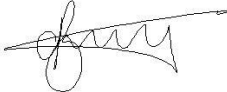



Restrictive Physical Intervention (RPI) Policy



**THE LADDER
SCHOOL**
Redefining alternative provision



Date of Creation (first edition)	January 2020
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Signed by Principal	
Signed by Chair of Governing Body	

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Version	Author	Date	Changes Made
1.0	PB	Jan 2020	First Edition
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Mission Statement

The Ladder School is a safe, well ordered and caring environment for learning. It delivers high quality education to all its students and supports them to develop their individual potential for growth, self-worth and self-control.

High quality outstanding teaching, and clear and consistent guidance and support facilitates students in succeeding in education. Our broad and balanced academic and vocational curriculum will provide students with access to a broad range of accredited qualifications as well as educational and social experiences, which will address their learning and emotional needs. Our purpose is to support every student to develop their true potential, make positive contributions to their families and find fulfilment in employment.

Values

1. Alternative Provision doesn't mean a dumping ground...it's mainstream with the reasonable adjustments to succeed
2. High standards and high expectations are incredibly important and are the corner stones to a successful school
3. The Ladder School should become the go-to place for educators from across the country to see best practice
4. Good simply isn't good enough
5. Learning is about a journey and there is more than one way to get to the destination
6. Qualifications, manners, respect and opportunity should be the foundations for students that need a second chance.

School Ethos



High Standards



Daring to Dream



Traditional Values



Success



Personalised Support

High standards – students are pushed to achieve beyond their potential, and staff work to ensure everything that we do is better than people expect.

Daring to Dream – students at The Ladder School may have been in an educational setting where they lacked aspiration to be successful, at The Ladder School we challenge students to reach their potential and go on to further education and employment.

Traditional Values – some things often get forgotten in education, at The Ladder School we pride ourselves on mutual respect, good manners, making a positive contribution, supporting one another and an orderly, litter free environment.

Success – can come in many virtues, at The Ladder School we celebrate the small steps every day and tell students when they are doing well. We ensure that students can have a successful future.

Personalised Support - all students at The Ladder School have a Learning Coach who guides them, sets them bespoke targets and supports them in making social and academic progress.

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The Ladder School is committed to safeguarding and promoting the welfare of children and requires all staff to act in the best interests of our children at all times.

1. Introduction

The Ladder School recognises its duty under the [Education Act 2002](#) to make arrangements to ensure that functions are carried out with a view to safeguarding and promoting the welfare of children and complies with [The Education \(Independent School Standards\) Regulations 2014](#).

The Ladder School acknowledges the obligations associated with the [Children Act 1989](#), the [Human Rights Act 1998](#), the [Equality Act 2010](#) and the [UN Convention on the Rights of the Child](#). We also have regard to HM Government guidance [‘Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings’](#) (June 2019).

We follow current DfE guidance [‘Keeping children safe in education’](#) (2019), [‘Working together to safeguard children’](#) (2018)¹, HM Government advice [‘What to do if you’re worried a child is being abused’](#) (2015) and the Local Safeguarding Children Partnership’s policies, procedures, guidance and protocols.

We also recognise the importance of effective health and safety management in compliance with the [Health & Safety at Work etc. Act 1974](#) and [The Management of Health and Safety at Work Regulations 1992](#); and acknowledge our responsibility for ensuring the health, safety and welfare of all those we work with especially our employees, children and visitors to our premises.

We will take immediate action, where we believe an individual may be at risk, or it is alleged that a child is suspected of being abused. Our primary concern, at all times, is the welfare and safety of all members of The Ladder School community, including children, staff and visitors.

This policy and all associated procedures apply to all staff (including consultants, agency staff, volunteers, students on placement and any other individual working for, or on behalf of The Ladder School) and children; and should be read in conjunction with other safeguarding and employment policies including (not an exhaustive list):

- [Administration of Medication Policy](#)
- Anti-Bullying Policy
- [Compliments and Complaints Policy](#)
- [Child Protection](#) Policy
- Curriculum Policy
- [Equality and Diversity](#) Policy
- E-Safety and Multi-Media Policy
- Exclusion Policy
- Health and Safety Policy
- [Management of Behaviour: Rewards and Sanctions Policy](#)
- [Missing from Education](#) Policy

- Off-Site Visits Policy
- Privacy Policy**
- Recruitment and Selection Policy
- Safe Working Practice Policy (Code of Conduct)
- Searching, Screening and Confiscation Policy
- Whistle Blowing Policy

Failure to comply with these policies and procedures may result in disciplinary action, which might include summary dismissal (and referral to the [Disclosure and Barring Service](#) and the [Teacher Regulation Agency \(TRA\)](#), where appropriate) or termination of agreement or contract.

2. Roles and responsibilities

The Chief Executive Officer (CEO) of The Mercian Trust has approved this policy; and has delegated responsibility for its effective operation to the Principal. For further information on the **roles and responsibilities** of the Designated Person, see Appendix 1.

Restrictive physical interventions are always an act of last resort; and must only be used when there is no other way of stopping a child from doing themselves or others significant harm, or causing serious damage.

Where an RPI is used children will always be treated with compassion, dignity and respect before, during and after the incident. A member of staff should communicate with the child throughout the restraint (RPI) in order to continually de-escalate the situation and monitor their physical and emotional well-being.

However, where communication with the child is known or found to escalate a particular situation, staff must adjust their level of interaction accordingly whilst continuing to monitor the child's well-being. A record of any such strategy must be recorded in the child's behaviour management plan and details recorded as part of the restrictive physical intervention record. If the child's physical or emotional condition gives rise to any concern, the restraint (RPI) must stop immediately and all appropriate steps must be taken to safeguard the child's physical and emotional well-being.

All relevant staff must follow the procedures outlined in this policy and report any safeguarding concerns to a senior member of staff **as a matter of utmost urgency** and submit any written documentation **within 2 hours, or by the end of the working day, whichever is sooner.**

3. The legal context

The use of force increases risks to the safety of children and staff and inevitably affects personal freedom and choice. We are committed to ensuring that all restrictive interventions are used in a transparent, legal and ethical manner.

For further information on **the legal context**, see Appendix 2.

4. Duty to make reasonable adjustments

We recognise our obligations under the [Equality Act 2010](#) and acknowledge our legal duty to make reasonable adjustments for disabled children and children with special educational needs (SEN).

We will take positive and proactive steps to remove, reduce or prevent the obstacles faced by a disabled child and/or a child with special educational needs (SEN), as far as is reasonable.

5. Team teach

Team teach is a national organisation, which has developed approved methods of dealing with situations in which restrictive physical intervention might be required. For further information, visit www.teamteach.co.uk.

For further information on **Team teach** and our use of it, see Appendix 3.

6. Prevention of restrictive physical intervention

The Ladder School is committed to improving the quality of life for the children attending our school by increasing the use of proactive, preventative, non-restrictive approaches in response to behaviour of concern (challenging behaviour) while at the same time, reducing the use of restraint and other restrictive practices wherever possible.

It is The Ladder School policy to identify, train and support staff in each setting to promote the systematic introduction and development of Positive Behaviour Support across the school.

In adopting the Team teach approach to behaviour management, we are fully committed to the key expectation that 95% of Team teach is about risk and restraint reduction. Positive handling techniques centre upon calm communication, diversion and de-escalation.

Staff must have the skills and confidence to communicate easily and understand the importance of listening to, involving and responding to the children in their care. Staff should understand that they have a responsibility to observe, notice and respond to children who are expressing their views, acknowledging that it is not the sole responsibility of the child to 'tell'. They should also understand how children might communicate their feelings through their behaviour.

Staff must use appropriate de-escalation techniques and creative alternative strategies that are effective and specific to the needs of each child and designed in consultation with them, where possible.

7. Risk assessments and behaviour management plans²

Some children at The Ladder School have an individual risk assessment and behaviour management plan. The designated member of staff with overall responsibility for ensuring individual risk assessments and behaviour management plans are devised, monitored,

reviewed and updated (if necessary), in accordance with expectations of The Ladder School.

These documents are initially created using information generated via referral and admission procedures, including discussions with parents, carers, any other adult with parental responsibility (e.g. social worker), other local authority representatives and medical practitioners (where appropriate). Additional evidence associated with early observations, experiences and conversations with the individual child, is incorporated as soon as possible.

When developing these documents, The Ladder School must use the 'six stages of crisis' model, as depicted in the individual behaviour management plan to help the child identify what their behaviours might look like at different stages, useful distraction and de-escalation techniques and unhelpful strategies.

Where new information is brought to the attention of a member of the Senior Leadership Team, including the development or cessation of risk-taking behaviours, details will be communicated to relevant staff as soon as reasonably possible; and the individual risk assessment and/or behaviour management plan will normally be reviewed, updated and redistributed (where appropriate), within 72 hours.

² The use of terms, such as behaviour management plan, will be reviewed and evaluated, as part of the introduction of Positive Behaviour Support.

All relevant staff are obliged to familiarise themselves with the current risk assessment and behaviour management plan for every child they are likely to have responsibility for educating, engaging, supporting or supervising.

All risk assessments and behaviour management plans are developed and then reviewed and updated on a regular basis in consultation with children. The period of review will vary from child to child depending on changes in their behaviour, responses to particular strategies and/or other matters of concern. However, every risk assessment and behaviour management plan **must be reviewed in full and updated at least every 6 calendar weeks. Parents, carers, and any other adult with parental responsibility (e.g. social worker) must be informed of any significant updates.**

Any health-related conditions that may have implications for how staff (and the child) manage their risk-taking behaviour and specifically in relation to the use of restrictive physical interventions, must always be referred to a medical practitioner as soon as reasonably possible and preferably before admission. **It is not appropriate to rely solely on the views of parents, carers or any other adult with parental responsibility (e.g. social worker) or other local authority representatives when considering health-related matters.** Any relevant details will be recorded in the individual risk assessment and behaviour management plan and circulated to all relevant staff.

In conducting dynamic risk assessments in response to specific incidents:

- Staff are not permitted to engage the support of members of the public in the management of children's behaviour under any circumstances particularly in the use of restrictive physical intervention. This includes parents, carers or any other adult with parental responsibility (e.g. social worker).
- Staff must not assist parents, carers or any other adult with parental responsibility (e.g. social worker) in using a restrictive physical intervention to manage a child's behaviour. Where such circumstances arise while the child is on The Ladder School premises, staff should ask the parent/carer etc. to withdraw from the situation and allow staff to manage the incident in accordance with this Restrictive Physical Intervention (RPI) Policy. If the parent/carer etc. refuses to withdraw and the child is suffering, or is likely to suffer significant harm, a member of staff must call the police immediately.
- Where parents, carers or any other responsible adult (e.g. social worker) instigate a restrictive physical intervention, in the presence of a member of staff, when the child is considered to be in their care (i.e. off-site), staff should monitor the situation and inform the police and/or children's social care if they have any concerns.
- Staircases and steps**
Staff must not, under any circumstances, use restrictive physical interventions to escort children up or down a staircase containing three or more steps.

Given the potential risk of a slip, trip or fall, any decision to move a child up or down one or two steps must be based on a dynamic risk assessment where the potential risk of **not** escorting the child away from the area is greater.

- Response to unauthorised climbing**
Given the potential risk of serious injury and death associated with falling from height it is important to emphasise that there is no such thing as a 'safe climbing height' for

children.

The Ladder School will do everything possible to identify, educate and support children at risk while at the same time minimising access to roofs, balconies and temporary works, such as scaffolding; and planning internal and external environments with a view to reducing opportunities for unauthorised climbing. However, it is imperative that all staff with a responsibility for educating, engaging, supporting or supervising children, are vigilant and proactive in preventing them climbing on fixtures, fittings, furniture and other objects, both inside and outside buildings.

In the event that a child is attempting to climb above ground/floor level, staff must conduct a dynamic risk assessment to establish whether it is safer to either support the child verbally, and encourage them to return to ground/floor level or, where the risk is deemed unacceptably high, to physically manoeuvre the child back to ground/floor level. In all cases, the desired outcome is prevent access to an area of height and therefore prevent a risk of clear and present danger arising.

Any such decision, must be based on the principles of best interests (of the child) and duty of care^[1]. Failure to intervene in a situation, where clear and present danger exists, may result in disciplinary action.

If the child has succeeded in climbing out of reach of staff it is imperative not to do anything that may increase the risk of harm either to the child or to staff involved in seeking to de-escalate the situation. Ideally, a member of staff with a good relationship with the child should engage and negotiate with the child to either climb down themselves or if they are unable to do so, accept the offer of support from The Ladder School staff, or in high-risk situations rescue by the emergency services.

If a child has managed to gain access to the roof of a building, **staff must not, under any circumstances** follow a child onto the roof. Staff should safeguard themselves and others from the risk of contact with items thrown or dislodged from the roof while again, seeking to engage and negotiate a safe resolution to the situation. Following such events, steps must be taken to close off the identified access route to the roof, as soon as possible.

- Staff should not engage in any restrictive physical interventions in a 1-to-1 situation with a child, unless there is an immediate, foreseeable and significant risk to the child, other children or the staff member present (unauthorised climbing, being one such example).

[1] All staff with a responsibility for educating, engaging, supporting or supervising children have a common law duty of care, which means they must take reasonable care to prevent foreseeable harm coming to the child or young person.

APPENDIX 1

- Staff should not attempt any physical contact (whether or not such contact would qualify as a restraint (RPI) in incidents where they are outnumbered by the number of children involved; and there is a risk that the personal safety of staff will be compromised, due to the actions of other children present.
- Staff should not attempt to remove a child's shoes or any other item of outer clothing e.g. jumper or jacket during a restrictive physical intervention, when to do so may place the child or any member of staff at risk of greater injury.

However, where there is an immediate, foreseeable and significant risk to staff members involved in a seated or kneeling position from a child deliberately kicking staff **and** it is not considered safe to use a controlled release or breakaway, the child's shoes may be removed for the shortest period of time possible, using minimum force. Any such intervention must be recorded in the child's risk assessment and behaviour management plan and the reasons and details documented as part of the restrictive physical intervention record.

- Staff should be aware that certain members of staff (including agency staff, consultants, volunteers, students on placement and new employees) are not trained or authorised to use restraint (RPIs) including Team teach holds and escorts. Trained members of staff must immediately help and enable such a person to physically withdraw from the situation with a child who is displaying physically aggressive behaviour **without undermining the member of staff concerned**. The untrained member of staff must contribute to the reporting and recording of the incident in accordance with the procedures outlined in this policy document.

8. The use of withdrawal

HM Government guidance [‘Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings’](#) (June 2019), differentiates between ‘imposed withdrawal’ and ‘autonomous withdrawal’ as follows:

- **Imposed withdrawal** involves removing a child **involuntarily** from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves.

Where withdrawal is against the individual's will, it is a form of restraint carried out under a setting's duty of care to protect the child from harm, or risk of harm to themselves and/or others.

- **Autonomous withdrawal** occurs when a child or young person actively chooses to move to a quiet space for a period, for example when their anxiety levels rise and they become agitated, in order to calm down and ‘self-regulate’ their behaviour, averting the need for restraint.

Staff must take care to ensure that their use of language is clear regarding when withdrawal is autonomous or imposed. For information on our **use of withdrawal** see

Appendix 4.

For further information on **definitions** associated with the use of reasonable force and restrictive physical intervention, see Appendix 5.

9. Reporting and recording incidents of restrictive physical intervention

All incidents involving the positive application of force by staff to overcome **moderate or rigorous resistance** where staff **guide, direct, decide** or **control** a person's free movement, must be regarded as a restrictive physical intervention. This includes, but is not limited to, all recognised Team teach holds and escorts.

All incidents of restrictive physical intervention must be reported to senior staff and recorded in a clear, accurate and comprehensive manner on a 'Restrictive Physical Intervention Record' as soon as is reasonably possible (and normally within 24 hours of the incident).

In addition, staff witnesses who saw whole, or part of a restraint (RPI) must also make a record of their observations on a 'Supplementary RPI Record', if:

- a child was marked or injured as a direct consequence of staff decision making and/or the RPI strategy used;
- there is any chance that an allegation or complaint will be made in relation to the incident against a child or member of staff;
- a senior member of staff deems it necessary in order to safeguard a child or member of staff.

Where there is a common antecedent/causal link between separate RPIs for the same child, on the same day, these may be recorded as part of the same incident on the same RPI record. However, it must be evident, both in practice and on paper, that the behaviours described are consistent with the transitions identified in the 6 stages of crisis model advocated by Team teach.

Entries in all records must be complete, legible, clearly expressed, non-stigmatising and distinguish, as far as possible, between fact, opinion and third party information.

Responsibility for ensuring all documentation is completed in full, rests with both the:

- member of staff who instigated the physical intervention; **and**
- the most senior/experienced staff member present during the physical intervention.

Injuries to any individuals involved must be reported and recorded on an **Accident and Injury Record** in accordance with the 'Health and Safety Policy'. All reportable incidents will be reported in accordance with [RIDDOR \(Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013\)](#).

All use of reasonable force must be reported to parents/carers (where appropriate) and relevant authorities by a nominated member of staff within 24 hours. The nature of communication may include email, telephone, voicemail, or face-to-face conversation.

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Where an individual cannot be contacted within 24 hours, the details of the restrictive physical intervention must be communicated as soon as is reasonably possible. All such communications must be recorded in accordance with The Ladder School's procedures.

In the event that a child is marked or injured during an incident of restrictive physical intervention, the Designated Safeguarding Lead: Chris Bury, Pippa Bennett, Group Safeguarding Lead: Lois Kelly and the LADO.

Any person physically involved in an incident of restrictive physical intervention MUST NOT be responsible for monitoring, evaluating or 'signing off' the incident.

10. Post-incident support for children

Talking to children about incidents of restrictive physical intervention and the behaviour that led to it is fundamental to empowering them to understand and manage their own behaviour.

For further information on **post-incident support for children**, see Appendix 6.

³ Some local authorities still use the term 'Local Authority Designated Officer' (LADO)

11. Post-incident support for staff

First aid/medical assistance must be summoned immediately if there are any specific health concerns for staff arising from a restraint (RPI) incident and/or the antecedents.

The process of reflecting on an incident of restrictive physical intervention with staff can serve a number of purposes. For example, it provides an opportunity to:

- establish, monitor and promote the physical and emotional well-being of staff;
- express and/or address any thoughts, feelings or behaviours associated with the specific incident;
- reflect on the nature and sequence of events, in order to identify what led to the incident and what, if anything, could have been done differently;
- determine whether alternatives, including less restrictive interventions, such as autonomous withdrawal, were considered;
- review and update the child's risk assessment and behaviour management plan, to ensure that any new behaviours, useful de-escalation techniques and unhelpful strategies are included, where appropriate.
- determine whether barriers or constraints within policy, procedure or practice make it difficult to avoid the same course of action in the future;
- recommend, where appropriate, changes or updates to the policies, procedures, practice, environment or staff training within the setting;

All staff physically involved in an incident of restrictive physical intervention should normally be debriefed within 24 hours by a member of staff nominated by the Principal and notes of any discussion recorded.

In addition, all staff and children must be given an opportunity to discuss incidents of physical intervention they have witnessed or been affected by, with an appropriate member of staff, who, if they were physically involved in the incident, must be accompanied by someone who was not.

12. Monitoring incidents of restrictive physical intervention

The Chief Executive Officer (CEO) of the Mercian Trust has delegated responsibility for the regular monitoring and evaluation of restrictive physical interventions on a daily, weekly and monthly basis to the Principal. Information generated during this process is shared, as appropriate, with:

- Members of the Leadership Team;
- The Ladder School Safeguarding Committee;
- Personal tutors and/or Key Workers;
- The Mercian Trust Safeguarding Lead;
- The Mercian Trust Executive Management Team; and
- LGB through its Safeguarding Overview Committee

The LGB meets regularly under the chairmanship of a Non-Executive Director and reviews specific incidents and general trends.

The use of positive handling and restrictive physical interventions, is also a standing item on all relevant staff meeting agendas.

13. Individual welfare support

Where a child's behaviour generates an individual risk assessment with a high likelihood of harm, for example drug abuse or self-harming, steps will be taken to communicate such information to parents, carers, any other adult with parental responsibility (e.g. social worker) or other local authority representatives, as soon as reasonably possible (and in any event within 24 hours).

Where it is agreed that we are still able to meet the needs of the child, pro-active strategies will be adopted to reduce the likelihood, and therefore risk of harm, by identifying a member of staff with the necessary knowledge, understanding, skills and relationship to work with the child on a one-to-one basis over a period of no longer than 48 hours.

The sole focus of individual welfare support is to engage with the child in order to identify and address (where possible) any underlying issues or concerns whilst keeping them safe from harm. The process and outcome of any such work will be recorded and shared with parents, carers and any other adult with parental responsibility (e.g. social worker) or other local authority representatives, in accordance with our policies and procedures.

We also work in partnership with other agencies such as hospitals, general practitioners, and the Child and Adolescent Mental Health Service (CAMHS), where appropriate.

14. The use of medication

It is not our normal policy to administer Ritalin or any other similar form of medication as a means of managing behaviour. However, if parents, carers, and any other adult with parental responsibility (e.g. social worker) or other local authority representatives or specialists wish a child, already taking the medication to continue with it while at The Ladder School - this is open to discussion and may be agreed under very controlled conditions.

15. Powers to search children

The Ladder School has clear thresholds and comprehensive procedures to be followed in relation to room, bag and personal searches. All searches must be authorised by a senior member of staff/the principal.

For further information, see our 'Searching, Screening and Confiscation Policy' and/or 'Privacy Policy'.

16. Seeking the views of children, parents, carers, any other adult with parental responsibility (e.g. social worker) or other local authority representatives and staff

Regular enquires are made of all children as to how safe they feel at The Ladder School and ways in which services and outcomes can be improved. The views of parents, carers, and any other adult with parental responsibility (e.g. social worker), other local authority representatives and staff are also sought through existing mechanisms for consultation and feedback. Records are kept of these enquiries and any actions taken.

17. Safeguarding and child protection

The Ladder School will always consider whether a child's behaviour gives cause to suspect that they are suffering, or are likely to suffer, significant harm; or whether their behaviour might be the result of unmet educational or other needs. All child protection concerns will be addressed in accordance with our 'Child Protection Policy'.

18. Police involvement

We are committed to minimising the criminalisation of children's behaviour and endorse the view that children should not be charged with offences resulting from behaviour that would not similarly lead to police involvement if it occurred in a family home.

Careful, child-centred decision-making is made about reporting behaviour to the police though appropriate notifications are always made and clearly documented.

If the behaviour could be criminal, or poses a serious threat to a member of the public, the police should always be informed.

A decision whether or not to involve the police in an RPI-related incident will be made by

the Principal.

19. Complaints

Children, staff, parents, carers, and any other adult with parental responsibility (e.g. social worker) or other local authority representatives are all able to complain to The Ladder School if they are unhappy with any aspect of the education or care provided. All complaints are taken seriously and will be dealt with without delay. For further information, see our 'Compliments and Complaints Policy'.

All complaints concerning allegations of child abuse will always be addressed in accordance with our 'Child Protection Policy'.

20. Implementation, monitoring, evaluation and review

The designated senior member of staff with overall responsibility for the implementation, monitoring and evaluation of the 'Restrictive Physical Intervention (RPI) Policy' is the Principal.

The designated member of staff is also responsible for ensuring that all children, staff, parents, carers and placing local authorities are aware of our policy. Additional support would also be provided to any parent or significant person wishing to know more about the policy and procedures outlined above. A copy of this policy document is available for inspection on the premises during office hours (term time only) and an electronic copy is posted on our website:

This policy document will be reviewed and publicised in writing at least annually and, if necessary, more frequently in response to any significant incidents or new developments in national, local and organisational policy, guidance and practice. Roles and responsibilities

The designated senior member of staff with overall responsibility for the 'Restrictive Physical Intervention (RPI) Policy' at The Ladder School is the Principal.

The role of the Designated Person is to:

- ensure that a written policy on the use of reasonable force/restrictive physical intervention (RPI) is in place and reviewed every 12 months;
- ensure that all relevant staff are aware of and follow current legislation, regulations and statutory guidance on the use of reasonable force and restrictive physical interventions (RPI);
- ensure a sufficient number of suitably qualified, skilled and experienced persons are employed; and that the number of staff deployed and their level of competence corresponds to the needs of children;
- ensure that all staff receive appropriate training, in accordance with their roles and responsibilities;
- establish effective systems to record, monitor and analyse RPI incidents, in such a way as to be able to use this information to inform future actions; and report these findings

- to The Ladder School Safeguarding Committee;
- provide advice, guidance and support to staff involved in/affected by incidents of restrictive physical intervention;
 - provide advice, guidance and support to children involved in/affected by incidents of restrictive physical intervention;
 - notify The Mercian Trust's Safeguarding Lead about ALL child protection concerns that warrant discussion with parents, carers or an external agency/professional, including the local multi- agency safeguarding hub (or equivalent), Designated Officer, police or children's social care **including the allocated social worker**; within 24 hours of the concern being reported; and record all relevant information on The Ladder School's Safeguarding Return document;
 - maintain a record of all 'cause for concern' issues and child protection concerns in accordance with requirements set down by The Mercian Safeguarding Policy and forward to the Mercian Trust Safeguarding Lead every week; and
 - liaise with Team Teach on all issues associated with restrictive physical intervention, including, Team teach policy, practice and training.

All relevant staff must follow the procedures outlined in this policy and report any safeguarding concerns to a senior member of staff **as a matter of utmost urgency**; and submit any written documentation **within 2 hours, or by the end of the working day, whichever is sooner**.

The legal context

Any use of force or restraint (RPI) involves risks to the safety of children and staff (including causing physical injury, psychological trauma or emotional disturbance) and inevitably affects personal freedom and choice.

Restrictive physical intervention must only be used:

- in the best interests of the child and/or others affected by the behaviour;
- within the context of our wider Management of Behaviour Policy;
- when all de-escalation strategies have been exhausted or in an emergency; and
- when the risks of **not** employing a restrictive intervention are greater than the risks of using force.

You are legally only allowed to use reasonable force under certain clearly defined circumstances. The inappropriate use of restrictive physical intervention will lead to disciplinary action and may result in criminal charges.

2.1 School settings only

Under [Section 93 of the Education and Inspections Act 2006](#) reasonable force can be used in school settings only to prevent pupils:

- a. committing any offence,
- b. causing personal injury to, or damage to the property of, any person (including the pupil himself), or
- c. prejudicing the maintenance of good order and discipline at the school or among any pupils receiving education at the school, whether during a teaching session or otherwise.

Schools can use reasonable force to:

- remove disruptive child from the classroom where they have refused to follow an instruction to do so;
- prevent a pupil behaving in a way that disrupts a school event, trip or visit;
- prevent a pupil leaving the classroom where it would risk their safety or lead to behaviour that disrupts others;
- prevent a pupil from attacking a member of staff or another pupil, or to stop a fight in the playground; and
- restrain a pupil at risk of harming themselves through physical outbursts.

However, where there is no immediate risk to persons or property, staff must manage such situations by non-physical methods as far as possible.

2.2 Reasonable Force

The use of any degree of force can only be deemed **reasonable** if:

- It is warranted by the particular circumstances of the incident including a dynamic assessment of the relative risks associated with using physical intervention compared with using other strategies;
- It is proportionate to the seriousness of the incident and the consequences it is intended to prevent including the application of gradually increasing or decreasing levels of force

in response to the person's behaviour;

The force used must not be more than is necessary and should be applied in a way that ensures the minimum amount of force (to avert injury or serious damage to property) for the shortest possible time. A controlled release or breakaway must be used as soon as it is safe to do so.

- The age, understanding, special educational needs, social, emotional and physical development, medical history, cultural background, gender and personal circumstances of the child are taken into account.

In addition, staff must also take into account:

- the size of the child;
- the relevance of any disability, health condition or medication to the behaviour in question and the action that might be taken as a result;
- the relevance of any past life experiences including physical, sexual and emotional abuse and the potential impact of any physical contact;
- the child's previously sought views and preferences on strategies that they considered might de-escalate or calm a situation, if appropriate;
- the method of restraint (RPI) which would be appropriate in the specific circumstances; and
- the impact of the restraint (RPI) on the staff members' future relationship with the child.

There is no legal definition of "reasonable force" - it will always depend on the judgements made at the time taking due account of all circumstances including any known history of other events involving the individual concerned. Where records of incidents involving particular children show that there are set patterns to their behaviour which, if unchecked, will lead to it becoming dangerous or exceptionally disruptive, then reasonable force may be justified at an earlier stage.

The use of any degree of force is unlawful if the particular circumstances do not warrant it. Physical force must not be used to prevent a child from committing a trivial misdemeanour not likely to cause harm or damage or in a situation that clearly could be resolved without it.

Staff must not act in a way that could be reasonably expected to affect the child's airway, breathing or circulation or deliberately inflict pain or cause injury, for example by:

- Slapping, punching, kicking or tripping a child;
- Twisting or forcing limbs against joints;
- Applying pressure to the neck region or abdomen;
- Holding or pulling a child by the hair, ear or neck;
- Covering a child's mouth and/or nose; or
- Using 'nose distraction' techniques
- Using a 'seated double embrace' or 'double basket-hold'
- Using any technique that may interfere with breathing

Any such intervention however lightly used, may constitute a criminal offence and render the member of staff liable to prosecution and/or disciplinary action.

Staff are not permitted to use any form of prone restraint technique, including a Team teach front ground recovery hold. In circumstances where a child takes themselves to the ground during a restraint (RPI), **staff must be proactive in instigating a controlled**

release or breakaway as soon as it is safe to do so.

In the event that a child gets to their feet after staff disengage and their behaviour continues to present a risk of injury and/or significant damage, it may be necessary to re-engage using another restrictive physical intervention.

In order to ensure that staff are able to handle children safely and confidently we have adopted the principles and techniques of the Team teach approach (see Appendix 3). However, while Team teach techniques seek to avoid injury to children, it is possible that occasional bruising or scratching may occur accidentally, and these should not be seen necessarily as a failure of professional technique but a regrettable and infrequent side effect of ensuring that the child remains safe.

It is also recognised that staff may very rarely have no alternative but to respond with a technique from outside the Team teach framework. This does not necessarily render the use of any such skill or technique improper, unacceptable or unlawful.

Each incident will be monitored and evaluated in accordance with section 12 above to enable the Team teach Lead to be sure that a Team teach technique could not have been used.

All use of restrictive physical intervention must be reasonable, proportionate and necessary in those particular circumstances.

Team teach

Team teach is a national organisation which has developed positive behaviour management strategies that emphasise team building, personal safety, communication, and verbal and non-verbal de-escalation techniques for dealing with challenging behaviour, which reduce the need for physical intervention. Whilst, at the same time, providing approved training in positive handling responses to disruptive, disturbing, angry and aggressive behaviour; that maintains positive relationships and provides safety for all.

Team teach training is affiliated to The General Services Association and its courses have been accredited (2006, 2009, 2012) by the British Institute of Learning Disabilities and The Institute of Conflict Management (2015). All physical techniques have undergone a medical risk assessment review carried out by independent medical experts as part of these accreditations.

For further information, visit www.teamteach.co.uk.

While responsibility for the co-ordination, monitoring and evaluation of our Team teach training programme rests with Kedleston Group's Lead Team teach Tutor (SCHOOL' parent company), we have a designated 'in-house' tutor who is responsible for the day-to-day monitoring of Team teach policy and practice including oversight of all records associated with RPI.

Only staff appropriately trained and authorised by the Principal may use any form of restrictive physical intervention including all team teach holds or escorts. This will normally include all members of the leadership, education and care teams and associated 'bank staff' and agency staff. In addition, nominated administration, maintenance and domestic staff may use Team teach physical intervention strategies in exceptional circumstances and only after successfully completing an appropriate Level 2 Team teach course.

Any member of support staff who does not wish to undertake a Level 2 Team teach course must complete a Level 1 course. While this will not entitle them to proactively use any form of physical restraint (RPI), it will enable them to respond more effectively if confronted by a child directing threatening and aggressive behaviour towards the individual.

Our HR Administrator maintains a list of those who have been authorised and the training that has been provided; and staff who successfully complete the various levels of the training programme receive official certification from the Team teach organisation.

Where new staff, including agency staff, can provide evidence of:

- having successfully completed an appropriate Team teach course within recommended timescales prior to appointment; **and**
- having read and understood our 'Restrictive Physical Intervention Policy'; **and**
- having read and understood the individual risk assessment(s) and behaviour management plan(s) for any child/ren they are likely to have explicit responsibility for educating, engaging, supporting or supervising; **and**

- are able to demonstrate current knowledge, understanding and skills and provide a current Team Teach certificate

Authorisation is **not** given to unqualified members of the Leadership, Education, Care Teams or associated 'bank staff' or agency staff i.e. staff without a valid Team teach certificate; volunteers, students on placement, parents, carers, any other adult with parental responsibility (e.g. social worker) or other local authority representatives on The Ladder School site or external contractors.

Specific guidance must be given to all unqualified/unauthorised staff **on their first day of employment and prior to coming into contact with any children** by the Principal, on what action they should take in accordance with their role and responsibilities.⁵ This conversation must include reference to any potentially dangerous behaviours exhibited by children on site as well as appropriate precautions and strategies to minimise the risk of personal harm and injury when working with children at The Ladder School. There should be clear and unequivocal instruction that any such unqualified staff must not take any part in an RPI unless a situation of clear and present danger exists. Details of all discussions must be recorded.

In the event that a staff member's official certification expires during the course of their employment they too must be given specific guidance by the Principal on or before the date on which their certification expires.

We are committed to training all staff authorised in the use of Team teach positive handling strategies to Level 2 within 60 days of starting employment. All staff trained in the use of Team teach strategies must attend refresher courses in accordance with Team teach Protocols.

The outcome of all Team teach courses, including staff achievement, feedback and summary evaluation records, are forwarded to the Director of Team teach and shared with the Principal.

The use of withdrawal

HM Government guidance [‘Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings’](#) (June 2019), differentiates between ‘imposed withdrawal’ and ‘autonomous withdrawal’, as follows:

- Imposed withdrawal involves removing a child ***involuntarily*** from a situation which causes anxiety or distress to themselves and/or others and taking them to a safer place where they have a better chance of composing themselves.
- Autonomous withdrawal occurs when a child or young person actively chooses to move to a quiet space for a period, for example when their anxiety levels rise and they become agitated, in order to calm down and ‘self-regulate’ their behaviour averting the need for restraint.

Withdrawal must only be used at The Ladder School for the following reasons:

- To ensure the safety and well-being of an individual or other people;
- To allow a child time to calm down and reflect on their behaviour following an upset or misbehaviour. This may be instigated by the child, offered by staff or directed by staff, if the circumstances warrant it.
- To prevent and/or diffuse any behaviour prejudicial to maintaining good order and discipline **in school settings only**.

The use of withdrawal must be **reasonable** and **proportionate** to the risks and behaviours concerned, taking into account the child’s history in similar circumstances. SCHOOL has an equal duty of care to other children and staff and a child should not be allowed to return to normal groups while a reasonable possibility of physical and/or psychological harm to anyone exists.

Withdrawal may only be operated under particular conditions:

- Children must be actively monitored at all times while in withdrawal;
- No child must be kept on withdrawal longer than absolutely necessary;
- A member of staff must offer the child an opportunity to discuss the situation in withdrawal at least every 15 minutes in order to establish whether they are willing and/or able to return to the normal group;
- All incidents of withdrawal exceeding 15 minutes must be reported to senior staff and recorded as soon as is reasonably possible.
- A designated senior member of staff must be identified on a case-by-case basis to

ensure that no single period of withdrawal exceeds 60 minutes in duration.

- Should there be a need for further staff input following an initial 60 minute period of withdrawal, the designated senior member of staff identified above must actively consider the use of alternative behaviour management strategies.
- In the event that a designated senior member of staff concludes that a further period of withdrawal is appropriate, a record must be made of what alternative strategies were considered and the reasons they were anticipated to be inappropriate or ineffective.

When a child enters The Ladder School there is a discussion about the way in which it is best for the child to be supported if/when they pose a significant risk to themselves or others. If it is thought that withdrawal might be necessary at some point this is explored during that discussion.

The use of appropriate withdrawal may then be recorded in the child's individual behaviour management plan, along with an appropriate risk assessment identifying the benefits and risks associated with withdrawal for the child concerned.

Any use of quiet or reflection rooms must be conducted in accordance with a 'Use of Quiet/Reflection Rooms Policy and Guidance'.

Definitions

Team teach has defined the term **Positive Behaviour Support** as the “full range of strategies which are intended to improve relationships, mental fitness and quality of life while safeguarding people and services. These include a range of primary, secondary and tertiary strategies.”

Outlined below are a number of other relevant definitions:

Primary strategies: Identifying and removing sources of stress and triggers for challenging behaviour affecting each individual.

Secondary strategies: Calming, de-escalating, diverting attention and managing moods to prevent agitated and disordered behaviour from becoming hazardous.

Tertiary strategies: Controlling risk by preventing and managing hazardous behaviour using the least restrictive methods judged most likely to achieve the desired result.

Guides: The positive application of reasonable force to overcome minimal resistance prompting and encouraging a person’s free movement.

Controls: The positive application of reasonable force by staff to overcome moderate resistance, guiding and directing a person’s free movement.

Restraint: The positive application of force to overcome rigorous resistance; completely directing, deciding and controlling a person’s free movement in order to keep them safe.

Extract from the Team teach Workbook V.2.1 p.9-10

Restrictive Physical Interventions are designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact. For this reason both controls and restraint would be considered a form of restrictive physical intervention and should be recorded in accordance with policy, procedures and guidance.

Under HM Government guidance [‘Reducing the Need for Restraint and Restrictive Intervention: Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special education settings’](#) (June 2019), the term **Seclusion** is defined as follows:

Supervised confinement and isolation of a child or young person, away from others, in an area from which they are prevented from leaving, where it is of immediate necessity for the purpose of the containment of severely disturbed behaviour which poses a risk of harm to others. **This would include holding inward-opening doors or restricting outward-opening doors, in such a way that a person would be unable leave the room or area.**

Given the inherent restriction of liberty associated with this intervention, SCHOOL **would not employ such a strategy.**

Post-incident support for children

6.1 Health Checks

An immediate visual check must be conducted after every restrictive physical intervention by the most senior/experienced member of staff present to establish whether or not there are any urgent health concerns. If a visual check **does** provoke specific health concerns, first aid/medical assistance must be summoned immediately. Irrespective of the findings of the visual check, if a child requests medical attention this must be provided as soon as possible.

Regardless of the outcome of a visual check, a health check must be conducted and recorded as soon as reasonably possible (and in any event **within 1 hour** of the incident) by a nominated member of staff with a first aid qualification.

The purpose of the health check is to identify any visible marks, injuries or health concerns associated with the physical intervention; details of which must be reported to senior staff. Moreover, **any child held must be monitored following release in accordance with the timescales outlined below.**

Duration of RPI	Recognised Team teach Holds and Escorts			Other (Non-Team teach)
	Standing	Seated	Kneeling	
<1 min	5 mins	15 mins	15 mins	Duration subject to guidance from a qualified first aider/ medical practitioner (Minimum 30 mins).
<5 mins	10 mins	30 mins	30 mins	
<10 mins	15 mins	45 mins	45 mins	
>10 mins	30 mins	60 mins	60 mins	
Any child with a significant health condition or concern must be monitored for a minimum of 60 mins.				

All health monitoring exceeding 15 minutes in duration must be conducted by a nominated member of staff with a first aid qualification and the details recorded on an 'RPI Health Monitoring Record'.

In the event that a physical intervention occurs within a time frame that would mean the monitoring period would impact on the anticipated departure time of a child, appropriate steps must be taken to ensure the child is monitored in accordance with the expectations highlighted above (which may include making alternative transport arrangements in consultation with parents, carers, any other adult with parental responsibility (e.g. social worker) or other local authority representatives).

Staff are able to call on medical assistance as required, and children are always given the opportunity to be examined by a registered nurse or medical practitioner, even if there are no apparent injuries.

In the event that a child is marked or injured during an incident of restrictive

physical intervention, the Designated Officer (DO) and The Mercian Trust Safeguarding Lead, Lois Kelly must be notified within 24 hours.

6.2 Discussion and reflection

Talking to children about incidents of restrictive physical intervention is fundamental to empowering them to understand and manage their own behaviour. Discussion and reflection must not focus on the behaviours and consequences associated with the incident per se, but should seek to:

- establish, monitor and promote the physical and emotional well-being of the child;
- identify how feelings drive behaviour;
- establish any underlying needs, issues or concerns that may have prompted the individual's behaviour/reaction;
- consider alternative ways of managing particular feelings or responding to specific circumstances; and
- explore whether staff responses to the situation were helpful or unhelpful and how things could be done better next time.

In essence, discussion and reflection should focus on the **thoughts, wishes and feelings** of the child, not the facts of the incident.

The decision as to who completes this process will be based on a number of considerations, including the child's views and preferences. However, irrespective of the circumstances, **discussion and reflection must be conducted by someone who was not involved in the restraint (RPI) or the incident.**

Where a child explicitly requests to speak to someone involved in the restraint incident, as part of the debrief process, their wishes should be accommodated and clearly recorded by an independent member of staff, as part of the discussion and reflection. In the interests of safeguarding and child protection, an additional member of staff (acceptable to the child) must be present throughout the discussion and reflection.

An independent member of staff **must** also talk to the individual about their experience, the content of the documentation completed and encourage the child to express and record their views, feelings and/or version of events, as soon as is reasonably possible, ideally within 24 hours of the incident.

Details of this conversation must also be recorded in accordance with policy and procedures.

Regardless of who conducts the discussion and reflection with the child, staff involved in the incident must take all reasonable steps to ensure their relationship(s) with the child are not adversely affected by the incident.

In addition, all children must be given an opportunity to discuss incidents of physical intervention they have witnessed or been affected by, with an appropriate member of staff.