

Langley Policy for The Use of Force to Control or Restrain Pupils

Section A - Rationale for this policy

At Langley we commit ourselves to the following beliefs about our school and the ways in which we treat each other;

1. Our school is a safe, caring and inclusive environment for staff, other adults and children and we strive to promote positive attitudes to behaviour for all.
2. Our behaviour policy details the way in which we create a positive and caring ethos in the school.
3. We view all behaviour as communication.
4. Physical intervention is only ever used as a last resort when all other attempts to defuse a situation have broken down and then with the minimum of reasonable force.
5. Some children, because of the nature of their difficulties, will need additional help to manage their behaviour which, may result in the use of physical intervention if that child is in a crisis situation (e.g. in danger of harming themselves or others).
6. We are committed to equal opportunities for all irrespective of race, gender, sexuality, disability or religion. We will monitor the impact of this policy to ensure that no group is adversely affected.

Section B – Procedures in place to minimize the use of force or physical restraint.

The use of physical force or restraint should be viewed as one end of a continuum of pupil teaching and management. It should only be used if no other procedure within this continuum is possible and then only as a last resort.

To minimize this need the school uses the following;

- 1) Actively teaching pupils to understand their emotions and to gain control over them in different contexts. This is taught at Langley through the use of the Social and Emotional Aspects of Learning Programme and the work of the Learning Mentor..
- 2) The school Behaviour Policy
- 3) The Teaching and Learning Policy, especially where it relates to the classroom environment and styles of teaching.
- 4) Whole staff training on de-escalation strategies.

Section C – Those staff authorized to use physical restraint.

1. Restrictive physical intervention is only ever used as a last resort.

2. Unless in an emergency, and where no trained person is available, only those trained to use physical force are authorized to do so. This is so even in the case where such restraint forms part of the behaviour management plan for a specific child.
3. Such staff are defined as having completed the LA Non-Violent Crisis Intervention Course, or equivalent.
4. The law makes it clear that school staff who are authorised to have care and control of children by the head teacher have the power to use such force as is reasonable to prevent a pupil from doing or continuing to do any of the following:
 - committing an offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
 - causing personal injury to, or damage to the property of, any person including the pupil himself; or
 - prejudicing the maintenance of good order and discipline at the school.

However, staff should be aware that they may be asked to justify the use of such force in law and should not do so unless no authorised person is available in a “crisis” situation.

Section D – Informing stakeholders of the policy of the school.

This policy, and its procedures, needs to be made known to several different groups of stakeholders;

- 1) Staff employed by the school – the policy to form part of the Induction Pack provided to staff on joining the school.
- 2) Staff employed by the school on a temporary basis – as part of the Health and Safety leaflet given to visitors to the school and a copy of the policy to be kept in the Teacher File in each class in case of teacher absence.
- 3) Visitors to the school – as part of the Health and Safety leaflet given to each person who signs into the school.
- 4) Parents and pupils of the school – this will be done by the annual pack of information sent home to parents and signed for to commit themselves to the policies contained therein.

Section E – Planned and Unplanned Intervention.

1. Planned intervention

For a very small number of children it may be necessary to incorporate restrictive physical intervention into their behaviour management plan. This will only be the case where a child has a specific history of severe behavioural difficulties and who cannot, at times, respond to de-escalation strategies.

In this case consideration should be given to the specific contexts in which such restraint may be necessary. A risk assessment should be considered for these contexts to reduce the likelihood of incidents. An example of this would be activities that occur off-site.

With such children, even where physical restraint forms part of their management plan, such restraint should only be applied by a trained person and only where other available measures have not been successful.

2. Unplanned Restraint

On occasions restraint may become necessary in a situation where such restraint is unexpected and unplanned for.

Some examples of this could be;

- A child suddenly runs out into a road whilst walking to the swimming baths
- A child gets into an argument and lunges at another child with a pair of scissors
- A violent fight breaks out without an obvious build up incident.

At these times restraint may be used but only where de-escalation strategies have been attempted or the situation fits with the contexts outlined in Section C(4). In these circumstances there may not be time to attempt de-escalation strategies and a balanced approach should be taken in judging risk against attempting such strategies. Where possible a person trained and authorized to use restraint should be involved and a witness be present. However, in a crisis situation staff should not feel that they have to wait for such an authorized person to arrive if this would result in the likelihood of harm to pupils of the school.

Section F – Risk Assessment.

When restraint forms a potential part of the behaviour management plan of a child a risk assessment should already be in place. This should include a list of possible de-escalation strategies that have been used successfully with the child or could be successful if used.

If the context is unplanned it is generally not possible to form a risk assessment at the time (although contexts such as visits off-site should take such potential into account where they are deemed possible and contingences need to be made). However, a set of questions kept in the back of the person's mind may be helpful to make a rapid decision whether restraint is absolutely necessary.

- **Can I de-escalate the situation?**
- **Can I avoid the need to use restrictive physical intervention by removing other pupils?**
- **Does the context warrant a physical intervention?**
- **Would intervening make the likelihood of serious injury to myself, the child or others less likely?**

Section G – Staff training

Staff training will take place at 3 levels for staff at Langley;

- 1) Induction in to the process of Assertive Discipline techniques to minimize situations arising. This is for all school staff who have any care and supervision of children in school.

- 2) Training in de-escalation strategies to minimize the need for physical restraint. This is for all school staff who have any care and supervision of children in school and will be delivered through the Day 1 part of the Non Violent Crisis Intervention course run by the LA. Training will be given every two years with an in school update in between.
- 3) Training in physical restraint procedures for when this becomes unavoidable and other strategies have been tried. This will be delivered to designated staff and through Day 2 of the Non Violent Crisis Intervention every two years (or more often if sufficient numbers of trained staff move to new posts in the meantime).

Section H – Recording and reporting of Incidents.

All incidents of physical intervention must be recorded

1. The agreed form must be completed. The incident should then be entered into a record of incidents, which include entry of the incident in a bound book with numbered pages. This can be limited to a date, time, and reference number.
2. Where necessary a SH WO 12 (rev 01/02) Health and Safety Incident Report Form and a record of incident report form should be completed as well.
3. There should be a post incident discussion. This discussion is extremely important and it needs to address:
 - (a) details of what exactly happened
 - (b) was the school policy adhered to?
 - (c) why did it happen?
 - (d) who was involved?
 - (e) is there a pattern of behaviour involved?
 - (f) if this was a planned intervention, does the plan need changing?
 - (g) what can be done to prevent it happening again?
 - (h) is there a training issue?
4. At this time provision of the Learning Mentor should be made available to support those involved in the incidents (this includes victims and perpetrators).
5. Such records will form part of the ongoing discussions with the Educational Psychologist or Advisory Teacher for Behaviour and their support sought where necessary.

Section I – Complaints

Complaints relating to the application of this policy should be made in the form outlined in the Complaints Policy. Briefly this is an initial discussion with the Head Teacher if the parent or carer feels comfortable with this. A more formal complaint should be addressed to the Chair of Governors in a sealed envelope given to the Office Manager. This will then be dealt with following the Complaints Policy of the school.

Section J – Consultation

This policy has been developed by a group of stakeholders including the Head Teacher, Learning Mentor, a member of school staff who is a Union Representative, the Chair of the Governing Body Health and Safety Sub-Committee, a Parent and the School Council.

When written the policy was circulated to all stakeholders and comments invited. The policy was then adopted by the Governing Body.

The policy is circulated to all stakeholders on an annual basis and responses used to help with reviewing the policy.

Section K – Monitoring of the policy.

The policy will be monitored by the Head and Learning Mentor. Outcomes will be reported to the Governing Body through the Health and Safety Sub-Committee. Data will also be made available for the Local Authority to collect and monitor. As part of their monitoring role the full Governing Body will need to approve the policy annually, especially where any changes are proposed.