



**Physical Intervention and Restraint Policy Details:**

**Reviewed:** March 2022

**Next review:** March 2024

**Policy history:**

March 2022	Minor terminology changes Recording of incidents changed to CPOMS, rather than a paper form	Steph Watson (Vice Principal)
July 2019	Updated Statement regarding Team Teach added	Steph Watson (Vice Principal)
February 2018	Policy written	Sharon Valente (Inclusion Manager)

This policy was shared with the Local Advisory Board in the Term 4 meeting, 2021 to 2022



Wistaston Church Lane Academy encourages pupils to make positive behaviour choices. However, pupils sometimes do make the wrong choices. On rare occasions this may result in a situation that requires some form of physical intervention by staff.

Our Restraint Policy is based upon the following principles:

- *Physical intervention is used only as a last resort when other appropriate strategies have failed.*
- *Any physical contact is only the minimum required.*
- *Physical intervention is used in ways that maintain the safety and dignity of all concerned.*
- *Incidents are recorded and reported to the Principal as soon as possible.*
- *Parents/Guardians are informed of each incident.*

## **1. THE LEGAL FRAMEWORK**

Section 9e of the Education & Inspections Act 2006 allows 'teachers and other persons who are authorised by the Principal who have control or charge of pupils to use such force as is reasonable in all the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- causing harm to his/herself or others
- committing a criminal offence
- damaging property
- prejudicing the maintenance of good order & discipline

This policy has been written with DfE 'Use of reasonable force' advice for Headteachers, staff and governing bodies, July 2013.

## **2. OUR APPROACH**

At Wistaston Church Lane Academy we aim to avoid the need for physical intervention and regard this as a last resort in a minority of situations. We always aim to deal with behaviour using a positive approach and therefore this policy should be read in connection with our Behaviour Policy.

It is not possible to define every circumstance in which physical restraint would be necessary or appropriate. Staff exercise their own professional judgement in situations which arise with the above categories. Staff should always act within school's policy on behaviour and discipline, particularly in dealing with disruptive behaviour.

Staff should be aware that when they are in charge during the school day, or during other supervised activities, they are in *loco parentis* and have a 'Duty of Care' to all children they are in charge of. They must, therefore, take reasonable action to ensure **all** pupils' safety and wellbeing. Staff are not expected to place themselves in situations they are likely to suffer injury as a result of their intervention.

## **3. USE OF PHYSICAL RESTRAINT**

**Physical restraint is applied as an act of care and control with the intention of re-establishing verbal control as soon as possible and, at the same time, allow the pupil to regain self-control. It should never take a form which could be seen as punishment.**

**Staff interventions should always be reasonable, proportionate and necessary.**



Staff are only authorised to use reasonable force in applying physical restraint, although there is no absolute definition of this. What constitutes reasonable force depends on the individual situation and the pupil to whom is being applied. Staff should apply the training they received in 'Team Teach' to de-escalate where possible then use the appropriate holds as practised in the training. However, as a general rule, only the force necessary to stop or prevent danger should be used, in accordance with the guidelines below.

Only staff members who have completed Team Teach positive handling training within the last three years should undertake the restraints used in the training. See **Appendix 1** for details of the Team Teach techniques.

Team Teach techniques seek to avoid injury to the service user, but it is possible that bruising or scratching may occur accidentally and these are not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent 'side-effect' of ensuring that the service user remains safe.

In the exceptional circumstances when physical restraint or intervention becomes necessary, staff will always:

- Summon help / involve another member of staff if possible
- Using simple language tell the pupil in a calm voice what you are doing and why
- Use the minimum force necessary, employing Team Teach strategies
- Tell the pupil what he/she must do for you to remove the restraint (this may frequent repetition)
- Hold limbs above a major joint if possible e.g. above the elbow
- Relax your restraint in response to the pupil's compliance

#### **4. ACTIONS AFTER AN INCIDENT**

Physical restraint often occurs in response to highly charged emotional situations and there is a clear need for debriefing after the incident, both for the staff involved and the pupil. **The Principal should be informed of any incident as soon as possible** and will take responsibility for making arrangements for debriefing once the situation has stabilised. An appropriate member of the teaching staff should always be involved in debriefing the pupil involved and any victims of the incident should be offered support, and their parents informed.

If the behaviour is part of an on-going pattern it will probably be necessary to address the situation through the development of a behavioural support plan – known as a RAMP, which may involve a risk assessment or anger management programme and possible involvement of external agencies. In some circumstances an Early Help process may be appropriate to help identify an additional need or service for a particular pupil. Early Help can also be helpful when considering the circumstances precipitating the incident to explore ways in which further incident can be avoided.

All incidents are recorded immediately on CPOMS. Information should be recorded thoroughly so that any patterns of behaviour can be identified and addressed. In the event of any future complaint or allegation this record will provide essential and accurate information. This information will be transferred to the child's next school.



A member of the SLT or class teacher must contact parents as soon as possible after an incident, normally on the same day, to inform them of the actions that were taken and why, and to provide them with an opportunity to discuss it.

Situations requiring physical restraint can affect the member of staff concerned. It may be necessary to have some time to calm down afterwards.

## **5. RISK ASSESSMENTS**

If we become aware that a pupil is likely to behave in a disruptive way that may require the use of reasonable force, we will plan how to respond if the situation arises. Such planning will address:

- Strategies to be used prior to intervention
- Ways of avoiding 'triggers' if these are known
- Involvement of parents to ensure that they are clear about the specific action the school might need to take
- Briefing of staff to ensure they know exactly what action they should be taking (this may identify a need for training or guidance)
- Identification of additional support that can be summoned if appropriate
- The school's duty of care to all pupils and staff

## **6. COMPLAINTS AND ALLEGATIONS**

A clear physical intervention and restraint policy, adhered to by all staff and shared with parents/guardians, should help to avoid complaints from parents/guardians. However, a dispute about the use of force by a member of staff might lead to an investigation under our Complaints Procedure.

It is our intention to inform all staff, pupils, parents/guardians and governors about these procedures and the context in which they apply.



## **Appendix 1: Team Teach Techniques**



### **Written Descriptions of Level One - 6 Hour & Level Two -12 Hour Techniques**

#### **Friendly Hold**

The holding arm approaches from behind. In the friendly position, the holding arm takes the long bone with a Caring C shape and gently eases the hands of the client into the seatbelt position. Staff members stand close with hips gently pressing to close the gates with the other leg out to balance.

#### **Single Elbow**

The holding arm approaches from behind and takes hold of the long bone with a Caring C shape. The forearms are brought up parallel with the ground with the elbows tucked back and the hips pressed in close. The heel of the free hand is placed on the front of the shoulder to stabilise the client and ready to respond to spitting, if required.

#### **Figure of Four**

From a Single Elbow the hand which was on the client's shoulder moves to join the hand holding the client's long bone just above the wrist. The hand underneath has both thumbs on top. Then the hand underneath the armpit is raised up to pass over the arm of the client, to hold the member of staff own long bone. The arm forms a bar to block the gate of the hand holding with thumbs on top.

#### **Double Elbow**

Move the elbow back and momentarily drop the hands to create a space. This enables a colleague to pass one arm along the back of the client and reach under the armpit to hold the forearm close to the side. The thumb is not against the ribs but curled around the arm next to the forefinger. Hips are pressed in close with the back supported.

#### **The one-person double elbow**

Caring Cs behind the elbows and pass the furthest arm under the child's arm to hook it alongside. The nearest arm is tucked under the armpit of the staff member. This should only be used as an escort and not in a restraint resistant circumstance.

#### **Single Elbow in Chairs**

The client's elbows are moved outwards into a 'chicken wing' shape, with the hands on the hip in the seatbelt position. The members of staff move their bodies forward then slide across in front of the 'chicken wing,' so that the elbows are secured behind their backs. The body then secures the elbows reducing the amount of force needed to hold the arms. One leg can step out as a brace, with the heel of the free hand securing the shoulder back into the chair. If required, staff may use their own legs, by placing their inside foot between the child's feet and pressing in, to keep the client's knees together, to reduce the risk from kicking.

#### **Half Shield Single Person 'short distance separation' technique**

The member of staff makes contact in a T shape stance with their hip to the small of the person's back (depending on the height of the person). The arm nearest is posted in front of the arm of the client, to prevent it from punching forward, with the back of the member of staff's hand flat along the person's back. The members of staff gather the other arm with a Caring C, aiming to secure just above the elbow, maintaining contact at the hip. The member of staff should walk forward as the person crabs sideways.