

Touch and the use of restrictive physical intervention when working with children and young people

Policy and guidance for Surrey staff

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Foreword

This guidance has been developed carefully over the past year with considerable help from a range of professionals drawn from schools, social care services, unions and associations and Local Authority Officers and replaces the original guidance issued in July 2000.

Consistency in approach to behaviour management is important, both to provide the most effective support for children and young people and to reduce the possibility of confusion or disagreements between staff employed by different agencies. This guidance is issued to help ensure staff in schools, education settings and social care settings adopt consistent practices in the use of physical contact and restrictive physical interventions, based upon a common set of principles.

It is important for all parties to understand when, where and how physical contact may be appropriate. It is vitally important for all staff to have effective training and support in the use of restrictive physical interventions. Surrey children and young people, and adults working with them, have a right to be treated with respect, care and dignity especially when they are presenting risk or behaving in ways that may be harmful to themselves or others and as a result require physical intervention from staff. By using this guidance staff will be helped to act appropriately and in a safe manner, so ensuring effective responses in situations especially where there may be physical challenge.

I would like to thank all those who have been involved in the production of this material. I am indebted to them for a great deal of hard work and would also like to thank all those who responded so positively to the consultation process, including staff, children and young people and their families.

I hope that you will find this a useful document, which will bring benefits to the day-to-day lives of Surrey children and young people, their families and all staff who work with them.

A handwritten signature in black ink that reads "Andy Roberts". The signature is written in a cursive style with a large, sweeping flourish at the end.

Andy Roberts

Strategic Director – Children, Schools and Families

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Introduction

Many jobs within the children's workforce require physical contact with children. For very young or some disabled children, close contact is important when feeding, tending to care needs or comforting when distressed. Some situations require limited touch; for example instruction in learning to play a musical instrument, or in a sports technique.

It is not the case that all physical contact should be avoided, but it is important that adults only touch children in ways that are appropriate to their professional or agreed role, and responsibilities.

'Restrictive Physical Intervention' covers a wide range of situations in which staff may touch or hold children and young people. Establishments may wish their policies to cover such a range but in this context the guidance applies mainly to thinking about how to limit or restrict movement or mobility. Existing guidance and policies recognise numerous situations in which physical contact is proper or necessary. Offering comfort to a distressed person or providing physical care are two obvious cases. Another is to lead or guide or hold for reasons of safety. Staff may have to administer first aid to a child or young person. A child or young person with special educational needs may need prompting or assistance.

A duty of care to children and young people may require the use of restrictive physical intervention to prevent harm to themselves or others. Different occupations and settings have statutory powers to use reasonable force, or to use forms of restrictive physical intervention, where they deem it necessary to prevent harm by managing risk and behaviour.

This guidance is intended to assist all those working with children in Surrey to have confidence to use touch and restrictive physical intervention where appropriate, in a way which helps them exercise their duty of care to children, young people and staff, while protecting themselves, so far as possible, from harming a child or young person or from false allegation.

Surrey County Council indemnifies its entire staff against claims for alleged negligence providing they are acting within the remit of their employment. As physical contact is considered to be an act of 'taking reasonable care' of a child or young person, staff following this guidance can be reassured about the support their employer would provide. In practice this means that the County Council, not the employee, would meet the cost of damages should a claim for alleged negligence be successful.

Physical contact

Surrey County Council believes that there can be positive physical contact between staff and children. This is not physical contact that in any way seeks to establish authority over a child, but that which provides comfort; eases distress and signals care as would be expected between good parents and their children.

For staff in schools, there is a sometimes still a misconception that any physical contact between responsible staff and a child is in some way unlawful. This is not true, and schools and services can no longer have a 'no touch' policy.

Particularly with younger children, touching them is an important part of care, and can give welcome reassurance or comfort to the child. Staff must however bear in mind that even perfectly innocent actions can sometimes be misconstrued and must therefore conduct themselves accordingly.

Staff should therefore respond to young people in a way that gives expression to an appropriate level of care, and to provide comfort to ease a young person's distress whilst at the same time protecting against the physical contact being misinterpreted by the young person. If any member of staff at any time thinks that an action may have been misinterpreted, or may lead to a complaint, they need to feel confident to self report so that the matter can be recorded fully, and the manager can assist any debrief with the child and their parents which may be necessary.

The following points may be helpful:

- Any form of physical contact that a reasonable person would judge to be a conscious, self aware, reasonable and a justifiable act is acceptable. Staff are advised to ensure their actions are acceptable to the child or young person
- A high proportion of children and young people with emotional and behavioural difficulties may have experienced sexual and/or physical abuse. Staff need to ensure that any physical contact is not misinterpreted
- If at any time a child demonstrates verbally or otherwise that he, or she, is not comfortable with physical contact, where appropriate staff should respect this
- Physical contact should never be secretive, or for the gratification of the adult and in any way that may be considered indecent, or represent a misuse of authority
- Staff need to be aware that different cultural factors may apply
- Age and maturity are factors that should be considered in deciding appropriate physical contact
- Where a member of staff feels that it would be inappropriate to respond to a child or young person seeking physical comfort, the reasons for denying this should be explained to the child, and the child should be comforted verbally as necessary
- The issue of personal contact in general should be raised in interviews and induction training for staff and discussed in staff development and supervision. All staff should familiarise themselves with the "Guidance for Safe Working Practice for Adults who work with Children and Young People" nationally agreed guidance at induction. This can be accessed at www.everychildmatters.gov.uk/resources-and-practice/IG00311. A copy of this guidance should be accessible in schools and social care settings
- Children and young people should be given advice and guidance with regard to socially appropriate/inappropriate times/places/situations to seek physical comfort, where necessary

Intimate care and toileting

An increasing number of children and young people with disabilities and medical needs are being included in mainstream schools, maintained special schools and early years and childcare settings in the private, voluntary and independent sector. A significant number of these require assistance with intimate care tasks, especially toileting.

Other children may also experience difficulties with toileting for a variety of reasons. All of the children and young people we work with have the right to be safe, to be treated with courtesy, dignity, and respect, and to be able to access all aspects of the education curriculum.

Surrey County Council Guidance for Intimate Care and Toileting was published in November 2007

(<http://sccchna1.surreycc.gov.uk/sccwebsite/sccwspublications.nsf/WebLookupFileResourcesByUNID/docid5CAE2F733DBA262F8025767E0041083B?openDocument>)

Restrictive physical intervention

Restrictive physical interventions must be regarded in the same way as any other professional involvement with an individual. At all times the human and legal rights of children and young people must be of paramount importance. The objective of policies and procedures for restrictive physical interventions must be to provide guidance to staff and children and young people on appropriate use. This will protect staff and children and young people, within the context of their particular setting, whilst at the same time safeguarding individuals, those they interact with and those who provide services to them.

Within Surrey County Council services for children and young people, this should be done by having a threefold focus:

- Developing clear policies on acceptable risk taking and behaviour in establishments
- Working with the individual towards reducing the level of response needed when potential need for restrictive physical intervention is identified as part of the planning and service delivery process
- Where situations requiring restrictive physical interventions are identified as unavoidable, ensuring that there is prior planning and training to ensure safer outcomes for all concerned

This document sets out a number of key principles that are supported in greater depth by practice guidance. It is intended to achieve the following in relation to the management of violence:

- An environment that is safe for children, young people and adults that use the Council's services and employees of the Council
- A working environment where aggressive behaviour is not acceptable and is kept to a minimum through effective systems of management and intervention
- A working environment where challenging, aggressive and violent behaviour is prevented wherever possible

- A working environment where staff are clear about when restrictive physical intervention is appropriate and are empowered to use it within a clear framework

Physical intervention policy

Surrey County Council **does not** advocate the routine use of restrictive physical intervention. The basic premise of this policy is that each setting will develop a behaviour management strategy that describes where and when physical intervention might be necessary. In these circumstances this must be an act of care and not a punishment.

This policy, together with the associated guidance, provides a clear framework for the use of physical intervention in order to reduce the risk of violence and/or injury to staff and children and young people who use the Council's services.

It is within the Council's overall policy:

- that respects individual service users, treats people with dignity, courtesy and respect in providing services; and which
- considers that it is unacceptable for staff to face violence in the course of their work

In order to minimise violence and to manage risk and challenging behaviour, Surrey's policy is:

- for management systems based on risk assessment to be in place to avoid, or where that is not possible, to reduce the need for physical intervention
- for individual Care Plans and, in educational establishments, Positive Handling Plans to set out the specific strategies and techniques to be used, if necessary, with named children and young people who have been assessed as being at risk of needing restrictive physical interventions
- that each establishment/service has local policies and procedures for the use of physical intervention in line with legislation
- for training to be provided in the use of physical intervention and in techniques of behaviour management which reduce the need for such interventions
- to have appropriate staffing levels
- to provide adequate supervision and debriefing
- for systems to be in place for monitoring physical interventions and recording investigations

Physical intervention must be carried out within the framework laid down below:

- the use of physical intervention should only ever be as a last resort following the application of other appropriate strategies such as withdrawing from the situation, de-escalation and the instruction to stop
- where physical intervention is being used for the safety of staff, children and young people, the best interest of the individual must be the fundamental consideration

- the scale and nature of any physical intervention must be **proportionate** to both the risk presented or behaviour by the individual and the nature of the harm they might cause or suffer
- the minimum use of force for the least amount of time must be used, and when appropriate a phased withdrawal at the earliest opportunity
- use of physical interventions will be appropriately reported, recorded and monitored using systems established by the Council
- staff that may be required to carry out physical interventions will receive training in working to the practice guidelines on the use of appropriate physical intervention and in appropriate techniques of behaviour management, which reduce the need for physical intervention. The Council will offer training and development that complies with the standards and requirements of the policy, national and local guidelines (including the British Institute of Learning Difficulties (BILD) Code of Practice).

Monitoring and reviewing

Control of risks associated with physical intervention, violence at work and behaviour management should be monitored and reported in line with relevant health and safety legislation.

This will include local managers checking that systems are in place through inspections; the management process including performance reviews; team meetings etc. This monitoring should check that the procedures and systems that have been established are used in practice and are effective.

Risk assessments, individual care plans etc. must be reviewed regularly and when changes in levels of risk or behaviour have occurred.

The County Council will check physical intervention procedures have been implemented, as appropriate, during audits.

School or establishment policies must be reviewed annually and if necessary updated.

Cross references with other Surrey policies

This document should be read and used alongside existing setting policies

- Surrey County Council [Health, Safety and Welfare Policy and Subordinate Business Health Safety and Welfare Policies].
- Violence at Work Policy.
- Harassment and Bullying in the Workplace Policy.
- Equalities and Diversity Policy
- Any existing service or Local Authority Behaviour Strategy

Wider guidance

- Guidance for Safer Working Practice for Adults who work with Children and Young People, AMA Network, DCSF Nov 2007 (see http://www.surreycc.gov.uk/sccwebsite/sccwspages.nsf/LookupWebPagesByTITLE_RTF/Safe+working+practice+for+protecting+children+and+staff+in+education+settings?opendocument)

Good practice guidance

Values and principles for restrictive physical intervention

Surrey County Council believes in providing safe, secure environments in which children and young people feel cared for and in which staff feel effectively supported.

All services should be designed to promote independence, choice and inclusion and to establish an environment that enables children and young people to have maximum opportunity for personal growth and emotional wellbeing.

Surrey County Council fully endorses the underpinning principles published by the Department for Education and Skills/Department of Health (2002), being:

- the use of force should, wherever possible, be avoided
- there are occasions when the use of force is appropriate
- when force is necessary, it must be used in ways that maintain the safety and dignity of all concerned.

Managers in service settings and schools are responsible for ensuring that they use this guidance and associated policy to ensure that there is:

- a current policy in place for the service, setting or school
- opportunity to review the policy at least annually
- a robust risk assessment in place, and
- appropriate support and de-brief available to children, young people and staff and that they are aware of how to access the support available.

The application of a restrictive physical intervention should be an act of care not of punishment or aggression and **should not** be used purely to force compliance with staff instructions when there is no immediate risk to the child or other individuals.

Only the minimum force necessary to prevent injury or to remove the risk of harm should be applied and, if used, this should be accompanied by calmly letting the child/young person know what they need to do to remove the need for restrictive physical intervention.

As soon as it is safe to do so, the restrictive physical intervention should be gradually relaxed to allow the young person to gain self-control.

Wherever possible, restrictive physical interventions should be used in a way that is sensitive to, and respects the cultural expectations of, children and service users and their attitudes towards physical contact.

Physical Intervention is not to be used simply to maintain or bolster good order in the classroom or other environment. It is expected that its use will be rare, in exceptional circumstances when a particular need arises. It should not become habitual or routine.

Any restrictive physical intervention should avoid contact that might be misinterpreted as sexual contact.

The use of any restrictive physical intervention **must** be recorded. Any appropriate professional colleague or manager and the parent/carer must be informed.

Good working practice to reduce the need for restrictive physical interventions

The use of restrictive physical interventions should be minimised by the adoption of primary and secondary preventative strategies.

Primary prevention is achieved by:

- taking steps to ensure that the number of staff deployed and their level of competence corresponds to the needs of children and young people and the likelihood that physical interventions will be needed
- helping children and young people to avoid situations which are known to provoke violent or aggressive behaviour, for example, settings where there are few options for individualised activities
- implementing Care Plans or, for school pupils, Positive Handling Plans, which are responsive to individual needs and include current information on risk assessment
- creating opportunities for children and young people to engage in meaningful activities which include opportunities for choice and a sense of achievement
- developing staff expertise in working with children and young people who present challenging behaviours
- talking to children and young people, 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 young people prefer withdrawal to a quiet area rather than intervention which involves bodily contact.

Secondary prevention involves recognising at an early stage risks that are likely to develop into violence or aggression and employing 'defusion' techniques to avert any further escalation.

Although preventative measures will not always work, there are a number of steps that staff can take to help reduce the likelihood of situations arising where the use of reasonable force may need to be exercised:

- creating a calm, orderly and supportive climate that minimises the risk and threat of violence of any kind
- developing effective relationships between children and young people and staff that are central to good order
- adopting a whole-school/establishment approach to developing social and emotional skills
- taking a structured approach to staff development that helps staff to develop the skills of positive behaviour management, managing conflict and also to support each other during and after an incident
- recognising that challenging behaviours may be foreseeable

- effectively managing individual incidents. It is important to communicate calmly with the child/young person, using non-threatening verbal and body language and ensuring the child can see a way out of the situation. Strategies might include, for example, going with the staff member to a quiet room, away from bystanders or other children, so that the staff member can listen to concerns; or being joined by a particular member of staff well known to the child
- wherever practicable, warning a child that force may have to be used before doing so.

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
- the risks associated with **not** using a restrictive physical intervention are greater than the risks of using a restrictive physical intervention
- 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 service users (including those in close proximity to the incident). In some situations it may be necessary to make a judgement about the relative risks and potential benefits arising from activities that might provoke challenging behaviours compared with the impact on the person's overall quality of life if such activities are restricted. This is likely to require a detailed risk assessment.

For each child or young person who presents a challenge there needs to be an individualised strategy for responding to incidents of violence or aggression.

Physical intervention must only be used as a last resort.

Restrictive physical intervention

Definition

Physical interventions cover a range of professional actions and behaviours. The appropriateness of such action should always be contingent upon the specific needs of an individual and others whose actions may impact upon them. The appropriateness of the physical intervention must always be related to the age, maturity, understanding and capacity of the individual. It should be consistent with their education or placement plan and the role of the service setting.

A number of terms are used to describe professional action to prevent serious harm. These terms include amongst others “restraint”, “care and control” and “crisis intervention”. Many of these terms, particularly “restraint” can have negative connotations for individuals and professionals alike. Additionally, they can appear to focus on methods and techniques, such as holds, which are only part of the continuum of strategies that are needed to manage challenging behaviour and risk.

For these reasons, Surrey County Council has elected to use the term “restrictive physical intervention” to describe direct physical safeguarding action.

The term “restrictive physical intervention” is defined by the DfES/DoH (2002) as being “designed to prevent movement or mobility or to disengage from dangerous or harmful physical contact...”

As a further guide, where physical force is applied against resistance, it should be regarded as a restrictive physical intervention and recorded and reported as such.

Legal framework

The use of restrictive physical interventions needs to be consistent with the Human Rights Act (1998) and the United Nations Convention on the Rights of the Child (ratified 1991). These are based on the presumption that every person is entitled to:

- Respect for his or her private life
- The right not to be subjected to inhuman or degrading treatment
- The right to liberty and security
- The right not to be discriminated against in his/her enjoyment of those rights.

Physical interventions need to be child or young person specific, integrated with other less intrusive approaches, and clearly part of an education or placement plan approach to reduce risk, when needed. They must not become a standard way of managing, or as a substitute for training in people related skills.

It is a criminal offence to use physical force, or to threaten to use force (for example, by raising a fist, or issuing a verbal threat), unless the circumstances give rise to a ‘lawful excuse’ or justification for the use of force. Similarly, it is an offence to lock a child in a room without a court order (even if they are not aware that they are locked in) except in an emergency, for example the use of a locked room as a temporary measure while seeking assistance may provide legal justification.

Education and Inspections Act 2006

For schools, Section 93 of the Education and Inspections Act 2006 (which replaces section 550A of the Education Act 1996) enables school staff to use such force as is reasonable in the circumstances to prevent a pupil from doing, or continuing to do, any of the following:

- (a) committing any offence (or, for a pupil under the age of criminal responsibility, what would be an offence for an older pupil);
- (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.

The staff to which this power applies are defined in section 95 of the Act. They are:

- (a) any teacher who works at the school, and
- (b) any other person whom the head teacher has authorised to have control or charge of pupils. This:
 - (i) includes support staff whose job normally includes supervising pupils such as teaching assistants, learning support assistants, learning mentors and lunchtime supervisors
 - (ii) can also include people to whom the head teacher has given temporary authorisation to have control or charge of pupils such as paid members of staff whose job does not normally involve supervising pupils (for example catering or premises-related staff) and unpaid volunteers (for example, parents accompanying pupils on school-organised visits)
 - (iii) does not include prefects.

The power may be used where the pupil (including a pupil from another school) is on school premises or elsewhere in the lawful control or charge of the staff member (for example on a school visit).

The Act stipulates that the head teacher may empower staff by reference to an individual pupil or staff member, or a group of pupils of a particular description, all pupils, or a group of staff of a particular description. There are no legal requirements as regards how staff or pupils should be notified of such a decision, this being a matter of common sense and professional judgement. Head teachers should, however, do this in writing for the sake of certainty – including reflecting as appropriate in staff members' contracts, and making this a part of the measures that the head teacher sets down in the school's behaviour policy.

Corporal punishment – as defined in section 548 of the Education Act 1996 – **is unlawful.**

Use of restrictive physical intervention may also give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned. However, Surrey County Council will support staff that, having been trained in restrictive physical intervention, follows this policy and act in a reasonable manner.

The Children Acts 1989/2006 and The Care Standards Act 2000

Under The Children Acts 1989/2006, any practice or measure such as 'time out' or seclusion, which prevents a child from leaving a room or building of his or her own free will may be deemed a 'restriction of liberty'. Under this Act, restriction of liberty of children by a local authority is only permissible in very specific circumstances - for example when the child is placed in secure accommodation approved by the Secretary of State or where a court order is in operation.

It is therefore an offence to lock a child in a room without a court order.

There may be instances where it is appropriate to restrict a child who may be at risk due to a lack of awareness or danger to a room or a particular area in order to keep him/her safe, e.g. if s/he has a severe learning disability and/or severe challenging behaviour. However, it must be ensured that they are kept under strict supervision at all times.

In the case of children in residential care, the general Guidance and Regulations issued in respect of the Children Acts 1989/2006 and The Care Standards Act 2000 (Children's Homes Regulations 2001) addressed the use of physical action such as restraint and holding in the context of good order and discipline in section 17.

Reasonable force

There is no legal definition of 'reasonable force' so it is not possible to set out comprehensively when it is reasonable to use force, or the degree of force that may reasonably be used. It will always depend on all the circumstances of the case.

There are two relevant considerations:

- The use of force can be regarded as reasonable only if the circumstances of the particular incident warrant it; therefore, physical force could not be justified to prevent a child or young people from committing a trivial misdemeanour or in a situation that could clearly be resolved without force
- The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the risk or behaviour or the consequences it is intended to prevent. Any force used should always be the minimum needed to achieve the desired result.

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, will also depend on the age and understanding of the child or young person. It is also important to recognise that where a restraint might be considered reasonable in one instance it may not be in another.

Only a court may judge what is reasonable in terms of the amount of force used in physical restraint and obviously does so retrospectively.

Who can use reasonable force?

Only staff that have been specifically authorised and trained in appropriate techniques may engage in **planned** restrictive physical intervention with a child or young person using the service. Managers and head teachers should maintain lists of staff who are authorised and trained and inform those who are not that they are not to engage in the use of planned restrictive physical interventions.

All staff, whether trained or not, including temporary or agency staff, may use reasonable force to physically intervene **in an emergency or to defend themselves** in circumstances where they have a genuine fear of being injured or believe a child or young person may be at risk.

Duty of care

Schools, health and social care services staff owe a duty of care towards all children and young people. The duty of care requires that reasonable measures be taken to prevent harm. Employers also have a duty of care to employees to ensure that their working environment is safe and where risks are identified (including the management of children and young people's behaviour) that appropriate guidance, training and support is offered.

Choosing not to intervene when there is evidence that a greater and significant harm may occur may result in allegations of negligence and consequent civil litigation for failure to exercise that duty of care.

Using restrictive physical interventions

Restrictive physical interventions may be used to achieve different outcomes such as:

- to break away from dangerous or harmful physical contact
- to separate the person from events triggering risk and/or challenging behaviour
- to protect the child or young person

Interventions may be

- **proactive**, in which staff employ, where necessary, prearranged strategies and methods which are based upon a risk assessment and recorded in individual plans
- **reactive**, which occur in response to unforeseen events

The scale and nature of any physical intervention must be **proportionate** to both the behaviour of the individual to be managed, and the nature of the harm they might cause. These judgments have to be made at the time, taking due account of all the circumstances, including any known history of other events involving the individual to be managed. The minimum necessary force should be used, and the techniques deployed should be those with which the staff involved are familiar and able to use safely, and are described in the child or young person's support plan. Where possible, there should be careful planning of responses to individual children known to be at risk of self-harm, or of harming others.

Planned physical intervention strategies should be:

- agreed in advance by a multidisciplinary or school/social care team working in consultation with the child or young person, and those with parental responsibility
- described in writing and incorporated into other documentation which sets out a broader strategy for addressing the child or young person's behavioural or emotional difficulties
- implemented under the supervision of an identified member of staff who has undertaken appropriate training provided by an organisation accredited by BILD
- recorded in writing so that the method of physical intervention and the circumstances when it was employed can be monitored and, if necessary, investigated.

Where planned physical intervention strategies are in place, they should be one component of a broader approach to behaviour management, and/or part of an overall management plan.

Unplanned or emergency intervention may be necessary when a child or young person behaves in an unexpected way. In such circumstances, members of staff retain their duty of care to the child or young person and any response must be proportionate to the circumstances. Staff should use the minimum force necessary to prevent injury and maintain safety consistent with appropriate training they have received.

An effective risk assessment procedure together with well-planned preventative strategies will help to keep the emergency use of restrictive physical interventions to an absolute minimum. However, staff should be aware that, in an emergency, the use of force may be justified if it is reasonable to use it to prevent injury or serious damage to property and, in schools, to prevent a pupil engaging in any behaviour prejudicial to the maintenance of good order and discipline in the school or among any of its pupils.

Even in an emergency, the force used must be reasonable. It should be commensurate with the desired outcome and the specific circumstances in terms of intensity and duration. Before using restrictive physical intervention in an emergency, the person concerned should be confident that the possible adverse outcomes associated with the intervention (for example, injury or distress) will be less severe than the adverse consequences that might have occurred without the use of a restrictive physical intervention.

The application of a restrictive physical intervention should calm the situation – and **not** lead to greater injury or an escalation of violence. If the circumstances allow, the following factors may need to be taken into account in evaluating the risks involved and in determining the techniques to be employed:

- the location of the incident, and the potential for the restrictive physical intervention to be carried out safely
- the availability of members of staff – restrictive physical interventions are usually best carried out with two persons
- the presence of other children who might become distressed, or side with the child being physically managed
- the member of staff's capacity to act calmly, and their own training and expertise in this matter
- the age, gender, physique, special needs or medical condition of the child (if known) and the member of staff– as well as any cultural factors
- the clothing being worn by the child or young person and the members of staff involved, including wearing rings, jewellery or glasses
- any previous history of the child
- whether the child is likely to be under the influence of alcohol or drugs
- whether the child's behaviour may be due to a medical condition – for example, diabetes, a thyroid condition or an allergic reaction
- what would be the outcome of not managing the risk – could timely intervention prevent further trouble, or injury to another person
- the presence of any weapon, or proximity of items that the child or young person could use as a weapon.

Whether the member of staff decides to use a restrictive physical intervention or not, they must be able to demonstrate that their decision was rational.

A calm and measured approach to a situation is needed and members of staff should never give the impression that they have lost their temper, or are acting out of anger or frustration, or to punish the child or young person.

Staff should not act in a way that might reasonably be expected to cause injury, for example by:

- holding someone around the neck, or by the collar, or in any other way that might restrict the person's ability to breathe
- slapping, punching or kicking
- twisting or forcing limbs or digits against a joint
- tripping anyone
- holding or pulling anyone by the hair or ear
- touching or holding anyone in a way that might be considered indecent
- sitting on anyone
- applying a 'basket' hold where the person's arms are drawn tight across their chest or diaphragm by a person standing behind them
- using clothing or belts to restrict movement.

As soon as it is safe, if restrictive physical intervention has been used, the intervention should gradually be relaxed to allow the child or young person to regain self-control. It should be explained to the child or young person what will happen next in order to reassure him or her. For example, if the member of staff is going to release the hold and stay quietly with the child or young person, this should be communicated.

In an emergency situation where staff are alone there may be circumstances when staff are advised not to intervene in an incident without help, for example, when dealing with an older or a physically larger child or young person, or a group of children or young people. In those circumstances, the member of staff should remove other children and young people who might be at risk, summon assistance from a colleague or colleagues, or where necessary, telephone the Police. The member of staff should inform the children and young people that he or she has sent for help. Until assistance arrives the member of staff should continue to attempt to diffuse the situation and to prevent the incident from escalating,

The role of mechanical aids

Devices that are required for a therapeutic purpose for a disabled child or adult, such as buggies, wheelchairs and standing frames (including any supporting harness) may also restrict movement. Such devices should never be provided or used solely for the purpose of preventing problem behaviour, although, in an emergency situation they might be used as a last resort to reduce risks.

BILD recently issued guidance (2008) entitled 'Use of Mechanical Devices: Restrictive physical intervention – Principles for Practice' which focuses on the use of mechanical devices with children and young people who are presenting with severe self-injurious behaviour. It does not specifically address the use of mechanical devices used in other contexts.

The document does not seek to encourage the use and application of mechanical devices but rather to clarify what may constitute a mechanical device or restraint procedure and enable staff to reflect upon their current practice and support services to develop appropriate policies, protocols and procedures. The emphasis must always be on prevention and what is in the best interest of the child or young person.

The guidance can be found at:

<http://www bild.org.uk/docs/03behaviour/use of mechanical devices.pdf>

Medication

In certain situations, the use of medication may be indicated as a method of managing extreme behaviour. Medication must only be administered upon medical advice and must only be used as a routine method of managing difficult behaviour where it is included within an individual's behaviour or placement plan and agreed by a qualified medical practitioner. The use of medication should comply with any regulations or National Minimum Standards issued under the Care Standards Act 2000. Under their duty of care, staff should not give tranquillisers to children and young people who have contra-indications and any contra-indications should always be recorded in their individual plans. Except in an emergency, where there is a significant risk of personal injury or a serious risk of an offence being committed, rapid tranquillisation should not be used as a method of gaining control over children who display violent or aggressive behaviour. Even in an emergency, if force is required to administer a tranquilliser, the degree of force must be reasonable.

Floor restraints

Children and young people should not routinely be held on the floor and only if staff have received appropriate and accredited training.

During floor holds the child or young person's well-being should be monitored continuously and such monitoring should continue immediately after the restrictive physical intervention until the child or young person has fully recovered. Following floor holds children and young people should then be monitored every fifteen minutes for at least three hours. All relevant authorities, including parents/carers, must be informed as soon as possible following the incident.

Proactive use of restrictive physical interventions

In most circumstances, restrictive physical interventions will be used reactively. Occasionally, it may be considered in the best interests of the child or young person to accept the possible use of a restrictive physical intervention as part of a therapeutic or educational strategy that could not be introduced without accepting that reasonable force might be required. For example, the best way of helping a child to tolerate other children without becoming aggressive might be for a member of staff to 'shadow' the child and to adjust the level of any physical intervention needed according to the child's behaviour. Similarly, staff might be sanctioned to use a restrictive physical intervention, if necessary, as part of an agreed strategy to help a person who is gradually learning to control their aggressive behaviour in public places. In both examples, the physical intervention is part of a broader educational or therapeutic placement strategy.

Where this approach is employed it is important to establish in writing a clear rationale for the anticipated use of the restrictive physical intervention and to have this endorsed by a multidisciplinary meeting which includes, wherever possible, family members (or those with parental responsibility) and an independent advocate. In schools, the possible use of restrictive physical interventions, as part of a broader educational or therapeutic strategy, will be included within the child or young person's behaviour or placement plan.

The use of seclusion

The use of seclusion where a child or young person is forced to spend time alone against their will would not normally be seen as appropriate except for short periods of time in extreme situations whilst help is obtained. This is in contrast to time out, where a child or young person would be supervised or accompanied in a neutral manner, and to withdrawal where they are removed from a difficult situation and accompanied while they calm down. It is an offence to lock a child in a room without a court order except in an emergency while seeking assistance. However, in educational settings, it is acceptable for double or high door handles or locking of outside doors to be used for safety and security reasons when pupils are supervised in the same room or area by staff.

Disengagement strategies

There may be situations where breakaway or disengagement strategies, which involve minimal use of pain stimuli or discomfort, may be sanctioned as the least intrusive method that is consistent with the safety of staff and children and young people. Such methods will be based upon a risk assessment, will be fully documented and will employ only the minimum amount of force required.

Recording and reporting

It is very important that every school, service and social service establishment, regardless of size or context, establishes a clear and consistent route through which any incident involving restrictive physical intervention is recorded and communicated - and to whom. All staff must be aware of individual establishment policies on the use of touch and restrictive physical intervention in the context of risk and behaviour management strategies.

Education establishments

All staff should know to whom they should report incidents of restrictive physical intervention and where this person is located. There should be a further "reporting on" system so that the head teacher is fully informed as soon as practicable and prepared for the possible consequences of staff using restrictive physical intervention. Where the person carrying out the restrictive physical intervention is the head teacher, usual report procedures must be followed and the Chair of Governors should be informed.

Schools and other similar establishments are responsible for creating their own incident reports. Such reports can be as extensive or as brief as required. The following basic information must however be recorded as a minimum:

- Name of School/Establishment
- Child or young person's name/Date of Birth
- Staff member name and status
- Incident date/time/duration
- Nature of incident
- Events leading up to incident
- Description of what happened
- Consequences
- Names of those involved
- Names of witnesses
- De-escalation techniques used
- Justification for restrictive physical intervention
- Response and view of pupil
- Details of any injuries
- Other relevant information
- Signatures of head teacher/manager and report author.

A model example of such a form is reproduced in this guidance (Appendix F). Schools and other similar establishments are free to create their own versions or continue to use existing forms provided the above basic information is recorded.

At the end of each term the Head teacher should submit data to the Residential Support and Development team giving information of the number of occasions restrictive physical interventions or disengagements have been used. The form for these submissions is shown in Appendix H.

Social Service establishments/residential special schools

Incidents of restrictive physical intervention should be recorded in a bound book with numbered pages within 24 hours and as significant incidents. Staff must follow the County Procedure regarding the recording and dissemination of information about such incidents.

<p>Residential Special Schools National Minimum Standards Care Standards Act 2000 Standard (10) - 10.14</p>	<p>Children's Homes National Minimum Standards Care Standards Act 2000 Standard (22) - 22.9</p>
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Risk assessment

When the use of a restrictive physical intervention is appropriate, it is important that steps are taken to minimise the risk to both staff and children.

Among the main risks to children and young people are that a restrictive physical intervention could:

- be used unnecessarily, that is when other less intrusive methods could achieve the desired outcome
- cause injury, pain, distress or psychological trauma
- become routine, rather than exceptional methods of risk and behaviour management
- increase the risk of abuse
- undermine the dignity of the staff or children and young people or otherwise humiliate or degrade those involved
- create distrust and undermine personal relationships.

The main risks to staff include the following:

- as a result of applying a restrictive physical intervention they suffer injury
- as a result of applying a restrictive physical intervention they experience distress or psychological trauma
- the legal justification for the use of a restrictive physical intervention is challenged in the courts
- disciplinary action or a child protection enquiry that does not reach the Courts, but nevertheless contains similar inherent stresses.

The main risks of not intervening may include:

- children, staff or other people will be injured or abused
- serious damage to property will occur
- staff may be in breach of the duty of care
- the possibility of litigation arising out of not intervening.

The Health and Safety at Work Act 1974 places duties on employers and others to protect the health, safety and welfare of all their employees so far as is reasonably practicable, including protecting staff against violent incidents, considering the impact that injury or the threat of injury may have on employees' physical and mental welfare, thinking what training they may need, and seeing to the preparation of a proper policy on health and safety. Regulation 3 of the Management of Health and Safety at Work Regulations 1992 requires employers to carry out a risk assessment of the work employees undertake and to minimise those risks.

Whenever it is foreseeable that a child or young person might require a restrictive physical intervention, a risk assessment should be carried out which identifies the benefits and risks associated with the application of different intervention techniques with the person concerned.

Planning should also be undertaken to see if trigger situations can be avoided and other positive strategies employed to minimise the likelihood of such incidents occurring.

Management teams are advised to assess the frequency and severity of incidents requiring use of force that are likely to occur in their school/establishment. Historical patterns usually provide a good starting point. These assessments will help to inform decisions about staff training.

DCSF guidance (2007) makes clear that an individual risk assessment is also essential for pupils whose Special Educational Needs (SEN) and/or disabilities are associated with:

- communication impairments that make them less responsive to verbal communication;
- physical disabilities and/or sensory impairments;
- conditions that make them fragile, such as haemophilia, brittle bone syndrome or epilepsy; or
- dependence on equipment such as wheelchairs, breathing or feeding tubes.

It is important that all school and service settings develop appropriate documentation and approaches to assessing risk. The assessment tool must be appropriate for use in that setting. A model risk assessment form is included with this guidance (Appendix D).

There are rare occasions when it may be appropriate to act with only minimal assessment of risks – for example, in exceptional circumstances, where there is an immediate risk of injury, a member of staff may need to take any necessary action that is consistent with the concept of “reasonable force”. Whilst not an exhaustive list, examples include:

- to prevent a child or young person running off a pavement onto a busy road, or falling into water
- where a child or young person uses tools dangerously or inappropriately
- to prevent a child or young person hitting someone else
- throwing stones (etc...) at a window where there is an immediate risk of injury from broken glass
- misuse of substances (e.g. cleaning fluids, etc...) where there is a likelihood of immediate injury

Whenever possible assistance must be sought;

- when the member of staff believes that he or she may be at risk of injury
- when managing an older or physically larger child or young person
- where there is more than one child or young person
- where a child or young person appears to be under the influence of drugs or alcohol, or who is ill
- where a child or young person who appears to have a weapon

Elevated levels of risk are associated with:

- the use of clothing or belts to restrict movement
- holding someone who is lying on the floor or forcing them onto the floor
- any procedure which restricts breathing or impedes the airways
- seclusion, where a child or young person is forced to spend time alone in a room against their will
- extending or flexing the joints or putting pressure on the joints
- pressure on the neck chest abdomen or groin areas. (DfES 2002)

Staff training

Employers and managers are responsible for ensuring that staff receive training, including updates and refresher courses, appropriate to their role and responsibilities within their school or service. There should be a policy on staff development and training that includes reference to training in the use of restrictive physical interventions.

There will be particular training needs for staff working closely with children with SEN and/or disabilities. Risk assessments will help inform decisions about staff training.

A school may decide that all staff who supervise pupils should have such training. However, individuals have statutory power to use force by virtue of their job so a school policy cannot lawfully prevent teachers or other staff whose job involves having control or charge of pupils from using that power regardless of whether they have received training.

Schools and other services should ensure that they commission sufficient training that covers ways of avoiding or defusing situations in which restrictive physical intervention might become necessary as well as training in methods of restrictive physical intervention.

Staff who are expected to employ restrictive physical interventions will require additional specialised training. The nature and extent of the training will depend upon the characteristics of those who may require a restrictive physical intervention, the behaviours they present and the responsibilities of the individual member of staff.

It is critical that temporary or agency staff expected to engage in planned restrictive physical intervention have received up-to-date training consistent with the nature of that received by employed staff. Managers should proactively seek this information.

Staff should only use methods of restrictive physical intervention for which they have received training. Techniques should be closely matched to the characteristics of individual clients and reflected in the risk assessments.

Training is available through the Residential Support and Development Team, Surrey County Council who will advise on approved models.

Policies in schools

Every school should have a policy on the use of restrictive physical interventions.

Having a clear policy is vital for each school, whatever the frequency with which it anticipates using restrictive physical interventions. The existence of this policy does not remove each school's duty to make its own policy despite the fact that situations in which restrictive physical intervention may be needed are likely to be relatively few in number in the majority of schools.

The school's policy on Restrictive Physical Intervention needs to be cross-referenced to other connected school policies such as Health and Safety, Special Educational Needs, Behaviour and Discipline, Intimate Personal Care and Child Protection.

Situations in which restrictive physical intervention may be needed can be sensitive and complex. In busy or chaotic situations decision-making may be challenging. A school policy known to all relevant staff will help them to:

- develop their understanding of how restrictive physical intervention can work effectively
- become clearer how to obtain or 'update' restrictive physical intervention training at an appropriate level
- apply with more confidence preventive, 'de-fusing' and restrictive physical intervention skills
- be able to support colleagues when they have to use the methods
- know how to make a suitable record of an incident when restrictive physical intervention is used

In schools, head teachers and Governing Bodies, and in other settings, the senior management must establish arrangements to ensure that all incidents of restrictive physical intervention are logged by the member(s) of staff involved; a reporting form is attached as Appendix F, and this must be completed for each incident that led to the restrictive physical intervention.

A model school policy is provided with this guidance in Appendix A.

The requirement to provide timely information to the Residential Support and Development Team is referred to on page 18; the format for such reporting is contained within Appendix H.

Screening and searching of pupils for weapons

For staff in schools, reasonable force may also be used in exercising the statutory power, introduced under section 45 of the Violent Crime Reduction Act 2006, to search pupils without their consent for weapons. This search applies to head teachers and staff authorised by them, where they have reasonable grounds for suspecting that a pupil has a weapon. The searcher could use reasonable force and/or the second person required to be present at a search.

Schools are not compelled to use these powers - a power is just that, it is not a duty.

While it is legally permissible to use force in these circumstances, the DCSF (2007) advise that when a pupil suspected of carrying a weapon is likely to physically resist, school staff call the Police rather than use force to continue a search. Surrey County Council and the teaching unions represented on the Teachers Joint Committee unanimously support this position.

Post-incident support

“Following an incident in which restrictive physical interventions are employed, both staff, children and young people should be given separate opportunities to talk about what happened in a calm and safe environment. Interviews should only take place when those involved have recovered their composure. Post incident interviews should be designed to discover exactly what happened and the effects on the participants. They should not be used to apportion blame or to punish those involved. If there is any reason to suspect that a child or young person or a member of staff has experienced injury or severe distress following the use of a physical intervention, they should receive prompt medical attention.” (D0H/DfES 2002)

Serious incidents that require use of restrictive physical intervention can be upsetting to all concerned and may result in injuries to the child or to staff. Immediate action should be taken to provide first aid for any injuries and to access medical help for any injuries that go beyond first aid. It is also important to ensure that staff and children are given emotional support.

It can also be distressing to observe an incident where restrictive physical intervention has been necessary. Services will have their own procedures for providing support to children and staff under such circumstances.

The purpose of such support should be to help the children and staff develop strategies to avoid such crisis points in the future and inform relevant staff about these strategies and their roles, and to ensure that staff and children affected by an incident have continuing support for as long as necessary in respect of:

- (i) the physical consequences
- (ii) the necessary support to deal with any emotional stress or loss of confidence; and
- (iii) the opportunity to analyse, reflect and learn from the incident

The suggested model – Life Space Interview – is attached as Appendix E.

Review procedures

All settings should have a review process for incidents where a restrictive physical intervention has taken place. The review should include the following:

- What steps are taken to ensure that minimum reasonable force is used if restrictive physical intervention is needed?
- Have the incidents needing restrictive physical intervention increased/decreased?
- Are incidents monitored to ensure that the length of time restrictive physical intervention is used is kept to a minimum?
- Are practices reviewed and alternative methods that do not involve restrictive physical intervention explored as a possible outcome in each case?
- What steps are taken to ensure that restrictive physical interventions cause a minimum of pain or distress?
- Where restrictive physical intervention is being used, what method is there for checking medical advice? Are staff aware of children/young people's medical conditions, care plans, etc?
- Are there separate staff and children and young people's debriefing sessions for those who have been involved in incidents? Does the review explore antecedents, consequences and alternative courses of action?
- Are risk assessment procedures appropriate and adequate?

A regular planned review of these issues is an essential part of their management.

Dealing with complaints and allegations

Children and young people and their parents/carers have a right to complain about actions taken by staff. This might include the use of restrictive physical intervention.

Children and young people and their representatives must have clear information about how to make their views known, how to make a complaint and how to access the services of an advocate.

A clear policy about restrictive physical intervention, that staff adhere to, should help to avoid complaints from a child or young people using the service, their parents, other relatives or carers. However, it will not prevent all complaints and the possibility that a complaint might result in a disciplinary hearing, or a criminal prosecution, or in a civil action being brought cannot be ruled out. In any of these circumstances, it would be for the disciplinary panel or the court to decide whether the use and degree of force was reasonable in the circumstances.

If a specific allegation of abuse is made against a member of staff, the school/service needs to follow the relevant Surrey Child Protection Procedures.

Other complaints should be dealt with under normal complaints procedures.

References

DFEE Circular 10/98, "Section 550A - Education act 1996: The use of force to control or restrain pupils"

Children Act 1989 and 2006

Care Standards Act 2000

Joint DfES / DoH guidance issued July 2002, "The use of restrictive physical interventions for staff working with children and adults who display extreme behaviour in association with learning disability and/or autistic spectrum disorder"

DfES Guidance on the "Use of Restrictive Physical Interventions for Pupils with Severe Behavioural Difficulties"

DfES Circular 10/95 "Protecting Children from Abuse: The Role of the Education Service"

The letter of 24 April from DfES to Chief Education Officers on Promoting Positive Handling Strategies for Pupils with severe behaviour Difficulties

Guidance prepared in the context of United Nations Convention on the Rights of the Child (1991) and The Human Rights Act 1998

Easy Guide to the Use of Physical Interventions (BILD 2002)

Code of Practice for Trainers in Physical Interventions, 2nd Edition (BILD 2006)

Child Protection Procedures

Guidance for Safe Working Practice for the Protection of Children and Staff in Education Settings

http://www.surreycc.gov.uk/SCCWebsite/sccwspages.nsf/LookupWebPagesBytitle_rtf/Safeguarding+children+including+child+protection?opendocument

Guidance for safer working practice for adults who work with children

http://www.surreycc.gov.uk/sccwebsite/sccwspages.nsf/LookupWebPagesBytitle_rtf/Guidance+for+safer+working+practice+for+adults+who+work+with+children?opendocument

Useful contacts

Surrey Safeguarding Board / Contact Centre

Local Authority Designated Officer (LADO)

Surrey RPI Training Team

Local Education Officers

Appendices

- A A Model School Policy
- B Model School Procedures
- C Issues for Schools to address
- D Individual child or young person risk assessment
- E Life Space Interview
- F Pupil Incident report form
- G Guidelines for residential workers
- H Termly monitoring form

Appendix A

A model school policy

Touch and the use of Restrictive Physical Intervention for all Staff working with Children & Young People

Policy and Guidance for Staff at School

Context

Surrey schools and educational establishments are encouraged to use this framework, and to adapt it to their own situation.

It is advised that all schools should be familiar with the Surrey Policy on Touch and the use of Restrictive Physical Intervention and associated guidance.

[<http://sccchna1.surreycc.gov.uk/sccwebsite/sccwspublications.nsf/WebLookupFileResourcesByUNID/docid39C4812CF58B14A78025767E0043CE9B?openDocument>]

The Policy is best placed within the context of the school's Behaviour Policy; it will be part of a graduated response, and needs to be agreed in consultation with staff, governors, parents/carers, and pupils. It also connects to, and should be consistent with, policies on Health and Safety, Child Protection and safeguarding, Equal Opportunities, and Pastoral Care.

1. Introduction

At school we believe that pupils need to be safe, 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 pupils the use of restrictive physical intervention may be needed, and, on such occasions, acceptable forms of intervention will be used.

[*Schools may wish to add their own statement here.]

The majority of pupils behave well and conform to 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.

All the school staff need to feel able to manage inappropriate risk and behaviour, and to have an understanding of what and how 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 a Restrictive Physical Intervention, including the nature of the intervention, and the rationale for its use.

2. Definition of ‘restrictive physical intervention’

The Law allows for teachers and other persons authorised by the Head teacher to use Restrictive Physical Intervention to prevent a pupil from doing or continuing to do any of the following: -

- committing a criminal offence
- injuring themselves or others
- causing damage to property
- engaging in any behaviour that is prejudicial to maintain the good order and discipline at the school

“Restrictive Physical Intervention” is the term used by the DCSF to include interventions where bodily contact using force is used. It refers to any instance in which a teacher or other adult authorised by the Head teacher has to, in specific circumstances, use “reasonable force” to control or restrain pupils. There is no legal definition of “reasonable force”. However, there are two relevant considerations:

- the use of force can be regarded as reasonable only if the circumstances of an incident warrant it
- the degree of force must be in proportion to the circumstances of the incident and the seriousness of the behaviour or consequences it is intended to prevent

The definition of physical force also includes the use of mechanical devices (e.g. splints on the pupil prescribed by medical colleagues to prevent self-injury), forcible seclusion or use of locked doors. It is important for staff to note that, although no physical contact may be made in the latter situations, this is still regarded as a Restrictive Physical Intervention.

3. When the use of restrictive physical interventions may be appropriate in school

Restrictive Physical Interventions will be used when all other strategies have failed, and therefore only as a last resort. However, there are other situations when physical management may be necessary, for example in a situation of clear danger or extreme urgency. Certain pupils may become distressed, agitated, and out of control, and need calming with a brief Restrictive Physical Intervention that is un-resisted after a few seconds.

The safety and well being of all staff and pupils are important considerations. Under certain conditions this duty must be an over-riding factor.

Who may use restrictive physical intervention in school

The following staff (as well as the teachers employed at the school) are authorised by the Head teacher to have control of pupils, and **must** be aware of this Policy and its implications.

We take the view that staff should not be expected to put themselves in danger, and that removing pupils and themselves is the right thing to do. We value staff efforts to rectify what can be very difficult situations and in which they exercise their duty of care for the pupils.

Names of authorised staff

Each school needs to compile a list here of staff groups eg MTAs, TAs, Caretaker etc. and **in addition** the Head teacher may give temporary authorisation to others eg parent helpers on a trip, centrally employed support staff.

4. Planning for the use of restrictive physical interventions inschool

Staff will use the minimum force needed to restore safety and appropriate behaviour.

The principles relating to the intervention are as follows: -

- Restrictive Physical Intervention is an act of care and control, not punishment. It is never used to force compliance with staff instructions
- staff will only use it when there are good grounds for believing that immediate action is necessary and in the pupil's and/or other pupil's best interests
- staff will take steps in advance to avoid the need for Restrictive Physical Intervention through dialogue and diversion and at the level of understanding of the child or young person
- only the minimum force necessary will be used to prevent severe distress, injury, or damage
- staff will be able to show that the intervention used was in keeping with the incident
- every effort will be made to secure the presence of other staff, and these staff may act as assistants and/or witnesses
- as soon as it is safe, the Restrictive Physical Intervention will be relaxed to allow the pupil to regain self-control
- a distinction will be maintained between the use of a one-off intervention which is appropriate to a particular circumstance, and the using of it repeatedly as a regular feature of school policy
- escalation will be avoided at all costs, especially if it would make the overall situation more destructive and unmanageable
- the age, understanding, and competence of the individual pupil will always be taken into account
- in developing Individual Education/Behaviour Plans, consideration will be given to approaches appropriate to each pupil's circumstance

- procedures are in place, through the pastoral system of the school, for supporting and debriefing pupils and staff after every incident of Restrictive Physical Intervention, as it is essential to safeguard the emotional well-being of all involved at these times

5. Acceptable forms of intervention in school

There are occasions when staff will have cause to have physical contact with pupils for a variety of reasons, for example:

- to comfort a pupil in distress (so long as this is appropriate to their age)
- to gently direct a pupil
- for curricular reasons (for example in PE, Drama etc)
- in an emergency to avert danger to the pupil or pupils
- in rare circumstances, when Restrictive Physical Intervention is warranted

In all situations where physical contact between staff and pupils takes place, staff must consider the following:

- the pupil's age and level of understanding
- the pupil's individual characteristics and history
- the location where the contact takes place (it should not take place in private without others present)

[*Schools may wish to add their own paragraph here, appropriate to their own situation.]

Physical contact is never made as a punishment, or to inflict pain. All forms of corporal punishment are prohibited. Physical contact will not be made with the participants neck, breasts, abdomen, genital area, other sensitive body parts, or to put pressure on joints. It will not become a habit between a member of staff and a particular pupil.

6. Developing a positive handling plan in school

If a pupil is identified for whom it is felt that Restrictive Physical Intervention is likely, then a Positive Handling Plan will be completed. This Plan will help the pupil and staff to avoid difficult situations through understanding the factors that influence the behaviour and identifying the early warning signs that indicate foreseeable behaviours that may be developing.

The plan will include:

- involving parents/carers and pupils to ensure they are clear about what specific action the school may take, when and why
- a risk assessment to ensure staff and others act reasonably, consider the risks, and learn from what happens
- a **record** needs to be kept in school of risk reduction options that have been examined and discounted, as well as those used
- managing the pupil, strategies to de-escalate a conflict, and stating at which point a Restrictive Physical Intervention is to be used
- identifying key staff who know exactly what is expected. It is best that these staff are well known to the pupil
- ensuring a system to summon additional support
- identifying training needs

[*A school may also need to take medical advice about the safest way to hold a child with specific medical needs.]

7. Guidance and training for staff

Guidance and training is essential in this area. We need to adopt the best possible practice. In school this is arranged at a number of levels including:

- awareness for governors, staff and parents
- behaviour management for all staff
- managing conflict in challenging situations - all staff
- specific training on Restrictive Physical Intervention techniques - all staff

8. Complaints

It is intended that by adopting this policy and keeping parents and governors informed we could avoid the need for complaints. All disputes that arise about the use of force by a member of staff will be dealt with according to Surrey's Child Protection and Safeguarding policies.

Appendix B

Model school procedures

The use of restrictive physical interventions by staff

This procedure supports the application of the Surrey County Council policy and guidance on the use of Restrictive Physical Intervention. All staff should study the policy statement carefully – it can be found **(state where)**.

- 1 The person responsible for authorising staff to use restrictive physical intervention as part of a structured and planned intervention within this school is **(insert name)**.
- 2 The person responsible for ensuring that all planned use of restrictive physical intervention is risk assessed is **(insert name)**.
- 3 Copies of all risk assessments are held **(state where)** and are reviewed after every use of force and termly.
- 4 As of **(insert date)**, the people who are authorised to use reasonable force in planned restrictive physical interventions are listed here. No other person should engage in a planned intervention.

List individual names

or

Generic job titles

(Ensure details are reviewed / updated regularly)

- 5 Only those trained in appropriate techniques within the last twelve months may be authorised. The person responsible for ensuring that appropriate training is provided, including regular updates, is **(insert name)**.
- 6 Training records are held **(state where)**.
- 7 Those not involved in risk assessment but whose roles include the supervision of children may use reasonable force in an emergency unplanned intervention where it is necessary to prevent a serious injury from occurring.
- 8 Every use of restrictive physical intervention is to be reported the same day to the Head teacher or the deputy in charge if the Head teacher is off-site. The Head teacher or deputy will ensure that a parent of the child who has had force used against them is notified that day. **(The school may want to add the method of doing this)**.
- 9 In addition, the details of each use of physical intervention must be recorded on the Pupil Incident Report Form that is held **(state where.)** This form can also be found in Appendix F of this document. The person leading the planned or unplanned intervention must complete this form. The head teacher will review every use of physical intervention.

Appendix C

Issues for schools to address

- 1 Which staff other than teachers will be authorised to use Restrictive Physical Intervention (RPI) in your school?
- 2 By what process will staff be elected and authorised to use RPI in your school?
- 3 In what situations would the school consider it appropriate for teachers and other authorised school staff to use RPI?
- 4 What kind of actions would be viewed as using restrictive physical intervention in your school?
- 5 What kind of actions involving use of physical intervention would be viewed as unwarranted, excessive or punitive in your school?
- 6 What course of action will be taken in the event of staff failing to comply with this policy?
- 7 How will the school involve parents and others who know the young person in the process of developing individual behaviour management plans?
- 8 What process is to be used to agree and ratify individual behaviour management plans for use in school?
- 9 How will individual behaviour management plans be recorded?
- 10 What action does the school intend to take to assess and manage the risks presented by pupils?
- 11 What actions will the school take to assess techniques and methods for implementing planned use of physical intervention?
- 12 What kinds of unforeseen or emergency situations might staff find themselves in within your school? What techniques will the school acknowledge for use in these situations? How would such incidents be reported?
- 13 Who will provide staff and pupils with support after incidents?
- 14 Who will check for injuries, provide first aid and arrange for medical aid?
- 15 Who will report injuries to HSE?
- 16 How are incidents to be reported, recorded and notified?
- 17 How will the school monitor and evaluate the use of restrictive physical intervention?
- 18 How will incident monitoring inform risk assessment and management?
- 19 How will complaints be investigated and by whom?

Appendix D

Individual child or young person risk assessment

Surrey County Council – child or young person risk assessment

A plan for assessing and managing foreseeable risks for children or young people who are likely to need Restrictive Physical Intervention

School:

Name of Child:

Class group:

Name of teacher:

Name of parents/Carers:

Name of Support Service Member/s:

Identification of Risk	
Describe the foreseeable risk (i.e. what specific behaviours have occurred)	
Is the risk potential or actual? (i.e. has this happened before)	
List who is affected by the risk	

Assessment of Risk	
In which situations does the risk occur?	
How likely it is that the risk will arise? (i.e. how often has it happened before)	
If the risk arises, who is likely to be injured or hurt?	
What kinds of injuries or harm are likely to occur?	
How serious are the adverse outcomes?	

Assessment completed by:

Signature: **Date:**.....

Agreed Plan and School Risk Management Strategy		
Focus of Measures	Measures to be employed	Level of risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		

Agreed by:

Date:

.....
(Parent/carer)

.....
(Child - if appropriate)

.....
(Head teacher)

.....
(Class teacher)

.....
(Support Service Member/s)

Communication of Plan and School Risk Management Strategy

Plans and strategies shared with:	Communication Method	Date Actioned

Staff Training Issues

Identified training needs	Training provided to meet needs	Date training completed

Evaluation of Plan and School Risk Management Strategy		
Measures set out	Effectiveness in supporting the child	Impact on risk
Proactive interventions to prevent risks		
Early interventions to manage risks		
Reactive interventions to respond to adverse outcomes		
ACTIONS FOR THE FUTURE		

Plans and strategies evaluated by:

Title:

Date:

[Adapted from DfES document]

Appendix E

Life Space interview

Fritz Redl, an Austrian psychoanalyst, developed the Life Space Interview (LSI). With his colleague David Wineman, he thought that all children and young people, including those with challenging behaviour, possess the ability to understand and change their behaviour. In particular, he saw crises (such as those involving restrictive physical intervention) as opportunities for the child or young person to learn new ways of behaving, provided that appropriate support was provided. It is important that this support is provided when the child or young person has calmed sufficiently to be able to reflect on what has happened – this may be as much as 90 minutes or more after the event has finished.

The process can be remembered through the acronym **I ESCAPE**

I Isolate the young person

E Explore the young person's view

S Share the adult view

C Connect with other events

A Alternatives – consider the possibilities

P Plan how the alternatives might be put into place

E Enter the normal routine

Staff may choose to record the LSI process through the record forms at the end of this document. Staff will make a judgement about whether to record the discussions themselves or whether to allow the child or young person to record their view independently. In both cases, it is important to allow the child or young person an opportunity to sign the record form.

Steps in the Life Space interview

Isolate the child or young person – into a neutral setting where it is possible to think and talk about what has happened. This has nothing to do with punishing, but with reducing the amount of distraction and stimulation, in order to maximise the chances of a helpful conversation. It will be important to allow the child or young person time to wash their face, and fix their clothes etc. before the discussion begins.

Explore the child or young person's view. This stage comes before sharing the adult view, as the child or young person will feel most willing to receive this after they feel that they have been listened to with respect and without interruption or correction. This involves listening to their perception of what happened, and trying to gain an understanding of why they chose the behaviour that they chose. It's helpful to encourage the child or young person to reflect on whether they feel their choices were good.

Share the adult view. The LSI process recognises that there will be more than one point of view. This is the stage for the adult to explain why certain courses of action were taken, and to share their views about how they interpreted and reacted to the situation. If there were more than one adult involved (including those involved as observers) it may be helpful to include those adults in the LSI process.

Connect with other events that the child or young person has managed well, or not so well, so that the child or young person can look for patterns that help make sense of what happened, and which offer hope of different solutions. It's helpful also to help the child or young person look for a connection between what they thought, how they felt, and what action they took. (This stage is called "Looking for patterns" on the record sheet.)

Alternatives – what other options are available to the child or young person if they face a similar situation again? It is helpful to include discussion about the child or young person's view of how adults can best support them in similar situations. This will offer an insight into the most appropriate "reactive strategies" for responding to difficulties in future.

Plan by choosing the best option from the alternatives, and discussing what role the child or young person, and those around him or her, can have. How will new skills be taught and practised? How will the child or young person be rewarded and supported in following the plan? (This stage, and the alternatives stage, are summarised under "Planning for the future" on the record sheet. There should be a clear link between these plans and any approaches recorded on individual behaviour plans.)

Enter the normal routine that the child or young person follows, at a time when it is easier to rejoin the group, such as at the end of a lesson, or after break time. Support the child or young person in managing the consequences of their behaviour.

Life Space Interview – recording form

Establishment:	
Name of child/young person:	
Incident date/time:	
Signature of professional completing form:	
Signature of child/young person:	

Steps in the Life Space Interview | ESCAPE

Isolate the child or young person – into a neutral setting where it is possible to think and talk about what has happened. This has nothing to do with punishing, but with reducing the amount of distraction and stimulation, in order to maximise the chances of a helpful conversation. It will be important to allow the child or young person time to wash their face, and fix their clothes etc. before the discussion begins.

Use this space to briefly record how this was achieved and what was found to work well, or not so well, for future reference.

Explore the child or young person's view. This is about getting the young person to talk about their perception of events, the impact of the physical interventions and exploration by the adult of the younger person's needs/feelings. This may require considerable prompting and encouragement plus a high emphasis on active listening skills.

Use this space to briefly record the child's perspective of the incident.

Share the adult view. The “reality rub-in” where the adult communicates their perception of events (in a supportive rather than punitive way) and identifies what they did to try to help the young person avoid physical interventions.

Use this space to record (bullet points) the adult perception, and responses to the incident.

Connect - with other events that the child or young person has managed well, or not so well, so that the child or young person can look for patterns that help make sense of what happened, and which offer hope of different solutions. It’s helpful also to help the child or young person look for a connection between what they thought, how they felt, and what action they took.

Use this space to record any identified patterns of behaviour or links between thoughts/feelings and actions. These can be useful in the future in prompting/reminding a child/young person or in informing staff responses.

Alternatives - what other options are available to the child or young person if they face a similar situation again? It is helpful to include discussion about the child or young person’s view of how adults can best support them in similar situations. This will offer an insight into the most appropriate “reactive strategies” for responding to difficulties in future.

Use this space to summarise alternative strategies explored.

Plan - by choosing the best option from the alternatives, and discussing what role the child or young person, and those around him or her, can have. How will new skills be taught and practised? How will the child or young person be rewarded and supported in following the plan? (There should be a clear link between these plans and any approaches recorded on individual behaviour plans.)

Use this space to outline the plan agreed for future, and how this will be communicated to others.

Enter the normal routine that the child or young person follows, at a time when it is easier to rejoin the group, such as at the end of a lesson, or after break time. Support the child or young person in managing the consequences of their behaviour.

Use this space to record agreed strategies and post-incident to record whether or not the strategy was successful, for future reference.

Appendix F

Pupil Incident Report Form

PART A (to be completed for all incidents involving unruly or unacceptable behaviour by pupils)

Name of School:	
Pupil name:	
Staff name and status:	
Incident date/time/place:	

Nature of incident (tick boxes as appropriate)	Vandalism	<input type="checkbox"/>		Physical control	<input type="checkbox"/>
	Bullying	<input type="checkbox"/>		Absconding	<input type="checkbox"/>
	Assault	<input type="checkbox"/>		Substance abuse	<input type="checkbox"/>
	Diversion	<input type="checkbox"/>		Non-compliance	<input type="checkbox"/>
	Isolation	<input type="checkbox"/>		Serious disruption	<input type="checkbox"/>
	Time out	<input type="checkbox"/>		Other (please state)	<input type="checkbox"/>

ANTECEDENTS: (events leading up to incident)

BEHAVIOUR: (how did the pupil respond, describe what actually happened)

CONSEQUENCES: (how did the staff intervene, how did the child respond, and how was the situation resolved)

NAMES OF THOSE INVOLVED: (staff and pupils)

NAMES OF WITNESSES: (staff and pupils)

SIGNATURE OF REPORT COMPILER:

PART B (to be completed if the use of restrictive physical intervention has occurred)

WHAT DE-ESCALATION TECHNIQUES WERE USED PRIOR TO PHYSICAL CONTROLS:

(tick the appropriate box below)

Defusing	<input type="checkbox"/>	Time out offer	<input type="checkbox"/>
Deflection	<input type="checkbox"/>	Time out directed	<input type="checkbox"/>
Distraction take up time	<input type="checkbox"/>	Changes of task	<input type="checkbox"/>
Appropriate Humour	<input type="checkbox"/>	Choices	<input type="checkbox"/>
Proximity control	<input type="checkbox"/>	Limits	<input type="checkbox"/>
Verbal advice/support	<input type="checkbox"/>	Consequences	<input type="checkbox"/>
Rule reminder	<input type="checkbox"/>	Another member of staff	<input type="checkbox"/>
Hurdle help	<input type="checkbox"/>		<input type="checkbox"/>
Planned ignoring	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

JUSTIFICATION FOR USE OF PHYSICAL CONTROLS:

(tick the appropriate box below)

To prevent/interrupt;	A criminal offence	<input type="checkbox"/>
	Injury to pupil/staff/others	<input type="checkbox"/>
	Serious damage to property	<input type="checkbox"/>
	Disruptive behaviour	<input type="checkbox"/>
	Pupil absconding	<input type="checkbox"/>
	Other (please state)	<input type="checkbox"/>

NATURE OF RESTRICTIVE PHYSICAL INTERVENTION USED:

(Insert language relevant to training received and include estimate of duration of use of physical intervention)

Standing
Sitting
Kneeling
Floor (Prone)
Floor (Supine)

RESPONSE AND VIEW OF THE PUPIL: (this field **must** be completed)

DETAILS OF ANY RESULTING INJURY:
 (injury to whom and action taken as a result, e.g. first aid, medical treatment)

ANY OTHER RELEVANT INFORMATION:

NAME OF SENIOR PERSON NOTIFIED:		TIME/DATE	
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HEADTEACHER'S COMMENTS:

SIGNATURE OF HEADTEACHER:		DATE:	
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Appendix G

Guidance for residential workers

Use of restrictive physical intervention

The guidance which follows assumes adherence to the principles of the training undertaken Children's Residential Workers in Surrey, and that all reasonable efforts have been made to avert and defuse the situation before any physical intervention is used. Staff members may need to be properly prepared for these situations and be able to demonstrate that any restrictive physical intervention used was reasonable. This must take into account the circumstances in which the decision was made and the age, understanding, needs and ability of the child.

Situations where restrictive physical intervention may be appropriate:

- At the discretion of the member of staff present as an immediate course of action to prevent injury to the young person or others and to prevent serious damage to property (such as systematically breaking the windows in the house)
- Where individuals are at risk themselves or pose a persistent threat to others or their property, it may be necessary to agree at a review the nature of any restrictions, whether they will be physically enforced, or if extra staff members are required

Remember:

- Use only as much force as necessary when all other efforts have failed
- Get help if possible to ensure effective and safe intervention
- Record any use of restrictive physical intervention in 'Record of Restraint Book'
- Ensure the child or young person is spoken to about the reasons that made the use of restrictive physical intervention necessary
- If the child or young person feels unfairly treated listen to their view, record it for management to investigate and offer them access to NYAS or the complaints procedure
- Ensure the members of staff concerned are debriefed following an incident
- Ensure periodic review of the establishment's use of restrictive physical intervention

The home may at times employ restrictive physical intervention as a planned response to an individual child or young person. This would however only be as a result of a risk assessment based upon the known history and the current assessment of the child or young person. Any decision to adopt this approach will be undertaken with all relevant professionals involved in a child or young person's statutory care plan and would be clearly stated in their individual placement plan. Any such planned response is to be subject to vigorous review and ceased as soon as it is agreed that safety may be maintained through alternative responses.

Requesting Assistance from the Police

Any request for Police assistance is only to be made by a senior staff member (unless individual staff members are in fear for life or injury). This decision will only be taken if the assessment of the situation undertaken by the senior worker is that not to do so would place an individual or group at greater risk and the on-call manager must be informed.

The Registered Manager will report 'a serious incident necessitating calling the police to the home' to OFSTED within 24 hours, however, Police intervention does not always meet this threshold.

Prohibited Methods of Control

In line with Regulation 17 of the Children's Home Regulations 2001, the following methods of control are prohibited:

- Corporal Punishment – this includes any intentional application of force as a punishment, including slapping, shaking, pushing, rough handling or throwing missiles. This is also prohibited within the context of any violence towards an adult from a young person
- Any punishment relating to the consumption or deprivation of food or drink
- Any restriction (other than one imposed by a court or in accordance with Regulation 15) on:
 - a young person's contact with parents, relatives or friends or visits to the young person by his parents, relatives or friends. A young person's communications with any of the persons listed in Regulation 15(2) "A young person's access to any telephone helpline providing counselling for children/young people"
- Any requirement that a young person wears distinctive or inappropriate clothing. This includes a badge or clothes that would normally be deemed inappropriate for the time of day or set activity
- The use of or withholding of medication, medical or dental treatment
- The intentional deprivation of sleep
- The imposition of any financial penalty, other than a requirement for the payment of a reasonable sum by way of reparation
- Any intimate physical examination of a young person
- The withholding of any aids or equipment needed by a young person with a special need

Appendix H

Termly monitoring report

Please return this form to Positive Options, Second Floor, Quadrant Court, 35 Guildford Road, Woking, Surrey GU22 7QQ

Name of School

Head teacher

Key Contact for Positive Options (if different from above)

Start term date

End term date

Use of Positive Options techniques

Disengagement techniques

Number of incidents and techniques used

Restrictive Physical Interventions

Standing Level 2 holds **Seated Level 2 holds**

Seated Level 3 holds **Floor holds**