



Our Cluster Policy and Guidance for Restrictive Practices including Physical Restraint / Physical Interventions



Restrictive Practices- Agreed to by the Pencoedtre Learning Community

This policy and guidance have been created in line with guidance from the LA and agreed by our cluster of schools and governing bodies.

The policy:

The guidance created by the vale has supported us to address the following issues in our policy surrounding restrictive practices in our schools.

- what they are
 - when they are lawful and unlawful
 - why we need to seek to reduce the use of them overall and for individuals
 - when they may be necessary
- How such responses to learner behaviour should be recorded and why

Therefore, the aim of the policy is to provide clear guidance that enables approaches to be consistent across our schools and for our staff working with children. It enables coherent systems and processes to be used and for professional judgements to be made for responding appropriately to specific incidents of behaviours that may have a negative, harmful, or disruptive impact. We have agreed on the policy and what it looks like in practice across our schools.

Background:

Our cluster of schools include: Cadoxton PS, Jenner Park PS, Oak field PS, Holton PS, Colcot PS and feed Pencoedtre High School. We are all in an area of considerable socio, economic deprivation and are committed to meeting the needs of our community.

Introduction:

In Wales, our staff have a power to use 'reasonable force' to prevent a child from: – committing any offence – causing personal injury to, or damage to the property of, any person (including themselves), or – prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school.

We balance this right with the rights of the learner under the ECHR, and in line with WG's commitment to reducing the use of all restrictive practices where it is safe to do so.

- Staff may also use reasonable force when exercising the statutory power to search pupils for weapons, without their consent, where they have reasonable grounds for suspicion.
- Staff may also segregate a child in an area away from other children if they are disruptive. This approach can be used as a planned disciplinary penalty. Schools have discretion about how long to segregate a child and in what circumstances, leading to a variety of practices.



- Recording all such instances will enable schools to maintain a clear record of how much inclusive learning time the learner has missed and why. This will enable schools and the LA to meet learner need more effectively and ensure suitable full time inclusive education.
- Learners will not be isolated or secluded from all other learners or staff, against their will except in extreme or urgent situations.

Our Aims

The aim of this policy document is to:

- **ensure that a duty of care is being exercised to all children and young people.**
- **develop a consistent approach to managing physical intervention and all restrictive practices in our cluster of schools**
- **ensure that all staff working with children are aware of their responsibilities in relation to physical intervention and restrictive practices including identified training requirements.**
- **provide a framework for the cluster with the use of physical intervention and the use of and reduction of all restrictive practices in a safe manner.**
- **ensure that incidents of physical intervention under codes 1-4 are recorded by all our schools and that these are reported to the Directorate of Learning and Skills within 24 hours. In triplicate by email to H&S, Safeguarding and Inclusion Manager.**
- **Ensure that all restrictive practices both 1-4 and 5-10 are recorded on SIMS or an equivalent so enabling school analysis of these, and to be shared termly to the LA to enable it to do so and thus establish any areas of concern and enable reduction of RP use overall.**
- **Provide effective training programmes for all staff in behaviour management, restorative practices and de-escalation strategies and the use of physical intervention and the Inclusion team restrictive practice training when needed.**

We will do this by providing regular and up to date training in the escalation of concerning behaviours. When we as individual schools feel that physical interventions are in use with specific children regularly and are planned for then the vale team teach model supports this. In all other cases physical restraint is being made as an immediate response to an unsafe situation. These occurrences are monitored and recorded using the correct forms and protocols and actions put in place to prevent this from happening again.

When incidents of restraint and restrictive practice do happen we review them by use of Risk Assessments and Positive Handling Plans (personal to the school) but also via the ALN route of considering how the learners needs are being met and using a graduated response to this. This may include referral to LA teams, multi-agency intervention, medical referrals etc. and, where needed, escalating any concerns via the ALN route and or the social and emotional and mental health Panel (SEMHP) referral route.

Restrictive practices are a broad range of measures that may occur in schools



We define physical intervention as follows:

Physical intervention is when a member of staff uses force intentionally to restrict a child's movement against his or her will. This can be active holds, passive guides, mechanical or chemical intervention.

All staff within this setting aim to help children take responsibility for their own behaviour and where possible to avoid such interventions. We do this through a combination of approaches, which include:

- positive role modelling
- teaching an interesting and challenging curriculum through differentiated activities.
- setting and enforcing appropriate boundaries and expectations
- providing supportive feedback.
- providing appropriate coping strategies for managing behaviour.
- Using bespoke pastoral support plans, single page profiles, Positive handling plans and use of wellbeing data and TIS and ACE aware approaches etc to ensure learner voice and a full understanding of the learners needs.
- A graduated response to learner needs via ALN and SEMH continuum routes; seeking out external support and guidance where needed.

More details about this and our general approach to promoting positive behaviour can be found in our Relationship and behaviour policy documents which are individual to our schools at this time. There are many times when children's behaviour presents certain challenges that may require physical intervention. This policy sets out our expectations for the use of such intervention. It is not intended to refer to the general use of physical contact which might be appropriate in a range of situations, such as:

- giving physical guidance to children (for example in practical activities and P.E.) providing emotional support when a child is distressed
- providing physical care (such as first aid or toileting).

This policy is consistent with our Safeguarding/Child Protection and Strategic Equality Plans, and with national and local guidance for schools on safeguarding children. We exercise appropriate care when using physical contact (there is further guidance in our Child Protection policy); there are some children for whom physical contact would be inappropriate (such as those with a history of physical or sexual abuse, or those from certain cultural/religious groups). We pay careful attention to issues of gender and privacy, and to any specific requirements of certain cultural/religious groups.

In the context of positive approaches



We only use physical intervention when the risks involved in using force are outweighed by the risks involved in not using force. It is not our preferred way of managing children's behaviour. Physical intervention may be used only in the context of a well-established and well-implemented positive behaviour management framework with the exception of emergency situations. We describe our approach to promoting positive behaviour in our Behaviour Policy. **We aim to do all we can in order to avoid using physical intervention.** We would only use physical intervention where we judge that there is no reasonably practicable less intrusive alternative. However, there may be rare situations of such concern where we judge that we would need to use physical intervention immediately. We would use physical intervention at the same time as using other approaches, such as saying, "Stop!" and giving a warning of what might happen next. Safety is always of paramount concern and staff are not advised to use physical intervention if it is likely to put themselves at risk. We will make parents/guardians aware of our Physical Intervention policy alongside other policies when their child/young person joins our school.

All schools in our cluster are committed to Restorative Practices with a Trauma Informed philosophy and approach (TIS). We all have person centred planning (PCPs) and are Adverse Childhood Experience aware (ACE) This means in summary that our approach supports behaviour as a form of communication under a social and emotional and mental health continuum. We are committed to a Whole School Approach to Mental health and well-being.

Duty of care

We all have a duty of care towards the children and young people in our setting. This duty of care applies as much to what we *don't* do as what we *do*. When children or young people are in danger of hurting themselves or others, or of causing significant damage to property, we have a responsibility to intervene. In most cases, this involves an attempt to divert the child to another activity or a simple instruction to "Stop!" along with a warning of what might happen next. However, if we judge that it is necessary, we may use physical intervention.

Safeguarding and school review of incidents and data

Our Designated Safeguarding Person (DSP) within each of our schools will work with the Headteacher and line managers, and the Designated Safeguarding Governor (DSG) to monitor, analyse and take appropriate action in response to the use of physical intervention and restrictive practices overall. We will also meet as a cluster of schools to analyse incidents and review policy and practice.

Such analysis will also happen with schools ALNco to consider equality issues including age, gender, disability, culture and religion in order to make sure that there is no potential discrimination; the analysis should also have regard to potential child protection issues. There may also be issues of ALN provision and review and the quality of teaching and learning and staff support and wellbeing that Heads and governors need to consider, and which arise from both individual incidents and overall data trends.

Analysis as a cluster will also consider trends in the relative use of physical intervention across different staff members (including those who are formally authorised/not authorised; and trained/not trained) and across different times of day or settings. This analysis is reported to the Governing Body so that appropriate further action can be taken and monitored.



Reasonable force

When we need to use physical intervention, we use it within the principle of reasonable force. This means using an amount of force in proportion to the circumstances. We use as little force as is necessary in order to maintain safety, and we use this for as short a period as possible.

When can physical intervention be used?

Only after de-escalation strategies have been used or as an emergency response to a given situation.

The use of physical intervention may be justified where a child is:

- Committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older child)
- Causing personal injury to, or damage to the property of, any person (including the child himself); or others
- Prejudicing the maintenance of good order and discipline at the school or among any children receiving education at the school, whether during a teaching session or otherwise.
- Where the personal safety of children is compromised.

Physical intervention may also be appropriate where, although none of the above has yet happened, they are judged as highly likely to be about to happen. We are very cautious about using physical intervention where there are no immediate concerns about possible injury or exceptional damage to property. **Physical intervention would only be used in exceptional circumstances.** It should be done by staff that know the student well and who are able to make informed judgements about the relative risks of using, or not using, physical intervention; for example, stopping a younger child leaving the school site.

The main aim of physical intervention is usually to maintain or restore safety. We acknowledge that there may be times when physical intervention may be justified as a reasonable and proportional response to prevent damage to property or to maintain good order and discipline at the school. **However, we would be particularly careful to consider all other options available before using physical intervention to achieve either of these goals.**

In all cases, we remember that, even if the aim is to re-establish good order, physical intervention may actually escalate the difficulty. If we judge that physical intervention would make the situation worse, we would not use it, but would do something else (like go to seek help, make the area safe or warn about what might happen next and issue an instruction to stop) consistent with our duty of care.

Our duty of care means that we might use a physical intervention if a child is trying to leave our site and we judged that they would be at unacceptable risk. This duty of care also extends beyond our site boundaries: there may also be situations where we need to use physical intervention when we have control or charge of child off site (e.g. on trips).



We never use physical intervention out of anger or as a punishment.

Who can use physical intervention?

If the use of physical intervention is appropriate, and is part of a positive behaviour management framework, a member of staff who knows the child well should be involved, and where possible, Team Teach accredited trained in the use of physical intervention. However, in an emergency, any of the following may be able to use reasonable force:

- any teacher who works at the school,
- any other person whom the head/ line manager, teacher has authorised to have control or charge of pupils
- support staff whose job normally includes supervising children such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors.
- people to whom the head/ line manager teacher 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 school organised visits) but not prefects.

What type of physical intervention can and cannot be used?

Any use of physical intervention should be consistent with the principle of reasonable force. We follow the LA guidelines for staff on how to use physical intervention in an emergency. Where a risk assessment indicates that an individual student's behaviour is likely to need physical management, we ensure that identified staff have received appropriate training. We also seek support of the engagement service and inclusion team to prevent restraint from happening in the future. We only use Team Teach training when necessary and for individual cases require this layer of support.

Our policy is consistent with our relationship/behaviour policy which at present is unique to each school.

Examples of the use of physical intervention;

- to prevent children causing harm to themselves or others
- to prevent damage being caused to building or property

Reducing the likelihood of situations arising where use of force may be required



Although preventative measures will not always work, there are a number of steps that are taken to reduce the likelihood of situations arising where the power to use force may need to be exercised:

- creating a calm, orderly and supportive school/setting climate that minimises the risk and threat of violence of any kind;
- developing effective relationships between pupils and staff that are central to good order; use of rights respecting approaches, learner voice , restorative dialogue, distinguish learner behaviour from the learner etc.
- adopting a whole-school/setting approach to developing social and emotional skills e.g. the Selfie on-line system and The Social and Emotional Aspects of Learning (SEAL) scheme of work; TIS and TIS motional
- taking a structured approach to staff development that helps staff to develop the skills of positive behaviour management; managing conflict and also to support each other during and after an incident. Use of strategic capitulation and the use of Positive handling plans and bespoke plans that anticipate and seek to prevent known triggers etc and use a range of information from other professionals working with the learner and from home and the learner as well as school input.
- effectively managing individual incidents. It is important to communicate calmly with the pupil, using non-threatening verbal and non-verbal language and ensuring the pupil can see a way out of a situation. Strategies might include, for example, going with the staff member to a quiet area, away from bystanders or other pupils, so that the staff member can listen to concerns; or being joined by a particular member of staff well known to the pupil; and
- wherever practicable, warning a pupil that force may have to be used before using it.

Situations where staff should not normally intervene without help

An authorised member of staff should not intervene in an incident without help, unless it is an emergency. Schools should have communication systems that enable a member of staff to summon rapid assistance when necessary. Help may be needed in dealing with a situation involving an older or physically stronger pupil, a large pupil, more than one pupil or if the authorised member of staff believes he or she may be at risk of injury. In these circumstances he or she should take steps to remove other pupils who might be at risk and summon assistance from other authorised staff, or where necessary phone the police.

Children with Additional Learning Needs (ALN) and/or disabilities

When considering any restrictive practice ALN and/or disabilities needs are always taken into account and the guidance from the ALN act support this.

- ALN Coordinator or other named member of staff help ensure that appropriate account is taken of the needs of individual pupils with ALN and/or disabilities.
- Graduated response plans, PSP and other behaviour management plans for individual children support the prevention of restrictive practices. Parents/guardians and children are involved in these processes.



- Advice on risk assessments is provided in Inclusion and H&S training and this document along with VOG standard risk assessment (RA) and Positive Handling plan (PHP).
- External agencies support the prevention and help evaluate the risks. These include educational psychologist, CPS, SNAP, Families First and the engagement service.
- Behaviour management plans set out the techniques that should be used and those that should not normally be used. For children maintained on a statement of SEN or LA IDP any planned potential use of physical intervention should be compatible with a pupil's statement/ LA IDP and properly documented in school records.
- As far as practically possible, all staff – including agency or supply staff, who come into contact with vulnerable children aware of the relevant characteristics such as;
 - situations that may provoke difficult behaviour, preventative strategies and what de-escalation techniques are most likely to work;
 - what is most likely to trigger a violent reaction, including relevant information relating to any previous incident requiring use of physical intervention; and
 - if physical intervention is likely to be needed, any specific strategies and techniques that have been agreed by staff, parents and the pupil concerned.
- Information is gained from parents and used with sensitivity and to support plans. The importance of providing such information will be a factor in future decisions.
- Designated staff to be called if incidents related to particular children occur. This does not necessarily mean waiting for them to arrive before taking action if the need for action is urgent. However, they should always be involved in post-incident follow-up. Where physical intervention is required staff should always try to work in pairs or with support from SLT.
- Teach children who are at risk how to communicate in times of crisis and strategies to use in a crisis (such as using personal communication passports and non-verbal signals to indicate the need to use a designated quiet area or cool-off base) and ensure staff are familiar with these strategies.

Deciding if the use of force would be appropriate

The judgment on whether to use force and what force to use should always depend on the circumstances of each case and - crucially in the case of children with ALN and/or disabilities - information about the individual concerned.

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 should make the clearest possible judgments about:

- 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;
- 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



- the relative risks associated with physical intervention compared with using other strategies. The smaller the risks associated with physical intervention compared with other strategies, the more likely it is that using force may be justified.
- The incidents should always be analysed with ALNco/line manager following the restrictive practice.

Risk assessments

Our school's leadership teams assess the frequency and severity of incidents requiring use of force that are likely to occur in our schools. Historical patterns usually provide a good starting point. These assessments will help to inform decisions about staff training. Any planned responses to challenging behaviour should be informed by a completed risk assessment. Risk assessments of challenging behaviour should indicate if specific training in relation to de-escalating behaviour and /or the use of reasonable force to control or restrain children is necessary. Parental consent is always given in support of any risk assessment.

Schools/settings should also 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 ALN and/or disability is associated with extreme behaviour. An individual risk assessment is also essential for pupils whose ALN and/or disabilities are associated with:

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

Planning around an individual and risk assessment

In an emergency, our staff do their best, using reasonable force within their duty of care. Where an individual child has an individual positive behaviour management plan, which includes the use of physical intervention, we ensure that staff receive appropriate training and support in behaviour management as well as physical intervention. We consider staff and children's physical and emotional health when we make these plans and consult with the child's parents/guardians. In most situations, our use of physical intervention is in the context of a prior risk assessment that considers:

- What the risks are
- Who is at risk and how
- What we can do to manage the risk (this may include the possible use of physical intervention)

We use this risk assessment to inform the individual behaviour plan that we develop to support the child. If this behaviour plan includes physical intervention, it will be as just one part of a whole approach to supporting the child's behaviour. The behaviour plan outlines:

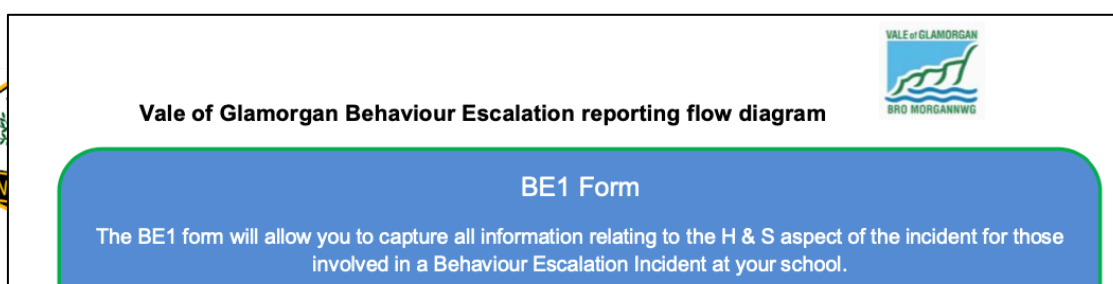
- Our understanding of what the child is trying to achieve or communicate through his/her behaviour



- How we adapt our environment to better meet the child's needs
- How we teach and encourage the child to use new, more appropriate behaviours
- How we reward the child when he or she makes progress
- How we respond when the child's behaviour is challenging (responsive strategies).
- We pay particular attention to responsive strategies. We use a range of approaches (including humour, distraction, relocation, and offering choices) as direct alternatives to using physical intervention.
- We choose these responsive strategies in the light of our risk assessment.
- We draw from as many different viewpoints as possible when we anticipate that an individual child's behaviour may require some form of physical intervention. In particular, we include the child's perspective. We also involve the child's parents (or those with parental responsibility), staff from our school/setting who work with the child, and any visiting support staff (such as Educational Psychologists, Behaviour Improvement Team workers, Speech and Language Therapists, Social Workers and colleagues from the Child and Adolescent Mental Health Services).
- We record the outcome from these planning meetings and seek parental signature to confirm their knowledge of our planned approach. We review these plans at least once every half term, or more frequently if there are any concerns about the nature or frequency of the use of physical intervention or where there are any major changes to the child's circumstances.
- We recognise that there may be some children within our school who find physical contact in general particularly unwelcome as a consequence of their culture/religious group or disability. There may be others for whom such contact is troubling as a result of their personal history, in particular of abuse. We have systems to alert staff discretely to such issues so that we can plan accordingly to meet individual children's needs.

Recording and Reporting Incidents

The following flow chart supports the process of effectively reporting and recording restrictive practices in each of our schools.



We record any use of physical intervention on to My Concern by the adult/s involved. We then follow the LA system for reporting and monitoring as soon as possible and always within 24 hours of the incident. A copy of the incident form is sent to the Inclusion Service, H&S and Safeguarding in education lead officer within 24 hours of the incident to allow for the analysis of the use of physical intervention by the LA. According to the nature of the incident, we may also note it in other records, e.g. SIMS, the accident book, violent incident records or child tracking sheets which are also kept in head/ line manager, teacher's/ school office and shared with the appropriate department, e.g. Health and Safety where appropriate. Further, our governing body/ Management Committee ensures that procedures are in place for recording significant incidents



and then reporting these incidents as soon as possible to the child's parents. After using physical intervention, we ensure that the head/ line manager is informed as soon as possible.

Parents are informed if the use of physical intervention of types 1-4 has been used on their child as soon as possible after the event. Wherever possible, it is best to telephone parents as soon as possible after the incident before confirming details in writing. It is also good practice for parents to be given a copy of the school's policy on the use of force and information on post-incident support. Social workers and corporate parent should also be informed. Parents will be told when and where the incident took place, which members of staff were directly involved (anonymised where necessary), why they decided that force had to be used, what force was used, whether there were any injuries and what follow-up action was needed.

Since September 2022 we record these incidents on SIMS software system. We also log formal exclusions in order to facilitate the recommendations of the EHRC that all restrictive practices are recorded with the same vigour as formal exclusions. A letter is sent home that includes a brief description of the reasons why the child has been excluded and includes what will happen next. Any exclusion recorded on SIMS with the correct coding.

As a cluster of schools, we do not use **isolation** or **enforced time out** as a form of **punishment** only as prevention of harm or safety. We do however have safe spaces for children to go to calm down and have an emotionally available adult then focuses on restoring what has happened and making a plan for the next steps.

We maintain records of all forms of restrictive practices including the segregation and isolation of learners against their wishes, not just times when passive or active physical restraint is used. The range of restrictive practices used in schools are broken down into 10 categories as below.

We monitor the use of all restrictive practices as part of the overall progress of a learner and to look at data analysis of these interventions in terms of their statutory equality duties.

All restrictive practices should be logged, and SIMS enables schools to do so for all categories 1-10. The LA seeks this data on a termly basis for review.

CODE	DESCRIPTION
1. PHYS 1	Active physical restraint: physical restraint preventing movement e.g. team teach holds and wraps
2. PHYS 2	Physical restraint passive physical restraint e.g., guided holds
3. CHEM	Chemical restraint: e.g. medication
4. MECH	Mechanical restraint : e.g. straps or clothing or switching off wheelchairs
5. ENV 1	Environmental restriction: stopping learners going to places
6. ENV 2	Environmental restriction : items removed/confiscated
7. SECLUDE	Seclusion or enforced isolation in a room or teachers office away from peers and other learners - NB should not be pre planned nor routine use of this intervention, as this may constitute unlawful imprisonment.
8. SEG 1	Segregation; time out of class with only staff



9. SEG 2	Segregation; time in another class
10. SEG 3	Segregation; time in internal detention / exclusion room with other learners

Detailed and Rigorous Processes:

Where there is an allegation of assault or abusive behaviour, we ensure that the head/line manager is immediately informed. We also follow our child protection procedures. In the absence of the head teacher/line manager, in relation to physical intervention, we ensure that the deputy head/deputy line manager is informed.

If the concern, complaint or allegation concerns the head/ line manager teacher, we ensure that the Chair of Governors/ Chair of management committee is informed. If parents/carers are not satisfied with the way the complaint has been handled, they have the right to take the matter further as set out in our complaint’s procedure. The results and procedures used in dealing with complaints are monitored by the governing body.

A copy of the recording sheet is sent immediately to the Learning and Skills Directorate. The head/line manager should also be informed of any physical intervention. The records should be kept in a locked cabinet in the head/line manager’s office and all staff should have access to it. For Children with Safeguarding Files, a copy of the incident sheet should be kept in the Safeguarding File or on data files in My Concern or equivalent.

RP type 1-4 will merit My Concern recording in addition to SIMS or schools’ alternative mechanism for recording. RP types 5-10 whilst being logged on SIMS will not automatically have a safeguarding component and thus would not be recordable on My concern in the same way as a formal fixed term exclusion would of itself be a SIMS entry for behaviour but not a My Concern entry. Each of our schools has a designated governor for monitoring restrictive practices and it is their role to monitor any incidents where force has been used.

The member of staff involved in an incident is usually best placed to compile the record. Staff annual training includes good practice on completing incident records. Differing accounts given of the same incident should all be recorded.

All injuries will be recorded, and we take action to report relevant injuries to staff or children to the Health and Safety Executive's Incident Contact Centre www.hse.gov.uk/riddor/index.htm.

H&S will advise of the necessary actions and use of INC1 and AC1 forms as appropriate. These forms are on SIMS. Members of staff who have been assaulted may wish to consider reporting that to the police.

Supporting and reviewing

We recognise that it is distressing to be involved in a physical intervention, either as the child being held, the person doing the holding, or someone observing or hearing about what has happened. After a physical intervention, we give support to the child so that they can understand why it was necessary. Where we can, we record how the child felt about this. Where it is appropriate, we have the same sort of conversations with other children who observed what



happened. In all cases, we will wait until the child has calmed down enough to be able to talk productively and learn from this conversation. If necessary, the child will be asked whether he or she has been injured so that appropriate first aid can be given. This also gives the child an opportunity to say whether anything inappropriate has happened in connection with the incident.

We also support adults who were involved, either actively or as observers, by giving them the chance to talk through what has happened with the most appropriate person from the staff team. A key aim of our after-incident support is to repair any potential strain to the relationship between the child and the people that were involved in the physical intervention.

After a physical intervention, we consider whether the individual behaviour plan needs to be reviewed so that we can reduce the risk of needing to use physical intervention again.

Monitoring

We monitor the use of physical intervention in our schools are responsible for reviewing the records on a termly basis, and more often if the need arises, so that appropriate action can be taken. The information is also used by the governing body when this policy and related policies are reviewed.

Our analysis considers equalities issues such as age, gender, disability, culture and religion issues in order to make sure that there is no potential discrimination; we also consider potential child protection issues. We look for any trends in the relative use of restrictive physical intervention and restrictive practices overall, across different staff members and across different times of day or settings. Our aims are to protect children, to avoid discrimination and to develop our ability to meet the needs of children without using physical intervention. We report this analysis back to the governing body so that appropriate further action can be taken and monitored.

Concerns and complaints

The use of physical intervention is distressing to all involved and can lead to concerns, allegations or complaints of inappropriate or excessive use. In particular, a child might complain about the use of physical intervention in the heat of the moment but on further reflection might better understand why it happened. In other situations, further reflection might lead the child to feel strongly that the use of physical intervention was inappropriate. This is why we are careful to ensure all children have a chance to review the incident after they have calmed down.

If a child or parent has a concern about the way physical intervention has been used, our school's complaints procedure explains how to take the matter further and how long we will take to respond to these concerns.

Reviewing this policy

We _____(school name) agree to the Cluster policy and have adopted this policy on _____. (date)



It is next due for review by November 2023.
(We will meet as a cluster of schools annually to update).



APPENDIX: Docs Positive Handling Plan

Name of pupil:		Plan number:	
Positives: <i>What is the pupil good at and what do they like doing?</i>	Triggers: <i>What situations have led to problems in the past?</i>	Successful approaches: <i>What proactive interventions have been effective in preventing the pupil's anxiety rising?</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe any modifications to the environment or pupil routines that can be implemented to prevent anxieties rising?			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			



De-escalation. Describe any strategies that have worked in the past or should be avoided:			
Strategy	Description of impact	Try	Avoid
Verbal advice and support		<input type="checkbox"/>	<input type="checkbox"/>
Firm clear directions		<input type="checkbox"/>	<input type="checkbox"/>
Negotiation		<input type="checkbox"/>	<input type="checkbox"/>
Limited choices		<input type="checkbox"/>	<input type="checkbox"/>
Distraction		<input type="checkbox"/>	<input type="checkbox"/>
Diversion		<input type="checkbox"/>	<input type="checkbox"/>
Reassurance		<input type="checkbox"/>	<input type="checkbox"/>
Planned ignoring		<input type="checkbox"/>	<input type="checkbox"/>
Reassuring touch		<input type="checkbox"/>	<input type="checkbox"/>
Talk calmly		<input type="checkbox"/>	<input type="checkbox"/>
Time out		<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal offered		<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal directed		<input type="checkbox"/>	<input type="checkbox"/>
Change of adult involved		<input type="checkbox"/>	<input type="checkbox"/>
Reminders of consequences		<input type="checkbox"/>	<input type="checkbox"/>
Humour		<input type="checkbox"/>	<input type="checkbox"/>
Success reminders		<input type="checkbox"/>	<input type="checkbox"/>
Others		<input type="checkbox"/>	<input type="checkbox"/>



From your risk assessment, what is the likelihood of a child harming himself / herself, another child or adult in the event of an incident? Is it:

Probability	Himself / Herself	Another child	Adult
Improbable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate whether this behaviour is likely to be directed towards a pupil or member of staff:

Type of incident	Towards other pupils	Towards member of staff
Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>
Severe disruption of lesson	<input type="checkbox"/>	<input type="checkbox"/>
Slapping	<input type="checkbox"/>	<input type="checkbox"/>
Pinching	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>
Punching	<input type="checkbox"/>	<input type="checkbox"/>
Spitting	<input type="checkbox"/>	<input type="checkbox"/>
Hair grabbing	<input type="checkbox"/>	<input type="checkbox"/>
Neck grabbing	<input type="checkbox"/>	<input type="checkbox"/>
Clothing grabbing	<input type="checkbox"/>	<input type="checkbox"/>
Arm grabbing	<input type="checkbox"/>	<input type="checkbox"/>
Body holds	<input type="checkbox"/>	<input type="checkbox"/>
Weapons / missiles being thrown	<input type="checkbox"/>	<input type="checkbox"/>



Preferred strategy for dealing with above incidents. Key:

- 1-De-escalation (some strategies outlined on previous sheet)
- 2-Summoning assistance
- 3-Summoning external assistance (police)
- 4- Double elbow (2 person)
- 5-Single elbow (2 person)
- 6-Single elbow (2 person) – to seating
- 7-Figure of four (2 person)
- 8-Wrap
- 9-Wrap to seating
- 10-Wrap to floor

Type of incident	Best Strategy when dealing with this type of incident									
	1	2	3	4	5	6	7	8	9	10
Verbal abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe disruption of lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying / using smoking materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying / using mobile phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pinching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neck grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arm grabbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body holds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons / missiles being thrown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other strategies to be deployed										



Notification:						
	Parent/ Carer	Social Worker	B.I.T.	GP/ CAMHS	Child Protection Officer	Other
Name:						
Date:						
Name of Person completing this plan:						



Restrictive practices: Interventions



(1-4 Physical / Mechanical and Chemical)

Name of young person		School	
Date of birth		NCY	
Location of incident		Date of incident	
Full name and roles of any adults involved			
Start time of incident		Duration of restraint in minutes	
Details of any injury sustained by the young person			
Details of any injury sustained by adults			
Was a medical check carried out?		No <input type="checkbox"/>	Yes – on the child <input type="checkbox"/>
		Yes – on adults <input type="checkbox"/>	
Has the incident been reviewed with the young person?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Nature of behaviour which led to restraint		Type of restraint used - this form for 1- 4 SIMS codes. For types 5-10 use school reporting on SIMS or other method and submit termly reporting to LA.	
Injury to person <input type="checkbox"/>		PHYSICAL 1 Active physical restraint physical restraint preventing movement e.g. TeamTeach holds and wraps	<input type="checkbox"/>
Damage to property <input type="checkbox"/>		PHYSICAL 2 Physical restraint passive physical restraint e.g. guided holds	<input type="checkbox"/>
Criminal Offence <input type="checkbox"/>		CHEMICAL 3 Chemical restraint	<input type="checkbox"/>
Serious Disruption <input type="checkbox"/>		MECHANICAL 4 Mechanical restraint straps or clothing or switching-off of wheelchairs	<input type="checkbox"/>
Absconding <input type="checkbox"/>		Incident / Accident Book	<input type="checkbox"/>
Supporting records completed		SIMS record	<input type="checkbox"/>
		Reported to H&S department as injury or concern arising from behaviour escalation	<input type="checkbox"/>



	Medical Report	<input type="checkbox"/>
	RIDDOR*	<input type="checkbox"/>
	Formal Statement	<input type="checkbox"/>
External Agencies Informed	Environmental triggers Describe what was happening prior to the incident	
Medical staff <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Social worker <input type="checkbox"/> Placing authority <input type="checkbox"/> Police <input type="checkbox"/>		
Level of 'Potential Risk'	HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>
	LOW <input type="checkbox"/>	
Select the nature of the risk	Verbal Abuse <input type="checkbox"/> Slap <input type="checkbox"/> Punch <input type="checkbox"/> Bite <input type="checkbox"/> Pinch <input type="checkbox"/> Spit <input type="checkbox"/> Kick <input type="checkbox"/> Hair grab <input type="checkbox"/> Neck grab <input type="checkbox"/> Body hold <input type="checkbox"/> Arm grab <input type="checkbox"/> Weapon <input type="checkbox"/> Throwing objects <input type="checkbox"/> Other <input type="checkbox"/>	
Who was at risk?		
Describe the risk		
Describe the incident		
Diversions, distractions and de-escalations attempted (please tick)		
Distraction	<input type="checkbox"/>	Verbal advice and support <input type="checkbox"/>
Diversion	<input type="checkbox"/>	Firm clear directions <input type="checkbox"/>
Reassurance	<input type="checkbox"/>	Negotiation <input type="checkbox"/>
Planned ignoring	<input type="checkbox"/>	Limited choices <input type="checkbox"/>
Withdrawal directed	<input type="checkbox"/>	Reassuring touch <input type="checkbox"/>
Change of adult involved	<input type="checkbox"/>	Talking calmly <input type="checkbox"/>
Reminders of consequences	<input type="checkbox"/>	Time out <input type="checkbox"/>
Humour	<input type="checkbox"/>	Success reminders <input type="checkbox"/>
Strategic capitulation	<input type="checkbox"/>	Other – please detail below <input type="checkbox"/>

Where to send this form:



The following forms should be completed and returned by email in triplicate to:



1. Health and safety corporate, heathsafetycorporate@valeofglamorgan.gov.uk
2. Safeguarding in Education jdredrup@valeofglamorgan.gov.uk
3. Inclusion Team Manager kmcdermott@valeofglamorgan.gov.uk

When Physical Intervention / Restraint has occurred

Reminder to staff of DOs and DON'Ts

DO

- Know the procedures within the schools/ settings guidelines for the use of physical intervention.
- Discuss the procedures with a senior member of staff if you are unsure of any point.
- Send for adult help early if things begin to get out of hand and physical intervention seems likely.
- Assess the situation calmly before acting.
- Use minimum restraint for minimum time.
- Report the incident to the Head / Line Manager, teacher or senior member of staff as soon as possible and complete a report.
- Review the incident afterwards and look at RA and PHP measures.

DO NOT

- Place yourself at risk by attempting to intervene physically with a child or young person who is obviously carrying a weapon.
- Attempt to restrain a child or young person when you have lost your temper.
- Use excessive force.
- Place yourself at risk of false allegation, i.e. avoid being alone with a child or young person if possible.



Protocol - Logging Restrictive Practices

The HT needs to be aware of the possible cumulative or one-off impact on employees.

The HT should consider any duty of care aspects as an employer of any interventions and any exposure to risk as part of workplace conditions experienced by Teachers / Staff / Volunteers. This may need to maintain recording of this in addition to any learner interventions and HT should link to H&S and HR in this regard.

CODE ON SIMS	DEFINITION	REPORT ON SIMS	REPORT TO LA	REPORT TERMPLY TO LA	FOLLOW UP ACTIONS BY SCHOOL
1 PHYS 1	Active physical restraint such as TeamTeach holds.	<input type="checkbox"/> Record on SIMS giving sufficient detail to be useful <input type="checkbox"/> Record additional information to enable school's monitoring of RPs by protected characteristics.	<input type="checkbox"/> Report by email in triplicate ASAP after the incident and within 24 hours to: H &S, Inclusion & safeguarding <input type="checkbox"/> Complete BE1 and Intervention Form as appropriate <input type="checkbox"/> Record on SIMS <input type="checkbox"/> Record on My Concern if applicable. <input type="checkbox"/> Record Follow Up Actions such as RA (risk assessment) and PHPs	<input type="checkbox"/> Report termly to LA using SIMS spreadsheet. <input type="checkbox"/> The report can be run from SIMS and sent to LA in this format. If you do not use SIMS you will need to correlate to the codes used by SIMS for interventions 1-10	<ol style="list-style-type: none"> 1. Leaner may need a Risk Assessment or revision to their existing Risk Assessment and Positive Handling Plan. 2. All involved professionals such as Social Worker and parent / carer should be part of RA writing this process. 3. Incident should be reviewed to prevent or mitigate against repetition. 4. May also need My Concern entry and safeguarding approach.
2 PHYS 2	Passive restraint (e.g. guided holds).				
3 CHEM	Use of medication to restrain.				
4 MECH	Wheelchair switch off, straps etc.				
5 ENV1	Prevented from going somewhere.	<input type="checkbox"/> Record on SIMS	<input type="checkbox"/> Immediate LA reporting not required but needs to be recorded on SIMS and which will then show in termly report to LA	<input type="checkbox"/> Report termly to LA using SIMS spreadsheet. <input type="checkbox"/> The report can be run from SIMS and sent to LA in this format.	<ol style="list-style-type: none"> 1. School based consideration of Risk Assessment and any bespoke pastoral or behaviour support planning. 2. Consider if this necessitates any changes to the Behaviour Policy and consider all SEMPH needs. 3. Review incident to seek to prevent repetition or escalation. 4. Involve LA as needed. 5. Ensure strategic overview of data to consider equality duty is being met and along with the commitment to reduce all restrictive practices. 6. NB: SIMS 7 Seclusion should not be used routinely or in a planned way since forced time in a room alone can be unlawful (false imprisonment) – and should only be used in extreme or urgent situations.
6 ENV2	Removal of items (e.g. phone)				
7 SECLUDE	Forced time out of class alone – (with staff only observing at intervals or at a distance and not placed with peers – i.e. in seclusion / isolation.				
8 SEG1	Forced time out of class with just an adult staff member there (e.g. in Head's office or in class alone at break).				
9 SEG2	Forced segregation with others in another class – (e.g. sent to another classroom).				
10 SEG3	Forced time in detention or segregation with other learners / peers (e.g. exclusion / detention room with others).				

