



# Acorn Park

Andrew's Furlong, Mill Road, Banham, Norfolk NR16 2HU  
T 01953 888 656 F 01953 887 021 E admin@acornparkschool.co.uk  
www.acornparkschool.co.uk

## Acorn Park School

### Behaviour Management and Physical Intervention Policy

<b>Owner-Name</b>	Peter Marshall
<b>Owner- Job Title</b>	Head of Service

Reviewed On	By Who	Next review
13.05.2020	Vanessa Goddard	13.05.2021
7/5/21	Rob Rix	7/5/22
24/06/2021	Adam Masterson	24/06/2022

Children's Residential - Acorn Park  
Andrew's Furlong, Mill Road, Banham, Norfolk, NR16 2HU

## **Behaviour Management and Physical Restraint Policy**

**This Policy Relates to the Use of reasonable force – Advice for headteachers, staff and governing bodies.**

### **Contents**

1.	Policy Statement
2.	Positive Behaviour Support Plans
3.	Physical Intervention
4.	Definitions
5.	Guidance

## 1. Policy statement

The purpose of the policy document is to ensure that Children and Young People whom display behaviours that challenge are cared for in ways which are sensitive to their needs and to provide safeguards for staff charged with this responsibility.

The behavior of the children and young people in our care can be understood in terms of their autism diagnosis or adverse childhood experiences which may include abuse, neglect, rejection, exclusion or loss.

Children and Young People placed in special needs schools come from a variety of backgrounds and have a many differing experiences, some of which may have been very negative and traumatic. These experiences will have impacted on their ability to form attachments, trust staff members and understand or accept boundaries. As a result, special needs schools are required to manage some extremes of behaviour. Staff have a responsibility to keep young people safe and to guide young people's behaviour in ways which help them regulate their own feelings as well as develop empathy for others.

Staff should always seek to maintain relationships with Children and Young People which are positive and based on mutual respect. It is important that staff appreciate the need to take the initiative and show resilience to sustain relationships with Children and Young People who may not want to have such a relationship. Regulation 11 (2) sets out the expectations on staff in building a positive relationship with each child and helping the child develop skills to have positive relationships with others. 'Others' includes individuals both inside and outside the school such as other children in class, staff, family members, siblings, previous carers and friends (in accordance with their relevant plans).

Expectations of standards of behaviour should be high for all staff and children in school. The capacity and competence of staff to build constructive, warm relationships with children that actively promote positive behaviour, provides the foundations for managing any negative behaviour.

Children's needs, including their behaviours, will be discussed in team meetings to ensure that all staff have an opportunity to understand factors that affect children's motivation to behave in a socially acceptable way. Staff supervision and de-brief will also enable staff to reflect and act upon how their own feelings and behaviour may be affected by the behaviour of the children they care for.

Where children have learning difficulties / disabilities it is important to understand the different ways in which these children may behave as a result of their difficulties /

disabilities, e.g. epilepsy, autism, frustration at lack of communication and self-stimulatory behaviour (head banging, rocking etc.) can all influence behaviour.

## **2. Positive Behaviour Support Plans**

The teacher, in conjunction with the SENCO, will ensure that each Child or Young Person admitted to the school has a Positive Behaviour Support Plan. This will be monitored and/or updated by the class teacher, as required; after each incident or at least every three months.

The Positive Behaviour Support Plan will identify what works best for the Child or Young Person to help them manage their own behaviour and be written with them if they are of an age and understanding to be able to contribute to it.

It will detail:

- What the child's behaviour looks like during each of the stages (Anxiety, Defensive, Risk Behaviour and Tension Reduction) and what both the child and staff members can do to help.
- Know triggers, likes and de-escalation skills and techniques that work best for the individual child.
- Physical intervention techniques and how they relate to that child. Do's and Don'ts and the rationale behind it.
- Factors to consider when debriefing the child.

All staff will be expected to know the contents of each child or young person's Positive Behaviour Support Plan and have signed it to say they understand it.

Positive Behaviour Support Plans will be shared and agreed with the child or young person's placing social worker, parent(s) or those with parental responsibility and the child or young person if this is deemed appropriate.

### **3 Restrictive Physical Intervention (known as RPI)**

#### **3.1 Training**

#### **3.2 When to use a physical intervention**

#### **3.3 Recording and notification**

#### **3.4 Locking doors/Mechanical restraint**

#### **3.1 Training**

'Regulation 20 states that "Restraint in relation to a child is only permitted for the purpose of preventing –

(a) injury to any person (including the child)

(b) serious damage to the property of any person (including the child)

The organisation will only use a nationally recognised, risk assessed and accredited method of Care and Control.

At Acorn Park we utilise MAPA. MAPA is accredited (by BILD) providers of positive behaviour management and training, equipping individuals and teams in a variety of settings to deal with challenging situations and behaviours in ways that lead to desirable outcomes and positive relationships at work or in daily life.

All education Staff will be trained in MAPA (modules 1-10) as part of their Induction (or as soon after as possible), by licensed instructors and this training will be refreshed and revised within the timescales of the training organisation.

All staff trained in MAPA will be deemed as authorised to use such techniques whilst employed by Acorn Park. However, this does not exclude untrained and as such unauthorised staff from doing what is reasonable, proportionate and absolutely necessary to safeguard the welfare of the children and young people they are responsible for or for taking appropriate action to safeguard their own welfare.

Physical Restraint that deliberately inflicts pain cannot be proportionate and should never be used on the Children and Young People cared for in school.

No MAPA accredited techniques involve the use of pain compliance and although, depending on the level of resistance, they may be uncomfortable; they should never cause pain.

### **3.2 When to use a physical intervention**

Any Restrictive Physical Intervention used on a Child or Young Person should always be reasonable, proportionate and absolutely necessary.

When restraint involves the use of force, it must not be more than is necessary and should be applied in a way that is proportionate i.e. the minimum amount of force required to avert injury or serious damage to property for the shortest possible time.

Children and young people will only be subject to RPI to prevent them from injuring themselves or others or doing serious damage to property (including their own).

“Injury to any person, including the child” means that staff may use RPI to stop the Child or Young Person from injuring themselves, which includes stopping them self-harming or, for example, from running into a busy road.

Staff may also use RPI on a Child or Young Person to prevent themselves or others being injured i.e. they may use RPI if they believe a Child or Young Person is about to assault them, is assaulting them or another Child, Young Person or Staff Member.

What staff cannot do is use RPI retrospectively on a Child or Young Person who has assaulted them and then left the ‘scene’ and shows no indications of further assaultive behaviour or a Child or Young Person who has caused property damage and then obviously stopped doing any more damage etc.

Staff have a ‘Duty of Care’ to the Children and Young People in their care and must act in their best interests. If a Child or Young Person is putting themselves or others at serious risk of harm and the staff believe the use of RPI is not safe to instigate, they must do something e.g. call for help, call the Police, telling the child to stop etc. To do nothing could be grounds for disciplinary action to be instigated.

Serious damage to property is very subjective. If a Child or Young Person is threatening to cause damage that would make the classroom unsafe or unfit for purpose or unsecure would constitute serious damage. e.g. pulling water or gas pipes off walls, or threatening to smash window or damage doors / locks or attempting to access confidential information by means of breaking into the office then staff should physically intervene to stop them.

A broken plate or a cup would not be thought of as serious damage to property. However, staff should act responsively and proactively (predictable future), if a child

states or it is suspected that they intent to use the broken items to cause harm to others or to themselves; staff members should remove these items where safe to do so and physically intervene if it is necessary.

Prior to using RPI staff should do all of the following if the situation allows:

- Ensure that the need for using RPI meets the criteria above.
- Calm themselves down and have relaxed body language.
- Be aware of what happened prior to the incident (if possible).
- Use scripts.
- Ask them to stop what they are doing.
- Warn them they may have to be held to keep them or others safe.
- Seek help from a colleague and inform others of the situation.
- Give the Child or Young Person a 'way out'.
- Change staff (if possible).

De-escalation techniques include:

- Communication/verbal advice and support. Early intervention needs to be assertive but non-confrontational. If children are spoken to in the mode of 'critical parent', a negative response is likely. Awareness of tone of voice, body posture and eye contact is important as communication needs to be non-threatening, calm and assured. Staff should attend to a child when they are showing signs of agitation/distress/anger and support/advise them according to the situation.
- Affection - for the angry child whose behaviour is rooted in their insecurity, it is important that they feel accepted and respected as individuals. Reject the behaviour not the person by showing that you care despite the difficulties.
- Distraction/redirection – is the action of diverting the child's attention from a potentially inflammatory situation to something in which he/she has an interest.
- Reassurance – is about supporting, comforting and encouraging a child in a situation in which they might be feeling helpless, vulnerable, possibly defenceless and exposed to a risky environment.
- Planned ignoring – at times, highly provocative and attention seeking behaviour can be ignored to good effect. The skill is knowing when to ignore and when to intervene. The use of this will be based upon Dynamic Risk Assessment.
- Withdrawal – which involves removing the child from the 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.

- Humour – possibly the most effective and most commonly used strategy. Although self-explanatory, staff should make sure the humour is used in the right context for the particular child.
- Calm talking stance – staff should endeavour to maintain a calm, confident and objective approach in conflict situations.
- Negotiation/being objective – the ability to listen and talk to a Child and come to an agreement by setting limits and offering options. This will allow a ‘back door exit’ from the situation that will help keep their pride and dignity in tact as well as that of the staff member(s) involved.
- Transfer staff member/change of face – if there is an incident where the staff member present is seen to be aggravating the situation, it should be assessed as to whether moving the staff member out of sight might defuse the situation. This should be done, if possible, leaving enough staff to control the situation.
- Success reminder – remind the child of a previous occasion when they successfully managed a volatile situation of a similar nature. If they are feeling particularly low, look to remind them of something they did in the past that made them happy/proud/feel good.
- Support through daily routine – a bored child is more likely to present with negative behaviours and therefore a strong daily routine of active engagement in activities and in social times, reduces their need to act out inappropriate behaviours.

Physical Intervention – is an approved management strategy but should be used as a last resort, when immediately necessary and using minimum force - when all of the above strategies have been exhausted.

### **3.3 Recording and Notification**

A record of any RPI used on a Child or Young Person will be completed promptly by the member(s) of staff involved, before they leave work or within 24 hours of the incident taking place. All RPIs will have an accompanying body map and staff will document that they have contacted family members and the child’s social worker (or Local Authority) to inform them of the RPI. The details of this contact should be included in the report.

The staff members involved will have a debrief within 48 hours of the incident taking place. Staff members can have a “hot debrief” immediately following an incident to support staff welfare and then a formal debrief with a senior member of staff or the swift team (Family Liaison Officer, First Responder, Senior DSL or Deputy Head) to analyse the incident and assist with reflective practice. These will be added to the record of the incident.

Children and Young People will be debriefed within 5 days of the incident occurring but as soon as possible, depending on the individual child. The debrief will be in a format relevant to each child, communication symbols and social stories will be



available for those that require them, others may take the form of an informal chat with a preferred staff member that is then written up afterwards.

They will be encouraged to add their views and comments to the record of restraint and should be offered the opportunity to access an advocacy support to help them with this.

Details of the incident should be used to update the Positive Behaviour Support Plan and Risk Assessment where relevant.

Children and Young People will be offered medical treatment after RPI. Their response and any injury or treatment offered must be recorded. If Children or Young People are injured during RPI this will be explored by a DSL and reported to the Local Authority Designated Officer (LADO) if there are practice concerns with how staff have managed this. All medical and incident/accident reporting procedures should be followed. Any unexplained injury to the child or if staff failed to follow the child's bespoke IRRP or Positive Behaviour Support plan would also be reported to a DSL and LADO if required.

Children and Young People will be given the opportunity to complain after any RPI and the appropriate process will be followed.

All RPI reports will be reviewed by the Senior DSL, who will add their comments before signing it off.

The behavioural data will be analysed regularly for trends and patterns and shared with the Senior Leadership Team. More in depth analysis will be completed throughout the year or when a change in a child's behavior has been identified.

### **3.4. Mechanical restraint**

Important definitions:

Seclusion – forcing a child to spend time alone, against their will (requires statutory powers other than in an emergency), this will not be used at Acorn Park.

Withdrawal – a child may be removed from a challenging situation but observed and supported until they are ready to resume with an activity. This is used at Acorn Park as part of agreed upon de-escalation strategies.

Locking a child in a room or using an item or object (placing a chair over a child for example) to restrict a child's movement is not permissible and will constitute gross misconduct and potentially a criminal offence.

The normal/intended use of seatbelts in vehicles sit outside of this as they are a legal requirement.

## **4 Definitions**

### **4.1 Injury and Damage to property**

#### **4.2 Predictable future**

#### **4.3 Immediately necessary**

#### **4.4 Last resort**

#### **4.5 Minimum force**

### **4.1 The meaning of (Significant) Injury and (Serious) Damage to Property**

There are differing justifications for the use of restraint and other physical interventions.

Restraint is a form of physical intervention used as a positive application of force to control movement with the intention of safeguarding people and property and should therefore only be used where the likely injury is significant or the likely damage to property is serious. This is how we define RPI.

Other forms of physical intervention, which are less intrusive by degrees, such as presence, positive touch and guiding/redirecting, may be justified where the likely injury or damage to property is less significant or serious.

It is not possible to provide an exhaustive definition given the variety of situations that staff members may face or how they should act. It is for the adult(s) on the spot to decide themselves and act accordingly - in keeping with procedures and guidance set out in this policy and the MAPA and Team Teach principles and training they have received.

However, injury and damage (which is not significant or serious) may justify less intrusive physical interventions such as presence, positive touch and guiding/redirecting include the following:

1. Minor injuries caused to the child or others.
2. Willful or reckless behaviour which may result in the child or others being at risk of harm.
3. The likelihood of criminal offences not involving violence or potential risk of injury.
4. Minor drug or alcohol misuse.
5. Minor damage to property belonging to the young person or others.

For restraint to be justified (the use of physical intervention as a positive application of force to control movement with the intention of safeguarding people and property) the likely injury must be significant and the likely damage must be serious.

Significant injury is broadly defined as actual or grievous bodily harm, physical or sexual abuse, risking lives of or injury to, the self or others by willful or reckless behaviour and self-poisoning. This may include the following:

1. Abduction

2. Actual and grievous bodily harm or more serious violent offences
3. Attempted suicide or death
4. Contact with known or suspected Schedule 1 Offender
5. Poisoning
6. Injury requiring medical attention
7. Serious drug or alcohol misuse
8. Sexual exploitation, including sexual abuse, child pornography or prostitution
9. Theft/being carried in a stolen vehicle, or other criminal offences of a serious nature
10. Serious damage to property

For any form of physical intervention to be justified those using it must firstly believe that injury or damage is likely in the predictable future.

#### **4.2 The meaning of 'Predictable Future'**

For any form of physical intervention to be justified, there must be a risk the injury or damage is likely in the predictable future.

The fact that injury or damage has already occurred would not be a justification for physical intervention unless there is a risk that further injury or damage would follow if staff member did not act. For example, a young person may break a small window, which may be interpreted as a minor misdemeanor and unlikely to be repeated; therefore, physical intervention may not be justified.

However, if the young person is likely to use fragments of the glass as a weapon to cause significant injury to him/herself or another person, the use of physical intervention, even restraint, may be justified in order to protect the person(s) and confiscate the glass.

Staff members must not only believe that the injury or damage is likely in the predictable future but also that action is immediately necessary.

#### **4.3 The meaning of 'Immediately Necessary'**

Immediately necessary means that staff believe it is necessary to act, at the time, to prevent a child or others from being injured or to prevent property from being damaged at some time in the predictable future.

If at all possible, all the staff members caring for the child should consult each other before acting; even if there is an agreed plan or strategy in place to manage the behaviour.

However, if this is not possible, the staff member must act on the spot - as far as is reasonably possible within the parameters of the young person's Positive Behaviour Support Plan, Placement Plan or other plan in place, without placing themselves or the young person at further risk.

If no plan/strategy is in place, the staff member must act in the best interest of the young person within the procedures and guidance in this manual and the training they have received.

Before acting, the staff member(s) must satisfy themselves that their actions are necessary as a Last Resort.

#### **4.4 The meaning of 'Last Resort'**

Last resort means:

That all other non-physical methods of persuasion, diffusion and re-direction failed;

Or

That all available non-physical methods would not work in the circumstances.

The other methods, which may work in the circumstances, can include less intrusive physical contact. However, staff members may not use any physical interventions unless they are satisfied that non-physical interventions have failed or would not work in the circumstances.

If possible, staff members must adopt verbal and non-verbal skills, engaging young people, calming and reassuring, using humor, the intervention of colleagues, negotiating, listening, planned ignoring or leaving the situation if it works.

If these actions are not working (or staff members believe they would not work if tried) they may use physical contact or physical Interventions.

Also, if physical intervention is required, staff members may only use the minimum force necessary to achieve the objective.

#### **4.5 The meaning of Minimum Force**

If Physical Intervention is immediately necessary, the force used must be the minimum necessary to achieve the objective.

The minimum necessary means exactly that:

The amount of force used must be commensurate with the desired outcome and the specific circumstances in terms of intensity and duration.

For example, it may be necessary to hold or use physical Intervention with a child for a short period whilst they calm down sufficiently to re-join a group or activity; or to temporarily block or prevent a child from leaving the classroom, building or school grounds to give staff time to divert the child's attention from absconding.

It may also be appropriate for a person to block or prevent a child's mobility or movement using physical interventions whilst help is summoned, then giving the opportunity for the intervention to be reduced when they arrive.

In all cases, the measures must be used for the shortest time necessary; and the amount of force used must be the minimum that is necessary (the possible adverse effects associated with the measures used be less severe than the adverse consequences which may have occurred without it).

The minimum necessary may mean that proximity or use of physical presence will work in the circumstances; and that it will not be necessary to use more intrusive forms of physical intervention. However, where the risks are greater, and other less intrusive interventions have failed or would not work, holding or implementing physical intervention may be the minimum that is necessary to achieve the objective.

In any case, caution should be exercised in releasing or reducing interventions too early; to do so may escalate rather than calm the situation. Disengagement should normally be undertaken in a planned and controlled manner.

If it is not possible to consult others before acting, the onus is on the staff member, on the spot, to decide what level of intervention is appropriate in the circumstances; considering, for example:

1. Any agreed strategy or plan that may exist for managing a given situation
2. The age, size and ability of the child and the person managing the behaviour
3. The understanding of the child and ability to make informed decisions
4. Any disabilities or medical conditions the child may be suffering
5. The abilities, skills of the person(s) managing the incident, and the training they have undertaken
6. The emotional and mental state of the child; and whether the child is under the influence of alcohol, drugs or other substances
7. The child's background, history of using violence etc.

Whatever interventions or measures are taken; the staff member(s) must not place themselves in a position where anyone's safety is seriously compromised. In such circumstances they should call for help, maybe from the police, or retreat if that is the only safe option open to them.

## **5 The Use of Reasonable Force**

This policy adheres to the guidance set out in the DfE 'Use of Reasonable Force in Schools'. A link to the guidance can be found here:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/444051/Use\\_of\\_reasonable\\_force\\_advice\\_Reviewed\\_July\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/444051/Use_of_reasonable_force_advice_Reviewed_July_2015.pdf)

Team Teach guidance and Policies can be found here:

<https://www.teamteach.co.uk/policies-procedures/>

MAPA information can be found here:

<https://www.crisisprevention.com/en-GB/Our-Programs/MAPA-Management-of-Actual-or-Potential-Aggression>

Reviewed On	By Who	Next review
13.05.2020	Vanessa Goddard	13.05.2021
7/5/21	Rob Rix	7/5/22
24/06/2021	Adam Masterson	24/06/2022