



**Transforming
Futures**
TRUST



ACE TIVERTON
SCHOOL

Positive Handling Policy

Policy Information	
Policy Owner	Hannah Smart
Issue Version	2.0
Approving Committee	Safeguarding & Wellbeing
Adopted Date	March 2023
Review Cycle	Annual
Last Review Date	March 2023
Next Review Date	March 2024

Adoption of the Policy

This Policy has been adopted and reviewed by the Trustees of Transforming Futures Trust

Signed
(Chair of Trust)

Date: 14.03.2023

Version No	Date	Summary of Changes
2.0	March 2024	Amended to take account of new guidance

Positive Handling and Restrictive Physical Intervention (RPI)

CONTENTS

1. Introduction
2. Roles and responsibilities
3. The legal context
4. Team-Teach
5. Prevention of restrictive physical intervention
6. Risk assessments and behaviour management plans
7. The use of withdrawal
8. Reporting and recording incidents of restrictive physical intervention
9. Post-incident support for students
10. Post-incident support for staff
11. Monitoring incidents of restrictive physical intervention
12. Individual welfare support
13. The use of medication
14. Powers to search students
15. Complaints
16. Implementation, monitoring, evaluation and review

Appendices

1. Roles and responsibilities
2. The legal context
3. Team-Teach
4. Primary and secondary preventative strategies
5. The use of withdrawal
6. Definitions
7. Restrictive physical intervention records
8. Post-incident support for students

POSITIVE HANDLING & RESTRICTIVE PHYSICAL INTERVENTION (RPI) POLICY

1. Introduction

ACE Tiverton is committed to safeguarding and promoting the welfare of children and always requires all staff to act in the best interests of our students.

ACE Tiverton 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) (England) Regulations 2010, as amended by The Education (Independent School Standards) (England) (Amendments) Regulations 2012.

2. The legal context

The use of force increases risks to the safety of students and staff and inevitably affects personal freedom and choice. We follow current DfE guidance 'Use of reasonable force' (2013), 'Working Together to Safeguard Children' (2013), HM Government advice 'What to do if you're worried a child is being abused' (2006) and the Local Safeguarding Children Board's policies, procedures, guidance and protocols.

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 our ACE Tiverton community including students, staff and visitors. This policy and all associated procedures apply to all staff, students and visitors and should be read in conjunction with other safeguarding and employment policies.

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

3. Roles and responsibilities

The designated senior member of staff with overall responsibility for the Positive Handling and Restrictive Physical Intervention (RPI) Policy at ACE Tiverton is the Pastoral Manager. 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 where a RPI is used, children and students, will always be treated with respect and dignity before, during and after the incident. All staff must follow the procedures outlined in this policy; and report and record any concerns to a senior member of staff.

4. Team-Teach

Team-Teach is a national organisation, accredited under the BILD Code of Practice for the use of physical interventions, which has developed approved methods of dealing with situations in which restrictive physical intervention might be required. For further information visit www.team-teach.co.uk

While responsibility for the co-ordination, monitoring and evaluation of our Team-Teach training programme rests with ACE Tiverton's Lead Team-Teach Tutor, 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 behaviour management plans and records associated with RPI.

For further information on our use of Team-Teach see Appendix 3.

5. Prevention of restrictive physical intervention

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.

Furthermore, the DfES / DoH joint '*Guidance for Restrictive Physical Interventions*' (2002) states that the use of restrictive physical interventions should be minimised by the adoption of primary and secondary preventative strategies.

For information on **primary and secondary preventative strategies** see Appendix 4.

6. Risk assessments

All students have an individual risk assessment, Five Point Scale and One Page Profile. These documents are initially created using information generated via referral and admission procedures, including discussions with parents/carers, previous education providers, 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.

Where new information is brought to the attention of a member of the 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 and redistributed (where appropriate) within 72 hours. Staff are obliged to familiarise themselves with the current risk assessment and behaviour management plan for every student with whom they work.

All risk assessments and behaviour management plans are shared with students in order to enable them to develop the knowledge, understanding and skills necessary to manage their own behaviour effectively.

7. The use of withdrawal

Withdrawal "involves removing the person from a situation which causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities"¹. For information on our **use of withdrawal** see Appendix 5. For further information on **definitions** associated with the use of reasonable force and restrictive physical intervention see Appendix 6.

8. Reporting and recording incidents of restrictive physical intervention

All incidents of restrictive physical intervention must be reported to senior staff and recorded as soon as is reasonably possible before the end of the same working day. This is in the form of an entry into our AMOC Bound Book and onto CPOMS.

Responsibility for ensuring all documentation is complete rests with both the:

- member of staff who instigated the physical intervention; **and**
- the most senior/experienced staff member present during the physical intervention **and**
- any member of staff who witnesses the positive handling or RPI event.

¹ DfES / DoH (2002) '*Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder*' p.24

Injuries to any individuals involved must be reported and recorded in accordance with policy and procedures. For further information on **restrictive physical intervention records** see Appendix 7.

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

9. Post-incident support for students.

Talking to students 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 students** see Appendix 8.

10. Post-incident support for staff

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

- monitor and promote the physical and emotional well-being of staff;
- reflect on the nature and sequence of events in order to aid reporting and recording;
- express and/or address any thoughts, feelings or behaviours associated with the specific incident;
- monitor staff practice and identify areas for development in their management of behaviour.

All staff physically involved in an incident of restrictive physical intervention must be formally debriefed by a senior member of staff at the most appropriate time. In addition, all staff, children and students, must be given an opportunity to discuss incidents of physical intervention they have witnessed or been affected by, with an appropriate member of staff.

11. Monitoring incidents of restrictive physical intervention

The Head Teacher monitors incidents of restrictive physical intervention and associated paperwork, on a daily, weekly and monthly basis. Information generated during this process is shared, as appropriate, with:

- Members of the Leadership Team;
- ACE Tiverton Local Governing Body 'The Cluster'.
- Other relevant persons depending on the needs, context and profile of the students.

The use of positive handling and restrictive physical interventions is also a standing item on Leadership Meeting agendas.

12. Individual welfare support

Where a student's behaviour generates an individual risk assessment with a high likelihood of harm, e.g.: selfharming, steps will be taken to communicate such information to parents/carers and relevant authorities as soon as reasonably possible (and in any event within 24 hours).

We establish personalised, pro-active strategies to reduce the likelihood, and therefore risk, of harm, by identifying a positive support plan and a member of staff with the necessary knowledge, understanding, skills *and relationship* to work with the student on a planned basis over an agreed period of time.

The sole focus of individual welfare support is to engage with the student 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 relevant parties to enable the student to be kept safe and mitigate risk of harm.

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

13. The use of medication

It is not our normal policy to administer medication as a means of managing behaviour. However, if parents/carers or outside specialists wish a student, already taking medication to continue with it, while at ACE Tiverton this is open to discussion and may be agreed under very controlled conditions.

14. Powers to search students

Staff are **not authorised** to use statutory powers to search students for prohibited items. However, where a member of staff has reasonable grounds for suspecting that a student may be in possession of knives or weapons, illegal drugs or stolen items, a decision whether or not to involve the police will be made in consultation with the Head Teacher. Bag searches may be conducted and recorded in accordance with relevant policies, procedures and guidance.

15. Complaints

Students, staff, parents/carers and placing authorities are all able to complain to ACE Tiverton 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 Complaints Policy. All complaints concerning allegations of child abuse will always be addressed in accordance with our 'Safeguarding and Child Protection Policy'.

16. 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 Policy' is the Head Teacher with delegated operational oversight to the Pastoral Manager as the onsite Team Teach tutor.

The designated member of staff is also responsible for ensuring that all students, 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; and an electronic copy is posted on our website - <http://www.atss.acemat.uk>

This policy document will be reviewed at least annually and, if necessary, more frequently in response to any significant 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 ACE Tiverton is the Pastoral Manager.

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 staff are aware of and follow current legislation, regulations and statutory guidance on the use of reasonable force and RPI;
- 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 ACE Tiverton Safeguarding Committee;
- Provide advice, guidance and support to staff involved in/affected by incidents of restrictive physical intervention;
- Provide advice, guidance and support to students involved in/affected by incidents of restrictive physical intervention;
- Liaise with the designated 'in-house' Team-Team Tutor on all issues associated with restrictive physical intervention including Team-Teach policy, practice and training.

All staff must follow the procedures outlined in this policy; and report and record any concerns to a senior member of staff.

The legal context

The use of force increases risks to the safety of students and staff 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 behaviour management 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 children 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 nonphysical methods, as far as possible.

2.4 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 a 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 age, understanding, special educational needs, physical development, medical history, cultural background, and gender of the child are taken into account.

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 students 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 student 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 cause injury, for example by:

- Slapping, punching, kicking or tripping a student;
- Twisting or forcing limbs against joints;
- Holding or pulling a student by the hair, ear or neck; or
- Using reasonable force to hold a pupil face down on the ground (prone restraint)
- Using 'nose distraction' techniques
- Using a 'seated double embrace' or 'double basket-hold'

Any such intervention, however lightly used, may constitute a criminal offence and render the member of staff liable to prosecution and/or disciplinary action. In order to ensure that staff are able to handle students safely and confidently, we have adopted the principles and techniques of the Team-Teach approach (see Appendix 6). However, while Team-Teach techniques seek to avoid injury to students, it is possible that occasional bruising or scratching may occur accidentally, and these should not to be seen necessarily as a failure of professional technique, but a regrettable and infrequent side effect of ensuring that the student 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 occasion will be investigated to ensure 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.

APPENDIX 3

Team-Teach

Team-Teach is a national organisation, accredited under the BILD Code of Practice for the use of physical interventions, which has developed approved methods of dealing with situations in which restrictive physical intervention might be required. For further information visit www.team-teach.co.uk

While responsibility for the co-ordination, monitoring and evaluation of our Team-Teach training programme rests with ACE Tiverton' Lead Team-Teach Tutor, 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 behaviour management plans and records associated with RPI.

Only staff appropriately trained and authorised by the Head Teacher may initiate or lead the use of TeamTeach positive handling strategies. This will normally include all members of the Leadership, Education and associated 'bank staff'. Our 'in-house' tutor 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 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**
- are able to demonstrate current knowledge, understanding and skills through our in-house Team-Teach Assessment;

they would be authorised to use a specific range of Intermediate Team-Teach strategies, subject to approval by ACE Tiverton' Lead Team-Teach Tutor. Authorisation is *not* given to supply staff, volunteers, parents/carers on ACE Tiverton site or external contractors. Administration, maintenance and domestic staff may only use TeamTeach positive handling strategies with the express written permission of the Head Teacher; and only after successfully completing an appropriate Team-Teach course.

Guidance is given to untrained / unauthorised staff on what action they should take in accordance with their role and responsibilities. We are committed to training all staff authorised in the use of Team-Teach positive handling strategies to an Intermediate level within 120 days of starting employment. All staff trained in the use of TeamTeach 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 Head Teacher.

APPENDIX 4 Primary and secondary preventative strategies

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.

Furthermore, the DfES / DoH joint '*Guidance for Restrictive Physical Interventions*' (2002) states that the use of restrictive physical interventions should be minimised by the adoption of primary and secondary preventative strategies.

Primary prevention is achieved by:

- ensuring that the number of staff deployed and their level of competence corresponds to the needs of students and the likelihood that physical interventions will be needed. **Staff must not be left in vulnerable positions or placed in foreseeable risk situations and circumstances without training.**
- helping students to avoid situations which are known to provoke violent or aggressive behaviour – details of which may be found in individual behaviour management plans.
- care plans, placement plans and behaviour management plans, which are responsive to individual needs and include current information on risk assessment.
- creating opportunities for students to engage in meaningful activities which include opportunities for choice and a sense of achievement.
- developing staff expertise in working with students who present challenging behaviours.
- talking to students, their families and advocates about the way in which they prefer to be managed when they pose a significant risk to themselves or others. Some children and students prefer withdrawal to a quiet area to an intervention which involves bodily contact.

Secondary prevention involves recognising the early stages of a behavioural sequence that is likely to develop into violence or aggression and employing 'diffusion' techniques to avert any further escalation.

Where there is clear documented evidence that particular sequences of behaviour rapidly escalate into serious violence, the use of a restrictive physical intervention at an early stage in the sequence may, potentially, be justified if it is clear that:

- primary prevention has not been effective, and
- the risks associated with *not* using a restrictive physical intervention are greater than the risks of using a restrictive physical intervention, and
- other appropriate methods, which do not involve restrictive physical interventions, have been tried without success.

All prevention strategies should be carefully selected and reviewed to ensure that they do not constrain opportunities or have an adverse effect on the welfare or the quality of life of students (including those in close proximity to the incident), unnecessarily. In some situations it may be necessary to make a judgement about the relative risks and potential benefits arising from activities which might provoke challenging behaviours compared with the impact on the person's overall quality of life if such activities are proscribed. This is likely to require an additional and detailed risk assessment.

APPENDIX 5

The use of withdrawal

Under the DfES / DoH joint 'Guidance for Restrictive Physical Interventions' (2002) 'withdrawal' "involves removing the person from a situation which causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities"².

Withdrawal must only be used at ACE Tiverton for the following reasons:

- To ensure the safety and well-being of an individual or other people;
- To allow a student time to calm down and reflect on their behaviour following an upset or misbehaviour;
- 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 student's history in similar circumstances. ACE Tiverton has an equal duty of care to other students and staff and a student should not be allowed to return to normal groups while a reasonable possibility of physical or psychological harm to anyone exists.

Withdrawal may only be operated under particular conditions:

- Students must be actively monitored at all times while in withdrawal;
- No student must be kept in withdrawal longer than absolutely necessary;
- A member of staff must offer the student 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.
- No single period of withdrawal should exceed 60 minutes in duration.

When a student enters ACE Tiverton, there is a discussion about the way in which it is best for the student to be managed if/when they pose a significant risk to themselves or others. If it is thought that withdrawal might be necessary at some point, permission for this is obtained during that discussion. The use of appropriate withdrawal may

² DfES / DoH (2002) 'Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder' p.24

then be recorded in the student's one page profile, risk assessment and five point scale, identifying the benefits and risks associated with withdrawal for the student concerned.

APPENDIX 6

Definitions

ACE Tiverton has adopted the Team-Teach definition of 'positive handling' to describe the full range of risk and restraint reduction strategies used to de-escalate, defuse and redirect in order to reduce the risk of injury to staff and students.

Outlined below are several other definitions associated with the use of restrictive physical intervention and reasonable force:

-
- **Guide:** The positive application of force to overcome minimal resistance prompting and encouraging a person's free movement.
- **Controls:** The positive application of force by staff to overcome moderate resistance, guiding and directing a person's free movement.
- **Restraint:** The positive application of force by staff, in order to overcome rigorous resistance; completely directing, deciding and controlling a person's free movement.

Extract from the Team-Teach Workbook V.2015 p.3

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 the DfES / DoH joint '*Guidance for Restrictive Physical Interventions*' (2002) the following terms are also defined:

- **Seclusion:** Where an adult or child is forced to spend time alone against their will in a locked room or room which they cannot leave. Given the inherent restriction of liberty associated with this intervention, ACE Tiverton would not employ such a strategy.
- **Time out:** involves restricting the student's access to **all** positive reinforcements as part of the behavioural programme. Given our emphasis on establishing and maintaining positive relationships with students, **we will not employ such a strategy under any circumstances.**
- **Withdrawal:** involves removing the person from a situation which causes anxiety or distress to a location where they can be continuously observed and supported until they are ready to resume their usual activities.

This can mean removing a child from a classroom to allow them time to calm down or to prevent a situation from escalating. They may need time away from staff and other students in order to break the cycle/pattern of their behaviour or to reduce their level of anxiety/distress. This time could be spent on grounds, in a bedroom, or sitting in an office supervised by a member of staff.

APPENDIX 7 Restrictive physical intervention records

All incidents of restrictive physical intervention must be recorded as soon as is reasonably possible (and in any event within 24 hours of the incident). The record must include the following information:

- name of the child concerned
- name of the person(s) using physical intervention
- name of any other person(s) present
- date, time and location of the use of physical intervention
- duration of the physical intervention
- details of the child's behaviour leading to the use of the physical intervention
- details of any methods used to avoid the need to use physical intervention
- a description of the physical intervention used

-
- a description of any injury to the child concerned and any medical treatment administered
- a description of any injury to any other person and any medical treatment administered
- confirmation that the child concerned has been spoken to about/following the incident
- confirmation that the person using physical intervention has been spoken to about/following the incident
- the effectiveness and any consequences of the use of physical intervention
- signature of the person authorised to make the record.

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

APPENDIX 8 Post-incident support for students

8.1 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 student requests medical attention this will be immediately provided.

Regardless of the outcome of a visual check, a health check must be conducted as soon as reasonably possible (and in any event **within 1 hour** of the incident) by a senior member of staff with a first aid qualification. If a senior member of staff is unable to conduct a health check within the timescales specified, responsibility is delegated to the most senior/experienced member of staff with a first aid qualification working directly with the student.

The purpose of the health check is to identify any marks, injuries or health concerns associated with the physical intervention; details of which must be reported to senior staff. Moreover, ***any student held in a seated position and/or with a significant health condition or concern must be monitored for no less than one hour following release and the details recorded.***

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 student is marked during an incident of restrictive physical intervention, Children's Social Care and Ofsted must be notified.

8.2 Discussion and reflection

Talking to students 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, but should seek to:

- Identify how feelings drive behaviour;
- Establish any underlying issues or concerns that may have prompted the individual's behaviour/reaction;
- Consider alternative ways of managing particular feelings or responding to specific circumstances.

-

The decision as to who completes this process will be based on a number of considerations, including the nature and severity of the incident and the relationship between the student and staff involved in the incident.

Under some circumstances it may be more appropriate for an **independent member of staff** to complete the debriefing process. This is particularly true if the student:

- has been injured during the restrictive physical intervention incident;
- wishes to raise concerns about the circumstances of the incident and/or the conduct of staff;
- has a particularly good relationship with an independent member of staff.
- Irrespective of who conducts the discussion and reflection with the student, an independent member of staff must talk to the individual about their experience, the content of the documentation completed and encourage the student to record their views and/or version of events within 24 hours³.

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

³ Department for Education (2011) *Children Act 1989 Guidance and Regulations Volume 5: Children's Homes*