

Restrictive Physical Intervention Policy (St. John’s College)

1. Purpose and scope

The Head of College has the responsibility to maintain the safety and wellbeing of the learners and staff. This policy focuses on how we may use physical intervention with learners, what processes we have in place to ensure we are recording and reporting all instances of restrictive physical intervention (RPI) and how we are working to reduce its use in the college and residential settings.

This policy has been written considering the need to comply with the requirements of the Manual Handling Operations Regulations, 1992 (revised 1998 edition), and the Health and Safety at Work Act, 1974. It takes full account of the Equality Act 2010, the Children and Families Act 2014, the European Convention for the Protection of Human Rights and Fundamental Freedoms and the EU Charter of Fundamental Rights. It also complies with and supplements the relevant provisions of the Education Act 1996, Education and Inspections Act 2006 and the Government’s directives to reduce school exclusions. It takes account of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Restraint Reduction Training Standards.

This policy must be read in conjunction with the following policies:

- Child Protection and Safeguarding Policy and Procedures
- Adult at Risk Safeguarding and Protection Policy and Procedures
- Anti-bullying Policy
- Behaviour Policy
- Exclusions Policy
- Debriefing policy
- Health & Safety Policy
- Staff Code of Conduct
- Whistleblowing Policy
- DoLS Policy
- Mental Capacity Policy

2. The context

The Ambitious Approach to education, applied in our colleges and residential homes requires all policy and practice to afford our learners with dignity, compassion and respect. Our Ambitious Approach is centred around improving the quality of life of autistic children and young people while they are in our settings and ensuring this quality of life continues into adulthood. It is based upon a person’s indisputable rights to be:

- Treated with dignity and compassion
- Valued
- Listened to
- Supported to have the best quality of life possible
- Empowered to make choices and decide on how they want to live their life.

RPI, both planned and unplanned, can undermine dignity, respect and compassion and this

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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.

The model of support and training adopted by St. John's is Maybo. This is accredited by the restraint Reduction Network Training Standards.

Only staff who have undergone Maybo accredited training in physical intervention can use it. Where agency staff are employed, they are not allowed to physically intervene. The one exception to this rule is that staff can intervene and use reasonable force to prevent pupils/learners from hurting themselves or others.

All the techniques included in Maybo training have been extensively risk assessed and **do not use pain, locks, hyperextension, hyper flexion of limbs or joints**. All movements are Bio-Mechanically assessed to ensure that they work with the body's natural mechanical movement. The techniques provide a uniform response for dealing with aggressive behaviour and are tailored to ensure it can meet individual needs. All taught physical skills (breakaways/guiding/escorting/safe holding) do not employ potentially dangerous positions that may compromise breathing or the welfare and safety of the person based upon their individual characteristics and profile. Therefore, the teaching and use of **prone restraint is not supported**.

3. Our principles

Our college and residential settings promote Positive Behaviour Support (PBS), providing the right support at the right time. We teach children and young people new skills to minimise behaviours of distress and seek for the child/young person to engage in these new skills because they improve their life, make life interesting/meaningful for them.

For some of our children and young people we will also pay regard to function-based interventions, motivation and reinforcement.

We understand that behaviours of distress have a communicative intent.

Where RPI is required, it will only be used as a last resort; where a learner is putting themselves or others at risk and all other non-restraints have proved to be unsuccessful. It must be reasonable, proportionate and necessary and must never be used as a punitive measure.

At all times our staff will be committed to using 'the least to most' approach to physical intervention.

Not all behaviours of distress require RPI. Staff must try proactive strategies in the first instance.

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 pupils/learners and staff are kept safe.

We are committed to making learning motivating and engaging. We carefully monitor attendance and put systems in place to support learners and their families if attendance

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falls below the required target. This will often include working with external agencies.

4. Terminology / Definitions

The term 'positive handling' is often used to describe physical intervention/restraint. We have chosen to use the term '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 'behaviours of distress' 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'*.

We use the term 'behaviours of distress' to refer to the distress that may underpin the behaviour and/or the distress caused. Any intervention aimed to deliberately punish a learner, 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 learner. Staff who engage in any such act would render themselves liable for dismissal and being referred to the Disclosure and Barring Service (DBS).

5. The importance of the environment

The importance of the environment can serve to nurture, 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 of distress. Meeting learner's needs removes the need to employ physical intervention. The Ambitious Approach involves attending to physical and psychological needs by:

- *Employing impactful, high-quality teaching.* Our teachers:
 - engage in high quality instruction.
 - create a classroom climate that has high expectations whilst recognising and promoting students' self-worth.
 - have enhanced pedagogical knowledge relating to autism.
- *Meeting physical needs.* Our staff monitor:
 - hunger
 - tiredness
 - feeling unsafe
 - over stimulation
 - under stimulation.
- *Meeting psychological needs.* Our staff promote:
 - **Autonomy:** Creating as many opportunities as possible for pupils/learners to exercise the need for autonomy and limiting, as far as possible, practices that undermine autonomy. They also build learners' 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

6. Reducing the use of RPI

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All interventions should be in accordance with individual Behaviour Support Plans (BSPs) that are put 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 instances of behaviours of distress will decrease. Physical interventions will be systematically faded out as determined by data, trans-disciplinary review and monitoring.

The Senior Leader responsible for the Ambitious Approach within the setting is responsible for ensuring minimal rates of physical intervention. We gather and report on data termly around the use of physical interventions in our settings. We report to the following:

- Governing Body
- Education Committee
- Safeguarding Board
- Board of Trustees

7. Assessing the need for physical intervention and documenting it

When joining a setting, a Risk Assessment of Behaviours of Distress is carried out. When risk assessments identify risks that might need to be mitigated using physical intervention, a BSP is co-produced by the staff team around the young person. The plan specifies which interventions can be used and when they are used, they are classified and recorded on the BSP as 'planned interventions'.

BSPs primarily focus on preventative and proactive strategies to avoid distress escalating into a situation that may require physical intervention. Not all plans will include the use of physical intervention as a reactive strategy and where they do, the least restrictive interventions will be selected. Physical intervention will only be used when there is:

1. An immediate and clear risk to the learner's, or others' safety.
2. An immediate and clear risk of serious damage to property.
3. An immediate and clear risk of a criminal offence being committed.

If a physical intervention is used that isn't included in a PBS plan, this is classified and recorded on My Concern/Confide as an 'unplanned intervention'. Any use of unplanned interventions results in a risk assessment being undertaken.

All risk assessments and PBS plans are updated at least every six months.

8. Unacceptable and dangerous intervention

There are a number of interventions that are either unacceptable, dangerous and often both:

- Prone restraint - Chest on floor/other surface
- Supine restraint - Back on floor/other surface
- Any restraint using the locking of joints
- Any restraint using pain to achieve compliance
- Any restraint that involves forcing the head forward onto the chest area.

The above interventions should be avoided even in emergency situations unless the situation is life threatening. Particular care should be taken with any physical practice involving a person with underlying health problems such as swallowing, obesity or heart problems.

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When assessing the needs of any individual that requires the use of a restrictive practice as part of their support plan, it is essential that advice is sought from the relevant medical professionals around the use of such practices for the individual when underlying medical conditions are diagnosed and/or apparent.

9. Recording a RPI

All restraints, both planned and unplanned, must be recorded in Databridge. Staff will be trained during their induction period in reporting.

- If an intervention is set out in a young person's BSP then it gets recorded as a **planned physical intervention**.
- If an intervention is used that is not prescribed in the BSP it must be recorded as an **unplanned physical intervention**.

10. Seclusion

The Human Rights Act 1998 sets out important principles regarding protection from abuse by state organisations or people working for these institutions. It is an offence to lock an individual in a room without recourse to the law (even if they are not aware that they are locked in) except in an emergency.

The right to liberty and personal freedom is enshrined in Article 5 of the Human Rights Act 1998 and is protected by criminal and civil law. For these reasons the use of seclusion outside the Mental Health Act **should only be considered in exceptional circumstances** and should always be proportional to the risk presented by the child/young person or person supported.

In adult services, any form of environmental restriction imposed on individuals should be legally authorised. Therefore, if it is foreseen that it may be necessary to use a form of environmental restriction such as seclusion beyond dealing with an initial emergency in a community setting, an application should be made for a DoLS under the Mental Capacity Act 2005 should be considered.

Under the Children Act 1989 any practice or measure, such as 'time out' or seclusion, which prevents a child/young person from leaving a room or building of his/her own free will, may be deemed a restriction of liberty. Under this act, restriction of liberty of children/young people is only permissible in very specific circumstances, for example when the child/young person is placed in secure accommodation approved by the Secretary of State or where a court order is in operation. Advice for staff working in children's homes is that seclusion should not be used - if it is used as an unplanned response to prevent harm in an emergency, there should be an immediate review and risk assessment and the production of a plan that considers the use of proactive strategies and less restrictive options.

St. John's does not support the blocking of exits or the holding the of doors as a routine approach to managing behaviours that challenge. However, we do recognise that there may be situations that arise where this is deemed necessary in order to safeguard the individual or other learners. In such situations a senior member of staff must be informed that this is occurring or has occurred and should only ever momentary until the risk has reduced or passed.

11. Debriefing

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Debriefing after an incident is essential in supporting staff and learners to process any resulting distress, to learn from the experience and use it to inform best practice. Our debriefing policy provides details of the different types of debriefs provided. Staff are provided with opportunities to debrief with appropriate members of staff from across the transdisciplinary team or by utilising the employee assistance programme (EAP).

Learners 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 learners, the use of social stories or other supportive communication aids.

There should be a clear delineation between debriefing for emotional purposes and debriefing for business purposes e.g., to learn lessons from an event.

12. Monitoring and Reviewing Systems

All incident/accident reports must be checked by a nominated individual. The nominated lead will alert a member of the PBS team or the senior leader with responsibility for behaviour when either a planned or unplanned restraint has been used.

We have in place a means of tracking any changes to an individual risk assessment when it gets updated. This must include the reasons for change and what changes have come about as a result.

The lead person for H&S, Registered Managers, and the PBS team reviews all incident/accident reports weekly. The PBS Lead & Senior PBS practitioner completes a more detailed analysis of incidents. Both reviews and analyses are reported to the Senior Leadership Team on a monthly basis. In addition, termly Health and Safety reports are completed which detail incident, accident and near miss events, and RIDDOR reports with a comparison of events against previous years' entries.

RPI logs are audited monthly by the member of the PBS Team who provides support to the learner/pupil 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 and amend the PBS plan in line with this if needed.

These records will be stored for at least until the pension age of the staff member involved in the RPI, or for 10 years from the date of the incident if that is longer.

13. Communicating with Parents/Carers

In order to ensure we can keep everyone safe, parents and where possible and appropriate, social workers are asked to consent to physical intervention being used with their young person, as a last resort, should it be needed.

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Parents have an important role to play in helping staff to provide the best support possible for their child. They also have a right to be informed about any plans to use physical intervention and to know when such intervention has been used. Therefore, parents will be consulted in the process of developing BSPs. They will also receive copies of completed risk assessments and finalised BSPs. They will also be notified when physical interventions have been used.

We are always willing and able to discuss any parental concerns about the use of physical interventions. Parents are invited to contact their young person's teacher to share any questions and concerns. The class teacher will either address the issues being raised directly or will pass them on to another member of staff who will respond to the parent.

14. Mental Capacity

The Mental Capacity Act 2005 (MCA) defines restraint as when someone “uses, or threatens to use force to secure the doing of an act which the person resists, OR restricts a person’s liberty whether or not they are resisting”. Section 6 of the MCA states that restraining people who lack capacity will only be permitted if, in addition to it being in their best interests, the person taking action reasonably believes that it is necessary to prevent harm to the person. In addition, the amount or type of restraint used, as well as the amount of time it lasts, needs to be proportionate to the likelihood and seriousness of potential harm. If a learner is proven to have capacity and wishes for their parents not to be informed, then this should be adhered to. However, if there is a risk to the learner or others, safeguarding procedures must be adhered to. (see St John’s College’s Safeguarding Policies and Procedures)

15. Training

It is important that all staff are autism confident. They need to be deemed competent and confident to do their job well.

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

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