

Fossebrook Primary School

Team Teach Policy

Physical Intervention Policy 2023-2025



Fossebrook
Primary School

A place of discovery and friendship

CONTEXT

It is advised that all staff should be familiar with the Government Guidance on the use of reasonable force in Schools. (July 2013) Reference: DFE-00295-2013

The Policy is best placed within the Behaviour Policy; it will be part of a graded response, and needs to be agreed in consultation with staff, management, management committee parents/carers, and pupils. It also connects to, and should be consistent with, policies on Health and Safety, Child Protection and Safeguarding, Equal Opportunities, Pastoral Care and Special Educational Needs.

OBJECTIVES

At Fossebrook we believe that pupils and staff need to be safe, pupils need to know how to behave, and know that the adults around them are able to manage them safely and confidently. For a very small minority of incidents only will RPI (Restrictive Physical Intervention), be needed, and, on such occasions, acceptable forms of intervention are used. This policy should be used in conjunction with the school's Behaviour Policy and with any other relevant documents ie, Team Teach Workbook, Behaviour Management Plans.

The majority of pupils behave well and follow the expectations of our school. We have responsibility to operate an effective behaviour policy that encompasses preventative strategies for tackling inappropriate behaviour in relation to the whole school, each class, and individual pupils, thereby preventing serious breaches of school discipline and serious damage to property.

All school staff need to feel able to manage inappropriate behaviour, and to understand what challenging behaviours might be communicated. They need to know what the options open to them are, and they need to be free of undue worries about the risks of legal action against them if they use appropriate physical intervention. Parents need to know that their children are safe with us, and they need to be properly informed if their child is the subject of the use of RPI including the nature of the intervention and the rationale for its use.

2. MINIMISING THE NEED TO USE RPI

In our school we aim to:

- create a calm, atmosphere of safety and mutual respect, that minimises the risk of incidents arising that might require using RPI
- use Restorative Approaches to teach pupils how to manage conflict and strong feelings
- de-escalate incidents if they do arise
- only use RPI when the risks involved in doing so are outweighed by the risks involved in not using RPI
- use Risk Assessments and Positive Handling Plans for individual pupils

3. STAFF AUTHORISED TO USE RPI

All teachers and staff whom the Head Teacher has authorised to have charge of pupils automatically have the statutory power to use RPI.

In some circumstances, staff whose jobs do not normally involve supervising pupils and volunteers, working with pupils will be authorised to be in charge of pupils and therefore have statutory power to use RPI. In these cases, the Head Teacher or senior member of staff will inform the teachers and other staff (with permanent authorisation) who has temporary authorisation.

4. DECIDING WHETHER TO USE RPI

In our school, authorised staff will only use RPI when:

- the potential consequences of not intervening are sufficiently serious to justify considering use of RPI;
- the chances of achieving the desired result by other means are low
- the need for a dynamic risk assessment if deemed necessary and
- the risks associated with not using RPI outweigh those of using RPI

School staff (including people with temporary authorisation to have charge of pupils) will be kept informed about and advised how to deal with pupils who present particular risks to themselves or others (as a result of SEN and/or disabilities and/or other personal circumstances, such as domestic violence) by appropriate handover and liaison. School staff will minimise the highest risks, for example by calling the police if a pupil suspected of having a weapon seems likely to resist a search.

5. USING RPI

Before using RPI at our school, staff will engage the pupil in a calm and measured tone, making clear that their behaviour is unacceptable and setting out how the pupil could choose to change their behaviour. The use of RPI will only be proportionate to the level of risk and will be reduced at the earliest possible time. Staff will only use methods they are trained to use unless there is an extreme emergency and where there is no viable alternative. Staff are advised that, as far as possible, they should not use RPI unless or until another responsible adult is present to support, observe and call for assistance.

6. STAFF TRAINING

In our school, we have adopted the Team Teach approach to staff training. All staff are fully accredited and update their skills/re-accredit every 2 years. We consider **all** staff to have a responsibility for pupil behaviour. The Team Teach training includes de-escalation techniques which introduce the use of RPI at an appropriate time, based on a range of other options. Staff working closely with pupils with SEN or disabilities will undertake risk assessments to inform decisions regarding levels of staff training required. These staff will also inform the

circumstances in which the school will temporarily authorise staff or volunteers to have control of such pupils.

7. RECORDING and REPORTING INCIDENTS

It is School Policy that incidents where a member of staff has used RPI on a pupil are recorded and reported. In our school we have a bound and numbered book for the logging of incidents. The Behaviour Team monitors the MIR's (Managed Intervention Restraints) on a weekly basis which are then reviewed by the Assistant Deputy Head Teacher and SENDCO and ELSA. All records and analysis of the data are sent to Jo Stone, Head of School. MIR's are monitored regularly by Zack Minton, Safeguarding Lead for Discovery Trust.

Incidents that have required the use of RPI at a Level 1, 2 or 3 are recorded on an MIR form and the levels are pre-defined on Fossebrook's MIR forms. (Appendix A). Any incident involving RPI below these levels is also recorded, but only as an incident. Parents/carers will be informed by a member of staff of any major incident when RPI has been used on their child, ideally by telephone as soon as practicable.

If it is likely that reporting the incident will result in significant harm to the pupil, then the incident will be reported to the Senior Leadership Team for deliberation.

8. POST-INCIDENT SUPPORT

Members of staff who have been assaulted may wish to report the incident to the police and/or seek advice and support from their trade union representative. If staff or pupils have been injured, immediate first aid will be provided and medical help accessed, if necessary. Staff and pupils will also receive emotional support. An Individual Behaviour Plan may be necessary to prevent and deal with any further recurrence of behaviour that could lead to the use of RPI. If necessary, our school will also inform local authority children's services (Youth Offending Team; Educational Psychology Service; Child and Adolescent Mental Health Service; Social, Emotional and Behavioural Support Service). Staff will aim to help the pupil to develop strategies to avoid repeating the difficult behaviour.

School will provide ongoing support for staff and pupils as long as necessary in respect of:

- physical consequences
- emotional stress/loss of confidence
- opportunity to analyse, reflect and learn from the incident

9. COMPLAINTS AND ALLEGATIONS

Parents and pupils have a right to complain about actions taken by school staff including use of RPI. If a specific allegation is made against a member of staff, then our school will follow the guidance set out in "Safeguarding Children and Safer Recruitment in Education"

<http://www.teachernet.gov.uk/wholeschool/familyandcommunity/childprotection/goodpractice/saferrecruitment/>

Other complaints will be dealt with via the school's complaints procedure and dealt with by the Head Teacher.

10. MONITORING AND REVIEW

This policy will be monitored and reviewed at the same time as the whole school receives Team Teach re-accreditation training.

Appendix 1

Important Definitions

Seclusion

Forced to spend time alone against will

(requires statutory powers other than in an emergency)

Time out

Restricting positive reinforcement as part of a planned behavioural programme

(requires written agreed plan)

Withdrawal

removed from the situation but observed and supported until they are ready to resume

Appendix 2

Example of Accurate and Clear Descriptions

I have avoided the temptation to include teaching points, explanations, technical arguments and rationale. This is supposed to be an accurate and clear descriptive framework. Staff should report any deviation from the standard technique they can recall but not feel obliged to invent them. If the truth is that the people involved do not have an accurate and clear memory of the events, they should be encouraged to tell the truth and admit it.

T Wrap

Standing, sitting or kneeling behind a small person, holding the small person's hands crossed in front of their hips, leaving elbows apart with ribs and abdomen clear.

Single Elbow

Standing, sitting or kneeling alongside the person, holding the nearest forearm drawn back to be parallel to the ground with hands close to the chest and supporting pressure through the hip. The nearest hand holds the forearm with the other supporting the shoulder.

Double Elbow

Standing alongside the person, holding both forearms drawn back to be parallel with the ground with hands close to the chest and supporting pressure through the hip. One arm is supporting the person's back.

Figure of Four

Standing, sitting or kneeling alongside the client with the hand of the outer arm holding underneath the person's nearest forearm and the other passing under the armpit, across the top of nearest forearm to hold own wrist.

Back Ground Recovery

Kneeling alongside a supine person, entirely supporting own weight, securing the person's elbows at sides with hip and heel of hand on the floor. Ribs and abdomen are left clear.

Front Ground Recovery

Kneeling facing towards a prone person securing the wrist and elbow, limiting movement of the shoulder, but leaving ribs and abdomen clear.

Legs

Sitting or kneeling, entirely supporting own weight, using hip, arm and forearm to limit the range of kicking.

Appendix 3

Team-Teach Hold Aide Memoire

Smaller People

Cradle Hug

Take care of heads and elbows.



T Wrap

Approach leading with the hip to keep the head out of range with wrists crossed in a protective stance. Start at the shoulders then slide down to control the arms, just above the elbows. Briefly cup the elbows in the palm of the hand and move them together so that the arms cross. Drop from the elbows to the wrists, then press them down towards the hips so the elbows come apart again. Elbows should be apart with wrists together. T Wrap is for people at least a head smaller than the person holding and narrow in girth.

Take particular care to explain the difference between a T Wrap and a Basket hold. T Wrap is a natural body position like a batter in cricket. Hands are on the hips, not pulled around the ribs as in a Basket hold.



T Wrap on the Ground

The adult should support the lower spine with the knee and the upper spine with the shoulder. The child's elbows should be apart with wrists pressed at the front of the hips.

Another adult can support alongside with a help hug or take the far hand to allow the other adult to come alongside. Alternatively if help protocols require a change of face this can be accomplished by moving close behind the colleague keeping the head low. The person leaving protects the head by resting the forearm on the back with a hand preventing the head from coming backwards as they shuffle to change place.



Help-Hug Support and De-escalation

Move the knees forward so that the hips are just behind the elbows. With the elbows supported by Caring Cs as shown the hips are prevented from moving forward and the child feels secure, yet there is no restriction to breathing and staff can keep their heads out of range. The back can be supported without reaching all the way to hold the hands in the conventional T Wrap.

The most important point to emphasise throughout training is that there is no restriction to the expansion of the chest or abdomen. Arms should not be pulled around the chest, instead the wrists are pressed towards the hips to open the elbows. The body is not forced forward so there is no restriction to the abdomen.



Chairs to T Wrap

Bring a chair for the child to sit on and brace it firmly with the instep of both feet and one hand. (the child is not shown in the picture on the left but the chair is facing towards the child).



The adult bracing the chair reaches through to the far shoulder of the child and draws the child into the chair. The person holding the child kneels behind the chair. To change face slide an arm down the colleagues arm to find the child's wrist.

The person leaving protects heads by resting the forearm on the spine with a hand stopping the head from flying back as they swap positions. The person leaving sinks to one knee to allow the new face to take both wrists and place a shoulder below the child's shoulder to keep heads safe.



T Wrap to Chairs

Turn the child's hips slightly away and keep the shoulder low to protect heads. Elbows should be apart with wrists pressed to hips. Help hug support to T Wrap in chairs. To take over take the nearest wrist first then tell the colleague that how have it. The colleague now has a free hand and can take your hand and place it on the child's other wrist. Then the colleague can leave supporting their own weight on their own knee. Do not push off the child's hip or shoulder. If kicking legs are a problem they can be swept on to the chairs and supported as shown.



Larger People

Single Elbow



Approaching wild arms control the upper arm first from the shoulders, sliding down to just above the elbow.

In a friendly hold the hands are down at the hips, with the gate covered by the body. To disengage cover the gate at the wrist to step away whilst bracing the elbow to prevent flapping arms.

For additional security the elbows are drawn back to turn off the large muscles, reducing the need for force.

To prevent spitting a Caring C can be placed close to the jawline to prevent the head from turning. Note the gap for the ear between finger and thumb. We never cover the ears.



Single Elbow to Chairs

To sit somebody in a single elbow, reach over the shoulders and bow them forward. At the same time drop the wrists to the hips and press the hips back into the chair. Hands should be drawn back to the hips, creating "chicken wing" shaped arms.



Changing Face

For smaller people it is possible to go into a temporary double elbow to allow a quick change of face.



For larger people slide in from the side to take the wrist. Then secure the elbow. Finally cover the elbow with the body and cup the shoulder to prevent forward movement. The person leaving waits keeping the shoulder and knee secure until the colleague is safely in position.

As an alternative where space is limited, for instance on a couch, drop in from above. The person coming in takes the wrist with one hand and secures the elbow with the other.

The person leaving dives forward, away from the person being held, supporting their own weight on their own leg. They let the arm that was holding the wrist go slack and trail after them. The person coming in drops into position with the body covering the elbow as Double Elbow

the hand moves up to cup the shoulder. This can be a very quick and efficient change over.



Whereas the single elbow is always a two person hold, as you only have control of one elbow, the double elbow can be a single or two person hold.



Note that all the fingers and the thumb of the far hand are hooked over the forearm so there is not danger of the pressure of knuckles being felt in the ribs.

The nearest hand can cup under the wrist. Once again for additional security the elbows can be drawn back to turn off the larger muscles to reduce the use of force and grips. A double elbow can be used to negotiate a doorway by bracing the foot against the door frame.

Figure of Four

The key teaching point in the figure of four is that the outside arm must support underneath the wrist, with the inside arm over the top.



Half Shield



In the half shield the body position is T shape, similar to the T Wrap. The nearest arm is secured firmly as shown.

The far arm is secured just above the elbow. Hips should be pressed in with heads out of the way.

To turn a person away from danger press with back of the hand, which is against the back. At the same time draw the clamped arm towards you, pivoting on the nearest foot to waltz away from danger.



Separating Fights

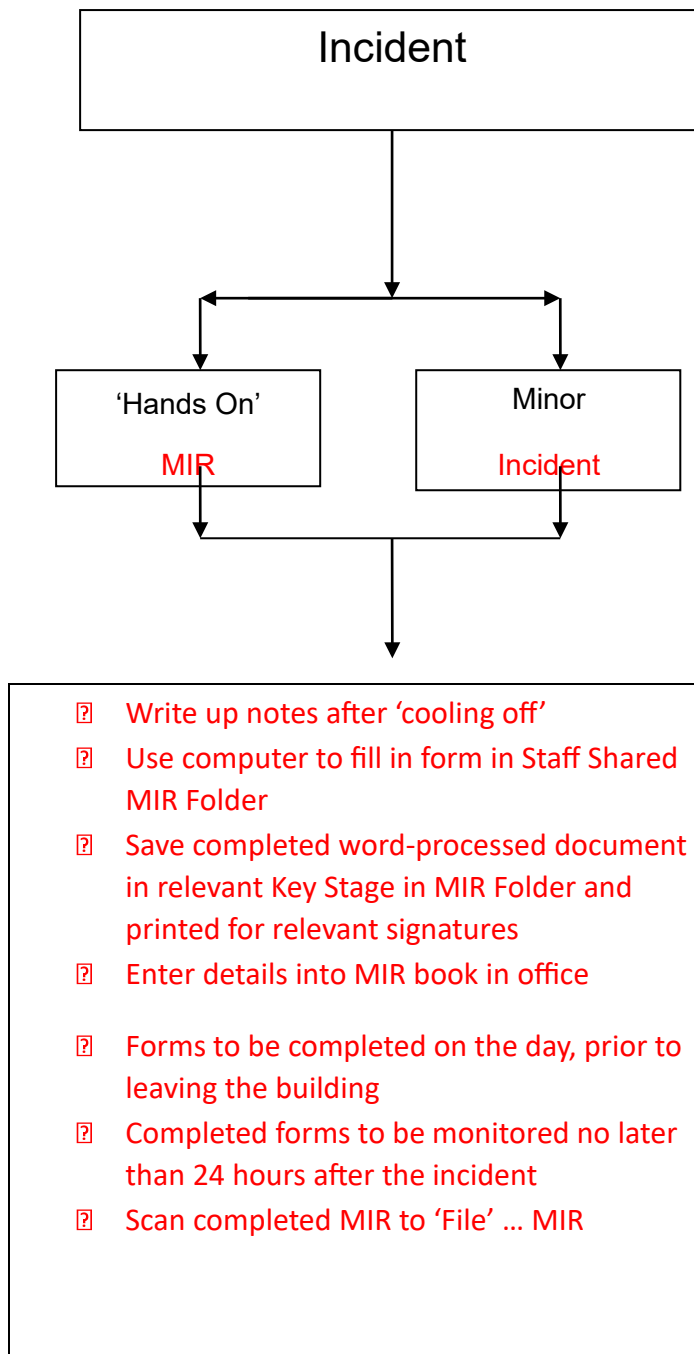
The half shield can be used for separating fights or to move a person a short distance away from danger. Alternatively run an arm under an attackers arm and pivot on the shoulder, lifting the arm away.



Gathering elbows weakens the strength of a grip.



Appendix 4



IMPORTANT NOTES

Report Compiler

Names of Staff and Pupils

Time & Date

Signatures of ALL staff and Pupils

Views of the Student

First Aid requirements

Injury forms

Appendix 5

Staff trained in the Team-Teach positive handling intervention techniques as of August 2022 are:

12-hour Basic Training:

August 2022

Billy Blockley Poole
Kara Cragg
Danielle Navarro
Rachael Smith
Krystle Willett
Jordan Wingfield
Holly Cooper
Josie Myler
Jo Stone
Lucy Sinsuat Hill

August 2023

Elise Walton
Lucy Upton
Tsrinder Rattan
Kellie Lees
Kate Lawson
Roxanne Freakley
Layla Cooper
Lorena Verardi
Maxine Lloyd
Ella-Mae Briggs

Appendix 6

Positive Handling Plan

Child's Name:

Date of Plan:

Review date of plan:

What does the behaviour look like?

Stage 1 Anxiety Behaviours	Stage 2 Defensive Behaviours	Stage 3 Crisis Behaviours

What are common triggers?

De-escalation skills

	Try	Avoid	Notes
Verbal advice and support	<input type="checkbox"/>	<input type="checkbox"/>	
Giving space	<input type="checkbox"/>	<input type="checkbox"/>	
Reassurance	<input type="checkbox"/>	<input type="checkbox"/>	
Help scripts	<input type="checkbox"/>	<input type="checkbox"/>	
Negotiation	<input type="checkbox"/>	<input type="checkbox"/>	
Choices	<input type="checkbox"/>	<input type="checkbox"/>	
Humour	<input type="checkbox"/>	<input type="checkbox"/>	
Consequences	<input type="checkbox"/>	<input type="checkbox"/>	
Planned ignoring	<input type="checkbox"/>	<input type="checkbox"/>	
Take up time	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer adult	<input type="checkbox"/>	<input type="checkbox"/>	
Success reminded	<input type="checkbox"/>	<input type="checkbox"/>	
Simple listening	<input type="checkbox"/>	<input type="checkbox"/>	
Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	
Apologising	<input type="checkbox"/>	<input type="checkbox"/>	
Agreeing	<input type="checkbox"/>	<input type="checkbox"/>	
Removing audience	<input type="checkbox"/>	<input type="checkbox"/>	
Others	<input type="checkbox"/>	<input type="checkbox"/>	
Diversion and distractions / Praise Points			

Any medical conditions to be taken into account before using physical interventions

Preferred method of physical intervention

Intermediate	Try	Avoid	Notes
Friendly escort	<input type="checkbox"/>	<input type="checkbox"/>	_____
Single elbow Figure of four	<input type="checkbox"/>	<input type="checkbox"/>	_____
Double elbow	<input type="checkbox"/>	<input type="checkbox"/>	_____
Single elbow in seats	<input type="checkbox"/>	<input type="checkbox"/>	_____
	<input type="checkbox"/>	<input type="checkbox"/>	_____

Advanced

Front Ground Recovery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Back Ground Recovery	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shield	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any factors to consider when debriefing? e.g., Communication aids, staff etc.

Hear Explain Link Plan	
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How should we record incidents and who should we inform?

Headteacher:	Print name:	Signature:
Parent/Carer:	Print name:	Signature:
Social Care (if applicable)	Print name:	Signature:
Educational Psychologist (if applicable)	Print name:	Signature:
Child	Print name:	Signature:
Other (state role)	Print name:	Signature:

Appendix 7

Fossebrook Primary School INCIDENT REPORT FOR PARENTS	
<u>DATE OF INCIDENT:</u>	<u>TIME OF INCIDENT:</u>
<u>NAME OF PUPIL INVOLVED:</u>	
<u>NAME/S OF STAFF INVOLVED:</u>	
<u>BRIEF DESCRIPTION OF INCIDENT (including reason that restraint was necessary):</u>	

Parent's Signature _____

Date _____

Print name _____

Original copy to be kept by school in and scanned on to CPOMs.

Appendix 8

Contact Isaac Marlowe - Discovery Schools Academy Trust for further information, advice and support about Team-Teach:

Isaac Marlowe is accredited with Team-Teach and to deliver Team-Teach training to the Discovery Schools Academy Trust Schools. Isaac works at Keyham Lodge and can be contacted via the school office:

Keyham Lodge School

Keyham Lane

Leicester

LE5 1FG

0116 241 6852

Or by email:

Isaac Marlowe imarlowe@keyham.discoverytrust.org