking distance. In this way staff can remain safe whilst portraying a non-threatening presence and maintaining the option of using a restrictive physical intervention if necessary.

The use of reflective practice in de-escalation helps staff to maintain an awareness of the effectiveness of the techniques used. This requires routine staff debriefing, following critical incidents, talking with pupils at an appropriate time and place, and the effective communication of all relevant information to all staff.

APPENDIX 5 - Duty of Care

Schools owe a duty of care to their pupils. This means that, for instance, a teacher who sees a pupil in a dangerous situation has a duty to do something in order to make that pupil safe. The teacher is expected to act within their potential capacity. It does not mean that the teacher should put her/himself at risk. For example, a teacher who sees a pupil, who is physically stronger than her/him, attacking another pupil, would not be expected to physically intervene. S/he might attempt verbal control, or summon further assistance.

A member of staff who witnesses a dangerous situation and who fails to act to reduce the danger i.e. sees a fight, but then carries on with their work in the hope that the incident will resolve itself, might be considered by a court as having acted negligently.

APPENDIX 6 - Incident Recording

1. Staff should use specific and functional language when completing recording forms.
2. Describe the behaviour using verbs rather than adjectives (i.e. "John was hitting Claire on the head with his hand", rather than "John was being violent to Claire").
3. An accurate and objective analysis and description of the antecedents, i.e. the events leading up to an incident, must be included as this can be used to inform an Individual Education Plan or risk management plan. This information would also be required if the case were to be investigated under child protection or to go to tribunal through the Disability Discrimination Act (2003).

4. Physical intervention Incident reports need to be coded and securely stored so as to prevent accusations of tampering. Once a format for incident recording has been agreed upon, the recording forms should be printed, numbered and bound together.

1. All reports should be written with a view that they may be used in a legal context and are subject to the Freedom of Information Act (2004).

The following are two reporting templates. Fig 1 is the recommended minimum standard. Fig 2 allows for more detail and would be suited to very complex and high tariff interventions.

Fig 1

USE OF FORCE TO CONTROL OR RESTRAIN PUPILS: INCIDENT RECORD

Details of pupil or pupils on whom force was used by a member of staff (Name, class)	
Date, time and location of incident	
Names of staff involved (directly or as witnesses)	
Details of other pupils involved (directly or as witnesses), including whether any of the pupils involved were vulnerable for SEN, disability, medical or social reasons.	
Description of incident by the staff involved, including any attempts to de-escalate and warnings given that force might be used.	
Any injury suffered by staff or pupils and any first aid and/or medical attention required.	
Reasons for making a record of the incident	
Follow up, including post incident support and any disciplinary action against pupils.	
Any information about the incident shared with staff not involved in it and external agencies.	
When and how those with parental responsibilities were informed about the incident and any views they have expressed	
Has any complaint been lodged (details should not be recorded here)?	
Report compiled by:	Report countersigned by:
Name and Role:	Name and Role:
Signature:	Signature:
Date:	Date:

Fig 2

Significant Incident / Restrictive physical intervention Report

Date / time _____ Ref No ___/_____/_____

Name of Student _____ Report Compiler _____

Date of Incident ___/___/___ Time started ___:___ Location _____

Nature of Restrictive physical intervention Used

Start of Restrictive physical intervention_____ End of Restrictive physical intervention_____ Duration_____

Staff involved:

Other students involved:

Staff witnesses:

Student witnesses:

Reason for Report

- Preventing injury to self to others bullying assault on student
- assault on staff serious disruption isolation absconding
- serious vandalism restrictive physical intervention
- Other (please specify)

Please add a single tick to indicate primary category for data collection and analysis

PA-P	PA-S	VA/TB-P	VA/TB-S	A	D&A	D
-------------	-------------	----------------	----------------	----------	----------------	----------

- PA-P** Physical Assault against pupil
- PA-S** Physical Assault against staff
- VA/TB-P** Verbal abuse/threatening behaviour against pupil
- VA/TB-S** Verbal abuse/threatening behaviour against staff
- A** Abscond
- D&A** Drug & Alcohol related
- D** Damage

De-escalation techniques used

Non-threatening language Humour Physical diversion Calm talking

Verbal advice Time out Physical presence Stepping away

Choice points offered Distraction Restrictive physical intervention

Others (please specify)

Antecedents (Describe the events leading up to the behaviour)

Behaviour and Consequences (Describe the incident including any Restrictive physical intervention)

If necessary, use continuation sheet, this must include the reference number from this sheet, the names of those involved including the signatures of staff mentioned in report.

Ref No

____/____/____

Name of Student

Report Compiler

Post Incident Follow Up

Was Student complaints procedure explained? Yes No

Action Taken

Contact with Parents/Carers Social Worker Social Services
Police LEA

Other (Please specify)

Details

Discussion and Reflection with Student Yes No (IF NOT, WHY NOT)

Staff debriefed by:

Comments

Incident Reviewed:

Action Required :

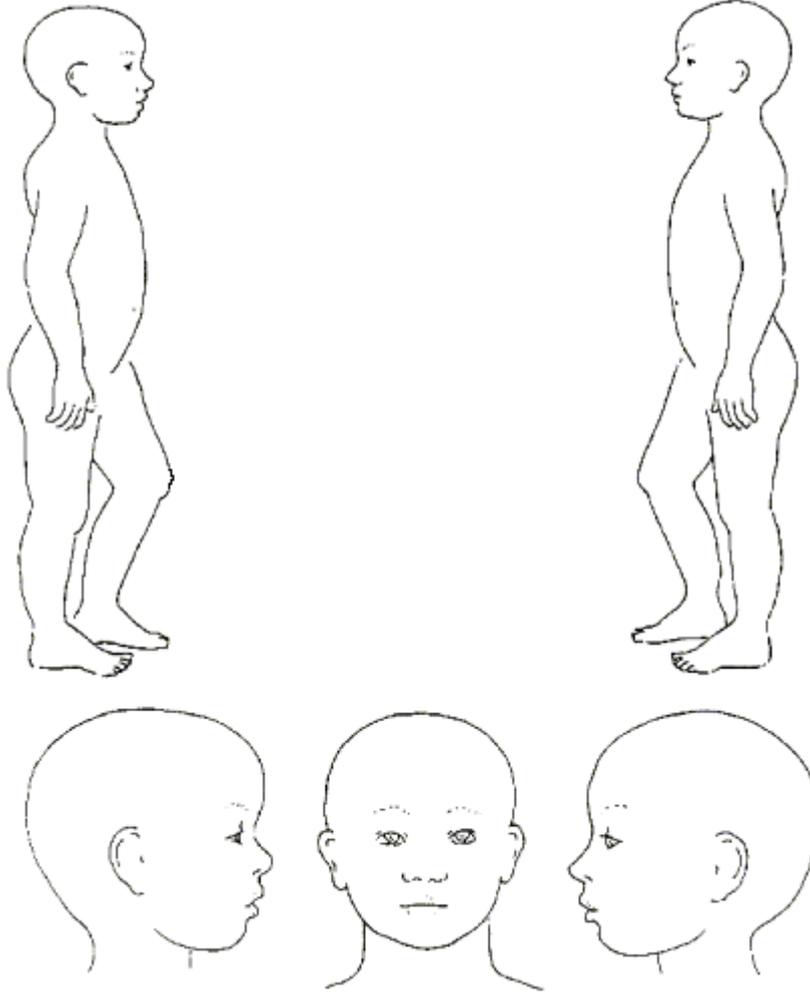
Signed (inc Position) _____
Date _____

Signed _____ Head Teacher
Date _____

Please ensure that this sheet is attached to Significant Incident/Restrictive physical intervention Report

Report of injuries to student or staff

Ref No ____/____/____



Please, mark with a cross the position of injuries / bruises.

Name of injured person _____

Details of any injuries as marked on Body Map

Body Map Completed By

Name

Signature

Date ____/____/____

Time

Ref No (from main report) ____/_____/____

Continuation Sheet for Incident Recording

Name of Student:

Name of Report Compiler:

Please indicate where you are continuing from (i.e. continued from antecedent)

APPENDIX 7 - Risk Assessment and Risk Management Planning

Whilst it may not be reasonable to expect all risks to be foreseeable, there is an expectation that schools will carry out an assessment to ascertain known and potential risks and to formulate a plan to minimise potential risks and manage known risks.

Leadership teams are advised to assess the frequency and severity of incidents requiring use of force that are likely to occur in their school. Historical patterns usually provide a good starting point. These assessments will help to inform decisions about staff training.

Schools may also need to make individual risk assessments where it is known that force is more likely to be necessary to restrain a particular pupil, such a pupil whose SEN and/or disability is associated with extreme behaviour. An individual risk assessment is also essential for pupils whose SEN and/or disabilities are associated with:

- a. communication impairments that make them less responsive to verbal communication;
- b. physical disabilities and/or sensory impairments;
- c. conditions that makes them fragile, such as haemophilia, brittle bone syndrome or epilepsy; or
- d. dependence on equipment such wheelchairs, breathing or feeding tubes.

It is important that schools ensure this plan is shared with, and understood by, all persons who may be affected by the identified risks and that the risk management plan is reviewed and amended regularly in accordance with changing circumstances, settings and environments in which the pupil may be working (e.g. educational visits, lunchtime arrangements, after school activities, work placements).

Risk management plans need to be directly linked to any Individual Education Plan or Pastoral Support Plan that might be in place, and should be reviewed and shared prior to the pupil transferring to the next school or setting as part of the transfer arrangements.

A model risk assessment form can be found at the end of this document.

Schools need to be mindful that assessments, records, plans and their implementation and review may be subject to public scrutiny under the Freedom of Information Act (2004), the Human Rights Act 1998 and the Disability Discrimination Act 1995 as amended by the SEN and Disability Act 2001.

(SCHOOL/SETTING NAME)

Risk Assessment & Risk Management Plan.

ASSESSMENT AND MANAGEMENT OF FORESEEABLE RISKS FOR PUPIL WHO PRESENTS CHALLENGING BEHAVIOURS



Name of pupil:

Class group:

Name of teacher:

IDENTIFICATION OF RISK	
Describe the foreseeable risk	
Is the risk potential or actual?	
List who is affected by the risk.	

ASSESSMENT OF RISK	
In which situations does the risk usually occur?	
Identifiable triggers	
How likely it is that the risk will arise?	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	
Describe past interventions that have proved unsuccessful.	

Assessment Completed by:	
Signature:	

RISK REDUCTION OPTIONS

Measures	Possible options	Benefits	Drawbacks
Proactive interventions to prevent risk			
Early interventions to manage risk			
Reactive interventions to respond to adverse outcomes			

**AGREED BEHAVIOUR MANAGEMENT PLAN
& SCHOOL RISK MANAGEMENT STRATEGY**

Focus of measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Agreed by:	Relationship to pupil:
	Date:

COMMUNICATION OF BEHAVIOUR MANAGEMENT PLAN & SCHOOL RISK MANAGEMENT STRATEGY

Plans and strategies shared with:	Communication method	Date actioned

STAFF TRAINING ISSUES

Identified training needs	Training provided to meet needs	Date training completed

**EVALUATION OF BEHAVIOUR MANAGEMENT PLAN
& SCHOOL RISK MANAGEMENT STRATEGY**

Measures set out	Effectiveness in supporting the pupil	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

ACTIONS FOR THE FUTURE

Plans and strategies evaluated by:	Relationship to pupil:
	Date:

APPENDIX 8 - Useful references, sources and contacts.

“Use of Force to Control or Restrain Pupils” –
http://www.teachernet.gov.uk/_doc/12187/ACFD89B.pdf

Education and Inspections Act 2006
http://www.opsi.gov.uk/Acts/acts2006/ukpga_20060040_en_1

Guidance for Restrictive Restrictive physical interventions
http://www.teachernet.gov.uk/_doc/6059/PI_Guidance.pdf
British Institute for Learning Disabilities (Non Governmental Organisation with devolved responsibility to accredit organisations that deliver training in Restrictive Restrictive physical interventions.
<http://www.bild.org.uk/>

CALM TS Ltd
<http://www.calmtraining.co.uk/>
CALM Training Services Ltd
Elmbank Mill, The Charrier
Menstrie, Clackmannanshire
Scotland
FK11 7BU
Tel: 01259 763681
Fax: 01259 763699
Email: info@calmtraining.co.uk

Team Teach -
<http://www.team-teach.co.uk/>
TEAM-TEACH LTD
Tudbridge Gate
Twyford
Horsted Keynes
West Sussex RH17 7DH

Tel: / Fax: 01825 740 778
Mobile: 0772 01 06 522

Email: info@team-teach.co.uk

Health and Safety Executive - <http://www.hse.gov.uk/>