



Cape Primary School

Physical Intervention Policy



Approved by: Outcomes **Date:** 26/11/24

Last reviewed on: November 2023

Next review due by: November 2025

Change Log:

Date	By Who	Comment
November 24	S. Baker	Insert the new decision making matrix



Cape Primary School promotes a learning environment where everyone enjoys and achieves.

Philosophy

Cape is committed to ensuring that pupils and staff are able to work in a safe, supportive and caring environment, free from violence and disruption, where every pupil has the opportunity to achieve their full potential.

Cape does not advocate the use of physical restraint of pupils but recognises that there are rare circumstances where its use may be necessary. When restrictive physical intervention is used it will be:

- As an act of care and not punishment
- As a last resort when all other reasonable strategies have proved ineffective or impracticable
- With the minimum force necessary and such that the degree and duration of force is proportionate to the circumstances.
- Conducted in a manner that maintains the safety and dignity of all concerned.

Purpose

To provide all staff with effective guidance on the use of restrictive physical intervention (Section 550A of the Education Act 1996)

To ensure all staff have a copy of the policy and be familiar with the key points

To provide a system to ensure that all incidents in which restrictive physical intervention has been used are recorded and monitored

The Use of Restrictive Physical Intervention

Under the Education Act of 1996, the Headteacher authorises all members of staff employed by the school, representatives from outside agencies, voluntary helpers, to use reasonable physical force only to prevent a pupil from doing, or continuing to do, any of the following:

- Committing a criminal offence.
- Injuring themselves or others.
- Causing damage to property (including the pupil's own property).
- Engaging in any behaviour prejudicial to maintaining good order and discipline at the school, whether that behaviour occurs in a classroom during a teaching session or elsewhere. Many situations which fall into this category, for example a pupil who decides to leave a lesson or school (not considered to be at risk) or a pupil who refuses to obey an order to leave the classroom or who is disrupting a lesson, are best dealt with through other school procedures

In circumstances where a child requires regular physical intervention, due to having a behavioural special educational need for example, then the child may only be restrained by trained members of staff, unless the situation becomes dangerous to both member of staff and pupil. This provision applies when a member of staff, or other authorised person, is on the school premises or on an educational visit. Section 550A of the Education Act of 1996 does not cover all situations in which it might be permissible to use a degree of force. For



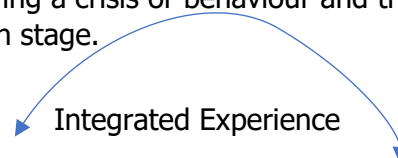
example, everyone has the right to defend themselves against an attack provided they do not use a disproportionate degree of force to do so.

We have a member of staff, Miss Sally Baker, trained as a trainer for the delivery of non-crisis intervention. She is able to train staff within our organisation based on Safety Intervention training. <https://www.crisisprevention.com/en-GB/Our-Programs/Safety-Intervention>

CPI and Cape Primary School use the following four principles when working with children and young people who may escalate into 'risky behaviours'



We would then consider the CPI Crisis development model as the stages which a child or young person may go through during a crisis or behaviour and the staff attitudes/approaches towards each stage.



Crisis Development/Behaviour Levels	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behaviour	3. Safety Intervention
4. Tension Reduction	4. Therapeutic Rapport

Where a child/young person may need physical intervention a safety and support plan should be completed with the SENDCo.

Legal Considerations

The definition of 'reasonable force' is crucial however there is no legal definition of 'reasonable force'. It is therefore not possible to set out comprehensively the forms of physical force that may be used. It will always depend on all the circumstances of the case.

Physical intervention may take several forms including:

- Physically interposing between pupils
- Disengagement - Blocking a pupil's path
- Disengagement - Hold & stabilise



- Disengagement - Push/pull
- Disengagement - Lever motion
- Shepherding a pupil away by placing a hand in the centre of their back

Any technique used must be conducted in a manner consistent with the points set out under Philosophy and the Use of Restrictive Physical Intervention.

Physical interventions that are not considered reasonable:

- Holding a pupil around the neck, or by the collar, or in a way that might restrict the student's ability to breathe.
- Slapping, punching or kicking a pupil.
- Tripping up a pupil, holding or pulling a pupil by the hair.

Physical intervention should be used as a last resort.

At Cape, we use holding skills for children in the seating (chair or floor) or standing position that are posing an immediate or imminent danger to themselves or others. Holding skills are a last resort and staff will continue to demonstrate a duty of care to the child involved. Staff have been trained to stay consistent and calm when using holding positions and always keep the best interests of the child as their main priority.

Staff have been trained to use a 'Decision Making Matrix' which acts as a risk assessment for assessing the level of hold they need to use. The levels range from low, medium and high and this includes the severity of the danger or risk the child is demonstrating. When staff need to use holds on distressed children there are always two members of staff involved.

A low-level hold in a seated position for a young person (chair) is when staff stay seated to the side of the child, they stay balanced and non-threatening and move closer to the child and place one hand on top of the child's hands. A low-level hold in a seated position for a child (chair) is when one member of staff remain seated behind the child, they remain close and place their hands on the outside of the arm.



A medium-level hold in a seated position (chair) is when staff begin in a low-level hold (as pictured above). One member of staff moves their free hand to the outside of the elbow, they then loop their hand that was rested onto the child's hand through their arm and move closer to the child. The second member of staff repeats this action to secure the hold and minimise risk. A medium-level hold in a seated position for a child (chair) is when a member of staff begins in the low-level hold (as pictured above). The member of staff moves one hand at a time on top of the child's forearm. They cup their hands to ensure no harm. The child's arms rest against their own body. Staff move slightly closer maintaining a medium level of restriction.



A high-level* hold in a seated position (chair) is when staff begin in a medium-level hold (as pictured above). Both members of staff use their hand that is looped under the child's arm to guide the wrist underneath the shoulder and their elbow will naturally move backwards. Staff keep close to the child in distress. A high-level hold in a seated position for a child (chair) is when a member of staff begins in the medium-level hold (as pictured above). Staff guide the child's arms forwards and cross them in front of their body, staff then place their hands around the child's wrist and tuck them into the child's body so the wrists rest underneath the shoulder. Staff lean back slightly and keep the child close to maintain a high-level hold.



When using a low, medium and high-level standing hold for children, staff use the same principles as the seated holds. Please see the pictures below.

Low-level

Medium-level

High-level*



*Please note that whilst a high-level hold is part of the CPI Safety Intervention model for children and young people it would only be used in a serious incident.



When a child is distressed on arrival to school or transitioning into class staff can use gentle physical guidance to support the child into the safety of the classroom or school environment. While this is not a 'Safety-Interventions, this guidance is still reasonable and safe. Staff would still place their hands on the child's elbows and guide them carefully and safely into school. If a child began to become distressed or in crisis and posed an imminent or immediate danger to themselves or others, then a safety intervention hold may be required.

Staff should be able to justify that means other than force have been attempted and proved ineffective or would have been impracticable. In order to prevent or defuse a difficult situation, staff may find it useful to:

- Summon the assistance of another authorised member of staff.
- Continue speaking and listening to the pupil.
- Divert, distract, cajole or humour.
- Employ appropriate levels of eye contact during any dialogue.
- Reason with the pupil and offer him appropriate choices.

Consideration of these strategies should be maintained during and after the need for physical contact. As soon as it is safe, any hold or restraint should be gradually relaxed to allow the pupil to regain self-control. The pupil should be informed about what will happen next and be offered reassurance and encouragement to remain calm. In this way the pupil will be more likely to see the restraint as an act of care.

Positive Handling

Positive physical contact involving staff and pupils can contribute to the development of a safe, supportive and inclusive school culture. There may be circumstances in which contact with pupils is likely, unavoidable or necessary.

Examples occur when members of staff are working with pupils with special educational needs who may require physical prompts or help, children requiring first aid, pupils receiving coaching in sport, as part of a curriculum activity and with pupils in distress. Staff will need to make professional judgements about the nature and extent of their physical contact with pupils, to ensure innocent and well intentioned actions are not misconstrued. Staff will need to have particular regard for cultural sensitivities, to the developing awareness of adolescent pupils and in particular, to children who have previously experienced physical or sexual abuse.

Recording Incidents

It is important that there is a detailed, written record of any occasion where force is used (see appendix A); it may help prevent any misunderstanding or misinterpretation of the incident; it will be helpful should there be a complaint. Members of staff who use physical intervention must use the 'Physical Intervention

Log' sheet to record:

- The name(s) of pupils involved.
- Where and when the incident took place.



- The name(s) of any members of staff or pupils who witnessed the incident.
- The reason why physical intervention was necessary.
- The type of physical intervention used
- The degree of force and for how long.
- Details of how the incident began; developed and was resolved.
- Details of any injury suffered by the pupil, another pupil, or a member of staff and of any damage to property.

Incidents involving the use of force can cause parents of the pupil(s) involved great concern. Parents / carers need to be informed of the incident and given an opportunity to discuss it. It is recommended that staff involved in incidents discuss with a senior member of staff, how to communicate with parents/carers. Parents/carers must be informed on the day of the incident.

Staff should ensure that a copy of the "Restraint Record" is given to the SENCo/DHT.

Monitoring Incidents Where Physical Restraint Is Used

The SENCo/DHT Manager will monitor records of any incidents in order to:

- Identify any patterns of behaviour resulting in the use of physical intervention.
- Review the levels of staff awareness of and compliance with the school policy.
- Inform staff training needs.
- Explore the relationship between the use of physical intervention and behaviour in school.

Complaints

Complaints following a dispute about the use of force by an adult should, in the first instance, be referred to the Headteacher. This will generally result in an investigation, which will take account of the written or verbal reports that have been collected. Where disputes cannot be resolved informally within the school, complaints will be pursued in accordance with the school complaints procedures.



Annex A – Physical Restraint Recording Form:

This document should be used to record any incidents where the physical restraint of a child has been deemed necessary. The form must be completed as soon after the incident as possible and the original must be given to the designated safeguarding lead person (Miss W Richmond) or the deputy designated safeguarding person (Miss S Baker). Please continue on separate record sheets if necessary, all sheets must be clearly numbered, signed and dated by the person completing the form.

Name of person completing the form: _____

Date of incident: _____ Time of incident: _____

Location of incident: _____

Name of child: _____ Have parents been informed? Yes / No

Does the child have a safety and support plan? Yes/No

Name of person/s NCSI trained: _____

Date of blue badge issue: _____

Names of any additional adults: _____

Please complete a detailed record of the incident including, reasons behind the restraint, location, description of the incident on your arrival, what holding techniques were employed, length of each hold and how the incident was resolved. Use the Crisis Development Model for your reporting.



Crisis Development/Behaviour Levels		Staff Attitudes/Approaches	
What anxiety signs did the child display before the intervention?		What supportive actions did the adult use?	
What defensive signs did the child display before the intervention?		What directive actions did the adult use?	
What risky behaviours was the child displaying?		What Safety Interventions were used and for how long for each?	



What signs of tension reduction did the child display?		What therapeutic rapport techniques were used?	
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<p>Decision Making Matrix:</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">Severity of Harm</td> <td style="font-size: small;"> Catastrophic Death will occur, or the level of injury will lead to permanent or irreversible ill-health </td> <td style="background-color: yellow;">MEDIUM</td> <td style="background-color: orange;">HIGH</td> <td style="background-color: red;">EXTREME</td> <td style="background-color: red;">EXTREME</td> <td style="background-color: red;">EXTREME</td> </tr> <tr> <td style="font-size: small;"> Major Psychological or physical injury will require treatment leading to long term incapacity or disability </td> <td style="background-color: yellow;">MEDIUM</td> <td style="background-color: orange;">HIGH</td> <td style="background-color: orange;">HIGH</td> <td style="background-color: red;">EXTREME</td> <td style="background-color: red;">EXTREME</td> </tr> <tr> <td style="font-size: small;"> Moderate Psychological or physical injury will require treatment and/or lead to medium term incapacity and ill-health </td> <td style="background-color: green;">LOW</td> <td style="background-color: yellow;">MEDIUM</td> <td style="background-color: orange;">HIGH</td> <td style="background-color: orange;">HIGH</td> <td style="background-color: red;">EXTREME</td> </tr> <tr> <td style="font-size: small;"> Minor Psychological or physical injury will be non-permanent and/or cause no lasting ill-health </td> <td style="background-color: green;">LOW</td> <td style="background-color: yellow;">MEDIUM</td> <td style="background-color: yellow;">MEDIUM</td> <td style="background-color: orange;">HIGH</td> <td style="background-color: orange;">HIGH</td> </tr> <tr> <td style="font-size: small;"> Negligible Psychological or physical injury will be minimal </td> <td style="background-color: green;">LOW</td> <td style="background-color: green;">LOW</td> <td style="background-color: green;">LOW</td> <td style="background-color: yellow;">MEDIUM</td> <td style="background-color: yellow;">MEDIUM</td> </tr> <tr> <td></td> <td style="font-size: x-small;"> Rare Will probably never happen </td> <td style="font-size: x-small;"> Unlikely is not expected to happen, but it could </td> <td style="font-size: x-small;"> Possible Might happen </td> <td style="font-size: x-small;"> Likely Will probably happen </td> <td style="font-size: x-small;"> Certain Will undoubtedly happen </td> <td></td> </tr> <tr> <td></td> <td colspan="5" style="font-weight: bold;">Likelihood of Behaviour</td> <td></td> </tr> </table> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="4" style="font-weight: normal;">OVERALL RISK RATING GUIDE (Colour code)</th> </tr> <tr> <td style="background-color: green; color: white;">Green (G)</td> <td style="background-color: yellow;">Yellow (Y)</td> <td style="background-color: orange;">Orange (O)</td> <td style="background-color: red;">Red (R)</td> </tr> <tr> <td>Low Risk</td> <td>Medium Risk</td> <td>High Risk</td> <td>Extreme Risk</td> </tr> </table>	Severity of Harm	Catastrophic Death will occur, or the level of injury will lead to permanent or irreversible ill-health	MEDIUM	HIGH	EXTREME	EXTREME	EXTREME	Major Psychological or physical injury will require treatment leading to long term incapacity or disability	MEDIUM	HIGH	HIGH	EXTREME	EXTREME	Moderate Psychological or physical injury will require treatment and/or lead to medium term incapacity and ill-health	LOW	MEDIUM	HIGH	HIGH	EXTREME	Minor Psychological or physical injury will be non-permanent and/or cause no lasting ill-health	LOW	MEDIUM	MEDIUM	HIGH	HIGH	Negligible Psychological or physical injury will be minimal	LOW	LOW	LOW	MEDIUM	MEDIUM		Rare Will probably never happen	Unlikely is not expected to happen, but it could	Possible Might happen	Likely Will probably happen	Certain Will undoubtedly happen			Likelihood of Behaviour						OVERALL RISK RATING GUIDE (Colour code)				Green (G)	Yellow (Y)	Orange (O)	Red (R)	Low Risk	Medium Risk	High Risk	Extreme Risk	<p>Describe your rationale for intervention based on severity and likelihood.</p>
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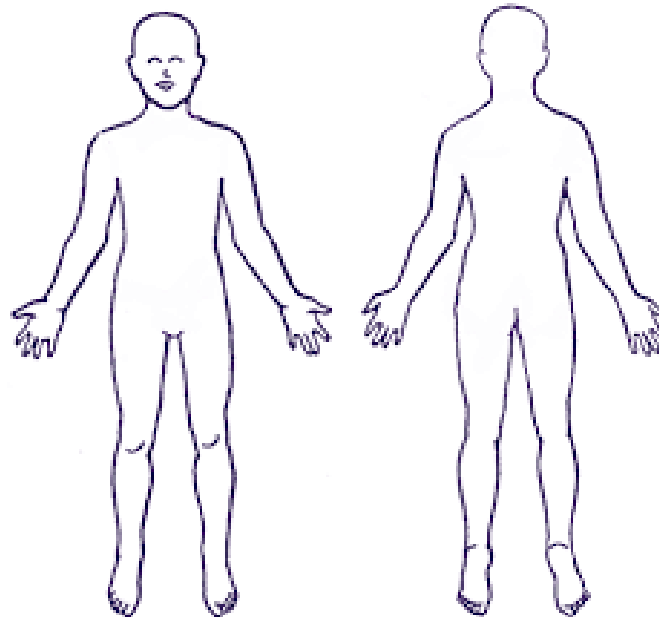


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Please indicate on the body map where the child was held.





For Office Use Only:

Name of child: _____ Date of Birth: _____

Gender: _____ Ethnicity: _____

Name of designated person informed: _____

Date: _____ Signature of DSP: _____

Have all parties completed individual accounts? Yes / No

Have all accounts been collected and stored together? Yes /No

Is a safety and support plan required for the child? Yes/No

Have parents been informed? Yes / No

Number of previous incidents recorded for the child: _____

Outcome: