

Pathways School

Restrictive Physical Interventions Policy

Policy Monitoring

Date of last review: September 2022

Reviewed by: Saima Ali Majid, Chair of Governors¹

Neil Jones, Headteacher

Date of next review: September 2023

This policy will be reviewed at least annually, and following any concerns and/or updates to national/local guidance or procedures

¹ The Governors of Pathways School are the trustees of Positive Behaviour Support for Learning (registered charity no.1186125)

1. Introduction

The Headteacher has the responsibility to maintain the safety and wellbeing of the students and staff. This policy focuses on how we may use restrictive physical intervention (RPI), what processes we have in place to ensure we are recording and reporting all instances of such intervention and how we are working to reduce the use of such interventions. Restricted Physical Intervention “**any method which involves some degree of direct force to try and limit or restrict movement**” (Restraint Reduction Network 2019).

2. Legislation and guidance

- Use of Reasonable Force in Schools 2013
- Manual Handling Operations Regulations, 1992 (revised 1998 edition),
- Health and Safety at Work Act, 1974.
- Equality Act 2010
- Children and Families Act 2014
- Education Act 1996
- Education and Inspections Act 2006
- Reducing the need for restraint and restrictive intervention 2019
- Positive Environments where children can flourish Ofsted 2018

3 Links to other school policies and practices.

- Anti-bullying Policy
- Safeguarding and Child Protection Policy
- Adult at Risk Safeguarding Policy
- School Discipline and Exclusions Policy
- Health & Safety Policy
- Staff Code of Conduct
- Whistleblowing Policy

4. Policy Statement

Pathways School requires all policy and practice to treat our students with dignity, compassion, and respect

We believe that everyone should be:

- Treated with dignity and compassion
- Valued
- Listened to

- Supported to have the best quality of life possible
- Empowered to make choices and decisions.

RPIs, can undermine dignity, respect and compassion and this policy has been written to significantly minimise its use and minimise the potential negative impacts. Any RPI interventions used must be carried out according to the principles and guidance as set out in training. Only staff who are trained in physical intervention can use it.

5. Pathways School Policy on RPI

- Pathways School promotes Positive Behaviour Support (PBS), and providing the right support at the right time. We teach students new skills to minimise behaviours that challenge and seek for student to engage in these new skills because they improve their life/make life interesting/meaningful for them.
- For some of our students we will also pay regard to function-based interventions, motivation, and reinforcement.
- We understand that behaviours that challenge have a communicative intent.
- Not all behaviour that challenges require RPI. Staff must try proactive strategies in the first instance. Only when positive reinforcement and skills teaching have been tried and failed, and the inappropriate behaviour is considered serious enough i.e. likely to cause harm to the individual or others would RPI be considered. All RPI interventions should be approved by the Behaviour Analyst, as part of the Behaviour Support Plan.
- Only staff who have received **Team Teach training** are allowed to be involved in the use of restrictive physical interventions. Team Teach provides training in the management of challenging behaviour.
- A **second member of staff** should be present during the use of physical intervention.
- At all times, our staff will be committed to using ‘the least to most’ approach to physical intervention.
- It must be reasonable, proportionate, and necessary and must never be used as a punitive measure.
- Where staff use or observe a RPI that causes them concern it is their duty to report this by following the processes set out in our safeguarding policies.
- We have a duty of care to ensure students and staff are kept safe.
- We are committed to making learning motivating and engaging.

The term ‘positive handling’ is often used to describe physical intervention/restraint. We have chosen not to use this term in writing this policy. We use the term ‘restrictive physical intervention’ because, based on personal testimony, people who have been restrained rarely experience such interventions as ‘positive handling.’ In calling it ‘physical intervention’ we aim to avoid the potential for language softening perceptions and, instead, seek to keep staff focussed on the key issues that need to be held in mind.

In this policy we define ‘behaviour that challenges’ as ‘behaviour of such intensity, frequency, or duration that the physical safety of the person or others is

likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities’

Any intervention aimed to deliberately punish a student, or which is primarily intended to cause pain, injury or humiliation is unlawful and will be considered an act of gross misconduct. Examples of this include hitting, pushing, slapping, kicking, poking, or prodding a student. Staff who engage in any such act would render themselves liable for dismissal and being referred to the Disclosure and Barring Service (DBS).

6. Environment

Students’ needs are either fulfilled or frustrated by their environment. The environment can serve to nurture and enrich, and facilitate development, but can also disrupt and thwart, leading to less optimal development, disharmony, defiance, developmental regression, or alienation. All of which can lead to behaviours that challenge. Meeting students’ needs removes the need to employ physical intervention. We believe in:

- **Employing impactful, high-quality teaching**

Our teachers have enhanced pedagogical knowledge relating to autism; engage in high quality instruction; create a classroom climate that has high expectations whilst recognising and promoting students’ self-worth

- **Meeting physical needs.**

Our staff monitor hunger, tiredness, feeling unsafe, over stimulation and under stimulation.

- **Meeting psychological needs.**

Our staff promote:

Autonomy: Creating as many opportunities as possible for students to exercise the need for autonomy and limiting, as far as possible, practices that undermine autonomy. They also build capacity and tolerance to manage situations where autonomy is limited.

Competence: Organising the environment and tasks so learners can be effective in their interactions with the environment.

Relatedness: Developing and maintaining strong and supportive emotional bonds between staff and learners

7. Reducing the use of RPIs

All interventions should be in accordance with individual Behaviour Support Plans (BSP) and will be in place for an appropriate period. The desired outcome of the PBS approach is that over time learners’ skills and quality of life will increase and inversely the rate of challenging behaviour will decrease.

Physical interventions will be systematically faded out as determined by data, trans-disciplinary review, and monitoring.

Assessing the need for physical intervention and documenting it ensures that it's remains minimum.

The need for the use of physical intervention will be assessed on an individual basis. If a student presents with Challenging Behaviour, a Risk Assessment of Challenging Behaviour will be written. Should the student meet the criteria for "planned intervention" it will be documented in the Behaviour Support Plan (BSP). The BSP will detail what are known as "planned physical interventions."

8. Recording

All RPIs are recorded. Staff are trained in reporting. We use MY CONCERN, a secure web-based application to record all RPIs.

9. Debriefing

Debriefing after an incident is essential in supporting staff and students to learn from the experience and use it to inform best practice. Staff are provided with opportunities to debrief with a manager. Debriefs with staff occur after any incident. This can be on an individual basis or as a part of a team and may be utilised to inform decisions on changes to existing Behaviour Support Plans, Risk Assessments of Challenging Behaviour, or identify where training/support for staff may be needed. Students are also given appropriate debriefs after an incident, so they are supported to understand the situation that has just occurred. This may take place through talking about the incident with a trusted member of staff, or for some students, the use of social stories or other supportive communication aids.

10. Monitoring and Reviewing

All RPI Incident reports are checked by the Headteacher, who reports termly to the Governors.

RPI logs are audited monthly by the Lead Behaviour Analyst to ensure:

- RPI is being recorded when it has been used;
- The RPI log is completed with the appropriate information; • Interventions are used in an appropriate manner (i.e., where non-restraints have been unsuccessful in keeping the young person safe);
- To monitor the frequency of RPI; where there is an increasing trend in RPI the Behaviour Analyst must review the Behaviour Support Plan accordingly;
- Behaviour Analysts will archive RPI logs monthly (following audit). These records will be stored for a minimum of 75 years

11. Communication with Parents/Carers

Partnership with parents/carers is essential. All parents/carers are asked to sign their son/daughter's home school agreement and parental/carers views are considered for

the individual young persons' behaviour plan which specifies the techniques to be used with the student. In this regard, parental consent to use RPI is secured as part of admission.

Parents/carers have a right to know when RPI is used and accordingly will be sent home notification of when any restrictive intervention occurs or if any injury occurs. They will also be offered an opportunity to discuss RPI and any on-going behaviour management strategies that are being adopted with their son/daughter's Behaviour Analyst.

12. Training

- All staff receive autism training, safeguarding training and physical intervention training as part of their induction;
- All staff take part in regular refreshers and workshops in the appropriate use of RPI;
- All staff have training in recording RPIs.