

Great Oaks School Policies



Restrictive Physical Intervention (RPI) Policy			
Version	3	Approved by	Great Oaks Governors
Date last amended	February 2025	Approval date	04.03.25
Lead officer	AHT- Behaviour	Review dates	2026
Contact	Tony Parkes	Effective date	November 2022

Aims

- To ensure that Great Oaks School provides a safe and secure environment where all students can achieve
- To ensure that staff remain safe and feel confident to effectively support the needs of every student, both academically and behaviourally
- To ensure a consistent approach with clear guidelines for when it is appropriate and necessary to use reasonable force and physical intervention
- To ensure there is a shared understanding of the procedures and processes related to the use of physical intervention

Rationale

At Great Oaks School, we use a holistic approach to meet the needs of every student so that they can access the school curriculum. All of our students have a learning difficulty and an EHCP. While the majority of our students have a primary need identified on their EHCP as Cognition and Learning, our student population have a diverse range of needs across all areas:

- Some have a medical diagnosis of ADHD and Autism
- Some of our students have communication and interaction difficulties- for those of students who may be nonverbal or pre-verbal they can rely on physical acts to communicate
- Some students have not yet learned the skills to self-regulate and, when dysregulated, can display physically challenging behaviours
- Some students are unable to recognise situations that may cause a threat to themselves or others and engage in unsafe or risk-taking behaviours
- Early experiences of some of our students, including experiencing adverse childhood experiences (ACEs) or developmental trauma, results in students who have over sensitive responses to stressors and are often in survival states
- Some students have failed to develop appropriate adult-child or peer-peer relationships and require extra support to meet their developmental and emotional needs.

Some students will require physical intervention to prevent them from causing harm or danger to others and/ or themselves. We recognise the importance of developing emotional literacy skills and this is a key part of our daily practice across all pathways. The teaching and development of these key skills are taught in age and stage appropriate ways to meet the needs of our diverse school population. This includes through Zones of Regulation, Emotion Coaching, Talkabout Sessions and ELSA.

We realise that it is vital to give our students the chance to reflect on their behaviour. Where it is appropriate, we use Restorative Practice to encourage reflection and also to ensure that children have a chance to take responsibility for their actions. The school has developed a restorative culture where students learn to deal with conflict through discussions and understand the affect their behaviour has on others. We use restorative approaches in our everyday conversations.

When responding to a student who is highly distressed or in crisis, it is important that staff remember the Four R's, **Regulate, Relate, Reason and Repair***. During the regulate stage it may be that physical intervention is needed to help support them to a safer place or maintain the safety of the student in distress, other students or staff.

As a last resort, some students will require physical intervention to keep them safe and prevent them from causing harm or danger to others and/or themselves. All physical interventions within Securicare's multi-discipline approach endeavour to keep people safe whilst supporting the learning of students in developing better ways to manage their own emotions and behaviour.

Principles

Alongside other Special Schools in Southampton, Great Oaks School has adopted the use of SecuriCare's certified training programme. Through the Securicare approach, staff receive annual training in de-escalation skills and positive handling techniques. Time is also set aside in reviewing the effectiveness of any de-escalation strategies and handling techniques identified in student's individual plans in staff meetings and class teams. We endeavour to work closely with the Local Authority (LA), Educational Psychologist Service and Social Care in ensuring that students' needs are addressed, and advice is considered and implemented if appropriate

The Key Principles are:

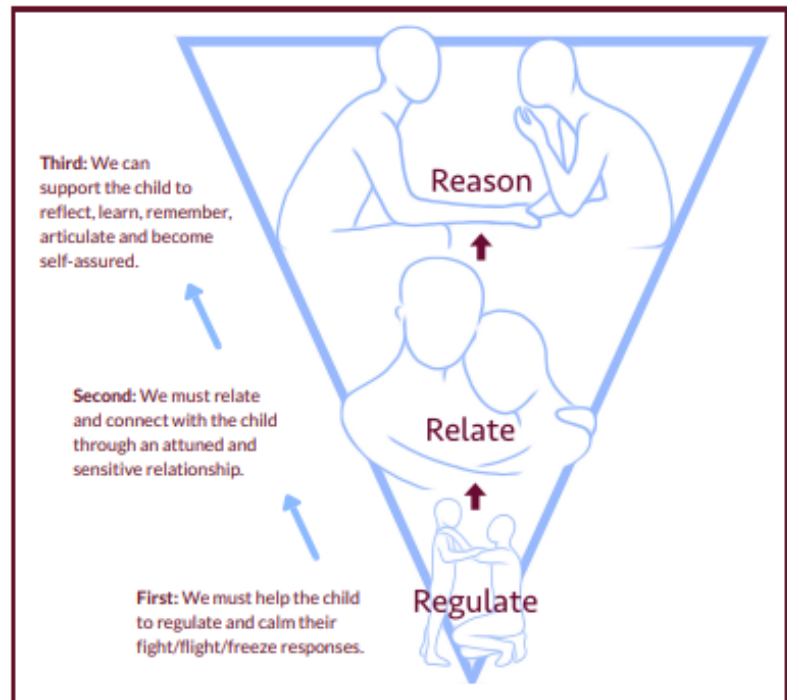
- Restrictive physical intervention (RPI) is used to support students in times of crisis, and where the risk of intervening physically is outweighed by the risk of not intervening
- Any physical intervention will be **REASONABLE, PROPORTIONATE AND NECESSARY** – in the **student's and staff's best interest**. Staff should always pay the highest regard to the importance of maintaining a student's dignity.
- Staff will assess situations through dynamic risk assessment and continuously seeks opportunities to de-escalate a situation before
- Where there is an element of foreseeable risk, this will be dynamically assessed and, where possible recorded.
- All staff involved in any physical intervention are responsible for completing the RPI form within 24 hours of the incident uploading it to CPOMs ensuring the correct category is tagged
- Parents / carers will be contacted by the school when their child has been involved in physical intervention. This may be by telephone, direct contact or by electronic communication on the same day
- The school will keep records of any incident and physical intervention on the school recording system by and by uploading RPI forms to this. This will be timestamped and is a record which cannot be edited.

© Dr Bruce Perry



The Three R's: Reaching The Learning Brain

Dr Bruce Perry, a pioneering neuroscientist in the field of trauma, has shown us that to help a vulnerable child to learn, think and reflect, we need to intervene in a simple sequence.



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

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- All incidents are reviewed by the Assistant headteacher (Behaviour) and analysed to see where further support may be needed. This is shared with SLT, Staff, Governors and our colleagues within local Special Schools
- Where students require a physical intervention, an individual Behaviour plan, incorporating positive handling, will be developed by the class team after the first PI incident. This will identify agreed strategies, non-verbal, verbal and physical support that will help the student to learn and develop emotional and socially
- Staff that are trained and not physically involved in the intervention will be expected to act as advocates for the student and members of staff
- All class staff will be trained in Securicare to the basic level. This is refreshed yearly with regular proactive and reactive refreshers throughout this period. Nine staff members are trained at a Certified Trainer level and deliver initial and refresher training
- Securicare techniques seek to avoid injury; however, it is possible that bruising or scratching may occur accidentally to either student or member of staff supporting them. These are not necessarily as a failure of professional techniques, but a regrettable and infrequent side effect of attempts to keep people safe. There will always be a visual check of injury after physical intervention and any injury will be treated and recorded on a skin map. This information will be shared with parents. Staff are instructed to keep nails short to limit scratching.
- It is the duty of all staff to offer appropriate support during and after a physical intervention or serious incident.

Reporting the use of force

All incidents involving the use of restrictive physical intervention must follow the correct reporting procedures (See Appendix 1) which includes sharing information with parents or carers. Parents and carers need to be informed the same day a physical intervention has been used. They should ideally be informed by a telephone call or a face-to-face conversation however, they can be contacted via electronic communication if this has been agreed. They must be informed of the following details:

- A summary of the incident including an account of why the use of force was assessed as necessary
- Time of the incident and approximate length of time the force was used
- Explain what type of physical intervention was used
- Confirmation a first aid check was carried out and details of whether any injuries were sustained

Complaints and Allegations

A clear policy on the use of physical Intervention, adhered to by all staff and shared with parents, should help to avoid complaints from parents. It is unlikely to prevent all complaints, however, and a dispute about the use of force by a member of staff might lead to an investigation, either under the complaints disciplinary or allegation management procedures.

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

Next review March 2026 (Or sooner if Guidance changes)

Procedures

Guidelines for Staff

Physical Intervention is any method of physically intervening to resolve a difficult or dangerous situation and is not necessarily physical restraint. Physical restraint is defined as when a member of staff uses force with the intention of restricting a young person's movement against their will.

Physical Intervention and Restraint should be used as a last resort to support young people in times of crisis. Restraint should be avoided wherever possible. It is never a substitute for good behaviour management. Other methods (such as defusing conflict, non-physical calming, etc) of managing the situation should always be tried first, unless this is impractical.

It is the responsibility of the school, specifically the Head and Governors to ensure that the policy in place on the use of RPI which should be communicated to the school community, updated and reviewed on an annual basis.

It is the responsibility for the teacher to produce an Individual Behaviour Plan (IBP) where RPI has been used on more than one occasion. The plan needs to be shared with parents and carers and should be made aware of any changes during the year.

Who can use restrictive physical intervention:

If the use of restrictive physical intervention is appropriate, ideally, a member of staff who knows the student well and has received Secuircare training should be involved. However, in an emergency, any of the following may be able to use reasonable force in the circumstances set out in Section 93 of the Education and Inspections Act (2006):

1. any teacher who works at the school, and
2. any other person whom the headteacher has authorised to have control or charge of pupils, including:
 - a) support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors; and
 - b) people to whom the headteacher 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)

Teachers have a duty of care to maintain good order and safeguard young people's health and safety. However, teachers are not under a duty to run risk of serious personal injury by intervening when it is not safe to do so.

Physical restraint must:

- never be entered into lightly
- involve the minimum force necessary
- be used to de-escalate a potentially dangerous situation
- be applied only until the immediate threat has passed
- support the student to maintain self-control
- not be used offensively as a threat or a punishment (aversive consequence)
- not inflict pain
- be administered calmly and rationally, not in response to anger or frustration
- be the result of a professional judgement about the young person's safety, taking account of the age and abilities of the young person.
- be in the child/young person's best interests and not for convenience of staff.
- not be a substitute for a positive intervention/behaviour management programme.
- be planned; an emergency response is only justified on the first occasion.
- always be the last resort (i.e. other strategies were attempted and found to be insufficient).

The following situations may legitimately require physical restraint as a response:

- where there is risk of injury to students or staff
- where there is risk of significant damage to property
- where a young person is behaving in a way that is compromising good order and discipline
- to prevent the committing of a criminal offence
- to prevent a student absconding
- where there is significant disruption to others' education or well-being

Physical restraint should only be considered as an option if:

- calming and de-fusing strategies have failed to de-escalate the situation
- the response is in the paramount interests of the young person
- not intervening is likely to result in more dangerous consequences than intervening

Holding techniques should take account of the following

- Airway – no obstruction of airway

- Breathing – no restriction of chest area
- Circulation – no pressure on arterial pressure points
- Good body alignment
- Avoid pressure on joints

Young people should always be monitored for health and safety during physical restraint. Holds should stop immediately if the following signs are noted:

- difficulties in breathing
- sudden change in colour of skin
- vomiting

Links with other policies

This policy is linked to the following policies:

- Behaviour and Emotional Regulation policy
- Suspension policy
- Child protection and safeguarding policy

Reporting process following use of RPI

Incident takes places where an RPI is used



When student is regulated and situation safe, first aid check is carried on student and debrief offered.



Incident is reported verbally to a member of the ELMT (PWM, AHT or Headteacher)



Informing Parents

Parents/ Carers are informed the same day as the intervention takes places. ideally this is face to face or via phone call. Electronic communication can be used where this has been agreed with parents.



Recording incidents

RPI form is completed and attached to CPOMS. This report **should** ideally be completed the same day and **must** be completed within 24 hours.

